



MITANIN ONLINE INCENTIVE PAYMENT SYSTEM



Need/Rationale

Since inception of NRHM in 2005, Mitanin (ASHA) has played critical role in implementation of health activities under NRHM. Today it has emerged as the largest community health worker programme in the world and is considered a critical contribution towards nudging community towards health key behaviours. The software provides solution for the performance review of mitanins and their timely payments.

Description of the model

The user-friendly model involves following key steps

- Step 1** Filling of incentive form by Mitanins in the "Dawa Patrak form".
- Step 2** Verification of form by ANMs from registers.
- Step 3** Entry of forms into software from PHCs and submit to Block/ district.
- Step 4** Verification at Block/ district level and submission of data into PFMS for payment.
- Step 5** Import payment details from PFMS to MIPS.

Human Resources (Existing and/or New)

No new human resources deployed for this software, all existing manpower are used.

Capacity Building Strategies, if applicable

All concern staff were trained to use the software. At state level, district RCH Officer, district Account manager, District Account assistant, district Data manager were trained. Via cascading training district, block and PHC level stakeholders were trained along with mitanin programme coordinators.

Evidence of Effectiveness

Mitanin Online payment system (MIPS) facilitates the department to ensure timely and seamless online payment incentive payment to Mitanins and capture Mitanin wise details of services offered to the community. In September 92.3 % mitanin's incentive paid through this software directly to their respective accounts. Additionally it generates various report to monitor the progress.

Cost

No additional cost required for this software, Software built by NIC with in-house support.

Summary of lessons and challenges

The biggest challenge was individual details of 70K mitaninS; Account number, Aadhar number and their verification.

Potential for scale

This software is free to adopt by any state, easily scalable; it needs to enter only details of mitanins, type of incentives, health facilities hierarchy and PFMS that are available with states.

Partners involved in implementation

NIC and SHRC.

