

Chapter 12

Conclusion

The National Rural Health Mission (2005-2012) envisaged bringing ongoing disease control programmes under one umbrella and improving the physical and human infrastructure and capacity of the healthcare system.

The Mission sought to bring reliable and efficient healthcare to the doorsteps of the needy rural populace. It also sought to improve health indicators and address local endemic diseases through community participation and feedback and by enhancing public awareness.

Audit observed that the decentralised bottom up planning format had not taken off and health plans were not based on grass root health plans. Village Health Plans were either not prepared or were not based on actual data and Village Health Index Registers were not complete. The interdepartmental convergence was more in the nature of tokenism and coordinated plans were not being prepared.

The desired level of community participation and ownership of assets was not achieved. Public health activists were not involved at SHS and DHS levels and neither was NGOs participation as envisaged. Social audit through the system of “*jan sunwai*” and “*jan samvad*” was not in place.

The management of the Mission, especially financial and accounts procedures suffered from systemic weaknesses. The improper and deficient maintenance of books of accounts resulted in accounts not reflecting true and fair picture of NRHM in the State, apart from resulting in serious financial irregularities. Financial transactions need further investigation.

A large number of construction works were undertaken as part of the Mission, but remained incomplete. The selection of vendors/ suppliers and construction agencies was also not transparent as open tender system was not followed. Extra avoidable expenditure were incurred. The Government suffered loss on account of non-deduction of VAT. The quality control system was also weak resulting in substandard works.

The scope for improvement of human infrastructure was large, as a large number of vacancies, especially of skilled staff, continued to affect services and sufficient training was not provided to health workers like ANMs and ASHAs. Audit observed that despite the focus of the Mission being the rural populace, deployment of personnel showed an urban bias, with the personnel often exceeding the sanctioned strength in urban health centres.

The SHS did not establish Procurement Cell to professionally manage procurements under NRHM. SHS used technical directorates, especially, Directorate General of National Programmes, Monitoring and Evaluation to make procurements on its behalf. These technical directorates nominated various Uttar Pradesh Government companies and cooperative societies to make procurements. The working of these nominated agencies was characterised

by lack of transparency and of open competition. This resulted in costlier and delayed procurements, as also part/non-supply of goods and services.

Although the health indicators in the State improved due to targeted interventions and better outreach, the improvement was not commensurate with expenditure and was still some way behind targets. Audit observed that the shortage of rural health facilities ranged between 16 (PHCs) and 53 *per cent* (CHCs) and that the number of sub centres has remained stagnant over the past six years.

Implementation of NRHM in the State has been affected by weak institutional monitoring mechanisms. The apex institutions at the State level – the State Health Mission and the Governing Body and the Executive Committee of the State Health Society did not adequately discharge their responsibilities. Some District Health Missions, which were to be the apex institutions at the districts, were not even constituted. Two programme implementation committees, formed (November 2006) to monitor implementation of various components of the Mission, also did not meet regularly.

The Government did not appear to be sensitive to error signals emanating from various sources like reports of statutory auditors, chartered accountants and concurrent auditors.

The Government should plug holes in the implementation system and reinvent the delivery mechanism to ensure that the objectives of the Mission are fully achieved across the State.