

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

UNSTARRED QUESTION NO:4679  
ANSWERED ON:04.05.2012  
CORRUPT MALPRACTICES UNDER NRHM  
Tewari Shri Manish

**Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:**

- (a) the number of nature of irregularities, malpractice and corruption cases came to notice in the implementation of the National Rural Health Mission (NRHM) during the last two years and the current year, Statewise and year-wise;
- (b) the details of social audit of the scheme, including the need and advantage, methodology and level at which there are to be conducted;
- (c) the salient features of the instructions issued to the State Governments for enforcement of the social audit provision under the scheme;
- (d) whether the Government proposes to provide additional resources to the State Governments for meeting administrative expenses for carrying out such audits; and
- (e) if so, the details thereof?

**Answer**

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY)

(a): As per Audit Report received from the States for 2009-10 and 2010-11, irregularities have been noticed in the utilization of NRHM funds in the States of Rajasthan, Bihar, Orissa as follows:

State Year Number and nature  
of irregularities

Rajasthan  
2009-10 Defalcation of cash in 1 case.

Bihar 2010-11 3 cases of suspected embezzlement.

Orissa 2010-11 Misappropriation of funds in 1 case.

Further, as per visit report of NRHM team from Government of India, the following irregularities have been noticed in the State of Uttar Pradesh:

Year 2010-11

(i) Irregularity in award of contract for procurement of Emergency Medical Transport Services and Mobile Medical Units, Management of hospital cleaning and gardening, procurement of safe drinking water and R.O. systems etc.

(ii) Supply of poor quality of IEC/ BCC material and poor quality of drugs and consumables etc.

(iii) In respect of civil construction works, there was mere transfer of funds to various State Government agencies without any formal agreement and without any system.

(iv) Poor monitoring of progress of the civil construction as well as quality of construction, and no action on the defects in constructions pointed out by JEs/ CMOs.

(v) Non-operationalisation of emergency transport services even after procurement of 779 ambulances.

The audit reports of 2011-12 are yet to be received from the States.

(b): The framework of community monitoring is contained in the Framework of implementation of NRHM. It envisages involvement of local communities in planning and implementing the programmes as well as assessing them against agreed benchmarks. Community action creates an accountable public health system and promotes decentralized inputs for better planning of health activities. Government has constituted an Advisory Group on Community Action (AGCA) to facilitate community monitoring of NRHM and to advise on ways of developing community partnership and ownership for the Mission. Community monitoring was piloted in 9 states. The community monitoring process in these states was done at state, district, block and village levels.

(c) : 1. Constitution of "Village Health, Sanitation and Nutrition Committees (VHSNC)" to promote decentralized planning process at village level.

2. Involvement of elected representatives in planning and oversight of programme implementation.

3. Participation of NGOs/Community Based Organisations in mobilizing the communities for effective community monitoring of the programme.

(d) & (e): Financial assistance is provided to the States for community monitoring activities on the basis of requirement projected under the State Programme Implementation Plan, which is appraised and approved by the Government of India based on recommendations of National Programme Coordination Committee (NPCC).