

AN IMPACT OF DIGITAL PLATFORMS ON COMMUNITY HEALTH
WORKERS IN RURAL JAIPUR, RAJASTHAN

Dissertation submitted to



The IIHMR University, Jaipur
for the partial fulfillment for the award of the degree of Master of
Business Administration (MBA)

in

Development Management

by

Dr. Manali

Under the Supervision and Guidance of

Ratna Verma

2022

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled “**An Impact of Digital Platforms on Community health workers in Rural Jaipur, Rajasthan**” is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



(Signature)

Name of the student: Dr. Manali Mathur

Date:

Completion Certification

Certificate from Faculty Guide and School Dean

This is to certify that dissertation titled “**An Impact of Digital Platforms on Community health workers in Rural Jaipur, Rajasthan**” is a record of the research work undertaken by (Name of Student) in partial fulfillment of the requirements for the award of the degree of MBA (Development Studies) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide

IIHMR University, Jaipur

Date

ABSTRACT

Digitized healthcare system ensures accountability when it comes to health care delivery. This study emphasizes the role of digital intervention in fostering health worker capacity building, thereby enhancing the quality of healthcare delivery.

In order to make the existing health care system more effective and efficient, digital intervention has been introduced that addresses not only distance and access but also inadequate management, insufficient training, infrastructure limitations, and lack of access to equipment and supplies.

Today's digitized healthcare system keeps the best outcomes for patients at the center of all activity by the smart use of medical data by the healthcare workers. The digital platforms make it easier for the frontline workers to provide counseling, evident based & standard services, 24x7 availability of healthcare services and enhanced quality of access. Digital India programme, a flagship programme of the Government of India in empowering and establishing digitized platforms for all sorts of services paved the way for gradual digitalization of the Healthcare sector too.

In this study, I have focused on the extent and success of digital health platforms used by community health workers and how digital health platforms are efficient over manual data collection methods. By this study we came to know what acceptance digital health platforms have considering geographical factors, literacy levels, openness to learning, etc.

The study consisted of evaluations based on whether digital platforms are acceptable and feasible or not and if yes, then how many percentages of workers are willing to accept and use extensively. It also encompasses the challenges faced by the community health workers in creating awareness about the digital platforms.

Digital Platforms have proved to be accurate, safer, reliable, and secure over conventional paperwork. Though there were some issues like mobile connectivity, storage issues, battery backup, etc., but the frontline workers tried overcoming these issues with their sheer determination in serving the society risking their lives. The study concluded with the fact that close to 70% of the existing workers using digital apps were satisfied with the interface and preferred it over conventional paper entries.

ACKNOWLEDGEMENT

The world is the best place to appreciate people who help in enabling others to develop and learn things. My dissertation report would not have been possible without the guidance of my mentors who have guided me at every step of my work and for letting me learn and grow.

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I would like to thank the state and district team who played an important role in the quality data collection and analysis of this study.

I perceive this opportunity as a vital leaning in my professional development. I will strive to gain this knowledge and experience in the best possible way,

and I will continue to work on the growth and learning and in getting the desired career goals.

Sincerely

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KEY TERMINOLOGY

ASHA - Accredited Social Health Activist

ANM - Auxiliary Nurse Midwifery

MOIC - medical officer in-charge

PHC – Primary Health Centre

CHC – Community Health Centre

DHI – Digital Health Centre

NCD – Non-Communicable Disease

CHW – Community Health Workers

MCHN - Maternal and child health and nutrition

NUHM - National Urban Health Mission

CHAPTER -1 INTRODUCTION

Healthcare system has the essence of strengthening accessibility, affordability, and equitability of healthcare service delivery. In order to make the existing health care system more effective and efficient, digital intervention has been introduced that addresses not only distance and access but also inadequate management, insufficient training, infrastructure limitations, and lack of access to equipment and supplies. In addition to the implementation requirements introduced by digital health, these aspects should also be considered. Digital

health interventions are applied within public health delivery system, and their implementation is made possible by several factors including:

- (i) The health domain area and associated content;
- (ii) The digital intervention or functionality provided;
- (iii) The software and communication channels for delivering the digital health intervention; and mediated by
- (iv) A foundational layer of the ICT and the enabling environment

In this study, I have focused on the extent and success of digital health platforms used by community health workers and how digital health platforms are efficient over manual data collection methods. By this study we came to know what acceptance digital health platforms have considering geographical factors, literacy levels, openness to learning, etc.

The study consisted of evaluations based on whether digital platforms are acceptable and feasible or not and if yes, then how many percentages of workers are willing to accept and use extensively. It also encompasses the challenges faced by the community health workers in creating awareness about the digital platforms.

By study, I could say that there is enormous potential for digital health interventions (i.e., interventions delivered via digital technologies such as smartphones, web portals) to provide efficient, cost-effective, safe, and scalable interventions to improve health and healthcare.

Digital platforms are acceptable and feasible for training of community health workers to deliver efficient healthcare in rural India. These findings tell us about the future possibilities of technology for developing the clinical skills of community health workers for treating depression in low-resource setups.

In a nutshell, a digitized healthcare system ensures accountability when it comes to health care delivery. This dissertation emphasizes the role of digital intervention in fostering health worker capacity building, thereby enhancing the quality of healthcare delivery.

The exponential growth in health data from a variety of sources, such as electronic medical records and image databases, makes it difficult to integrate information for optimized decision-making that meets the highest possible standards of care. Facilitating this improved decision-making, simultaneously responding to diagnostic and therapeutic questions from an increasingly tech-savvy and medically literate patient population requires the efficient use of

resources and coordination of information with all interested and responsible parties on all kinds of digital platforms.

Healthcare Digital Innovations helped health workers, patients, and the health system by improved data driven decision-making, higher standards of service delivery, boosting attendance at health facilities, streamlined clinical operations and utilization of services. Digital Technology harnesses population surveillance, patient identification, contact tracing and evaluation of interventions on the basis of mobility data and communication with the public

There is enormous potential for digital health interventions (i.e., interventions delivered via digital technologies such as smartphones, web portals) to provide efficient, cost-effective, safe, and scalable interventions to improve health and healthcare. Digital health interventions (DHI) can be used to promote wellbeing and healthy behaviors (e.g. Maternal & Child health care, healthy eating, physical activity, family planning or tobacco and alcohol consumption), improve outcomes in people with long term medical conditions such as cardiovascular diseases, diabetes and mental health conditions along with providing remote access to effective treatments, for example, computerized cognitive behavioral therapy for mental health and somatic problems.

Importance of Digital Platform:

As of today, new business opportunities in a digital platform are emerging rapidly which opens up new job opportunities. An increased use of digital platforms changes the fundamental nature of works. By using these platforms, users can share different information, such as new products and services, and connect the platform's ecosystem.

This technology also allows users to build a robust network for increasing value. Third-party API (Application Programming Interface) providers can boost the development of digital platforms by letting participants share their data so they can create new services. For any business, digital platforms are now a necessity, not just a digital native strategy.

A popular survey found that "platforms are becoming increasingly important for competition and creating new value — and companies that fail to embrace them may find themselves left behind by watching them." Several digital platforms are now an integral part of the business landscape and aren't just the domain of digital natives anymore.

Effective platforms are based on technological excellence but cannot exist exclusively in the technological realm. They rely heavily on support and feedback from other parts of the

business, which are best coordinated through a cross-functional team that defines success metrics and tracks progress.

Limited source- Digital media has many pros and cons. It is one of the greatest innovation/developments for any nation. One of its advantages is that the reader has not to depend on buying and reading. All the news is update automatically so the reader has not to depend on other sources

Usability- One another Importance is that the reader can read the article in one single screen. We can now access, read and watch article, news, and other content in different languages. Using engaging digital media.

Using engaging digital media - The reader can get all the Information of world without moving from his bed. All the Information whether academic or entertaining can be accessible in any language as per readers convenience.

More secure data storage - Because the portals are password protected, digital platforms ensure safer data disposal/collection/transfer. As a result, limiting data exposure to people keeps it safe.

Work Coordination and Activities of Community Health Workers:

ASHA workers act as links between public healthcare delivery systems and communities they serve as part of the healthcare apparatus. Their primary duties are to educate communities about nutrition, sanitation, hygiene, family planning, and existing public health services, according to the National Health Mission guidelines. Among the services they provide are birth preparation, breastfeeding, infant vaccinations, health, and contraception counseling for women and their families. Additionally, ASHAs accompany pregnant women and children requiring treatment to their nearest health facility (such as a primary health center [PHC], a community health center [CHC]) for treatment. Their job description continues to expand, just like the AWWs'.

In their interviews, almost all of them talked about the multiple tasks they have to perform on a daily basis. They had no perception of this as "voluntary" work that could be done based on their time availability, but rather as daily duties that any employee would face.

ASHAs and AWWs often have to perform work (from other government departments) beyond their assigned roles, in addition to their regular duties.

MCHN Session:

National Urban Health Mission (NUHM): NUHM seeks to improve the health status of the urban population particularly urban poor and other vulnerable sections by facilitating their access to digital healthcare.

Objective of MCHN session:

The main goals of the MCHN session are to prevent and reduce anaemia, stunting, and wasting, to improve awareness and knowledge among pregnant/lactating women and children, and to improve access and use of health and nutrition services



Figure 1: MCHN Day visit at Sambhar block



Figure 2: Routine follow-up

Components of MCHN session:

CHAPTER – 2 REVIEW OF LITERATURE

Digital health technologies have been helping healthcare service frontline workers reduce inefficiencies, improve access, reduce costs, increase quality, and make medicine more personalized for patients. Today's digitized healthcare system keeps the best outcomes for patients at the center of all activity by the smart use of medical data by the healthcare workers.

The onset of the coronavirus pandemic (COVID-19) undoubtedly had psychological impacts for healthcare workers, which were sustained; frontline workers were particularly at risk. Actions were taken to mitigate the impacts of COVID-19 on mental health by protecting and promoting the psychological wellbeing of healthcare workers during and after the outbreak (*Holly Blake et al., 2020*).

The pandemic posed uncountable issues for frontline healthcare workers. It became a tough task for them to store large amounts of rapidly growing data without losing an iota of it. Storing data was necessary for keeping a continuous interaction/counseling with the patients or users. A lot of time was spent on such activities. It was also required to bridge the communication gap between the service workers (hospitals/clinics) and the users (patients/families).

The digital platforms made it easier for the frontline workers to provide counseling, evident based & standard services, 24x7 availability of healthcare services and enhanced quality of access. The 2 crore frontline workers have been not only involved in ensuring essential services at these centers, but they also play a crucial role in community-based surveillance and pandemic outbreak management related activities in the community (main.mohfw.gov.in/AnnualReport2020-21English.pdf).

Digitalization came as a solution. It allowed storing enormous data, safely, in no time. It facilitated smooth interaction among the healthcare workers and the users. It reduced stress on the frontline workers by easy and quick access to patient data, which in turn were able to provide quality services to patients and their families.

Every boon comes with its own backlash. There are numerous issues which our frontline healthcare workers have faced, and these issues increased during the coronavirus outbreak. Limited infrastructure, treatment for complicated diseases, expensive digital health records, safety and knowledge of using platforms pose as basic barriers for frontline workers.

For them, an inefficient access to their patients' records meant limited available information available while treating the patient. Secured systems are required to transfer patient data in order to protect privacy.

Much of the literature on digital technology, including mobile interventions and text messaging, has primarily been in the context of providing continuing educational support and training to community health workers on data collection and reporting, decision support, emergency referrals and work planning through alerts and reminders, as opposed to developing clinical skills ([Winters et al., 2018](#); [Woods et al., 2012](#)). Digital interventions appear to have been effective for training community health workers in general health care delivery ([Agarwal et al., 2015](#))

The institutions also refrain from spending too much on emerging technologies due to lack of funds or no foreseen benefits. Technological transformation comes with the cost of accepting

the change, which is unaffordable for most of the self-financed institutions (thisweekindigitalhealth.com/advantages-and-disadvantages-of-digital-health).

The varied range of workers, based on their age, geographical location, digital literacy, resource availability, overcame these backdrops and served the society. Rural areas are the real test of time for such workers where Irregular networks, population mindset, electricity availability, individual comfort and many more situational complications exist. A smaller segment of the problem also comes from the patients and their families in getting adapted to digital transformation. There has been mutual learning with respect to using tech-savvy platforms to overcome the times of distress for them and successfully delivering their services to the end user.

Digital India programme, a flagship programme of the Government of India in empowering and establishing digitized platforms for all sorts of services paved the way for gradual digitalization of the Healthcare sector too. To tackle the present and upcoming challenges for the Healthcare sector, the Government of India also launched the Ayushman Bharat Digital Health Mission (ABDM) to establish a better framework helping the health care providers, in general as a whole community, to come up with a much-improved system for public health and use (*India reveals latest digital health projects, Adam Ang 2022.*)

CHAPTER – 3 METHODOLOGY

Objective:

To study the impact of digital health platforms on the work of community health workers in gathering data from rural population.

Research question:

What impact does a digital platform have on the performance of community health workers?

Type of study:

Mixed

Study Tools:

FGD (Focused Group Discussion), Telephonic Interviews, In-person Interviews

Sample Size:

30

Location of Survey:

Benada PHC (Bassi block) and Sambhar CHC (Sambhar block) Jaipur, Rajasthan.

Target Group:

ANM/ASHA

CHAPTER- 4 RESULTS

TABLE – 1 KEY FINDINGS FROM ASHA PERSPECTIVES -

Themes	Key findings
Digital health application for data collection	• ASHA Digital Health Application • NCD

Acceptability of digital platform	• Easy Interface/Usage • Less time/household • Ability to work manually
Unacceptability of digital platform	• No Interest • Lack of Smartphones • Lack of Network Infrastructure • Digital Illiteracy • Unsupportable
Difference between paperwork & mobile application	• Mobile applications take less time to use • it is easy and fast to do the work • An error can be detected while working • With mobile surveys, data remains safe & secure compared with paper surveys.
Challenges to using digital application	• Initial language included technical terms about surveys that were difficult to understand • Digital literacy • Technical issues of digital devices, poor audio quality, slow speed of the device, poor internet connectivity • Lack of training/ tutorial
Approach when get stuck during data collection	• ASHA supervisor • Data entry operator • Co - workers • Help from their children • Video - audio clips
Advantages / disadvantages using digital application	• Less time • During the surveys, the correct and incorrect entries are detected • In addition, we can see backdated data • When we enter a wrong entry, it shows the wrong mark and does not progress further.

CHAPTER – 5 DISCUSSION

Combining technology with healthcare, digital health aims to provide optimized, streamlined, and cost-effective healthcare services. Use of innovative technology helps the frontline workers in storing & tracking real time data easily.

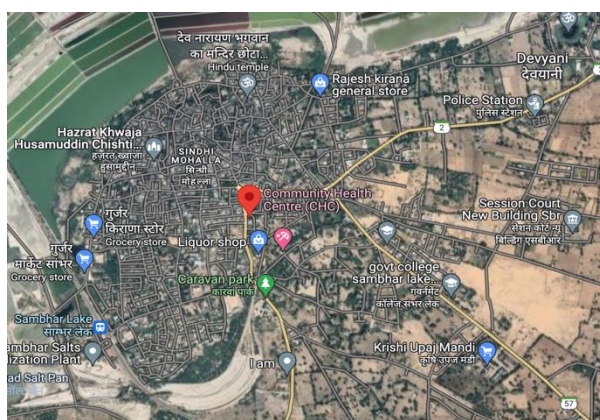
We started this study to gauge the impact of digitalized healthcare platforms on the frontline workers and the users as well. Our study was conducted on the basis of various factors like extent of use of digital platforms by frontline workers, acceptance by the users

geographically, infrastructural improvements required, access to digital platforms and what made them to use it or to discontinue.

The study was conducted for **Benada PHC (Bassi block) and Sambhar CHC (Sambhar block)** of the Jaipur district for a sample size of 15 from each block in order know the varied approach of community frontline workers in using digital platforms and the users accepting it. Our sample ranged from 25 to 49 years of age; about half of them were over 45 years of age. ASHAs were on average young; approximately half of them were above 30 years of age. This data regarding age was important to collect because younger age is considered to be an important marker for adopting new technologies, such as the mobile phone. Younger and more educated women are known to adopt new technologies more readily than older and less educated women.

TABLE - 2 DEMOGRAPHIC DETAILS OF SAMBHAR & BENADA:

Description	CHC- Sambhar	PHC -Benada
District name	Jaipur	Jaipur
Total population	22327	4013
Total area	12.5 km ²	7 km ²
Total no of households	4003	4031
Literacy rate	80%	65%
Total no. of ASHA workers	20	10
MOIC	Dr.Yogesh Paliwal	Dr. Avinash Sharma
ASHA supervisor	Manisha ji	Mukesh Sharma
ANM	Shreeekha ji	Pinki ji meena



as to focus on 15 users for each block but we reblock than Benada. From Sambhar, 20 users could while only 10 users could get data from Benada Sambhar (70.13%) over Benada (50.7%) and his Benada (4210). These factors were deciding for stic the rural population is to the community health

SURVEY ANALYSIS:

There was a total of 30 community health workers for the survey who were using ASHA, NCD or other applications as digital healthcare platform for conducting surveys. Out of the 30 workers, 21, i.e., 70%, were using one or more apps on a regular basis on recommendation from other community health workers or due to government mandate for gathering healthcare data of population for the government records.

Figure 5: Digital Platforms Distribution

Reasons for using digital platform -

The primary reasons to use the apps were user friendly interface, efficient process, and safety of data among 12, 3 and 9 i.e., 40%, 10% & 30% users respectively. People were enthusiastic to learn about digital platforms with the help from young teenagers, frontline workers, and ASHA operators/supervisors.

Figure 6: Primary reasons for using the app

Reasons for not using digital platform –

Rest 6 health workers out of 30, i.e., 20%, restrained from using digital platforms due to -

- Infrastructural issues like network connectivity,
- Complicated application interface,
- Age related learning issues,
- Digital literacy,
- Absence of smartphones, etc.

which prevented them from using digital healthcare platforms or simply because they did not want to use.



Figure 7: Field visit at Benada PHC

Difficulties using digital platform -

Community Health Workers also faced difficulties initially due to newer technology, network issues, understanding the digital platforms, no support from rural population for whom they wanted to work. These were mutual concerns among the community health workers and the population, both. The community healthcare workers faced severe backlashes at the initial stages from the public due to them being unaware of such existing platforms.



Figure- 8: – Interviewing of health workers

Work approach when you get stuck during any activity-

While learning to use the digital platforms, the workers approached ASHA's data operators, supervisors, online videos, co-workers, teenage population, etc. which helped them to understand the interface better and develop trust on the new technology. The younger community workers were more open to using online platforms since they understood its need and trusted the government for safe storage of their sensitive data



Figure 9 : Focus group discussion with health workers

Difference Between Manual & Digital-

Figure 10: Manual vs Digital Platforms

Mode of Data Collection

- 24 out of 30 total were already using digital apps.
- 6 were not doing, 4 out of these 6 are ready to learn digital app after training / guidance. 2 still prefer manual.

Household/hour

- Earlier survey of 1 house was done in 1 hour in manual work, but now due to digital platform 2 house surveys are done in 1 hour. 100% increase in efficiency

Those Community Health Workers who were using the digital applications preferred it over conventional paperwork because of the reasons that the gathered data is safe and can be updated whenever necessary.

Other reasons were-

- Easy data storage,
- Less time spent per household,
- Easy to rectify entries,
- Less physical resources required.

It also increased their efficiency by 100% since it took half the amount of time to gather information about people than earlier conventional paperwork.

Experience working with the digital platform during covid 19-

The experience of working with digital platforms, especially during Covid times, had a positive response from the frontline workers. Initially, there was a little retaliation by the population due to fear of the virus spreading from the frontline workers, but eventually the issue was resolved by proper teaching and awareness of the pandemic virus and its spread.

The additional responsibilities related to the pandemic that these front-line workers were given included awareness campaigns, surveys, home delivery of supplementary nutrition and other services, making quarantine arrangements for returning migrants and arranging for relief measures (such as public distribution system rations) to reach beneficiaries. With anganwadi centres closed, AWWs had to home-deliver supplementary nutrition and also check on high risk pregnancy cases every day.

Willingness towards digital platform-

According to further study of the survey out of 6 who were uncomfortable or refused to use the digital platform, 4 community workers were ready to be trained to use such new technologies. They preferred multiple training sessions to get used to the newly introduced digital healthcare system.

Following are a few statements of community health workers:

Lalita Panwar (ASHA)

[illegible]

Manju Devi (ASHA)

“□□□□ □□□□□□□□ □□ □□ □□ □□ □□□ □□
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CHALLENGES -

Digital illiteracy-

Few of our community health workers who were not aware of using digital platforms on smart phones, could use them successfully after proper training. There was also a section of

rural population which felt unsafe to share personal data with ASHA and ANMs, therefore they were also informed about what this programme was and after that survey could be done easily.

Difficulty accessing technology due to a lack of technical means affects rural communities disproportionately as digital resources are unequally distributed. High-speed Internet is only available in cities, and many cities struggle to maintain a stable cellphone signal. In addition, broadband access is almost non-existent in rural areas. To improve the situation, the government has implemented flagship programs like the Bharat Net Project, but according to the latest internal government data, less than 2.5 percent of the 2nd5 lakh village panchayats have commercial broadband connections.

Inadequate smartphone infrastructure-

There are a lot of factors like network connectivity, battery backup, charging spots, etc. which made it a bit difficult for our ASHAs and ANMs to carry out the study smoothly. Yet, they overlooked these issues and tried their best to complete the data collection tasks in rural areas.

Less engaging rural population-

The rural population, unaware of digital modes of data collection, was unwelcoming to our community health workers. They had to be satisfied with the benefits it had over manual paper records and then we got their cooperation too.

Lack of proper training material-

Training material for the ASHAs and ANMs was limited and restricted so it took quite a time for Supervisors/Data Operators too in teaching workers them to use digital platforms properly maintaining complete privacy and safety of sensitive health data.

India currently has the world's second highest number of internet users. In 2019, there were approximately 54 internet subscribers for every 100 inhabitants. There were approximately 719 million internet subscribers in total. In India, where most of the population lives in rural areas, inclusive growth cannot occur unless adequate infrastructure to support rural connectivity is established. Inadequate penetration and infrastructure also limit instant access to virtual resources that provide information about banking, education, healthcare, neonatal care, and other topics. However, most rural populations lack access to running water, sanitary sanitation, and hospitals and banks.

Digital Platforms have proved to be accurate, safer, reliable, and secure over conventional paperwork. Though there were some issues like mobile connectivity, storage issues, battery backup, etc., but the frontline workers tried overcoming these issues with their sheer determination in serving the society risking their lives. The study concluded with the fact that close to 70% of the existing workers using digital apps were satisfied with the interface and preferred it over conventional paper entries. The data is collected by ASHA workers and verified by ANM where it is again verified for inaccuracy & duplicacy

Overworked and underpaid –

While community health workers were constantly working, obstacles such as smartphone infrastructure, people engagement, digital illiteracy, etc., were overcome. It had been common for the government to delay the payments intended for the workers despite gathering health data to help improve the healthcare infrastructure in rural India. Despite this, their morale did not suffer, and they continued working and receiving incentive payments with a bit of delay. The inability to make payments on time sometimes makes it difficult for them to manage their own household expenses as well, and they feel demotivated to continue this work. Since they are the foundations of the entire healthcare ecosystem, the authorities must ensure that they receive their payments in a timely manner as their payments are a huge support to their families.

RECOMMENDATION

- Induction training should be disseminated at the district level to guarantee that all new ASHAs receive instruction before entering the field. A full-time training system and full-time trainers must be in place to guarantee that there are no training gaps in any federally funded states.
- The ASHA training modules need to be condensed into a shorter and more concise version because ASHAs currently struggle to process the volume of material offered in the training manuals.

- Have appropriate and regular reorientation and training with recent advances at the PHC level.
- An effective implementation team should be on the ground to track and monitor ASHA's performance. Create systematic evaluation processes that are conducted every six months to monitor and assess ASHA's performance.
- Reconsider ASHA's obligations to simplify accountability and increase benefits.

CONCLUSION:

Digitized healthcare system ensures accountability when it comes to health care delivery. This dissertation emphasizes the role of digital intervention in fostering health worker capacity building, thereby enhancing the quality of healthcare delivery. Through its effectiveness, efficiency, timely service, privacy, and personalization, the technology offers tremendous potential for improving health and healthcare delivery.

Digital platforms allow storing enormous data, safely, in fractions of time. It facilitated smooth interaction among the healthcare workers and the users. It reduced stress on the frontline workers by easy and quick access to patient data, which in turn were able to provide quality services to patients and their families.

We also learned that having access to mobile phone is not the same as having "availability" of mobile phone all the time. Availability depends on a combination of factors like, person's ability to keep the battery charged, maintain credit on the phone and having good connectivity at the place of work/residence. The over-all availability thus defined, was found to be among only 19% among ASHA because many ASHA tended to frequently run out of credit. Currently, that is not a major constraint because ASHA only make "missed calls" to their contact person which are free. Also found most of the villages perhaps do not have network connectivity, which is a limitation the digital platform will have to take into account.

Therefore, I have conducted a survey in two blocks of Jaipur district to know about the experiences and feedbacks of community health workers in using the digital health platforms with their advantages and disadvantages. In our survey, we found that some people were using the digital health platforms and other were having difficulty in using them, while a few percent of the workers were not in favor of using digital platforms.

An increased use of digital platforms changes the fundamental nature of works. By using these platforms, users can share different information, such as new products and services, and connect the platform's ecosystem. We also discussed about how ASHA and ANM contribute to creating awareness among the population to understand the importance of accessing healthcare services focusing on child health, family planning, adolescent reproductive health, etc.

Limitation of the study:

- I was unable to interview 6-7 health workers due to their lack of availability for interviews.
- Due to lack of time and resources, it was not feasible to visit all the facility to conduct interview.
- There was some biasness in result as sometimes we need to use the leading questions, while interviewing the staff over telephone.

Q/A

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