

## Review Article

# A Review on “Direct Benefit Transfer” under the National Tuberculosis Elimination Programme in India

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### Abstract

**Background :** Tuberculosis (TB) remains a leading infectious cause of mortality and morbidity globally. It causes high mortality among females and largely affects males of the economically productive age group and results in economic losses. It also has been understood that food and nutrition are related to TB. With the dual existence of food insecurity and malnutrition that contributes to significant TB burden in India, the Government of India launched the ‘Nikshay Poshan Yojana’ nationwide, a Direct Benefit Transfer (DBT) scheme, from 1st April, 2018. This review was done to understand the coverage, delays and implementation challenges of “Direct Benefit Transfer” in the National Tuberculosis Elimination Programme.

**Materials and Methods :** Electronic databases (PubMed and Google Scholar) were used to select published reports and peer review articles.

**Discussion :** The DBT coverage from various parts of the country was found to be low. Lack of knowledge, bank related issues, non-availability to documents to open bank accounts (mostly among migrants), unwillingness to share personal details, lengthy and complex process, technical issues in software were major hurdles in the implementation of the DBT.

**Conclusion :** Urgent attention is required to address the issues related to the implementation challenges for delivering the Direct Benefit Transfer as the coverage is found to be low. Also, we are just two years away from achieving the goals set by World Health Organization (WHO) set for the year 2030.

**Key words :** Direct Benefit Transfer, Tuberculosis, Patients, Healthcare providers, Malnutrition.

Despite being a preventable and treatable disease, World Health Organization (WHO) estimates that 9.9 million people worldwide contracted Tuberculosis (TB) in 2020 and 1.5 million died from it<sup>1</sup>. In 2021, a projected 10.6 million individuals (95% uncertainty interval [UI]: 9.9-11 million) contracted TB, equivalent to 134 cases (95% UI: 125-143) per 100,000 people globally<sup>2</sup>. India notified more than 2.4 million TB cases in 2019, it continues to have the largest share of the global TB burden. India's National TB Elimination Programme (earlier known as Revised National TB Control Programme) is strengthened to meet the goal of ending the TB epidemic by 2025 from the country, five years ahead of the Sustainable Development Goals (SDG) for 2030. The National Strategic Plan

### Editor's Comment :

- The incentives provided under the Direct Benefit Transfer provides financial assistance directly to TB patients, ensuring they can afford nutrition and basic care thereby reducing out of pocket expenses. By minimizing delays, DBT can ensure timely support and can help with patient adherence to treatment.

for Tuberculosis Elimination 2017-2025 was developed to achieve the goal<sup>1</sup>. Agent factors (Bacillary load, Contact period), Host factors (Age, Malnutrition, Immuno-suppressive Conditions, Comorbidities, Tobacco and Alcohol Consumption) and Environmental factors (Rapid Urbanization, Indoor Air Pollution, Socio-economic Disparities, Improper Housing, Overcrowding and Difficulty In Accessing Healthcare Facilities) are the risk factors for tuberculosis. The significant burden of TB in India is compounded by the dual existence of food insecurity and undernutrition. In this regard, in April 2018, the Indian government launched the Nikshay Poshan Yojana (NPY), a Direct Benefit Transfer (DBT) programme that provides monthly cash support for nourishment for TB patients. In order to comprehend

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the coverage, delays, and implementation challenges of "Direct Benefit Transfer" in the National Tuberculosis Elimination Programme, it was suggested that this study be conducted.

## MATERIALS AND METHODS

Electronic database (PubMed and Google Scholar) was searched using terms 'tuberculosis', 'DBT' and 'India' from 2018 through 2022. For the review, peer-reviewed literature and reports published in English language that discussed coverage, delays and implementation issues and featured the words "Cash Transfer Scheme" "Cash Incentives" and "Nikshay Poshan Yojana" were taken into consideration. MDR-TB-related articles were not included.

## DISCUSSION

### Coverage of Direct Benefit Transfer :

In a study done at Thiruvananthapuram, a total of 107 (42.8 percent) patients had received a part of the instalment of Direct Benefit Transfer, 67 (26.8 percent) of whom received all instalments<sup>3</sup>.

A study done in Western India (Vadodara) stated that among 1826 patients, 771 (42.2%) had received at least one instalment. Significantly more patients from the public sector had received DBT (at least one instalment) compared with those from private sector (adjusted relative risk (adjRR)=16.3; 95% CI 11.6 to 23.0). Among public sector patients, 7.3% (49/671) had received first instalment within 2 months of treatment initiation. During the early phase of DBT implementation, the coverage was low and there were delays in benefit transfer<sup>4</sup>.

Into the eighth month of the implementation of Nikshay Poshan Yojana, barely 26% of the beneficiaries of the total 18 lakh registered TB patients across the country received the cash transfer stated by a report from Bengaluru<sup>5</sup>.

Another study conducted by Nirgude AS, *et al*/showed of 417 patients in total, 208 (49.9%) had payment authorization from PFMS and 119 (28.7%) had received payment as of December 1st, 2018<sup>6</sup>.

A retrospective cross-sectional study conducted in the Srikakulam district from August, 2019 to September, 2019 among all patients registered in the last six months under four DMCs 83 were chosen for

the study. In 91.5% were aware of the cash incentive given as per Nikshay Nutritional scheme, only 17 (22.4%) had their money deposited (1st incentive, only after two months of intensive phase)<sup>7</sup>.

Of 426 patients, Nine percent of the patients did not receive DBT, 46% received the first instalment late and 49% received the last instalment after their treatment completion<sup>8</sup>.

Researchers interviewed 57 (47.1%) of the 119 registered patients. Almost half (52.6%) of the TB patients who were interviewed got NPY nutritional incentives through DBT for two months in the fourth and fifth month of treatment<sup>9</sup>.

The results of a study done in Punjab, indicated that the private sector and urban areas had low coverage<sup>10</sup>.

### Implementation Challenges :

The Vadodara study stated the enablers were timely and appropriate fund releases, sufficient manpower, and adequate facilities in the TB centre. The difficulties in implementation were noted as patients' inability to open bank accounts due to a lack of identity or residency verification, their reluctance to reveal personal information, and insufficient support from private providers<sup>4</sup>.

A report from Bengaluru revealed figures given by Vikas Sheel, Joint Secretary (Revised National Tuberculosis Control Programme - RNTCP) that of the total 18 lakh registered TB patients across India, the bank account details of only 9 lakh patients were available with the Central TB division because many of the rural poor either did not have a bank account or were migrant patients, whose bank accounts are difficult to be captured<sup>5</sup>.

A study from South India reported lack of a bank account particularly among migrant workers in metropolitan areas, rejection to use DBT by wealthy patients and those who had confidentiality issues, ignorance of the treatment, and the belief that there wasn't enough money to cover needs were among the reasons given for not obtaining DBT. The burdensome processes that required numerous levels of approval and paper-based paperwork, mass processing once a month, and technological hurdles (low connectivity and problems with the Nikshay and PFMS portals) all contributed to the delays<sup>6</sup>.

Among the challenges encountered when using were

a lack of Communication, Stigma, Unawareness, Ignorance, Illiteracy, a Multi-step approval process and Technical concerns by a study done by Begum J, *et al*<sup>7</sup>.

The main issue the programme personnel saw was that patients didn't have bank accounts. Throughout the course of therapy, the patients felt that the DBT help was insufficient to cover the cost of wholesome meals. Both the programme staff and the patients recommended expanding the current DBT help and adding a monthly supply of wholesome food kits<sup>8</sup>.

The primary barriers to the scheme's implementation, according to the health providers in a study done in Delhi, were an increased workload, a lack of training, and complicated reporting formats. While the patients mentioned the lack of bank accounts and bank accounts that were not linked to their Aadhar cards as obstacles to receiving NPY through DBT<sup>9</sup>.

The staff members noted a number of obstacles to the scheme's implementation, including a lack of patient knowledge, a shortage of bank accounts, a lack of private sector co-operation, the requirement for a separate account for each patient, an excessive workload, and technical difficulties. Patients in the private sector reported difficulties with social stigma, insufficient funding and concerns about account hacking, while those in the public sector reported difficulties with lack of awareness, inactive accounts, protracted and complicated processes, and budgetary restrictions that caused delays<sup>10</sup>.

## CONCLUSION

The DBT coverage ranges from 22% to almost 50% only, in delivering the incentive to the registered TB patients. As India has chosen to achieve the goals by the year 2025 set by WHO for the year 2030. It is necessary to address these issues urgently to increase the coverage.

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