

## **Aagosh Beneficiary Registration Campaign**

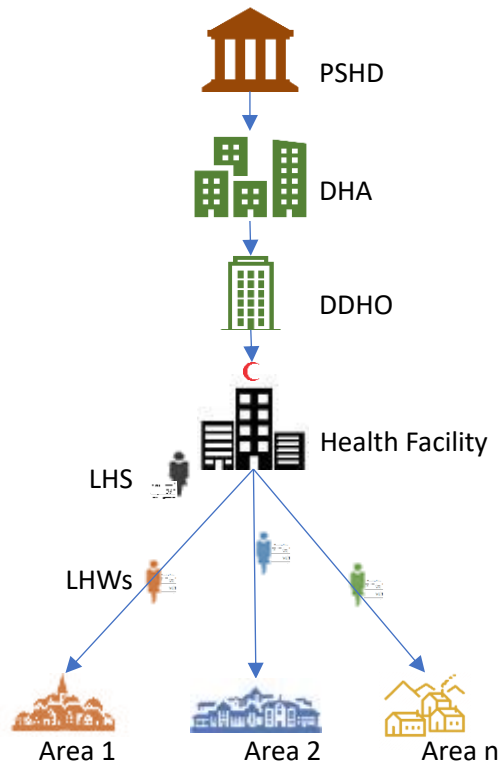
### **Background**

Health component PIU launched 3 highly successful "Aagosh Beneficiary Enrolment Drive" campaigns in the months of April, May & June. The purpose of the campaign was to

- Increase the pace of registration of new BISP PLWs in AHOSH.
- Inviting BISP PLWs who are already registered but have not shown up subsequently for follow up.
- Social Mobilization and awareness related to AGOSH program eligibility and its benefits to BISP households.
- Capacity building of Health team to engage BISP beneficiaries

### **Design of campaign**

The campaign was meticulously designed to ensure maximum effectiveness and efficiency. Every aspect was carefully planned to ensure that all participants were well-informed and equipped with the necessary skills and knowledge to carry out their roles effectively. Whether it was through training sessions, briefings, or other forms of communication, everyone was kept up-to-date with the latest developments. To achieve these objectives, all tiers of the primary and secondary healthcare department were actively engaged. Lady health workers, vaccinators, lady health supervisors, lady health visitors, school health and nutritional supervisors, medical officers of health facilities, DC-IRMNCH, social organizers, field program officers, district health officers up to CEOs of district health authorities were briefed, trained, and engaged.



*Figure 1 Design of Campaign*

During the preparatory phase, BISP household lists were shared with district health authorities, who further distributed the lists down to health facility levels. Training sessions were held to educate staff about social mobilization and how to use these BISP lists to find beneficiaries and convey appropriate messages. Training sessions on EMR were also held, and target setting and M&E activities were planned. A new dashboard was designed to monitor the performance of health facilities and districts in real time.

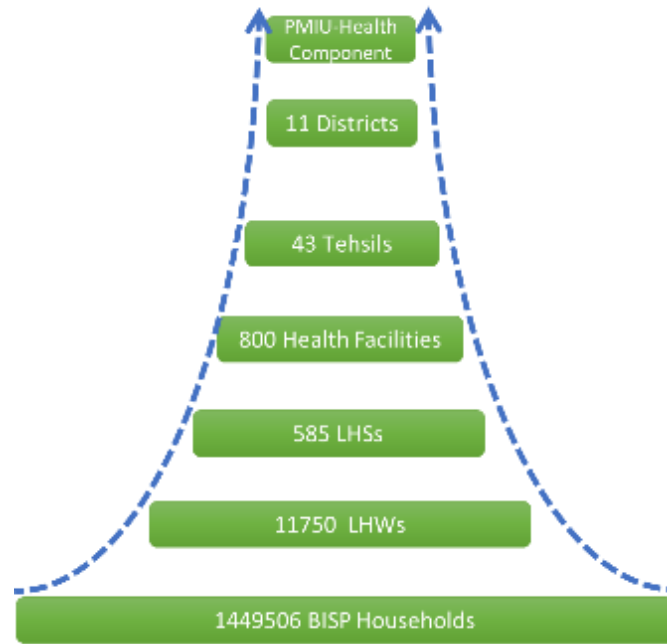


Figure 2 Data Flow during Campaign

## Monitoring & Evaluation Activities

During the campaign, more than 15000 people were directly involved in day to day activities and three types of activities were performed during the campaign.

- About 11,750 LHWs visited door-to-door, identify BISP families, briefed them about aagosh program and its benefits and asked them to visit nearby health facilities. At the end of day, they submitted their daily dossier to respective LHS, who prepared a summary and shared it with respective tehsil offices. Tehsil offices compiled the data of all LHSs and shared it with district health authorities, who then shared it with PIU-Health component on a daily basis. This way, a daily summary was prepared about how many houses were visited, how many of them are bisp families, how many pregnant women and children were found, how much coverage was complete, and how much remained. This way a daily summary was prepared about how many houses were visited today, how many pregnant women found and how many children found, how much coverage is complete and how much remaining.
- On the other hand BISP families which visit health facilities, their data was fed into the EMR application. As soon as their data was entered in EMR application, their data was immediately shown on real time dashboard. This way DHA as well as PIU-Health component was able to gauge the performance of any district, any tehsil, any health facility. Control room were established at district as well as PIU level and performance was monitored on real time basis.
- A daily review meeting was held to monitor and discuss the situation with all district. During these meetings individual performance of all the districts was charted, gauged and discussed by Secretary PSHD himself. Bottleneck and issues were identified and strategies to improve the performance were made.

## **Summary of activities**

During the campaigns, more than 11,000 Lady Health workers traversed millions of household in project districts. These visits were performed both in the covered area and uncovered area. A total of 8.4 million house (2.8,2.9 & 2.7 respectively) were visited during these campaign. As a result of this outreach effort, 600k (240,216 and 186 respectively) BISP families were traced. These BISP families were briefed about the PHCIP program its objective and potential benefits. Moreover Pregnant and lactating women of these household were asked to visit.

## **Issues faced**

A lot of BISP household who approached health facilities turned out to be shown as non beneficiaries. When the matter was investigated, it revealed that all this issues arises due to old bisp lists. Hopefully once BISP lists are updated, there will be massive increase in CCT numbers. Payment system remained suspended for 2 months during the campaign. Many people who visited during campaigns were not able to receive any message or payment from system. This impacted the campaigns performance. Hopefully after the introduction of new payment system, things will run more smoothly.

## **Result**

Despite these issues, The campaigns were resounding success thanks to the active participation of all levels of the primary and secondary healthcare department. Overall, the success of these campaigns was a testament to the hard work and dedication of everyone involved in the primary and secondary healthcare department. The campaign's detailed design, active participation, and monitoring and evaluation activities all contributed to its success. This increase is shown in below graph

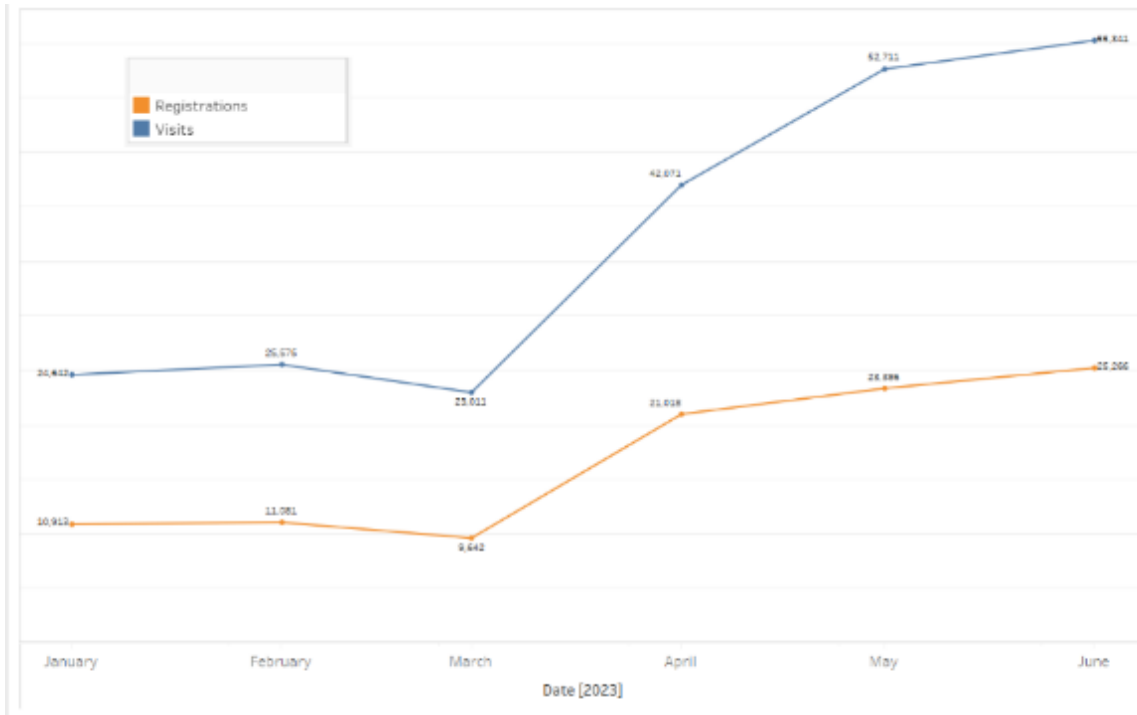


Figure 3 Increase in CCT due to campaigns

It can be witnessed that these campaign resulted in more than 300% increase in the registration as well as revisits. The hope is that this increase in registrations and revisits will result in a snowball effect and a massive increase in the numbers of CCT.