

# **Incentivization of Sahhiyas**

## **Khunti, Jharkhand**

2014-2015

Mr. Amrish Kumar Chandan

Edited: Dr. Esha Sheth

**Model Districts Health Project**

**Columbia Global Centers | South Asia (Mumbai)**

**Earth Institute, Columbia University**

Express Towers 11<sup>th</sup> Floor, Nariman Point, Mumbai 400021

[globalcenters.columbia.edu/Mumbai](http://globalcenters.columbia.edu/Mumbai)

COLUMBIA GLOBAL CENTERS | SOUTH ASIA  
MUMBAI

THE EARTH INSTITUTE  
COLUMBIA UNIVERSITY

## **Introduction**

ASHAs, also called Sahiyas in Jharkhand, are the cornerstones of the National Health Mission and are trained to volunteer as the interface between the community and public health system at large. The success of NHM largely depends upon the optimum performance of the Sahiya. Under the NHM, Sahiya have been provided with activity based incentives for a wide range of activities related to Maternal & Child Health. The challenge in creating a balance between the voluntary and incentivized function of Sahiya is well understood and thus it becomes imperative to put in efforts so that ASHAs are well supported and timely and fully paid for the activities performed by her. Hence, it is critical to empower Sahiya and motivate her with all available means in order to achieve the maximum outcome.

## **Rationale**

Payment of performance based incentive to Sahiya is delayed due to various causes. The time lag between filing of incentive claim and receiving payment is quite high. Sometimes it may be as high as 6-7 months. Sahiya is a volunteer and thrives on meagre amount she gets as an incentive. She doesn't receive any note/slip about the amount of incentive which is credited to her bank account. The overall incentive mechanism is not efficient and transparent. Based on interactions with Sahiya, it was decided to explore how the incentivization structures had an impact on their performance.

## **Study conducted for a detailed assessment of situation and gaps in relation to incentives for ASHAs**

### **Objectives**

The objectives of the study were as follows:

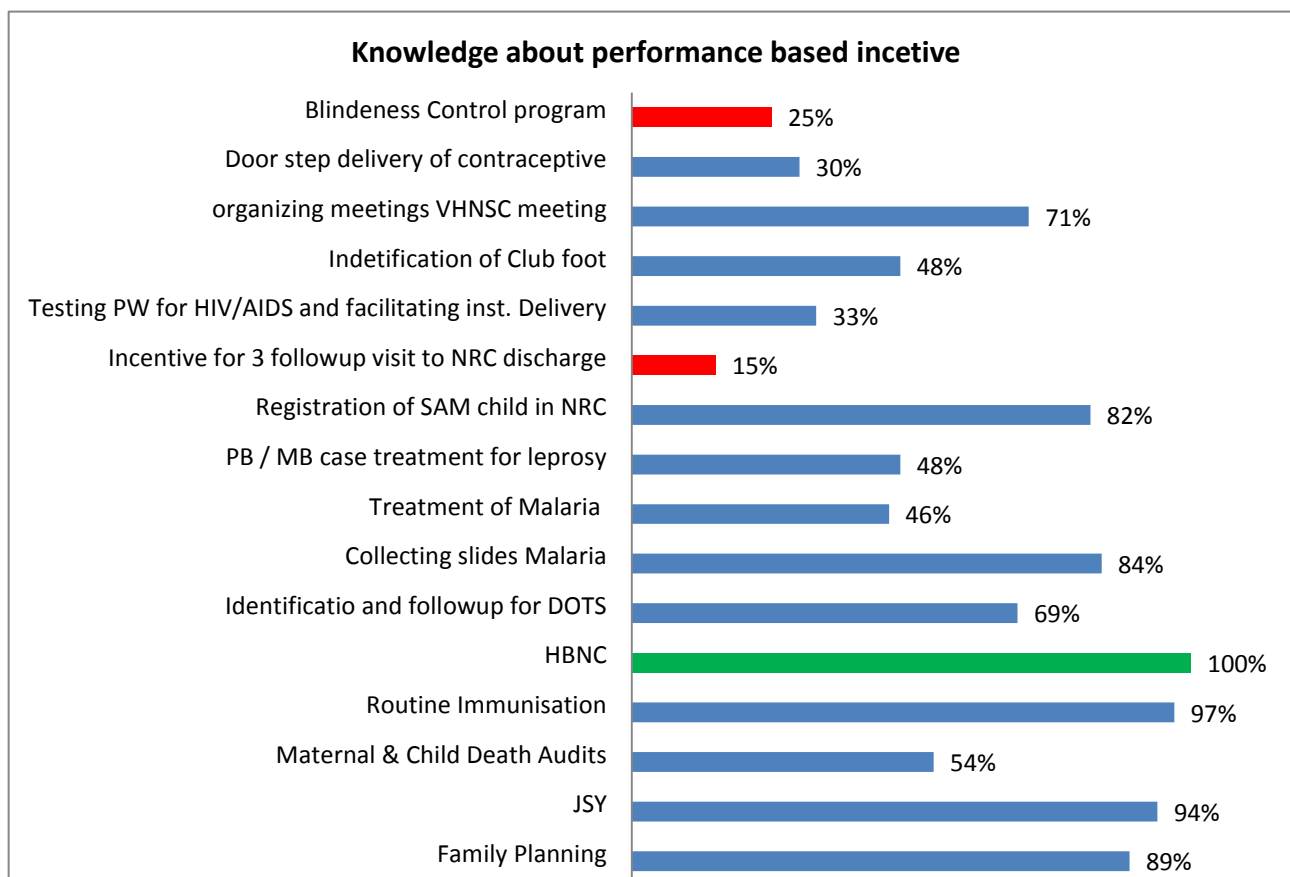
1. To assess the knowledge levels of Sahiya Sathi (ASHA supervisor) on their activity-based incentives
2. To explore the causes for delay in payments and how it affects performance

### **Methodology**

- **The sample size:** 46 - ASHA Supervisors in the district
- **Sample Type:** Purposive sample considered representative for Sahiyas
- **Study Sample:** 42 Sahiya-Sathis are in position against approved 46 positions. All of them were consented to be part of the study.
- **Study conducted:** September 2014
- **Quantitative Component:** A Self-administered questionnaire containing 17 multiple choice questions on activity based incentive was provided to Sahiya for marking their responses. Aim of questionnaire was to assess knowledge of Sahiya about activity based incentives.
- **Qualitative Component:**
  - Focus Group Discussions (FGD) were conducted with Sahiya Sathis of two blocks namely Murhu and Khunti Sadar covering different aspects of the incentive
    - Knowledge and structure
    - Process and timeline for filing
    - Fund flow mechanism
    - Grievance-redressal
    - Non-monetary incentives

Discussions were recorded, information were picked and analyzed to draw out the findings.

## Results



### a) Knowledge gaps:

- a. Information of performance based incentive for Family planning, Janani Suraksha Yojana, incentive to deliver in an institution, Immunization, ante natal check-ups were known to most of the Sahiyas.
- b. 15% Sahiya knew about an incentive for 3 follow up visit after discharge from NRC. *This is important towards the management of malnutrition.*
- c. Only 33% Sahiya knew about incentive for testing of pregnant woman for HIV/AIDS and facilitating institutional delivery.
- d. Only 54% Sahiya knew about incentive of maternal death reporting and just 41% knew any incentive for Child deaths reporting. *Higher reporting is imperative to the process of creating awareness and understanding the causes of deaths through data collected after reporting.*
- e. Incentive for treatment of Tuberculosis was known to 69% Sahiya and 46% Sahiya knew the incentive for treatment of Malaria. *Better understanding can improve screening and in turn affect maternal morbidity.*
- f. 48% Sahiya have information for incentive of Club foot.
- g. Less than 30% Sahiya knew clearly about incentives for doorstep delivery of contraceptives. *Awareness would potentially motivate them towards encouraging family planning, provided they are taught to counsel keeping the social norms and barriers in mind.*
- h. 25% knew about any incentive for National program for control of blindness. Only 48% and 38% Sahiya knew about incentives for PB or MB case treatment for Leprosy.

### b) Gaps to receive incentive:

- a. Sahiya submits incentive sheet once in a monthly cluster meeting to Sahiya Sathi (SS).
- b. SS verifies the filed incentive sheet and submits it to BTT who verifies that and submits it to BAM.

- c. The time lag between filing of incentive claim and receiving payment is quite high. Average delay is 3 months and in many cases it is greater than 6 months to 1 year.
- d. The district and block authorities often cite non-availability funds are quoted as the reason behind delay of payment.
- e. Sahiya doesn't receive any note/slip about the amount of incentive which is credited and the type of incentive.

*Giving Sahiyas more detailed information would empower her to assess the incentives she receives and help her better focus on the gaps.*

**c) Gaps within redressal mechanism:**

- a. No grievance redressal mechanism and support from supervisor for complaints and problems faced by Sahiya in spite of them highlighting these at cluster and block meetings.
- b. No boarding and lodging support provided during accompaniment of pregnant woman. This is a challenge when they travel to health facilities and have to stay over-night.

**d) Dissatisfaction with Incentive Amount:**

- a. Sahiyas expressed that they were not satisfied with the present incentive amounts under various categories as they felt they worked in challenging conditions.
- b. Apart from receiving incentives for activities like Routine Immunization and JSY, the payments for other activities were received very rarely. Reasons quoted for non-payment are non-availability of funds for particular activity, not providing supporting documents in evidence of activity performed.
- c. Incentive for ensuring spacing of birth under Family planning has got a tedious process of documentation which is required as proof of work.

*Through the study, we sought to highlight the importance of timely payment of incentive, status of incentive payment, awareness of the Sahiya regarding payment she receives along with the major reasons for delay in payments. The findings are used by the MDHP team for advocacy of streamlining payments for Sahiya.*

## **Recommendations**

### **Short term**

- **Sensitization of Medical Officers:** On potential gains of timely submission and disbursement of incentives on the performance of Sahiya.
- **Refresher training to include details about incentives:** Sahiyas should be given information pertaining to their roles and responsibilities and guidelines of all national health programs. During training sessions, include lessons for Sahiya on how to convey complex information in a simplistic manner (in addition to content-based training), so that they can further initiate incentive based activities linked to sensitive topics like family planning. They should be re-sensitized on the amounts received for different activities during block or sectoral meetings.
- **Sensitizing ASHAs on Filing:** A re-sensitization on required documentation which they find complex to fill out, to make incentive collection easier. This could be implemented during the block or sector meetings.

- **A Grievance redressal forum:** This is essential for Sahiya as recourse for problems with payments and other aspects including lack of support, stock out of medicines in the kit, or being unfairly treated. A helpline could be established<sup>1</sup>.
- **Extensive review of status of payment** of incentive during monthly meetings at Block and District level.

### **Midterm**

- **Career Path:** Consider enrolling a Sahiya into a training school to become an ANM after five years of proven work and recommendations. Providing increased opportunity for upward movement for Sahiya, in order to motivate engagement and continued performance is crucial for sustainability.
- **Monitoring system for transaction:** This must be established to monitor the transaction of activity based incentives into Sahiya's bank account. Direct payment to their bank account as done by the Rajasthan government<sup>2</sup> will help improve efficiency of the overall system. An online payment and monitoring system like ASHASoft in Rajasthan would help in streamlining payments and conduct data driven planning.

---

<sup>1</sup> Rajasthan government has establish the ASHA's helpline where any ASHA can raise complain, ask any question about their payment, gain knowledge on different scheme, etc.

<sup>2</sup> Rajasthan government has initiated online debit the ASHA's entire claim through ASHASoft program. It's not only reduced the delay but improved the accountability who need to process the claim of ASHAs in a timely manner.