

Nikshay Poshan Yojana- Another step to eliminate TB from India

Sankalp Yadav^{1,*}, Mohammad Atif², Gautam Rawal³

^{1,2}General Duty Medical Officer II, Dept. of Medicine & TB, Chest Clinic, Moti Nagar, North Delhi Municipal Corporation, New Delhi, ³Associate Consultant, Respiratory Intensive Care, Max Super Specialty Hospital, New Delhi, India

***Corresponding Author:**

Email: drsankalpyadav@gmail.com

Editorial:

India is a high TB burden country with an estimated incidence of 211/100000 population and around 1400 deaths per day [1]. The Government of India (GOI) plans to eliminate TB by 2025 under 'National Strategic Plan for Tuberculosis Elimination 2017-25' and in order to achieve such a huge task new schemes supported, monitored and managed at all levels are imperative [1,2]. The problem of TB has burgeoned to a public health problem [3,4]. The ever growing population, improper diet, lack of annual health care budget, poor and unhygienic living conditions, drug addictions, etc. are the main contributors to the ever increasing number of TB cases [5].

The role of a nutritious diet is imperative in the fight against TB [5]. In fact, in most TB cases the patient is either very weak or extremely poor to afford a diet rich in nutrients [5]. Besides, there is a loss of daily wages due to ill-health, thus adding to the fragile financial status of the patients [6]. So, taking into account these problems which are hampering the overall treatment outcome in TB cases, the GOI has launched the 'Nikshay Poshan Yojana' an aadhar-linked direct benefit transfer (DBT) [2]. The scheme is a centrally sponsored scheme under National Health Mission (NHM) [2]. Under this scheme all the genuine TB patients will receive INR 500 per month for the whole course of treatment for TB [2]. The novel scheme will begin from April 1st 2018 and will include all new and old notified and registered TB cases on the Nikshay portal [2]. The DBT will be made to the aadhar-linked bank accounts of the patients to avoid any leakage or corruption [1]. The DBT will also be made to the private practitioners and hospitals, including the community DOT providers and other health workers who notify the TB cases [2,7]. The GOI has already made mandatory to notify all the TB cases in the private setup as hiding information of such cases will lead to a punitive action under Sections 269 and 270 of the IPC [1,7]. The incentives to the private practitioners will be INR 250 on notification of a TB case diagnosed, as per standards for TB Care in India (STCI), INR 250 on completion of every month of treatment and INR 500 on completion of the entire course of TB treatment [2,8]. Besides, for notification and management of a drug-sensitive patient over 6-9 months as per STCI, a private practitioner will be

eligible to receive INR 2750 and INR 6750, for notification and correct management of a drug-resistant TB case over 24 months as per STCI [8].

The scheme is a novel step towards TB elimination; however it has its pitfalls [9]. The aadhar linked bank account is mandatory for this benefit to be availed by the patients [9]. But, in metro cities like Delhi, Mumbai, Kolkata, etc. most of the TB cases are from migrant communities who come to these big cities in search of jobs and are mostly living in unregistered slums and are devoid of aadhar cards [9]. Also, people from marginalized communities like intravenous drug users, sex workers or destitute often do not have enough identity proof, so in such cases the major hurdle is to get aadhar cards and that itself is associated with a number of issues [9,10].

Also, to make the DBT smooth the GOI has linked Nikshay with aadhar [10]. However, the data in Nikshay is may not be filled in real time at many centers and issues related to manpower, internet access and lackluster attitude of ground staff may result in a delay in the proper linking of the patient details for the DBT [10]. The problem of substance abuse among TB cases looms large and so providing financial assistance to them will only encourage them to continue these social malpractices thus directly affecting the treatment outcomes.

To summarize, the 'Nikshay Poshan Yojana' is a novel step to boost the health of TB patients and to provide some financial assistance to cover their daily wage loss. It is an important step to achieve the dream of TB free India. And thus the strict monitoring at all levels and proper implementation of the scheme is the need of the hour. Furthermore, nationwide epidemiological studies inclined to the treatment outcome, post the launch of this scheme in the long run will help the policymakers to modify the current treatment guidelines.

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