Summer Training at
NHM, Rajasthan
(April 3 to June 2, 2017)

Observational Study on Online Payment Module ASHA Soft and OJAS

By
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MBA Hospital & Health Management
2016-2018

Institute of Health Management Research
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2017

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Amit Jain** has undergone summer training in **NHM ,Rajasthan** from 3rd april to 2nd june 2017.

The candidate himpself completed the project assigned to him during summer training. His approach to the project was sincere and proactive. The summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Health & Hospital management.

I wish him success in all his future endeavors.

Col. (Dr.) Ashok Kaushik

Dean (Academics & Student affair)

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CERTIFICATE

This is to certify that **Mr Amit Jain**, student of MBA Institute of Health Management Research (IIHMR, Jaipur) has successfully completed his Summer Training Program at NHM, Rajasthan from 3rd April, 2017 to 2nd June 2017. He has worked on the project- **To observe the functioning of online payment module of ASHA Soft & Online JSY Payment (OJAS).**

His performance was found satisfactory. We extend him good wishes for a bright and successful career ahead.

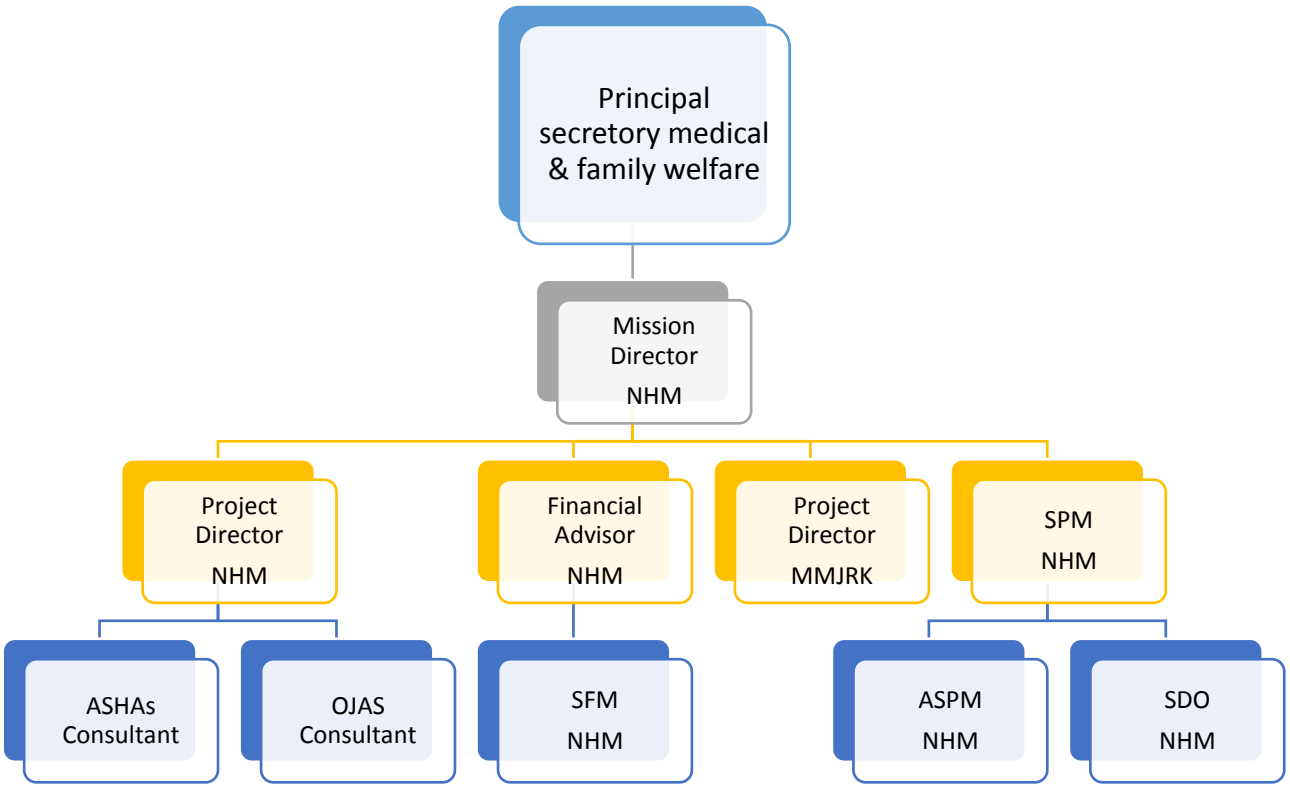
Director RCH

Acknowledgment

I am using this opportunity to express my gratitude to everyone who supported me throughout the course of this MBA project. I am thankful for their aspiring guidance, invaluably constructive criticism and friendy advice during the project work. I am sincerely grateful to them for sharing their truthful and illuminating views on a number of issues related to the project.

First of all, I would like to thanks **Secretary Govt. of Rajasthan cum MD NHM Mr. Naveen Jain** for providing me opportunity to work in public health system.I express my warm thanks to **Dr. Jalaj vijay (State Programme Manager), Dr. Tarun Chaudhary, Mr. Hemendra, Dr.Anirudh, Mr. Abhishek** for their support and guidance at [NHM Rajasthan].

I would also like to thank my project to the people who provided me with the facilities being required and conductive conditions for my MBA project. I would also like to thanks **Dr. Mohan Bairwa**, **Ms.Ratna Verma** IIHMR University, my mentor for providing me a support in my project a successfully.



Organogram of NHM, RAJASTHAN

ACRONYMS

S. No.	ACRONYMS	FULL FORM
1.	NRHM	National Rural Health mission
2.	NHM	National Health mission
3.	NUHM	National Urban Health Mission
4	CMHO	Chief Medical Health Officer
5	NCDC	National Cooperative Development Corporation
6	MMR	Maternal Mortality Ratio
7	IMR	Infant Mortality Rate
8	GDP	Gross Domestic Product
9	DOTs	Directly Observed Treatment, Short-Course
10.	ASHA	Accredited Social Health Activist
11	WCD	Women & Child development
12	ANC	Antenatal care
13	PHC	Primary health centre
14	NIC	National Informatics Centre
15	CHC	Community health centre
16	OJAS	Organized Just Accessible Seamless
17	JSY	Janani Suraksha Yojana
18	RSY	Rajshree yojana
19.	SLY	Shubhlaxmi yojana
20	PCTS	Pregnancy Child Tracking System
21	MCTS	Mother Child Tracking System
22	HMIS	Health Management Tracking System
23.	AWW	Anganwadi workers
24.	BPL	Below Poverty Line
25.	MO	Medical officer
26	HPS	High Performing State
27\.	LPS	Lowest Performing State
28	LAMA	Leave Against Medical Advice

Purpose of Summer Internship

Summer training is an integral part of the PGDHM curriculum. As a part of the course, students of first year are required to undergo summer placement at any reputed organization to get in depth exposure of various departments in the organization and better understanding of the health care delivery system and its functions.

The major objectives of the summer training programme are as follows:

- To better understand the existing health delivery system including public and private sectors.
- To observe the implementation of various national health components at national/state/district levels.
- To understand various functions of health system by interactions with key stakeholders, policy makers, programme managers, academicians and researchers.

- To work on the project/task assigned by summer training organization.

During our training period we had an overview of various components undertaken in National Health Mission, Rajasthan including the current status of the components and our observations regarding the same. We also carried out a small study on the different topics assigned to us

Contents

INTRODUCTION

The NHM (National Health Mission) which include both National Rural Health Mission (NRHM) & National Urban Health Mission(NUHM) effort at ensuring effective healthcare through a range of interventions at individual, household, community, and most critically at the health system levels. Despite considerable gains in health status over the past few decades in terms of increased life expectancy, reductions in mortality and morbidity serious challenges still remain. These challenges vary significantly from state to state and even within states.

There has been a progressive decline in budgetary allocation for public health in the country from 1.3% of GDP in 1990 to 0.9% in 1999. Rising inequities are another area of concern. Studies demonstrate that curative services favour the rich over the poor. Only one tenth of the population is covered by any form of health insurance thereby exposing the large majority to the risk of indebtedness in the event of a major illness in the family. Operational integration in policy and programme between various vertical programmes within the health sector, and between health and other related sectors such as drinking water, sanitation, and nutrition has been limited, resulting in a lack of holistic approaches to health. A number of States particularly in North, East and North Eastern parts of the country have stagnant health indicators and continue to grapple with significant morbidity and mortality. The causes for this basically lie in socio-economic factors, underperforming health systems and weak institutional framework.

The National Common Minimum Programmer spells out the commitment of the Government to enhance Budgetary Outlays for Public Health and to improve the capacity of the health system to absorb the increased outlay so as to bring all round improvement in public health services. This Mission seeks to provide effective health care to the rural population, especially the disadvantaged groups including women and children, by improving access, enabling community ownership and demand for services, strengthening public health systems for efficient service delivery, enhancing equity and accountability and promoting decentralization.

The goals of NHM are outlined below: -

- Reduction in Infant Mortality Rate and Maternal Mortality Ratio by at least 50% from existing levels in next seven years
- Universalize access to public health services for Women's health, Child health, water, hygiene, sanitation and nutrition
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases
- Access to integrated comprehensive primary healthcare
- Ensuring population stabilization, gender and demographic balance.
- Revitalize local health traditions and mainstream AYUSH
- Promotion of healthy life styles.

OBSERVATIONS ON ASHA SOFT

ASHA Soft (The Online Payment and Monitoring System)

INTRODUCTION

ASHA Soft, a web payment and performance observation system has created an effect by providing line list information of pregnant women and birth details of Rajasthan. It's a novel initiative by the NHM, Rajasthan that has helped in improvement of health services within the state. So as to implement the system, master information of ASHAs was ready for every anganwadi and was linked to the health facility including sub-centers, primary health centers (PHCs), community health centers (CHCs), and hospitals. Identical was linked to pregnancy, child tracking, and health service management system (PCTS) - operational since 2008 and integrated with ASHA Soft. Case details square measure entered in PCTS and ASHA Soft, looking on nature of activity, and square measure verified. Online payment is created by CMHOs from the district level for all ASHAs within the district that digital signature-based authentication is employed for releasing the payment

The days earlier, prior to ASHA Soft, there have been no normal procedures for performance and payment observation for ASHAs and there have been multiple payment points. Money was maintained at each sub-center, PHC, and CHC (Total 16000+ locations for money handling). Incentive payment for sure activities was created by auxiliary nurse midwifes (ANMs) up to sub-center whereas incentive for alternative activities was paid through cheque at PHC level (separate cheque for RCH activities, and national health programs), that were bimanual over to ASHAs within the monthly meetings. Invariably, there was delay of a minimum of one-two months within the payment; the method of approval on case basis generated plenty of clerical work all levels

ASHA Soft has simplified the process significantly, which has introduced standardized claim forms for ASHA for all 34 activities. The forms are submitted by an ASHA at her sub-center, where the ANM verifies them. The claim forms for all 34 activities in a month are submitted at the end of the month by ASHAs and once verified by the ANM, the forms are sent to the concerned PHC, CHC, and Block PHC for data entry.

Why ASHA Soft required?

- The software has been developed in a very short time span because of the keen interest shown by the authority to solve the major problem of ASHA's delayed and partial payment, which was being faced at grass root level.
- ASHA are paid incentives against 34 types of activities and that also at different time period and from various channels, these complexities in their payment system cause various problems for ASHA's payments.
- As their incentives are not being paid on time, ASHA's were getting de-motivated to render proper services to the community.
- To ensure the timely, transparent and seamless payment to ASHA's.

Programme whose payment & monitoring done through ASHA Soft is as follows: -

ASHA PROGRAMME

Since the origin of National Rural Health Mission (2005), ASHA (Accredited Social Health Activist) element has contend a very important and demanding role within the implementation of NRHM activities. The ASHA programme was introduced as a key element of the community method intervention and currently this programme has emerged because the largest community health worker programme within the world and is taken into account of vital importance in sanctionative people's participation in health.

INTRODUCTION

ASHA is a community; whose role is to generate awareness regarding health issues and it also acts as an interface between community and various health services. In Rajasthan, it is known as ASHA Sahyogini, as it works jointly between Department of Medical Health & Department of Women and Child Development. ASHA get selected by Gram Panchayats & works with the help of Anganwadi Centres. Before it starts operating, it has to undergo intensive induction training.

For reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR), to ensure better health services and to prevent other diseases, at present approximately 48,400 ASHA sahyoginies are currently working in the state and they get fixed monthly emoluments from the woman and child development department, and also monthly incentives from medical and 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.3000 per case depending upon the type of activity.

ROLE OF ASHA

The main role and responsibilities of ASHA include the functions of a healthcare facilitator, a service provider and a health activist. It coordinates as a bridge between health and WCD in delivering key services and message for Child and Maternal health. Besides, ASHA Sahyogini also renders important services under National Disease Control Programme (NCDC) such as malaria, TB, leprosy, cataract and many more health provisions.

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. and Blindness etc.

At Village level ASHA's Work consist of mainly Five Activities: -

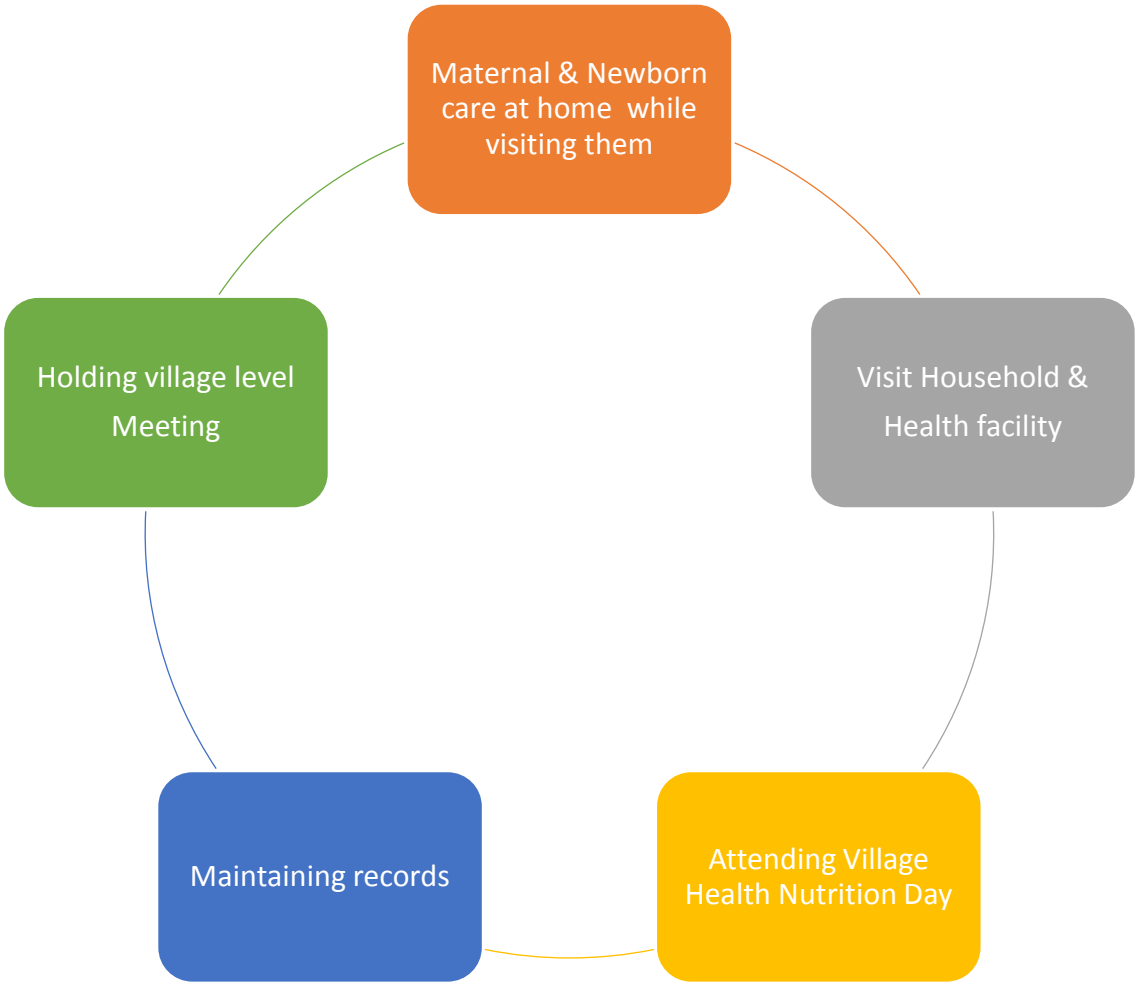


Fig. 1 ASHAs work activities

IMPORTANT TIMELINES

SNo.	Activity	Responsibility	Date
1.	Verification of ASHA Claim form	ANM	Between 26th -2nd Of next month
2.	Online data entry of ASHA claim form &its verification on ASHA Soft	IA/PHC Health Supervisor/data entry operator	Between 26th -2nd Of next month
3.	Release of sanction or fund transfer order	MOIC with assistance of LHV/Accountant	By 4th of next month
4.	Release of payment (using DSC)	CMHO	Between 5th to 7thof next month

Table no. 1

LIST OF INCENTIVES ASHAs RECIEVED UNDER VARIOUS SERVICES			
Maternal Health Services			
1	4 ANC Checkups	300	**200**
2	Institutional Delivery	300	200
3	Woman Death Reporting	200	
4	Collecting Bank Account & Aadhar	5	
Child Health Services			
5	HBNC Plus	200	
6	HBNC	250	
7	Child Death Reporting	50	
8	Followups of SAM Child	150	
9	SNCU Followups	200	
10	MAA Program	100	
Immunization Services			
11	Social Mobilization	150	
12	Full Immunisation	100	
13	Booster Doses	50	
Family Planning Services			
14	Sterilisation Post Partum	300	
15	Sterlisation Female	200	
16	Sterlisation Male	300	
17	Sterlisation on 1 or 2 Children	1000	
18	2 Yrs Delay of 1st Child Birth	500	
19	3 Yrs Gap Between Age of Two Children	500	
20	PPIUCD	150	
National Programme			
21	I Cat. DOTs	1000	
22	II Cat. DOTs	1500	
23	IV Cat. DOTs – IP	2000	
24	IV Cat. DOTs – CP	3000	
25	Cataract Patients	250	
26	Leprosy Registration	250	
27	Leprosy Treatment - PB Cases	400	
28	Leprosy Treatment - MB Cases	600	
29	Malaria Cases - Full RT	75	
30	Blood Slides Preparation	15	
31	Adolescent Sessions	200	
32	Peer Educator	100	
Monthly Meetings			
33	Monthly Meetings at Sector Level	150	
34	Routine Monthly Activities	100	

The Process of Payment

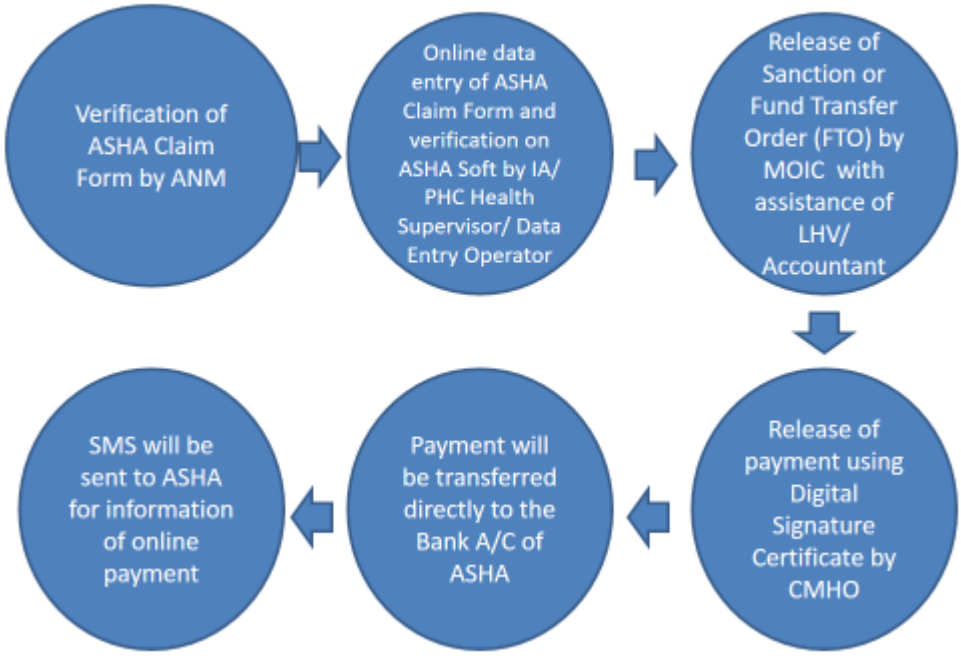


Fig.2 Flow diagram of Payment process in ASHA-Soft

Reports available that can be available from ASHA Soft are: -

MASTER REPORTS AVAILABLE: -

- Details of ASHAs.
- Account verification status.
- Age wise summary of ASHAs.
- Qualification wise summary of ASHAs.
- Training level wise summary of ASHAs
- Category wise summary of ASHAs.
- Children wise summary of ASHAs.
- Marital status wise summary of ASHAs.
- Experience wise summary of ASHAs.
- ASHA without HBNC training received HBNC incentives.
- ASHA with stopped payment.
- Monthly wise status of ASHA.
- Status of Aadhar, Bhamashah 7 Bank A/C.

Activity Reports

- Reporting status.
- List of incentives.
- Activity schedule.
- Top 10 performing ASHAs.
- Zero performing ASHAs
- ASHA stopped to submit claim form.

Payment reports

- Funds transfer status.
- Funds transfer order.
- Payment status.
- District wise sanctions.
- Head wise payments.
- Activity wise incentives.
- Activity & incentives wise summary.
- Incentives amount wise summary.
- District wise status of incentives.
- Average payment to ASHAs.
- Month wise details of incentives for ASHAs.
- Average Payments to ASHAs.
- Highest and lowest incentives.

Major category of services

A. Maternal Health Services.
B. Child Health Services.
C. Immunization Services.
D. Family Planning Services.
E. National Health Programmes.
F. Meetings.

A. Maternal Health Services

- **4 ANC Checkup.**
- **Institutional delivery promotions.**
- **Maternal death reporting.**
- **Collecting bank A/C & Aadhar.**

B. Child Health services

- **HBNC.**
- **HBNC Plus(Alwar, Dausa, Bharatpur)**
- **Child death reporting.**
- **Follow of SAM child.**
- **SNCU follow ups.**
- **Maa program.**

C. Immunization Services.

- **Social mobilization.**
- **Full Immunization.**
- **Booster poses.**

D. Family Planning Services.

- **Sterilization.**
- **Sterilization on 1 or 2 children.**
- **Ensuring 2 years delay of child birth after marriage.**
- **For 3 years difference between age of 2 years.**
- **PPIUCD.**

E. National Programme.

- **DOT's patients.**
- **Cataract patients**
- **Leprosy patients**
- **Malaria cases full RT.**
- **Blood slides preparation.**
- **Adolescent health.**
- **Peer educator.**

F. Meetings.

- **Monthly meeting at sector level.**
- **Routine monthly activities**

Methodology-

1. Type of study:-Descriptive and Analytic Study.
2. Study Duration:- April- May 2017
3. Study Area: - NHM Rajasthan.
4. Data collection: - Secondary Data.
5. Data analysis: - In MS-Excel.

Data Assessment:-

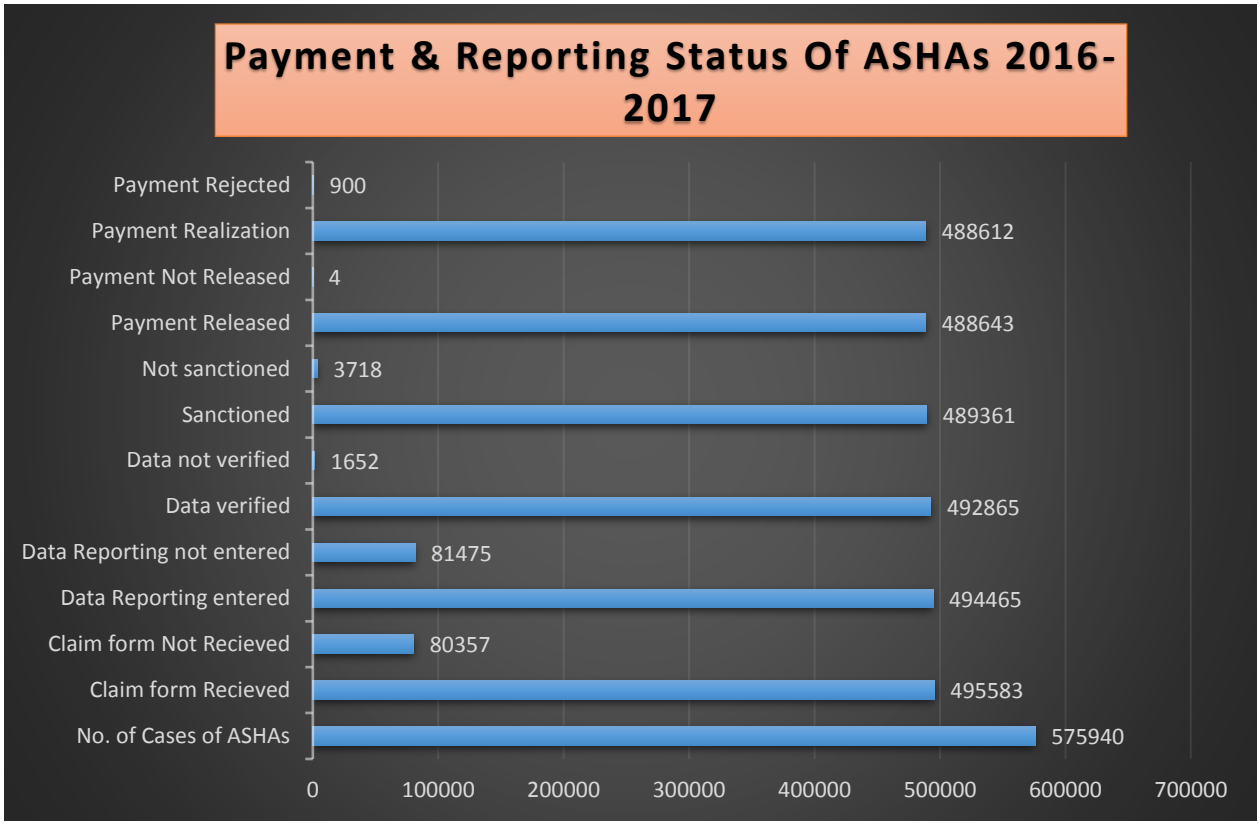


Fig.3 Payment & Reporting Status of ASHAs 2016-2017

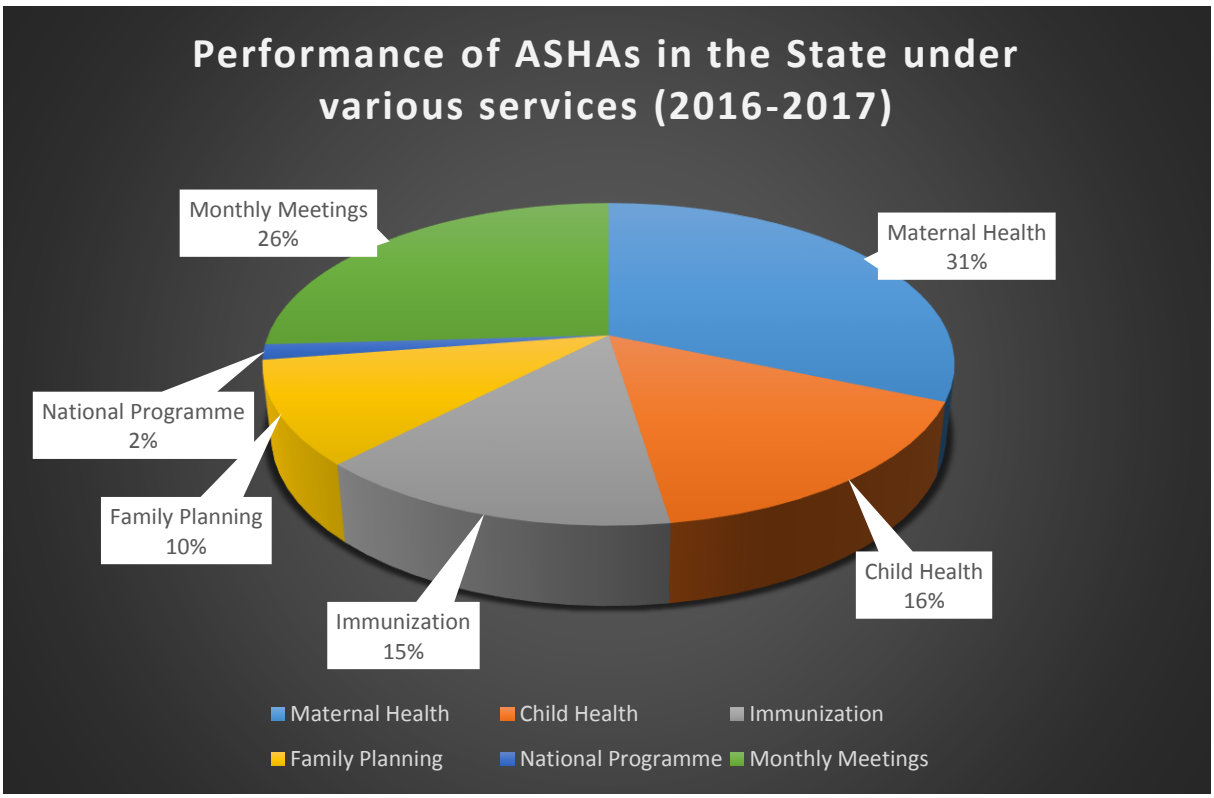


Fig.4 Performance of ASHAs in the RAJASTHAN State under various services

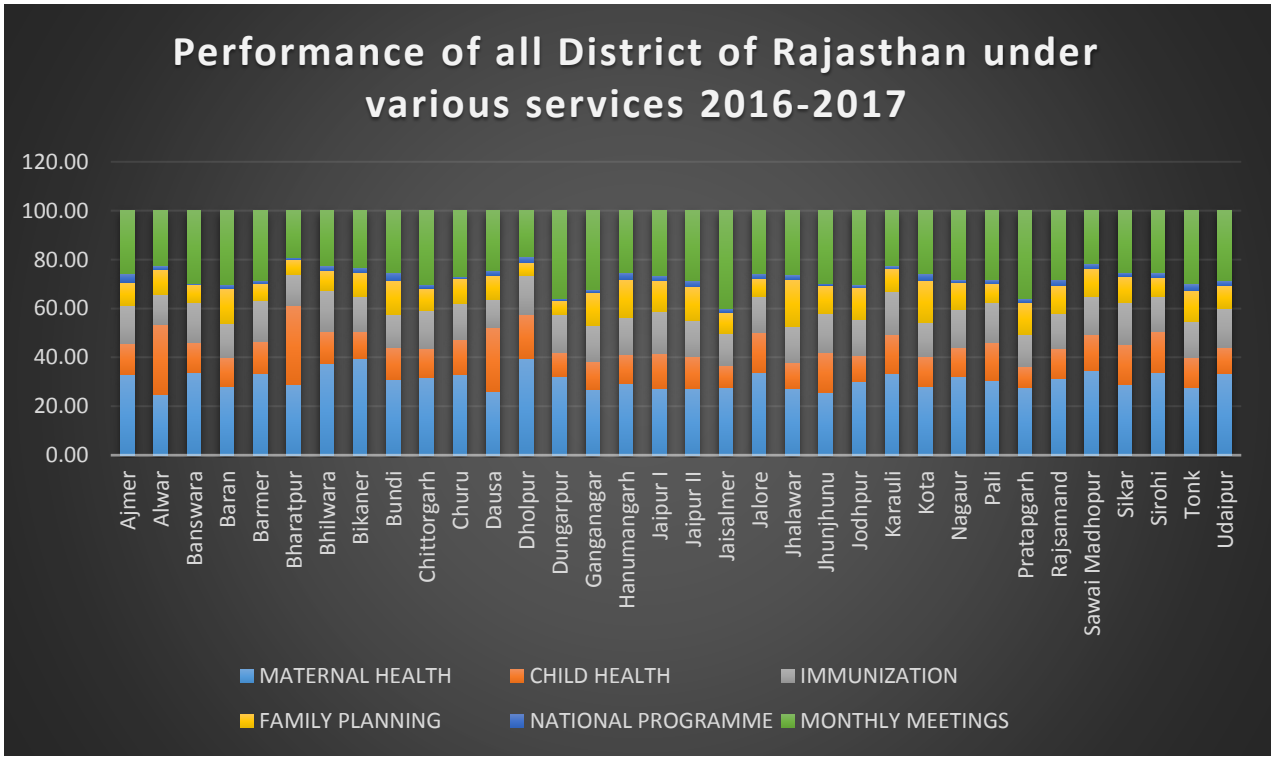


Fig.5 performance of all District under various services

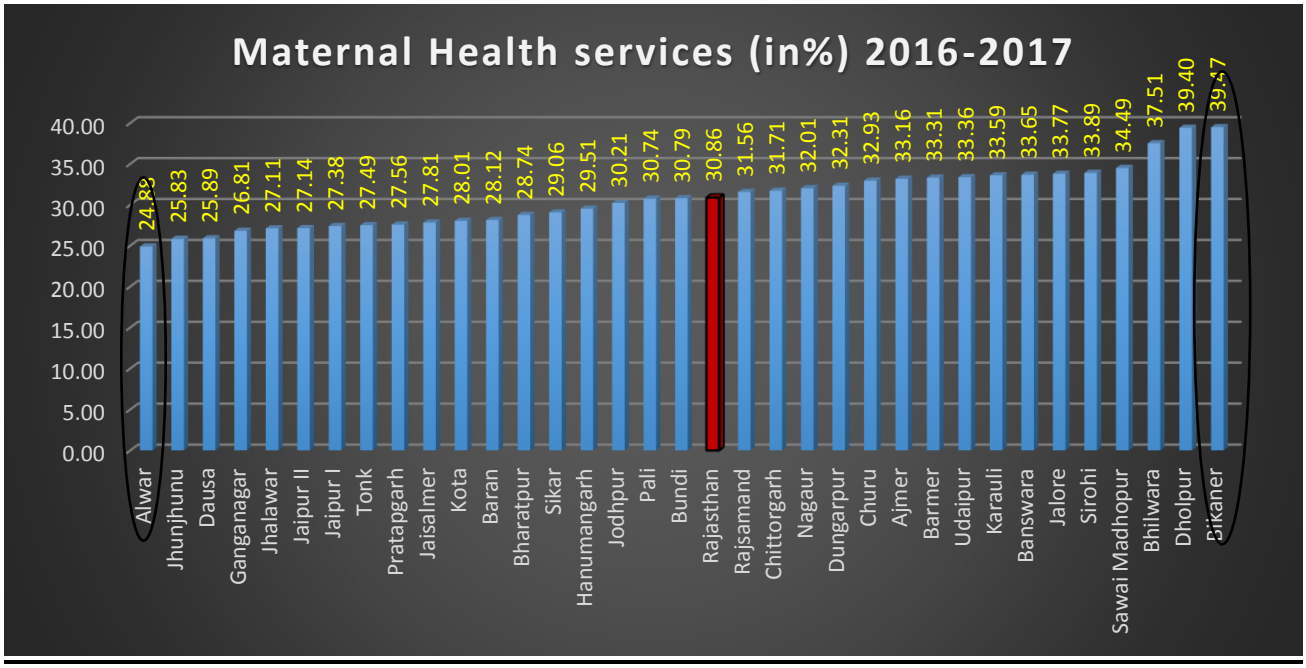


Fig.6 Performance of all district of Rajasthan under Maternal Health Services

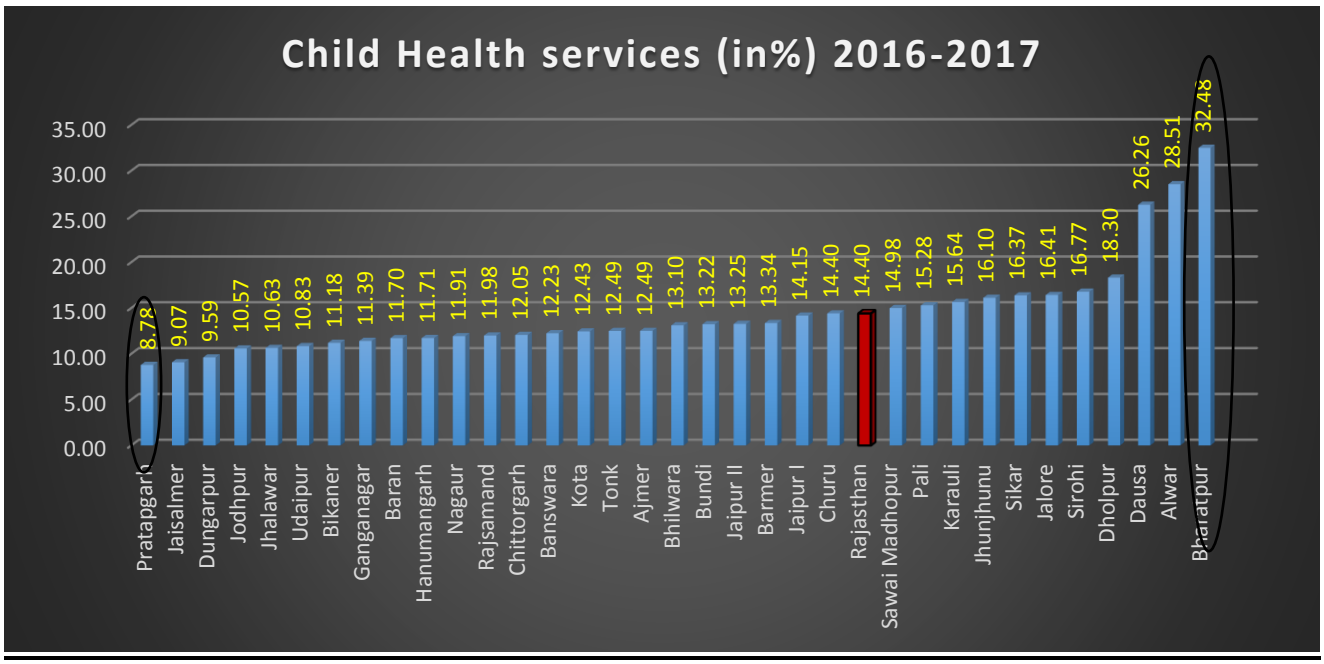


Fig.7 performance of all district of Rajasthan under Child Health Services

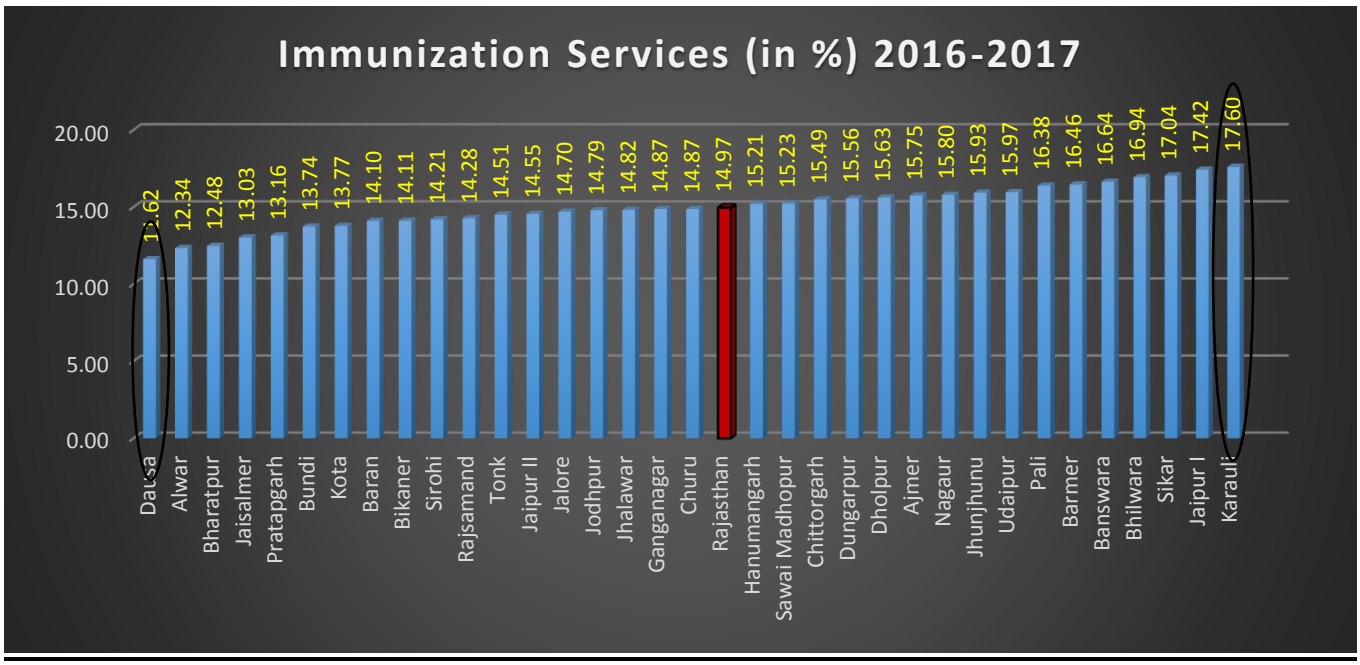


Fig.8 Performance of all District of Rajasthan in Immunization Services.

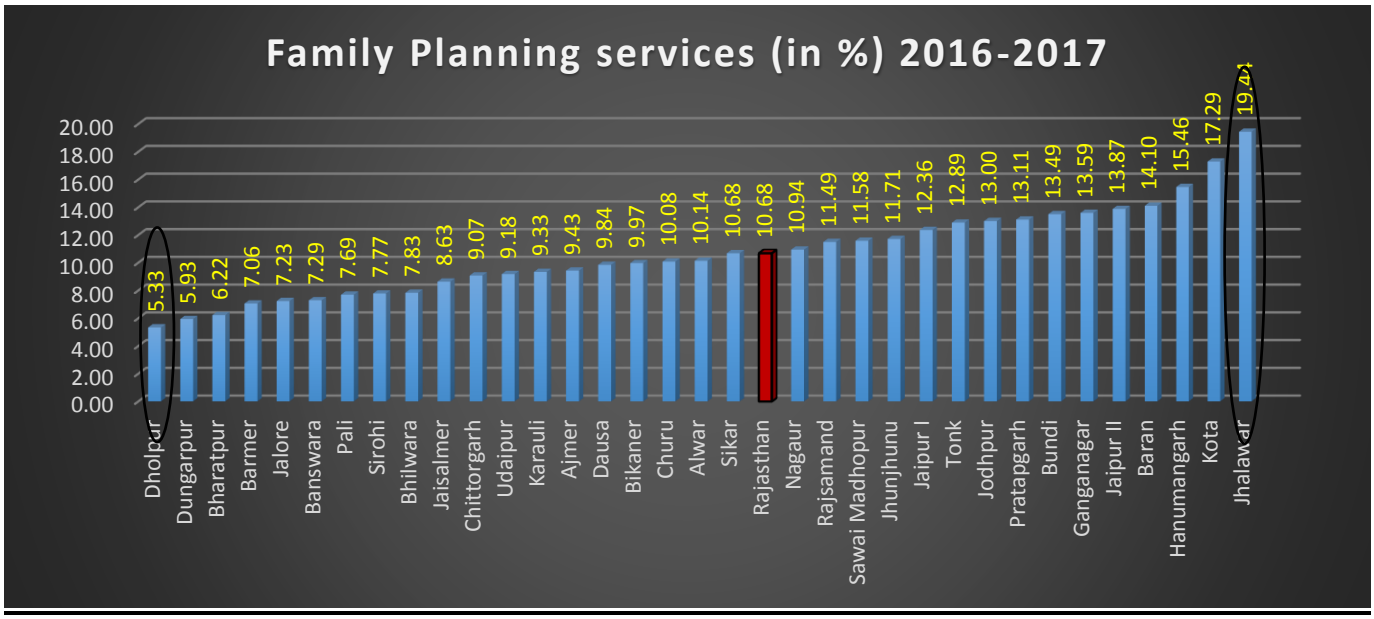


Fig.9 Performance of all district of Rajasthan in Family Planning Services.

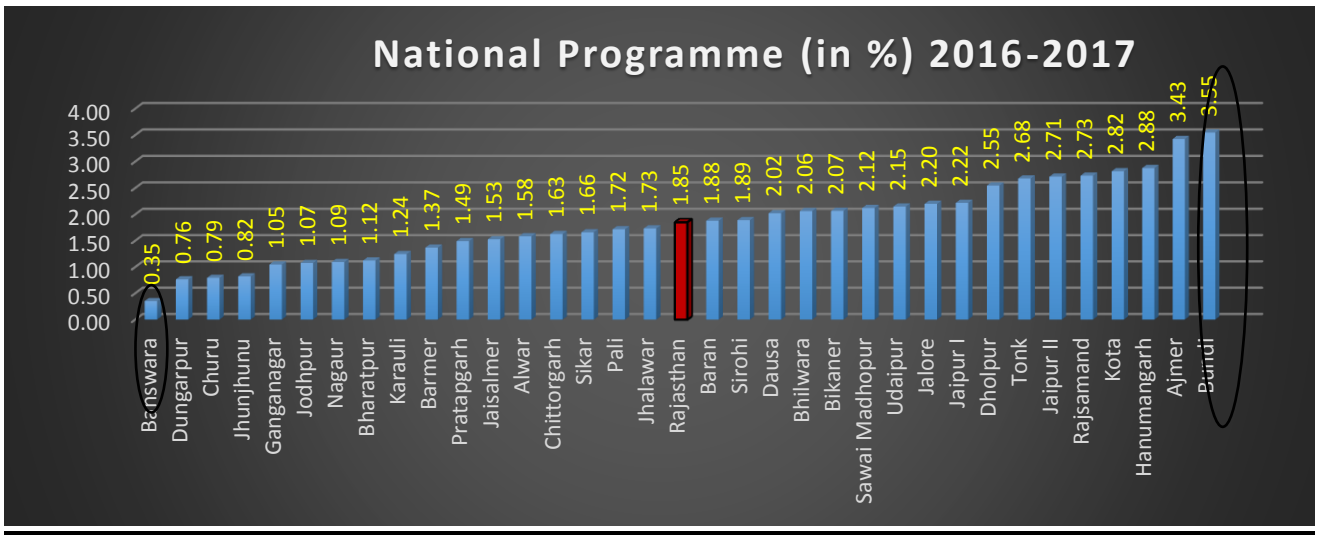


Fig.10 Performance of all district of Rajasthan in National Programmes

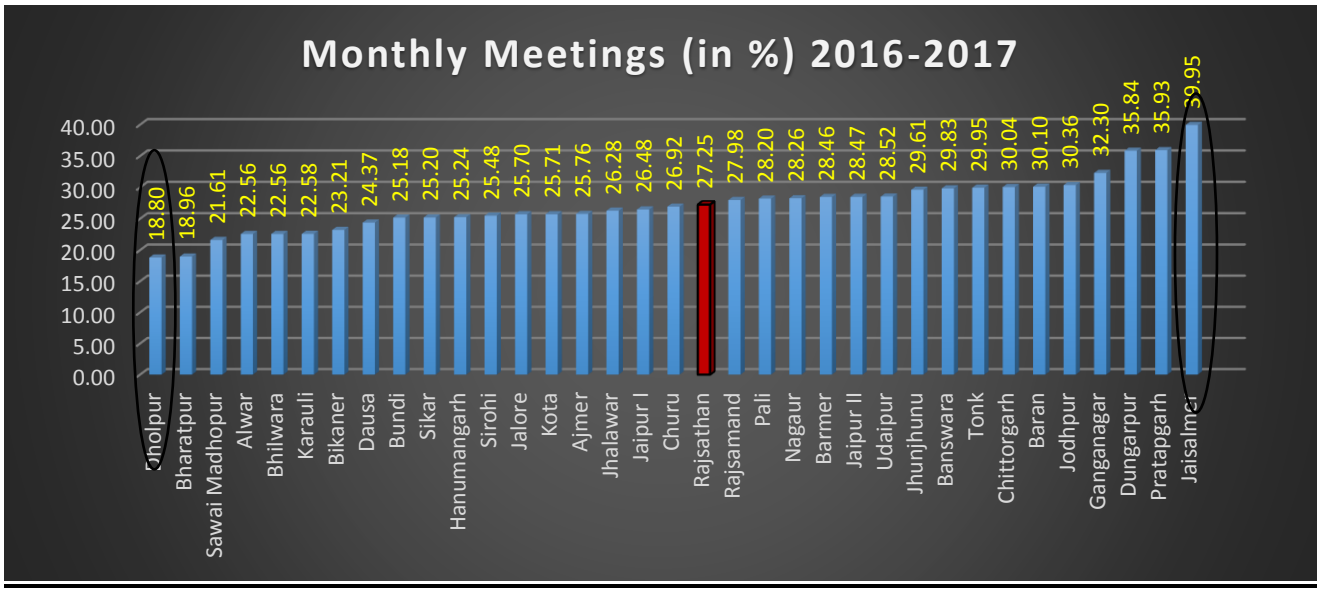


Fig.11 Performance of all district of rajasthan in Monthly Meetings

Key Observations: -

- In year (2016-2017) the performance of ASHAs in Maternal Health is 31 %, Child Health is 16 %, Immunization is 15 %, family planning is 10 %, and National Programme is 2 % &Monthly Meetings is 26 %.
- Performance in Maternal Services is high because if one ASHAs even take participate in single ANC checkup they also receiving the payment of Institutional delivery.
- ASHAs involvement in Maternal Health, Child Health, Immunization services is high because they can track them easily.
- ASHAS involvement is low in Family planning programme because amount of those services receives after a large period of time.
- ASHAs involvement in Family planning is low because it take time someone to motivate about sterilization and to have a gap of three years between two children.
- ASHAs involvement in National Programme is low because it's not easy to track the patient who is having Malaria, Cataract, Leprosy, and Tuberculosis and to convince them to go under treatment.
- ASHAs should attain all session with patients which under treatment for receiving their incentives.
- ASHA involvement in monthly meetings are high as they are most feasible way to earn their incentives.
- Top ten best performing ASHA every month, have been selected for higher education through open board for 10^{th} and 12^{th} Std. Course fees is provided by Government.
- In year 2016-2017 number of cases of ASHA registered for payment is 575940.
- Total claim form received is 495583 out of total cases of ASHA, 80357 claim form not received which main reasons are late submission of documents.
- Total number of verified cases are 492865 out of total cases of ASHA which main reasons are errors in documenting or not get entered by operators on time.
- Total no. of cases whose payment released is 488643 and Realization cases are 488612.
- Total 900 cases were rejected by Banks due to wrong bank account details like wrong IFSC code.
- The performance of ASHA is not that much dependent on their qualification status.

Review of Software: -

- ASHA Soft is a web based system.
- This is a password protected system & run by authorized user only.
- No capital investment in any manner and at any level (Existing PC is used)
- Existing information Assistants/Computer operators used –No new HR hired
- Utility of PCTS/MCTS, which in turn strengthens entry regime.
- Transparency in payment routine.
- No need to compile information manually.
- Single and simplified payment channel.
- It's easy to monitor financial progress of scheme.
- Assessment of health services provided at community level get easier.
- Effective, transparent, seamless and timely payment module.
- Repeat transactions won't be possible, hence quality of data would be of excellent standard.
- To monitor the performance level
- It's easy to calculate the number of ASHA who stopped performing.
- It's easy to know to the educational level, marital status, Experience level of ASHAs through ASHA Soft.
- To identify gap area & need assessment for rendering better services at community level.
- Strengthening of grievance redresses mechanism.
- Has a potential link to payment of ASHAs so performance linked incentives can be payout.

How it can be more effective?

- Institutional delivery payment can be provided to those ASHA who take part in at least 3 ANC checkup.
- Software like team viewer can be used for better connectivity to resolve problem of data operators of OJAS.
- ASHAs Should be motivated more to take involvement in other Programmes also
- A toll-free number can be provided.
- A team can be formed separately for resolving the various problems of ASHA WORKERS and OPERATORS.
- Provision of Micro-Atm.

Conclusion

The payment through is convenient and it directly goes to the beneficiary so it's a transparent system.

- If the operator commits a mistake during verification, it delays the payment to the beneficiary.
- Programme whose payment go through long procedure ASHAs take less interest in that.
- Chances of error are there during the whole process.
- Late submission of documents delays the payment procedure.
- Performance of Block/ PHC Health Supervisors has been improved.
- Educational qualification not much affect the performance level of ASHAs.
- Follow-up visits of HBNC has improved care of infants and referral of sick neo-nates.
- ASHAs not undergo various channels to receive their payment.

OJAS (Organized Just Accessible Seamless)

OJAS (Organized Just Accessible Seamless)

Introduction

It is a unique initiative by NHM, Rajasthan. OJAS was developed by NIC (**National Informatics Centre)**, Rajasthan state unit and the core group constituted by the Mission Director, NHM, Rajasthan. OJAS has been conceptualized and developed in a very short time span because of the keen interest shown by the authority to solve major problem of transparency in payment flow, to ensure their timely and seamless online payment, to identify the gap area and need assessment at facility level as well as at community level and to monitor the financial progress of JSY scheme, Rajshree Yojana and Shubhlaxmi Yojana. This online payment process has been implemented all over the state from 1 August 2015 at CHC and higher govt. health institutions. Various functionaries have been oriented for their responsibilities. Directions and circulars have been issued to States/Districts/Block/ PHC officials. Training for filling up the JSY claim forms J-1, J-2 and J-3 has been done in all the districts up to CHC level and above level. For online payment, Bank of Baroda has been selected, which provides service without any additional charges.

Why OJAS required?

- JSY scheme was started in 2005, since beginning JSY payment is being paid by conveyor cheque to the beneficiaries.
- In case female child was born, Shubhlaxmi Yojna's payment is also to be paid to beneficiaries, which now change to Rajshree Yojana.
- In the first period of OJAS all DH/SDH/CHC covered from 1st August 2015.
- The main purpose of this online payment channel is to provide the payment of JSY scheme, Rajshree scheme and Shubhlaxmi Yojna to beneficiary's bank accounts and generate various kind of reports to monitor the financial progress of the programme and various health information's.
- For transparency payment, online payment is required, on that basis it is started in the state.

Schemes whose payment & monitoring done through OJAS are as follows: -

Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana (JSY) could be a safe relationship intervention beneath the NRHM, that being enforced with the vision of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant girls. The Yojana launched on 12 April 2005, by the Hon'ble Prime Minister, is being enforced altogether states and UTs with special specialize in low playing states. JSY could be a 100 percent centrally sponsored theme and it integrates money help with delivery and post-delivery care.

ASHA is the identified social activist that acts as a bridge between the government and the needy women. Any women who needs help can get in touch with ASHA or anganwadi workers engaged in their state and benefit from yojana.

Key Features of JSY

- Scheme major focus on the poor pregnant woman with special dispensation for states having low institutional delivery rates namely the states of Uttar Pradesh, Chhattisgarh, Assam, Rajasthan, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, ,Orissa and Jammu and Kashmir. While these states have been named as Low Performing States (LPS), the remaining states have been named as High performing States (HPS).
- To track each pregnancy, each beneficiary registered under this Yojana should have a JSY card along with a MCH card. ASHA/AWW/ any other identified link worker under the overall supervision of the ANM and the MO, PHC must mandatorily prepare a micro-birth plan. This will effectively help in monitoring Antenatal Check-up, and the post-delivery care.
- Eligibility for money Assistance: BPL Certification – this is often needed altogether HPS states. However, wherever BPL cards haven't nevertheless been issued or haven't been updated, States/UTs would formulate a straightforward criterion for certification of poor and poor standing of the expectant mother's family by empowering the gram pradhan or ward member.
- Disbursement of Cash Assistance: As the cash assistance to the mother is mainly to meet the cost of delivery, it should be disbursed effectively at the institution itself.

SHUBH LAXMI YOJANA

For the encouragement of girl child birth and reducing death rate of girls and mother in the state & just to make sure that there is no gender discrimination of child this scheme has been started. The Rajasthan government launched the scheme for the girl child. The Shubh Laxmi Yojana is started by the government of Rajasthan (Ministry of Health and family Welfare) for the welfare of girls of Rajasthan and this scheme was launched on 1st April 2013. The main aim of this scheme is to reduce female feticide and increase the sex ratio of girl in the state and bring a positive attitude among people and help to prevent the minor girl. The motive of the scheme is to empower women and promote the initiative to save the girl child. The primary objective of this scheme is to provide financial assistance to the mother of the girl child. Under the scheme, the government will provide Rs. 2100 to the mother of girl child after the birth of girl child.

Benefits of Shubh Laxmi Yojana

1. The government will provide the benefits of 2100 to the mother after the birth of girl child.
2. After all vaccinations were done and completing the 1 year of baby girl then the government will also provide 2100 on the birthday of baby.
3. In the 3rd installment, 3100 funds will be given after the 5 year of the baby born, and she has taken admission in the school. This fund will be given to the mother of the baby.
4. With this scheme, there is relative growth in the rate of girl child taking birth, which will improve the sex ratio in the state.
5. The government will provide total financial assistance of 7300 to the mother of girl child.

Rajshri Yojana

The main motto of the scheme is to create positive thinking about girls among the masses, improve gender ratio and providing standard education to the girls, to create awareness for the education of girl child. The economically weaker sections don't allow their girl child to study further or some families even not admitted their child to schools due to lack of money. For this reason, state government of Rajasthan has taken very good initiative and provide them financial support at their each stage of life.

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Benefits of Mukhyamantri Rajshri Yojana

- Benefits of first installment □ 2,500 to the mother of a newly born girl child by the respective medical center.
- After completing the one year of the girl child with all vaccinations done then the government provide the second installment of □ 2500 by check to the mother.
- The government will provide □ 4000 to girl at the time of admission in 1st standard in any public school in the state.
- State government provides financial assistance of □ 5000 for girls studying in 6th standard and □ 11000 studying in class 11th and 12^{th}.
- After successfully completed the 12th class, government provide financial assistance of □ 25000.

In this positive way Government provides benefits from birth of a girl child to 12th class in her various stages of life.

Eligibility Criteria for Mukhyamantri Rajshri Yojana

- Only girl child are eligible for this scheme.
- Girl child must be born in Rajasthan state.
- Girls born on or after 1st June 2016 will b.e eligible for benefits under Mukhyamantri Rajshri Yojana

Applying Procedure for Mukhyamantri Rajshri Yojana

- Applicant have to contact government hospitals.
- Applicant have to contact health officer related to districts/Taluka in Rajasthan.
- Applicant can contact collector office, Zilla Parishad, gram panchayat, health officer or education officer.

Documents Required for Applying

- Aadhaar card.
- Bhamashah card.
- Residential proof.
- Birth certificate of a girl child.
- Passport size photos.
- Bank account details.

Physical and financial reports of JSY, RAJSHREE & SHUBHLAXMI acquired from OJAS are as follows: -

Reports available in JSY

- List of Verifiers
- List of Sanction Users
- Verification Status for JSY
- Unit wise Activity Status JSY
- Activity Status JSY - Summary Report
- JSY Sanctions
- Delivery and Out Come Report
- Report of Transportation Facility
- Report of Payment JSY
- Cases of JSY & Transport Payment
- Facility wise Deliveries v/s Payment
- Discharge & Payment Status of JSY
- Discharge & Payment Status of Transport
- Scheme Wise Sanctions
- Supplementary Request Cases
- Parameterize Supplementary Cases

Reports available in RAJSHREE

- List of Verifiers
- List of Sanction Users
- Verification Status for JSY
- Unit wise Activity Status JSY
- Activity Status JSY - Summary Report
- JSY Sanctions
- Delivery and Out Come Report
- Report of Transportation Facility
- Report of Payment JSY
- Cases of JSY & Transport Payment
- Facility wise Deliveries v/s Payment
- Discharge & Payment Status of JSY
- Discharge & Payment Status of Transport
- Scheme Wise Sanctions
- Supplementary Request Cases
- Parameterize Supplementary Cases

Reports available in SHUBHLAXMI

- List of Verifiers
- List of Sanction Users
- Verification Status for SLY
- Unit wise Activity Status SLY
- Activity Status SLY - Summary Report
- Delivery and Out Come Report
- Report of Payment SLY
- Cases of SLY Payment
- Discharge & Payment Status of SLY
- Scheme Wise Sanctions
- Cases Due for SLY 2nd Installment
- SLY Sanctions
- Supplementary Request Cases
- Parameterize Supplementary Cases

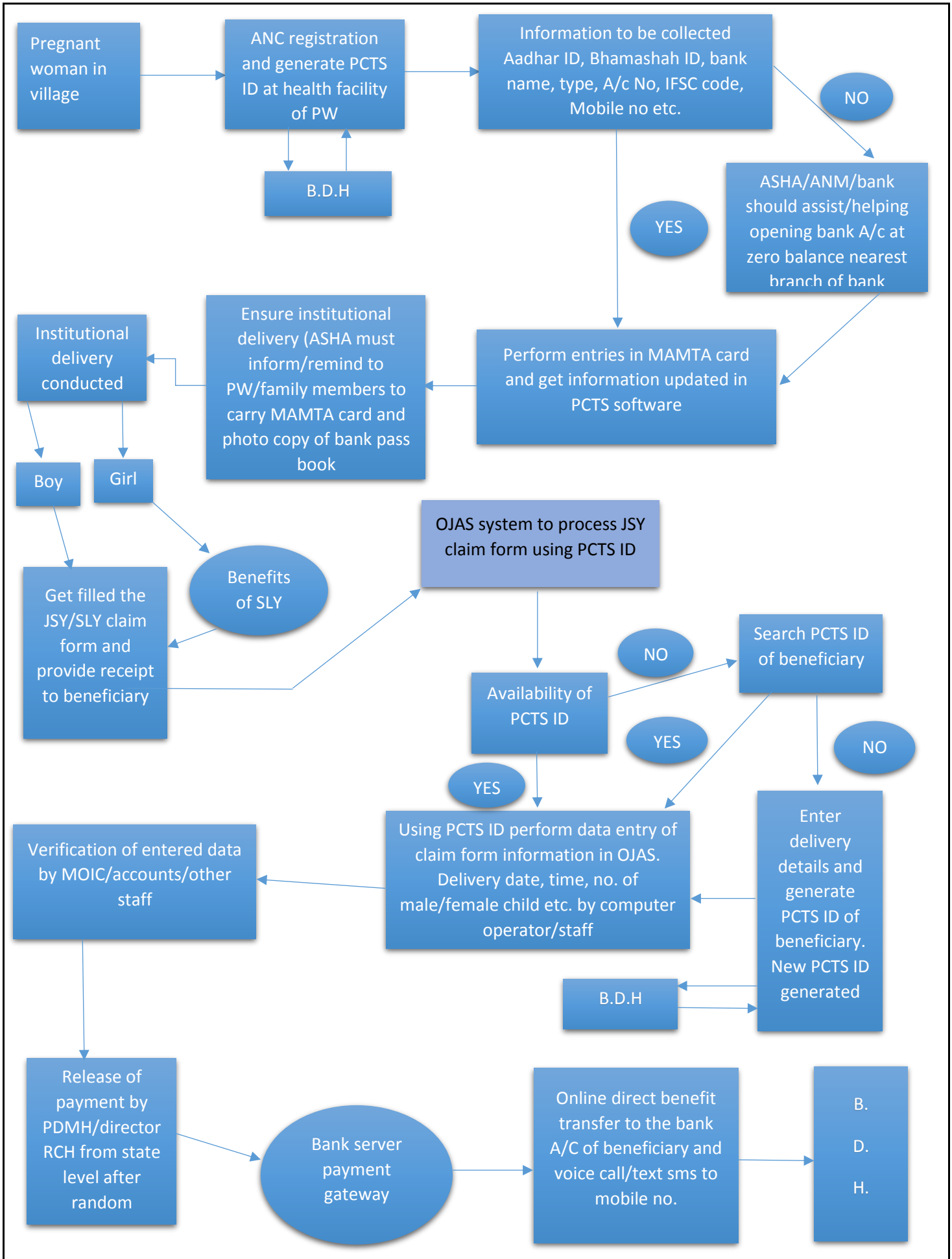

Fig.12 Process flow for the DBT to JSY/RSY/SLY Beneficiaries

Methodology: -

- **Study duration:** April- May 2017
- **Study location**: Zanana hospital, CHC Amer, Kanwatiya hospital, NHM Jaipur, Rajasthan.
- **Study respondents**: Paramedical staff, Data entry operators, few beneficiaries under scheme, Ojas consultant, PCTS cell.
- **Sample Design**: According to Convenience sampling, some questions were asked from the respondents and recorded to understand how OJAS works.

Key Observations: -

- An sms has been sent after the deposit to registered mobile number of beneficiaries, many Beneficiaries were not able to understand or verify the message due to which ,they visited the facility again to verify that their payment is transferred or not.
- Not completely aware about complete module of OJAS.
- Beneficiaries are not completely aware about the role of PCTS id.
- Payment not provided to those beneficiaries whose gestation period is less than 210 days.
- Late submission of documents.
- Bank of Baroda is banking partner to disburse cash in beneficiaries bank A/c & it provide service without any additional charges.
- In Some cases the payment is rejected by bank due to wrong bank account details of beneficiaries.

Review of Software:-

- "OJAS Software" is a web based system.
- This is the password protected system and run by the authorized user only.
- This system has been integrated with PCTS software. The master data base and users have been used for this system.
- All data are compiled at one place which is at very ease to assess various indicators.
- Global search option of PCTS id is there which used as denying the important lead to duplication of PCTS id generation of same beneficiary.
- It get easy to know the status of how many beneficiaries are receiving payment of JSY AND RAJSHREE Yojana after ANC checkup.
- Sex ratios can be easily defined.
- Advance search option is there which help to see the payment status of any case after 1st installment.
- It's easy to track how many children are born in various health facilities (State, District, Satellite Hospital, CHC, PHC, City discrepancy, other Government Hospitals).
- It's easy to monitor how many deliveries conducted.
- Payment status can be tracked easily which help to know the gap where there is delay in payment.
- It's easy to track No. of live birth, C-sections, No. of twins, Still Birth, No. of babies born less than 2.5 kg, Death of mothers before discharged.
- No. of LAMA/ABSCONDED, GHUMANTU cases are easily detected.

- No. of cases where payment rejected by Bank are recorded in OJAS.

- It's easy to know which transportation services (By 104, 108, Base ambulance, Own/hired vehicle, public Transport, without vehicle) are mostly used by pregnant women from home to hospital & hospital to home.

How this system can be more effective?

By discussing with OJAS consultant, Data operators OJAS system can be more effective by:-

- People should be motivated to open their bank accounts.
- Data records should be properly maintained.
- Data entry should be done on time for reducing time delay in payment.
- Aadhar card can be serve as mandatory and it should be linked with pcts.
- A platform must be generated in which if we enter Aadhar id its data must reflect in PCTS and OJAS software automatically.
- JSY & RAJSHREE payment can be reduced to certain days because payment is not possible cases in where gestation period is less than 210 days.
- Software like Team viewer can be used for better connectivity for solving various problem of operators.
- All OJAS operators can be provided personal mobile numbers from government to serve for better connectivity.
- PCTS tracking ID can be sent to the beneficiary's registered mobile number.
- A team can be formed separately for resolving the various problems of Beneficiaries and OJAS operators.
- A toll-free number can be provided.
- People should be motivated to open their bank accounts.
- Data records should be properly maintained.

Conclusion

The payment through OJAS is convenient and it directly goes to the beneficiary so it's a transparent system.

- If the operator commits a mistake during verification, it delays the payment to the beneficiary.
- Some people do not have bank accounts.
- People in rural areas still do not go for institutional deliveries so they do not get the benefits of the scheme.
- Lack of banks services in rural areas.
- Chances of error are there during the whole process.
- Late submission of documents and late data entries delay in payment flow.

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