Assessment of Performance Based Incentive of ASHAs in Jaipur Urban block of Jaipur I district, Rajasthan

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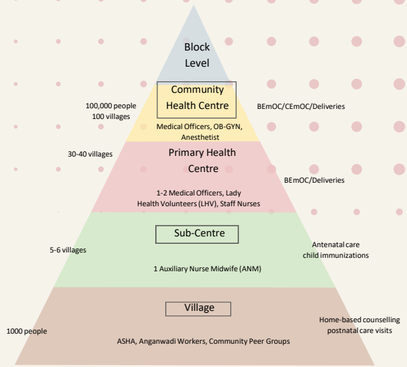
CONTENT

BACKGROUND

Accredited Social Health Activists (ASHAs) play a vital role in India's healthcare system, particularly in rural and underserved urban areas. These community health workers connect vulnerable populations to essential health services and programs. To motivate ASHAs and enhance their performance, a system of performance-based incentives was implemented. However, concerns have arisen regarding the effectiveness, transparency, and impact of this incentive structure on ASHA motivation and service delivery.

This study focuses on assessing the performance-based incentive system for ASHAs in the Jaipur Urban block of Jaipur I district, Rajasthan. It aims to identify factors influencing the effectiveness of the incentive scheme and suggest potential improvements.

By examining both facilitating and hindering factors, the research seeks to provide insights that can lead to enhancements in the ASHA program, ultimately improving health outcomes for the communities they serve.



The public health system in India

RESEARCH QUESTION

What is the facilitating and hindering factors in performance-based incentives for ASHA during the incentivization process of claims?

STUDY OBJECTIVES

- To review the guidelines, roles, and responsibilities of ASHAs.
- To study the incentivization processes.
- To study facilitating and hindering factors.
- To suggest possible ways to minimize hindering factors, if any.

STUDY METHODLOGY

Study Design:

This research employed a cross-sectional design utilizing quantitative and qualitative data collection methods. This approach facilitates a deep understanding of their experiences and perspectives, capturing their suggestions and hurdles which they have been facing.

Sample Size:

A 10% sample size of total number of ASHAs was targeted, aiming for 50 ASHAs. To achieve this following steps were taken:

ASHAs were categorized into two cohorts based on the completion percentage of the Digital Household Survey: Highest and Lowest.

A list of 515 ASHAs was stratified based on these cohorts.

A random sample of 25 ASHAs was selected from each cohort using a random number generator.

Data Collection Methods:

- Review of Existing Documents
- Guidelines, roles, and responsibilities of ASHAs regarding the incentive scheme.
- CHIP data relevant to ASHAs and their incentive claims.
- Process Mapping
- A visual representation of the incentive scheme's workflow, identifying potential bottlenecks.
- Semi-structured Interviews
- Telephonic interviews were conducted with the selected ASHA sample using a pre-designed interview schedule. The schedule explored challenges faced in receiving incentives, clarity of the incentive structure, and any communication gaps.

Inclusion Criteria

- ASHA workers in the Jaipur district of Rajasthan
- Willingness to participate in a telephonic interview
- Availability to complete the entire interview

Exclusion Criteria

- ASHA workers who did not respond to phone calls (after two attempts at different times)
- Those who declined to participate
- Incomplete interviews for any reason

Data Collection Tools

Primary data was gathered through telephonic interviews using a structured questionnaire. The qualitative data from these interviews were then coded to streamline the analysis process. To secure the target sample of 50 completed interviews, approximately 100-120 calls were made.

Secondary data was also incorporated, involving a thorough review of the existing Incentive system, reports, and articles. This review focused onfacilitating and hindering factors by ASHAs during th incentivization process of claims.

Data Analysis

The analysis of the data collected during the course of study was conducted using elementary statistical tools and techniques like distribution of raw data and percentage of responses on various aspects. With the help of Excel, graphical representation of responses were done.Bases on the responses, opinions were visualized. The challenges faced by ASHAs were identified with the help of visualizations.

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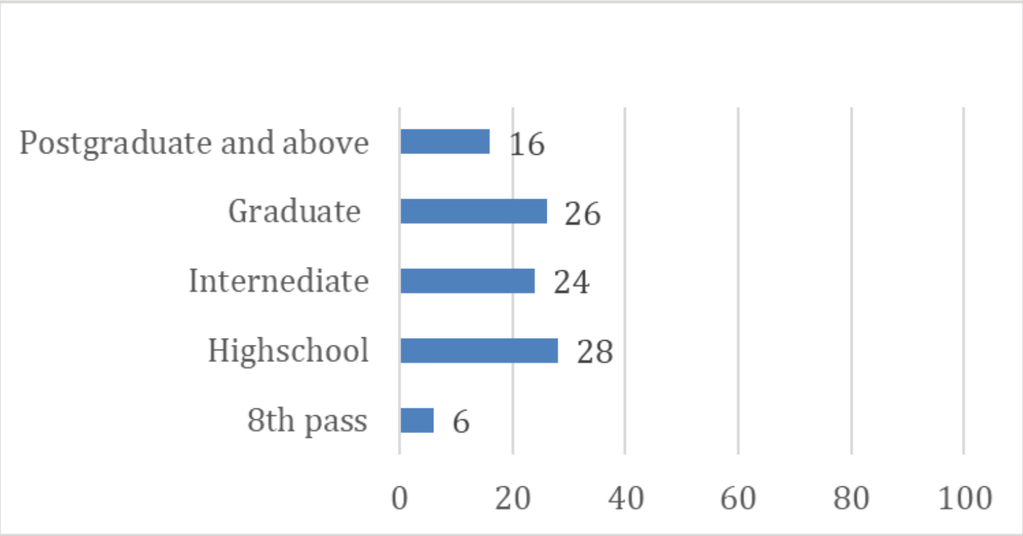
Roles & Responsibility of ASHAs

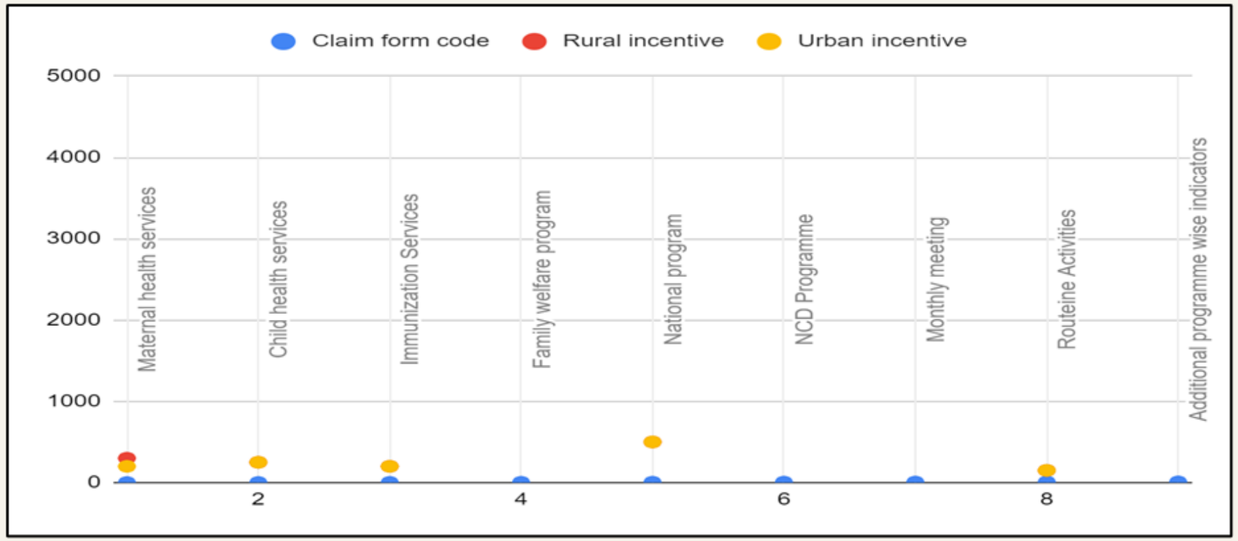
- Delivery of Basic Healthcare Services
- Reproductive and Child Health (RCH) Services
- Delivery of Basic Healthcare Services
- Community Health Promotion
- Data Collection and Reporting

Age (in complete years)	%
26-30	6
31-35	28
36-40	28
41-45	22
46-50	10
50+	6

Per cent distribution of ASHAs by their age

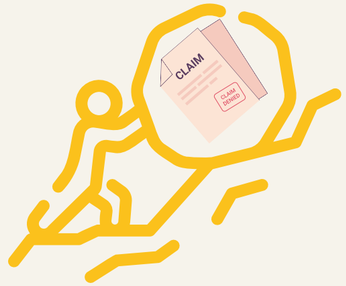


Per cent distribution of ASHAs by their education



Incentive structure for ASHA workers

Challenges faced by ASHAs with respect to incentivization process



- lack of supplies (printed formats),
- multiple data entry (99% each);
- lack of understanding what has been reimbursed or not reimbursed against the vouchers (98%),
- registration of migrants pregnant women because in most of the cases they lack the required documents desired as per the rules (92%), and
- lack of support from ANMs (84%). There were others concerns as well but the mostly perceived reasons were as mentioned above.

The results revealed that the ASHAs preferred those tasks which has relatively more incentives like:

- Institutional delivery (83%)
- child immunization (78%)
- postnatal (58%)
- antenatal care (42%)

CONCLUSIONS

- Recognition from community and family
- Financial renumeration
- Duplicative data entry: ASHAs reported a burden from entering data across multiple platforms.
- Communication and collaboration: The study highlights the need for improved communication within the healthcare system. Issues with data operator accountability and insufficient support from ANMs emphasize the importance of fostering collaboration.
- Resource constraints: Challenges included lack of printing supplies, phone repair costs, and insufficient training on programs like HBYC.

SUGGESTIONS

- Streamlined Incentive Structure
- Digital Transformation
- Workload Management
- Recognition and Support
- Resource Allocation

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THANK YOU

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