



Review of MMT Payments to Accredited Social Health Activists (ASHAs) in Sheikhpura, Bihar

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December, 2011

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List of Abbreviations

ASHA	Accredited Social Health Activists
BHM	Block Health Manager
CS	Civil Surgeon
CSP	Customer Service Point
DCHM	District Child Health Manager
DHS	District Health Society
G2P	Government to Person
JCHM	Junior Child Health Manager
MMT	Mobile Money Transfer
MOIC	Medical Officer Incharge
PHC	Primary Health Centre
SCSP	Super Customer Service Point
SHSB	State Health Society Bihar

Executive Summary

- This study was to assess the impact of the shift to MMT for payments of incentives to ASHAs in Shiekhpora district of Bihar
- As part of the study, the *MicroSave* team interacted with various stakeholders – ASHAs, primary health centre staff, staff of EKO and agents. (Refer [Annexure I and II](#) for background and approach)

Benefits to ASHAs

- ✓ Timely payments of incentives and clearance of backlog
- ✓ Time and cost savings for ASHAs since they are not required to visit PHC/ bank
- ✓ Check on pilferage due to reduced points of contact
- ✓ Intimation of payment credit and balance check through SMS
- ✓ Flexible timings at CSP counter and facility to deposit/ withdraw even small amounts

Benefits to PHC

- ✓ Improved monitoring of ASHA payments and identification of inactive ASHAs
- ✓ Decongestion at PHC thereby reducing chaos and workload at PHC
- ✓ Improved efficiency in PHC processes and reduced paper work
- ✓ Improved fund utilisation due to timely reporting and monitoring
- ✓ Improved transparency due to monitoring and elimination of cash payments

Key Challenges and Recommendations for Scale-Up

The study also highlights a few challenges that are observed in the current pilot that will have to be addressed before scale up. The major challenge is to create a viable business case for CSPs to ensure efficient customer service and setup a larger network of CSPs. Other than this, low awareness levels among ASHAs and insufficient training to PHC staff also came up as major challenges during the research.

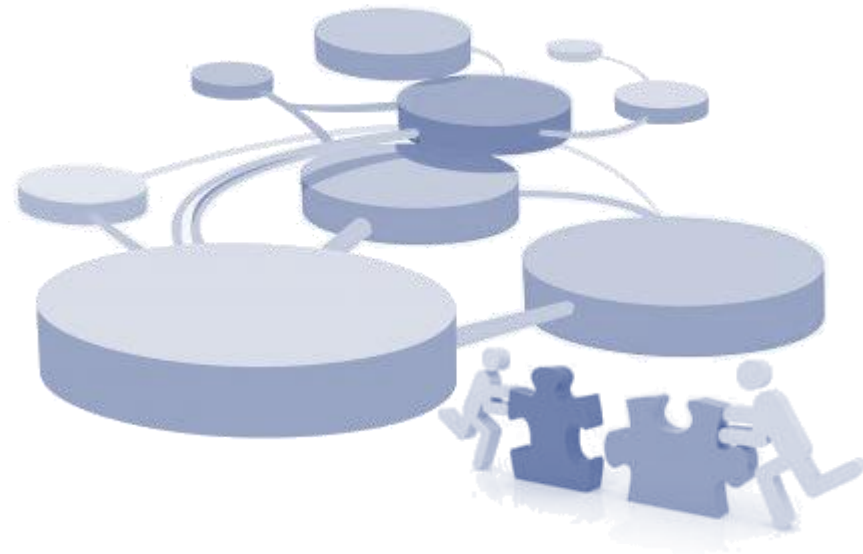
In order to overcome the above challenges, the following actions need to be taken by the relevant stakeholders – government department, bank, and BC (refer to the detailed [recommendations](#) in the report):

- a) Improve agent value proposition through increase in commissions and volumes, and expansion of the product suite
- b) Institutionalise training at PHC level by identifying trainers and providing training of trainers
- c) Create awareness among ASHAs and the community, and drive new product adoption through - i) Financial education drives; ii) Marketing and communication by the bank to promote CSPs as their legitimate banking channel
- d) Continuous handholding and refresher trainings for ASHAs at least during the initial period after launch

Key Findings

The findings have been presented in two sub-sections:

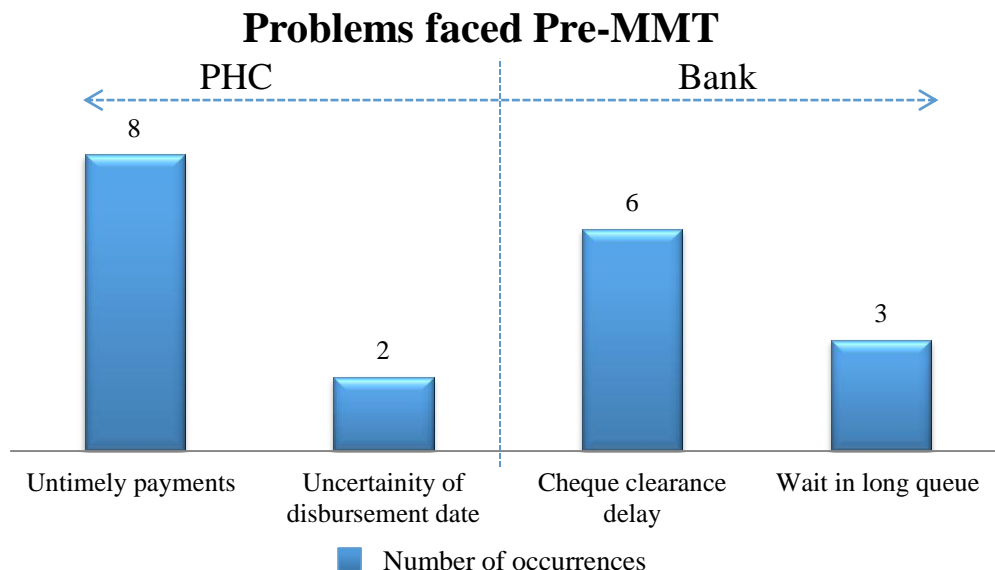
- I. MMT for ASHAs
- II. MMT for Health Department





I. MMT for ASHAs

Issues with Pre-MMT Payment Process



- Before introduction of MMT, there were several issues in payments to ASHAs. The above graph depicts the main issues raised by the ASHAs during the FGD sessions conducted with them at the PHC
- Delayed payment in the pre-MMT process has been cited as a major problem in most sessions (88%) with the ASHA members. While in 2 sessions, ASHAs complained that they did not know the actual disbursement date
- In 67% of the sessions, ASHAs noted that the payment is further delayed by 3-15 days due to delay in cheque clearance by bank (if her account is in a different bank than PHC)

What ASHAs say?

Aaj ka kaam kiya hua paisa char mahine baad milta tha (The payment used to get delayed by 4-6 months)

Kaam ka harza hota agar paise lene ke liye centre par aana parta hain (There is loss of work if we have to come to PHC for payment)

Kabhi kabhi cheque ke clear hone main 10-15 din lag jate hain (Sometimes it takes 10-15 days in clearance of cheque)

Bank main agar bhir hoti hain to din bhar lag jata hain (If the bank is crowded, it might take whole day to get money)

Benefits of MMT

- 1 Timely Payments
- 2 Certainty of Payment Date and Transparency
- 3 Time and Cost Savings
- 4 Elimination of Cheque Payments
- 5 Check on Pilferage
- 6 Other Benefits



ASHAs demonstrate how to check balance on their mobile phone

1 Timely Payments

Pre MMT

- There was a delay of 2-6 months for the payments to ASHAs
- There was back log of as long as 3 years in the payment under some programmes
- Due to untimely payments, the ASHAs were dissatisfied and de-motivated

Post MMT

- Due to reduced paperwork, PHC can process the payments faster. This has helped in timely processing and disbursement of ASHAs payments
- There are strict turn around times for processing of payments at PHC and DHS

Impact

ASHAs received commissions of as high as Rs.34,000! due to the payment of her past arrears As a result, ASHAs are more motivated to work harder and earn more commissions.

*“Jab se MMT suru hua hain, paisa sahi samay par milne laga hain (Since the start of MMT, we have started receiving our payment on time)
Apna hi paisa magne ke liye girgirana nahi padta hain”* (I do not have to beg to get my money)

ASHA ID	Name	State	Commission
62	Sharda Devi	Uttar Pradesh	24,700.00
63	Sharda Devi	Uttar Pradesh	18,600.00
64	Sharda Devi	Uttar Pradesh	2,200.00
65	Sharda Devi	Uttar Pradesh	4,800.00
66	Sharda Devi	Uttar Pradesh	18,700.00
67	Sharda Devi	Uttar Pradesh	8,700.00
68	Sharda Devi	Uttar Pradesh	3,900.00
69	Sharda Devi	Uttar Pradesh	5,100.00
70	Sharda Devi	Uttar Pradesh	18,800.00
71	Sharda Devi	Uttar Pradesh	8,700.00
72	Sharda Devi	Uttar Pradesh	0.00
73	Sharda Devi	Uttar Pradesh	8,700.00
74	Sharda Devi	Uttar Pradesh	18,800.00
75	Sharda Devi	Uttar Pradesh	18,800.00
76	Sharda Devi	Uttar Pradesh	3,500.00
77	Sharda Devi	Uttar Pradesh	9,600.00
78	Sharda Devi	Uttar Pradesh	18,800.00
79	Sharda Devi	Uttar Pradesh	1,300.00
80	Sharda Devi	Uttar Pradesh	2,700.00
81	Sharda Devi	Uttar Pradesh	4,800.00

Those ASHAs who has very high incentive due to payment of past arrears have been marked yellow

Certainty of Payment Date and Transparency

Pre MMT

- ASHAs were not informed about the exact date of payment by PHC. Since there was no fixed day of payment, ASHAs had to visit PHC repeatedly to enquire about the payment date
- If ASHAs failed to collect payments on the disbursement date, they had to visit different departments at PHC to request clearance of their payments

Post MMT

- An SMS is sent to ASHAs as soon as Eko credits their incentive payments in their mobile account. So, they get information of their payment instantly. They can also check balance on their mobile.
- Once the payment is made, a consolidated sheet with programme wise payments of all ASHAs is displayed on the notice board at PHC. In case of any query, ASHA can contact the JCHM or accountant

“Paisa aate hin mobile par kabhar ho jati hain, kahi nahin jana padta hain pata lagane ke liye” (As soon money is credited, I get to know. I do not have to go any where to find about it)

In one of the FGD session with the ASHA s in Ghatkusambha block



Time and Cost Savings

Time Savings

- No need to visit PHC to enquire about status of payments
- No need to visit bank to deposit cheque and withdraw cash
- No delays in clearance of cheques

Man Hours Saved

Number of visits to PHC to enquire about status of payment: 2

Time taken to visit the PHC (to and fro): 3 hours

Time taken to visit bank and time spent at bank: 2 hours

Total ASHAs: 429

Time spent in collecting payments per ASHA per year¹ =
 $(2*3+2)*12 = 96$ hours

Total man-hours saved per year for all ASHAs: $96*429 = 41,184$ hours or 1,716 days or 5,148 eight hour working days

Cost Savings

Cost to visit PHC exclusively for payments (includes cost of travel and refreshments): Rs.40

Number of visits to PHC: 2

Cost to visit bank (includes cost of travel and refreshments) : Rs.40

Number of visits to bank: 1

Total ASHAs: 429

Total cost saved per ASHA per year¹ = $Rs.(40*2+40*1)*12 = Rs.1,440$

Total cost saved per year for all ASHAs: $Rs.1,440*429 = Rs.6,17,760$

¹Assuming payments are disbursed on a monthly basis

Elimination of Cheque Payments

Pre MMT

- Earlier, ASHAs had to wait in queue at the bank branches to deposit cheques
- If their bank account is not in the same bank as that of the PHC, there would be a delay of 2-15 days in the clearance of cheque
- In the mean time, she had to visit the bank several times to confirm if the cheque had been cleared or not

Post MMT

- All the payments of ASHAs for different programmes are now deposited in their m-banking account through MMT, thereby doing away with cheques
- They are not required to visit bank at all. Once they receive SMS that their commissions have been credited, they can visit the CSP for withdrawal at their convenience

Impact

ASHAs do not have to visit bank branches either to deposit cheque or withdraw cash which saves a lot of their time. They can concentrate on their work and are motivated to work harder.

“Pura samay bach jata hai. Kisi bachche ko de dete hai number likh ke...to nikal aata hai” (Lots of time is saved. We give the number to our sons and he gets the money for us.)



In one of the FGD session conducted with ASHAs in Sheikhpura block

5 Check on Pilferage

Pre MMT

- ASHA workers were not fully aware of the payment due to them under some programmes and were paid less than the due amount in some cases
- For e.g. ASHAs are entitled to receive Rs.86 to attend ASHA day but, most of them were not aware of this. They used to get only Rs.50 and rest was being deducted to meet the cost of refreshments provided to ASHAs

Post MMT

- The responsibility of ASHA payments is now transferred to DHS. This has established accountability at the PHC for processing payment on time so that it can be forwarded to DHS
- A list with the details of the total payout to ASHAs under each programme is displayed at the PHC notice board. ASHAs can check her due amount under each programme.

“Pehle kahin bhi mangte the to kuch de dena padta tha nahin to aur deri ho jati thi” (Previously we had to pay in the system since any refusal could lead to further delay) – ASHA worker

Ye mobile se jab se paisa milna suru hua hain tabhi se Rs.86 milta hain nahin to phele Rs.50 milta tha (We started getting Rs.86 on ASHA day only when this mobile system started, otherwise we used to get Rs.50)

Total No. of ASHA	Leakage/ month/ ASHA)	Total leakage/ year
429	Rs.36	Rs.1,85,328

There was a leakage of 42% on payment to ASHA for attending ASHA Day meeting at the PHC.

6 Other Benefits (1/2)

Benefits

How?



Check Account Balance

- ✓ Financial awareness of ASHAs has increased. They are now aware of the exact amount in their account due to easy SMS based confirmation system

“Phele PHC ka chakar lagate the, ab mobile ka number dabte hain”
(Previously we used to visit PHC, now we use mobile to know balance)



Increased Savings

- ✓ Earlier, the cash payments used to get frittered away on unplanned expenditures. Now they can save e-money
- ✓ They can also save their money from being forcibly taken away by their husbands)

“Haath mein paisa aata hai tou kharch ho jata hai. Mobile mein kisiko pata hi nahi chalta” (If the money is in our hands it gets spent. If it is credited on a mobile phone nobody gets to know)



Facility to deposit/ withdraw small amounts

- ✓ Ease to withdraw or deposit any amount from the counter

“Thoda thoda karke hi ghara bhadega”
(By saving small amount we can use it for bigger purpose)- In a personal interview with a ASHA replying if small saving is useful to her

Other Benefits (2/2)

Benefits

How?



Flexible timing to access CSP

- ✓ ASHAs can collect payment at their convenience as CSPs are open all through the day

“PHC mein kaam ke chalte deri ho jati hain to bhi paisa nikal jata hain”
(Even if we are late due to some work in PHC, we can still go to the CSP)



Emergency withdrawal

- ✓ In times of emergency, they can call CSPs to withdraw cash even at non-banking hours

“Kabhi kabhi chutti wale din jarurat padti hain to bhi hum nikal lete hain”
(Even if we want to withdraw on holidays, we can do so now)



Able to own mobile

- ✓ For many ASHAs, owning their personal mobile is a big advantage

“Ghar par baat kar lete hain Agar kabhi jarurat padti hain to patient phone karke bula leta hain” (We can call home from mobile. In case of need, we can also call our patients)

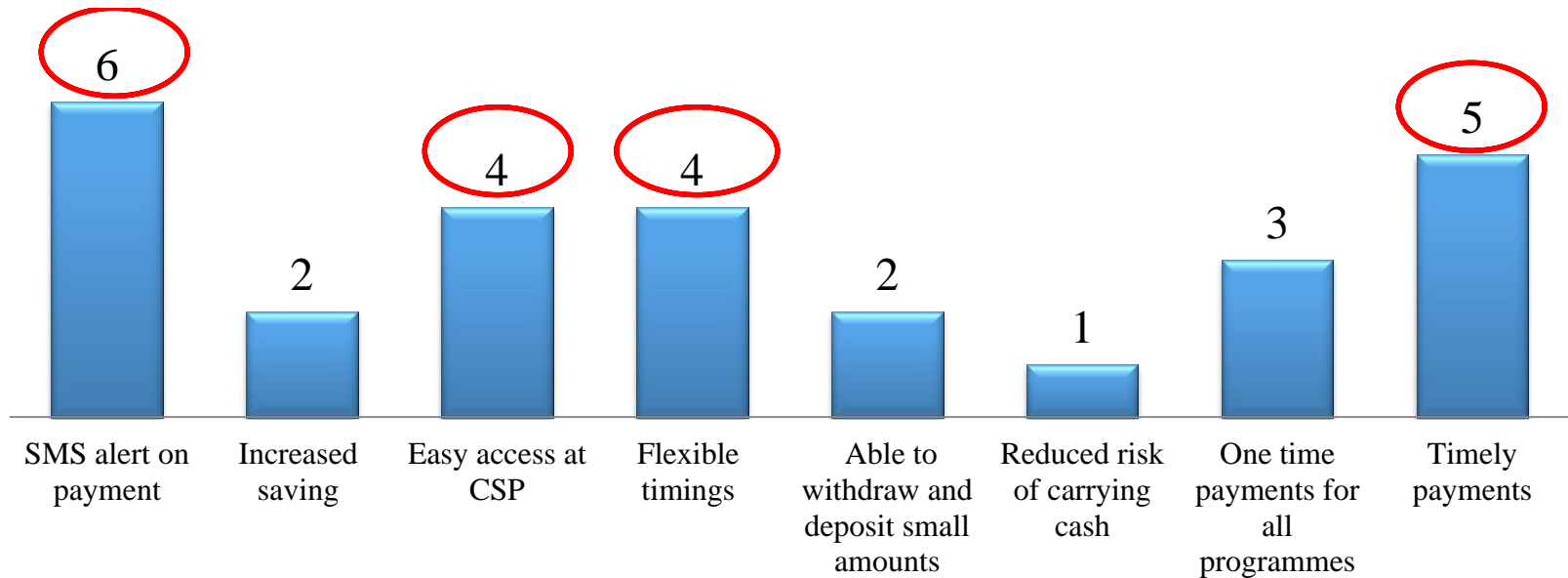


Remittance facility

- ✓ ASHAs are excited to use other services possible from mobile such as remittances

Beta bahar padta hain, ab usko paise bhejne ke liye bhi iska isstemaal kar lete hain (My son studies outside, now I use mobile to remit him money)

In a nutshell...



The graph depicts the perceived benefits of MMT by ASHA. The figures on top of the bars indicate the number of FGD sessions in which that attribute has come out prominently.

Quotes from ASHA

“Baithe baithe raat mein dekh lete hai kitna paisa aa gaya khate mein” (We can get to know our account balance in the night sitting at our homes)

“Nagad bhugtan par paisa kahi kahi kharch ho jata tha” (In case of cash payment, money used to get spent somewhere or other).

“Counter direct jate hain, PHC par nahin aate hain” (We go to the counter directly and do not come to the PHC for our payment)

ASHA Speaks...

<i>ASHA Name</i>	Vidyotama
<i>ASHA Since</i>	10 th August 2006
<i>PHC Name</i>	Chewari
<i>Education</i>	8th

“Isme Sunday ki chutti bhi nahi hai, kabhi bhi nikal sakte hain. (There is no holiday in MMT, we can withdraw any time)”

MMT is like a mini ATM, I like it a lot!

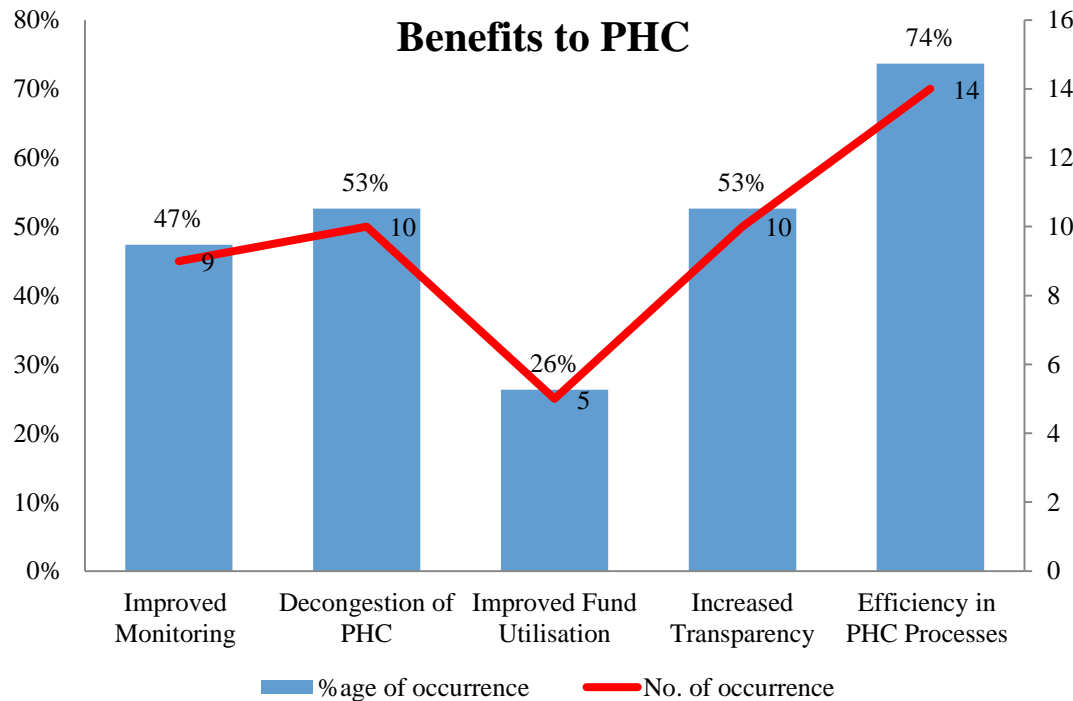
- She uses Eko account to receive money from Delhi where her husband lives
- Now she does not have to repeatedly visit PHC and bank to enquire about her payments
- Since she gets the money at the nearby CSP outlet, she saves lot of direct, indirect and opportunity cost involved in visiting bank
- She can withdraw money from her account even on Sundays and bank holidays





II. MMT for Health Department

Benefits to PHC - What they say?



The above graph presents the key benefits derived by the health department especially the PHC. This is based on discussion with the MOIC, Accountant, JCHM and BHM at PHC and DCHM and CS at the DHS. The most prominent benefits are improved efficiency in PHC level processes (74% sessions), improved transparency (53% sessions) and decongestion of PHC (53% sessions).

Please refer [Annexure V](#) for payment process at PHC

"Baar baar aakar bheed lagati thi, ab aane ki zarurat nahi hai" (They (ASHAs) used to crowd around at the PHC, now they do not need to come)

Rajesh Ranjan, JCHM, Chiwara PHC

"Isse transparency bani rehti hai. Koi gadbad nahi kar sakta hai. ASHA koi complaint bhi nahi karegi kyunki sab DHS se approve ho raha hai." (Transparency is maintained in this system. No one can commit fraud. ASHAs do not complain as the payments are approved by DHS)

Dr. Inderjeet Prasad, MOIC, Chiwara PHC

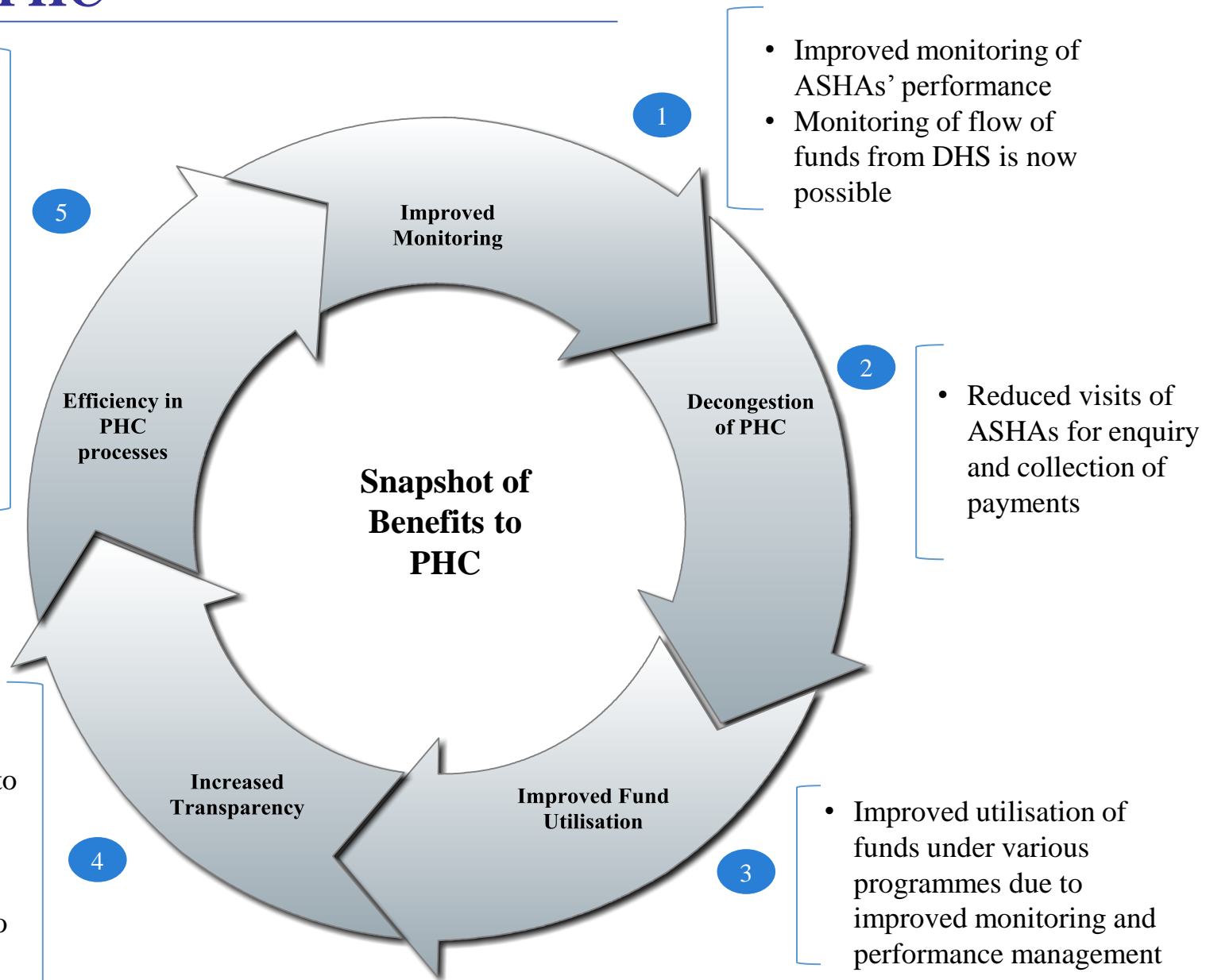
"Pehle to din-din bhar cash payment karna padta tha" (Earlier, cash payments had to be made all through the day)

Shravan Kumar Paswan, Accountant, Sheikhpursarai PHC

Benefits to PHC

- Clearance of backlog
- Consolidation of payments for all programmes
- Speedy disbursal and reduced delays
- Provision for reconciliation of payments
- Reduced paperwork

- Elimination of cash payments
- Reduced complaints to PHC about non-payment or incorrect payments
- SMS confirmations to ASHA



1 Improved Monitoring



- Separate registers were maintained for each programme that recorded payments due to ASHA. Moreover, payments of different programmes were made at different time intervals
- Therefore, overall performance of ASHAs under each programme and across various programmes was not consolidated. This made monitoring of individual ASHAs impossible



- At the end of every month, payment due to ASHAs under each programme is consolidated in an excel sheet
- The total payout to ASHAs under each programme acts as the indicator to evaluate their performance in the previous month. The performance of ASHAs is discussed on ASHA Day to provide them guidance and also assess training needs.

Impact: Identification of Inactive ASHAs

Any ASHA who remains absent from ASHA days or earns zero commission for three consecutive months is terminated from her duties.

In Sheikhpura block, four ASHAs have been removed on the grounds of inactivity and new ASHAs have been recruited to replace them.



Details of programme wise payments made to ASHA workers prepared and shared with staff and ASHAs

2 Decongestion of PHC

Pre MMT

- ASHAs visited the PHC 3-4 times during a month to enquire the status of their payments
- Payments for different programmes were made on different dates which meant that ASHAs were present at the PHC on more than one occasion just to collect their commissions

Post MMT

- ASHAs receive an SMS when the commissions are credited to their account. Thus, they do not have to visit the PHC to enquire about the payment status
- Payments to ASHAs, through cheque or cash, are no longer made at the PHC. This has helped to decongest the PHC

Impact: Reduced Workload and Decongestion

PHC staff do not have to constantly answer the queries of ASHAs regarding their payments. Also, the system has reduced the workload of accountants wherein they do not have to make any payments to ASHAs.



Manish Kumar, BHM. Sheikhopur Sarai

He said that now that ASHAs receive SMS when the incentive is credited to their account, they do not have to crowd around the PHC to know the status of payment

Improved Utilisation of Funds

Pre MMT

- Programme-wise disbursement of funds to ASHAs was done but not consolidated in a timely manner
- Delay in payments resulted in backlog of four to six months due to which it was difficult to regularly monitor utilisation of funds

Post MMT

- Based on the programme-wise payout sheet, both PHC and DHS are able to track fund utilisation at the end of every month
- Backlog of payment of incentives to ASHAs has cleared

Impact

The utilisation of fund under each programme has increased at the PHC due to following:

- All backlog of payments accumulated at the PHC has cleared
- Inactive ASHAs have been identified and replaced by new workers
- Activity of ASHAs on each programme is being monitored and guidance is provided to ensure optimum utilisation



Vijay Kumar, Accountant, Barbigha

He said all the backlog of payments in Barbigha block has been cleared.

4 Increased Transparency

Pre MMT

- The PHC staff was responsible for cash as well as cheque payments
- The ASHAs were not aware of how much they were to be paid under each programme or the period for which they were paid. The details of the payments were not shared with them

Post MMT

- The responsibility of all the payments is now transferred to DHS. Thus, there are no complaints of errors or alleged misconduct by PHC staff. *Please refer to [Annexure VI](#) for feedback on the new centralised process vis-à-vis a decentralised process*
- A list with the details of the total payout to ASHAs under each programme is displayed at the PHC notice board. ASHAs can compare this with the amount credited to their account

Impact: Control on Leakages

Since there are no cash payments, there have been no reports of non-receipt of payments or less than due payments to ASHAs. This is a relief for the PHC staff as they are not accountable for non-payments to ASHAs. This has also established credibility of PHC staff.



Madhuri, JCHM, Barbigha

She said that post MMT she does not get complaints from ASHAs about non-payment of incentives



Reduced paperwork

- Accountants do not have to make separate payment sheets for all programmes
- They are not required to write separate cheques for each ASHA, make bank transfers/withdrawals, prepare covering letters, etc.
- MOIC and other signatories do not have to sign multiple cheques
- All payments are consolidated and processed at once which eliminates duplication of work for accountants

Time savings for staff

- Time saved in writing/ distribution of cash/ cheque for accountant and signatories
- ASHAs are not required to visit PHC for collection of payments. Hence, the accountants do not have to spend their days in handling ASHA payments
- PHC staff no longer have to answer queries about payments from ASHAs which was a cause of disturbance in their work
- It is estimated that a total of 983 eight hour working days for six accountants in Sheikhpura district are saved after introduction of the new process. The time savings for the signatories (BHM and MOIC) for all six blocks are 516 eight hour working days each. *Please refer to [Annexure VII](#) for detailed calculation of the time savings.*

Avoidance of delays

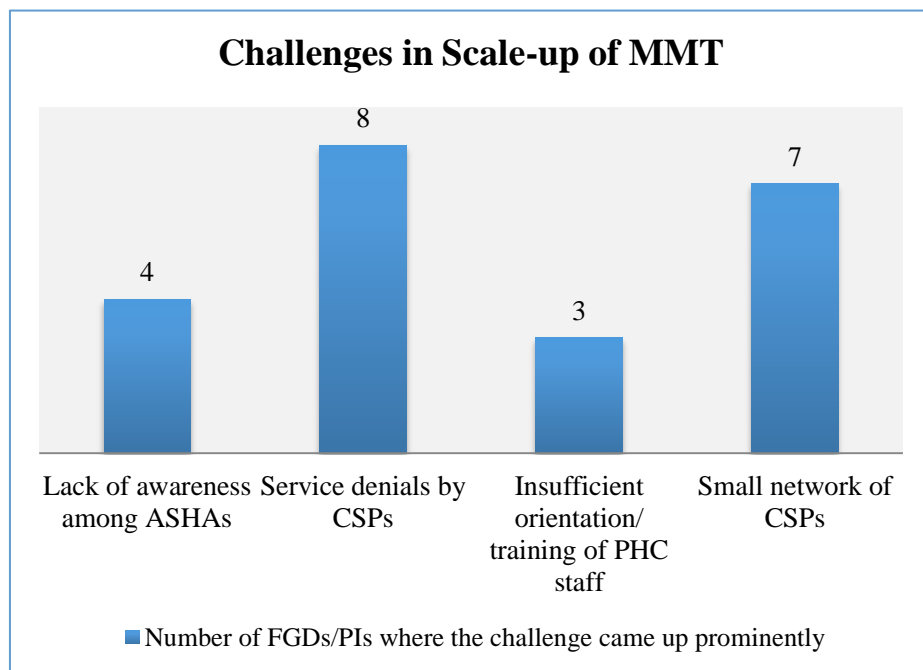
- MMT demands that payment sheets be prepared on or before a specified date. This has eliminated delays in processing of payments
- Delays due to shortage of funds at PHC, unavailability of cheque leaves or absence of any signatory is eliminated as payments are processed at DHS





Current Challenges and Recommendations for Scale-Up

Some Concerns of Staff and ASHAs



The above graph depicts some of the concerns raised by PHC/DHS staff and ASHAs. These are some challenges that will have to be addressed in the current pilot and during roll out in other districts or for other kinds of payments.



1 CSPs: Service Denials and Limited Network

One of the biggest challenge in the current pilot is to *establish an attractive business case for CSPs*. The CSPs are required to invest their own capital in order to service the withdrawal requests from ASHAs. In order to ensure that the CPSs earn sufficient return on the amount invested, they need to have certain minimum volume of transactions. However, currently the volume of transactions and the commissions provided to them are not sufficient to ensure an attractive value proposition

Total number of CSPs	15
Total number of ASHAs	429
Average incentive per ASHA	Rs.2,000
Total volume of transactions in Sheikhpura district	$Rs.2,000 * 429 =$ Rs.858,000
Average volume handled per CSP	Rs.57,200
Average commissions per CSP @ 0.2%	Rs.114.40
Opportunity cost (Interest earned if the amount was kept in a fixed deposit @ 12% p.a.)	Rs.572

As a consequence, the following issues have emerged:

- **Service denial by CSPs:** Some CSPs decline withdrawal requests due to shortage of cash. Even though the maximum withdrawal limit is Rs.10,000/account/per day, none of the CSPs allow withdrawal of more than Rs.5,000 in one transaction
- **Limited network of CSPs:** Currently, the number of CSPs is limited to ensure minimum earning for each CSP. Unless more payments are brought on this platform, opening more CSPs will not be feasible.

“Profit nahi hai. Chala rahe hai kisi tarah. SBI ke saath jude hue hain to accha hai” (This is not a profitable business. I like this association with SBI) - Tulsı Rao, CSP, Chewari Block

2 Lack of Awareness among ASHAs

- MMT is an entirely new concept for ASHA workers. Initially, ASHA workers could not completely understand the product and processes. This was despite a one day training provided by Eko at the time of launch
- Due to low levels of literacy among the ASHAs, they took time to fully accept and adopt the new processes
- Many ASHAs still feel that their money is not safe with the agent and tend to withdraw the entire amount at once. Though this has improved over time

“Pehle to darr lagta tha ki kahin paisa gayab na ho jaaye. Phir dheere dheere samajh aa gaya. Kuch log abhi bhi nahi samajhte” (Initially we were scared that our money would vanish. Slowly we understood. Some people still do not believe it)

ASHA worker, Ariari block

3 Insufficient Orientation/ Training of PHC Staff

“Shuruat mein continuous support chahiye hai. Bahut agitation hua kyunki humme kuch samajh nahi aa rha tha aur ASHA ko bhi nahi” (Initially, continuous support is required. There was lot of agitation because we did not understand everything, nor did the ASHAs)

Rajesh Ranjan, JCHM, Chewari PHC

- During the launch, no training was provided to the PHC staff that were involved in MMT payments. This created confusion and delay in adoption of all processes, since no one was fully aware of the procedures
- Moreover, ASHA workers also approach the staff with their queries. Since the PHC staff were unable to resolve their queries, it created panic and distrust initially

Recommendations (1/3)

It is imperative that before scaling up of the MMT initiative to other locations, the challenges as discussed in the previous slides are satisfactorily addressed. Given below are a few recommendations:

1. Improve Value Proposition for the Agent

- ✓ Increase commissions of agents (both CSPs and SCSPs) to provide them incentive to invest more capital and provide better service to customers. Given the benefits derived by the government in terms of resources saved, the department could consider increasing commissions for the bank, BC, and hence, the agent
- ✓ Increase volume of transactions for agents by routing other state run beneficiary schemes (G2P payments) through MMT
- ✓ Introduce complementary financial products like recurring deposits, insurance (life and personal accident). During the research, few ASHAs expressed willingness to use these products through CSPs
- ✓ Increase awareness among general public about the CSPs and the services available. With more customers, the CSPs revenue will also increase:
 - During ASHA days, ASHAs should be encouraged to create awareness and recommend the service to their fellow villagers/ patients
 - PHC premises and various camps (for polio, measles, etc.) can be used to advertise to general public

Recommendations (2/3)

2. Training Support for PHC Staff

- ✓ Orientation training for all PHC staff at the time of launch of MMT to ensure buy-in from all and ensure awareness at all levels. This can be a short training of few hours
- ✓ Training for all staff involved in PHC processes (accountant, BHM, BCM, JCHM and DCHM) to ensure process compliance and avoid errors during the initial period

3. Increased Handholding for ASHAs

- ✓ Increased handholding support to ASHAs during the initial phase is essential to ensure easy acceptance and avoid panic
- ✓ Refresher trainings for ASHAs (which could be held on ASHA days) after few months of launch with special focus on reiteration of
 - Product and process details
 - Do's and don'ts about PIN number, avoiding frauds, etc.
- ✓ Training of Trainers for PHC staff to institutionalise training at PHC level. They can in turn provide training to ASHAs and act as the point of contact for ASHAs in case they have any queries
- ✓ Financial education drives could be initiated by the government departments in collaboration with the bank and BC to educate the ASHAs on banking products and their
- ✓ Send confirmation SMS in Hindi since most ASHAs cannot comprehend SMS in English. Many ASHAs have Hindi font on their phones. During ASHA days they can be taught on how to use it

Recommendations (3/3)

4. Improve Awareness Levels about M-Banking

- ✓ Financial education drives could be initiated by the government departments in collaboration with the bank and BC. The focus would be to educate the ASHAs on banking/ m-banking products and their relevance for them
- ✓ Bank branch staff must publically acknowledge the legitimacy of the CSP by participating in such education drives. This will help the end users trust the service and also give confidence to CSPs

5. Consolidation of Reports

- ✓ The block wise reports prepared by PHCs can be consolidated at the district level for better monitoring of ASHAs and programmes
- ✓ These reports will also be of value to the SHS for monitoring



Annexure

Annexure I: Background of the Study

- The pilot test for Mobile Money Transfer (MMT) payments to ASHAs is being implemented since January 2011 in all six blocks of Sheikhpura district in Bihar
- The pilot is a joint initiative of UNOPS-NIPI Programs and Eko Aspire Foundation along with State Bank of India and the State Health Society, Bihar
- Incentive payment to ASHAs through MMT was expected to provide the following benefits to the health department:
 - Inconvenient and delayed incentive payments to ASHAs
 - Extra burden on PHC staff for the payroll function for ASHA
 - Inefficient processes and lack of transparency in the system

Objectives of the Study

Assess the impact of MMT payments on the financial behaviour of ASHAs and gauge their satisfaction levels

Assess the impact of the new processes around MMT payments on the health department (primarily the PHC)

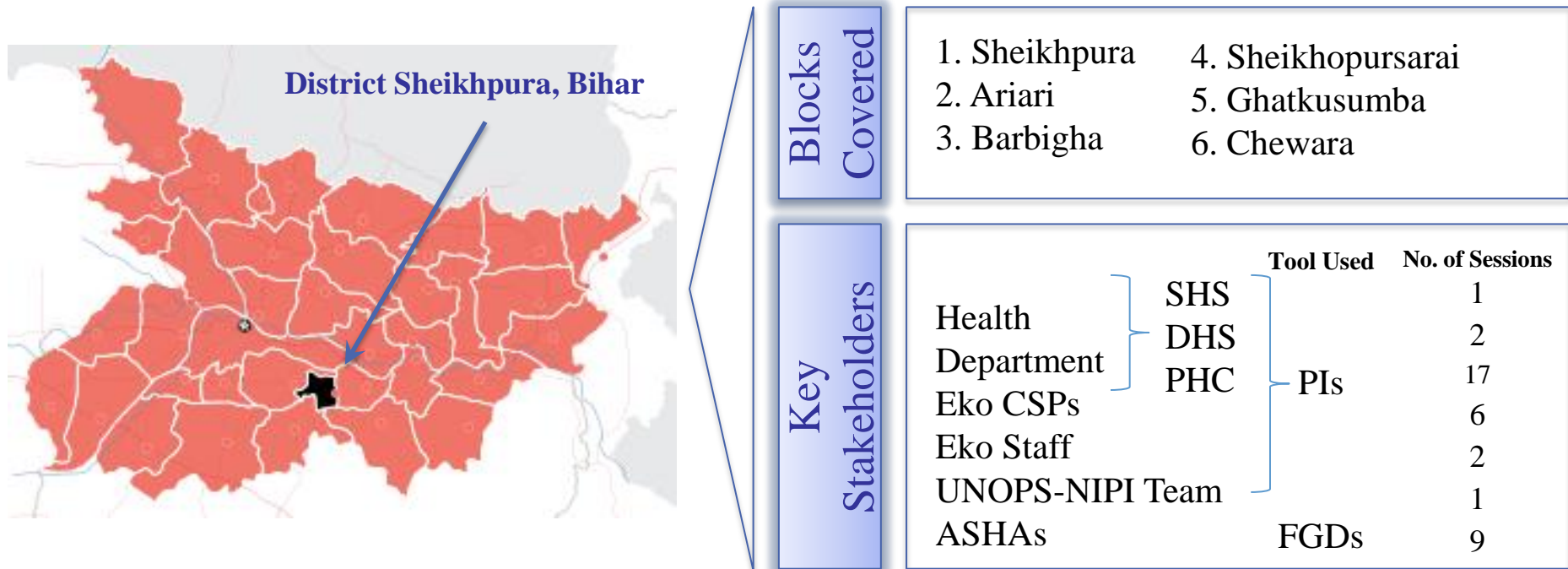
Identify challenges faced and provide recommendations to overcome the same

Annexure II: Approach and Methodology

The team met key stakeholders involved in the pilot and covered all the six blocks of the district. The following people were met during the study:

- ASHAs
- Health department staff at State Health Society (SHS), District Health Society (DHS), and Primary Health Centre (PHC)
- Staff and agents (super CSPs and CSPs) of Eko
- UNOPS-NIPI team based in Patna

The team used qualitative research tools of Personal Interviews (PIs) and Focus Group Discussions (FGDs) to draw a comparison of pre and post MMT scenario



Annexure III: Work Profile of an ASHA

ASHA (Accredited Social Health Activist) is a trained female community health activist who works as an interface between community and public health system.

Challenges for ASHA to carry her work are:

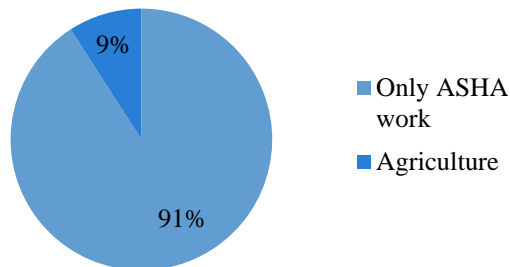
- Unpredictable work hours – Mainly due to pregnancy cases
- Intensive involvement – In addition to institutional delivery, they have been engaged in immunisation. Usually, they are engaged for 20-25 days in a month

“Jab se garbhwati hoti hain tab se hum peche par jati hain” (As soon as ASHA comes to know about expected mother, they get involved)

“Kabhi kabhi khud ke bache ko bhi chor ke aana padta hain dusre ke paas”
(Sometimes we have to leave our own child in others care due to ASHA work)

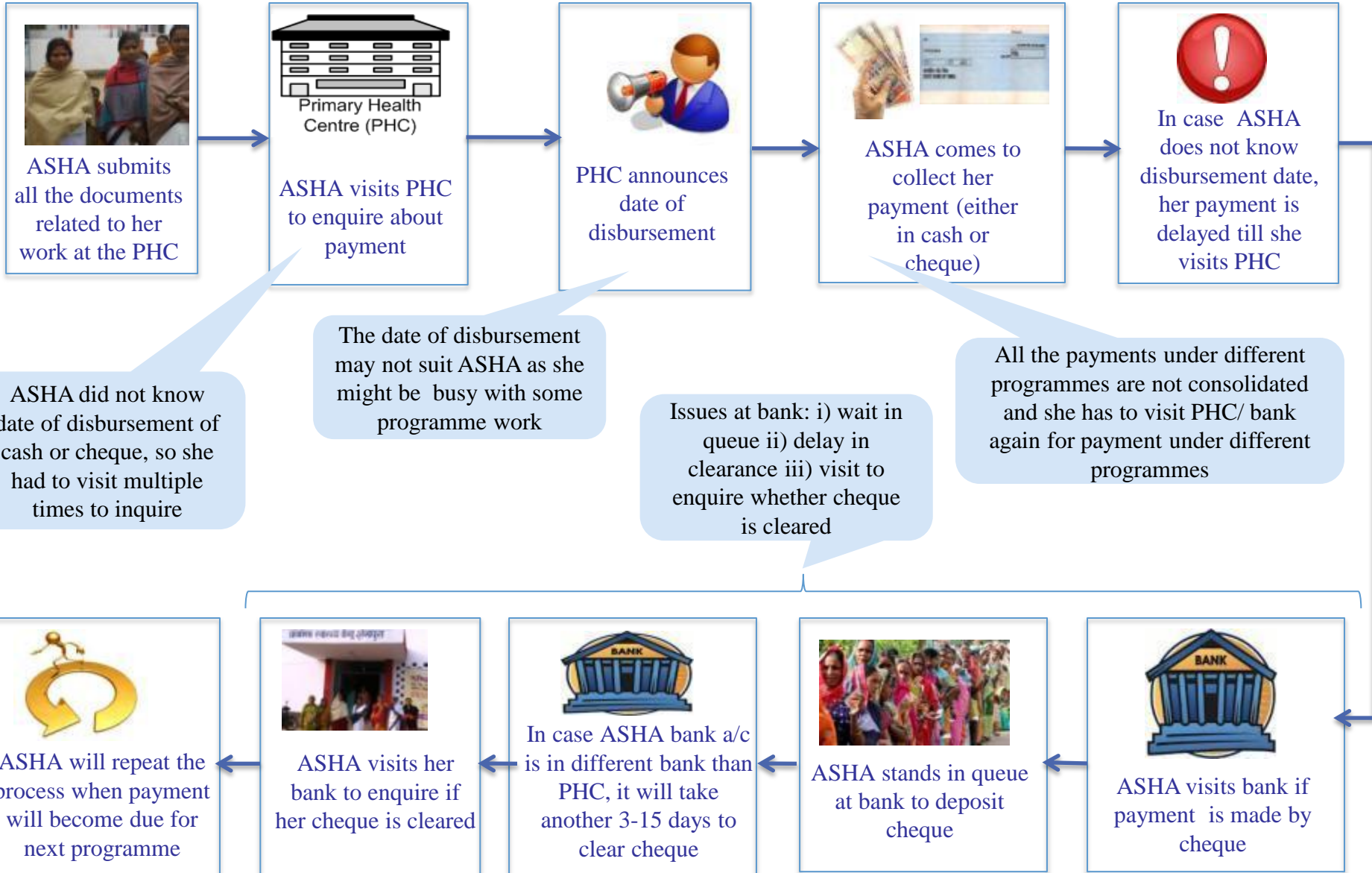
“Achanak se kabhi bhi koi case aa jata hain, ek dum se jana padta hain” (Sometimes we get emergency case due which we have to suddenly leave to attend it)

Income generating activities for ASHA

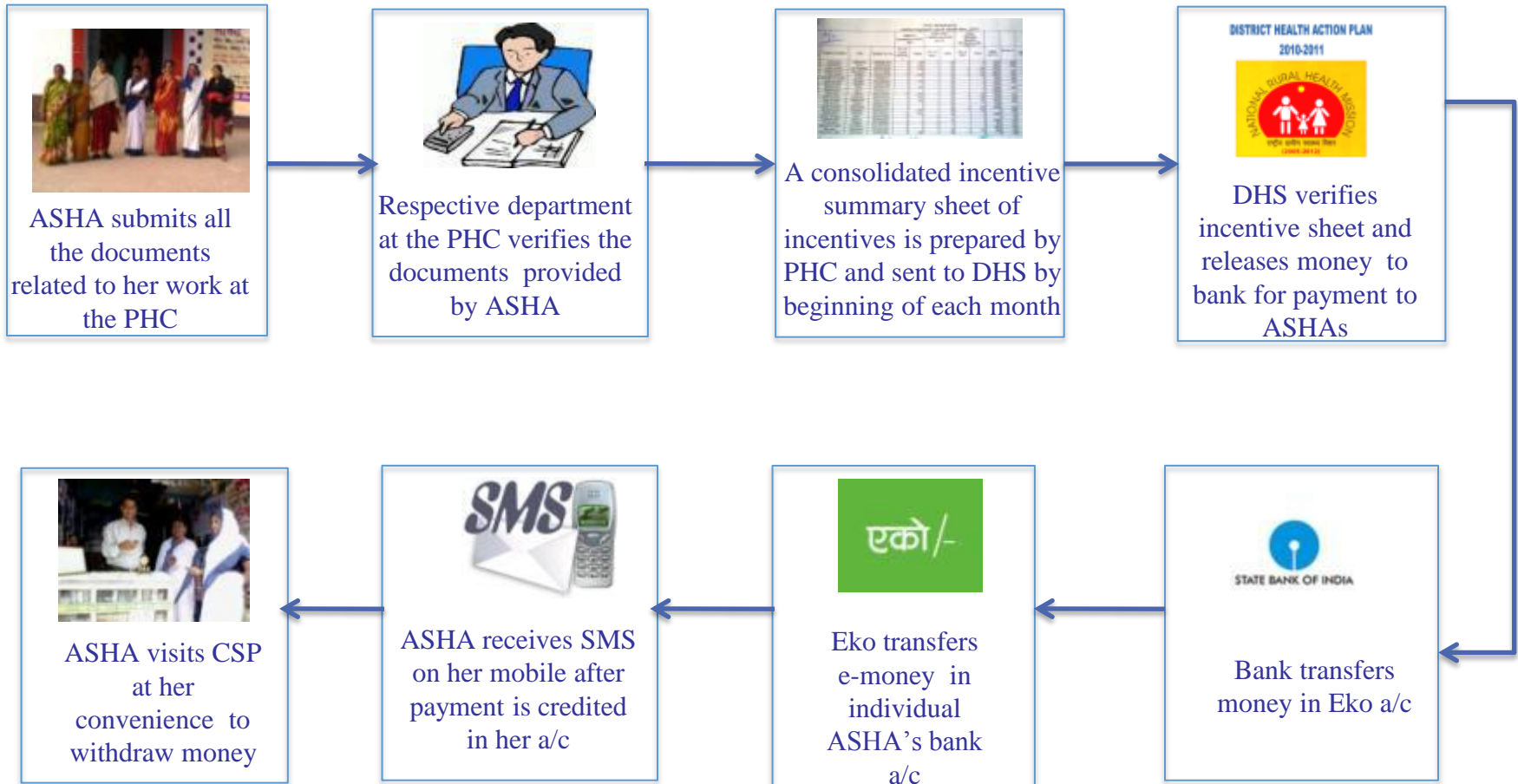


- ✓ Out of total 9 sessions conducted with the ASHA workers, in 8 sessions ASHAs reported that they can not engage in any other income generating activity other than the PHC work
- ✓ Thus, it is necessary that there is a regular flow of income to ASHAs so that they are motivated to perform their duties

Annexure IV: Payment Process for ASHAs: Pre-MMT (1/2)



Annexure IV: Payment Process for ASHAs: Post-MMT (2/2)



The benefits derived from the new process introduced with MMT have been detailed in the following slides.

Annexure V: Payment Processes at PHC: Pre-MMT (1/2)

Delay: Payments were prepared on different dates by JCHM and Accountant and hence the consolidation on same day was not possible leading to delays

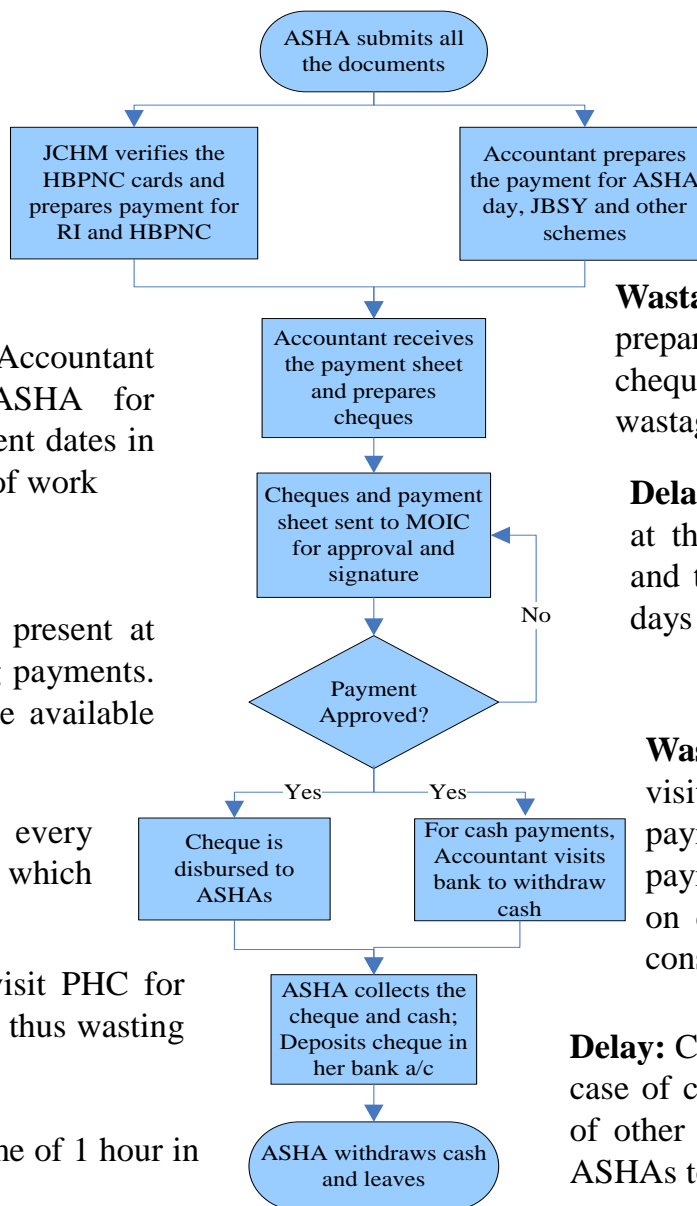
Wastage of resource: Accountant prepares cheques for an ASHA for different programmes on different dates in a month leading to duplication of work

Delay: Not all signatories may be present at PHC to sign cheques, thus, delaying payments. Sufficient cheque leaves may not be available at the PHC

Wastage of resource: Entry of every cheque issued to be recorded which consumes time

Wastage of resource: ASHAs visit PHC for cheque collection more than once thus wasting their time

Wastage of resource: Waiting time of 1 hour in bank branch for withdrawal



Wastage of resource: Accountant may have to prepare 1-2 cheques per ASHA or consolidated cheques for each programme. This leads to wastage of time as well as cheque leaves

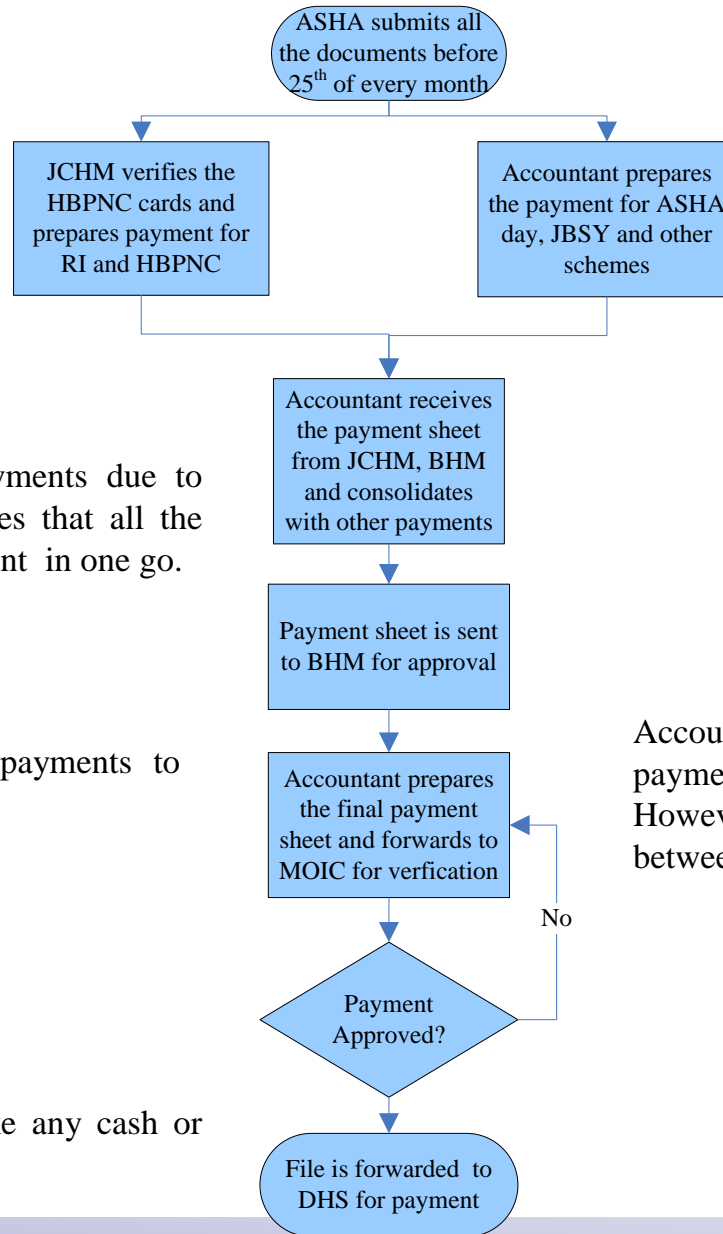
Delay: Sufficient fund may not be available at the PHC. PHC requests DHS for funds and the fund transfer may take up to 10-15 days leading to delays

Wastage of resource: Accountant has to visit bank to withdraw cash to make cash payments which may take 1-2 hours. The payments for different programmes is made on different days which is even more time consuming

Delay: Cheque clearing takes time - from 1 day in case of cheques of same bank to 15 days in case of other bank's cheques. Thus, it takes time for ASHAs to get cash in their hand

Annexure V: Payment Processes at PHC: Post-MMT (2/2)

It is mandatory for ASHAs to submit all documents with details of work done during the month before 25th of every month



The task has to be completed by JCHM, BHM and Accountant

Consolidated sheet for all payments due to ASHA is prepared. This ensures that all the payment is credited to her account in one go.

BHM and MOIC verifies the payments to check for anomalies

Account/DCHM is expected to send the final payment sheet to DHS by 5th of every month. However, some PHCs are submitting this between 5th to 12th day of the month

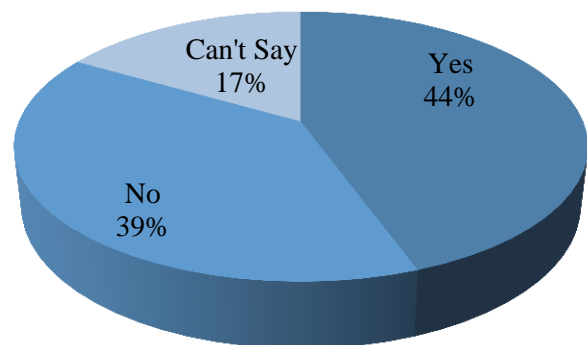
PHC staff do not have to make any cash or cheque payments to ASHAs

Annexure VI: Centralisation Vs. Decentralisation of Payments

In the new process under MMT, the authority to approve payment has been shifted to the DHS. At the DHS, 4 officials have to verify and approve payments of all blocks. The file of each block moves through these 4 signatories and absence of even one of them results in delay. It takes a minimum of 4-5 days at the DHS level. Once MMT is scaled to larger districts having 15-20 blocks, the process might take even longer.

During the study, the merits and demerits of this centralisation vis-à-vis decentralisation at PHC levels was explored with the DHS and PHC staff:

Should the payment be decentralised to PHC level?



- Loss of control which may result in laxity from PHC staff
- Ensure transparency as PHC staff do not make final payments
- Funds may not be available at PHC
- Eliminate delays that occur due to delays from DHS side

The PHC staff were not sure whether the decentralisation of payment at the PHC would be beneficial or not. The argument in favour of decentralisation was that it would accelerate the payment to ASHAs. But, the general fear was that the controls would loosen once the intervention of DHS is reduced.

Annexure VII: Calculation of Man-hour Savings at PHC (1/2)

Accountant

- All payment related work is reduced to 7 days and is not spread across the month
- No need to prepare cheques for payment
- No need to make cash payments for ASHA day and Regular Immunisation (RI) programmed
- No need to visit bank to deposit cheque into the PHC bank account or withdraw cash for distribution to ASHAs
- No need to maintain records of cheque payment in cases where payments to ASHAs were made through cheques

Man Hours Saved

Time spent in writing cheques¹: 6 minutes per cheque

Time spent in distributing cash: 3 minutes per payment

Time spent in visiting bank branch: 1 hour per visit

Total ASHAs: 429

Average cheques per ASHA: 2

No. of Accountants: 6

Time spent in writing cheques per year: $429 * 2 * 6 / 60 * 12 = 1030$ hours

Man-hours saved = $1030 * 6$ blocks = **6180**

Time spent in distributing cash per year²: $429 * 3 / 60 * 12 = 257$ hours

Man-hours saved: $257 * 6$ blocks = **1542**

Man-hours saved in visiting bank: $1 * 2 * 12 * 6 = 144$

**Total man-hours saved per year: 7,866 = 328 days
or 983 eight hour working days**

¹This includes writing the cheque and making entries in the accounting registers. The man-hour savings will be lesser for blocks that had eliminated cheques through direct transfers to ASHA's bank accounts before the introduction of MMT.

²This calculation is done assuming that cash payments for all programmes were made at once. In case these were made on separate days then the man-hour savings will be even higher.

Annexure VII: Calculation of Man-hour Savings at PHC (2/2)

- No need to verify cheques prepared by accountant for payment
- No need to manage crowd of ASHAs who come to PHC to collect cash and cheque payments

BHM

Man Hours Saved

Total time in verifying cheques: 2 minutes per cheque

Total ASHAs: 429

Average cheques per ASHA: 2

Time spent in verifying cheques per year per BHM:
 $429 * 2 * 2 / 60 * 12 = 343$ hours

Total man-hours saved per year for 6 blocks: $343 * 6 = 2,058$ or 86 days or 258 eight hour working days

- No need to sign multiple cheques for payment to ASHAs
- No need to cross-check and verify payments

MOIC

Man Hours Saved

Total time to cross check amount and sign one cheque: 2 minutes

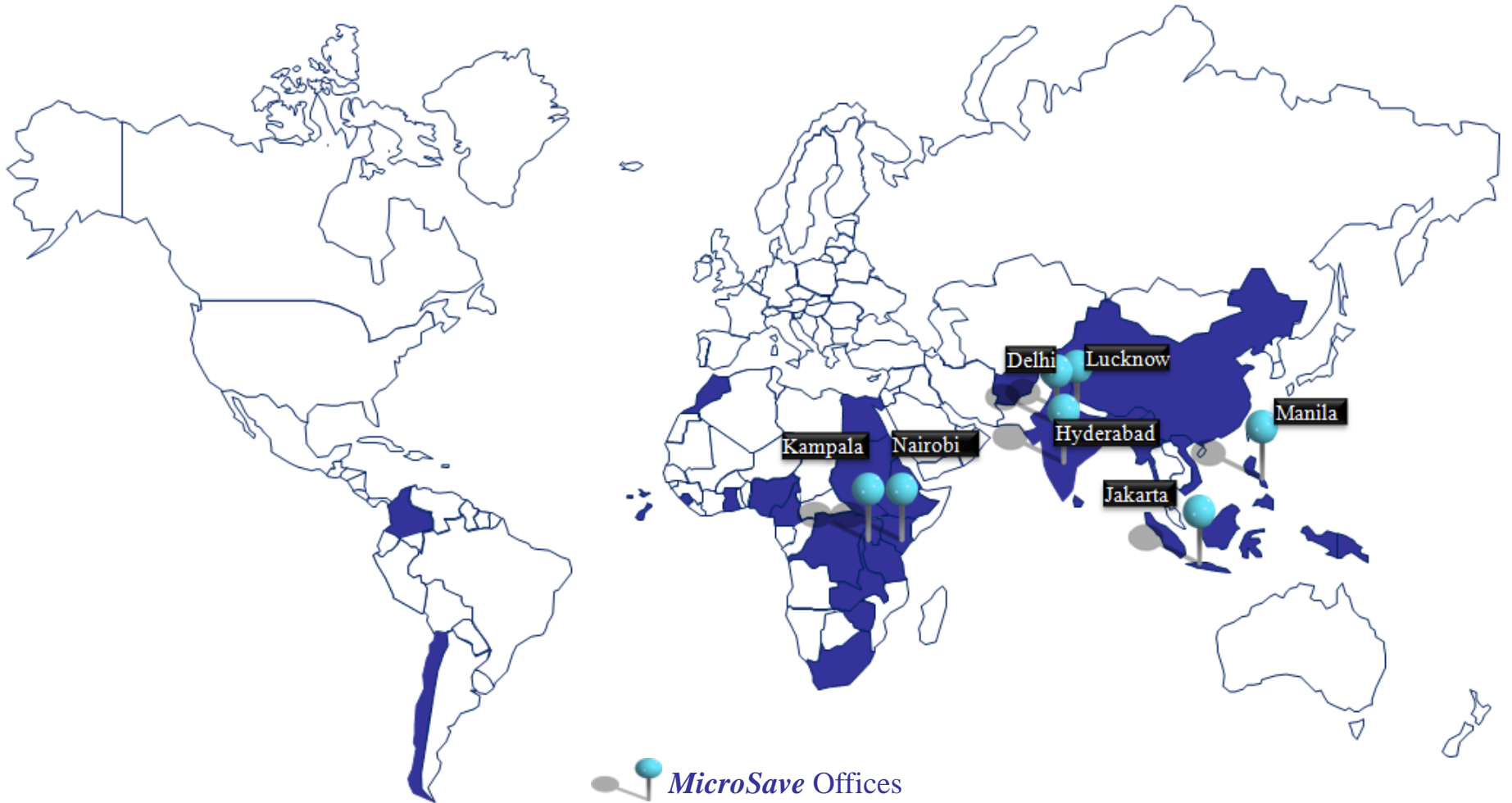
Total ASHAs: 429

Average cheques per ASHA: 2

Time spent in signing cheques per year: $429 * 2 * 2 / 60 * 12 = 343$ hours

Total man-hours saved per year for 6 blocks: $343 * 6 = 2,058$ hours = 86 days or 258 eight hour working days

Total man-hours saved per year in Sheikhpura district: 11,982 or 499 days or 1,498 eight hour working days



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