

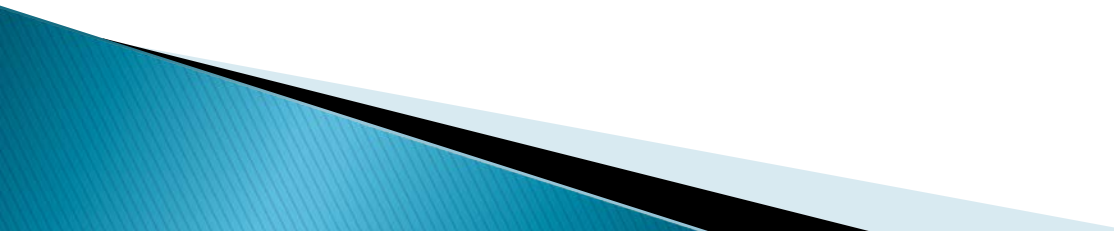
# Direct Benefit Transfer

*Linkage with Aadhaar*

# Disclaimer

- ▶ Neither the experience nor the intellect
- ▶ Sharing few thoughts and ideas

# Presentation Plan

- ▶ Basic concepts
  - ▶ International Experience : Brazil and Mexico
  - ▶ Implementation of DBT in India
  - ▶ Innovation in Punjab : UID enabled UHC
  - ▶ Way forward & Learnings
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# Basic concepts

- ▶ Subsidy administration framework

Production of various goods & Services

Delivery mechanism

A. Goods produced and imported by both Govt & Private but distributed under supervision of Govt

eg: PDS Kerosene & Domestic LPG

MP : Govt ; Subsidy : Customer, fully funded by Govt; Under recoveries : OMCs, OPCs and Govt

B . Goods produced and imported by both Public & private sector but distribution is through massive supply chain of Private

eg : Fertilisers

MP : Govt ; Subsidy to : Manufacturers

Farmer : Subsidised fertiliser at affordable price

# Cash transfer Models

A. Direct Cash Transfer : Electronic transfer of funds into Aadhaar enabled bank accounts of beneficiaries

eg : Social security pensions

B. Conditional Cash Transfer : Conditional Transfer on achievement of certain social and development objectives

eg: Janani Suraksha Yojana



# International Experience : Brazil's Quiet Revolution

- ▶ Bolsa Familia (2003)

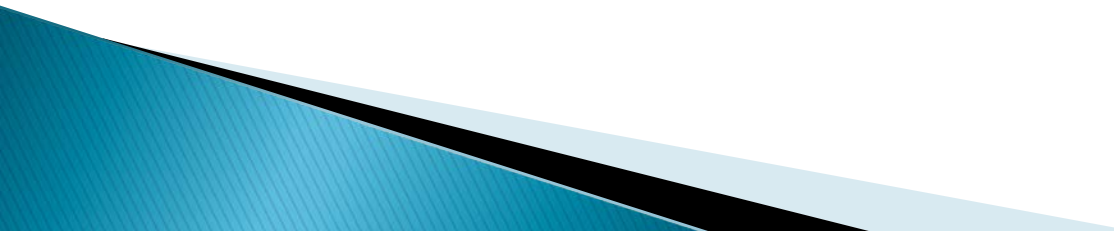
Trust poor families with small cash transfers for

a) Keeping children in schools

b) Attending preventive health care visits

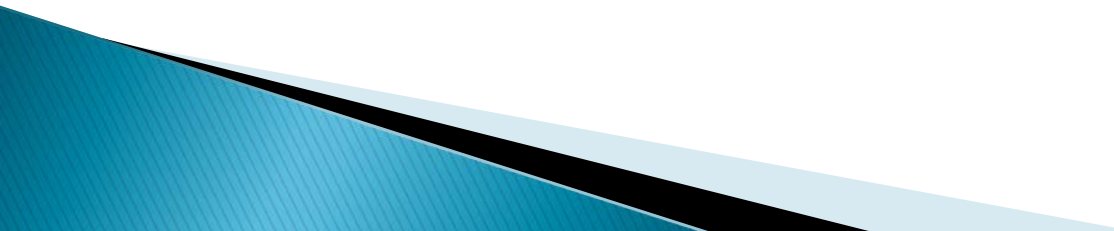
- 90% beneficiaries : Women
- Mailed through citizen cards
- Two categories : Poverty line ( 56 USD)
- Below Poverty Line ( 28 USD)
- Money can be withdrawn in 14,000 locations
- 0.5 % of Brazilian GDP , 2.5 % of Govt expenditure
- 44 million Brazilians covered

# Impact of Bosla Familia


- ▶ Reduction of absolute poverty
  - ▶ Reduce inter-generational transmission of poverty
  - ▶ Reduction in income inequalities : Gini coefficient of 0.527
  - ▶ 41% in school attendance
  - ▶ Better health outcomes ; Reduced child mortality
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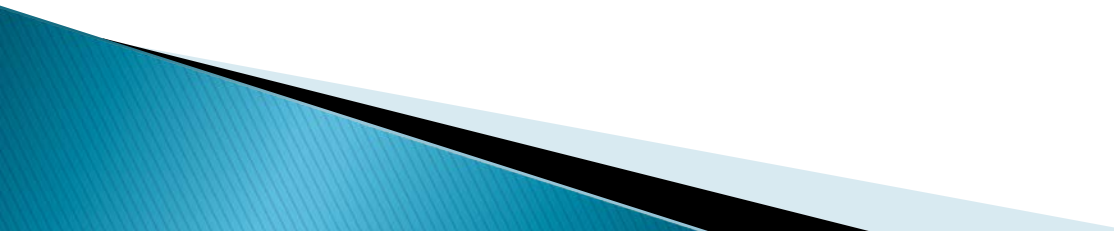
# Criticism & Challenges in Implementation

- ▶ Trust ??
  - ▶ Prioritisation ?? School supplies , clothes, food
  - ▶ Adult work ?
  - ▶ Buying votes of poor : Populism , clientelism
- 

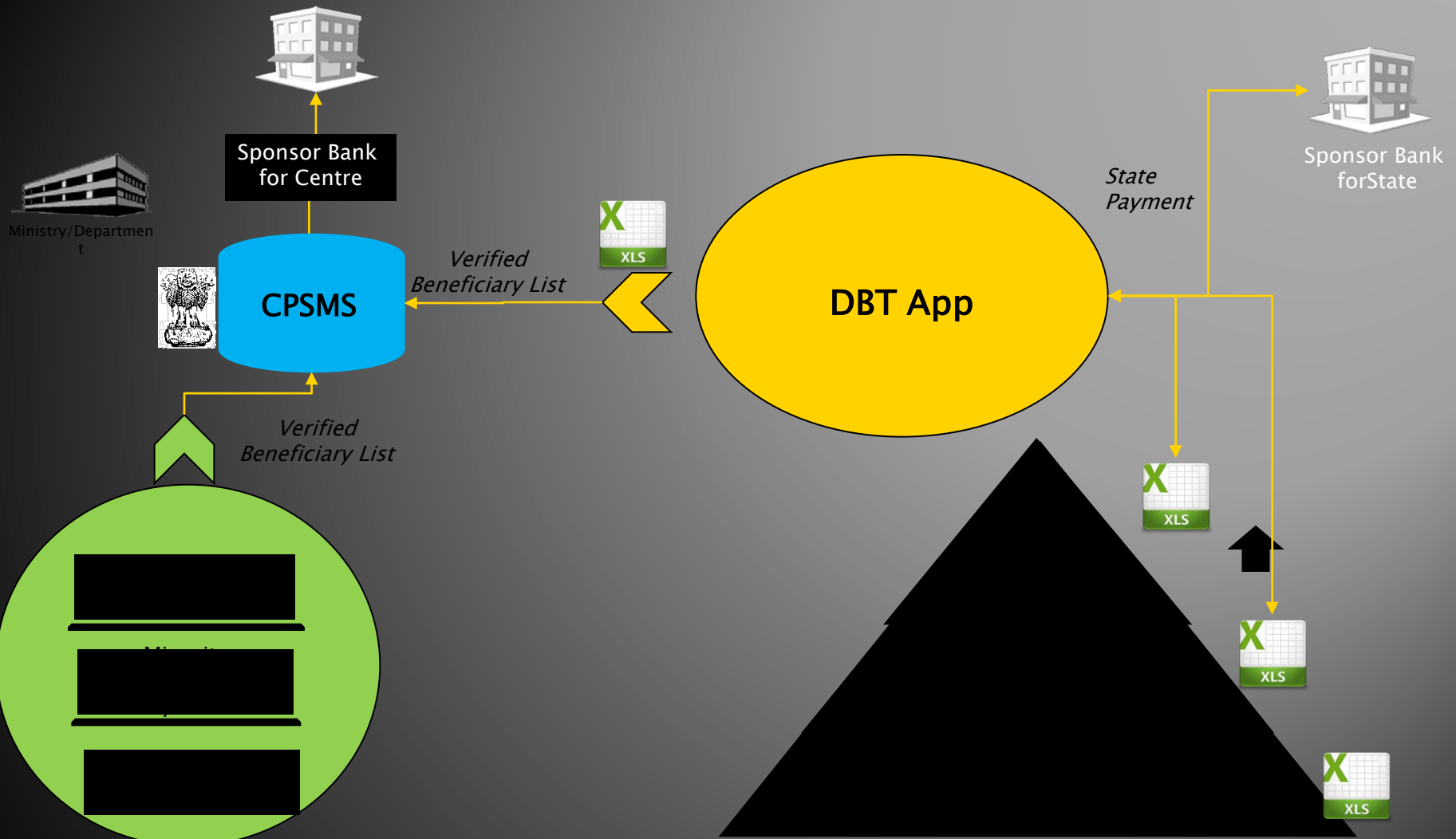
# Mexico's Oportunidades Program (1997)

- ▶ Cash transfer linked to regular school attendance and health clinic visits
  - ▶ Anti-poverty program
  - ▶ 3 components ( Education , health and Nutrition)
  - ▶ Education : provides monetary educational grants to participating families
  - ▶ Health : Basic health care for all members of family, emphasis on preventive health care
  - ▶ Nutrition : fixed transfer for improved food consumption , nutritional supplements for children < 4 yrs, pregnant & lactating mothers
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# Implementation of DBT in India

- ▶ Started with 34 schemes in 43 districts of 16 states
  - ▶ Limited to scholarships, pensions, NREGA wages etc
  - ▶ Implementation extended across the country
  - ▶ PAHAL : World's largest direct benefit transfer
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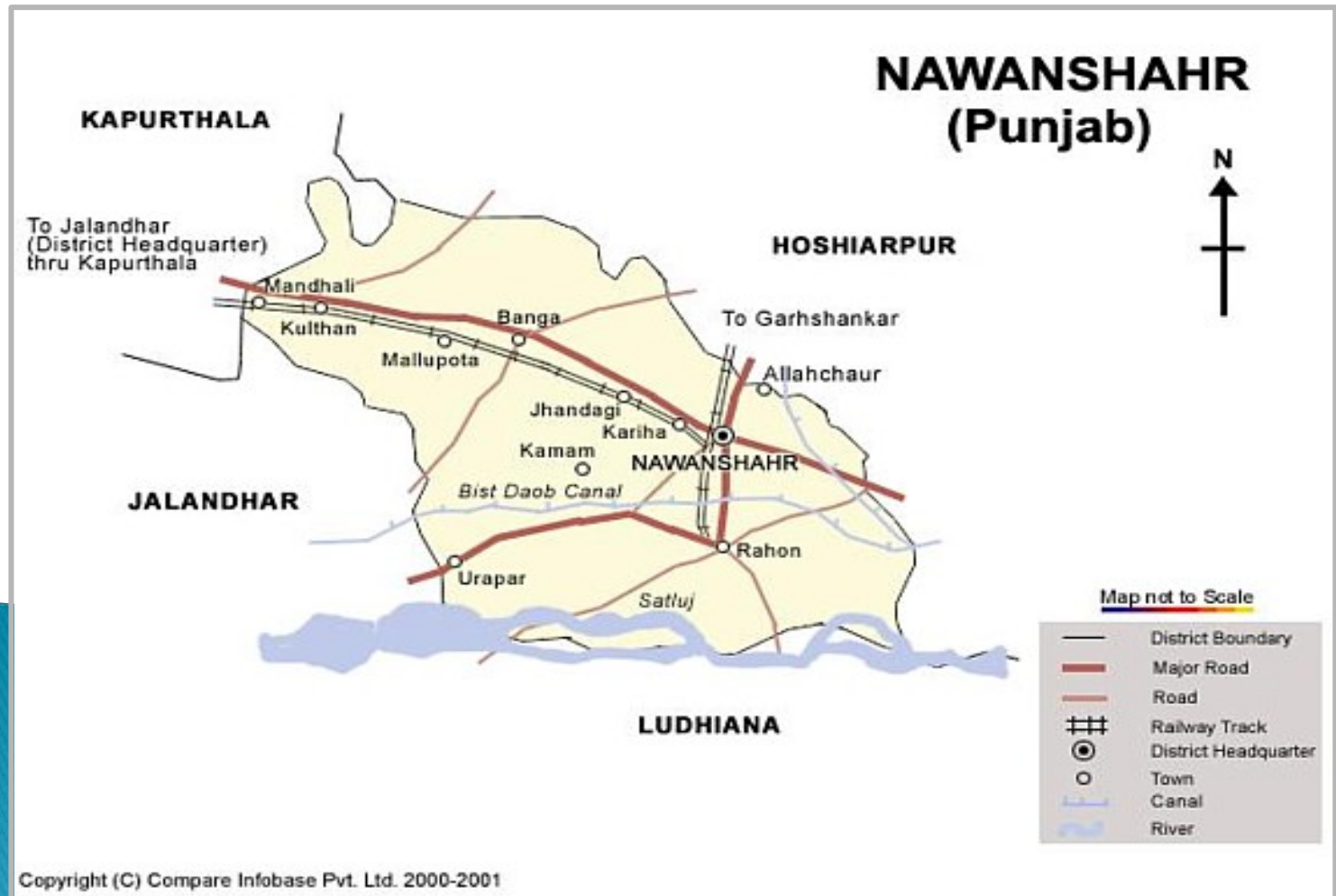
# Illustrative Information flow



Domain Workflow Applications

Beneficiary Name	Aadhaar No	Bank Detail	Amount	Transaction Details
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# UID Enabled UHC Pilot



# ABOUT UHC

- ▶ Universal Health Care, Universal Coverage or Universal Care
  - ▶ A health care system which provides health care and financial protection to all its citizens
- or
- ▶ Ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need
  - ▶ Definition of UHC embodies three related objectives
    - Equity in access to health services – those who need the services should get them, not only those who can pay for them
    - That the quality of health services is good enough to improve the health of those receiving services and
    - Financial-risk protection – ensuring that the cost of using care does not put people at risk of financial hardship

# OBJECTIVES OF UHC PILOT

- ▶ To build a public health systems that leads to measurable progress in health outcomes such as IMR, MMR and TFR etc.
- ▶ To estimate the financial and human resource requirements for a state-wide move to UHC
- ▶ To understand the institutional requirements (in terms of organizations, rules for resource allocation, HR management policies, work flows, norms and standards, purchasing of care etc.) required to achieve UHC
- ▶ To understand the possibilities of community participation and community action to achieve UHC
- ▶ To understand the scope and possibilities for partnership with private sector to achieve UHC
- ▶ To develop and validate methods in order to undertake periodic measurements of health outcomes, health expenditure and the progress against the key standards

# DEMOGRAPHIC PROFILE

S.No	Indicator	Punjab	Shahid Bhagat Singh Nagar
1	Population	2,77,04,236	6,14,362
1.a.	Male Population	1,46,34,819	3,14,415
1.b.	Female Population	1,30,69,417	2,99,947
2	Households	54,09,699	1,28,634
3	SC Population	88,60,179	2,60,284
4	Growth rate	13.73	4.58
5	Density (per sq.km.)	550	479
6	Sex Ratio	893	954
7	Sex Ratio (0-6)	846	879
8	Literacy Rate (%)	76.7	80.3
8.a.	Literacy rate - Male (%)	81.5	86.2
8.b.	Literacy Rate - Female (%)	71.3	74.3



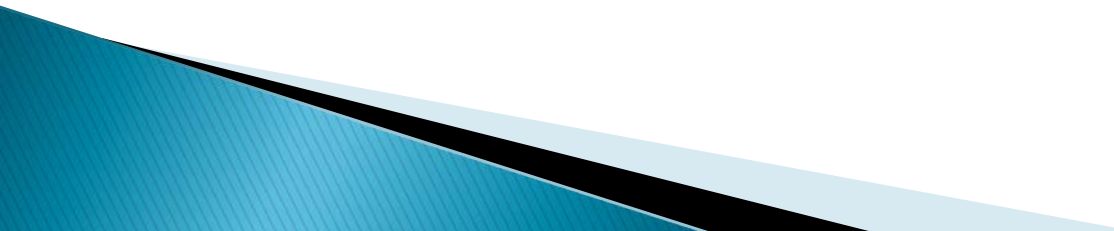
# HEALTH INFRASTRUCTURE

S.No	Indicator	Punjab	Shahid Bhagat Singh Nagar
1	Health Blocks	118	5
2	District Hospital	22	1
3	Sub Divisional Hospital	41	1
4	Community Health Center	148	4
5	Primary Health Center	430	17
6	24x7 Primary Health Center	216	10
7	Subsidiary Health Center	1196	47
8	Sub Centers	2950	95
9	Village Health Nutrition and Sanitation Committee (VHSNC)	13194	467
10	Accredited Social Health Activist (ASHA)	16800	522
11	Mobile Medical units	24	1
12	Emergency Response Services	240	5

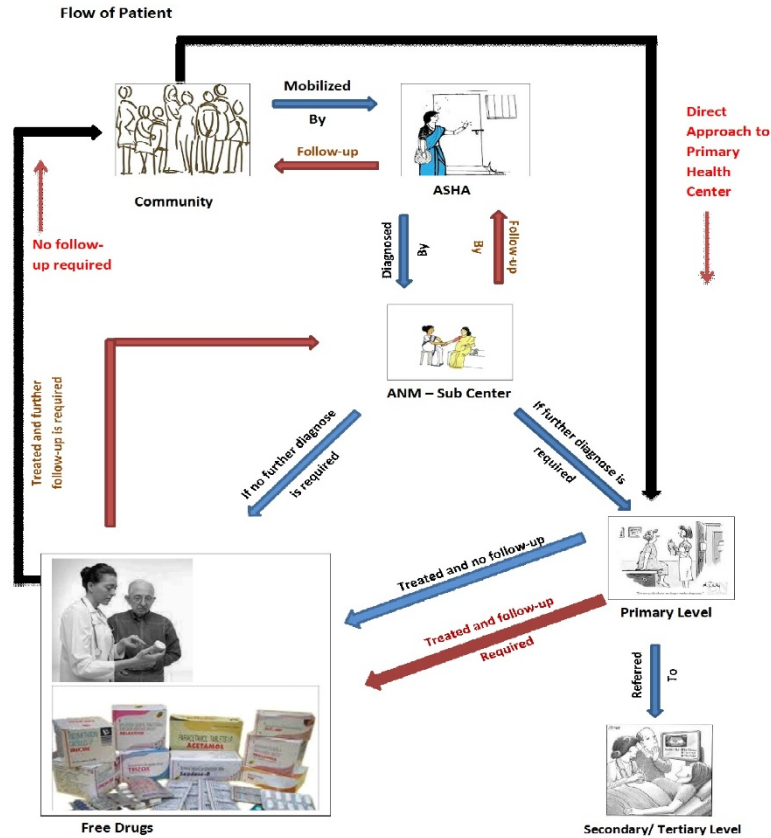
# DISEASES COVERED

1. Safe Pregnancy (maternal and Reproductive Health Services)
2. Newborn, Infant and Child Health Services
3. Immunization
4. Nutrition Related
5. Contraceptive Services
6. School and Adolescent Health Services
7. Emergency Response and Patient Transport Services
8. Emergency Care
9. Acute Communicable Disease: Fevers
10. Acute Communicable Disease: Gastro-Intestinal
11. Chronic Communicable Disease: TB and Leprosy
12. Chronic Communicable Disease: HIV

# DISEASES COVERED CONTD...

13. In chronic Non Communicable Disease – Hypertension, Diabetes, Epilepsy, Chronic Obstructive Pulmonary Disease (COPD), Asthma
  14. Endemic/ Occupational Problem (Sickle Cell, Fluorosis, Silicosis etc.) as appropriate
  15. NCD– Mental Health,
  16. NCD– Cancers
  17. Eye Care
  18. Dental Care
  19. Basic Surgical Care
  20. General OPD
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# PATIENT FLOW



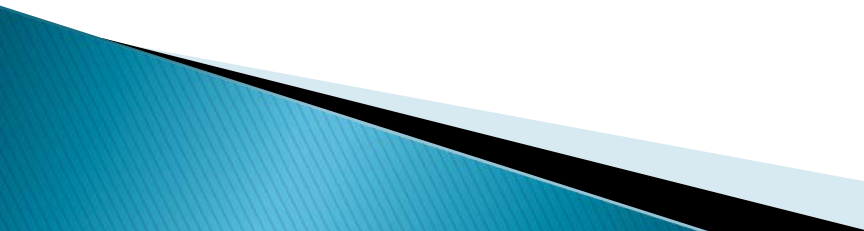
# UHC PILOT

- ▶ Mass screening in Mukandpur and Balachaur block on diseases like hypertension, Diabetes, Asthma, Nutrition, Anaemia, Substance Abuse, Cancer (Cervical, Breast, Oral) is going on
- ▶ Status of Mass screening of block Mukandpur & Balachaur are as

Disease	Household Visited	Hypertension	Diabetes	Anaemia	Asthma	Nutrition	Cervical	Breast Cancer	Oral Cancer	Substance Abuse
Mukandpur	9927	1293	888	905	152	112	12	14	6	111
Balachaur	1040	163	91	41	17	5	3	3	0	52

- ▶ Gap analysis of equipment's (BP Apparatus, Hb meter, Weighing Machine etc.) at the level of Sub Center and PHC in block Mukandpur and Balachaur has been completed and procurement for gap filling is going on at facility/ district level

# UHC PILOT CONTD...

- ▶ Cluster mapping of the villages and sub centers for screening, medicines, referral and follow-up of patients with PHC, CHC, SDH and DH of all blocks of the districts has been done
  - ▶ Family Health Card has been re-designed
  - ▶ Village wise Aadhaar database has been uploaded into the backend of the application and Aadhaar number will be used as Unique Identification Number of the Patient
  - ▶ For the IT infrastructure, 4 computer systems with printers have been installed at PHC Aur under Block Mukandpur along with BSNL Broadband Internet Connection
  - ▶ 9 Tablets for the ANMs of 7 Sub Centers mapped to PHC Aur have been given to ANMs
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# UHC-IT APPLICATION

- ▶ IT application has been designed and launched in PHC Aur and 7 Sub Centres
- ▶ IT application is capable to handle the medical history of the patient along with complete treatment, referral and follow-up
- ▶ Aadhaar database is uploaded at the backend of the application for quick and unique identification
- ▶ IT application completely follows the Meta data standards with ICD 10 coding
- ▶ For the security prospective, no user has right to view the complete Aadhaar and patient data
- ▶ Training of 13 ANMs and PHC Aur Staff (Medical officers, Pharmacists, Laboratory Technicians) has been done on 25.06.2015 & 26.06.2015 respectively
- ▶ 13 ANMs are using IT application for mass screening through tablets while PHC staff is performing daily OPD through this application

# UHC-IT APPLICATION CONTD...

- ▶ IT application has android and windows interfaces i.e. Android for ANMs and Windows for facility level users
- ▶ IT application is capable to handle the followings
  - online transfer of patients from field level to facility level
  - Referral of patient from lower to higher level facility and vice-versa
  - Follow-up of patient from higher to lower level facility
- ▶ Dashboard for quick analysis of the data on daily, weekly, monthly, quarterly and annually basis
- ▶ IT application is designed with provision of integration with other software's like Mother & Child Tracking System, Health Management Information System (HMIS), E-Aushadhi (Drug & Consumables Management) .



# TRAINING AND MASS SCREENING – PHOTOGRAPHS

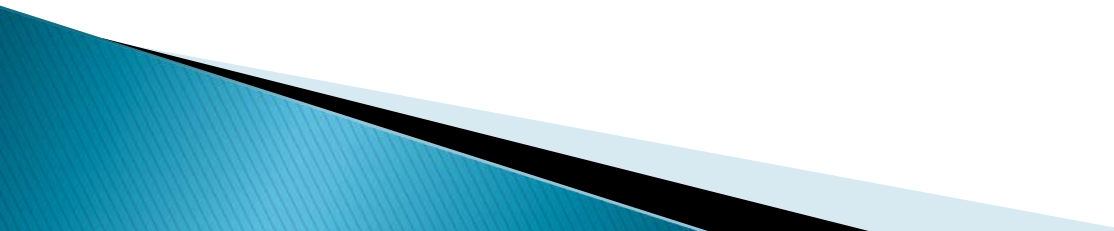




# NEW REG. & PHC CONSULTATION ON IT APP.

New Registrations (Data not found in Aadhaar)					
ANM USER	30-06-2015 to 04-07-2015	06-07-2015 to 11-07-2015	13-07-2015 to 17-07-2015	20-07-2015 to 27-07-2015	TOTAL
New Registrations at PHC	29	22	20	29	100
New Registrations by ANM	130	360	392	235	1117
<b>New Registrations Overall</b>	<b>159</b>	<b>382</b>	<b>412</b>	<b>264</b>	<b>1217</b>
Anupinder Kaur	11	34	26	22	93
Baljit Kaur	7	27	31	31	96
Gurjit Kaur	3	27	52	27	109
Kamaljit Kaur	4	17	22	8	51
Parveen Kumari	14	29	13	12	68
Rajwinder Kaur	25	43	78	30	176
Ranjit Kaur	13	25	16	17	71
Seema	6	37	55	17	115
Sharanjit Kaur	7	33	18	16	74
Sukhwinder Kaur	40	88	81	55	264
Yogesh Chander		22	20	63	133

# Way forward

- ▶ Extend to entire district
  - ▶ Learnings for state -wide launch of UHC
  - ▶ Effective use of Technology to improve health outcomes
  - ▶ Social audit on efficacy ; communisation of programme
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Thank you

