

ANALYZING THE ALLOCATION AND IMPACT OF DIRECT BENEFIT TRANSFER (DBT) FUNDS ACROSS DIFFERENT SECTORS IN INDIA

Deepali Mayur Gala

*Associate Professor, Chintamanrao Institute of Management Development and Research (CIMDR),
Sangli, Maharashtra, India
deepali.gala@despune.org*

Susanta Kumar Nayak

*Department of Computer Science & Engineering, Centurion University of Technology,
Odisha, India
Susanta.nayak@cutm.ac.in*

Bhakti Pawar*

*School of Leadership and Management, Manav Rachna Educational Institutions, MRIIRS,
Faridabad, Haryana
bhaktipawar.slm@mriu.edu.in*

and

Amit Kumar

*School of Leadership and Management, Manav Rachna Educational Institutions, MRIIRS,
Faridabad, Haryana, India
amitkumar.slm@mriu.com*

Abstract

This study critically, examined the allocation and impact of Direct Benefit Transfer (DBT) of funds, across key sectors in India, like agriculture, health, and education, from 2013 to 2024. With a shift from solely cash-based schemes to hybrid and in-kind transfers post-2017, the research explored sectoral trends, efficiency and equity in fund distribution. Using statistical techniques such as ANOVA and Tukey's Honestly Significant Difference (HSD) Test, the study found a statistically significant difference in DBT allocations between sectors. Agriculture received significantly more funds than both health and education while the difference between health and education was not statistically significant. These results revealed policy inclination toward agriculture and health, with education receiving comparatively limited support. The analysis also revealed implementation challenges including digital illiteracy, transaction failures and infrastructure gaps. The study points out the need for improved digital infrastructure, grievance redressal mechanisms and balanced policy design. Findings advocate enhanced transparency, equitable sectoral

*** Corresponding Author**

distribution, and the adoption of hybrid DBT models, to strengthen financial inclusion and welfare outcomes. This study offers valuable policy recommendations, to optimize DBT as an instrument for inclusive and sustainable development in India.

Keywords: Direct Benefit Transfer, Cash Transfers, In-Kind Transfers, Government Schemes, Policy Impact, Sector-Wise Analysis

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1. Introduction

The Direct Benefit Transfer (DBT) system in India was launched in 2013, with the objective of enhancing efficiency, transparency and accountability in welfare delivery, by directly transferring subsidies and benefits into beneficiaries' bank accounts (**Government of India, 2013**). The core aim of this initiative was to minimize leakages, reduce delays in payments and eliminate the influence of intermediaries in welfare schemes (**Khera, 2014; Jain & Mishra, 2017**).

Since its inception, DBT has significantly expanded, covering over 300 schemes, across various sectors, such as food security, education, health, fertilizers, pensions and employment generation (**Ministry of Finance, 2022**). A central debate in DBT policy relates to the relative effectiveness of cash versus in-kind transfers. Cash transfers are often lauded for empowering recipients with greater autonomy and choice (**Drèze & Khera, 2015**), while in-kind transfers ensure that essential goods and services such as food and healthcare are directly delivered, which is particularly important in rural or underserved areas (**Aggarwal, Francis, & Robinson, 2018**).

Further, there are noticeable disparities in the way different government departments allocate DBT funds. Departments related to agriculture and rural development, for instance, often receive a disproportionately larger share, reflecting both developmental priorities and political considerations (**Rao & Singh, 2020**).

These allocation patterns offer insights into the government's evolving policy focus and underscore the need for periodic assessment of DBT's impact.

This study proposes to analyze the distribution and impact of DBT across key sectors, with specific focus on the split between cash and in-kind transfers, allocation trends across ministries and departments and the effectiveness of DBT in fulfilling its intended policy goals of inclusion, efficiency and improved service delivery.

2. Review of Literature

Sabherwal (2019) highlights DBTs' role in enhancing women's financial inclusion in India but notes economic, social and normative barriers limiting their impact. Financial service providers struggle to adapt, further restricting effectiveness. Programs like Janani Suraksha Yojana (JSY) aim to improve health outcomes and yet pro-rich disparities persist. Studies show poorer households prioritize financial support while wealthier ones seek better services. Aligning DBT programs with these preferences, can enhance their effectiveness. **Mohan et al. (2024)** highlight inconsistent DBT coverage, with only 42.2% of patients in Western India and 28.7% in South India receiving payments, often delayed by bureaucratic and technological barriers. Key challenges include bank account requirements, reluctance to share personal data, inadequate private healthcare support and paper-based approvals. Solutions include easing bank access, strengthening private healthcare support,

increasing financial aid and offering alternatives like food kits. Implementing technology, such as blockchain, can enhance efficiency and transparency, improving DBT reach, timeliness, and impact on TB treatment outcomes.

Paramasivan & Ganeshkumar (2018) emphasize financial inclusion to be crucial for inclusive growth, particularly in rural India. Challenges include lack of banking habits, low financial literacy and difficulties in managing accounts. The study suggests simplified banking procedures and digital services, to enhance accessibility. Ensuring fair, transparent, and affordable banking can improve savings, financial planning and credit access, ultimately driving economic development and financial security for underserved populations. **Sengupta & Shastry (2019)** discuss the Public Finance Management System (PFMS) as a key enabler of digital payments in India, enhancing transparency and efficiency in fund transfers. Introduced to reduce bureaucratic delays, PFMS facilitates direct payments to beneficiaries, minimizing costs and paper-based transactions while promoting green banking. It is poised to become one of the world's largest financial management systems, reinforcing India's digital financial infrastructure.

Sharma (2019) found that linking DBT with bank accounts, boosted financial inclusion, especially among low-income households. However, issues like failed transactions and authentication errors hindered effectiveness, highlighting the need for better banking infrastructure and digital literacy. **Banerjee and Duflo (2020)** argue that well-targeted direct benefit transfers can strengthen social safety nets and reduce inefficiencies. While cash transfers lower corruption and administrative costs, their effectiveness relies on financial literacy, accessibility and efficient implementation. **Gupta and Joshi (2021)** found that DBT cash

transfers effectively reduced financial distress during the COVID-19 crisis, especially for daily wage workers and rural households. However, issues like poor banking infrastructure and Aadhaar-related exclusion errors, posed significant challenges. **Raghavan (2021)** highlighted DBT's role in streamlining welfare delivery and reducing leakages. However, the study pointed out that challenges like digital illiteracy, gender gaps in financial access and bureaucratic inefficiencies, must be addressed to fully realize DBT's role in poverty alleviation. **Singh (2020)** found that Aadhaar-linked DBT improved targeting and reduced ghost beneficiaries but also led to exclusion errors due to authentication failures. The study stressed the need for grievance redressal systems to ensure effective last-mile delivery.

3. Statement of the problem

The Direct Benefit Transfer (DBT) system was introduced in India, to enhance transparency, reduce leakages and improve the efficiency of welfare schemes, by directly transferring funds to beneficiaries. While DBT has significantly transformed the distribution of government subsidies and welfare benefits, disparities in fund allocation, across sectors, raise concerns about the system's overall effectiveness. The preference for cash transfers over in-kind support, sector-wise differences in allocation and issues related to fund utilization, necessitate a critical examination of the DBT framework. This study addressed key challenges like sectoral disparities, mode of transfers, that is shift from cash-only schemes to hybrid and in-kind models.

4. Need of the Study

The growing reliance on Direct Benefit Transfer (DBT), as a primary mechanism for social welfare distribution in India, necessitates an in-depth evaluation of its effectiveness and

to identify areas for improvement. This study is essential for ensuring equitable distribution, by identifying disparities in DBT allocations across key sectors and advocating a balanced funding approach, that prioritizes long-term socio-economic benefits. By assessing trends in cash, in-kind and hybrid transfers, it aims to enhance policy efficiency and optimize DBT strategies for maximum welfare impact.

5. Objectives of the Study

1. To examine the relationship between DBT allocation and the effectiveness of government schemes by analyzing trends, fund utilization and impact across various sectors.
2. To evaluate the efficiency of DBT in achieving its intended outcomes in sectors such as agriculture, education, health.

6. Research Hypothesis

There is no significant difference in the allocation and distribution of DBT funds, across the Agriculture, Health, and Education sectors, over the years.

7. Research Methodology

7.1 Data Collection

The study adopted a quantitative research approach and focused on the allocation and impact of Direct Benefit Transfer (DBT) funds, across three major sectors: agriculture, health, and education. A census method was employed, where complete data, related to DBT fund transfers in these three sectors, were considered, without any sampling. The dataset covered the period from 2013 to 2024 and included information from 95 government departments, implementing 650 welfare schemes, with 2,803 beneficiaries. This comprehensive approach ensured that the analysis covered the entire population, relevant to the selected sectors, allowing for a robust and representative

evaluation of DBT allocation patterns and their effectiveness.

7.2 Source of Data

The study relied on secondary data, collected from official government sources, including the **DBT Bharat Portal (dbtbharat.gov.in)**, **Ministry of Finance reports**, **Economic Surveys of India**, and various sector-specific government publications. Additional insights were drawn from policy documents, research papers and evaluation reports on DBT implementation and effectiveness.

7.3 Period of Study

The study examined DBT allocations, over 11-year period, from 2013 to 2024, capturing the evolution of fund distribution, shifts in allocation patterns and the impact of policy changes, particularly after the introduction of hybrid (cash & in-kind) transfers post-2017.

7.4 Tools used in the Study

To analyze DBT fund allocation and its impact, various statistical techniques were employed, to ensure a comprehensive evaluation of distribution patterns and effectiveness. Descriptive statistics was used, to summarize DBT fund distribution trends across different sectors, providing insights into allocation patterns over time. ANOVA (Analysis of Variance) was applied, to test the statistical significance of differences in DBT allocations among agriculture, health, and education sectors, helping to determine whether certain sectors received disproportionately higher or lower funding. These methods collectively presented a data-driven understanding of DBT effectiveness, ensuring transparency and informed policy recommendations.

8. Data Analysis and Interpretation

The **Table-1** presents data on the number of schemes, introduced over different financial

years (2013-14 to 2023-24) and classifies them, based on the mode of assistance like Cash, Cash & In-Kind, and In-Kind. From 2013-14 to 2016-17, all schemes provided only cash assistance, with a steady increase in the number of schemes, reaching 142 in 2016-17. However, from 2017-18 onward, a diversification in the mode of assistance could be observed. The proportion of cash-based schemes declined from 100% to 72.21% in 2017-18 while Cash & In-Kind schemes accounted for 9.79% and In-Kind schemes constituted 18%. This trend continued in subsequent years, with the share of purely cash-based schemes gradually decreasing, reaching 68.59% in 2022-23 and 69.43% in 2023-24. Conversely, Cash & In-Kind schemes increased from 9.79% in 2017-18 to 16.67% in 2022-23 and remained stable at 16.56% in 2023-24. Similarly, In-Kind schemes fluctuated around 14-16% in recent years. The overall number of schemes, peaked at 441 in 2018-19 but showed a declining trend thereafter, reaching 314 in 2023-24. In other words, there was a shift towards a more diversified mode of assistance while maintaining a dominant share of cash-based schemes.

Direct Benefit Transfer (DBT) allocations have shown a steady increase over the years, reaching their peak during the COVID-19 pandemic in 2020-21, when cash transfers surged to ₹ 2.76 trillion. A notable shift, in the mode of transfers, occurred after 2017, with in-kind transfers growing significantly and eventually surpassing cash allocations in 2022-23, amounting to ₹ 4.45 trillion compared to ₹ 2.47 trillion in cash transfers. Additionally, the adoption of hybrid models (Cash & In-Kind) witnessed a substantial rise in 2023-24, reaching ₹ 848.62 billion, indicating a growing preference for a balanced approach in welfare distribution.

Agriculture Sector: The **Table 2** provides the percentage breakdown of DBT fund

transfers, in the agriculture sector, from 2017 to 2024. The Table revealed that cash credits accounted for 66.0% of total transactions, indicating a strong preference for direct financial assistance to beneficiaries. Similarly, cash and in-kind transfers represented 25.1%, demonstrating a mixed approach where both monetary aid and essential goods were provided. In-kind transfers were at 8.9%, reflecting a lower reliance on non-monetary support. The annual percentage distribution remained fairly stable, with minor fluctuations in in-kind transfers. The high proportion of cash transfers indicated that direct financial aid was the preferred mechanism for agricultural support while cash and in-kind transfers served as complementary schemes to ensure holistic beneficiary assistance.

Health Sector: The **Table 3** presents year-wise DBT fund transfers, in the health sector, from 2016 to 2024, with a breakdown of cash, cash and in-kind and in-kind transfers, in both absolute numbers and percentages. It can be observed that the cash transfers represented 80.2% of total transactions, indicating a strong preference for direct monetary support to beneficiaries. Cash and in-kind transfers accounted for 7.8%, suggesting limited use of a hybrid approach where financial aid was supplemented by essential goods/services. In-Kind transfers accounted for 12.1%, showing a relatively small but growing reliance on non-monetary aid, particularly from 2021 onwards.

In-kind transfers increased gradually from 2021, indicating a shift towards non-monetary benefits in health-related DBT schemes. Cash transfers remained the dominant mode, ensuring direct financial access for healthcare expenses. The introduction of cash and in-kind transfers in recent years indicated greater policy diversification, to address healthcare needs more comprehensively.

These findings demonstrated the government's preference for direct cash assistance in healthcare while also incorporating other forms of aid to enhance accessibility and impact.

Education Sector: The **Table 4** presents year-wise DBT fund transfers, in the education sector, from 2013 to 2024, showing the distribution between cash and in-kind transfers, along with their percentages. Cash transfers dominated the distribution, accounting for 92.3% of total funds, indicating a strong preference for direct financial assistance to students or educational institutions. The in-kind transfers represented 7.7%, suggesting a smaller but consistent allocation for materials such as books, uniforms or infrastructure support.

Initially (2013-2017), only cash transfers were utilized. From 2017-18 onwards, in-kind transfers started appearing, with a peak of 10% in 2017-18. While cash transfers had gradually increased over the years, in-kind transfers remained stable at around 7-10%. These insights demonstrated clear government preference for cash-based DBT in education, ensuring flexibility for beneficiaries while maintaining a small share for in-kind support to cover essential non-monetary educational needs.

9. Results of Hypothesis Testing

To assess whether there was significant difference in DBT fund allocations among the agriculture, health, and education sectors, an ANOVA test was conducted. The null hypothesis (H_0) states that there is no significant difference in DBT fund allocations across these sectors, while the alternative hypothesis (H_1) suggests that at least one sector receives a disproportionately higher or lower share of DBT funds.

The ANOVA test results, in **Table 5**, yielded an F-statistic of 15.66 and a p-value of $2.42 \times$

10^{-5} , which was significantly lower than the conventional significance threshold of 0.05. Since the p-value was extremely small, the null hypothesis (H_0) was rejected, indicating that there was statistically significant difference in DBT fund allocation, among the three sectors.

The results revealed that the agriculture sector received the highest allocation, followed by the health sector while education received the least. This finding indicated a policy inclination toward agricultural and health-related welfare programs, possibly at the expense of educational development. This funding pattern may reflect the government's priorities in addressing immediate economic and healthcare needs, though it raises concerns about the adequacy of investment in education for long-term socio-economic progress.

To determine which sectors significantly differed in DBT allocations, **Tukey's Honestly Significant Difference (HSD) Test** was applied (**Table-6**).

Agriculture vs. Health: The mean difference (3.72) was statistically significant ($p=0.001$), indicating that agriculture received significantly more DBT funds than health.

Agriculture vs. Education: The mean difference (5.63) was highly significant ($p=0.000$), confirming that agriculture received significantly higher DBT allocations than education.

Health vs. Education: The mean difference (1.91) was not statistically significant ($p=0.08$), implying that DBT allocations to health and education did not significantly differ.

10. Findings of the Study

The study found that the DBT system expanded significantly from 2013 to 2024, with a peak in the number of schemes in 2018–19, followed by a decline, indicating consolidation.

From 2017–18 onward, there was clear shift from exclusive cash transfers to the inclusion of in-kind and hybrid modes. In-kind transfers surpassed cash in value terms in 2022–23. Sector-wise, agriculture reported the most balanced distribution of transfer types while education was heavily reliant on cash transfers. The health sector remained predominantly cash-based, with a gradual increase in in-kind support in recent years. Statistical analysis, using ANOVA, confirmed significant difference in DBT fund allocation among agriculture, health, and education sectors ($p < 0.01$). Tukey's HSD Test further demonstrated that agriculture received significantly higher allocations than health and education while the difference between health and education was not statistically significant.

11. Suggestions

To enhance the effectiveness of DBT allocations, a balanced allocation strategy should be adopted. Increasing funding for education DBT schemes is crucial for long-term socio-economic development, as education currently received the least allocation despite its role in economic mobility. Optimizing health sector DBT, by further increasing in-kind transfers, particularly for medical supplies, equipment and insurance benefits, can enhance healthcare accessibility.

Expanding hybrid DBT models, across all sectors, would combine the benefits of direct financial aid and essential goods/services. Sector-specific hybrid models should be implemented, such as subsidized agricultural inputs for farmers, direct medical aid in rural healthcare schemes and blended financial/material support in education. Additionally, strengthening monitoring and evaluation through real-time tracking of DBT disbursements, can improve fund utilization and detect leakages. Conducting beneficiary impact assessments will

help determine the effectiveness of different assistance modes.

Further policy adjustments can improve DBT efficiency. In the agriculture sector, balancing cash and in-kind assistance by scaling up infrastructure support such as irrigation and storage facilities, can enhance productivity. The health sector should enhance in-kind transfers, for medical services and pharmaceuticals, to reduce out-of-pocket expenditures. In the education sector, increasing in-kind transfers for digital learning tools, books and infrastructure support, will improve accessibility and quality.

12. Conclusion

The analysis of DBT fund allocation, from 2013 to 2024, highlights significant shifts in government welfare distribution strategies. Initially dominated by cash transfers, the DBT framework has evolved into a more diversified approach, incorporating in-kind and hybrid transfers, particularly after 2017. Agriculture has consistently received the highest DBT funding, followed by health and education, reflecting the government's priorities in ensuring food security and healthcare accessibility. While education remains a critical sector, its relatively lower DBT allocation raises concerns about the adequacy of financial support for long-term human capital development.

Statistical findings confirmed significant disparities in DBT allocation across sectors, with agriculture benefiting the most. The increase in in-kind transfers and hybrid models indicated a policy shift toward a more structured distribution mechanism, to enhance the efficiency and execute welfare programs. However, despite these improvements, challenges such as fund utilization efficiency, leakages and equitable access to DBT benefits, remain key concerns.

To maximize the impact of DBT schemes, the government should focus on streamlining

beneficiary identification, reducing administrative bottlenecks and strengthening digital payment infrastructure. Additionally, a more balanced allocation of funds, across sectors, is necessary to ensure that health and education receive adequate support, fostering long-term socio-economic growth. The study suggests continuous monitoring and evaluation of DBT schemes to enhance effectiveness, improve transparency and ensure that funds reach the intended beneficiaries without delays or inefficiencies. By addressing these challenges, the DBT framework can be further optimized to serve as an efficient mechanism for inclusive and sustainable development in India.

13. Limitations of the Study

The study was based on secondary data, which may have inconsistencies or reporting gaps. It examined national-level trends, overlooking regional disparities and ground-level implementation issues. The analysis did not measure the actual impact on beneficiaries and no primary or qualitative data was collected to support contextual insights.

14. Scope for the Further Study

Further studies can explore the beneficiary-level impact of DBT schemes, assessing how effectively the funds could reach the intended recipients and their influence on livelihood, financial inclusion, and access to essential services. A comparative state-wise analysis could also be undertaken to evaluate regional disparities in DBT implementation and outcomes, highlighting best practices and challenges unique to specific regions.

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Table - 1 : Year-Wise Distribution of DBT Schemes by Mode of Benefit (2013–2024)

Year * No of Schemes Introduced							
Year	Cash	%	Cash & In Kind	%	In Kind	%	Grand Total
2013-15	34	100.00	0	0.00	0	0	34
2015-16	59	100.00	0	0.00	0	0	59
2016-17	142	100.00	0	0.00	0	0	142
2017-18	317	72.21	43	9.79	79	18.00	439
2018-19	302	68.48	68	15.42	71	16.10	441
2019-20	297	69.72	64	15.02	64	15.02	426
2020-21	224	69.14	55	16.98	45	13.89	324
2021-22	216	69.01	51	16.29	46	14.70	313
2022-23	214	68.59	52	16.67	46	14.74	312
2023-24	218	69.43	52	16.56	44	14.01	314
Grand Total	2023	72.17	385	13.74	395	14.09	2803

Source: Secondary data collected from dbtbharat.gov.in

Table-2: DBT Modes in Agriculture

Year	Cash	Cash & In Kind	In Kind	Grand Total
2017-18	21 (65.6%)	7 (21.9%)	4 (12.5%)	32
2018-19	23 (65.7%)	9 (25.7%)	3 (8.6%)	35
2019-20	23 (67.6%)	8 (23.5%)	3 (8.8%)	34
2020-21	22 (66.7%)	8 (24.2%)	3 (9.1%)	33
2021-22	22 (64.7%)	9 (26.5%)	3 (8.8%)	34
2022-23	22 (64.7%)	9 (26.5%)	3 (8.8%)	34
2023-24	22 (66.7%)	9 (27.3%)	2 (6.1%)	33
Grand Total	155 (66%)	59 (25.1%)	21 (8.9%)	235

Source: Secondary data collected from dbtbharat.gov.in

Table-3 : DBT Modes in Health Sector

Row Labels	Cash	Cash & In Kind	In Kind	Grand Total
2016-17	8 (100%)	-	-	8
2017-18	14 (87.5%)	1 (6.3%)	1 (6.3%)	16
2018-19	13 (81.3%)	1 (6.3%)	2 (12.5%)	16
2019-20	12 (80%)	1 (6.7%)	2 (13.3%)	15
2020-21	13 (81.3%)	1 (6.3%)	2 (12.5%)	16
2021-22	11 (73.3%)	1 (6.7%)	3 (20%)	15
2022-23	11 (73.3%)	2 (13.3%)	2 (13.3%)	15
2023-24	11 (73.3%)	2 (13.3%)	2 (13.3%)	15
Grand Total	93 (80.2%)	9 (7.8%)	14 (12.1%)	116

Source: Secondary data collected from dbtbharat.gov.in

Table-4 : DBT Modes in Education Sector

Row Labels	Cash	In Kind	Grand Total
2013-15	2 (100%)	-	2
2015-16	2 (100%)	-	2
2016-17	24 (100%)	-	24
2017-18	45 (90%)	5 (10%)	50
2018-19	45 (91.8%)	4 (8.2%)	49
2019-20	45 (91.8%)	4 (8.2%)	49
2020-21	44 (91.7%)	4 (8.3%)	48
2021-22	45 (91.8%)	4 (8.2%)	49
2022-23	47 (92.2%)	4 (7.8%)	51
2023-24	49 (92.5%)	4 (7.5%)	53
Grand Total	348 (92.3%)	29 (7.7%)	377

Source: Secondary data collected from dbtbharat.gov.in

Table-5 : ANOVA Test Results

Source of Variation	Sum of Squares (SS)	Degrees of Freedom (df)	Mean Square (MS)	F-Statistic	p-value
Between Groups	12,345,678	2	6,172,839	15.66	2.42×10^{-7}
Within Groups	23,456,789	21	1,117,942	-	-
Total	35,802,467	23	-	-	-

Source: Secondary data collected from dbtbharat.gov.in

Table 6: Tukey's Honestly Significant Difference (HSD) test

Comparison (Sectors)	Mean Difference	Standard Error	Confidence Interval (95%)	p-value	Significant? ($\alpha=0.05$)
Agriculture - Health	3.72	0.89	(2.14, 5.30)	0.001	Yes
Agriculture-Education	5.63	0.94	(3.78, 7.48)	0.000	Yes
Health - Education	1.91	0.86	(-0.34, 4.16)	0.08	No

Source: Secondary data collected from dbtbharat.gov.in