



सत्यमेव जयते

Ministry of Health and Family Welfare
Government of India



Direct Benefit Transfer Manual for National Tuberculosis Elimination Programme



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Ministry of Health & Family Welfare
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DIRECT BENEFIT TRANSFER MANUAL FOR NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

Direct Benefit Transfer Manual for National Tuberculosis Elimination Programme

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Live Document: Due to the evolving nature of the DBT related processes with simplification, new enhancements, this is intended to be a live document. This would mean that the content would be updated as and when any policy, procedure or technical instructions are changed. The latest version of the document will be available on the URL: www.tbcindia.gov.in



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FOREWORD

"I urge every person, every government, every institution and every representative from the civil society to take up this resolution of playing an active role in building a TB-Free India and reaching out to that last person affected by TB"

- Prime Minister Shri Narendra Modi at End TB Summit New Delhi on 13th March 2018

Government of India has set the target to achieve Sustainable Development Goals (SDG) related to TB by the year 2025, as against the global targets of 2030. The country is implementing a National Strategic Plan 2017-25 to End TB by 2025. Under the NSP, transformative strategies have been introduced which addressing long-standing challenges to TB management in India and are using innovative strategies and cutting-edge technology, exemplified by the Government of India's Direct Benefit Transfer (DBT) scheme. Incorporating the Hon'ble Prime Minister's vision for a TB-free India along with his flagship reform agenda of DBT has been instrumental in bringing efficiency, transparency, and accountability in the government system. The push of the Prime Minister himself for the incorporation of DBT has expanded its reach to 424 schemes across 56 ministries in the last few year and we are proud that the National TB Elimination Programme (NTEP) was among the first health programs to utilize its services on a large scale, reaching over 40 lakh beneficiaries, in the last two years alone. The success of the DBT schemes and their solid foundations of JAM (*JanDhan, Aadhaar and Mobile Technologies*) have inspired countries across the world.

For many years, the TB programme faced an enormous challenge in assessing the magnitude of our TB burden, owing largely to low notification rates from the private sector. Through greater engagement with the private sector, joint training with professional bodies and the introduction of financial Incentives to providers to notify TB cases to the government, we have managed to increase notifications in private sector by over 25% between 2018 and 2019. Similarly, we have also introduced incentives for treatment supporters who work closely with patients as they adhere to and complete treatment.

The socio-economic impact of the disease is also well known and there is bi-directional relationship between poverty and malnutrition. Tuberculosis compounds the impact on the poor and vulnerable people of the society. In order to support patients as they undergo treatment, we have also introduced the *Nikshoy Poshon Yojna* through which each reported TB patient receives '500 every month during the period of their treatment as nutritional support through DBT. Additionally, patients living in tribal areas also receive transport support of '750 at the start of their treatment to be able to access TB services at nearest health centre.

In its continuing quest for seamless implementation of its patient-focused programme, the Central TB Division has developed this Direct Benefit Transfer Manual to aid the NTEP's officers and personnel in improving and streamlining the payment process. I am confident that the effective implementation of these DBT schemes will accelerate our elimination efforts, help us reach our target, and most importantly, ensure that we can serve patients and their families effectively on their path to recovery.

Date: 18th June, 2020



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Abbreviations

CP	Continuous Phase
DA	Data Approver
DBT	Direct Benefit Transfer
DO	Data Operator
DOTS	Directly Observed Treatment, Short-course
DRTB	Drug-Resistant TB
DSC	Digital Signature Certificate
DSTB	Drug Sensitive TB
DTO	District Tuberculosis Officer
Gol	Government of India
HF	Health Facility
IP	Intensive Phase
JEET	Joint Effort for Elimination of Tuberculosis
NPY	Nikshay Poshan Yojana
NSD	Nikshay Service Desk
NTEP	National Tuberculosis Elimination Program
PFMS	Public Finance Management System
PHI	Peripheral Health Institution
PIA	Program Implementation Agency
PPSA	Patient Provider Support Agency
RNTCP	Revised National Tuberculosis Control Program
STO	State Tuberculosis Officer
STS	Senior Treatment Supervisor
TB	Tuberculosis
TB-HV	TB Health Visitors
TU/TBU	Tuberculosis Unit

Contributors & Acknowledgments

As we move from the Millennium Development Goals (MDGs) to the more ambitious and universal Sustainable Development Goals (SDGs), augmenting our efforts with a holistic approach towards health, elimination of Tuberculosis from our country would be critical. Ever since our Honourable PM has given a clarion call to End TB by 2025, 5 years ahead of Sustainable Development Goal, the period 2020-2025 has become very crucial for us and significant progress needs to be made during the period towards Ending TB.

Direct Benefit Transfer (DBT) is a major reform agenda of the Government of India, entailing targeted delivery of benefits to citizens through the effective use of technology. Government of India's National Strategic Plan for Tuberculosis Elimination (2017 - 2025) is committed to providing Direct Benefit Transfer for all TB patients to support their nutrition needs and help address the financial burden of tuberculosis for the affected households.

The DBT-related processes have been a continuous evolution since its inception. The effort of preparing Direct Benefit Transfer Manual for National Tuberculosis Elimination Programme is one of the endeavours of NTEP to make payment process of DBT easily comprehensible for the stakeholders. The current process is the culmination of continuous consultations with various stakeholders involved in the implementation and governance of NTEP. Their feedback has been invaluable to refinement and improvement of various processes and protocols described in this manual.

This document was prepared by a working group of members from the Central TB Division, WHO, with the support of CHAI (Clinton Health Access Initiative) through BMGF (Bill and Melinda Gates Foundation). The Central TB Division, Ministry of Health and Family Welfare, Government of India, gratefully acknowledges the contribution of the members of the working group and their supporting organizations in preparation of this document. We also acknowledge the valuable inputs from the frontline NTEP staff, District TB Officers (DTOs), STOs, WHO-NTEP Consultants, officers from Central TB Division and their teams, and civil society members who have ensured the fast-paced implementation of DBT in NTEP. Guidance provided by members from the PFMS team and the DBT Mission have been the foundation of the entire DBT processes.

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CHAPTER 1

INTRODUCTION

The Government of India (GoI) has implemented four Direct Benefit Transfer (DBT) Schemes in TB, for the benefit of TB patients, healthcare providers and treatment supporters. DBT payments can be processed to the eligible beneficiaries via Nikshay, the national TB information system. Nikshay itself is seamlessly integrated with the Public Financial Management System (PFMS), where all government subsidies and payments are actually made.

DBT payments being a relatively new theme for the National TB Elimination Program (NTEP), there is a need to make available this end-to-end manual for reference while processing DBT. This manual is to be used by the NTEP program managers and staff involved in processing DBT to enable work to be done effectively and efficiently in Nikshay and PFMS.

1.1 Purpose of the DBT SOP

The Standard Operating Procedure for Direct Benefit Transfers in Tuberculosis is aimed to guide various stakeholders on the detailed process of four incentive-based support schemes – Nikshay Poshan Yojana, Transport support for TB patients in notified Tribal areas, Incentive for private sector providers and informants, and Treatment Supporters' honorarium. The document includes key definitions, procedural descriptions, roles and responsibilities of various stakeholders and general guidance on processing pay-outs, which can be leveraged by the program staff to process benefits across schemes in an efficient and effective manner. The document also advocates for adoption of certain best practices that could potentially smoothen the process even further. While this SOP provides the basic guidelines, State and District program staff is encouraged to be innovative and flexible in their approaches.

1.2 What is DBT

Direct Benefit Transfer (DBT) is a major initiative of GoI whereby any government subsidy or benefit is to be transferred directly into the bank accounts of the beneficiary, while intermediary agencies or stakeholders only manage the process of payments. It aims to improve efficiency, effectiveness, transparency and accountability of payment of all government subsidies/benefits. NTEP is one of the first health programs in India to use a fully electronic system to digitize beneficiary information and transfer monetary benefits at scale.

1.3 Nikshay

Nikshay is the centralized and integrated information management and surveillance system that tracks each TB patient's healthcare service provision and related health records in India. Following are a few of its salient features of the system:

- ◆ Unified interface for all healthcare providers of both public and private sectors.
- ◆ Unified DSTB and DRTB patient cascade and flows.
- ◆ Record for all patient information including test, treatment, follow-up, outcomes, repeat episodes, public health ownership, etc.
- ◆ Integrates all adherence technologies such as 99DOTS and MERM.
- ◆ Provides direct access to staff to access the system using their own logins (staff level logins).
- ◆ Mobile-friendly website with mobile app.

1.4 Public Finance Management System (PFMS)

PFMS is a web-based online transaction and accounting system for Public fund management and payment to implementing agencies and beneficiaries. The primary objective of PFMS is to establish an efficient fund flow system and expenditure network. PFMS also provides various stakeholders with a reliable and meaningful management information system and an effective decision support system.

1.5 Concepts and Definitions

1. PFMS Agency

For making payments through PFMS, Program Implementation Agency (PIA) also called “Agency” needs to be first identified or created in PFMS. For NTEP, PIA can be considered as an entity in PFMS, which is responsible to manage payments in a scheme and thereby receive and disburse funds. Agency registration in PFMS is a one-time activity. Once an Agency is registered, it will have a unique code called PFMS Agency Code. Each agency in PFMS is accessed through three types of logins, i.e. DA (Data Approver), DO (Data Operator) and Admin ID. Each Tuberculosis Unit (TU) in Nikshay needs to be linked with a corresponding PFMS Agency. E.g. Bidar District of Karnataka has all its 8 TUs linked to one District level Agency with Name: "DISTRICT HEALTH & F W SOCIETY BIDAR" with code: "KABD00001234".

2. Source Bank Account of Agency in PFMS

The Agency Admin will have to map the Bank Account of the identified Agency in PFMS in which NTEP funds for the various DBT schemes are deposited. The agency will then operate the bank accounts for various payments through PFMS.

3. PFMS Scheme and Components

A scheme in PFMS is a broad area where expenditure is accounted for. A scheme will have many heads, components and subcomponents. For example, in PFMS, National Rural Health Mission (Code: 9156) is a “scheme”, National TB Elimination Program (earlier Revised National TB Control Program) (Code: H) is a “head”, and DOT provider Honorarium is a “component”.

Note:

This terminology is specific to PFMS and Scheme may mean different things based on context.

4. Beneficiary

A beneficiary is a person/ entity who is eligible to get benefits (in cash or in kind) under any government scheme. This is a commonly shared definition used across systems. Following are the various details that comprise a beneficiary record:

- a. Beneficiary ID (Nikshay):** Whenever Nikshay identifies a potential beneficiary, it issues a unique beneficiary ID to it. This is in addition to the Patient ID or Provider ID or Staff ID issued to a beneficiary. All the Benefits processed or paid to this beneficiary are tracked using the Nikshay Beneficiary ID. For example, if a patient has multiple episodes, all the benefits of the patient across episodes are managed using the said Beneficiary ID. This information will be available in the Beneficiary register export from Nikshay.
- b. Beneficiary Bank account Details:** To enable DBT to the Bank account of the beneficiary, the Bank details need to be registered in Nikshay. This includes Bank Name, Branch Name, Branch ID, IFSC Code and Bank Account Number. While the Bank Account number must be manually entered, the remaining fields can be searched and selected from the dropdown list of Bank Branches available in Nikshay.
- c. Beneficiary Status:** To perform DBT for a beneficiary, after seeding bank account details, the beneficiary needs to be registered with PFMS. Once the bank account is seeded by the respective program staff at the TU level, Nikshay automatically sends the beneficiary bank details to PFMS (on the same day midnight). PFMS has a multi-layered validation step by which it ensures the validity of the bank account and beneficiary. Based on the status of the registration process with PFMS, the following beneficiary statuses are assigned by Nikshay and are visible to the user.

Payment of a benefit can be made only if the beneficiary is registered with PFMS (Bank Account details are validated by PFMS). This is a one-time activity for a beneficiary unless the bank account details change, in which case the status changes to “not validated” until the DOT approves the edits and they are sent again to PFMS for validation.

d. PFMS Beneficiary ID: After successful registration with PFMS, it assigns a unique number to the beneficiary bank details and the same is communicated/transferred back to Nikshay. This unique ID assigned by PFMS is the PFMS Beneficiary ID.

5. Benefits

A Benefit is a record of any amount due to a beneficiary, as identified by the scheme rules under a specific scheme and is processed by the respective users for payment. For example, in the NPY scheme, when the patient (beneficiary) is notified, Nikshay generates a benefit of Rs. 1000. Note that the benefits are always linked to an episode of the patient and are processed at the current facility of the beneficiary.

Following are the various details that comprise a Benefit: -

- a. Amount:** This is the amount (in INR) for which the benefit has been created by Nikshay. The benefits of a given amount are auto-calculated by Nikshay, based on the rules defined by the particular DBT scheme. For a given benefit generated by Nikshay, the amount is non-editable.
- b. Linked Beneficiary:** Every benefit generated by Nikshay is for a specific Beneficiary.
- c. Benefit Generation for a given Beneficiary:** Benefits get auto-generated by Nikshay based on the rules and eligibility criteria defined by the program (except for the Treatment Supporter Scheme where the benefits need to be manually generated by the TU level staff). Benefits get generated irrespective of the Beneficiary Status. i.e. even if a Beneficiary’s Bank details are not entered or not validated. Benefits get generated on the due dates. However, such benefits will be processed only if the Bank details are validated.
- d. Processing Bank Account details:** The bank account linked with the beneficiary is taken into consideration when the benefits are processed. Each time the beneficiary bank account is changed in NIKSHAY, the processing bank account (in which the benefits will be paid through PFMS) is updated. However, when the benefit is already sent to PFMS for payment, the processing bank account is locked and will not be refreshed i.e. payment would be made to the bank account seeded and validated at the time when the benefit was processed. Subsequent benefits would get processed in the updated bank account.

6. Transaction

A Transaction is an attempt for making a payment, which may end in success or failure. For each benefit approved on Nikshay, a payment request to PFMS is generated. PFMS, in turn, on approval by the Data Approver, generates a transaction with the bank. A transaction gets completed once the Bank pays or rejects the payment request.

1.6 DBT schemes available in the NTEP

The various incentive schemes of NTEP are as follows:

1. Nikshay Poshan Yojana (NPY)

Beneficiary

All unique TB patients notified on or after 1st April 2018 (including all existing TB patients under treatment for at least one month from this date)

Objective

To provide nutritional support to TB patients at the time of notification and subsequently during the course of treatment

Benefit Amount

Rs. 500 for a treatment month paid in installments of up to Rs. 1000 as an advance

2. Transport support for TB patients in notified tribal areas

Beneficiary

All Notified TB patients from Notified Tribal areas

Objective

To provide financial support as transport allowance for TB patients belonging to notified tribal areas (in addition to the nutritional support provided under NPY)

Benefit Amount

Rs. 750 as a one-time payment at the time of notification

3. Incentives for Private Sector Providers and Informants

Beneficiary

Private Providers (Private Practitioner, Hospital, Laboratory and Chemist) who notify TB patients to NTEP on Nikshay

Objective

To provide financial incentives for notification and subsequent follow-up until completion of treatment of TB patients who are diagnosed/treated by the private provider

Incentive Amount

- Rs. 500 as a one-time payment on notification
- Rs. 500 to Private Practitioner or Hospital for updating the patient's treatment Outcome

4. Treatment Supporters' honorarium

Beneficiary

Community Treatment Supporters who support patients during treatment, leading to a successful outcome (Cured or Treatment completed)

Objective

To provide an honorarium to the treatment supporters for supporting TB patients

Incentive Amount

- Rs. 1,000 as a one-time payment on the update of Outcome for Drug-sensitive TB patients
- Rs. 2,000 on completion of Intensive phase (IP) and Rs. 3,000 on completion of continuation phase (CP) of treatment for Drug-resistant TB patients

CHAPTER 2

PREREQUISITES FOR PROCESSING DBT PAYMENTS TO BENEFICIARIES

To enable direct transfer of payments to the eligible beneficiaries, Nikshay has been integrated with PFMS. A one-time configuration of the Project Implementing Agency (Agency) in PFMS and Agency-to-TU mapping in Nikshay must be done. The integration of Nikshay and PFMS, is a prerequisite for DBT processing and includes four broad activities

2.1 PFMS Bank Account Scheme Component Mapping

To enable DBT payments, Agencies are required to map their bank accounts with the NTEP scheme in PFMS for which the payments are intended. This provides a seamless disbursement of payments under identified scheme heads.

Step 1: Go to PFMS via Agency Admin ID → My Schemes → Manage

Masters	
My Schemes	Manage
Agencies	Regis Manage Agency Schemes
EAT MIS Process	Scheme Allocation
My Funds	Approve Acc. for Deactivation
Transfers	View Scheme Component
Advances	Scheme Components
Scheme Allocation	Deactivate Scheme/Bank Acc.
Expenditures	Agency Acc.Parent Mapping
Bank	Approve Parent Acc. Mapping

Step 2: Select the Scheme and the bank account

Scheme	Bank Details	Agency Name In Bank	Status	AccountNo	Bank Status	Receiving Fields from
Integrating Bank with Scheme - 1125	ROYAL BANK LTD NAGARJUNA-SRINI 5885 02, District: Tum. T.E. No. 3474/L, 3475, 3476 and 3478, BE, Thiruvananthapuram, Kerala.	GOVT HEALTH SOCIETY - BUDANATHAL A/C BUDCO	Approved	01444522786	✓	Bank Details Parent Details N.T.E. Details
National Economic Health Scheme - 1125	CANARA BANK AGRAHOPTRIC DOKANA Bazar	DISTRICT HEALTH SOCIETY BUDAT AC BUDCO	Approved	023401000047	✓	Bank Details Parent Details N.T.E. Details
Integrating Bank with Scheme - 1125			Decl		✗	Central Government

Step 3: Click on "Agency Account Scheme Component Mapping"

Public Financial Management System-PFMS
(formerly CPSMS)
D/o Controller General of Accounts, Ministry of Finance

View Scheme/ Bank Account Details

Scheme: National Rural Health Mission
 Bank Name: CANARA BANK
 Branch Name: PUDUKOTTAI
 Branch Address: CANARA BANK
 AccountNo: 1216101050347
 Agency Name As Per Bank: DISTRICT HEALTH SOCIETY PDKT AC RNTCP
 Status: Approved
 Receiving Funds From: State Health Society, Tamil Nadu A/C-RNTCP

Buttons: Edit scheme, Back, **Agency account scheme component mapping**

Edit Requests For Agency
No Edit Request For Current User

Step 4: Follow 1, 2 and 3 highlighted in the screenshot below

Agency Account Scheme Component Mapping

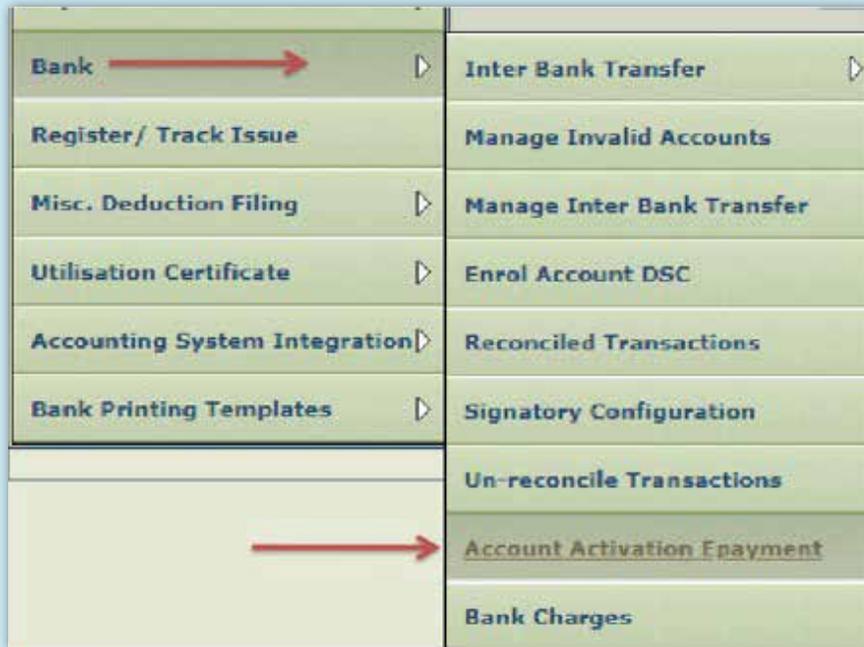
Buttons: Save

Remove Mapped Components

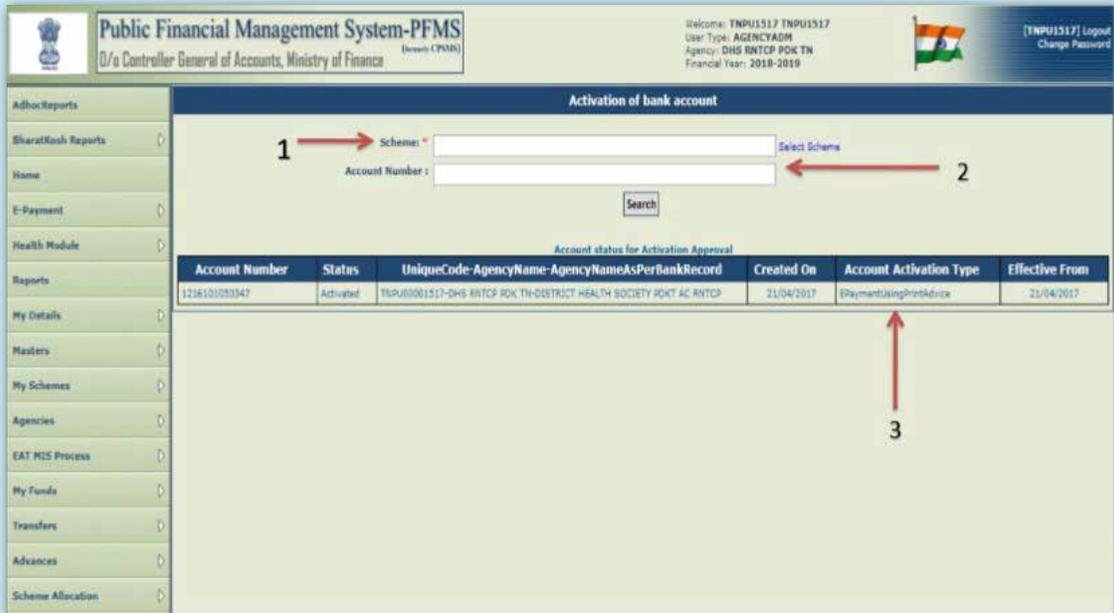
- By ← 1
- REPRODUCTIVE AND CHILD HEALTH
- NATIONAL MENTAL HEALTH PROGRAMME (NMHP)
- HEALTH CARE OF THE ELDERLY
- MERGED IN (B) T.L. ACTIVITIES (MFP)
- NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)
- MERGED IN (B) T.L. ACTIVITIES (MFP)
- NATIONAL PROGRAMME FOR PREV & CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASE
- NATIONAL URBAN HEALTH MISSION (NUHM)
- INFRASTRUCTURE & MAINTENANCES
- TIMELY ACTIVITIES-ADDITIONALITIES UNDER NMHP (MFP)
- IMMUNIZATION
- STATE specific UNDER STATE BUDGET FOR NMHP
- NIDDCP
- IDBP
- NYBDCP
- NLEP
- RNTCP ← 2
- NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

Enabling the Agency for e-payments

Step 1: Log in to PFMS → Bank → Account Activation E-payment



Step 2: Perform steps as indicated in the screenshot below



2.2 Agency to TU Mapping in Nikshay

Steps in PFMS for Scheme Component Mapping

Identify Agency to be linked (DTO/CMHO undertakes this activity) - add a screenshot of “My Details” to see Agency Code of the Agency.

Agency Mapping: Update PFMS Agency Code in Nikshay by submitting a Service Request via “Ask for Help” on the Nikshay portal. This needs to be done by the District Data Approver. The Nikshay Helpdesk team will update the Agency code in Nikshay and revert. The PFMS Agency Code can be viewed by Agency Admin ID user (Go to My Details Agency Profile).

Note:

The Agency code linkage with TU is done centrally. If a new TU has to be linked with a new agency or a change has to be made, a formal request has to be made through the Nikshay Service Desk along with a letter from STO to the Central TB Division requesting for the same.

2.3 Creation of DBT Maker and Checker IDs

Steps in Nikshay for DBT Maker & Checker ID creation

DTO has to add new staff user with designation ‘DBT Maker’ (one user for every TU)

STO has to add new staff user with designation ‘DBT Checker’ (one user for every District)

Steps to create DBT Maker and Checker IDs.

- The DBT Maker / DBT Checker are to be created from the “Staff Management” module of Nikshay.
- Creation of DBT Maker / DBT Checker in Nikshay will require OTP Authentication by DTO/STO respectively.
- The Nikshay Login credentials (Login ID/Password) will be sent via SMS to the registered unique mobile numbers of these staff members (DBT Maker/DBT Checker).
- Only one DBT user can be created for each District & TU.
- Any changes in these logins will require approval from DTO (for Maker) or STO (for Checker) via OTP Authentication. Note that, for security reasons, it is crucial to ensure that users do not share login IDs and passwords with others.

Note:

Additional security measures have been implemented in Nikshay from September 2019 to ensure that only the authorized staff are able to process Benefits in Nikshay. These are individual user credentials to perform DBT functions and should not be shared with anyone.

Step-by-Step Guide for DBT Maker ID Creation



DTO

- 1 DTO User – Go to Staff Management module and click on “Add Staff”



DBT Maker

- 4 Login using the Username as Primary Phone Number and auto generated password.



DTO

- 2 Add staff for each district choose designation – DBT Maker. Enter necessary details. OTP validation by DTO necessary.



DBT Maker

- 5 User is forced to Reset the password. Keep this new password safe and secure. It should not be shared.



DBT Maker

- 3 An SMS will be sent to the registered primary phone number of “DBT Maker” with auto-generated credentials.



DBT Maker

- 6 DBT Maker may Login again with new credentials to access DBT Functions.

Step-by-Step Guide for DBT Checker ID Creation



STO

- 1 STO User – Go to Staff Management module and click on “District Name”.



DBT Checker

- 4 Login using the Username as Primary Phone Number and auto-generated password



STO

- 2 Add staff for each district choose designation – DBT Checker. Enter necessary details. OTP validation by STO necessary.



DBT Checker

- 5 User is forced to Reset the password. Keep this new password safe and secure. It should not be shared.



DBT Checker

- 3 An SMD will be sent to the registered primary phone number of ‘DBT Maker’ with auto-generated credentials.



DBT Checker

- 6 DBT Checker may Login again with new credentials to access DBT Functions.

2.4 Use of DSC for payments in PFMS

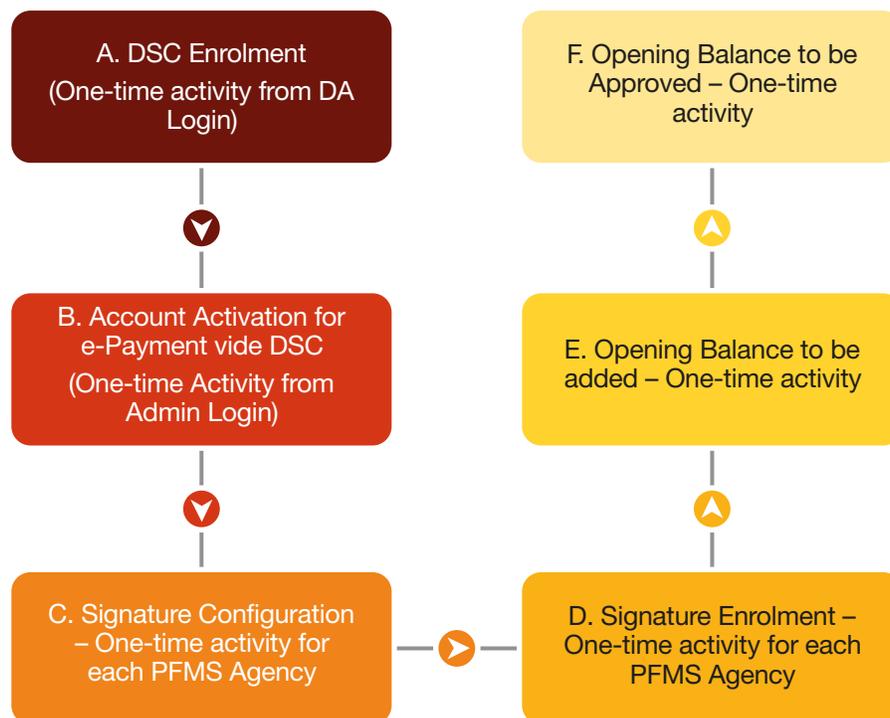
Digital Signature Certificates (DSC) are the digital equivalent (that is, electronic format) of physical or paper certificates. Few examples of physical certificates are drivers' licenses, passports or membership cards. Certificates serve as proof of the identity of an individual for a certain purpose; for example, a driver's license identifies someone who can legally drive in a particular country. Likewise, a digital certificate can be presented electronically to prove one's identity, to access information or services on the Internet or to sign certain documents digitally.

Physical documents are signed manually and electronic documents, like e-forms, are required to be signed digitally using a Digital Signature Certificate. Similarly, we shall use DSC to sign/approve the payment process through the PFMS portal for benefit transfer payment.

As 'using' DSC for approval of payment transactions, simplifies and fast-tracks the payment process to a very large extent because of the following reasons:

- The lengthy and time-consuming manual process of printing Print Payment Advice (PPA), getting signatures of two authorized signatories and submission to Bank can be avoided.
- Rejections due to PPA Expiry / R98, etc.. can be minimized and a higher success rate can be achieved.
- DSC-based approval in PFMS considerably reduces the Turnaround time of payments, significantly.

Enabling DSCs is a 6-step process as follows



CHAPTER 3

METHODS FOR PROCESSING OF DBT SCHEMES

3.1 Beneficiary Registration

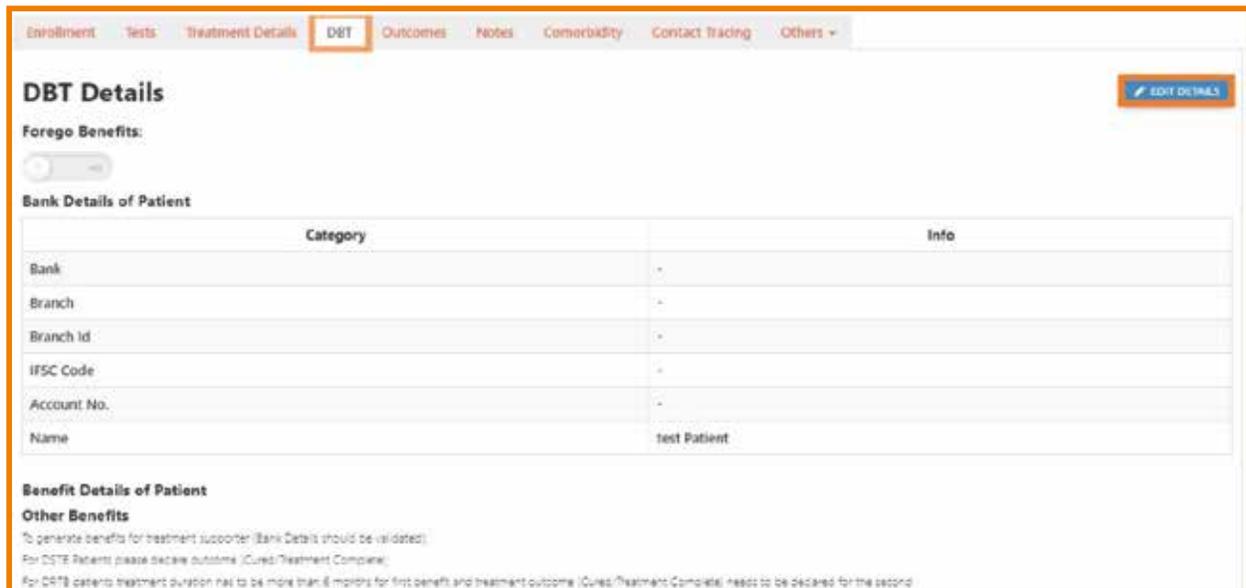
1. Beneficiaries for any scheme need to be first informed about the scheme details, its benefits and the process of receiving the benefits. At the same time (while registering the beneficiary), enter the bank details.

Note:

For TB patients, a communication is sent to Patient/Beneficiary for collection of bank account details. This communication is triggered when the patient status is “Diagnosed but Pending Treatment (Notified)” or “On Treatment (Notified)” and the Beneficiary status is “Empty”. The first reminder is sent out 15 days post the date of diagnosis and the second reminder is sent out 30 days post the date of treatment diagnosis. Content of the SMS is as follows:

“To get benefit of Rs 500 / TB treatment month, give Bank details to your concerned health personnel (Ph. 1800116666).”

2. As part of the collection of the bank account details, the user is expected to enter the IFSC Code of the Bank. NIKSHAY maintains a Bank Master and only banks available in the PFMS can be used to make payments. As per the IFSC Code entered, NIKSHAY checks for the details in the Bank Master and populates the details of the Bank including the Bank Name, Branch Name and IFSC Code. Once this is confirmed, the user is expected to enter the bank account number and click on “save”.



The screenshot shows the 'DBT Details' form with the following sections:

- Forego Benefits:** A toggle switch.
- Bank Details of Patient:** A table with two columns: 'Category' and 'Info'.

Category	Info
Bank	-
Branch	-
Branch Id	-
IFSC Code	-
Account No.	-
Name	test Patient
- Benefit Details of Patient:**
 - Other Benefits:**

To generate benefits for treatment supporter (Bank Details should be validated)

For DOTS Patients please declare outcome (Cured/Treatment Complete)

For DOTS patients treatment duration has to be more than 6 months for first benefit and treatment outcome (Cured/Treatment Complete) needs to be declared for the second

Bank:

(Leave it if you don't want to update current bank)

(type Bank name, ifsc code or brach name to search)

ICICI BANK LTD, PANCHSHEEL PARK BRANCH , ICIC0000224

Account Number:

(Leave it if you don't want to update current account number)

Enter account number:

Account Number

Account number can not be empty

Re-enter account number:

Re-enter Account Number

3. The beneficiary should be explained that the benefit amount will be credited to his/her Bank Account directly (through direct online transfer) and therefore, the Bank details need to be registered in the system (Nikshay). **For the purpose of the benefits, only the active savings bank account should be entered into the system.**
4. Valid documents (Passbook / Bank statement / canceled cheque) from the beneficiary should be collected and maintained at the PHI and produced at the time of verification (if any). Note that the beneficiary's Aadhaar details may also be collected. **However, the beneficiary cannot be denied benefit in the absence of an Aadhaar card.**
5. If a beneficiary does not have a Bank Account in his/her own name, he /she may be linked to an account of one of his/her family members. A written consent / Authorisation must be taken from the beneficiary in such cases (Refer to the annexure for the format). However, as mentioned in point #10 below, the principle of "One bank account, one beneficiary" holds true and hence it should be ensured that the bank account entered has not previously been linked to any other beneficiary. If there is no bank account in the household, the opening of a new Bank Account should be facilitated.

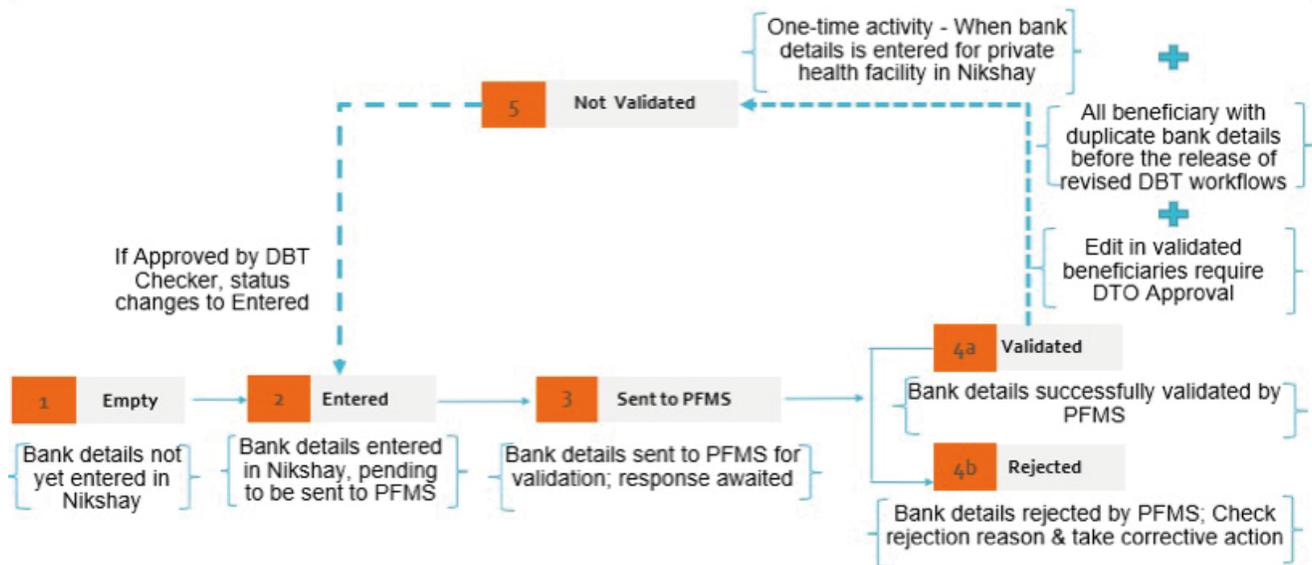
Note:

For pediatric TB patients where Bank accounts are not available, the money shall be deposited in parents /guardians accounts whose details are to be sought and entered in Nikshay against the patient's records.

6. The Bank Account of the beneficiary needs to be unique in Nikshay i.e. two beneficiaries cannot be registered with the same Bank Account in Nikshay.
7. The Bank account details can be added/edited by the DTO / TU / PHI Nikshay user or staff (associated with the beneficiary) who has access to the beneficiary.
8. For Bank Account seeding in Nikshay, the principle of "One bank account, one beneficiary" has been implemented with effect from 13th September 2019. Nikshay will not allow entry of the same Bank account for a second beneficiary. For all bank accounts seeded with multiple beneficiaries prior to this date, the DBT checker is required to approve the account for one beneficiary, and for the other beneficiaries linked to the account, the status automatically changes to the system rejected empty. For the latter set of beneficiaries, alternate unique bank accounts need to be collected and seeded.
9. If Bank account details of a Beneficiary are edited in Nikshay after PFMS validation, the new Bank account details need to be approved by the DBT Checker.
10. It is important to ensure that Bank details are entered correctly.
 - ◆ Nikshay enables users to edit Bank Account details. Account details might need to be edited in the following scenarios:
 - i. Incorrect Bank details had been entered in Nikshay.
 - ii. PFMS has rejected the Bank details entered earlier.
 - iii. The beneficiary has requested a change in Bank Account.
 - ◆ If the Bank account details of a beneficiary are edited, DBT Checker needs to approve the details.

Point #9 and #10 would be applicable for all schemes; however, it is presently not applicable in the Treatment Supporter Honorarium scheme.

Process of Beneficiary Registration in NIKSHAY



11. To register a beneficiary, PFMS validates the active Bank Account details. This ensures that money is transferred to a validated account, thereby reducing the risk of misdirected payments.
12. As PFMS validates the Beneficiary's Bank Account, Beneficiary Status changes to "Validated". If PFMS is not able to validate the Bank account details successfully for any reason such as incorrect Bank Account No. or IFSC Code, Beneficiary Status changes to "rejected" and the rejection reason is displayed in Nikshay. If a Beneficiary is rejected, based on the rejection reason, corrective action needs to be taken correspondingly.
13. "Sent to PFMS" beneficiary's bank details will not be allowed to edit unless and until a response is received from PFMS.
14. On successful validation of the Bank details of the beneficiary, the benefits of the beneficiary can be processed.

Note:

Note: For TB Patients, in case of account rejection by PFMS (Rejection Code: CBE0009; in rejected by Bank as per Bank Account Number is Invalid), communication is sent to the patient as follows:

"Dear <FIRSTNAME>: (Nikshay ID:<1234567>),

Bank details provided for TB Nutrition scheme is invalid. Kindly contact your concerned health personnel. (Ph: 1800116666)."

15. If any beneficiary refuses incentives, obtain written consent to this effect. At present, Nikshay has also enabled the feature of marking “Forego Incentive” for beneficiaries. If a beneficiary refuses to avail benefits under any scheme, a signed copy of the consent letter needs to be taken and maintained in physical format. The format of the consent letter is annexed to this document.

- a. The "Forego Benefits" option is visible under the “DBT” tab in the beneficiary profile. In case the beneficiary decides to forego the benefits, TU staff/DTO would be required to mark "Forego Benefits" as “Yes”.
- b. When a user marks “Forego Benefits” as ‘Yes’:
 - i. A warning is given to the user with the message - “On clicking ‘Yes’, all the current benefits that are in ‘Maker Pending’, ‘Approver Pending’ and ‘Deferred’ will be removed. Future benefits will be created as per existing rules but will automatically be marked as ‘Removed’. However, any benefits already paid via Nikshay or externally (only if updated in Nikshay) and those already sent to PFMS will have no impact. Do you want to continue?”
- c. When a user marks “Forego Benefits” as ‘No’ after it was marked as ‘Yes’:
 - i. A warning is given to the user that any future benefit that is created by Nikshay once the option of "Forego Benefits" is selected as “No” will not be removed automatically. However, any benefit that was removed previously (when the option for forego benefits was “Yes”) will need to be unremoved manually if needed.
- d. For any new episode, the default value of "Forego Benefits" will be ‘No’, regardless of the status of the earlier episode.

Note:

For Private Provider and Informant Incentive Scheme, the default value for "Forego Benefits" is “Yes” and has to be switched to “No” to avail incentives.

- e. On reopening, any future benefit should be processed as per existing rules of “Forego Benefits”. Any benefit that was removed previously will need to be moved back manually if needed.
- f. All benefits that are automatically removed will have a reason for removal - “Benefit Foregone”.

16. For beneficiaries engaged in the Private Sector,

- a. In districts where PPSAs have been appointed, PPSA Staff can follow the aforesaid process.
- b. In districts where PPSAs are not available, as a notification is received, the TB HV (if available) or STS or staff from the General Health System needs to take Public Health Action and follow the aforesaid process. PPM Coordinator needs to monitor this activity.

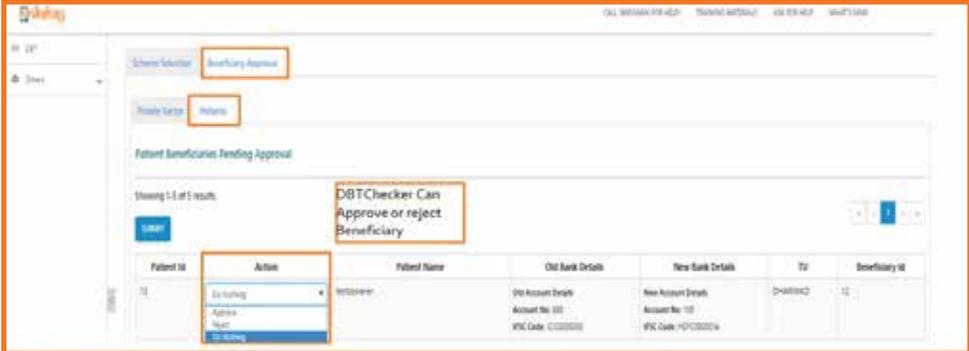
17. Deletion of beneficiaries - A beneficiary whose Bank Account details have been validated cannot be deleted.

Beneficiary Approval through DBT Checker/DTO

Bank accounts for beneficiaries will require approval from DTO through the 'DBT Checker' login in the situation when a PFMS validated beneficiary's bank account is changed, as applicable in individual schemes

Note:

For historical cases before September 2019 (NPY), all existing beneficiaries where the bank account was linked to more than one patient, DBT Checker may approve one beneficiary with that bank account, with OTP approval from DTO. All other duplicate seedings will be converted to Empty status and will have to be seeded again with other bank accounts. All such beneficiaries will be listed in the 'DBT Checker' login for approval.



Available at DBT Checker – Staff Logins for beneficiaries whose status is "DTO Approval Pending"

1. Can view both the "Old" and "New" Bank Details entered
2. Only if approved, then beneficiary will be "Sent to PFMS"
3. If Rejected, bank details will be reverted to the earlier validated bank account.
4. Valid documents (copy of passbook/ bank statement / cancelled cheque etc) from the beneficiary will have to be maintained, at the time of the first seeding and at the time of change. These documents need to be verified by the DTO before approval of the change.

- a. When a beneficiary's Bank Account number is edited following is the implication on Benefit transactions:
 - i. Benefits that are already paid, no changes.
 - ii. Benefits that are pending with DBT Maker or DBT Checker for approval will be reverted to "DBT Maker Pending" list.
 - iii. For benefits that are under process with PFMS for payment, no implication is observed till PFMS processes the transaction and sends a response, i.e., either rejects or approves.
- b. If PFMS processes the benefit successfully, then the transaction will not be changed; the payment would be processed in the old bank account.
- c. If PFMS rejects the transaction, it will be reverted to the "Maker Pending" list and it can be processed only as the new Bank details are validated by PFMS.
 - i. All new benefits created will be processed with the new bank details.

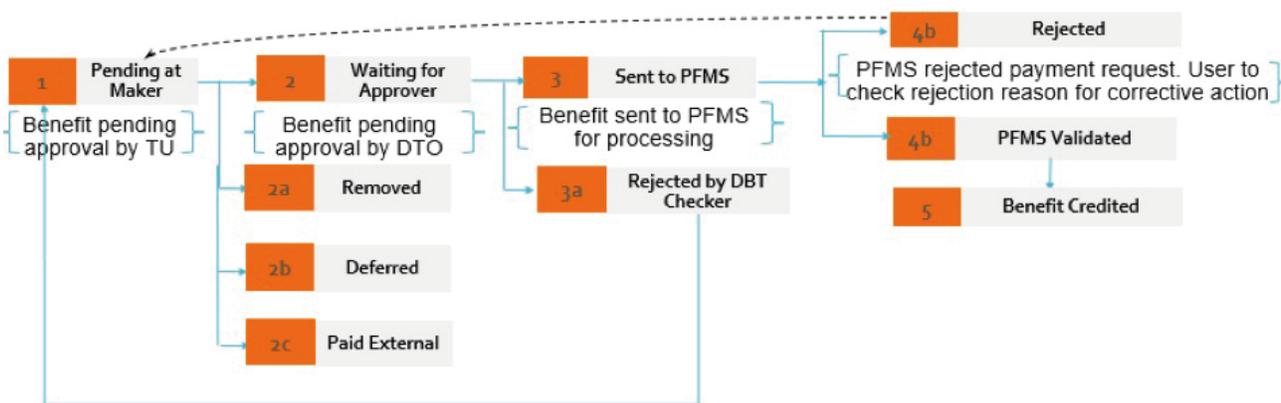
Note on Deduplication for Patients

During enrollment, Nikshay displays an alert message if another patient with the same Gender and Mobile Number is already registered in Nikshay. Users should carefully review details of potential duplicate records (displayed by Nikshay) and continue with enrollment only if the patient seems unique. Details related to Deduplication are mentioned in the Chapter on Troubleshooting.

3.2 Benefits Processing (in Nikshay)

Nikshay automatically generates benefits as per the scheme guidelines. All benefits are linked to the patient's episode irrespective of the beneficiary. These benefits need to undergo two levels of approvals in Nikshay before being sent to PFMS for payment to the beneficiary. Action can be taken only for benefits for which the corresponding beneficiary has been registered (Validated) with PFMS.

Process of Benefit Processing in NIKSHAY



The benefits generated for patients are available in the 'DBT' Module of 'DBT Maker' user.

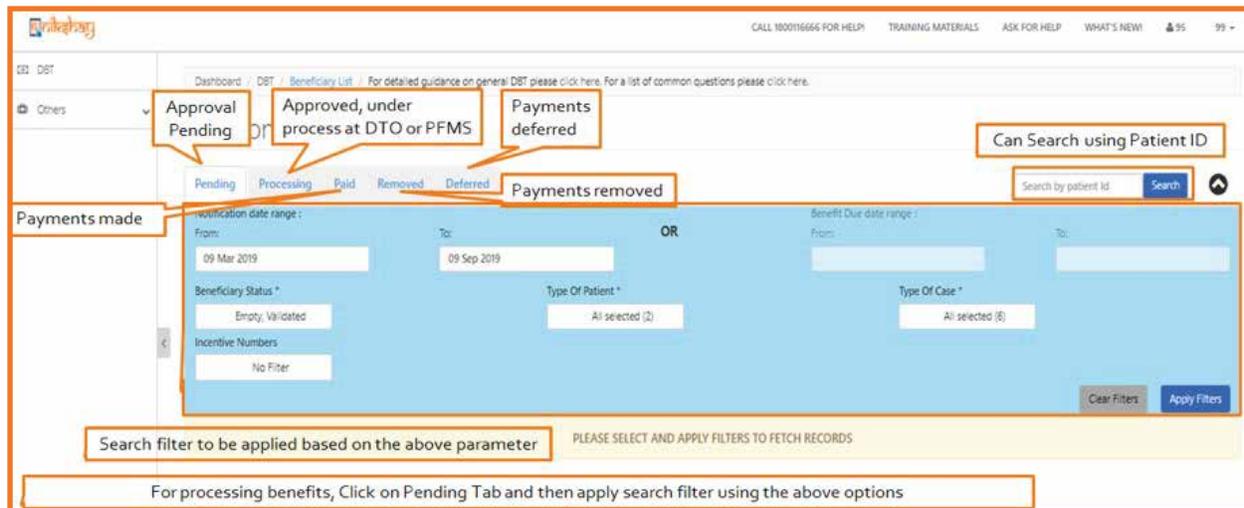
2 - level Benefit approval in Nikshay (to be repeated for every benefit)

1. Action by DBT Maker

2. Action by DBT Checker (with OTP-based authentication)

Action by DBT Maker/Checker in Nikshay interface

- In the 'Pending' tab, a list of benefits that are due to be paid is displayed. Since the benefits of only those patients (beneficiaries) whose bank account details are 'validated' with PFMS can be approved, the user should select Beneficiary status as "Validated" as a search criterion.
- As the list of benefits appears based on the search filter selected, the user may review the Benefit and beneficiary details and process the payment.
- Users need to either Search by Patient ID or by using the various Search Filters as shown in the screen below. This Search filter is visible across all the five sections - Pending, Processing, Paid, Removed, Deferred.



Actions by DBT Maker and Checker

Action	Action By	Message	After action, benefit would be visible in the benefit processing tab of Nikshay named:	
			For Maker	For Checker
Do Nothing	Maker / Checker	It is a default option for any benefit and implies no change in the benefit status.	Pending	Pending (only if the benefit has been processed by Maker and sent to Checker)
Send to Checker	DBT Maker	DBT Maker can send a Benefit to DBT Checker by approving the benefit. As DBT Maker sends the Benefit.	Processing	Pending
Approve	DBT Checker	DBT Checker can approve the benefits. Once the benefit is approved by the DBT Checker, benefits are clubbed into batches in PFMS. These batches are either accepted or rejected by the PFMS Approver. If the batch is accepted, PPA is generated, signed and sent to the Bank for processing. If rejected, the benefits are sent back to Maker Pending.	Processing	Processing

Rejected	DBT Checker	This option is to be selected to resend the benefit to DBT Maker for his review and necessary action.	Pending	
Paid External	DBT Maker / Checker	If a Benefit was paid directly via PFMS, for reconciliation purposes, it is important to update Nikshay. For such benefits (which have been paid externally) can be marked as “Paid External”. It is now advisable (since September 11, 2019) to make all payments from within Nikshay. The reconciliation process is explained in the annexure to this document.	Paid	Paid
Paid in Kind	DBT Maker / Checker	It is at the discretion of the State to disburse benefits either in cash or in kind for schemes in NTEP. Some States, such as Chhattisgarh, are adopting such practices of giving benefits in kind through food baskets, etc.	Paid	Paid
Removed	DBT Maker / Checker	Users may decide that the benefit is not to be paid to the beneficiary and has removed the benefits. For example, if a patient refuses to take the benefits or is not willing to share the bank details, the TU/DTO User can remove it. If a transaction has been removed by mistake, it can be ‘unremoved’ and processed further.	Removed	Removed
Deferred	DBT Maker / Checker	Users may decide to defer the benefits in case they decide to pay them later. However, the first benefits cannot be deferred. If a Benefit is “deferred”, Nikshay will add the amount to the next benefit, when it is due. Once a transaction is deferred, it can only be processed along with the next benefit as it becomes due.	Deferred	Deferred

d. Before approving the payment, the user may open the beneficiary records and view the desired details.

- User can Approve only if Beneficiary is validated
 - "Remove" moves the Payment to "Removed" List
 - "Mark Paid External" allows user to tag in cases where patient is being paid outside Nikshay

- Nikshay generates Beneficiary list to whom payment is due
 - Patient added to Pending list of Maker on next day of notification

Beneficiary ID	Action	Beneficiary Name	Welfare ID	Type of patient	Benefit Status	Amount	Beneficiary Status	Bank Details	TU	Sequence Number	Recent Log
808	Do Nothing	Approved pending	1031	India/TPublic	Waiting for Maker	₹ 1000	INACTIVE	Account No: 8000000000 Ifsc Code: WDR0000000	DHARWAD	1	Approved/Commented/View/Details/Status of Beneficiary/Date of Notification/20-08-18 10:00:00
807	Do Nothing	Approved pending	4020	India/TPublic	Waiting for Maker	₹ 1000	INACTV	Account No: 8000000000 Ifsc Code: WDR0000000	DHARWAD	1	Approved/Commented/View/Details/Status of Beneficiary/Date of Notification/20-08-18 10:00:00
806	Do Nothing	Approved pending	3316	India/TPublic	Waiting for Maker	₹ 1000	INACTV	Account No: 8000000000 Ifsc Code: WDR0000000	DHARWAD	1	Approved/Commented/View/Details/Status of Beneficiary/Date of Notification/20-08-18 10:00:00
804	Do Nothing	Approved pending	4008	India/TPublic	Waiting for Maker	₹ 1000	INACTV	Account No: 8000000000 Ifsc Code: WDR0000000	DHARWAD	1	Approved/Commented/View/Details/Status of Beneficiary/Date of Notification/20-08-18 10:00:00
805	Do Nothing	Approved pending	9207	India/TPublic	Waiting for Maker	₹ 1000	INACTV	Account No: 8000000000 Ifsc Code: WDR0000000	DHARWAD	1	Approved/Commented/View/Details/Status of Beneficiary/Date of Notification/20-08-18 10:00:00
800	Do Nothing	Approved pending	1040	India/TPublic	Waiting for Maker	₹ 1000	INACTV	Account No: 8000000000 Ifsc Code: WDR0000000	DHARWAD	1	Approved/Commented/View/Details/Status of Beneficiary/Date of Notification/20-08-18 10:00:00

- Bank details will not be allowed to edit from "DBT Maker" Login
 - Clicking on Patient name will allow user to view the patient data only

Beneficiary ID	Action	Beneficiary Name	Welfare ID	Type of patient	Benefit Status	Amount	Beneficiary Status	Bank Details	TU	Sequence Number	Recent Log
800	Do Nothing	Approved pending	1000	India/TPublic	Waiting for Maker	₹ 1000	INACTV	Account No: 8000000000 Ifsc Code: WDR0000000	DHARWAD	1	Approved/Commented/View/Details/Status of Beneficiary/Date of Notification/20-08-18 10:00:00
801	Do Nothing	Approved pending	1030	India/TPublic	Waiting for Maker	₹ 1000	INACTV	Account No: 8000000000 Ifsc Code: WDR0000000	DHARWAD	1	Approved/Commented/View/Details/Status of Beneficiary/Date of Notification/20-08-18 10:00:00
802	Do Nothing	Approved pending	1020	India/TPublic	Waiting for Maker	₹ 1000	INACTV	Account No: 8000000000 Ifsc Code: WDR0000000	DHARWAD	1	Approved/Commented/View/Details/Status of Beneficiary/Date of Notification/20-08-18 10:00:00
803	Do Nothing	Approved pending	1010	India/TPublic	Waiting for Maker	₹ 1000	INACTV	Account No: 8000000000 Ifsc Code: WDR0000000	DHARWAD	1	Approved/Commented/View/Details/Status of Beneficiary/Date of Notification/20-08-18 10:00:00
804	Do Nothing	Approved pending	1000	India/TPublic	Waiting for Maker	₹ 1000	INACTV	Account No: 8000000000 Ifsc Code: WDR0000000	DHARWAD	1	Approved/Commented/View/Details/Status of Beneficiary/Date of Notification/20-08-18 10:00:00

Note:

1. Records are displayed under the 'Pending' section of DBT module from DTO's login only after the benefit is approved by TU user (maker). The DTO needs to check with its TU teams if they have approved any payments.
2. The benefit transaction remains in the 'processing' tab of the Maker till it is under process with DTO (for approval) or PFMS (for payment). Only the status of the transaction changes. The status of the transaction will either be "waiting for has not yet approved it or will be "Sent to PFMS for payment", which means that DTO has approved and the benefit is pending PFMS for payment.

3.3 Benefit Processing (in PFMS)

PFMS processes benefits in batches. The approved benefits by DBT Checker in Nikshay are sent to PFMS regularly (every night). These benefits are clubbed, automatically, into batches for processing in PFMS. Note that for every unique PFMS Agency linked in NIKSHAY, three batches are generated each day at present. This may change in future.

PFMS reads the batch as a whole and checks for data integrity in the batch. If there are any errors in the batch, PFMS rejects the entire batch. Irrespective of the number of errors and the number of faulty benefits, PFMS may reject the entire batch. In such cases, the concerned authorities would be required to rectify the faulty benefits. However, for the correct benefits, NIKSHAY automatically retrigger these benefits to PFMS the next day.

Benefit Approval in PFMS (to be repeated for every benefit)

1. Benefits accepted by PFMS are visible in the DA ID of PFMS under section “E-payment” for approval.
2. After approval, Payment advice (PPA) may be generated from PFMS, attested by the authorized signatories of the Agency and submitted to the nearest Branch of the sponsor bank for processing.

As soon as the Bank processes the benefit transaction, the incentive amount gets credited to the Bank Account of the Beneficiary. On successful Credit, Bank informs PFMS, which in turn informs Nikshay and the status of such Benefits is updated/displayed in Nikshay as “Paid”.

Note:

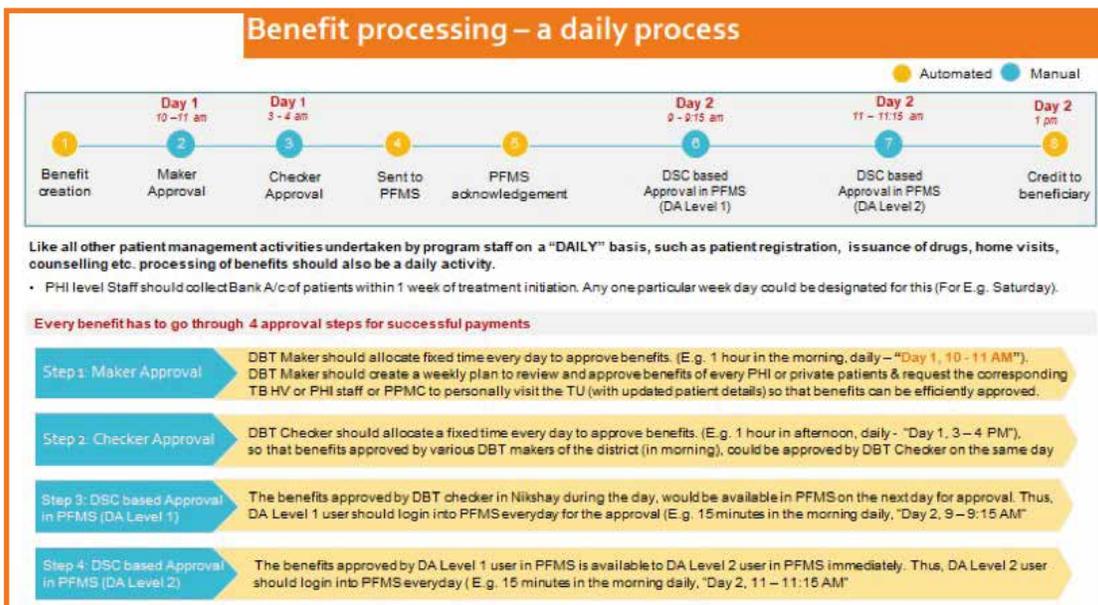
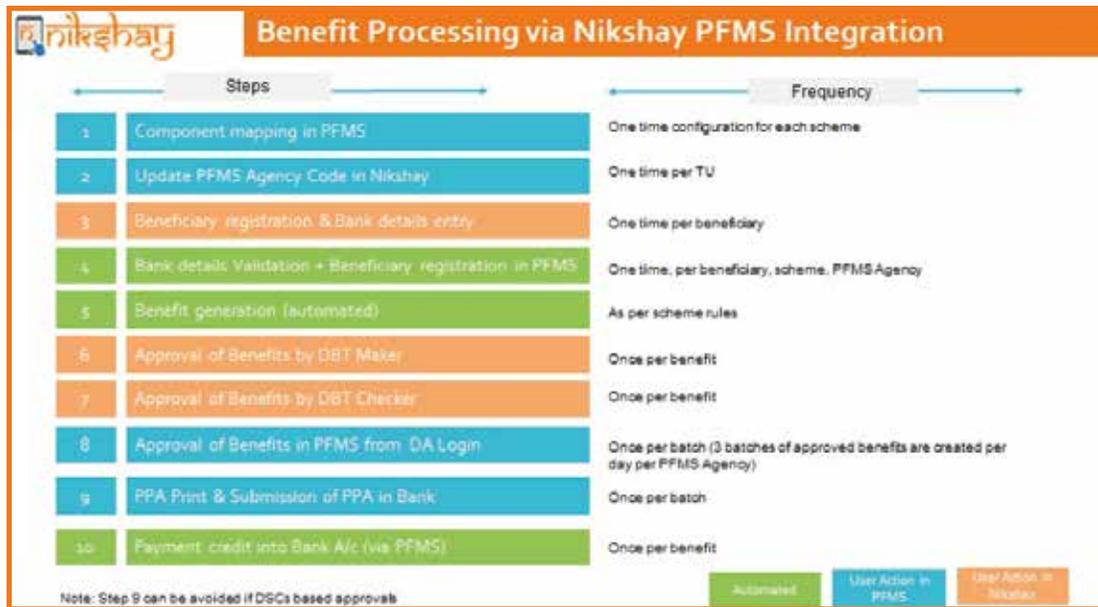
For a patient, An SMS is also sent, indicating that the payment has been made to their bank account, as follows:

“Dear <FIRSTNAME>: (Nikshay ID:<1234567>),

Under Nikshay Poshan Yojana, Rs. XXX has been credited to A/c no. XXXX56 on DD/MM for nutrition support. Wish you speedy recovery (Ph: 1800116666).”

1. All the beneficiaries are also visible through the Data Operator (DO) ID in PFMS; however, no action is supposed to be performed through the DO login.
2. If there was a payment directly made through PFMS, the transactions which have been processed via Nikshay in PFMS can be identified by the “created by” field if value is 0038

3.4 DBT Processing Summary



CHAPTER 4

NIKSHAY POSHAN YOJANA

This scheme is aimed at providing financial support to TB patients for their nutrition. All TB patients notified in Nikshay (across India) are eligible to get the benefit under this scheme to mitigate catastrophic costs.

As per the scheme rules, Nikshay generates benefits for TB patients. The process that needs to be followed to make payments to the TB patients under this scheme is explained below.

4.1 Benefit Generation

Nikshay generates Benefits automatically under the NPY Scheme. Following is the process:

1. Benefits are generated only if the Notification is marked as “System identified Unique” by Nikshay (i.e. no other patient with the same gender and mobile number is registered in Nikshay) or has been approved as “User Identified Unique” by DTO.
2. At the time of Notification, a benefit of Rs.1000 is created as an advance. This benefit must be either approved or removed.
3. The second benefit gets generated on completion of 56 days from date of TB treatment initiation, then the subsequent benefit is created @Rs.500 for every month of treatment at midnight of 28 days from the date of benefit generation for previous incentive.
4. As a patient is initiated on treatment, Nikshay (tentatively) calculates the Treatment End Date as Treatment Initiation date + 167 days. Benefits generation stops when the Treatment End date of a patient has crossed. For patients where treatment must be extended beyond 167 days, the user needs to update and extend the “Treatment End date”. A message is displayed in the title of the Patient record if the Treatment End date of the Patient has passed by.
5. As the Patient’s Treatment Outcome is updated, any extra benefits available for processing will be deleted.
6. For every new episode of a patient, benefits will be generated in an aforesaid manner. If an existing episode of a patient is closed and a new treatment episode is opened, benefit generation will stop for the earlier episode and start afresh for the new episode. Thus, as per programmatic guidelines, whenever there is a need to declare treatment outcomes (including regimen change from DS to DR TB or between regimens of DR TB), a new episode has to be created in Nikshay. Thus, whenever a new episode is created, again the first benefit of Rs. 1,000 gets generated on the creation.
7. Note that Nikshay generates NPY benefits for patients initiated on treatment 1st October 2017 onwards for those taking treatment in the Public Sector, and 1st April 2018 onwards for those taking treatment in the Private Sector.
8. Benefits must be paid by the District/TU where the patient’s ‘Current facility’ is located. If a patient is transferred from District-1 to District-2 (Transfer request made and accepted) in the middle of treatment, the following is the process:
 - a. Benefits in status ‘Pending with Maker’ will automatically be transferred to District-2 and need to be processed by the DBT users of District-2.
 - b. Benefits in status ‘Pending with Approver’ will need to be processed in District-1 by the DBT Checker of District-1.
 - c. Benefits that are ‘sent to PFMS’ or ‘Paid’ by District 1 - continue to be tagged with District-1.
9. While approval of benefits, DBT Maker / Checker may review the following details of the patient. However, it is not mandatory.
 - a. Patient’s follow-up at end of IP (if applicable).
 - b. Patient’s Adherence (to see if a patient is taking medicines regularly).
 - c. Patient’s drug refill (to see if the patient has taken the drug refills on time).

It is a good practice to periodically update the patient's treatment details in Nikshay as it helps the staff in patient monitoring. DBT Maker / DBT Checker users might utilize 'Benefit approval' as an opportunity to review the patient's treatment status/adherence details and update (if required). This will help initiate corrective action and reduce patient dropouts / loss to follow up.

4.2 Exceptions to the Generic DBT Processing

4.2.1 Beneficiary Processing

No exceptions in this scheme.

4.2.2 Benefit Processing

No exceptions in this scheme.

4.3 Other Important Information

4.3.1 Task List "Bank Details Required"

Task List is a functionality of Nikshay that enables health care staff to act on specific patient records where any activity is pending. Presently, Nikshay has a Task List called "Bank Details Required" that gives a quick list of all patient records under the purview of the user where the Bank details of the Patient are not available.

CHAPTER 5

TRANSPORT SUPPORT FOR TB PATIENTS IN NOTIFIED TRIBAL AREAS

5.1 Benefit Generation

Nikshay generates a one-time benefit of Rs. 750 for a patient notified from a health facility registered under a TU that is flagged as “Tribal TU” on Nikshay. Such a benefit is generated for both public/private sector notifications. The benefit is generated only if the patient is either “System Identified unique” or approved as unique by the DTO.

Note that, this scheme has been launched in Nikshay on May 9, 2019. Nikshay generates benefits under this scheme for all patients notified in the public or private sector, May 9, 2019, onwards. Thus, for those patients notified earlier, benefits will not be generated in Nikshay, and hence, payments need to be made from PFMS directly.

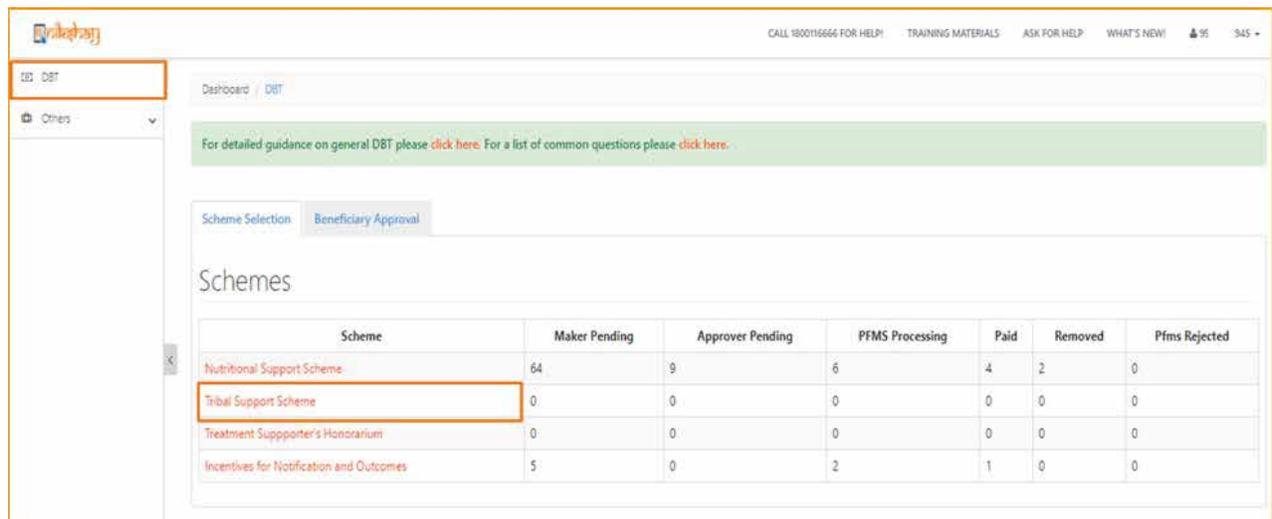
5.2 Exceptions to the Generic DBT Processing

5.2.1 Beneficiary Processing

The process for beneficiary registration for benefits under the scheme for treatment support to Tribal TB patients is similar to the NPY beneficiary registration as explained in the previous chapter.

5.2.2 Benefit Processing

Once the Benefit is created, it would need to be approved by the DBT Maker and Checker through a process similar to the one followed in benefits for NPY payments. Such benefits will be visible in the "Pending Section" under the (transport support to Tribal TB patients) scheme, for approval. Once approved, the benefit details will be sent to PFMS for processing. The DTO can also remove / un-remove a generated benefit (if required). The benefit processing mechanism of PFMS is similar to the NPY scheme (as explained in the Generic DBT Processing section.)



Scheme	Maker Pending	Approver Pending	PFMS Processing	Paid	Removed	Pfms Rejected
Nutritional Support Scheme	64	9	6	4	2	0
Tribal Support Scheme	0	0	0	0	0	0
Treatment Supporter's Honorarium	0	0	0	0	0	0
Incentives for Notification and Outcomes	5	0	2	1	0	0

CHAPTER 6

TREATMENT SUPPORTER HONORARIUM

The honorarium is paid to the treatment supporters on successful completion of treatment or cure of the TB patient as mentioned below

- ◆ Rs. 1,000 for Drug-sensitive (DS) TB patients
- ◆ Rs. 5,000 for Drug-sensitive (DR) TB patients in two installments - Rs. 2,000 on completion of Intensive Phase of Treatment and Rs. 3,000 on completion of Continuation Phase of treatment.

The Treatment Support Honorarium is available as per the following eligibility

- ◆ Treatment Supporter has to be registered in Nikshay and designated as primary Treatment Supporter
- ◆ The linked patient has to complete treatment or has to be cured
- ◆ Treatment Supporter should not be a salaried Government Employee

6.1 Benefit Generation

For this DBT Scheme, Nikshay does not create benefits automatically and the TU level users (STS) need to create the benefit manually. Following is a two-step process to be followed:

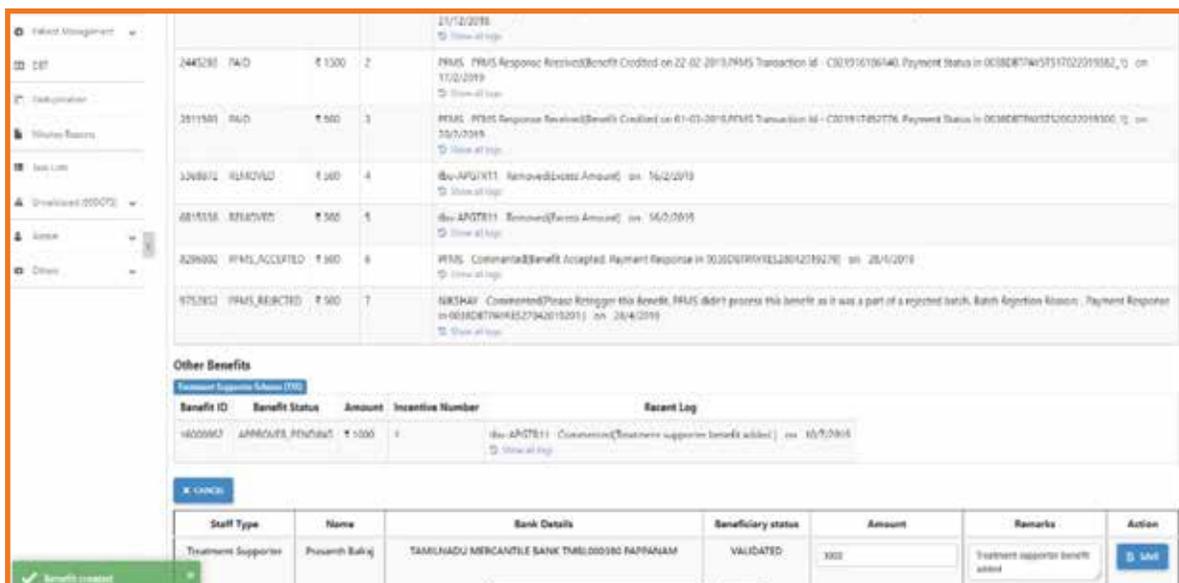
Step 1: Assign Treatment Supporter to a patient (the process of assigning TS mentioned in annexure)

Step 2: Generation of Honorarium Benefit for a Treatment Supporter

A TU User can generate Benefits for a Treatment supporter if the following conditions are fulfilled:

- ◆ Treatment Supporter has been assigned to the Patient.
- ◆ The Treatment Supporter is active and his Beneficiary status is “Validated.”
- ◆ For DS TB patients, only one Benefit of a maximum value of Rs. 1,000 can be generated. The Benefit can be generated if the Treatment Outcome has been updated as “Treatment Completed” or “Cured”
- ◆ For DR TB patients, it is possible to generate two benefits as follows:
 - Benefit 1 of a maximum amount of Rs. 2,000 after completion of IP
 - Benefit 2 of a maximum amount of Rs. 3,000 (after completion of CP) if Treatment Outcome has been updated as “Treatment Completed” or “Cured”

Once the Benefits are created for the Treatment Supporter, it will be visible in the “DBT” section of the Patient record under the section called “Treatment supporter Honorarium” along with its latest status.



The screenshot displays the Nikshay system interface. On the left, there is a sidebar with navigation options like Patient Management, DBT, and others. The main area shows a list of patients with columns for Patient ID, Amount, and Incentive Number. Below this, there is a section for 'Other Benefits' with a table showing benefit details. At the bottom, there is a table for 'Treatment Supporter Honorarium' with columns for Staff Type, Name, Bank Details, Beneficiary status, Amount, Remarks, and Action.

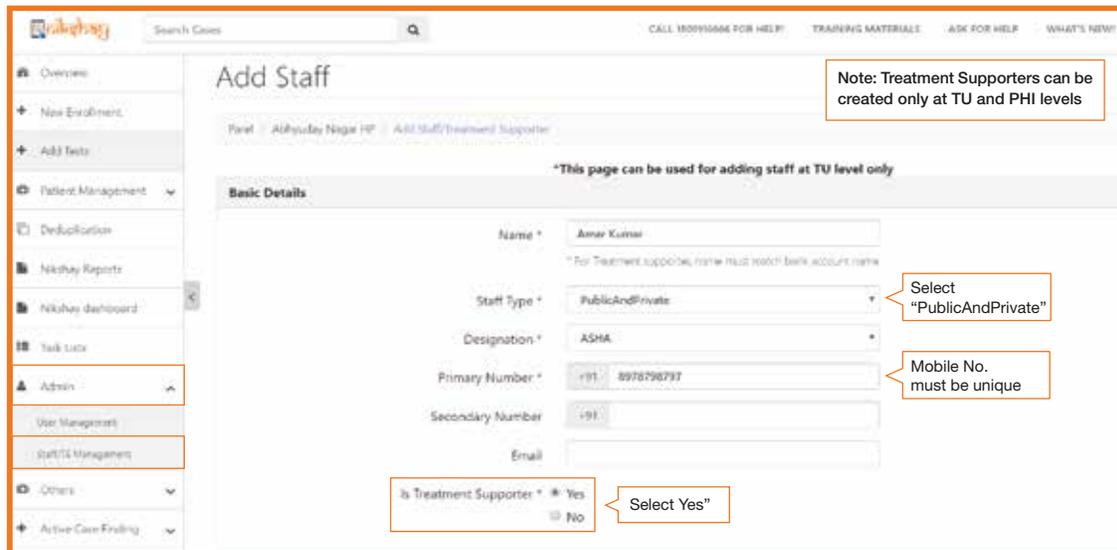
Staff Type	Name	Bank Details	Beneficiary status	Amount	Remarks	Action
Treatment Supporter	Prasanth Babji	TAMILNADU MERCANTILE BANK TMI000180 PAPPANAM	VALIDATED	3000	Treatment supporter benefit added	D. Add

6.2 Exceptions to Generic DBT Processing

6.2.1 Beneficiary Registration

For the purpose of this DBT Scheme of NTEP, 'Treatment Supporter' is the Beneficiary. Following is the process of registration of the Beneficiary in Nikshay to be adopted by the TU User:

- ◆ Register the Treatment Supporter as a “Staff” from the Staff Management Module.
- ◆ While registering, select “Treatment Supporter” as “Yes”.



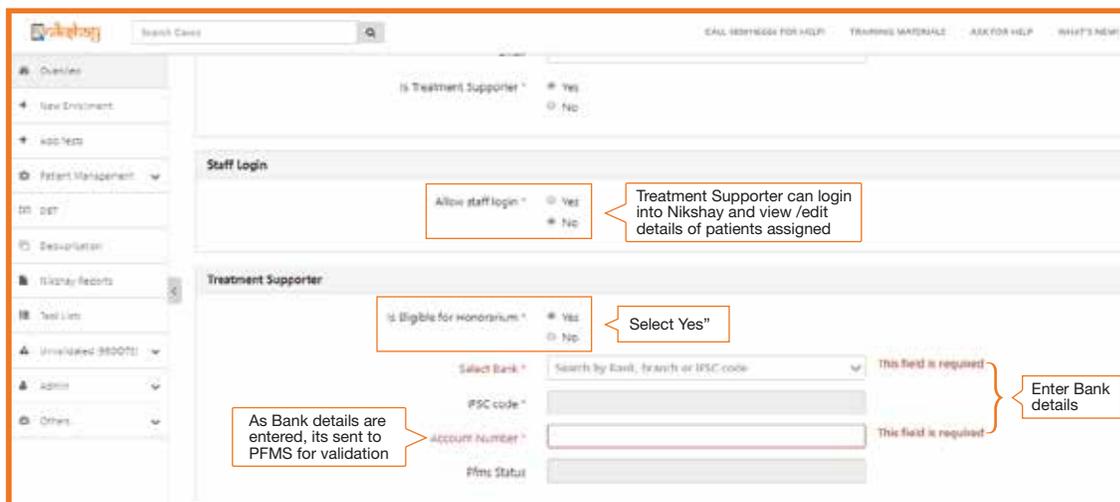
Note: Treatment Supporters can be created only at TU and PHI levels

Select "PublicAndPrivate"

Mobile No. must be unique

Select "Yes"

- ◆ Select “Eligible for Honorarium” as “Yes” and enter the Bank details of the Treatment Supporter (Bank Name, IFSC Code and Account Number).



Treatment Supporter can login into Nikshay and view /edit details of patients assigned

Select "Yes"

As Bank details are entered, its sent to PFMS for validation

Enter Bank details

- ◆ Nikshay empowers the ‘staff’ users to Login into Nikshay and manage their own patients. The treatment Supporter can access Nikshay (on the Mobile App or Web) through a login created for him/her in Nikshay. The Login ID of the Staff (Treatment Supporter) will be the Mobile number of the staff and the password is sent on his/her mobile number. Using this Login, Treatment Supporters can monitor the treatment details of the TB 'Patients assigned' to them by the DTO.
- ◆ Once Bank details of the Treatment Supporter are entered, Nikshay automatically sends the details to PFMS for their registration under the “Treatment Supporter Honorarium” Scheme as per the process defined in the generic DBT processing chapter.
- ◆ Once the Bank Account is validated and a Beneficiary is created in Nikshay, honorarium payments can be processed (approved) in Nikshay.

6.2.2 Benefit Processing

Benefit approval in Nikshay (to be repeated for every benefit)

1. Approval by DBT Checker (with OTP-based authentication).

In this scheme, benefits have to be created manually by the TU user and hence, there is no DBT Maker approval process. For the DBT checker, while the process of approval remains the same as described in the generic DBT processing chapter, following are the two exceptions.

- ◆ There is no option with the DBT Checker to “defer” the benefits.
- ◆ Benefits are categorized into “Pending”, “Processing”, “Paid” and “Removed”. The section for “Deferred” is not there in this scheme as the Checker cannot “defer” the benefits.

The process of benefits processing in PFMS remains the same described in the generic DBT processing chapter.

Note:

Step 1 mentioned above is to be done prospectively in real time before outcomes are declared. In exceptional cases, where the patient’s outcome has been declared without linking the treatment supporter and there is a need to process benefits, approval needs to be sought from the DTO to make payments.

CHAPTER 7

INCENTIVES FOR PRIVATE PROVIDERS AND INFORMANTS

These schemes are aimed at providing incentives to Private Providers and Informants. Following is the manner in which incentives can be paid under these schemes:

Beneficiary	Purpose (Incentive Type)	Amount
Private Providers <ul style="list-style-type: none"> • Qualified Practitioner • Hospital or Clinic • Laboratory • Pharmacist 	Notification	Rs. 500
Private Providers <ul style="list-style-type: none"> • Qualified Practitioner • Hospital or Clinic 	Treatment Outcome update	Rs. 500
Informant (Any person)	Referral of a presumptive TB case to a public sector health facility; and on testing, if found to be TB positive	Rs. 500

As per scheme rules, Nikshay auto-generates incentives (benefits) for notification and outcome declaration. The process to be followed to make payments to the private providers under this scheme is explained below.

7.1 Benefit Generation

For a given Provider, Benefits will be generated automatically in Nikshay only if the following conditions are satisfied:

- ◆ The Private Health Facility should be in Active Status i.e., “is Continue” should be selected as “Yes”.
- ◆ For the Private Health Facility “Do you want to forego incentive” should be selected as “No”.
- ◆ The Bank Account details of the Private Health Facility should be approved by DBT Checker and its Status should be “Validated”.
- ◆ Nikshay will generate Benefits only for episodes notified after “30th July 2019”. For all prior notifications, benefits may be paid directly through PFMS.
- ◆ Benefit will only be generated if the notified episode is “System identified Unique” or “Unique marked by users”.
- ◆ Benefit will NOT be generated if episodes are marked as “System identified – Duplicates” and pending approval by user or “User marked - Duplicates”.

The Notification/ Informant incentive of Rs.500 gets generated in Nikshay as soon as a TB Patient is notified, and the Provider’s Beneficiary details are approved.

Following are the various scenarios in which Notification or Informant incentives will be generated in Nikshay.

Enrollment by (i.e. Login used)	Diagnosis	District of Enrollment vs Diagnosis	Beneficiary	Incentive Type	Notes
Public / JEET / PPSA / CC	Private (HF)	Same	Diagnosis HF	Notification	
Public / JEET / PPSA / CC	Private (HF)	Different	Diagnosis HF	Notification	Benefit will be generated in the District of the Pvt. HF
Private HF	Public Sector	Same	Enrolment HF	Informant	
Private HF	Public Sector	Different	No benefit gets generated	NA	Rare cases: This will need to be paid via PFMS directly
Private HF A	Private HF A	Same	Private HF A	Informant	
Private HF A	Private HF B	Same	Private HF A	Informant	
Private HF A	Private HF B	Different	No benefit gets generated	NA	Rare cases: This will need to be paid via PFMS directly

Note:

- Where there are two HFs involved, Informant (i.e., Enrolling HF facility) gets priority over Diagnostic facility.
- Benefits will be created in districts where private health facilities are registered.
- If a TU and above (Including JEET/ CC) enrolls a case on behalf of a private health facility, and then refers a case for diagnosis to a public sector lab, the private health facility is not eligible for “Informant Incentive”. The private health facility has to login and refer cases for diagnosis to public sector to be eligible for “Informant Incentive”.

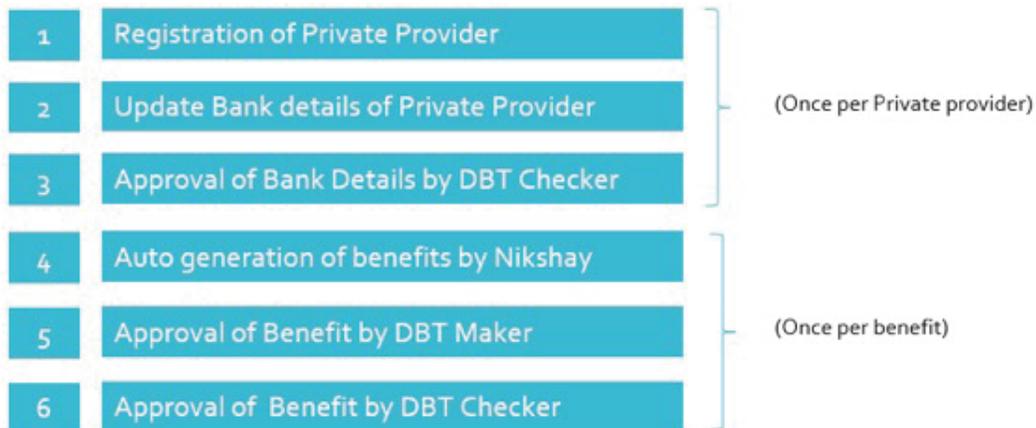
The Outcome incentive is generated only if the outcome is declared from the Private Practitioner’s login (“Private Practitioner/Clinic, etc. (Single)” or “Hospital/ Clinic/ Nursing Home, etc. (Multi)”). The benefit will be generated irrespective of who does the notification.

Note that this scheme has been launched in Nikshay on 8th November 2019. The incentive will be generated for all TB cases notified after 30th July 2019.

7.2 Exceptions to Generic DBT Processing

7.2.1 Beneficiary Registration

Following are the 6 steps to be followed for processing payment in Nikshay under this scheme

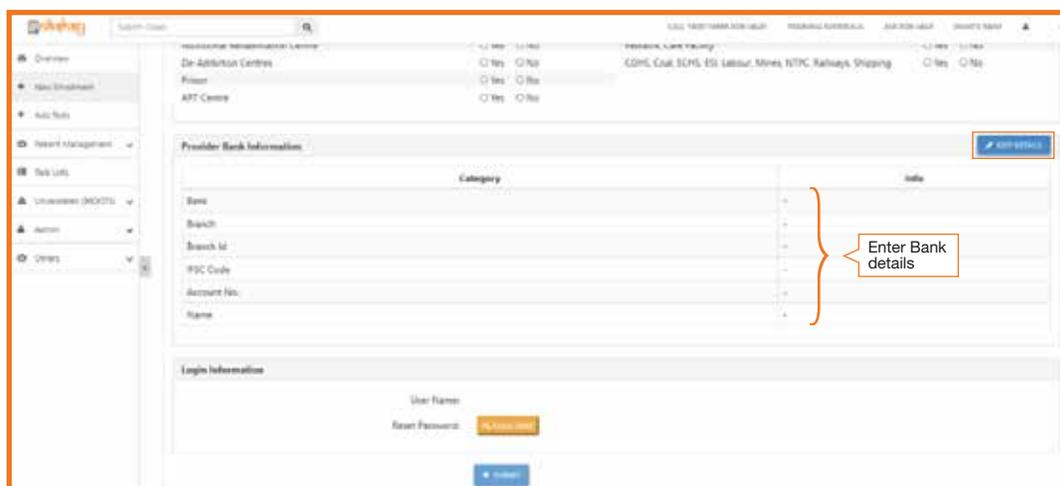


As this benefits are accepted in PFMS, they have to be approved in PFMS via DA Login

For the purpose of this incentive scheme, Beneficiaries include Private Providers (including health establishments, qualified medical practitioners, laboratories and pharmacies). For being able to notify TB patients, the private providers must be registered in Nikshay and must have a valid Health Facility ID (HFID). Following are the steps for registration of a Beneficiary:

- ◆ Registration of Provider in Nikshay (refer to the annexure for the process).
- ◆ Enter Provider's Bank details in Nikshay.

After successful registration, the Bank details (Bank Branch details, IFSC Code and Account Number) of the provider can be entered.



Note:

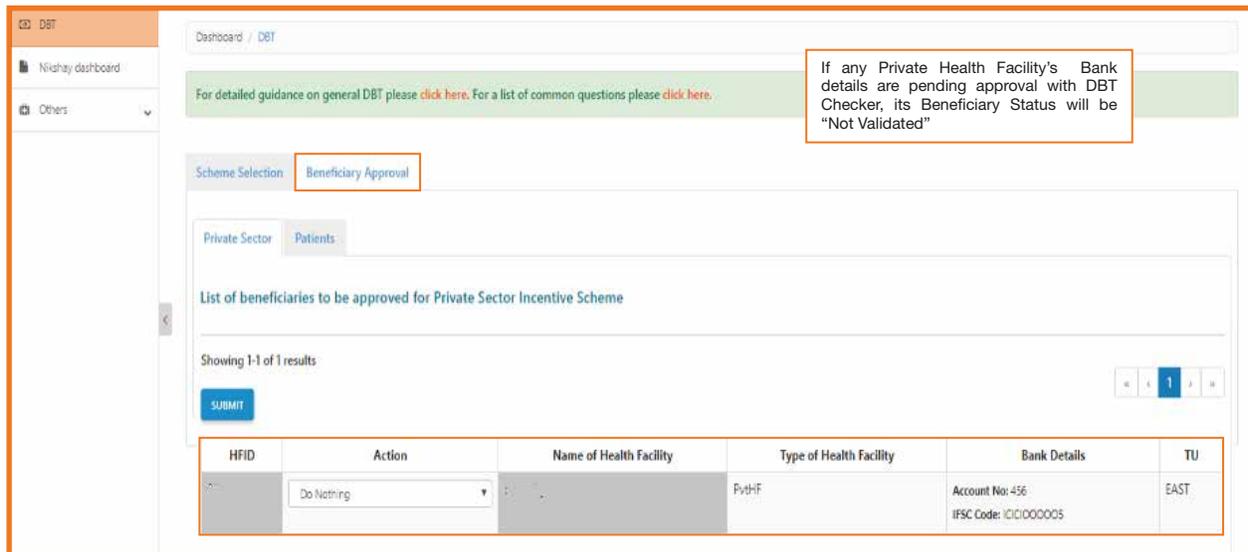
A private provider may choose to forego the incentives. To exercise this option, in the Private Provider Registration form, a field called “Forego Incentive” is available. By default, for all the previously registered providers (or newly registered providers) in Nikshay, option - ‘Yes’ will be selected.

If a Private provider wants to receive incentives, the option ‘No’ should be selected and Bank details need to be entered. A provider (if he/she so wishes), may authorize a staff from his/her establishment to receive the incentives on his behalf. In that case, such staff’s Bank details need to be entered in Nikshay. Only one bank account can be registered for a provider.

If a provider decides to forego his/her incentives or wishes to authorize any staff from his/her establishment to receive the incentives on his behalf, necessary documents/undertaking needs to be maintained in the records.

◆ Approval of Bank details by DBT Checker in Nikshay.

Once the bank details are updated, the Beneficiary details are sent to DBT Checker for Approval. To view such Beneficiary approval requests, DBT Checker should login and go to ‘Beneficiary Approval’ ‘Private Sector’. This is a one-time approval process and once approved, all benefits will get generated by Nikshay automatically. If a validated bank account detail of a provider is edited, DBT Checker will have to approve the edited bank account details.



Dashboard / DBT

For detailed guidance on general DBT please [click here](#). For a list of common questions please [click here](#).

Scheme Selection: Beneficiary Approval

Private Sector: Patients

List of beneficiaries to be approved for Private Sector Incentive Scheme

Showing 1-1 of 1 results

SUBMIT

HFID	Action	Name of Health Facility	Type of Health Facility	Bank Details	TU
	Do Nothing		PvtHF	Account No: 456 IFSC Code: ICIC0000005	EAST

If any Private Health Facility's Bank details are pending approval with DBT Checker, its Beneficiary Status will be "Not Validated"

7.2.2 Benefit Processing

Based on scheme eligibility criteria, every time a notification happens or an outcome is declared, a 'Benefit' is created in the system. Every Benefit amount must be acted upon the DBT Maker and DBT Checker. The process of DBT Maker and Checker approval is the same as described in the Generic DBT Processing chapter apart from the following exception.

DBT Maker/Checker doesn't have the option to "Defer" the benefits.

The benefits generated are available in the 'DBT' Module of 'DBT Maker' user under the scheme name "Incentive for Notification and Outcome". To receive incentives, it is essential that the Private Provider updates Nikshay with the complete information on the Patient as per the Notification Gazette No. Z-28015/2/2012-TB, dated March 19th, 2018. It is important to verify that the complete and correct contact details of the patient (including the patient's or his/her family member's mobile number) are provided so that necessary Public Health Action can be undertaken by NTEP. The Provider should also counsel the patient about the various incentive schemes and request them to share the Bank account details for the processing of DBT.

Note:

- Presently, for payment under this scheme, Nikshay enables users to pay the Private Health Facilities for Notification of TB patients and also for referring cases to Public Sector laboratories for diagnosis (Informant). The ability to pay other informants for referral for diagnosis and TB patients for self-notification will be added subsequently.

CHAPTER 8

ROLES AND RESPONSIBILITIES OF BENEFICIARIES AND NTEP STAFF TO PROCESS DBT

1. Beneficiaries

- ◆ To furnish bank account details, which include Account holder name, Bank account number and IFSC code (the beneficiary should ensure submission of a savings bank account that is active, i.e., the account had some transactions in the last 3 months).
- ◆ To open a Bank Account, if the beneficiary does not have one (via Jan Dhan Yojana/ India Post Payments Bank).
- ◆ To furnish a copy of the passbook/cancelled cheque, etc., as a supporting document for the Bank Account.
- ◆ To furnish proof of possession of Aadhaar number, if available.
- ◆ If the beneficiary does not have Aadhaar, to apply and provide a copy of acknowledgment receipt.
- ◆ To furnish a written declaration in case the beneficiary decides to forego the benefits or want to credit the payments to a relative's bank account.

2. Health staff (MPW / FHW / STS / STLS / TB-HV / DEO / MO-TC)

- ◆ Enrollment of patients / Notification in Nikshay with correct and complete details.
- ◆ Update patient treatment information in Nikshay on time.
- ◆ If the beneficiary does not possess Aadhaar, facilitate Aadhaar enrollment .
- ◆ If the beneficiary does not have any Bank Account, facilitate in opening Bank Account.
- ◆ Spread awareness on scheme benefits and prerequisites (Bank details/ Aadhaar No.) to avail benefits .
- ◆ Collect and maintain records of Aadhaar card and bank details from the beneficiary.
- ◆ When collecting Aadhaar and bank details, give assurance that Aadhaar will be used only for identity & authentication purposes & Bank details only for benefit payment.
- ◆ Verify eligibility of Private providers and Treatment Supporters before approving benefit payments.
- ◆ If patients are transferred from one district to another, ensure update of patient contact details and diagnostic/treatment details in Nikshay so that the transferee district can ensure continuity of treatment.
- ◆ If the Health Staff is also the DBT Maker, then they need to ensure timely processing of all benefits in Nikshay.

3. District TB Officer

- ◆ Ensure that the healthcare staff can collect requisite details from the Beneficiaries and update Nikshay with the same.
- ◆ Review the quality (correctness, completeness and timeliness) of beneficiary data entered into Nikshay.
- ◆ Deduplicate the notifications and approve the Benefit payments.
- ◆ Monitor delay of benefit payment and address reasons for undue delay.
- ◆ Ensure that DBT Maker and Checker users are assigned to open a Bank Account, if the beneficiary does not have one on DBT processing and the latest developments/improvements in Nikshay w.r.t patient management.
- ◆ Plan, review and ensure budget/funds for financial support to TB patients, Treatment Supporters and Private providers.
- ◆ Coordinate with banks, district authorities et al to ensure that the required processes and interventions are smoothly implemented.
- ◆ Procure DSCs to deploy payments faster by reducing the time required in PPA printing, signing and delivery to the bank.

4. State TB Officer / SPO / Officer-in-Charge

- ◆ Ensure necessary directives along with guidance to the district and staff on Direct Benefit Transfer .
- ◆ Coordinate with the concerned department to get support in smooth opening of bank accounts through Jan Dhan Yojana for those who do not have Bank Accounts.
- ◆ Plan, review and ensure budget/funds for financial support to TB patients, Treatment Supporters and Private providers.
- ◆ Monitor progress of transaction of financial incentives/honorarium through DBT (by geography, by time, by the beneficiary) in existing review and monitoring systems.
- ◆ Verify transactions using supervision, evaluations, comparing trends, identifying outliers, etc.
- ◆ Ensure that relevant nodal persons at district levels are provided with the Checker ID.
- ◆ Uptake the usage of DSCs for processing payments by supporting procurement of DSCs for designated signatories.

User Access permissions to various DBT functions in Nikshay

For security reasons, role-based access has been provided in Nikshay for performing the various DBT-related functions. While all the users can view the patient details, only the facility users (PHI/TU/DTO Logins) are able to edit the Bank details of the patient. Beneficiary Approval can only be done by DBT Checker. Beneficiary Approval is required in case of NPY and Tribal Schemes if the Bank account details of a patient are edited after PFMS Validation. Beneficiary approval is mandatory for all Private Providers under the Private Provider DBT Scheme. Thus, it is important to ensure that the staff does not share their User Id Passwords with others. Under exceptional situations such as absenteeism, etc. if the staff needs to share the password, users should make sure that the passwords are changed as soon as possible.

Functionality	DTO	TU or PHI	DBT Maker	DBT Checker
Processing Benefits via DBT Module			√	√
View Patient Details	√	√	√	√
Edit Patient Details (including Bank Details)	√	√		
Add Bank details		√		
Beneficiary Approval (for Private Providers or if Bank details of patients are edited)				√
OTP for processing benefits from DBT Checker to PFMS	√			
Deduplication	√			
Reconciliation of benefits paid externally or paid in kind			√	√

CHAPTER 9

NIKSHAY AND PFMS REPORTS AND REGISTERS

Note:

Please note that content in the Nikshay & PFMS Reports and Registers include beneficiary level information and hence, the authorized user of these reports/registers should ensure complete data protection, security and privacy during the usage of this information. Moreover, the credentials provided for access to these reports/registers are confidential and hence, users are expected to exercise caution.

9.1 Summary Reports for Nikshay

The following are the summary reports that can be obtained from Nikshay.

Report Name	Description	The information available in the Report
DBT Summary	<p>This report provides the summary status on the eligibility and paid details of benefits and amount.</p> <p>The period used to filter this report is based on the diagnosis date.</p>	<p>For a given notification month, District wise, TU-clause break-up of,</p> <ul style="list-style-type: none"> • Number of Benefits Eligible • Number of Paid benefits • Amount payable • Amount Paid • Amount Removed
DBT Beneficiary Status	<p>This report provides Summary status on the eligibility and paid status of beneficiaries.</p> <p>The period used to filter this report is based on the diagnosis date.</p>	<p>Provides Beneficiary status-wise break-up for a given notification month (District-wise and TU-wise)</p> <ul style="list-style-type: none"> • Count of Benefits generated • Total Beneficiaries • Number of Beneficiaries where Bank Details are Empty • Number of Beneficiaries where Bank Details Entered & sent to PFMS for Validation • Number of Beneficiaries where Bank Details Validated by PFMS • Number of Beneficiaries where Bank Details Rejected by PFMS

<p>DBT Benefit Status</p>	<p>This report provides Summary status on the eligibility and paid benefits.</p> <p>The period used to filter this report is based on the diagnosis date.</p>	<p>Provides break-up of Benefits for a given notification month (district-wise and TU-wise)</p> <ul style="list-style-type: none"> • Benefit Eligible • Pending for PFMS Validation • Maker Pending for Validated Benefit • Approver Pending Benefits • Approved (In PFMS Process) • REMOVED by Maker/Approver • DEFERRED by Maker/Approver • ACCEPTED by PFMS • REJECTED by PFMS • Paid Benefits
<p>Notified Outcome with Empty Bank details</p>	<p>This report provides information on the patients where the outcomes have been assigned however the bank details are empty for action of the concerned users.</p> <p>The period used to filter this report is based on the diagnosis date.</p>	<p>For a given Notification month, district-wise, TU-wise, patient-sector-wise break-up of</p> <ul style="list-style-type: none"> • Number of patients Notified • Number of patients where Outcome has been assigned • Number of patients where Bank details are Empty
<p>DBT NPY</p>	<p>This report provides a complete Overview on the DBT NPY Scheme.</p> <p>The period used to filter this report is based on the diagnosis date.</p>	<p>For a given notification month, (District wise and TU Wise)</p> <ul style="list-style-type: none"> • Total Notified • Bank Details Available • Bank Details Validated • % of Bank details validated • Payable Amount • Paid Beneficiary (Nikshay) • Paid Amount (Nikshay) • Paid Beneficiary (External)
<p>DBT Transaction Summary</p>	<p>This report provides benefit payout details in order to align with expenditure summaries.</p> <p>The period used to filter this report is based on the date of transaction.</p>	<p>Based on the PFMS Transaction date, provides</p> <ul style="list-style-type: none"> • Total Beneficiary • Total Benefits • Amount Paid

9.2 Registers from Nikshay

The following are the Patient Lists (Registers) that can be obtained from Nikshay.

Report Name (Purpose)	Definition	The information available in the Register
DBT Benefit Register		<ol style="list-style-type: none"> 1. State Name 2. State Code 3. District Name 4. District Code 5. TU Name 6. TU code 7. Patient ID 8. Episode ID 9. Old Nikshay ID 10. Patient Name 11. Gender 12. Primary Phone 13. Type of Patient 14. Type of Case 15. Stage 16. Diagnosis Date 17. TB Treatment Start Date 18. Current Facility State 19. Current Facility District 20. Current Facility TBU 21. Current Facility PHI 22. Current Facility PHI Type 23. Current Facility PHI ID 24. Treatment Outcome 25. Outcome Date 26. Forego Benefits 27. Benefit ID 28. Benefit Created Date 29. Bank Account Number 30. Bank Name Branch IFSC 31. Incentive Number 32. Amount 33. Status Benefit 34. Benefit Rejection Reason Code 35. Benefit Rejection Reason

		<ul style="list-style-type: none"> 36. Beneficiary ID 37. Beneficiary Name 38. Beneficiary Status 39. Agency Name
Beneficiary Register	<p>This register provides a Line list of all beneficiaries with their status as per the current health facilities.</p> <p>The period used to filter this report is based on the diagnosis date.</p>	<ul style="list-style-type: none"> 1. Diagnosis Date 2. Date of TB Treatment Initiation 3. Type of Patient 4. Patient ID 5. Episode ID 6. Beneficiary ID 7. Patient Name 8. Gender 9. Age 10. Patient Address 11. Residence State 12. District 13. TU 14. Primary Phone 15. Stage 16. Type of Case 17. Treatment Outcome 18. Treatment Outcome Date 19. Current Facility State 20. Current Facility District 21. Current Facility TU 22. Current Facility PHI 23. Current Facility PHI Type 24. Current Facility PHI ID 25. Forego Benefits 26. Beneficiary Status 27. Rejection Reason Code 28. Rejection Reason 29. Beneficiary ID (PFMS) 30. PFMS Validated Name Of Account Holder 31. Bank Account Number 32. IFSC Code 33. Number Of Benefit Eligible 34. Total Benefit Amount Eligible 35. Number of Benefits Paid (NIKSHAY)

		<p>36. Total Amount Paid (NIKSHAY)</p> <p>37. Number of Benefit Paid (External and Paid in Kind)</p> <p>38. Total Amount Paid (External and Paid in Kind)</p>
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9.3 Reports from PFMS

<p>DBT 4 District - Wise DBT Transaction Summary</p>	<p>This report provides beneficiary-wise and purpose-wise expenditure for each district.</p> <p>The period used for filtering this report is based on the date on which the DA provided approval for the payment.</p>	<ul style="list-style-type: none"> • Payment Type • Scheme Name • Scheme Type • State Name • District Name • Beneficiary Paid (Aadhaar based) • Transactions (Aadhaar based) • Amount (In actuals) (Aadhaar based) • Transactions Failed (Aadhaar based) • Amount Failed (in actuals) (Aadhaar based) • Beneficiary Paid (Account Based) • Transactions (Account Based) • Amount (In actuals) (Account based) • Transactions Failed (Account based) • Amount Failed (in actuals) (Account based) • Total Beneficiary Paid • Total Transactions • Amount (In actuals)
<p>DBT 9 Scheme - Wise Performance Report for DBT Transactions</p>	<p>This report provides individual transaction level information at district level.</p> <p>The period used for filtering this report is based on the date on which the DA provided approval for the payment</p>	<p>Details are available Payment-wise, Controller-wise and Scheme-wise</p> <ul style="list-style-type: none"> • Payment Type • Controller Name • Scheme Name • Scheme Type • State Name • District Name • Total Number of Credits (Aadhaar-based)

		<ul style="list-style-type: none"> • Total Amount (Aadhaar-based) • Total Number of Credits Failed (Aadhaar-based) • Total Amount Failed (Aadhaar-based) • Total Number of Credits (Non Aadhaar-based) • Total Amount (Non Aadhaar-based) • Total Number of Credits Failed (Non Aadhaar-based) • Total Amount Failed (Non Aadhaar-based) • Total Number of Credits (Grand Total) • Total Amount (Grand Total) • Total Number of Credits Failed (Grand Total) • Total Amount Failed (Grand Total)
<p>EP12 (External File Load Status)</p>	<p>This report provides information on external payment load to monitor Nikshay PFMS interaction.</p> <p>The period used for filtering this report is based on the date on which the external file was loaded to PFMS.</p>	<ul style="list-style-type: none"> • Scheme Name • Agency Name • State • District • Received From • Received (In CPSMS on) • Batch Number • Request Message ID • Response Message ID • Response Date • Processing File Status • Record Count • Accepted • Rejected • File Returned by Ministry • Sanction Status • Sanction Status Date • Authorization Authority • Authorization Status • Authorization Status Date • Bank Communication Status • Bank Communication Error Details • Bank Communication Status Date • Debit Amount

		<ul style="list-style-type: none">• Debit Status• Debit Status Date• CPSMS Transaction ID_DR• Credit Status Success Count• Credit Status Success Amount• Credit Status Initiated Count• Credit Status Initiated Amount• Credit Status Pending Count• Credit Status Pending Amount• Credit Status Failure Count• Credit Status Failed Amount
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CHAPTER 10

TROUBLESHOOTING

10. 1 Beneficiary Rejection

Rejection Code	Rejection Reason	Diagnosis	Action by	Remark
CBE0001	Mandatory Tags values are missing		Nikshay	User needs to raise an NSD ticket to highlight the problem
CBE0003	Beneficiary Type does not exist in PFMS or does not belong to the provided Scheme		Nikshay	User needs to raise an NSD ticket to highlight the problem
CBE0008	Duplicate Beneficiary Name, Bank Account Number and Bank Name not allowed for the same scheme	Most likely episodes whose beneficiary was registered separately from the first episodes.	Nikshay	User needs to raise an NSD ticket to highlight the problem
CBE0009	Rejected by Bank, As per Bank Account Number is Invalid	Bank account level problem	User	map a different bank account, or talk with the bank or lead bank manager to ensure that the account is activated
CBE0010	Bank Name is not as per PFMS Bank Master	Bank master problem	User	Edit beneficiary details and map the bank branch again
CBE0012	One of AADHAAR Number or Bank Account details is mandatory	Bank account level problem	Nikshay	User needs to raise an NSD ticket to highlight the problem
CBE0015	Invalid Address Census Code,It should be as PFMS Master		Nikshay	User needs to raise an NSD ticket to highlight the problem
CBE0019	Institution ID should be the unique Agency Code of PFMS agency with which the Beneficiary is associated		Nikshay	User needs to raise an NSD ticket to highlight the problem

CBE0025	Invalid IFSC Code	Bank master problem	User	Edit beneficiary details and map the bank branch again
CBE0030	Rejected by Bank, Account Number does not exist in Bank	Bank account level problem	User	Check bank account details again / Use a different account
CBE0032	Rejected by Bank, Account status is closed	Bank account level problem	User	Check bank account details again / Use a different account
CBE0034	Duplicate Beneficiary Details [BeneficiaryAccountNo, Beneficiary BICFI, Beneficiary Name, Beneficiary Type, Scheme Code, Beneficiary BranchId] Found In The File	Batch creation error	Nikshay	User needs to raise an NSD ticket to highlight the problem
CBE0036	One or more mandatory tags values are missing		Nikshay	User needs to raise an NSD ticket to highlight the problem
CBE0047	IFSC Code either not present or currently inactive in tblBankBranch	Bank master problem	User	Edit beneficiary details and map the bank branch again
CBE0051	Bank Name And IFSC Code are not related to each other	Bank master problem	User	Edit beneficiary details and map the bank branch again
CBE0054	Rejected due to no response received from banks within specified days	Bank branch problem	User	talk with the bank or lead bank manager to ensure that the account is activated
CBE0056	Beneficiary Bank Account Not Allowed in this Bank		Beneficiary / DBT Maker / Health Staff / STS	User needs to raise an NSD ticket to highlight the problem

10.2 Benefit/payment Rejection

Rejection Code	Narration	Action by	Action
CPE0001	Duplicate Batch ID (Check will be applied after ignoring Rejected Batches)	Nikshay	Trigger email for investigation. Batch creation error.
CPE0002	Batch ID not as per defined format	Nikshay	Trigger email for investigation. Batch creation error.
CPE0006	Payment From or Payment To date format is incorrect	Nikshay	Trigger email for investigation. Batch creation error.
CPE0007	Payment From Date is not <= Payment To Date	Nikshay	Trigger email for investigation. Batch creation error.
CPE0009	PFMS Beneficiary code does not exist in PFMS or does not correspond to provided Scheme and Beneficiary Type	Nikshay	Trigger email for investigation. Batch creation error.
CPE0012	Duplicate payment check based on PFMS Beneficiary Code + Scheme +Beneficiary Type + Payment Period fails	Nikshay	Trigger email for investigation. Batch creation error.
CPE0013	Mandatory fields value missing	Nikshay	Trigger email for investigation. Batch creation error.
CPE0014	Incorrect District Census Code	Nikshay	Trigger email for investigation. Batch creation error.
CPE0015	Incorrect State Census Code	Nikshay	Trigger email for investigation. Batch creation error.
CPE0026	Control Sum should be more than Zero	Nikshay	Trigger email for investigation. Batch creation error.
CPE0027	Institution ID/Initiating Party Code should be PFMS Agency Code	Nikshay	Trigger email for investigation. Batch creation error.

CPE0030	Invalid Bank/Post Office Name	Nikshay/ User	Bank master problem. Edit and Re-link beneficiary and bank branch.
CPE0031	Invalid Bank/Post Office Branch	Nikshay/ User	Bank master problem. Edit and Re-link beneficiary and bank branch.
CPE0033	Wrong Data Type/Data Length/Data Type Format	Nikshay	Trigger email for investigation. Batch creation error.
CPE0036	Beneficiary Account number does not belong to beneficiary code and scheme	Nikshay	Change beneficiary status to entered and retrigger beneficiary for update.
CPE0039	Control Sum should be the same as the total payment amount	Nikshay	Trigger email for investigation. Batch creation error.
CPE0041	Multiple Transaction for the same beneficiary and period not allowed	Nikshay/ User	User: Repeat payment request. User needs to check that they have not already paid this benefit using an external method. Nikshay: Flag this to the user, that PFMS says that the same payment has already been completed in PFMS.
CPE0043	Scheme Location of Agency is not defined. Please contact the Agency Administrator for defining the same in PFMS	PFMS (Admin-ID)	
CPE0044	Agency Administrator has not defined a bank account to be used for payment of given "Payment Purpose" in PFMS, Please contact the Agency Administrator for defining the same in PFMS	PFMS (Admin-ID)	
CPE0047	The beneficiary does not belong to provided beneficiary type	Nikshay	Trigger email for investigation.
CPE0049	Both CentreShareAmount and StateShareAmount can not be zero	Nikshay	Trigger email for investigation. Batch creation error.
CPE0058	The account number is marked as Invalid in PFMS	User	

CPE0060	Both Account and Aadhar are invalid	User	
CPE0061	IFSCCode is invalid	Nikshay	
CPE0062	Reason: Root element is missing	Nikshay	Trigger email for investigation. Batch creation error.
CPE0063	Duplicate payment check based on EndToEndID fails	Nikshay	Trigger email for investigation. Batch creation error.
CPE0064	DBT Scheme Activity Code not Mapped in component Master	PFMS (Admin-ID)	
1	Account Closed or Transferred	User	Transaction level problem: Link a different account or activate existing account
1	Account closed	User	Transaction level problem: Link a different account or activate existing account
2	No Such Account	User	Transaction level problem: Link a different account or activate existing account
3	ACCOUNT DESCRIPTION DOES NOT TALLY	User	Transaction level problem: Link a different account or activate existing account
4	Balance Insufficient	DBT Checker /DA	Ensure sufficient balance in the source bank account of the agency
9	MISCELLANEOUS - OTHERS	DBT Maker	Retrigger benefits
11	Invalid IFSC/MICR Code	DBT Maker/ Health Staff/STS	Renter bank account details once more
51	KYC Documents Pending	Beneficiary	Ensure account is active or provide alternate bank account

52	Document Pending for Account Holder turning Major	Beneficiary	Ensure account is active or provide alternate bank account
53	A/c Inactive (No Transactions for last 3 Months)	Beneficiary	Ensure account is active or provide alternate bank account
54	Account Dormant	Beneficiary	Ensure account is active or provide alternate bank account
56	Small account First Transaction to be from Base Branch	Beneficiary	Ensure account is active or provide alternate bank account
57	Amount Exceeds limit set on Account by Bank for Debit/Credit per Transaction	Beneficiary	Ensure account is active or provide alternate bank account
58	Account reached maximum Credit limit set on account by Bank	Beneficiary	Ensure account is active or provide alternate bank account
59	NETWORK FAILURE (CBS)	Beneficiary	Retrigger the transaction
60	Account Holder Expired	Beneficiary	Ensure account is active or provide alternate bank account
62	Account Under Litigation	Beneficiary	Ensure account is active or provide alternate bank account
65	ACCOUNT CLOSED OR TRANSFERRED	Beneficiary	Ensure account is active or provide alternate bank account
68	A/c Blocked or Frozen	User	Transaction level problem: Link a different account or activate existing account
69	CUSTOMER INSOLVENT/INSANE	Beneficiary	Ensure account is active or provide alternate bank account
70	INVALID DATE	Beneficiary	Ensure account is active or provide alternate bank account

71	Invalid account type (NRE/PPF/CC/Loan/FD)	User	Transaction level problem: Link a different account or activate existing account
78	Invalid Bank Identifier	User	Transaction level problem: Link a different account or activate existing account
85	Participant not mapped to the product	User	Transaction level problem: Link a different account or activate existing account
R00	Any Other Reasons	Beneficiary	Ensure account is active or provide alternate bank account
R01	R01	User	Transaction level problem: Retrigger Benefit
R02	ACCOUNT TRANSFERRED	Beneficiary	Ensure account is active or provide alternate bank account
R03	ACCOUNT DOES NOT EXIST	Beneficiary	Ensure account is active or provide alternate bank account
R04	NO SUCH ACCOUNT	Beneficiary	Ensure account is active or provide alternate bank account
R05	R05	DBT Maker	Retrigger
R06	Account Holder Expired	User	User to ensure to cease paying benefits if the account belongs to the patient; else, ensure taking other alternate bank account
R07	ACCOUNT UNDER ATTACHMENT	Beneficiary	Guide the beneficiary to check with their bank
R09	Account Suspended	Beneficiary	User to ensure alternate account number

R10	Party's Instructions	Beneficiary	Originator is not authorized to debit his bank account , User to guide the beneficiary to visit bank
R11	R11	User	Transaction level problem: Re-trigger Benefit
R12	R12	Bank-related	Receiving depository financial institution (RDFI) unable to post entry destined from a bank account maintained at a branch sold to another financial institution; User to ensure alternate bank account number
R13	R13	User	Transaction level problem: Re-trigger Benefit
R52	Documents Pending for Account Holder turning Major	Beneficiary	User to collect parent's / relatives account details and submit
R53	Account inoperative	Beneficiary	Ensure the account is active and re-trigger payment
R59	Network Failure (CBS)	Network	Re-trigger the transaction
R60	Account Holder Expired	Beneficiary	Account holder no more- he/she died. User to ensure to cease paying benefits if the account belongs to the patient; else ensure taking other alternate bank account
R68	A/c Blocked or Frozen	Beneficiary	Ensure the account is active and re-trigger payment
R70	Customer to refer to the branch	Beneficiary	User to guide the beneficiary to seek advice from branch

R85	Participant not mapped to the product	User	Account type is not valid like it is not a saving account; user to collect saving bank account
R98	R98	User	Transaction level problem: Retrigger Benefit
R99	ACCOUNT CLOSED OR TRANSFERRED	Beneficiary	User to enter alternate account number

10.3 Reconciliation of payments made directly through PFMS

As per letter no. D.O.Z-28015/230/2018-TB (No. 3164097) dated November 28, 2018, in addition to payment option via Nikshay - PFMS interface, the following payment options were available:

- ◆ Payment through excel upload utility in PFMS,
- ◆ Payments by directly adding the beneficiary in PFMS

These additional payment options have been revoked w.e.f. September 11, 2019, as per the letter no.D.O.Z-28015/230/2018-TB. To ensure that Nikshay is updated with all the NPY/Tribal Patient scheme payment details, all the benefits that have been paid directly via PFMS need to be marked as “Paid External”. This is a one-time activity and needs to be completed for 100% reconciliation of payments in Nikshay. Following is the process of reconciliation:

- ◆ Login into PFMS (DA ID) --> Go to, Reports --> DBT09
- ◆ Select your district (click on Column 5 on the blue coloured number (with hyperlink))
- ◆ Download DBT09 registers for 2017-18, 2018-19 and 2019-20 from PFMS and compile a single file
- ◆ Download Beneficiary register from Nikshay (from DTO Login) for 2017, 2018 and 2019 and compile a single file
- ◆ Reconcile the payment information between these two files Beneficiary ID wise and identify the extra amounts paid
- ◆ For payments made directly made via PFMS, update the Benefit status in Nikshay as "Paid External"

10.4 Beneficiary Approval where Bank Accounts are duplicate

The Principle of ‘One Beneficiary One Bank account’ has been recently implemented in Nikshay. All existing patients/beneficiaries where the bank account is duplicate (i.e. one bank account is updated against more than one beneficiaries) will need to be updated. DBT Checker will be able to approve only one beneficiary with the said Bank account. All other beneficiary records where the same Bank account was seeded will be converted to “Empty” status and will need to be seeded with a new and unique bank account

Deduplication in Nikshay

In Nikshay, Deduplication has been implemented in two ways:

- ◆ De-duplication while enrollment of a presumptive or patient
 - This feature provides an alert message to any user (at the time of enrollment) about the potential duplicate records that are available in Nikshay based on the gender and phone number of the patient. Following is a screenshot of potential duplicate records displayed while enrollment
 - If the users review the duplicates and decide that this is a unique case (and not a duplicate), click on “Proceed Anyway” to enroll the patient.
 - If the users review and decide that the case is a duplicate, they can click on ‘Exit Enrollment’ and not re-register

Following Patient(s) with same mobile number and gender are already registered in Nikshay

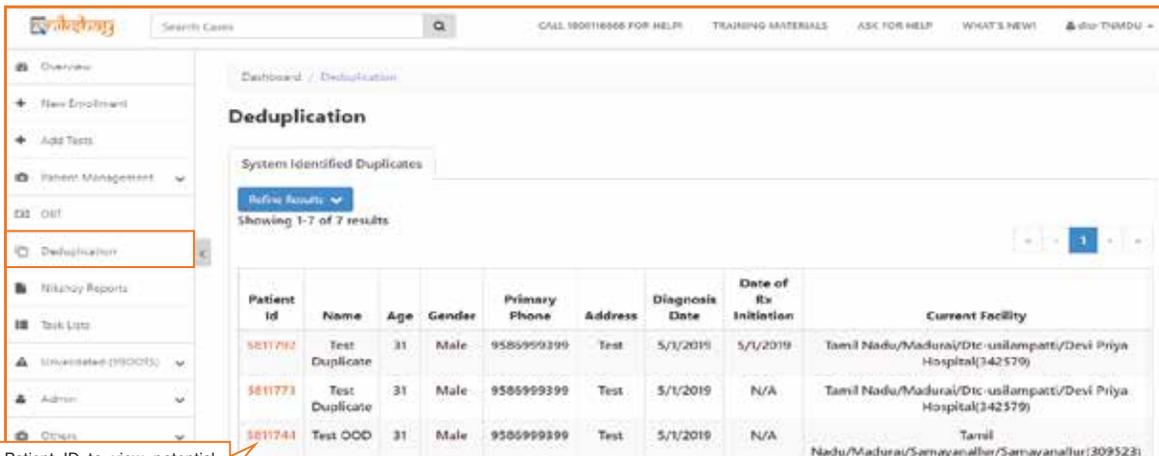
Patient ID	Patient Name	Age	Gender	Primary Phone Number	Type Of Patient	TB Type	Date of Diagnosis	Date of Initiation	Date of Notification	Treatment Stage	Enrollment Facility
5811653	Test jd	28	Male	7904096750	IndiaTbPublic	DSTB	4/25/2019	4/25/2019	4/25/2019	DIAGNOSED_ON_TREATMENT	Tamil Nadu/Madura/Chellam
5811851	Test ydf	21	Male	7904096750	IndiaTbPublic	DSTB	4/24/2019	4/25/2019	4/25/2019	DIAGNOSED_ON_TREATMENT	Tamil Nadu/Madurai/Chelkanoorai
5811470	Test Patient	24	Male	7904096750	IndiaTbPrivate	DSTB	4/3/2019	4/3/2019	4/4/2019	DIAGNOSED_ON_TREATMENT	Bihar/Kaimur/Kaimur_DTC/D Singh
5811452	Hij Hsbibb	23	Male	7904096750	IndiaTbPublic	DSTB	3/31/2019	3/31/2019	3/31/2019	DIAGNOSED_OUTCOME_ASSIGNED	Tamil Nadu/Madurai/Pala 3/Subramaniyap
5811304	Test Patient	24	Male	7904096750	IndiaTbPublic	DSTB	3/5/2019	3/5/2019	3/5/2019	DIAGNOSED_ON_TREATMENT	Maharashtra/Satara/Satara Satara
5379210	Test Patient jnbdf	23	Male	7904096750	IndiaTbPublic	DSTB	1/9/2019	1/10/2019	1/10/2019	DIAGNOSED_ON_TREATMENT	Tamil Nadu/Perambalur/JEW CENTRE JEYANKO

Note: Based on the above information, if you think that the patient is already registered, Please do not re-register the patient

Proceed Anyway Exit Enrollment

- Deduplication (after patient notification)

This feature enables DTOs to take action on notifications, which Nikshay has marked as potential duplicates and flagged as “System identified duplicates”. All such cases are displayed in a list.



Click on Patient ID to view potential duplicate records for this patient

- User needs to click on Patient ID to view all the potential duplicates of the case.
- While marking a case as duplicate, Nikshay checks all the existing patient records in Nikshay (across India)
- This module is presently available on the Web version of Nikshay and is not available in Nikshay Mobile App.
- For every notification that Nikshay marks as duplicate, a user can review the details and either 'Approve' as a unique notification or mark the notification as duplicate.
- This module enables DTOs to take action only on notifications received from their respective districts and no action can be taken on patients who are notified from other districts.

10.5 Sources for support for DBT troubleshooting

Following are the various grievance redressal options available to users:

- ◆ **NIKSHAY Sampark:** If users have a query or face issues while using Nikshay or PFMS, they can call Nikshay Sampark at 1800-11-6666.
- ◆ **Ask for Help - NIKSHAY:** Users can submit a SERVICE REQUEST using the “Ask for Help” option available on the Nikshay Website. The benefit of this option is that once an Ask for Help Account is created for a user by registering the email ID, all the requests raised by the user and their status can be viewed. This option also enables users to provide more specific details by attaching screenshots, etc. While raising a service request, it is important to elaborate on the issue in detail and provide specific details of the issue such as patient ID or Benefit ID, etc. Users should not provide his/her Nikshay login credentials (password) for security reasons. Three categories of SERVICE REQUEST can be raised:
 - Help with application Training (Queries on Nikshay if a user wants to seek clarification on a new feature released). For e.g. Clarification on how to edit a Beneficiary’s bank details.
 - System Issues/Bug (An issue that prevents a user from using Nikshay or its function in accordance with the current design) For e.g. Unable to search for a patient record or edit Bank details of a patient or unable to approve benefits.
 - Feature Request (Any change to existing functionality or addition of new functionality when compared to current requirements.)

Note:

It is recommended that users should go through the “What is New” section of Nikshay and read carefully the ‘Nikshay Feature release’ emails sent by CTD to stay updated on the latest developments in Nikshay. Users should also read the latest training material on the Nikshay Website.

CHAPTER 11

ANNEXURES

11.1 Step-by-Step Guide to DBT Maker ID Creation

Step 1: Select TU

Staff for District of Dharwad (4)

Name	Designation	Primary Number	Secondary Number	Patients (District)	No. of Mappings	
Dr. N. G. K. K.	STO	843845025	846247602	Some	2	Delete
Dr. L. S. S. S.	CCPC	846247602		Some	0	Delete
T. S. S.	Treatment Coordinator	846247602		Some	1	Delete
T. S. S.	DET Checker	846247602		Some	0	

List of TUs in Dharwad

Below is a list of all PHUs in Dharwad. To add/view/edit staff specific to a PHU, please click on the name of that PHU.

Name	Code	TU Staff Count
DHARWAD	01	3
DHARWAD RURAL	02	2
HUBBALLI EAST	03	1
HUBBALLI WEST	04	1
HUBLI-HUBBALLI	05	2

Click on the TU Name to proceed with the creation of DBTMaker

Step 2: Add Staff Details

Staff Details

Dharwad - DHARWAD

Staff for TU of DHARWAD

Name	Designation	Primary Number	Secondary Number	Patients (District)	No. of Mappings	
S. S. S.	STO	846247602		Some	0	Delete
S. S. S.	Private Practitioner	846247602		Some	0	Delete
A. S. S.	Medical Officer	846247602		Some	1	Delete

List of PHUs in DHARWAD

Below is a list of all PHUs in DHARWAD. To add/view/edit staff specific to a PHU, please click on the name of that PHU.

ADD STAFF

Step 3: Enter Details

Step 4: DTO OTP Validation

Nikshay: 24701 is the OTP for - Add Field Staff under \$Dharwad. Treat this as confidential. Do not share the OTP with anyone for security reasons.

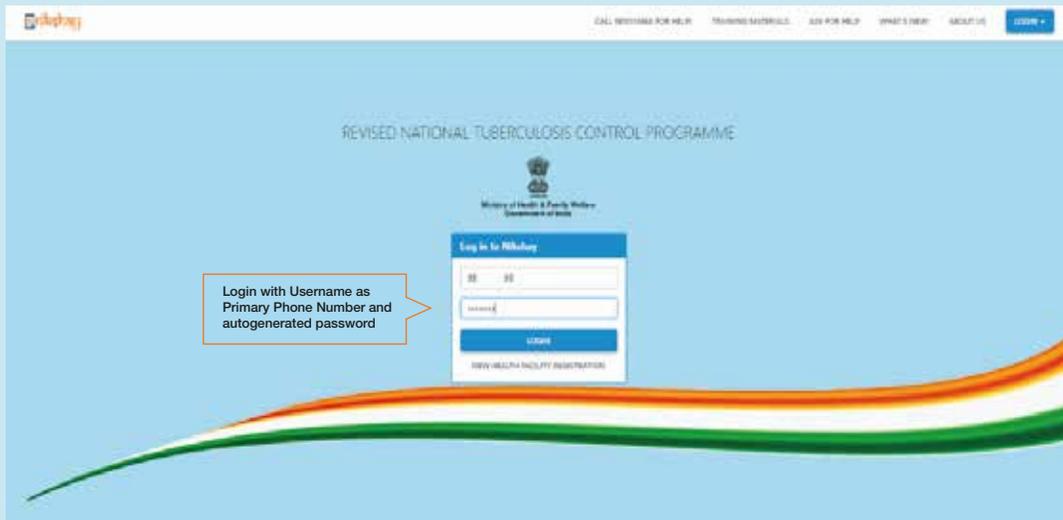
Step 5: Auto-generated SMS Template

Nikshay: Your new nikshay login password is XVG0P8RC, please reset your password after login

11:44 AM VM-NKSHAY

Auto Generated SMS template with Nikshay Credential

Step 6: DBT Maker Initial Login



The screenshot shows the Nikshay login interface. At the top, there is a navigation bar with links for 'CALL US/WHATSAPP FOR HELP', 'TRAINING MATERIALS', 'FAQ FOR HELP', 'WHAT'S NEW?', and 'ABOUT US', along with a 'LOGIN' button. The main heading is 'REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME'. Below this, the Ministry of Health & Family Welfare, Government of India, is mentioned. The central focus is the 'Log in to Nikshay' form, which includes fields for 'PHONE NUMBER' and 'PASSWORD', and a 'LOGIN' button. A callout box points to the form with the text: 'Login with Username as Primary Phone Number and autogenerated password'. At the bottom of the page, there is a footer for 'DBT HEALTH FACILITY REGISTRATION'.

Step 7: DBT Maker Password Reset



The screenshot shows the 'Reset Password' page on the nikshay portal. The page title is 'Reset Password' with a sub-header 'your password has expired. Please reset to continue'. There are three input fields: 'Username' (containing '99 99'), 'Password', and 'Confirm Password'. Both the 'Password' and 'Confirm Password' fields have a red error message: 'This field is required.'. Below the 'Confirm Password' field, there is a password strength indicator: 'Enter a password. It should be 8 character long and contain atleast, One Cap Letter, One Small Letter, One Number and One Special Character'. A blue 'SUBMIT' button is located below the 'Confirm Password' field. A text box with a black border and white background contains the following text: 'Initial Forced Reset Password: At first login Reset Password and Login again to proceed'.

11.2 Step-by-Step Guide to DBT Checker ID Creation

Step 1: Select District

List of Districts in Karnataka

Below is a list of all Districts in Karnataka. To add/view staff specific to a DISTRICT, please click on the name of that DISTRICT.

Name	Code	District Staff Count	% of this with Staff Details
Bangalore	BLR	8	88 %
Bangalore City	BLC	4	38 %
Bangalore Rural	BLR	3	33 %
Bangalore Urban	BLU	3	30 %
Belgaon	BLG	19	88 %
Bellary	BEY	8	82 %
Bidar	BDR	4	75 %
Bijapur	BJP	4	70 %
Dharmasagara	DNV	4	81 %
Dharwad	DHR	3	83 %
Dharmasagara	DNR	1	71 %
Dharwad	DND	3	88 %
Dharwad	DND	3	78 %
Dharwad	DND	4	88 %
Dharwad	DND	4	88 %

Step 2: Add Staff

Staff Details

Staff for District of

Name	Designation	Primary Number	Secondary Number	Patients (A/R)	No. of Mappings
N. R. Sarvagamani	DPC	942209902		Some	0
N. M. Dethi	DEB	988970410		Some	0
J. R. Deshpande	SDPS	9480285237		Some	0
H. M. Kundlik	Other	887137932		All	N/A
A. C. Ambekar	Other	9538798877		All	N/A
Santosh D. Hanari	PRM	908579476	945948418	Some	0

Step 3: Enter Details

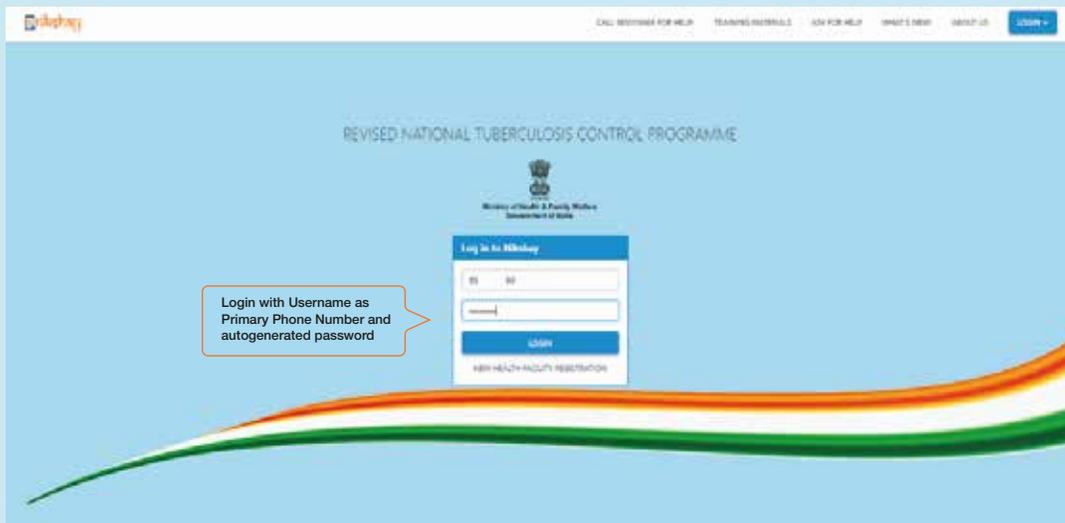
Step 4: STO OTP Validation

Step 5: Auto-generated SMS Template

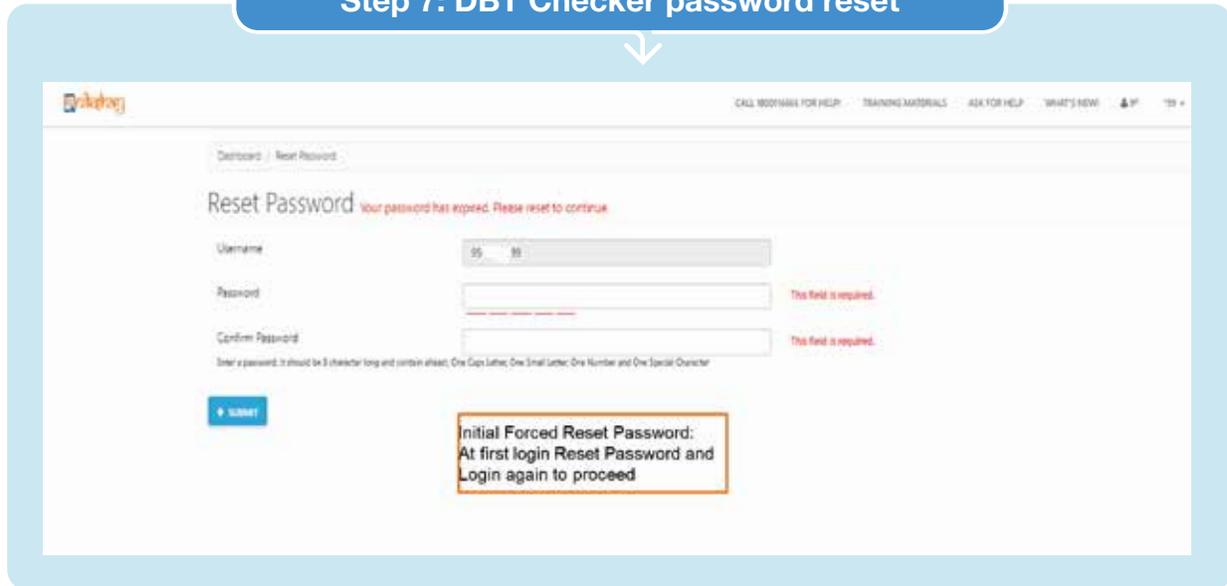
Nikshay: Your new nikshay login password is BS9A15@M, please reset your password after login

Auto Generated SMS template with Nikshay Credential

Step 6: Initial Login by DBT Checker



Step 7: DBT Checker password reset



11.3 Guidance on Aadhaar for DBT

Vide Gazette (REGD. NO. D. L.-33004/99) dated June 19th, 2017/ JYAISTHA 29, 1939, issued by MOHFW,

- a. An individual beneficiary eligible for incentives under any NTEP Scheme is required to furnish proof of possession of Aadhaar.
- b. Any individual desirous of availing the benefit under the Scheme, who does not possess or has not yet enrolled for Aadhaar, shall have to apply for Aadhaar enrollment.

Note that presently Aadhaar cannot be authenticated in Nikshay. As soon as this feature is introduced in Nikshay, communication will be sent to staff. Till such time, the staff needs to collect the Aadhaar details and maintain records in physical format.

Note:

Note: The format for collecting and maintaining records on the Aadhaar/Bank details or obtaining consent for “foregone benefits”/relative bank accounts for a patient is enclosed in Annexure below.

11.4 Declaration for foregoing benefits/receiving benefits through bank account of Family Members

Select Beneficiary Type: Patient / Providers / Treatment Supporter

Name:

Nikshay ID:
(Patient ID, HFID, Staff ID)

Bank Name: Branch Name:

A/c Holder Name:

Relation of A/c Holder with Beneficiary:

Account No.:

IFSC Code: Mobile No.:

Put a tick mark

I agree to deposit my incentives under NTEP schemes in the above bank account

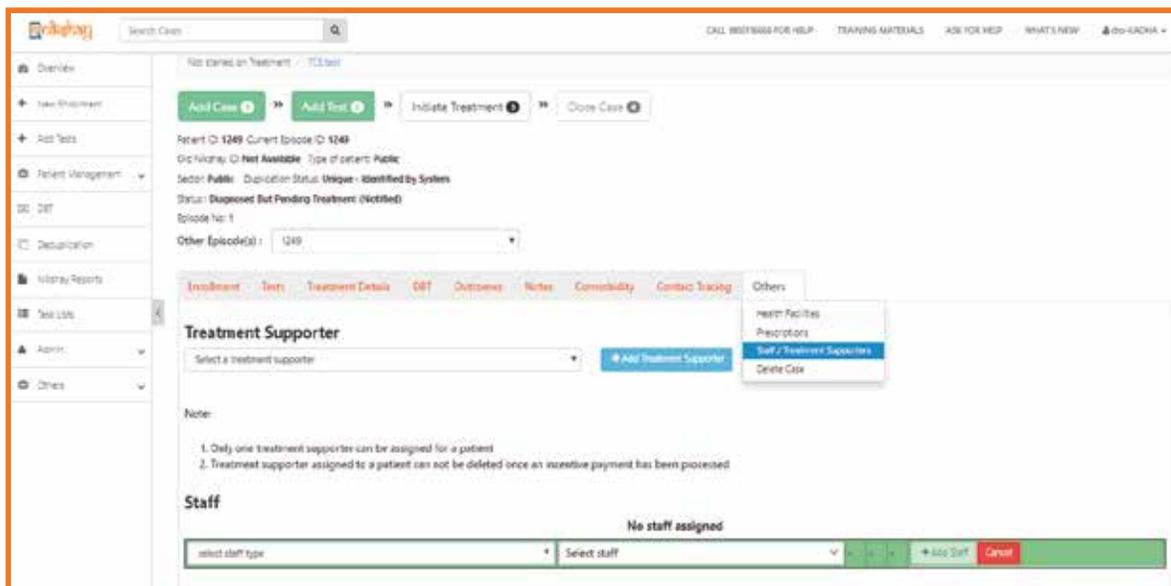
I do not want to avail DBT of incentives under NTEP schemes

Form Collected by	Details entered in Nikshay by:	Signature of Beneficiary
Name: _____	Name: _____	
Sign.: _____	Sign.: _____	

Enclosed : Xerox of Aadhaar Card & Bank Passbook/Bank Statement /Cancelled Cheque

11.5 Assigning Treatment Supporter to Patients

- ◆ Assign 'Treatment Supporter' to the patients in Nikshay whose treatment he/she is managing or supporting. Assignment of the Treatment Supporter can be from the patient record.
- ◆ A Treatment Supporter can be assigned to patients taking treatment from both Public or Private Sector and has an Open Episode. Treatment Supporters cannot be assigned after closure of the episode by updating Treatment Outcome.
- ◆ Open the Patient record and go to Others 'Staff/Treatment Supporter'.
- ◆ A list of all the staff members who have been marked as "Treatment Supporter" (as explained in section 5.1) is displayed in a dropdown.
- ◆ Select the Treatment Supporter's name to whom this patient has to be assigned and click on "Add Treatment Supporter".
- ◆ For patients with multiple episodes, Treatment Supporters can be added for each episode and honorarium paid based on the decision of the DTO.
- ◆ The Treatment Supporter assigned to a patient would be visible in the 'Staff/Treatment Supporter' section of the TB Patient's record.
- ◆ Only one Treatment Supporter can be assigned to a patient at any given point in time. However, it is possible to remove (unassign) or replace one Treatment Supporter by another (if required) in the middle of the patient's treatment.
- ◆ A Treatment Supporter cannot be unassigned if a benefit has already been sent to PFMS or paid.
- ◆ This scheme was launched in Nikshay on July 10, 2019. However, treatment supporters can be assigned to any patient who is on treatment and incentives can be paid to the corresponding Treatment Supporter, after updating patient's Treatment Outcome.



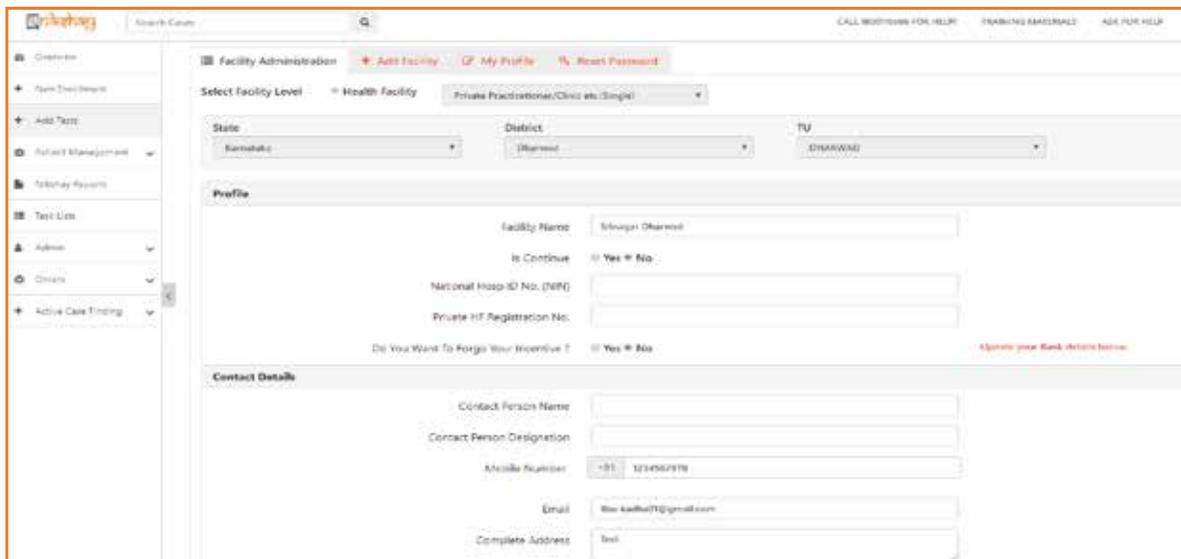
11.6 Registration of Private Providers

The private providers can either self-register themselves in Nikshay or may register themselves by calling Nikshay Sampark. A DTO/TU user may also register the providers using the ‘Admin’ “User Management” module. To register a provider, the following basic details need to be entered in Nikshay for the purpose of registration:

- ◆ Facility Name
- ◆ Government Registration No.
- ◆ Contact person details (Name, Designation and Address)
- ◆ Mobile Number
- ◆ Email ID

Note that the mobile number is mandatory and needs to be unique in Nikshay. While registration, an OTP is sent to the mobile number of the provider upon authentication of which the registration can be completed.

Presently, ‘Government Registration Number’ is non-mandatory in Nikshay. However, it is extremely crucial to obtain this information from the Private Provider. Therefore, staff should collect these details from notifying providers, maintain physical copies of certificates or documents submitted by providers for registration and update Nikshay accordingly.



The screenshot displays the Nikshay web interface for adding a new facility. The main content area is titled 'Facility Administration' and includes the following fields and options:

- Facility Administration:**
 - Buttons: '+ Add facility', 'My Profile', 'Reset Password'
 - Select facility Level: Health facility (dropdown)
 - Facility Type: Private Practitioner/Clinic etc.(Single) (dropdown)
 - State: Karnataka (dropdown)
 - District: Ballari (dropdown)
 - TU: DHARWAD (dropdown)
- Profile:**
 - Facility Name: Shreegan Chawwal (text input)
 - Is Continue: Yes (selected) / No (radio button)
 - National Hosp ID No. (NIP): (text input)
 - Private HF Registration No.: (text input)
 - Do You Want To Forgo Your Incentive?: Yes (selected) / No (radio button)
 - Note: Update your Bank details below.
- Contact Details:**
 - Contact Person Name: (text input)
 - Contact Person Designation: (text input)
 - Mobile Number: +91 974542919 (text input)
 - Email: shreegan71@gmail.com (text input)
 - Complete Address: Ballari (text input)

Step 3: Select scheme beneficiary type and reference no. of the list to be approved

The screenshot shows the 'E-Payment Approval' interface in the PFMS system. The 'Scheme Name' is 'NATIONAL HEALTH MISSION' and the 'Beneficiary Type' is 'TS (State/UT)'. A table lists several transactions with columns for S. No., Ref. Number, Field By, No. of Beneficiary, Total Transaction Amount, Payment Period From, Payment Period To, Created Date, Created By, Approved/Rejected By, Approved/Rejected Date, Status, Folio No., and Erratum Code.

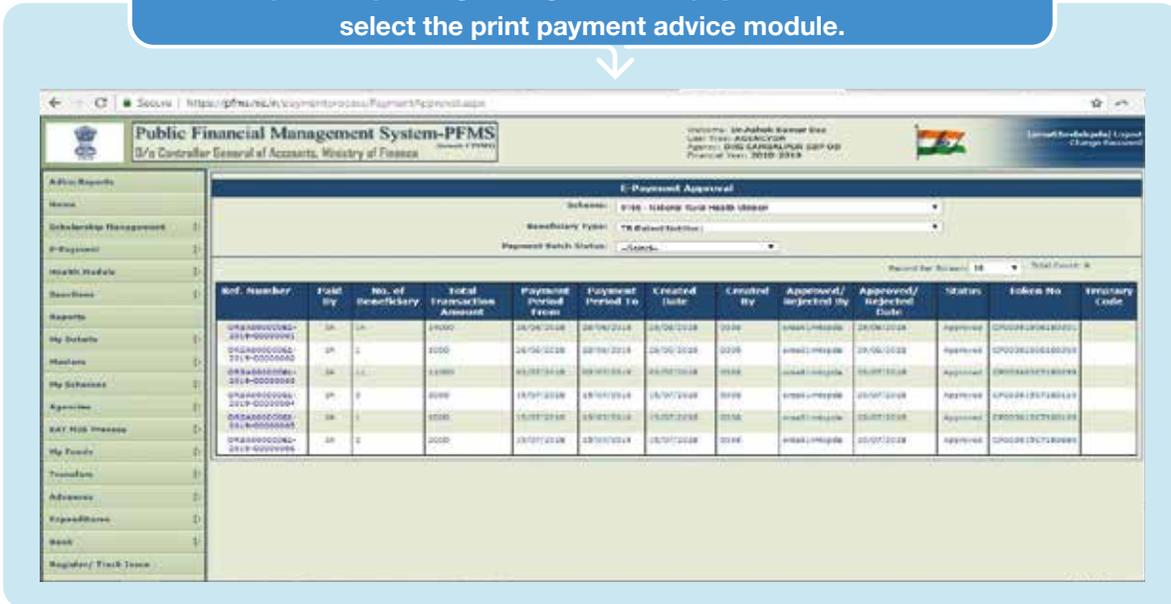
S. No.	Ref. Number	Field By	No. of Beneficiary	Total Transaction Amount	Payment Period From	Payment Period To	Created Date	Created By	Approved/Rejected By	Approved/Rejected Date	Status	Folio No.	Erratum Code
1	0830000004-2019-00000001	SR	1	2000	28/06/2018	28/06/2018	28/06/2018	0008	SR0810000008	28/06/2018	Approved	CP002420180001	
2	0830000004-2019-00000002	SR	1	2000	28/06/2018	28/06/2018	28/06/2018	0008	SR0810000008	28/06/2018	Approved	CP002620180001	
3	0830000004-2019-00000003	SR	1	2000	28/06/2018	28/06/2018	28/06/2018	0008	SR0810000008	28/06/2018	Approved	CP002820180001	
4	0830000004-2019-00000004	SR	1	2000	28/06/2018	28/06/2018	28/06/2018	0008	SR0810000008	28/06/2018	Approved	CP003020180001	
5	0830000004-2019-00000005	SR	1	2000	28/06/2018	28/06/2018	28/06/2018	0008	SR0810000008	28/06/2018	Approved	CP003220180001	
6	0830000004-2019-00000006	SR	1	2000	28/06/2018	28/06/2018	28/06/2018	0008	SR0810000008	28/06/2018	Approved	CP003420180001	

Step 4: Select the mode of payment and click on Approve button to approve the payment

The screenshot shows the 'E-Payment Voucher Detail' screen. It displays details for a transaction, including the Scheme Name (NATIONAL HEALTH MISSION), Beneficiary Type (TS (State/UT)), and various dates and amounts. Below this, there is a table for 'E-Payment Transaction Debit Detail' and a 'Mode of Payment' dropdown menu set to 'E-Payment/Offline'. At the bottom, there are buttons for 'Print', 'Approve', 'Back', and 'Cancel', along with a 'Show Beneficiary' button.

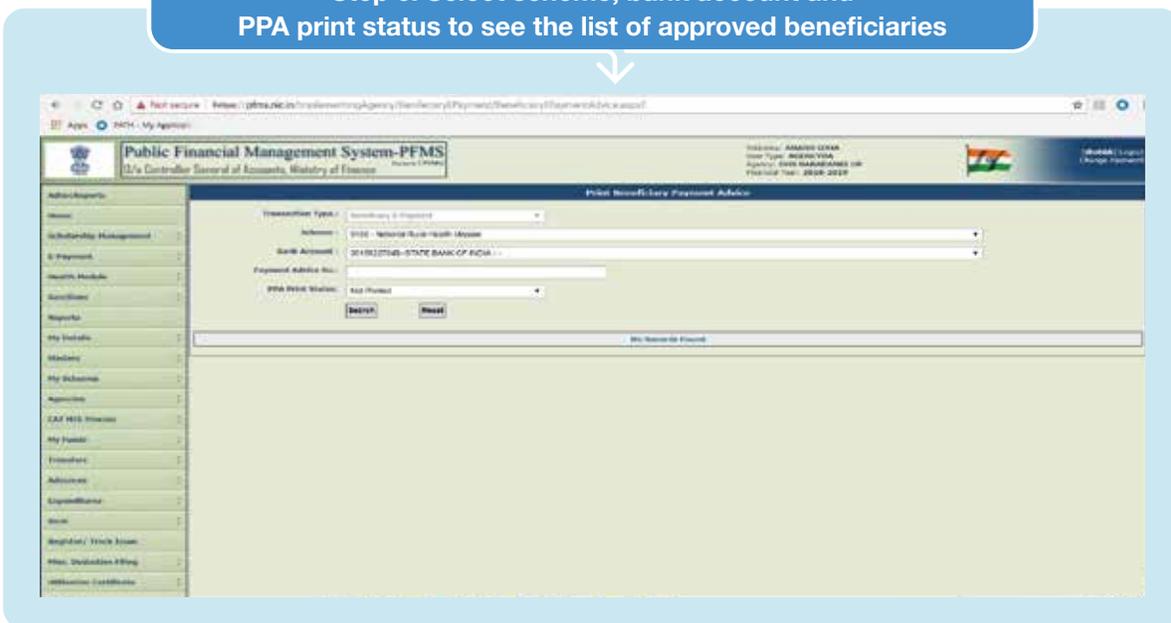
S. No.	Account Number	Component Name	Available Book Balance	Debit Amount	No. of Payments	No. of Credits	Mode of Payment
1	0830000004	Minimum for DDT (Beneficiary for DDT) (NHE)	40000.00	2000.00	05	07	E-Payment/Offline

Step 5: For printing PPA, go to the e-payment module and select the print payment advice module.



In case payments are made via DSCs, refer to the section on “Use of DSC for payments in PFMS”

Step 6: Select scheme, bank account and PPA print status to see the list of approved beneficiaries



Step 7: Select the payment advice number to view and print the PPA; get it signed from authorized signatories and deliver it to the agency bank before the expiry date



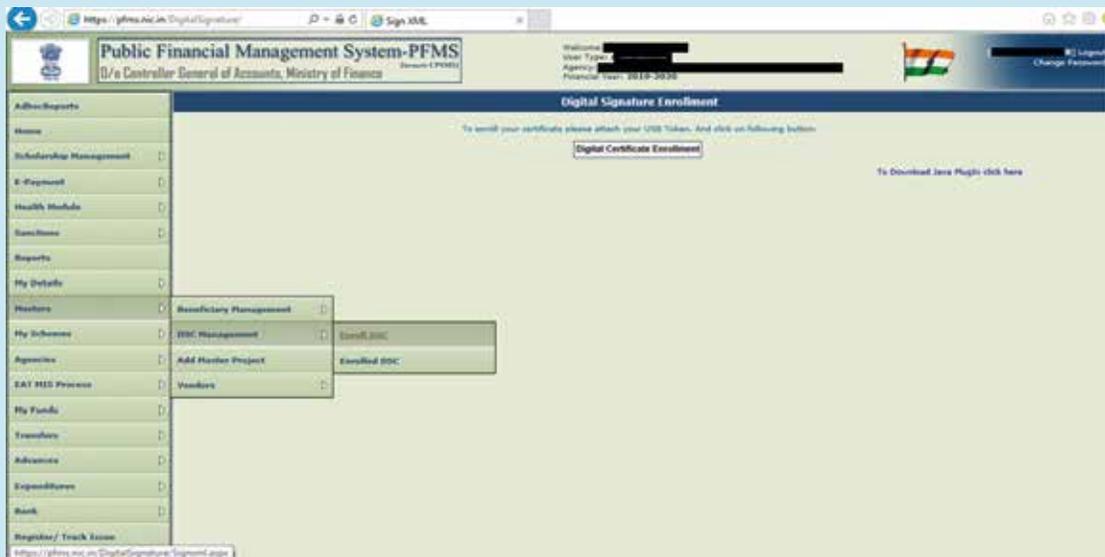
The screenshot displays the PFMS (Public Financial Management System) interface. On the left, there is a navigation menu with options like 'Home', 'Dashboard', 'Beneficiary Management', 'Payment Advice', 'Reports', and 'System Settings'. The main area shows a 'Payment Advice' screen with a search bar and a table of payment advice records. The table has columns for 'Sl. No.', 'Beneficiary Number', 'Payment Advice No.', 'Number of Payment', 'Status', 'Approved Date', and 'Payment Total'. Below the table, there is a section for 'PFMS Generated Print Payment Advice' with fields for 'Approved Date', 'Payment Advice No.', 'Beneficiary Number', 'Bank Name', 'Current Status', and 'Status'. To the right of the screenshot, there is a sample 'PFMS Generated Print Payment Advice' form. The form includes a header with 'PFMS Generated Print Payment Advice' and 'PFMS'. It contains a table with columns for 'Sl. No.', 'Beneficiary Number', 'Payment Advice No.', 'Number of Payment', 'Status', 'Approved Date', and 'Payment Total'. Below the table, there are fields for 'Approved Date', 'Payment Advice No.', 'Beneficiary Number', 'Bank Name', 'Current Status', and 'Status'. The form also includes a section for 'PFMS Generated Print Payment Advice' with fields for 'Approved Date', 'Payment Advice No.', 'Beneficiary Number', 'Bank Name', 'Current Status', and 'Status'. The form is signed by an authorized signatory.

As soon as the Bank processes the benefit transaction, the incentive amount gets credited to the Bank Account of the Beneficiary. On successful Credit, Bank informs PFMS, which in turn informs Nikshay and the status of such Benefits is updated/displayed in Nikshay as “Paid”.

11.8 Implementing Digital Signatures

11.8.1 DSC Enrollment

Step 1: Login in as DA, Click on Masters → DSC Management → Enroll DSC



The screenshot shows the PFMS Digital Signature Enrollment page. The left sidebar contains a menu with 'Masters' expanded to show 'DSC Management' and 'Enroll DSC'. The main content area displays 'Digital Signature Enrollment' with instructions: 'To enroll your certificate please attach your USB Token, And click on following button: Digital Certificate Enrollment'. A link 'To Download Java Plugin click here' is visible on the right side.

Step 2: Download Java by clicking on link. If link is not working, download from <https://www.java.com/en/download/> and download the latest version

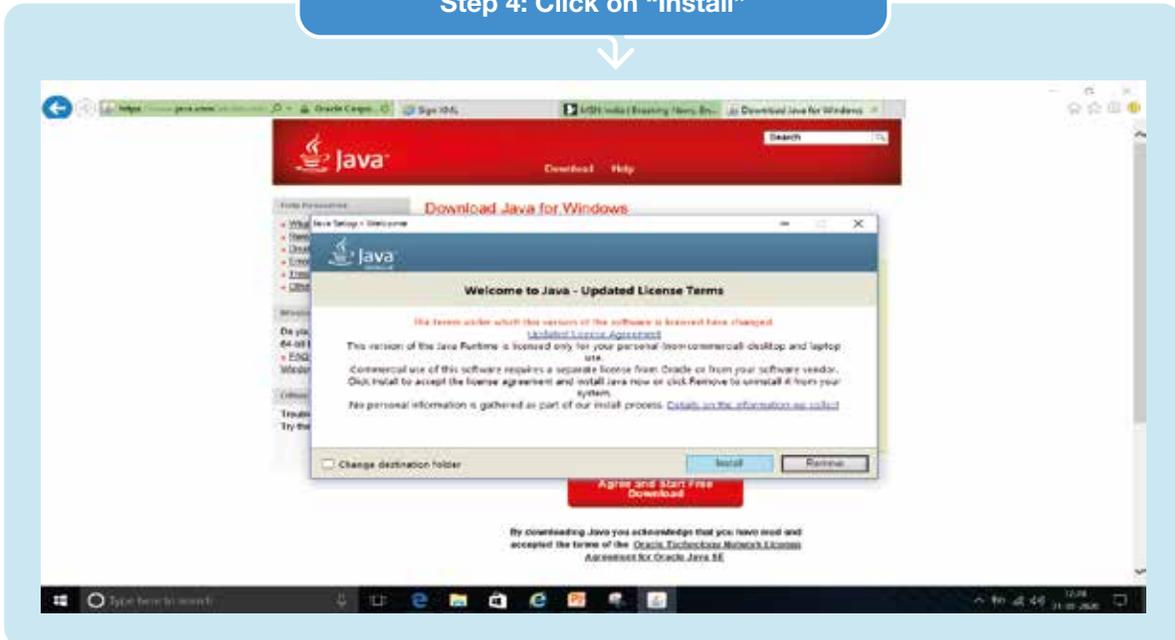


This screenshot is identical to the one above, but the link 'To Download Java Plugin click here' is circled in red to highlight it for the user.

Step 3: Click on “Agree and Start Free Download” and Save



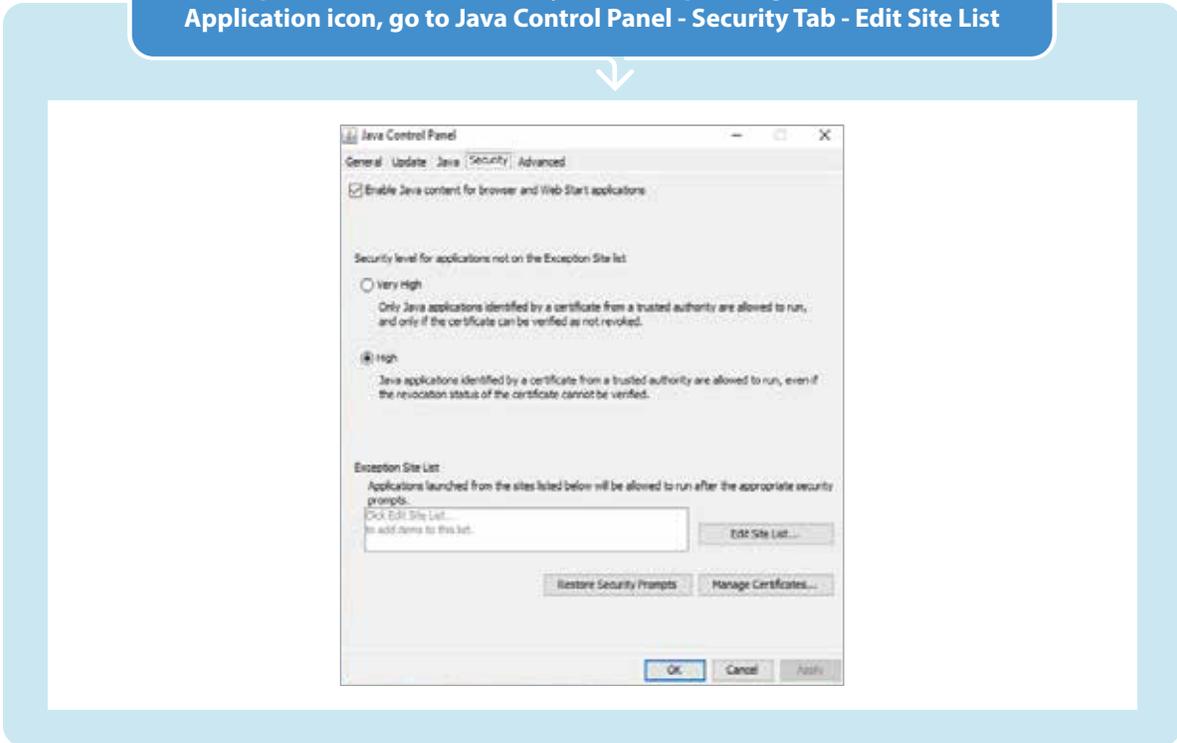
Step 4: Click on “Install”



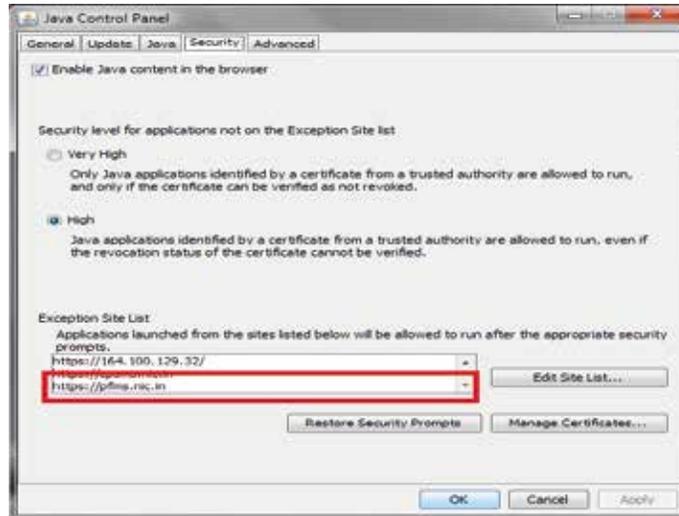
Step 5: Screen 1 shall appear as Java is getting installed (do not interrupt the Java installation.) Once the installation is complete, Screen 2 shall appear saying “You have successfully installed Java”, then click on “close” to finish the Java installation.



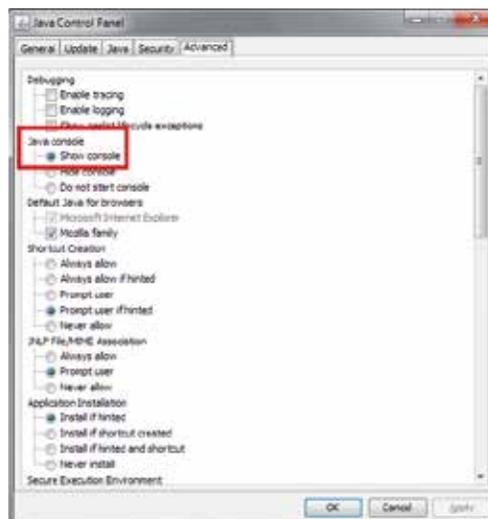
Step 6: As Java is successfully installed, press right click on Java Application icon, go to Java Control Panel - Security Tab - Edit Site List



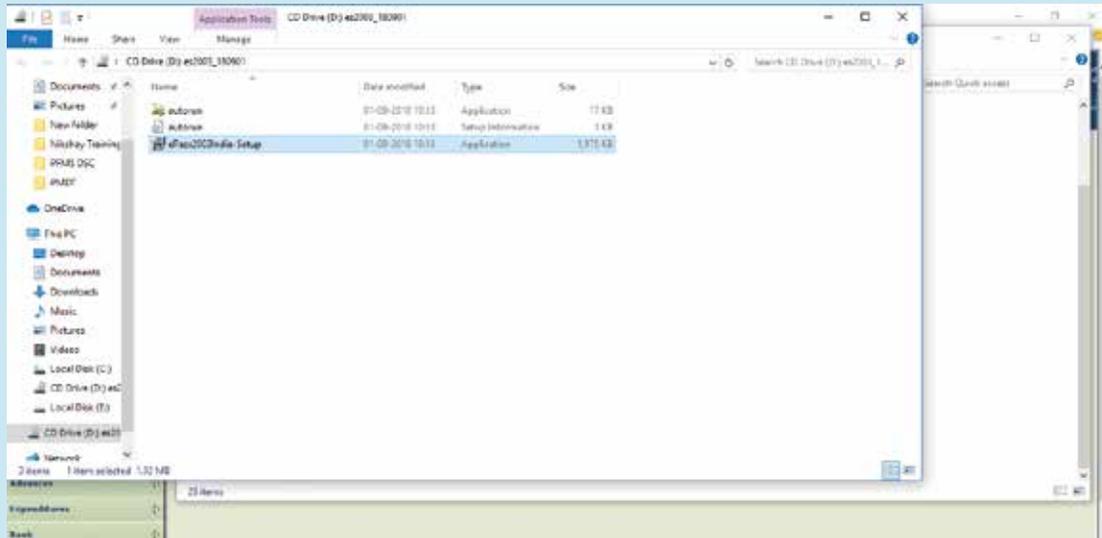
Step 7: Add "https://pfms.nic.in/" Under Exception Site List and Click on "OK"



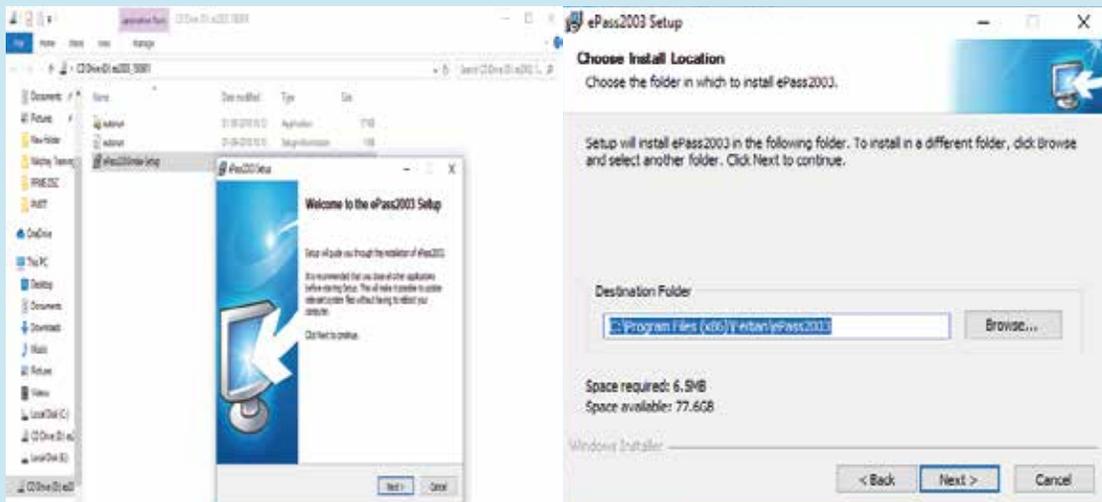
Step 8: Go to "Advance", Select "Show console" and Click on "OK"



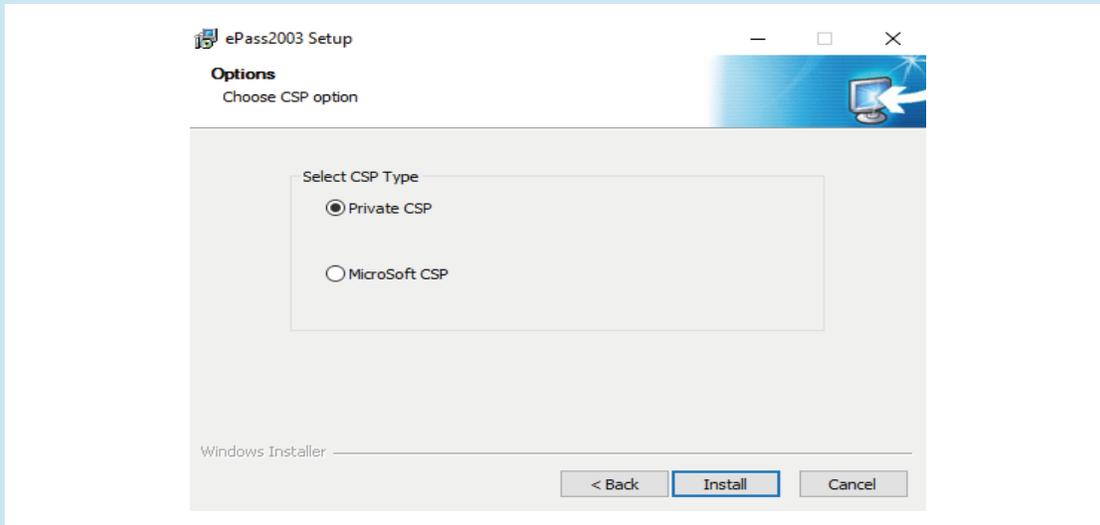
Step 9: Attach DSC USB token to your computer. Setup will run automatically. (If Setup does not run automatically, open USB Drive folder and run the Setup)



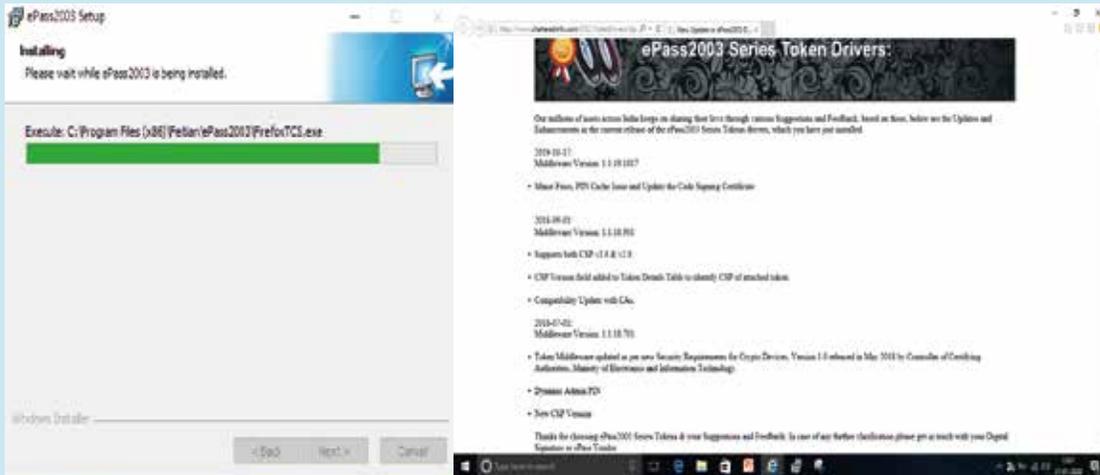
Step 10: As Setup runs, click with “Next” & continue with default settings



Step 11: Select “Private CSP” and click on “install”



Following screen shall appear when DSC Token Drive is successfully installed

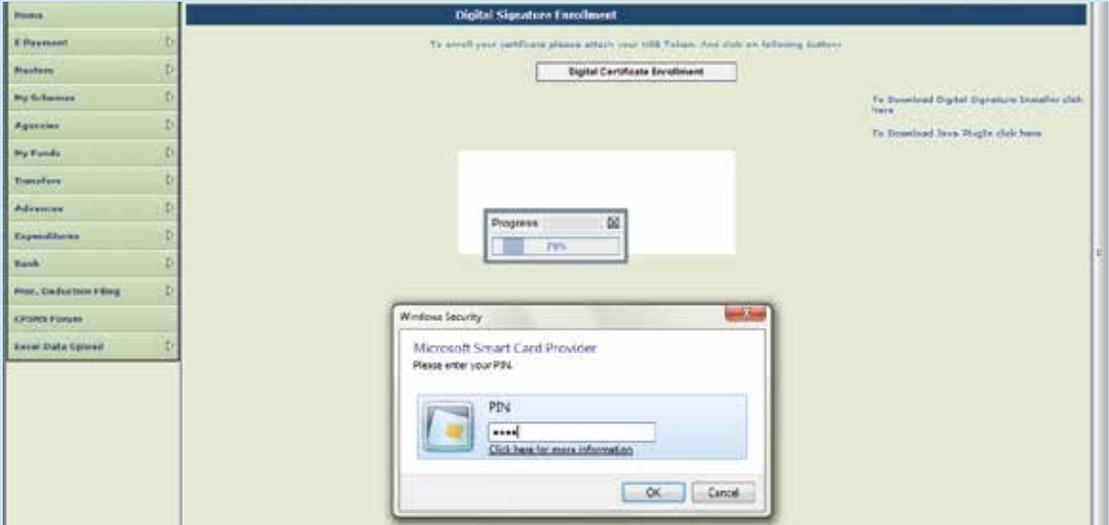


Step 12: From DA Login, Click on “Digital Certification Enrollment” & click on “OK”



The screenshot shows the 'Central Plan Scheme Monitoring System' interface. The main heading is 'Digital Signature Enrollment'. Below the heading, there is a button labeled 'Digital Certificate Enrollment'. A dialog box titled 'Selection screen' is open, displaying 'Select certificate: KATTUR LEENA / OU=ACCOUNTS INFORMATICS DIVISION & ...'. The dialog box has 'OK' and 'Cancel' buttons. On the right side of the main page, there are links for downloading the digital signature installer and Java plugin.

Step 13: Enter “Pin / Password” and click “OK”

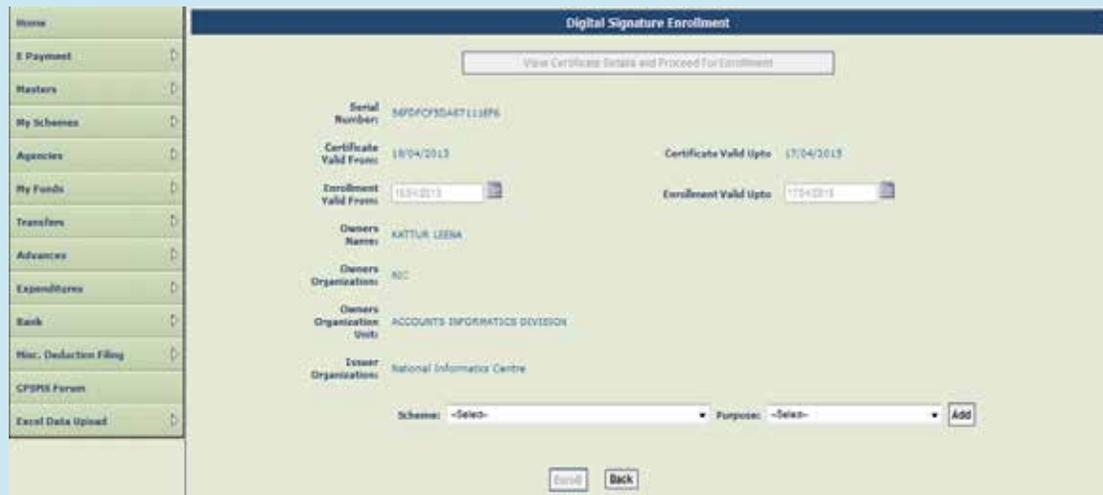


The screenshot shows the 'Digital Signature Enrollment' page with a progress bar indicating 75% completion. A 'Windows Security' dialog box is open, titled 'Microsoft Smart Card Provider', asking the user to 'Please enter your PIN'. The dialog box has a PIN input field with masked characters and 'OK' and 'Cancel' buttons.

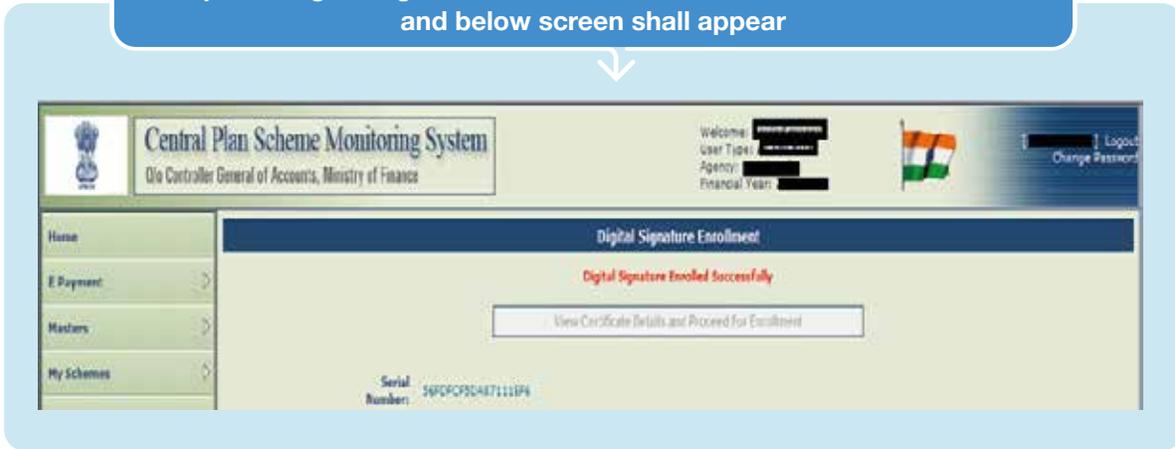
Step 14: Now account credentials are verified; click on “OK”



Step 15: Click on “View Certification Details and Proceed for Enrollment”, then choose “Scheme” & “Purpose” and click on “Enroll”

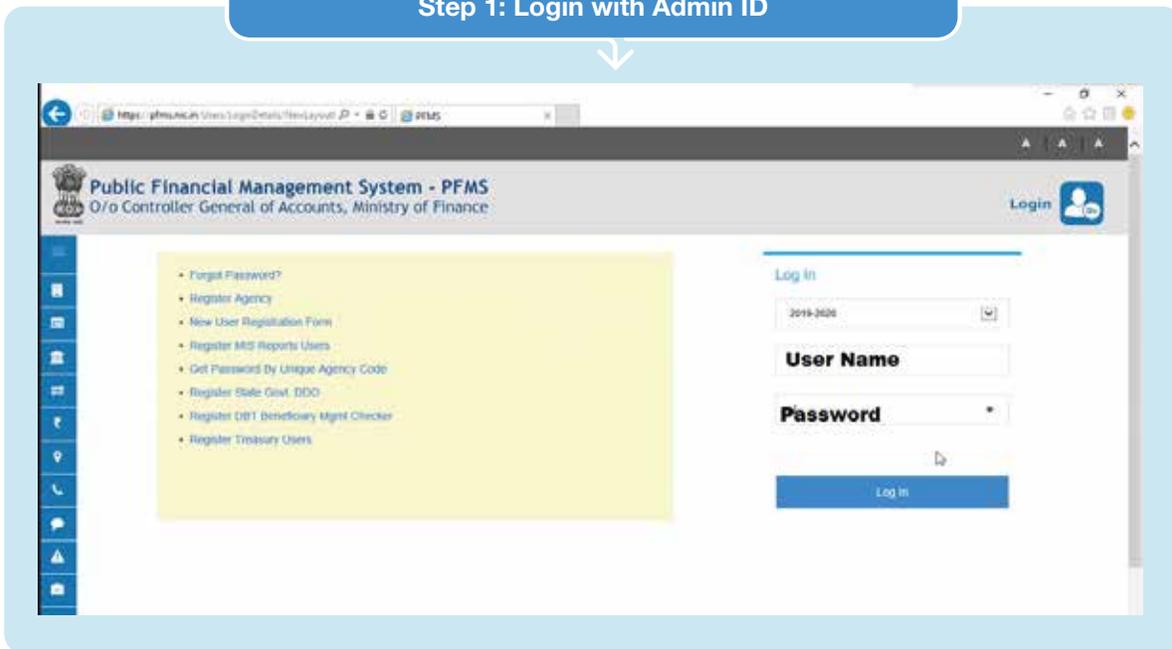


Step 16: "Digital Signature Enrolled Successful" will show at 1st user and below screen shall appear

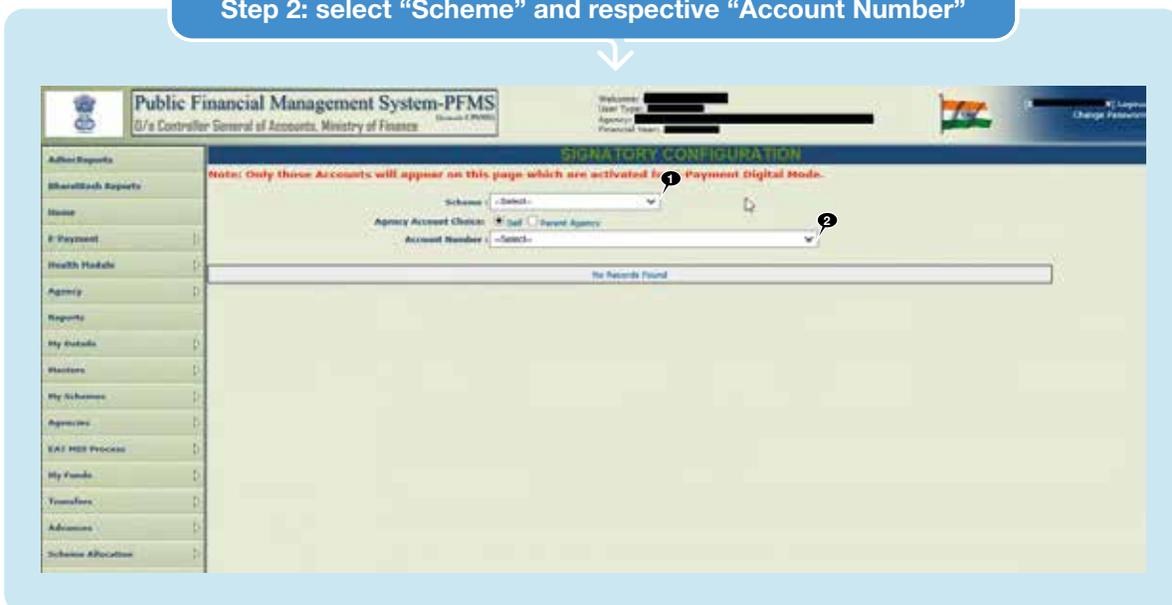


Account Activation for E-Payments using DSC

Step 1: Login with Admin ID



Step 2: select "Scheme" and respective "Account Number"



Step 3: Enter “Minimum” & “Maximum” Balance and No. of level; click on “Add”; amount can be changed or edited any time. You have to repeat “Sign Enrollment File” step every time you change amount.

The screenshot shows the 'SIGNATORY CONFIGURATION' page in the PFMS system. At the top, it displays the user's name, user type, agency, and financial year. Below this, there are dropdown menus for 'Scheme' (selected as 'NTS - National Rural Health Mission') and 'Agency Account Choice' (selected as 'Self - Report Agency'). The 'Account Number' is also visible. The main part of the page is a table with the following columns: 'Minimum Amount(Per Batch)', 'Maximum Amount(Per Batch)', and 'No. Of Level'. There are four numbered callouts: 1 points to the 'Minimum Amount' input field, 2 points to the 'Maximum Amount' input field, 3 points to the 'No. Of Level' input field, and 4 points to the 'Add' button. A note at the top of the table area states: 'Note: Only those Accounts will appear on this page which are activated for E-Payment Digital Mode.'

Step 4: Click on “OK” at “Amount has been saved successfully”

This screenshot shows the same PFMS 'SIGNATORY CONFIGURATION' page as the previous one, but with a success message dialog box overlaid. The dialog box has a yellow warning icon and the text 'Amount has been saved successfully.' with an 'OK' button. In the background, the table now shows the 'Minimum Amount' field filled with '100' and the 'No. Of Level' field filled with '1'. The 'Add' button is still visible.

Step 5: Click on (+) to add details of Authorised Signatory for whom configuration is being done



Public Financial Management System-PFMS
 U/s Controller General of Accounts, Ministry of Finance

SIGNATORY CONFIGURATION
 Note: Only those Accounts will appear on this page which are activated for E-Payment Digital Mode.

Scheme: NRM - National Rural Health Mission
 Agency Account Choice: Self / Parent Agency
 Account Number: ICICI BANK LTD

Minimum Amount(Per Batch)	Maximum Amount(Per Batch)	No. Of Level
300	200000	1

Step 6: Enter "Designation", select "User" from dropdown, enter "From Date" & "To Date" and click on "Save"



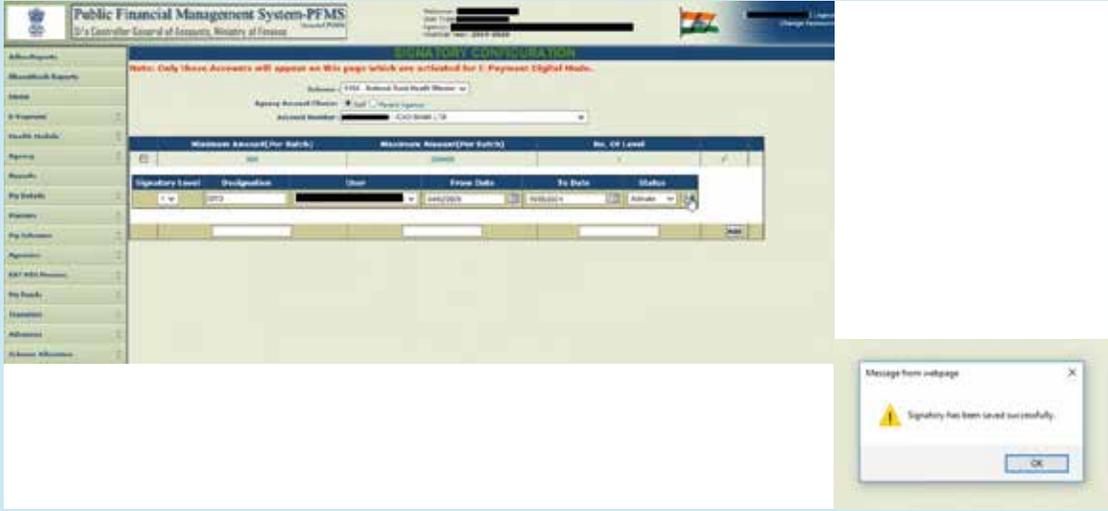
Public Financial Management System-PFMS
 U/s Controller General of Accounts, Ministry of Finance

SIGNATORY CONFIGURATION
 Note: Only those Accounts will appear on this page which are activated for E-Payment Digital Mode.

Scheme: NRM - National Rural Health Mission
 Agency Account Choice: Self / Parent Agency
 Account Number: ICICI BANK LTD

Minimum Amount(Per Batch)	Maximum Amount(Per Batch)	No. Of Level			
300	200000	1			
1	DTD	User	08/02/2018	15/05/2021	Active

Step 7: Click “OK” on “Signatory has been saved successfully”



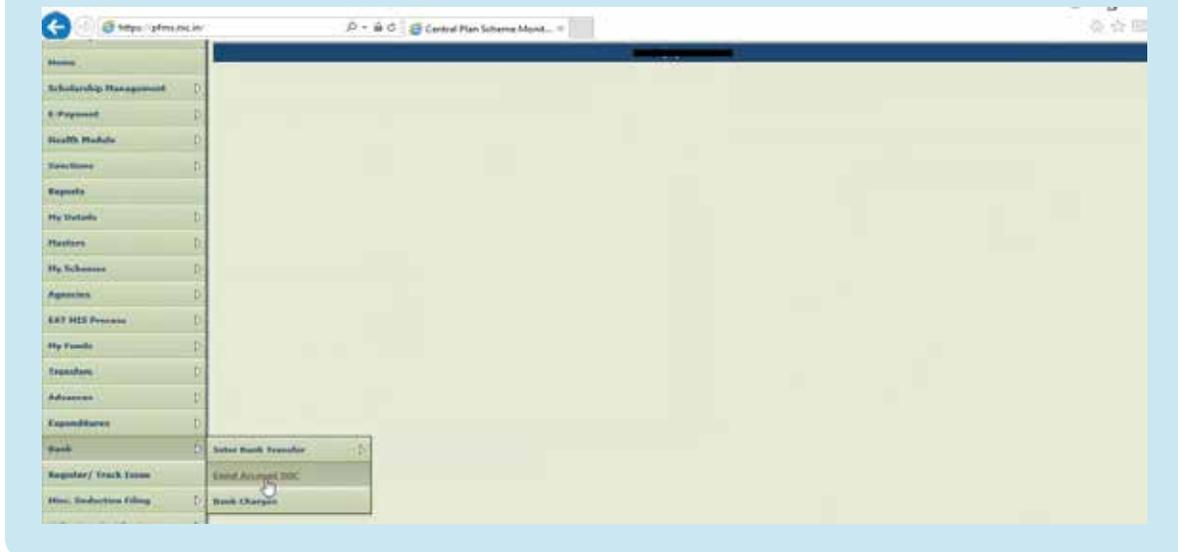
The screenshot shows the 'SIGNATORY CONFIGURATION' page in the Public Financial Management System (PFMS). The page title is 'Public Financial Management System-PFMS' and it is under the 'D's Controller General of Accounts, Ministry of Finance'. A navigation menu is on the left. The main content area has a table with columns: 'Signatory Level', 'Designation', 'User', 'From Date', 'To Date', and 'Status'. A message dialog box is open in the bottom right corner with the text 'Signatory has been saved successfully.' and an 'OK' button.

Signature Enrollment

Step 1: Login as DA User. Attach DSC USB token to your computer. Enter "DSC PIN" and Click "OK"



Step 2: Go to "Bank" Module and Click on "Enroll Account DSC"



Step 3: Click on "Check" and then click on "Sign Enrollment File"

Public Financial Management System-PFMS
 U/o Controller General of Accounts, Ministry of Finance

Sign Account Enrollment File

Check	Bank Name	Account Number	Minimum Amount	Maximum Amount	Signatory Level	From Date	ToDate	Signatory Status	Sign
1	ICICI BANK LTD	12279...	100.00	100000.00	1	01/01/2018	31/03/2023	Active	Sign Enrollment File

Signed Account Enrollment File

Step 4: Click on "Run"

Public Financial Management System-PFMS
 U/o Controller General of Accounts, Ministry of Finance

Sign Account Enrollment File

Security Warning

Do you want to run this application?

Publisher: UPHOCHM
Location: https://pfms.mca.gov.in

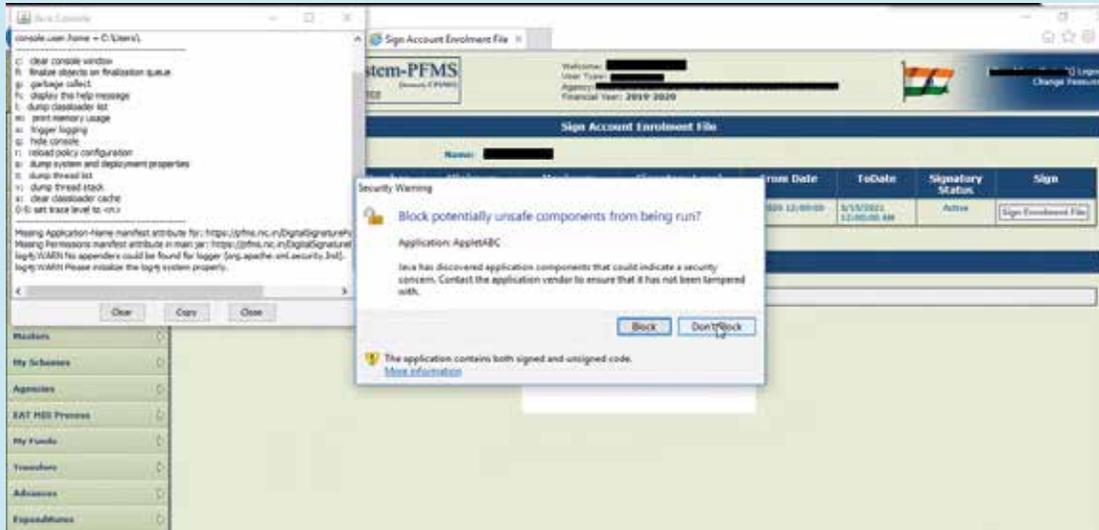
Risk: Running this application may be a security risk. This application will run with unrestricted access which may put your computer and personal information at risk. The information provided is unreliable or unknown so it is recommended not to run the application unless you are familiar with its source.

Select the box below, then click Run to start the application

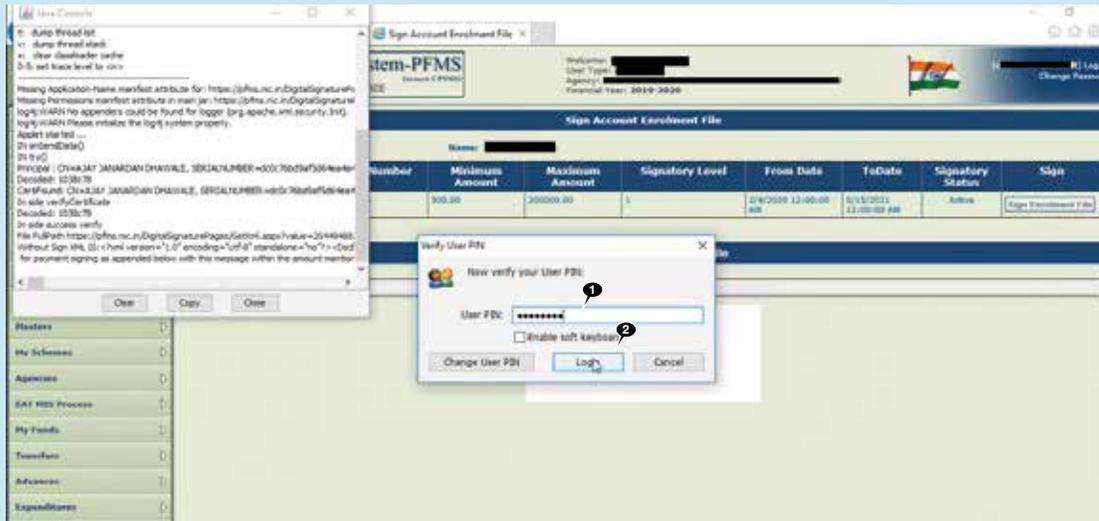
I accept the risk and want to run the application

Run Cancel

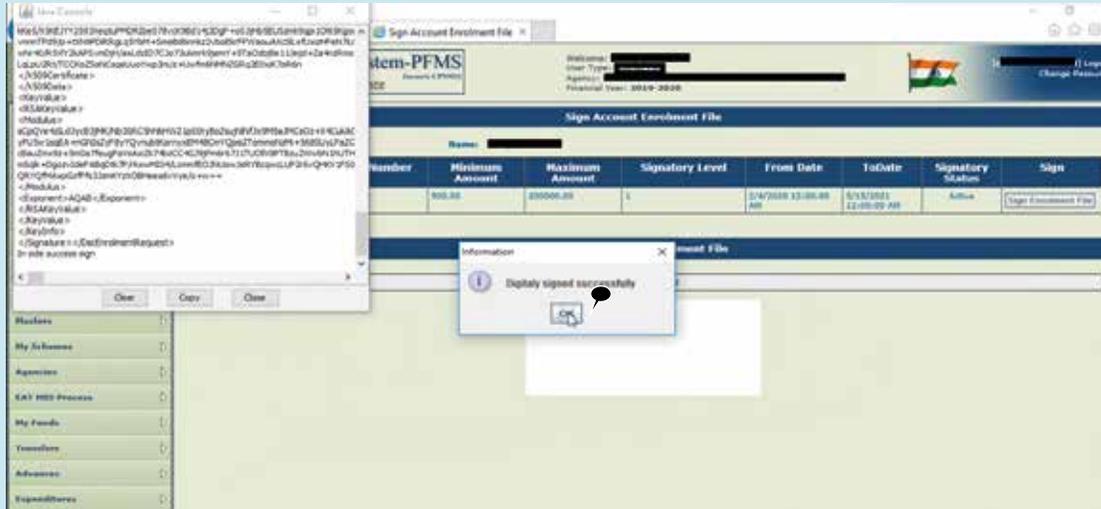
Step 5: Click on “Don’t Block” and wait for next screen



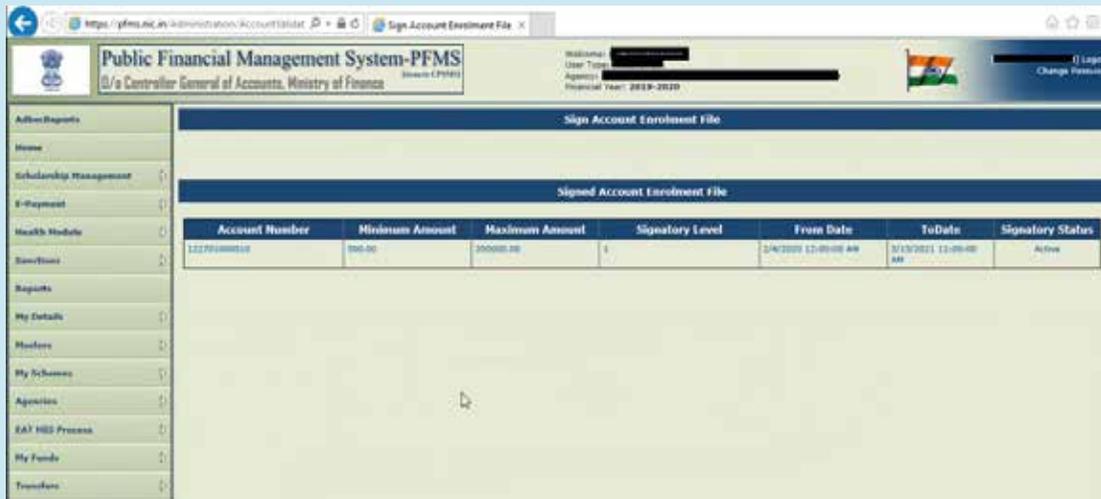
Step 6: Enter “PIN” and Click on “Login”



Step 7: Click "OK" on "Digitally Signed Successfully"

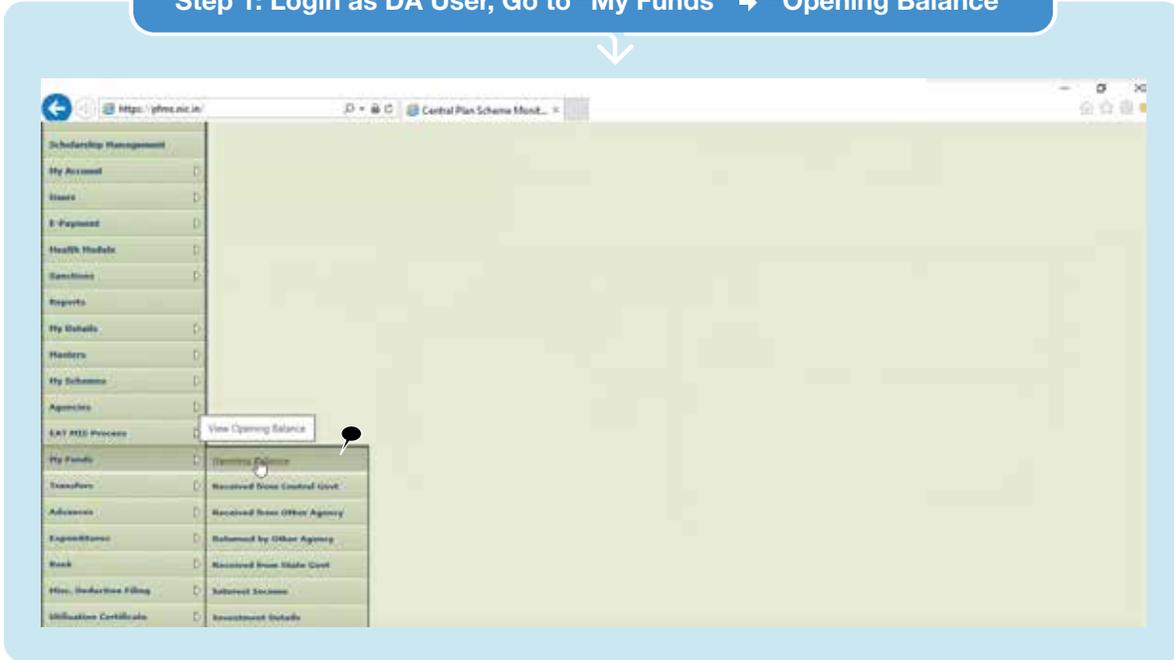


After successful enrollment, following screen would be shown

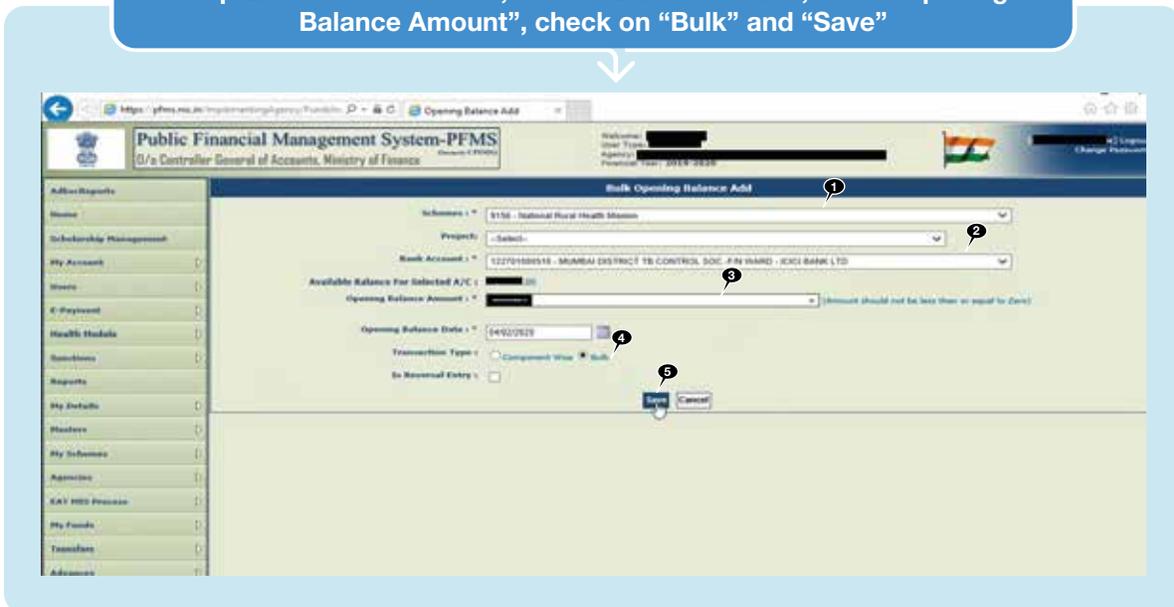


Adding Opening Balance

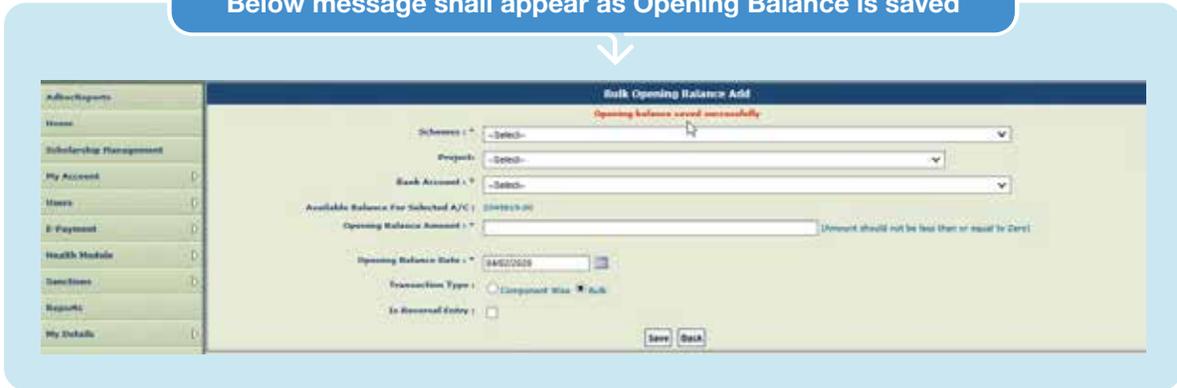
Step 1: Login as DA User, Go to “My Funds” → “Opening Balance”



Step 2: Select “Schemes”, select “Bank Account”, enter “Opening Balance Amount”, check on “Bulk” and “Save”



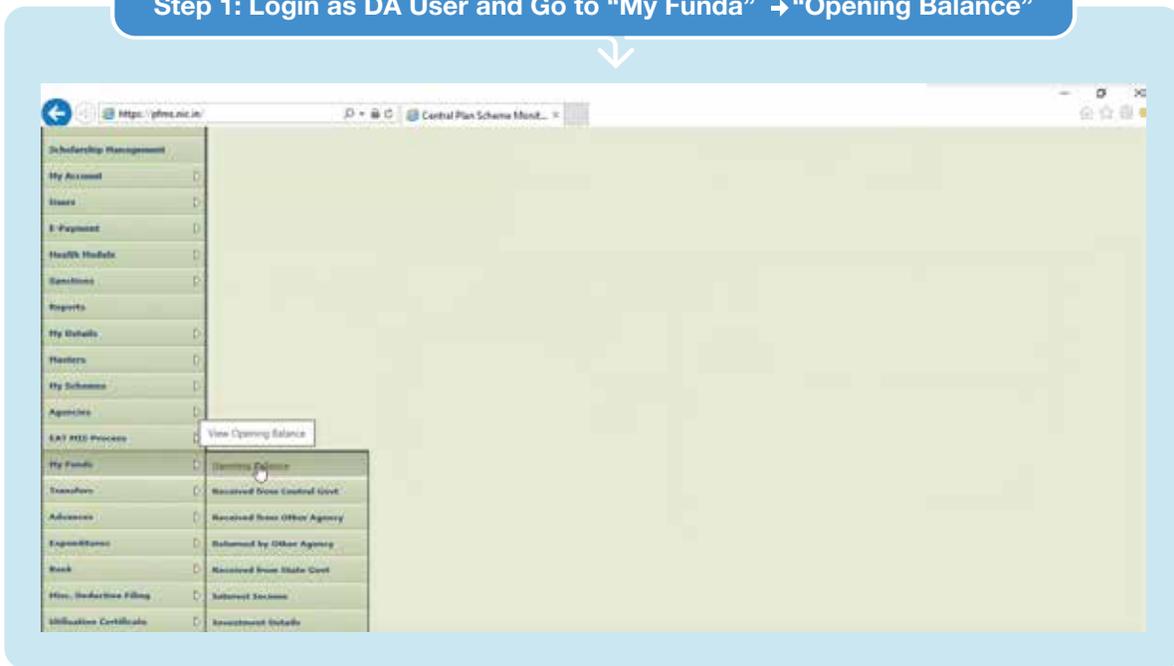
Below message shall appear as Opening Balance is saved



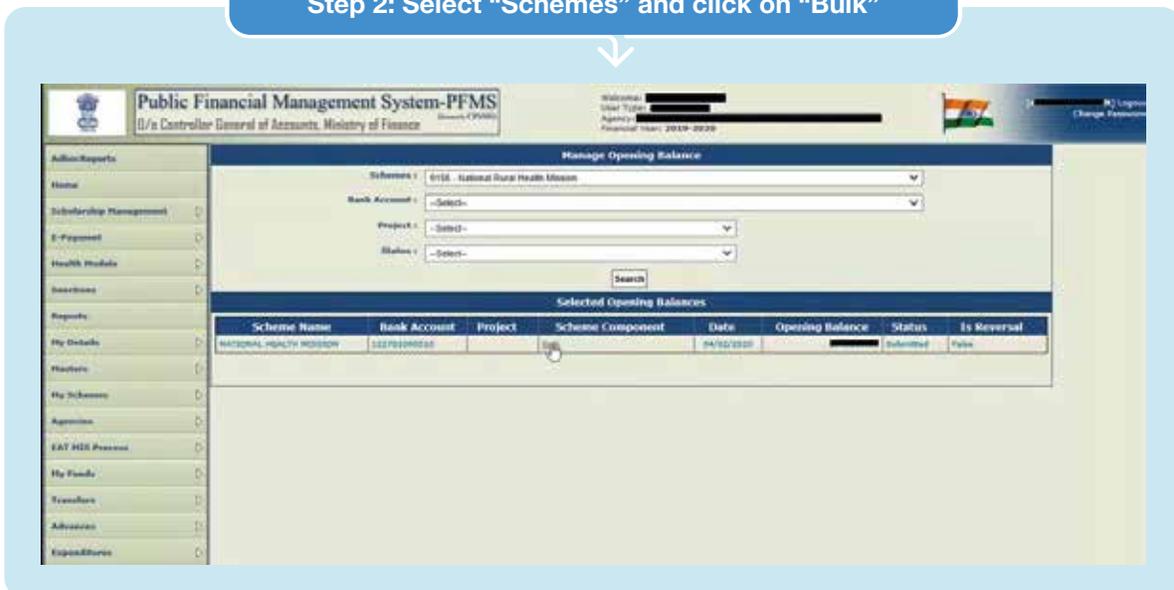
The screenshot shows a web application interface for 'Bank Opening Balance A/c'. A red message at the top of the form area reads 'Opening balance saved successfully'. The form includes several dropdown menus for 'Scheme', 'Project', and 'Bank Account'. It also displays 'Available Balance For Selected A/C' as 204109.00 and an 'Opening Balance Amount' field. Below these are radio buttons for 'Transaction Type' (Equipment and Sub) and a checkbox for 'Is Reversal Entry'. 'Save' and 'Back' buttons are located at the bottom right of the form.

Signature Enrollment

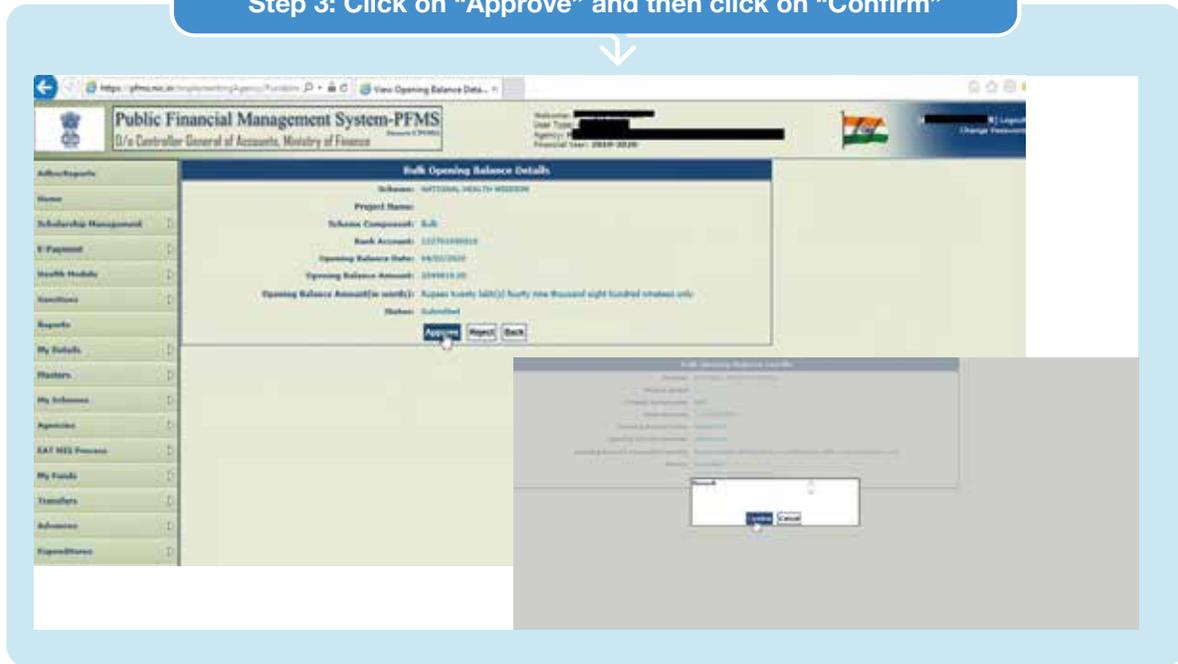
Step 1: Login as DA User and Go to "My Funda" → "Opening Balance"



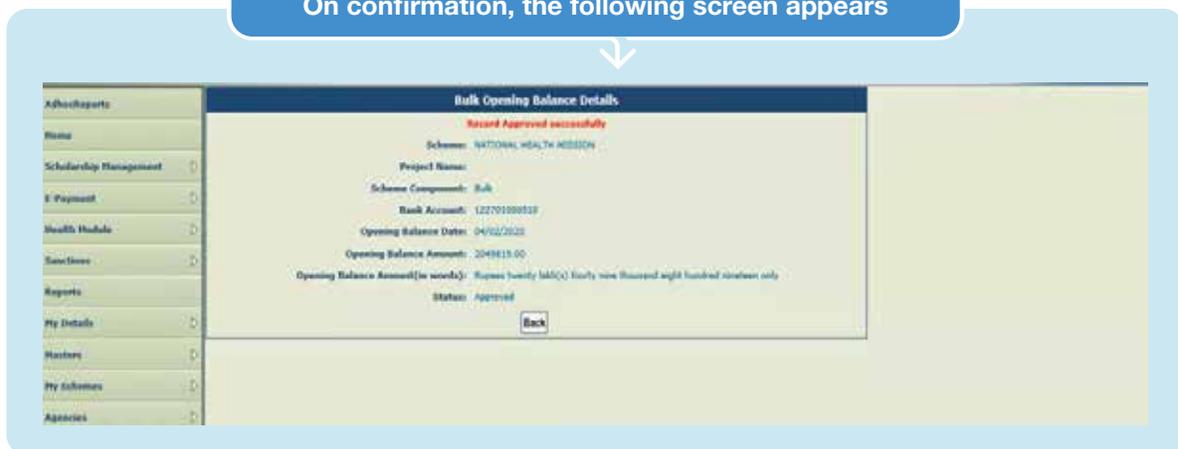
Step 2: Select "Schemes" and click on "Bulk"



Step 3: Click on “Approve” and then click on “Confirm”

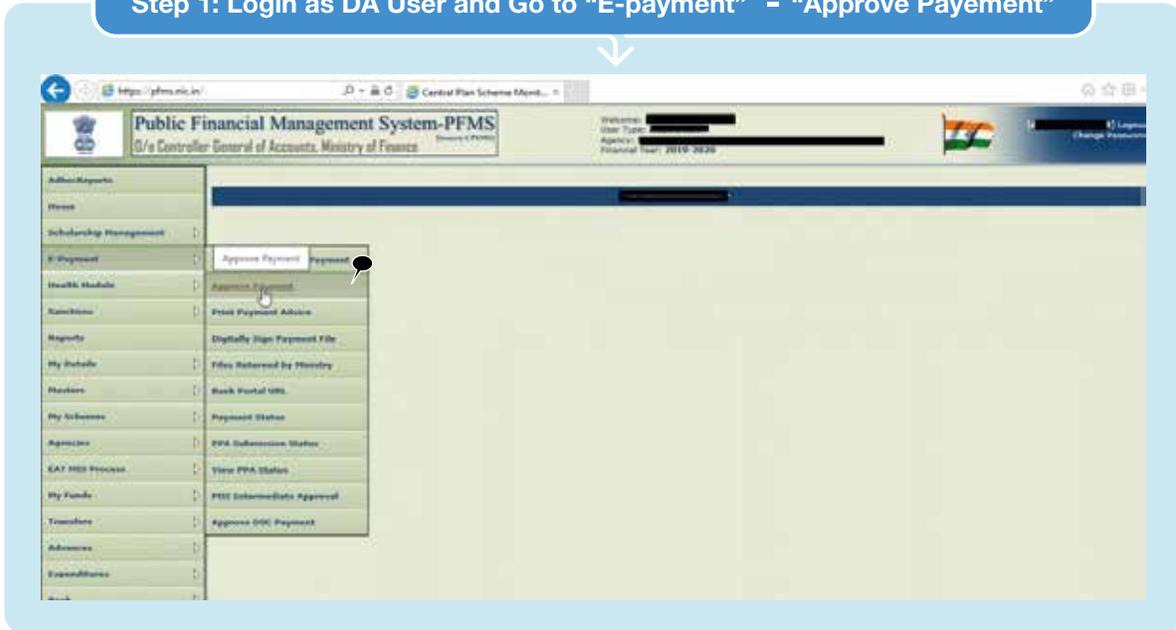


On confirmation, the following screen appears

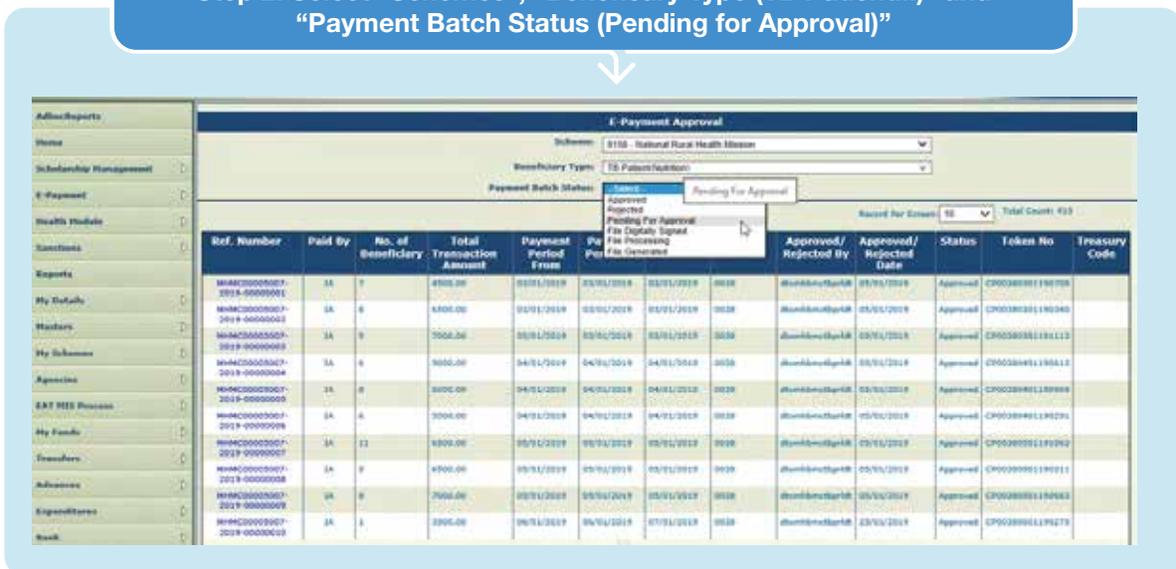


DSC-based Payment Approval Process in PFMS

Step 1: Login as DA User and Go to “E-payment” - “Approve Payment”



Step 2: Select “Schemes”, “Beneficiary Type (TB Patient...)” and “Payment Batch Status (Pending for Approval)”



Step 3: Click on “Batch No.” (under Ref. Number) to be Approved



E-Payment Approval

Scheme: 9156 - National Rural Health Mission

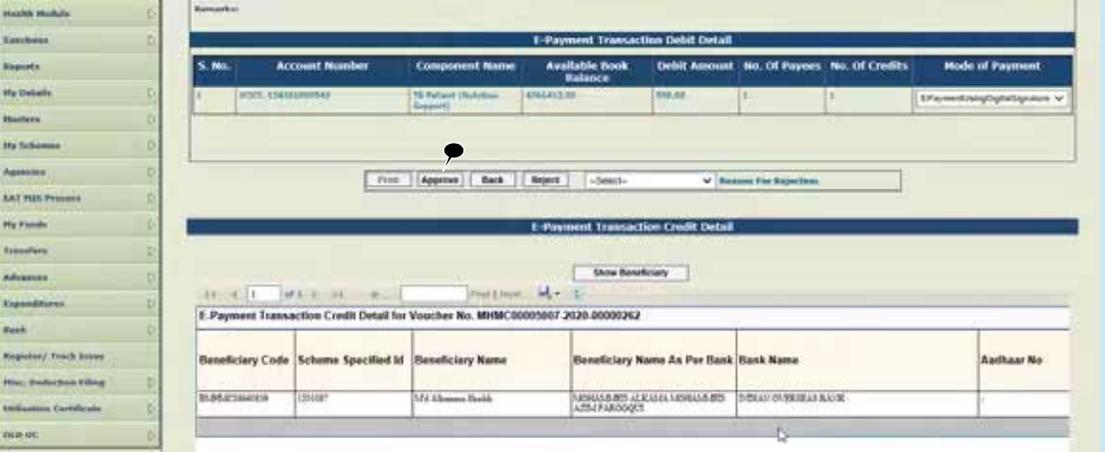
Beneficiary Type: TB Patient (Subsidy)

Payment Batch Status: Pending For Approval

Record Per Screen: 10 | Total Count: 26

Ref. Number	Paid By	No. of Beneficiary	Total Transaction Amount	Payment Period From	Payment Period To	Created Date	Created By	Approved/Rejected By	Approved/Rejected Date	Status	Token No	Treasury Code
MHMC00005067-2020-0000264	SA	1	500.00	25/12/2019	25/12/2019	25/12/2019	0038			Pending for Approval	CH0381201201210	
MHMC00005067-2020-0000264	SA	4	12000.00	23/12/2019	23/12/2019	23/12/2019	0038			Pending for Approval		
MHMC00005067-2020-0000268	SA	14	63000.00	06/01/2020	06/01/2020	06/01/2020	0038			Pending for Approval		
MHMC00005067-2020-0000268	SA	94	84300.00	12/01/2020	12/01/2020	12/01/2020	0038			Pending for Approval	CH0381201201244	
MHMC00005067-2020-0000270	SA	16	28000.00	10/01/2020	10/01/2020	10/01/2020	0038			Pending for Approval	CH0381201200704	
MHMC00005067-2020-0000271	SA	73	58800.00	12/01/2020	12/01/2020	12/01/2020	0038			Pending for Approval	CH0381201200831	
MHMC00005067-2020-0000272	SA	28	45000.00	13/01/2020	13/01/2020	13/01/2020	0038			Pending for Approval	CH0381201200230	
MHMC00005067	SA	25	19000.00	13/01/2020	13/01/2020	13/01/2020	0038			Pending	CH0381201200412	

Step 4: View details and click on “Approve”



E-Payment Transaction Debit Detail

S. No.	Account Number	Component Name	Available Book Balance	Debit Amount	No. Of Payees	No. Of Credits	Mode of Payment
1	1020112345678901234	TB Patient (Subsidy Support)	476443.00	500.00	1	1	E-Payment Using Digital Signature

Buttons: Print, Approve, Back, Reject, Reason For Rejection

E-Payment Transaction Credit Detail

Show Beneficiary

E-Payment Transaction Credit Detail for Voucher No. MHMC00005067-2020-0000262

Beneficiary Code	Scheme Specified Id	Beneficiary Name	Beneficiary Name As Per Bank	Bank Name	Aadhaar No
01000000000000000000	100100	Sri Shree Bank	SRI SHREE BANK	SRI SHREE BANK	

Note:

- Beneficiary Details can also be seen from this screen by Clicking on “Show Beneficiary” and the List / data can be saved.
- The file can also be rejected by selecting the “Reject” Option, by providing a reason. On Rejection, all the benefits of this batch are returned to ‘DBT Maker’ in Nikshay for further processing.

As the Batch is "Approved", Payment file is processed for "Digital Signature"

Step 5: Go to "E-payment" → "Digitally Sign Payment File"

Step 6: Select “Scheme” and click on “Select a file”



The screenshot shows the 'Digitally Sign File' interface. The 'Scheme' dropdown is set to '9156 - National Rural Health Mission'. A table with the following columns is visible: 'Select a file', 'Account No', 'Bank Name', 'Voucher No', 'Payment Advice No.', 'Sanction Letter', 'No Of Beneficiary', 'Amount', 'Payment File Name', 'Apply Digital Signature', and 'Reject'. The first row contains the following data: '12279100010', 'ICICI BANK LTD', 'SP-2019-279', 'CB13040330091', '1', '2979.00', 'File under processing...'. A callout '1' points to the 'Scheme' dropdown, and a callout '2' points to the 'Select a file' button.

Step 7: Click on “Apply Digital Signature”, if to be approved,

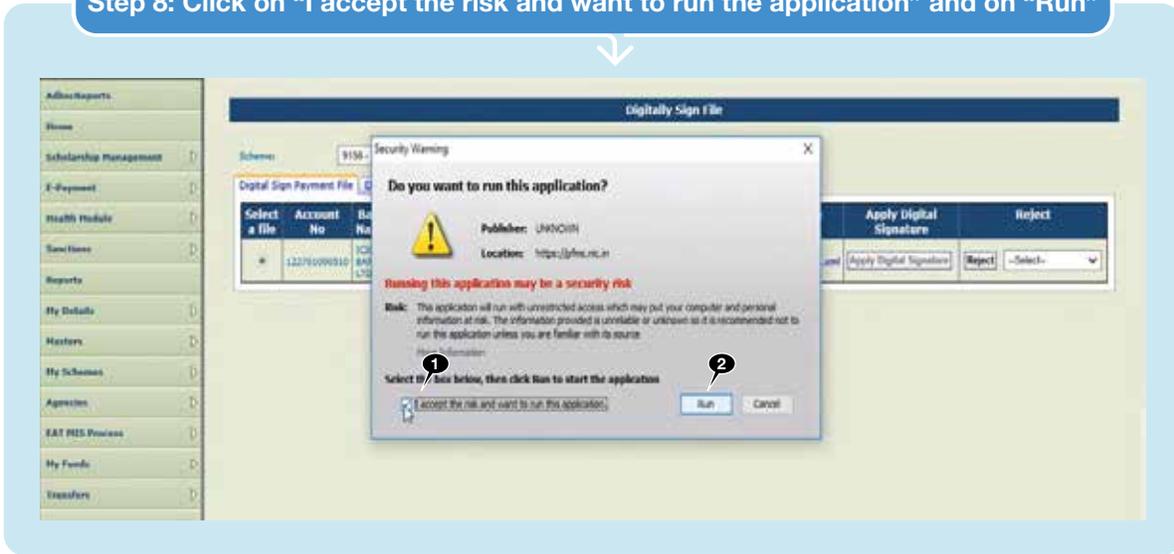


The screenshot shows the 'Digitally Sign File' interface. The 'Scheme' dropdown is set to '9156 - National Rural Health Mission'. The table from the previous screenshot is visible. A callout '3' points to the 'Apply Digital Signature' button in the first row.

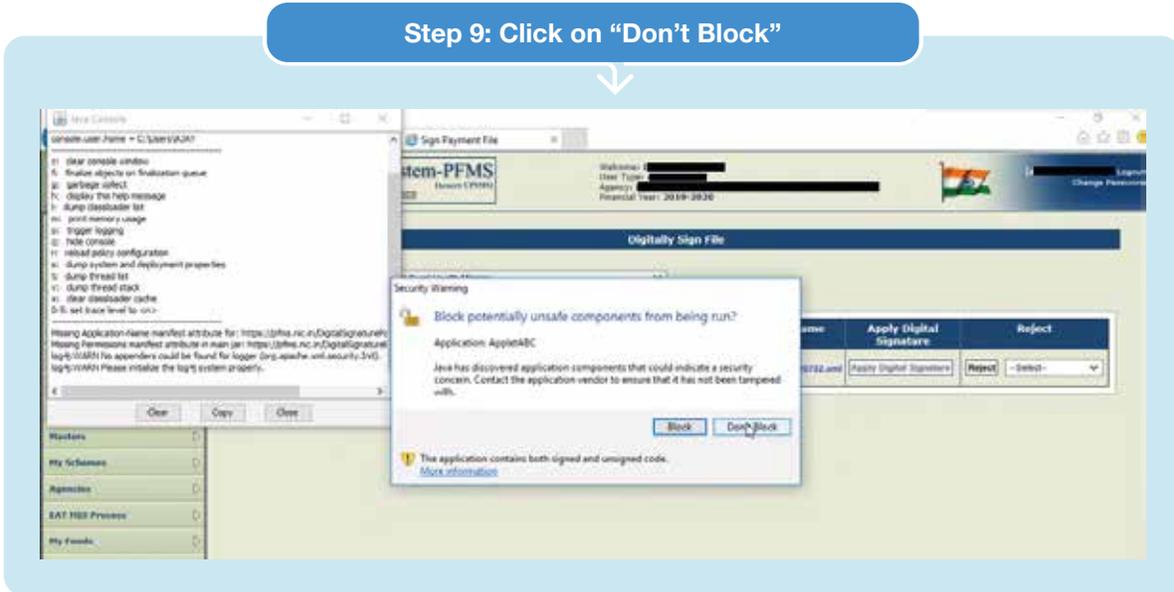
Note:

- The file can also be rejected by selecting the “Reject” option, by providing a reason.
- On Rejection, all the benefits of this batch are returned to ‘DBT Maker’ in Nikshay for further processing.

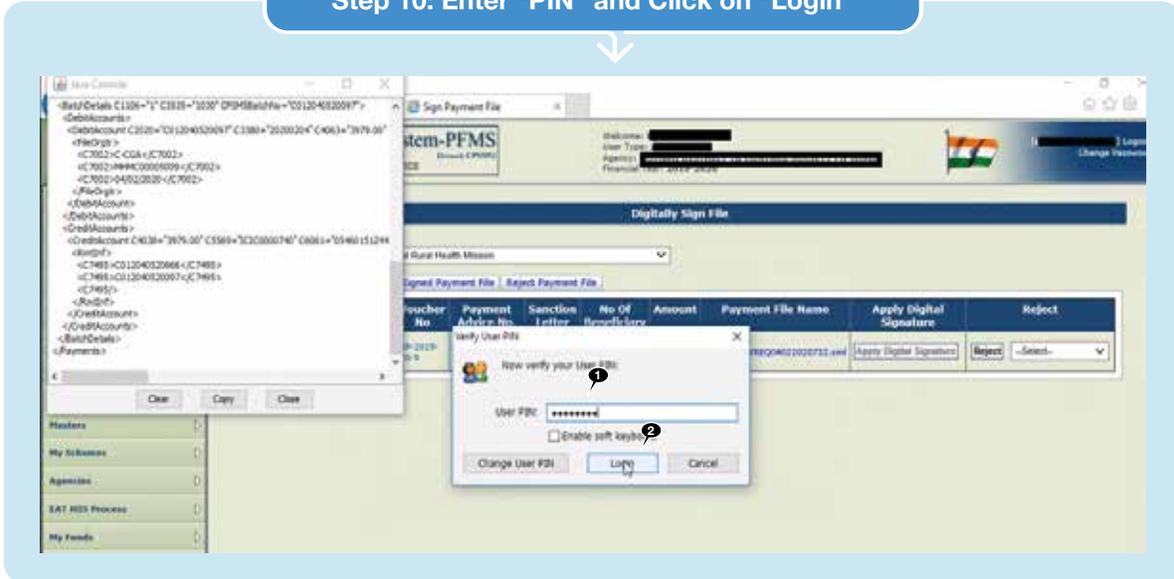
Step 8: Click on “I accept the risk and want to run the application” and on “Run”



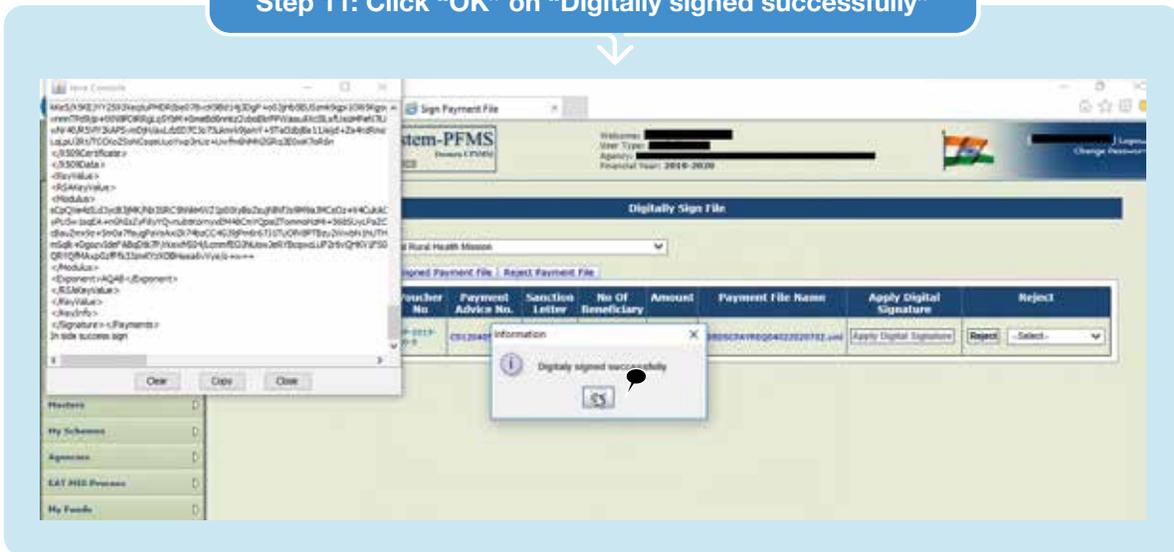
Step 9: Click on “Don't Block”



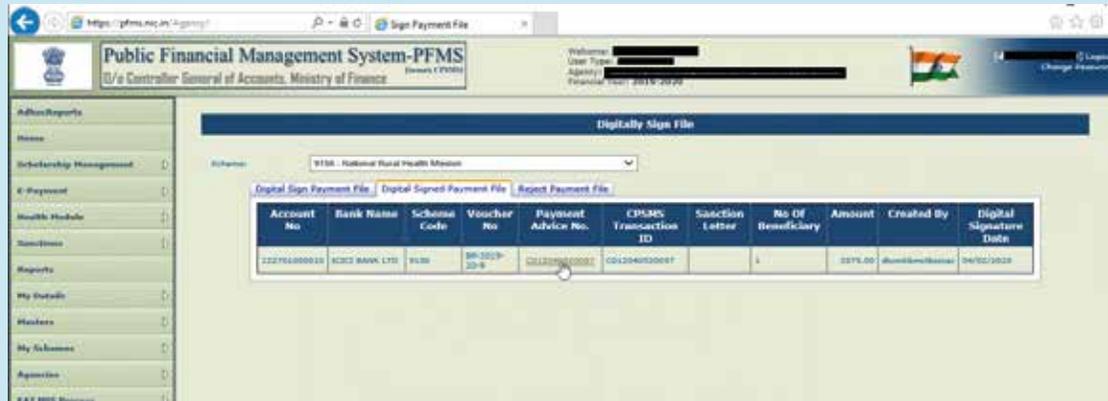
Step 10: Enter "PIN" and Click on "Login"



Step 11: Click "OK" on "Digitally signed successfully"



Click on "Payment Advice No." to view and save the details

The screenshot shows the PFMS interface with a table of payment details. The table has the following columns: Account No, Bank Name, Scheme Code, Voucher No, Payment Advice No., CPSMS Transaction ID, Sanction Letter, No Of Beneficiary, Amount, Created By, and Digital Signature Date. A mouse cursor is hovering over the 'Payment Advice No.' column.

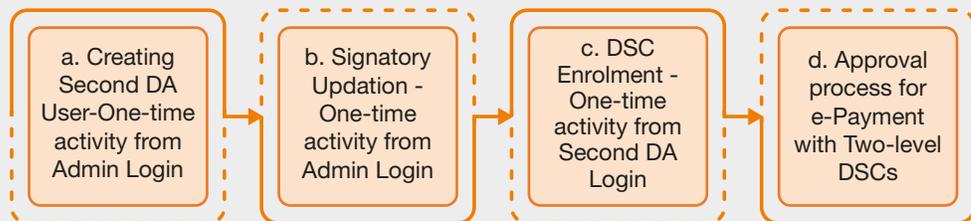
Account No	Bank Name	Scheme Code	Voucher No	Payment Advice No.	CPSMS Transaction ID	Sanction Letter	No Of Beneficiary	Amount	Created By	Digital Signature Date
222764000018	KCIC BANK LTD	9150	99-2017-22-B	02420000000001	00420400200007		1	2575.00	shankar@nic.nic.in	04/02/2022

As the batch file is Digital signed successfully, file now can be seen under "Digital Signed Payment File". The rejected files can also be viewed under the "Reject payment file"

Second level DSC in PFMS and Approval process with Two-level DSCs

To enable Second level DSC-based authentication and Approval process in PFMS, following steps to be adhered:

6. Steps to Activate Second Level DSC in PFMS and Approval process with Two level DSCs

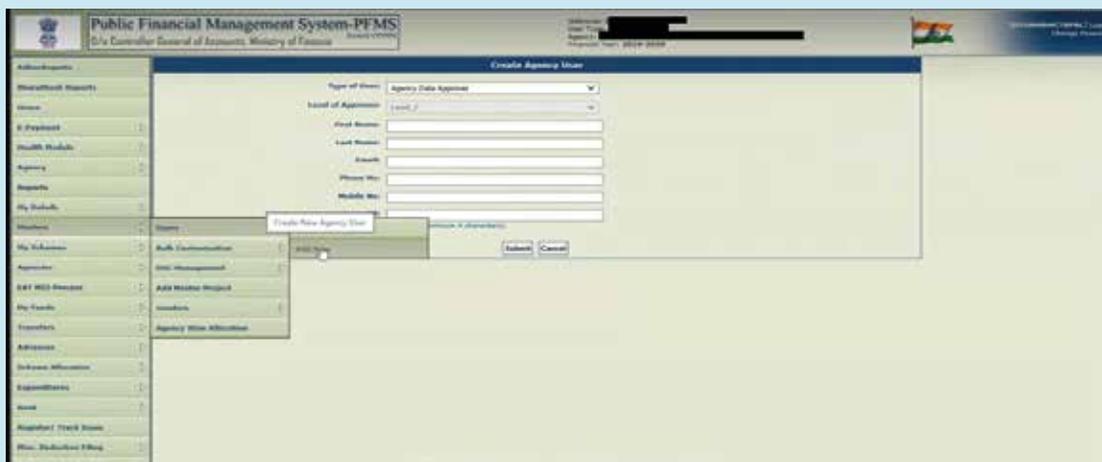


Note: First Three steps [a to c] are one time activities

6 a. Creating Second DA User

Creating Second DA User to be done from Admin User. This is an one-time activity and following steps to be adhered.

Step 1: Login as Admin User > Go to Master > User > and click on "Add User"

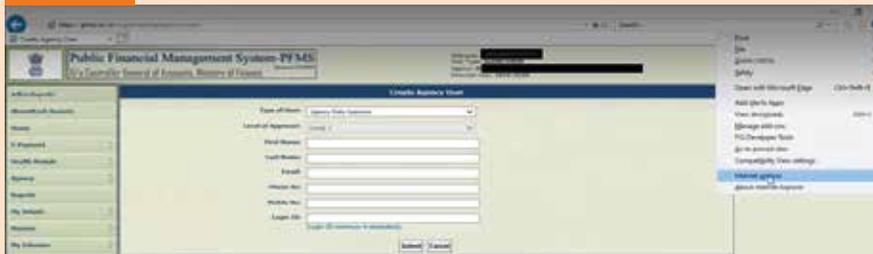


Note: User name should exactly match with the DSC name, which can be cross checked from: "Browser Setting > Internet option > Content > Certificates > Issued To"

Note:

User name should exactly match with the DSC name, which can be checked from - "Browser Setting > Internet option > Certificate > Issued To", Screenshots are as follows:

Screen 1



Screen 3



Screen 2

Step 2: Fill all the required filed details as per Screen 1 and click on "Submit"; upon submission of the user details, Screen 2 shall appear and password shall be sent to the registered email ID, which requires to be reset as per user choice to make the login secured and confidential.

Screen 1



Screen 2



Step 3: On “Reset Password” following screen shall appear, where all the required fields to be filled and click on “Change Password”



Note:

Passwords must contain minimum 6 characters and maximum 15 characters. Password should contain alphanumeric combination and at least one special character (@, #, %, &, *, -)

6 b.
Signatory
Updation

Signatory Updation for the Second DA User to be done from Admin User. This is an one-time activity and steps to be followed as:

Different Types of Configuration

Scenario 1: DA₁ and DA₂ both have to sign all files (Setting Type 1):

Where DA₁ and DA₂ both are required to sign all the payment files, there it is required to be: **Enter “2” at “No. of level”** (Please refer next Slide i.e. no. 81) **and add two signatories by clicking on “+” sign.**

Scenario 2: DA₁ will be signing files upto a certain limit and above that set maximum limit, DA₂ will sign the file (Setting Type 2):

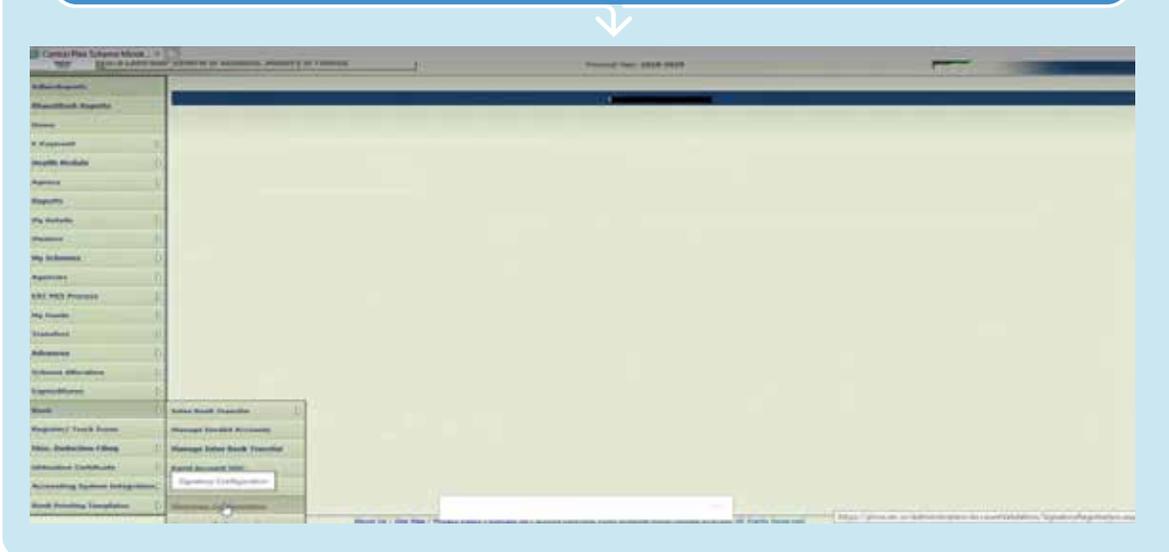
Where DA₁ will be signing files upto a certain limit and above that set maximum limit, DA₂ will sign the file, there below-mentioned steps required to be followed:

- 1) Create one more Signatory level, by clicking Add button > enter minimum amount and maximum amount > Enter 2 in “No. of Levels”
- 2) Click on + sign
 - a) Select 1 in “Signatory Level” dropdown > select sign of DA₁ from dropdown > select “Status” Activate > Click on save button
 - b) Select 2 in “Signatory Level” dropdown > select sign of DA₂ from dropdown > select “Status” Activate > Click on save button
- 3) Here, files only ABOVE the set maximum limit for DA₁ will be seen in DA₂ login for Digital signs. Files below this limit DO NOT require DA₂ sign and will be sent to bank directly after Digital Sign of DA₁.

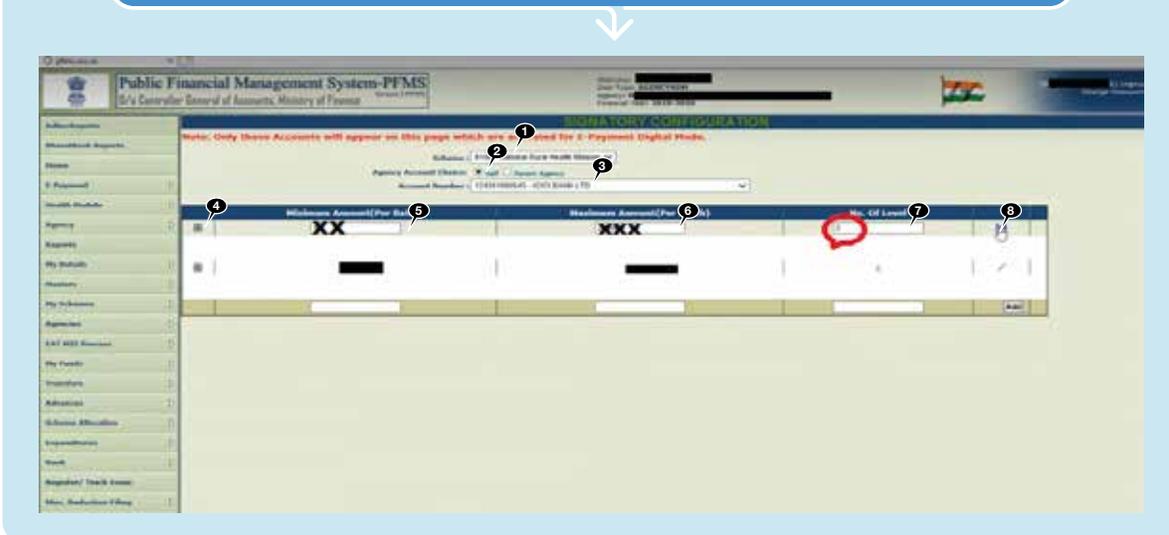
Note:

- a) In any of the above settings when DA₂ is created, both DA IDs can approve or reject PFMS files. Any number of DA users can be added in the PFMS.
- b) Where, amount limit is set for signing by the DA₁ and DA₂ has been added, steps for “Sign Enrollment file” (Slides 40 to 48) has to be repeated. Those step are required to notify the Enrolled Bank about the changes of set limit against on DA user.

Step 1: Login as Admin User > Go to Bank > and Click on “Signatory Configuraton”



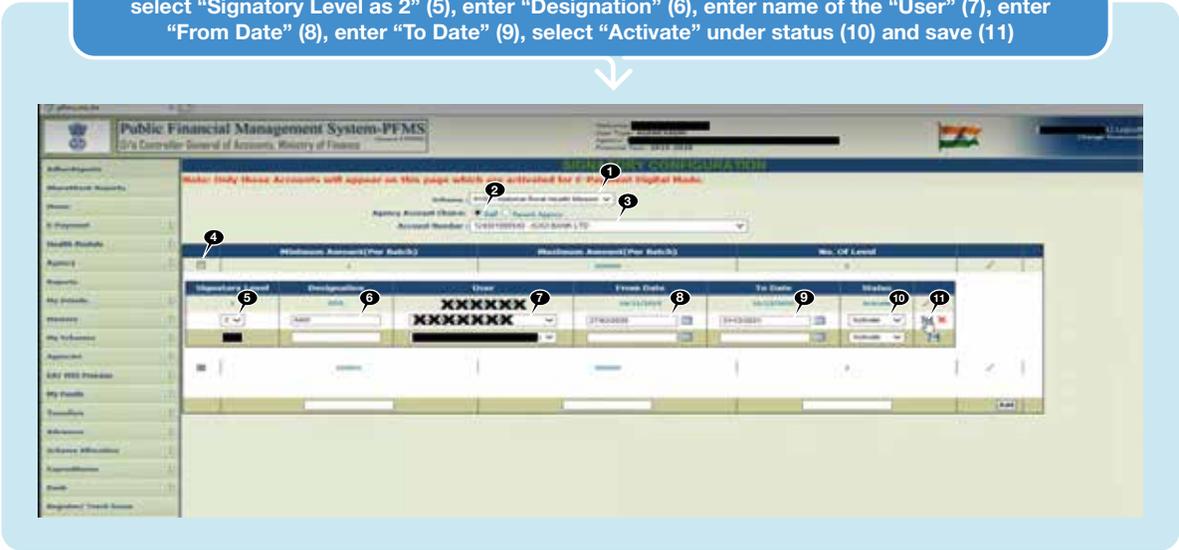
Step 2: Select “Scheme” (1), select “Self” (2), select “Account Number” (3), click on “+” sign (4), enter “Minimum Amount” (5), enter “Maximum Amount” (6), Enter 2 as “No. of level” (7) and save (8)



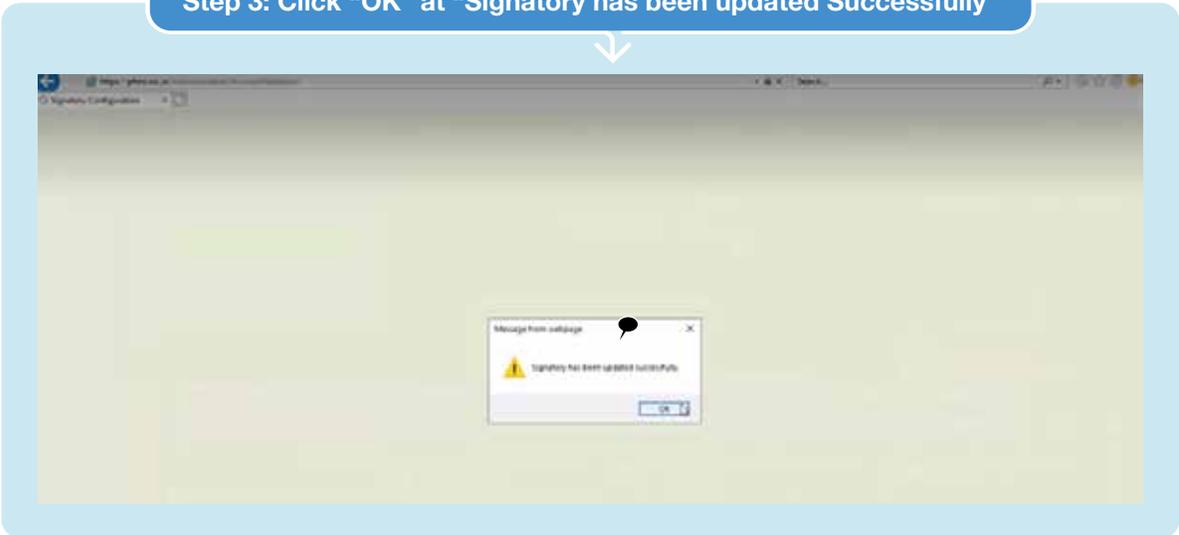
Note:

Minimum and Maximum balance requires to be entered / maintained as per the Agency’s Budget and set guidelines.

Step 3: Select "Scheme" (1), select "Self" (2), select "Account Number" (3), click on "+" Sign (4), select "Signatory Level as 2" (5), enter "Designation" (6), enter name of the "User" (7), enter "From Date" (8), enter "To Date" (9), select "Activate" under status (10) and save (11)



Step 3: Click "OK" at "Signatory has been updated Successfully"



Setting 2: DA1 signatory for all files and DA2 signatory for files above Rs. 300000/-



6 c.
DSC
Enrollment

DSC Enrollment for the Second DA User to be done from Second DA Login. This is an one-time activity.

Steps are similar to the ones used to configure DA1.

If you are working in same PC where Java is already configured, you can skip that part of the slides.

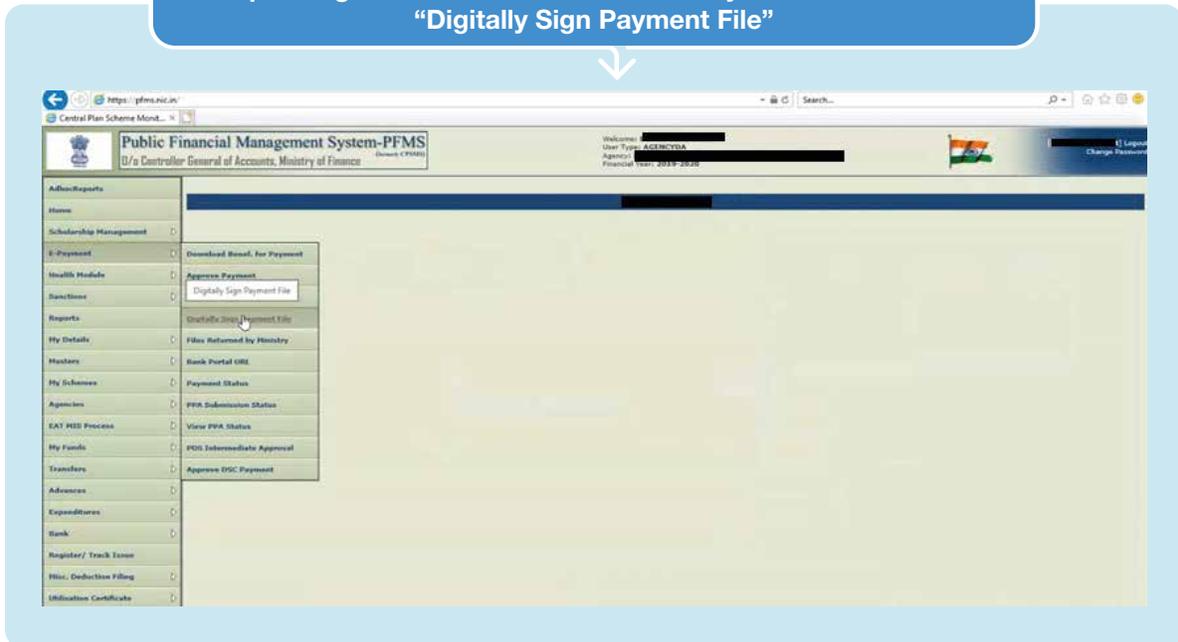
6 d.

Approval process for e-Payment with Two-level DSCs

This section explains the payment approval process in PFMS using Two-level of DSCs.

This is the regular activity for approval of each payment batch in PFMS (after they are available in PFMS received from Nikshay).

Step 1: Login as 1st DA User > Go to E-Payment > and click on "Digitally Sign Payment File"



Step 2: Select “Scheme” and click on “Select a file”



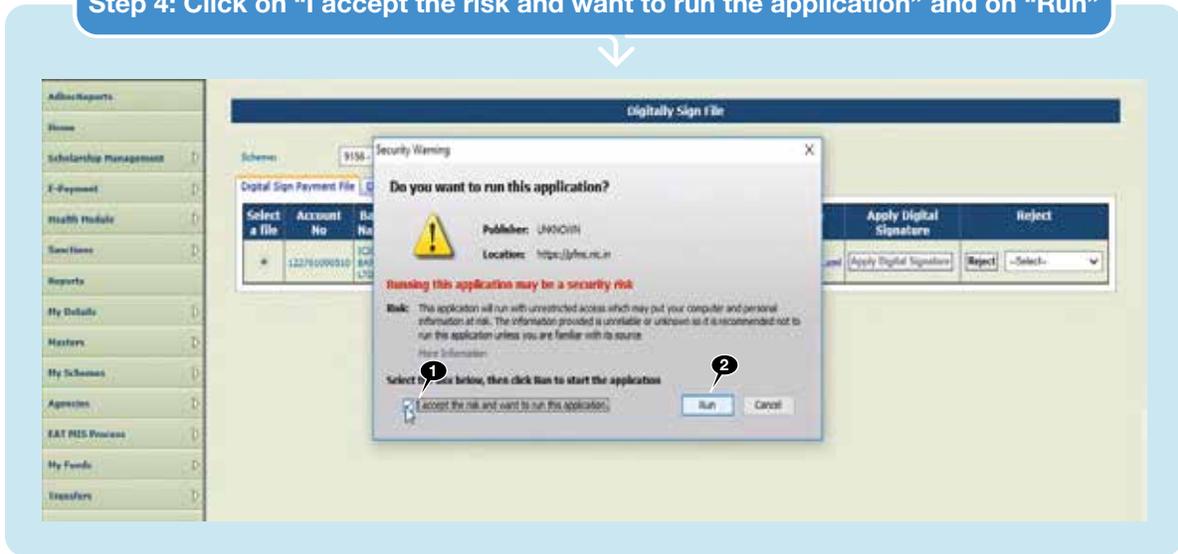
Step 3: Click on “Apply Digital Signature”, if to be Approved



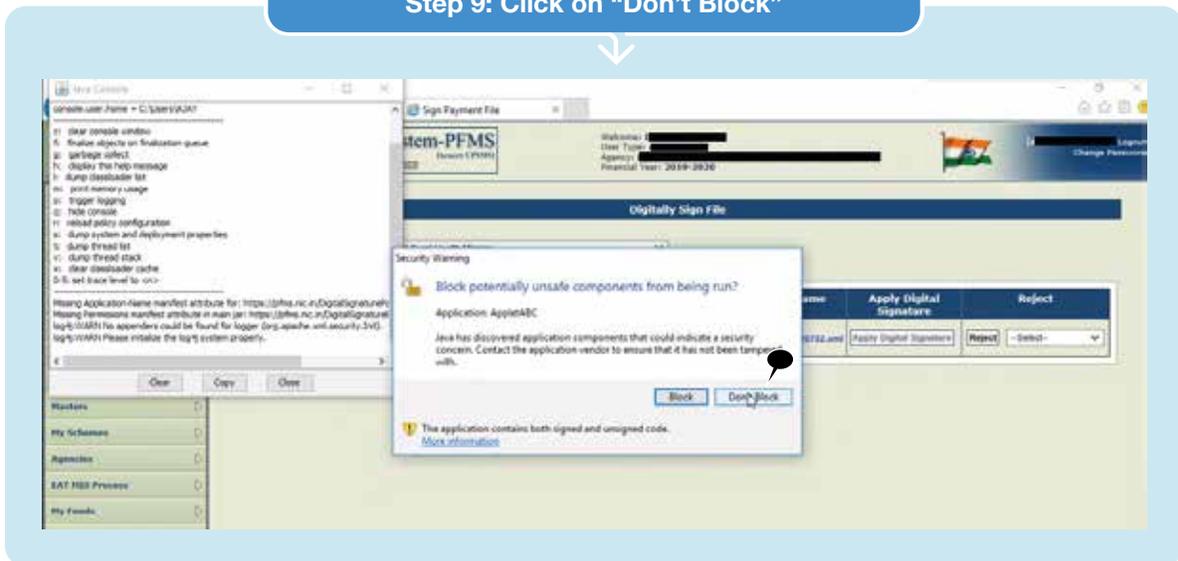
Note:

- a. The file can also be rejected by selecting the “Reject” option, by providing a reason.
- b. On Rejection, all the benefits of this batch are returned to ‘DBT Maker’ in Nakshay for further processing.

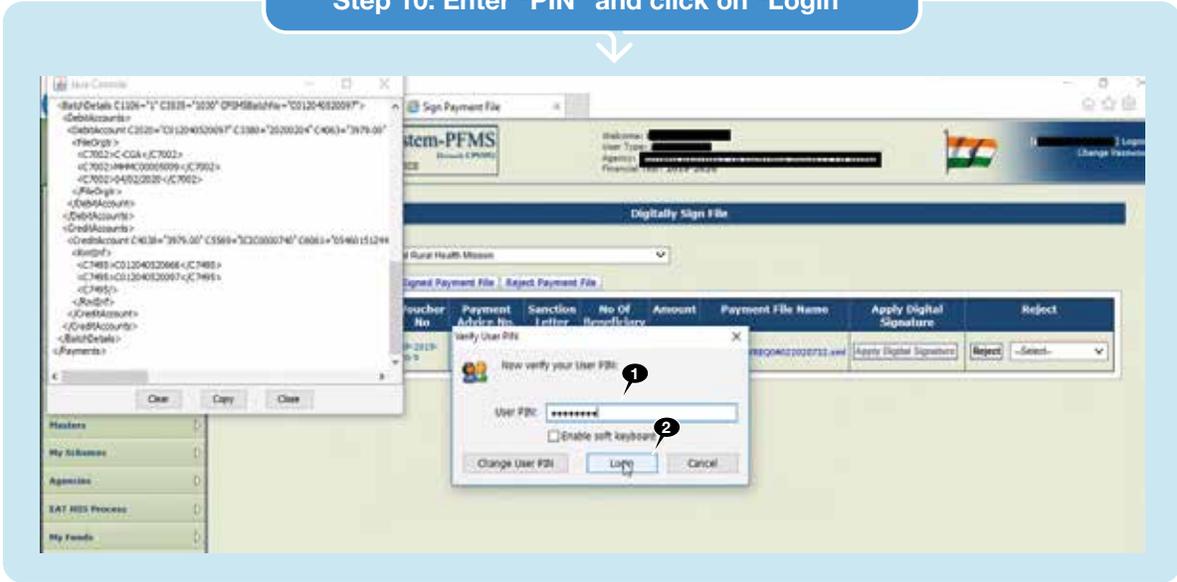
Step 4: Click on “I accept the risk and want to run the application” and on “Run”



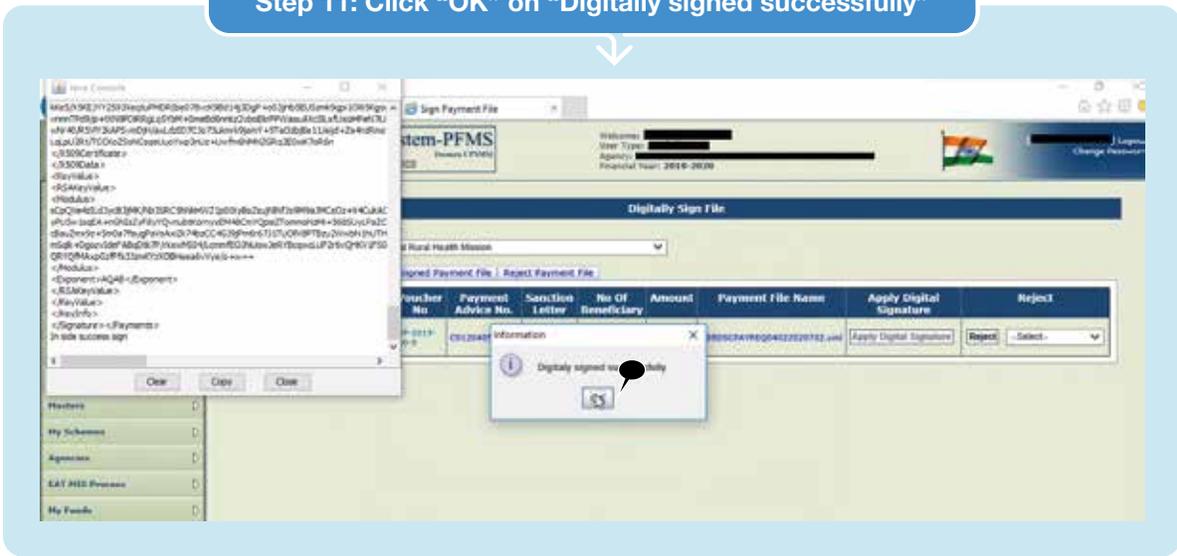
Step 9: Click on “Don't Block”



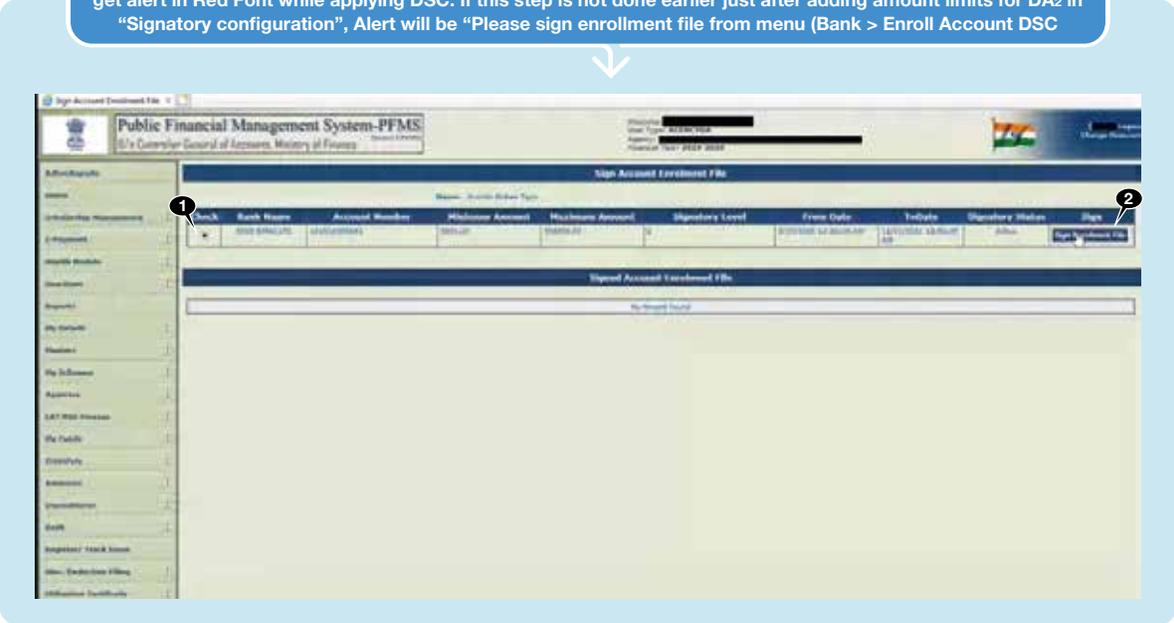
Step 10: Enter "PIN" and click on "Login"



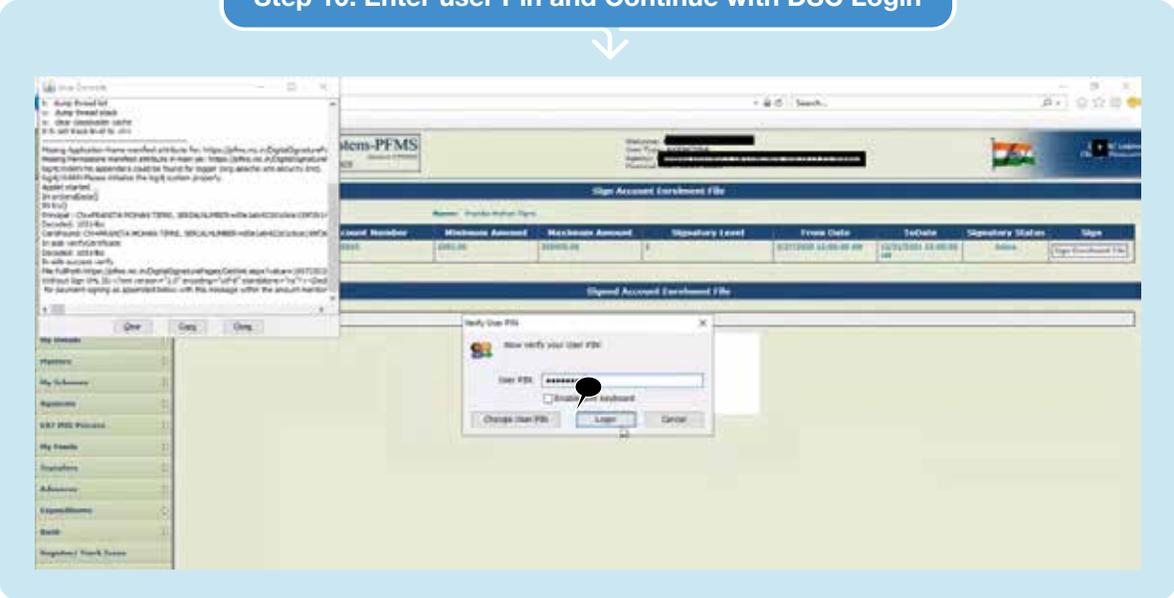
Step 11: Click "OK" on "Digitally signed successfully"



Step 9: Click on “Check” and then click on “Sign Enrollment File” If to be approved by the 2nd DA User (You will get alert in Red Font while applying DSC. If this step is not done earlier just after adding amount limits for DA₂ in “Signatory configuration”, Alert will be “Please sign enrollment file from menu (Bank > Enroll Account DSC



Step 10: Enter user Pin and Continue with DSC Login



11.9 DBT Scheme Codes

Sr No.	1	2	3	4
DBT Scheme Code	BD8NF	B1TVH	BF12S	BOGCU
FMR Scheme Code	H.18.1	H.3.5	H.3.1 H.3.2 H.3.3 H.3.4	H.9.2
Component Head	Patient Support and transportation charges	Honorarium (RNTCP)	Honorarium (RNTCP)	PPM/NGO Support (RNTCP)
PFMS Code	968	1321	969	970
Purpose Code	1398	2769	1. 1399 2. 1400 3. 1401	1402
Amount To Be Paid	Rs. 750/-	Rs 1000/-	Rs. 1000 Rs. 1500 Rs. 5000	Rs 500/-
Ministries/Department	Department of Health and Family Welfare	Department of Health and Family Welfare	Department of Health and Family Welfare	Department of Health and Family welfare
Scheme Type	Centrally Sponserd Scheme	Central Sponsored Scheme	Central Sponsored Scheme	Centrally Sponsored Scheme
Scheme Name	NIKSHYA-Tribal TB Patients	NIKSHYA-TB Patients (Nutritional Support)	NIKHYA-DOP Provider Honorarium	NIKSHYA-TB Notification incentive for Private Sector
Location Name	Central	Central	Central	Central
Benefit Type	Cash	Cash	Cash	Cash
State Contribution in CSS (%)	NA	NA	NA	NA
Scheme Description	For every TB patient of notified tribal area under National TB Elimination Programme (NTEP), Rs 750 may be given as cash to meet out of pocket expenses.	Beneficiaries are TB patients under NTEP eligible for Nutritional Support (Rs. 500/month) for the complete course of treatment. As per program division guideline, it has to be paid once in two months, so the amount is Rs. 1000 per transaction (at the time of notification, completion of end IP and completion of treatment)	Beneficiaries are Treatment supporters which can be any individual who is accessible, acceptable to the TB patient and accountable enough to health system can be a Treatment support. Who are selected from the community by local health facilities including PHCs, CHCs, district hospitals. These are community volunteers as well as NGOs providing support to TB patients. They are provider honorarium from Rs. 1000 to Rs. 5000 as incentive for each patient of DS-TB or DR-TB respectively	Registered Private health facilities in Nikshay that either diagnose and notify TB case or refer/inform a case to the public sector for TB diagnosis and subsequently get diagnosed with TB, are eligible for Rs. 500 per case. They are additionally eligible for Rs. 500 for declaring treatment outcomes for each notified case of TB under their care.

11.10 Communications to Patients on DBT

Event	Content of the SMS	Trigger
Empty Bank Details	To get benefit of Rs 500/TB treatment month, give Bank details to your concerned health personnel (Ph: 1800116666)	"Patient Status : ""Diagnosed But Pending Treatment (Notified)"" or ""On Treatment (Notified)"" Beneficiary status: ""Empty"" 1st Reminder: Date of Diagnosis + 15 days 2nd Reminder: Date of Treatment Diagnosis + 30 days"
Direct Benefit Transfer	Dear <FIRSTNAME>: (Nikshay ID:<1234567>), Under Nikshay Poshan Yojana, Rs XXX has been credited to A/c XXXX56 on DD/MM for nutrition support. Wish you speedy recovery (Ph.1800116666)	"On every successful DBT Transaction to patient's account (On every unique combination of ""Incentive Number"" + ""Amount"" + ""Date Payment Credited"")" "Status: Diagnosed But Pending Treatment (Notified) + On Treatment (Notified) + Outcome Assigned"
Direct Benefit Transfer	Dear <FIRSTNAME>: (Nikshay ID:<1234567>), Bank details provided for TB Nutrition scheme is invalid. Kindly contact your concerned health personnel. (Ph: 1800116666)	Beneficiary Status: Rejected by PFMS (Rejection Code: CBE0009 (Rejected by Bank, As per Bank Account Number is Invalid.)

11.11 Frequently Asked Questions

A. Nikshay Poshan Yojana

a. Account Seeding

1 Many branches of rural banks are currently not on PFMS. This results in problems while making payments to patient accounts in the respective bank branches as the problem is that Nikshay will only accept the IFSC codes of those branches which are in PFMS. What is to be done in such cases?

Ans: A new bank account needs to be opened to be able to receive benefits.

2 Why are benefits getting rejected in rural banks even when PPA is generated and the beneficiary is validated?

Ans: The reasons for rejection depends on case to case basis, it is advised to retrigger the benefits for further processing. If the benefits are getting rejected repeatedly, a new bank account needs to be reopened and seeded in Nikshay.

3 What is the frequency of updation of district cooperative/rural banks from PFMS in Nikshay?

Ans: The updation of bank master currently is on real time basis, in other words Nikshay has the same bank master as available in PFMS.

4 There is a lack of standard procedure/timeline for follow-up with the outstation patients for submission of bank details. What are the necessary steps to be taken if details are not made available within the prescribed time period?

Ans: There is currently no prescribed defined time period, attempt should be to contact the patient seeking treatment over phone or during consultation to seek bank account details. If the bank account details are not available, then user should consider removing the benefits.

b. Payment of Benefits

1 If DSTB patients are on treatment for more than six months, do they need to be paid benefits beyond six months?

Ans: The benefit payment to the patient is made till the time treatment continues irrespective of the number of months, hence payment beyond six months can be made.

2 Are prisoners, if TB patients, eligible to get NPY benefits (given that they are under the care of the prison administration)?

Ans: Yes, any individual who is a TB patient, notified under Nikshay and is taking treatment regularly, is eligible for benefit payment. In this case, it is assumed that the patient is under prison administration and under State local policies and rules, therefore, the patient can share the bank details he is comfortable receiving the benefits as per program rules.

3 In the case of transfer of patients from one district to another, which district is liable to pay the first and subsequent benefits?

Ans: Current district should process all the 'pending' benefits, however, the benefits that are 'under processing' can be paid by the current district only after they have been rejected by the earlier district, in case they have been paid, then the current district need not take any action.

4 What can be done if the patient is an orphan, with no identity card etc? How will benefits be paid as the patient would not have a bank account and cannot open one due to lack of ID cards?

Ans: Mostly these cases pertain to minors and therefore the guardian's bank account details can be sought by the program and used for paying the due benefits.

5 Sometimes, benefits up to Rs. 3500/- are getting generated in the system. In such cases should the last incentive be paid? What is to be done if the outcome is after six months, but benefits for seven months have been created?

Ans: If the patient does not take the dosage timely, the treatment in Nikshay might get extended as per the adherence chart. However, if outcome is updated after six months, then the benefits get auto adjusted by the next day, hence then payment of Rs. 3000/- can be made. sought by the program and used for paying the due benefits.

6 What should be done with respect to payment of benefits if the patient is not reachable, but the bank details are validated in Nikshay?

Ans: The outcome of the patient in this case would be updated as 'Lost to follow up' and benefit payments can be processed for the duration (month's) patient was available and on treatment.

7 What are the actions to be taken when a patient is notified as DSTB patient 1st incentive has been generated) and after a lab test, the same patient is identified as a DRTB-patient and a new episode is generated for the same patient and hence again the 1st incentive is generated?

Ans: Let' understand this with an example: If for the 1st month, the patient was a DSTB patient, the benefit of Rs.1000 got generated, benefit can be processed and paid for this episode. Now, in the 2nd month, when the patient was diagnosed as a DRTB patient, benefit of Rs.1000 got generated again, which can be processed and paid, then subsequently one benefit of Rs.500 should be removed as it gets generated. This will ensure that over 4 months of total treatment duration the patient is eventually paid @500 pm only.

Depending upon the month of treatment in which a DSTB patient gets diagnosed as DRTB patient, subsequent benefits of Rs.500 needs to be adjusted, so that the patient eventually receives incentive @Rs.500 pm for the total treatment duration.

c. Duplication of patient details

1 How to proceed if there are patients listed in the deduplication module but actually, they are unique? In such cases there are different people on the list who have incorrectly been marked as duplicates since their mobile numbers are the same?

Ans: In such cases, under the Potential duplicates tab, click on 'accept notification' as duplicate status for all patients who are unique and then click on 'save'.

2 What steps need to be taken in the deduplication module if the patient was notified in a private health facility, then took medicines for a month, and is now taking treatment in a public health centre?

Ans: If the patient got notified both in the Private and Public sector, mark the notification in Public Sector as duplicate as the patient first got notified in private health facility and then transfer the patient from private to public health centre.

d. Outcome reporting

Can an outcome be reported with a back date? How does it affect the benefits for the patient?

- 1** Ans: Yes, treatment outcome may be reported with a back date. Once an outcome is reported, NPY benefits generated for the patient get auto adjusted for the duration of treatment maximum within a days' time.

Is it possible to seed bank account details for a patient whose outcome is assigned on Nikshay?

- 2** Ans: Yes, bank account details may be seeded for a patient whose treatment outcome has been assigned. This can be done in the same manner as it is done for a patient on treatment.

e. Other / Miscellaneous Questions

How will one know if same patient revisits in a couple of months with a new mobile number?

- 1** Ans: Nikshay will not identify the case as potential duplicate. However, it is up to the user to identify and take action accordingly.

Will the patient get all benefits if the treatment has started but the patient's details were updated late in the system?

- 2** Ans: Yes, in this case patient will get the benefits up to the date of treatment outcome, depending upon the start date of treatment as reported in Nikshay.

B. Private Provider and Informant Scheme

a. Payment of Benefits

1 Can both the informant and notification benefits be paid for a single patient (to different beneficiaries)?
Ans: No. For a patient either notification or informant incentive can be paid to a beneficiary at a time and not both.

2 Can the private sector notification and outcome incentives be paid to the compounder instead of the treating doctor?
Ans: Yes, in case the treating doctor wishes that the incentives be paid in an account different from own account, then a written consent can be sought for the same before initiating benefit payment.

3 Can a doctor who practices in private but is also a government employee, get the provider incentives for notification & outcome?
Ans: As per the latest DO letter 19015/04/2018-TB (Pt2) dated 13.04.2020, only doctors who do not draw salary from government/ domestic/ donor partner resources are eligible for the incentives. However, local State judgements will be applicable here.

4 Is it mandatory to collect the doctor's prescription for all patients for paying out the private sector notification and outcome incentives?
Ans: Nikshay does not check whether prescriptions are provided or not, however it is up to the State's local laws to consider using the same for supervision purposes.

b. PFMS related

1 Why do the account details of a private provider already validated in PFMS (i.e. validated beneficiary when paid externally) get rejected by PFMS when his/her account is seeded in Nikshay?
Ans: To find out the exact reason and resolution, it is suggested to raise a ticket in Nikshay.

c. Other / Miscellaneous Questions

Can the TU of a doctor be changed? If yes, what will happen to the patients already attached to the older TU?

- 1** Ans: Yes, if a doctor/health facility seems mapped to an incorrect TU on Nikshay, it may be corrected by raising a request on Nikshay helpdesk with the DTO's approval. As the doctor/ health facility moves to the new TU, all patients tagged with the given doctor/ health facility also move along.

C. Treatment Supporter Scheme

Can a different treatment supporter be assigned for the DRTB treatment support in cases where a patient starts treatment as a DSTB patient, gets a treatment supporter assigned and then moves from the DSTB to DRTB regimen. If yes, can both treatment supporters be paid?

- 1** Ans: A treatment supporter is eligible for incentives only when the patient has a successful treatment outcome. Hence, in the example above since the patient's treatment regime is changed from DSTB to DRTB, the outcome for the episode of DSTB is not successful, so the treatment supporter is not eligible for an incentive. However, the assigned treatment supporter for DRTB will be eligible for incentive if the patient completes the DRTB treatment successfully. Please note that at any given time there will be only one treatment supporter assigned to a patient

D. Transport support for TB patients in notified tribal areas

Whether the benefit needs to be created manually for Tribal areas or are they generated automatically?

- 1** Ans: Nikshay generates benefits under this scheme for all patients notified in the public or private sector from 9th May 2019 onwards, which happens to be the launch date of this scheme. Thus, for those patients notified earlier, benefits will not be generated in Nikshay, and hence benefit payments may be made from PFMS directly.



नैशेय

