

Actionable Points in Physical Verification Reports of

H&ME DEPARTMENT

1. Super Specialty Hospital, Jammu

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none">• Certain sanitary fitting works, construction of cabins for administrative staff, purchase of machinery and equipment, development of parking area is pending. Although time of completion of project is over.• Six OTs not ready yet.• Testing of gas supply system is pending because procurement of nitrous oxide and oxygen gases had got delayed due to non availability of sanction order for advance drawl.• Certain medical equipments not yet procured• Although STP is ready the electrical connection demanded by UEED from Medical Jammu has not been provided.• H&ME needs to make arrangements for maintenance, watch & ward of hospital building and machinery once the same is taken over from CPWD.	<ul style="list-style-type: none">• All sanitary items are provided and functional, Administrative block is complete, medical equipment and machinery stand procured and development of parking is in progress.• 03 integrated OTs procured and installed and remaining 03 OTs are under pipeline.• Amount of Rs 5.71 crore stand released by the department with approval of Finance Department and placed at the disposal of CPWD.• Medical gas pipeline system is in order and checked. One set of cylinders fitted.• Electric connection for STP provided.• Requirement of funds for watch & ward and maintenance of building I being worked out. Technical and financial bids for sanitation have been opened and technical evaluation is in process.

2. 200 Bedded Maternity Hospital, Jammu

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> • Land measuring 5 kanals and 50 marlas in the premises of Government hospital Gandhinagar has been selected for construction of the seven storey maternity hospital building. The land is inadequate. The cost of 02 basement floors to be used as parking space would have been sufficient to acquire 30-40 kanals of land in the vicinity of Jammu city with ample space for parking over 200 vehicles. • Initial design prepared by JKPCC has been revised by R&B. Addition of 122.68 sqm area has escalated the cost of project by Rs 2.56 crore and added Rs 5.23 lac to the consultancy charges. • The distance between excavated area and adjoining hospital building and higher secondary school building is 6-8 meters and may endanger stability of these structures. • NOC for construction of the building required from JMC has not been obtained 	<p>ATR awaited</p>

3. District Hospital Samba

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> • Up-gradation of CHC Samba to 30 bedded CHC was taken up in 2003-04 at a cost of Rs 2.56 crore. • Revised DPR has not been prepared although funds exceeding the original cost stand expended. • Works valuing Rs 67.00 lacs not executed despite expending entire amount as per revised cost. • Completion certificate has not been furnished to NABARD. • Development Commissioner, Works needs to examine the expenditure aspect and suggest if the case is fit to be referred to the State Vigilance 	<ul style="list-style-type: none"> • Construction of CHC was taken up in 2006-07 at a cost of Rs 220.09 lacs through PWD. The Department has not received any revised estimates and there is no scope to revise the cost of the project. <p>(The reply is irrelevant and unconvincing).</p>

<p>Organization for investigating misappropriation of funds.</p>	
<ul style="list-style-type: none"> • Rs 36.50 lacs meant for “Machinery and Equipment” have been diverted for construction. 	<ul style="list-style-type: none"> • H&ME Department has asked Director Health Services, Jammu to investigate the matter and intimate the factual position, so that appropriate action as warranted under rules is taken against the concerned officials.
<ul style="list-style-type: none"> • Under phase-II, 30 bedded CHC is being upgraded into a 100 bedded District Hospital by way of constructing one more building block at a cost of Rs 11.83 crore. • AA has not been accorded to the project even after expending more than 90% funds. • The building stands completed but has not been taken over by Health Department because a new electric sub-station has not been established and water supply also not provided. 	<ul style="list-style-type: none"> • The IPD Block of new District Hospital, Samba was inaugurated by Hon’ble Chief Minister on 22nd November, 2013. The new electric sub-station and water supply connection has been provided to the hospital building which is functional. • DPR has been sent to JDC works for technical vetting after which AA shall be accorded.

4. District Hospital Reasi

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> • Project under execution without accord of AA and Technical Sanction. • Faulty site selection resulted in escalation in cost of project (construction of bridge, retaining walls and site development) • Demand of locals for construction of road behind the 	<p>ATR awaited</p>

<p>hospital complex.</p> <ul style="list-style-type: none"> • No ramp and no lift in the triple storey building • Only Rs 8.10 crore provided against project cost of Rs 34.39 crore. 	
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5. District Hospital Rajouri

Problem Areas	Action Taken
<ul style="list-style-type: none"> • AA not accorded and technical sanction not obtained. • Cost of project revised four times due to enhancement of plinth areas, changing the type of flooring from the one proposed in the DPR: Granite was used in corridors & waiting space instead of vitrified tiles. The wards and rooms had vitrified tile flooring instead of normal flooring. • A vertical crack was observed on the main building. • Work of OPD block was held up mid-way due to shortage of funds. • The wood used for doors and their frames was Marindi and not Deodar. • Quality of furniture procured was not good. • Vertical hollows for installation of dumb lifts in the main building were found ready but the lifts were yet to be installed. • The work of antistatic flooring with primer, copper tapping & epoxy coating and polyurethane coating on walls of the Operation Theatres (OTs) was partially completed. • Temporary arrangements/ alterations were made in the ground floor IPD & Emergency blocks for starting OPD. 	<ul style="list-style-type: none"> • Crack is actually at the joint of two building blocks and stands rectified • Furniture is purchased through the Purchase Committee and is of good quality

6. District Hospital Doda

Problem Areas	Action Taken
<ul style="list-style-type: none"> • The residential house structure in the middle of the District Hospital is causing obstructions to the smooth construction of road within the complex and the 	<p>ATR awaited</p>

<p>construction of IPD block of the Hospital.</p> <ul style="list-style-type: none"> • This private residential structure if continued to exist may also create serious challenges for the working of the District Hospital post construction. • There is a built-up area (Pakdandi/street) along one side of the Hospital (shown in the map). This Pakdandi within the area of acquired land for district hospital, according to the officials on spot, has been constructed by the Municipality. According to the field officers present on spot, this encroachment has encouraged further encroachments in the form of 2-3 private residential houses on other side within the acquired land. • In addition to the problems related to the civil works, the Superintendent District Hospital Doda present on the spot apprised that although the District Hospital is in the stage of completion but the most serious challenge faced by the District Hospital Administration Doda, even now, is shortage of the staff which is mainly in the form of Assistant Surgeons and Junior Staff Nurses. Out of 20 posts of Assistant Surgeons, 17 are vacant and out of 3 Assistant Surgeons in position one is working as psychiatrist (with only 2 days at Doda), one is handling Gynae cases and eventually there is only one Assistant Surgeon for carrying the routine hospital work of the District Hospital Doda. Similarly out of 10 sanctioned posts of Junior Staff Nurses, only one is in position. 	
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7. District Hospital Anantnag

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> • Administrative approval to the project not accorded. • Executing agency to increase the number of men and machinery to ensure the completion of Phase 1st (block C, Common Entrance block) by the expected date of May, 2013. • The Administrative Department to take up with district 	<p>ATR awaited</p>

<p>administration for immediate lifting of garbage lying within premises of the hospital for its disposal/dumping at the proper place for maintaining the required environment for the hospital.</p> <ul style="list-style-type: none"> • The scheme needs to be sufficiently funded in the ensuing two financial years to avoid further cost overrun. • Govt; to consider releasing of Rs 5.00 crore immediately for completion of Phase 1st of the project. • Executing agency to maintain bar chart at the construction site . • Executing agency to ensure rectification of errors found in tile cladding work and fixation of electric switch plates. • DC Pulwama and Budgam to enforce the notified rates of the bricks in their respective districts so that the executing agency is able to procure the same without paying any excess amount on this account. 	
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8. District Hospital Ganderbal

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> • Administrative Approval to the project not accorded. 	<ul style="list-style-type: none"> • The accord of AA will be processed by Adm. Deptt; once the DPR is received duly vetted by Jt. Dev. Commr;(Works) of R&B Deptt.
<ul style="list-style-type: none"> • Increase in number of men and machinery and supervisory staff to ensure the completion of work by the expected date of December, 2013. Taking up land development within the premises simultaneously. 	<ul style="list-style-type: none"> • Men and machinery has been increased alongwith the engagement of additional workers and supervisory staff. Land development has also been taken up in hand but could not be continued due to lack of funds as first priority is being given to the main buildings.
<ul style="list-style-type: none"> • Banning any type of construction in 	<ul style="list-style-type: none"> • The matter has been taken

the surroundings of the premises for retaining hospital environment.	up with DDC, Ganderbal for appropriate action.
<ul style="list-style-type: none"> • Demolition of structure, coming in the alignment of the approach road at the takeof point. 	<ul style="list-style-type: none"> • The matter has been taken up with DDC, Ganderbal.
<ul style="list-style-type: none"> • Adequate funding for the project. 	<ul style="list-style-type: none"> • Demand projected to both State and Central Government.
<ul style="list-style-type: none"> • Maintaining Bar Chart at the construction site 	<ul style="list-style-type: none"> • BAR/PERT charts are being maintained
<ul style="list-style-type: none"> • Enforcement of revised rates of bricks by DC Pulwama and Budgam. 	<ul style="list-style-type: none"> • Rates stand notified

9. District Hospital Shopian

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> • AA to the project not accorded. Needs adequate funding and maintaining of bar chart at the project site by the agency. • Obtaining the result sheets of the cement concreting cubes deposited long back at the QCL to analyse the quality of the concreting work. Ensuring timely deposition of cement concreting cubes at the lab and collection of result sheets for maintaining quality control by the executing agency. • Acquisition and subsequent demolition of single storey residential structure on the left side and other residential structures on the right side of the premises for future expansion of the hospital infrastructure. • Examining the demand of public of the area for creation and placement 	<ul style="list-style-type: none"> • AAA is under process. Regarding funding matter taken up with the State and Central Govt. BAR/PERT charts are being maintained by the executing agency. • Matter stands taken up with the MD, JKPCC for appropriate action. • CMO Shopian has been directed to get the valuation of the instant property done through R&B Deptt; in consultation with District Revenue Authorities. • As and when construction of the building gets completed, matter regarding demolition of the

of more Assistant Surgeons and Gynecologists in the hospital.	existing small and medium size existing hospital structures shall be taken up with the concerned quarters. <ul style="list-style-type: none"> • Demand is under active consideration of the Government.
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10. SDH Sogam, Kupwara

<i>Problem Areas</i>	<i>Action Taken</i>
i) Delay in completion of the project/ sluggish funding made over the years. ii) Only 50% of physical progress achieved in Phase 1 st by way of construction of IPD block. iii) Against the project cost of ₹ 20.60 crore, an amount of ₹ 6.85 crore (33%) stands released over a period of five years which has been utilized fully. iv) Administrative approval to the project not accorded, Papers for AAA submitted in July, 2007.	ATR awaited

11. CHC Ramgarh

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> • Project basically costing Rs 288.06 lacs in 2003-04 has been revised to Rs 339.20 lacs. • Despite expenditure of Rs 329.00 lacs (97%), the scheme is incomplete. • There is no DPR for the revised cost although funds have been released against revised cost. • Construction work of IPD block, a double storey structure, is incomplete and has been abandoned. • 04 residential quarters constructed 	H&ME Deptt. has informed that only on receipt of investigation report from the SVO further action shall be taken. However, the left over works shall be completed by R&B so that project completion certificate is forwarded to NABARD.

<p>instead of 06.</p> <ul style="list-style-type: none"> • Structure of mortuary block erected but not completed. • There is no provision for fire fighting equipment or disposal of bio waste, ramp/ lift in the IPD block, etc. 	
<ul style="list-style-type: none"> • Even the amount of Rs 36.50 lacs meant for “Machinery and Equipment” has been diverted for construction activity. • The amount of Rs 10.47 lacs spent on project planning, consultancy and quality control appears unjustifiable. 	<p>H&ME Department has asked Director Health Services, Jammu to investigate the matter and intimate the factual position, so that appropriate action as warranted under rules is taken against the erring officials.</p>

12. CHC Tiryath, Rajouri

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> • Administrative approval to the project not accorded. Request for release of balance funds for early completion of the scheme. • Creation of 250 KVA sub-station at an earliest for providing electricity to the hospital which component has not been taken up. • Accelerating the pace of work of OPD block and taking over leftover works of small nature in the IPD block. • Filling up of the vacant posts of doctors and para-medical staff at the CHC and installation of requisite machinery in the IPD blocks. • Bar Chart not maintained at the construction site. Wire-gauze window shutters needs to be provided particularly in the IPD and OPD blocks for better and proper patient care. • Settlement of the case of land compensation of Shri Inder 	<p>ATR awaited</p>

Singh whose proprietary land of 15 kanals has been acquired for construction of CHC, reportedly pending in the Department.	
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13. Khour, Jammu

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> Project started with cost of Rs 3.49 crore in 2007 and revised to Rs 5.24 core in January 2011 and again to Rs 12.57 crore. None of the DPRs have been administratively approved. 	ATR Awaited
<ul style="list-style-type: none"> Structural design of the building changed from load bearing to RCC due to faulty site selection. Change in structural design and an increase in plinth area from 33304 sft to 54359 sft has lead to cost escalation by 216%. 	
<ul style="list-style-type: none"> The project is poorly funded out of different source viz BADP, NRHM and state plan. 	
<ul style="list-style-type: none"> Land area of 12.5 kanals donated by locals for the hospital is inadequate for constructing the infrastructure proposed to be developed in the project. 	
<ul style="list-style-type: none"> Approach path is single lane and with steep bends and curves due to construction of shops in anticipation of commercial activity due to functioning of the hospital. 	

14. SDH Kokernag, Anantnag

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> Administrative Approval not accorded to the scheme as it has been under execution now for almost a decade with revised cost offer submitted by the JKPCCE more than 04 years back in July, 2007. 	<ul style="list-style-type: none"> Accord of Administrative Approval to the project is under process.
<ul style="list-style-type: none"> Executive Agency to take up the work in double shifts to ensure the completion of the other components of the scheme as early as possible. It should also be ensured that the minor damages wherever caused to the 	<ul style="list-style-type: none"> The instructions stands conveyed to the executing agency to speed up the completion of

<p>building are restored and construction errors rectified immediately. The electrical unit should also ensure that the electrical faults are corrected in the SDH building.</p>	<p>the project.</p>
<ul style="list-style-type: none"> • MD, JKPCC to ensure that the component of the Central Heating System which has been in progress for the last 03 years through the Mechanical Unit is completed immediately particularly before the onset of winter, 2012. 	<ul style="list-style-type: none"> • JKPCC asked to get the CHS completed in all respects through MED before the coming Winter Session.
<ul style="list-style-type: none"> • The Administrative Department should examine and look into the demand of BMO for creation of a post of Medical Superintendent in the SDH and filling up of the vacant posts of Assistant Surgeons and Specialist doctors in the SDH for smooth functioning. 	<ul style="list-style-type: none"> • The matter is under active consideration of the Department.
<ul style="list-style-type: none"> • The Director Health Services, Kashmir should provide requisite machinery and equipment for making all the units of the SDH functional. 	<ul style="list-style-type: none"> • The requisite Machinery/Equipments have already provided in the hospital. However, some more equipment is being provided to the hospital during current financial for its proper functioning.
<ul style="list-style-type: none"> • The Competent Authority should also examine the request of BMO for construction of a separate building for housing Casualty Block and Administrative Block within the premises of SDH. 	<ul style="list-style-type: none"> • CMO Anantnag has been asked to get the DPRs prepared in this regard.
<ul style="list-style-type: none"> • The Deputy Commissioner, Anantnag should resolve the dispute of the approach road by instructing the concerned revenue officials for demarcation of the hospital premises. It should also provide Police assistance to the executing 	<ul style="list-style-type: none"> • The matter has been taken up with DDC, Anantnag to do the needful at the earliest.

<p>agency so that it is in a position to carry out the work of fencing which otherwise is hindered by the villagers on this account.</p>	
<ul style="list-style-type: none"> The Deputy Commissioner and SSP Anantnag should see that the new gate for Police Station Kokernag is constructed on the alternate approach road side to prevent the movement of the Police Personnel within the premises of SDH for the entry and exit to the Police Station. They could also consider the subsequent relocation of the Police Station to the new premises already allotted to it which is presently occupied by Security Forces. 	<ul style="list-style-type: none"> DDC/SSP Anantnag has been requested for taking appropriate necessary action in the matter.
<ul style="list-style-type: none"> Connecting of power cable already laid from the Grid Station to the Hospital is connected to the electric Sub-station for providing essential power supply to the SDH. Pipes supplying water to the hospital from the main reservoir at certain places are above the surface which needs to be buried underground to avoid the freezing of pipes during winter month. 	<ul style="list-style-type: none"> Needful has been done.

15. SDH Yaripora, Kulgam

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> Need for completion of unfinished works within the new building for making it fully functional. Preparation of revised DPR in case the project cost is to undergo upward revision and submission of the same to the concerned for necessary action. Rectification of errors in fixation of Kota stone and tiles in the corridors, walls and lavatory points. Restoration of the damages of the walls suffered as a result of mechanical and 	<ul style="list-style-type: none"> Executing agency has been directed to complete the building in all respects during current fiscal. The cost of the project has been revised from Rs 594 lacs to Rs 728 lacs against which an amount of Rs 532 lacs have been expended. Rs 50 lacs

<p>electrical works carried out in the building.</p> <ul style="list-style-type: none"> • The Mechanical Hospital Division, Srinagar to ensure that the work of Central Heating System is completed within the shortest possible time before onset of winter. • Release of funds to the extent of Rs 2.00 crore during the current financial year as requisitioned by the executing agency for clearing the workdone liability, besides considering provision for balance funds (based on the likely cost revision) in the next financial year so that the project gets completed during 2013-14. • Taking over of the building by Health Department once the damages are restored and unfinished works are completed. BMO, Yaripora to execute an agreement with PDD for providing permanent power connection to SDH. • Director, Health Services, Kashmir and BMO, Yaripora to pursue the case in the court of law for settlement of the land dispute for construction of staff quarters for paramedical staff. 	<p>have been released during current fiscal.</p> <ul style="list-style-type: none"> • Executing agency has been directed to rectify the defects and ensure strict compliance.. CE, MED has been directed to ensure CHS is made functional before coming winter season. • BMO directed to take immediate steps for providing permanent power connection. • CMO Kulgam asked to pursue the case in the court of law for settlement of the issue.
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16. Basholi, Kathua

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> • Against project cost of Rs 10.27 crore, an amount of Rs 9.19 crore (89%) has been released during last 10 years against which the expenditure is of the order of Rs 7.60 crore (83%) upto August 2012. 	<ul style="list-style-type: none"> • Project has been taken up at a cost of Rs 9.72 crore and not Rs 10.27 crore as mentioned in the PVR. • The entire amount of Rs 9.72

	crore stands released.
<ul style="list-style-type: none"> • Neither AA has been accorded nor the DPR is technically vetted. • The construction work executed at site is not as per the drawing/ design provided in the DPR. • 100 bedded CHC has been changed to 40 bedded CHC. • Tipple storey IPD and OPD blocks have been changed into single storey IPD and double storey OPD blocks. 	<ul style="list-style-type: none"> • ATR is silent over the issue.
<ul style="list-style-type: none"> • Although State land measuring 53 kanals and 02 marlas in village Pali stand transferred to Health Department. • A portion of land at the rear end of the complex is disputed and intervention of Revenue Officials is imminent. 	<ul style="list-style-type: none"> • The land acquisition proceedings have been initiated afresh.
<ul style="list-style-type: none"> • A double storey structure has been constructed inside/ along the boundary wall of the complex by an Ex-MLA. 	<ul style="list-style-type: none"> • The land/ building is outside the premises of CHC, Basohli.
<ul style="list-style-type: none"> • Construction of quarters for Medical and Paramedical staff has not been taken up. 	<ul style="list-style-type: none"> • ATR is silent over the issue.
<ul style="list-style-type: none"> • Some errors were found in the fixation of wooden windows and doors in the IPD/ OPD blocks. 	<ul style="list-style-type: none"> • ATR is silent over the issue.
<ul style="list-style-type: none"> • A portion of boundary wall at the rear end has suffered damage and stray 	<ul style="list-style-type: none"> • ATR is silent over the issue.

cattle were found grazing within the premises.	
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17. Chenani, Udhampur

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> Owner from whom land measuring 21 kanals has been acquired after paying compensation of Rs 20.00 lacs has disputed the measure of land acquired for the hospital. 	<ul style="list-style-type: none"> DHS, Jammu has been directed to sought out the issue with revenue authorities
<ul style="list-style-type: none"> Approach road is single lane with steep gradient is under construction. 	<ul style="list-style-type: none"> Efforts are being made to explore the possibility of widening the approach road.
<ul style="list-style-type: none"> Administrative Approval/ Technical Sanction of the project of the original/ revised cost is pending. 	<ul style="list-style-type: none"> ATR silent over the issue
<ul style="list-style-type: none"> Health officials intend to change the layout of the complex because mortuary block will be constructed adjacent to staff quarters. 	<ul style="list-style-type: none"> DHS, Jammu has been asked to shift the staff quarters to the premises where present health centre is functioning and spare the land at construction site for expansion of the CHC.
<ul style="list-style-type: none"> Slow pace of funding and even slower pace of execution. 	<ul style="list-style-type: none"> Dispute with police and non-availability of bricks in 2011-12 were the causes for delay

18. Mahore, Reasi

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> Faulty site selection:- Hostility among neighbours is a common feature, especially in the hills, due to shortage of land favourable for construction and cultivation. However, when crore of rupees are being spent out of the public exchequer for raising infrastructure, it needs 	<ul style="list-style-type: none"> ATR awaited

<p>to be ensured that each penny drawn is spent in a judicious manner.</p> <ul style="list-style-type: none"> The site of CHC Mahore is at some distance, about 1-2 km, from the main market of Mahore. Even at a distance, the land selected for the public building is inadequate. There is shortage of space for construction of soakage pit, septic tank, development of parking area etc. 	
<ul style="list-style-type: none"> Meagre funding:- Construction work of a number of CHCs and PHCs were taken up by the Health Department in the last decade. Many of these have been inspected and it is observed that works of all such buildings were taken up simultaneously without taking into consideration the extent to which the Department can manage financing such projects in a time bound manner. As a result most of the buildings are still incomplete while their costs have escalated manifold. In case of CHC Mahore as well the escalation in cost is more than two and a half times, besides spilling over of the project beyond its stipulated time frame. This, probably, could also be the primary reason for not according Administrative Approvals to most of the projects taken up by the Health Department during the decade. 	ATR awaited
<ul style="list-style-type: none"> Slow pace of execution:- Land dispute has been cause of delay in starting of a number of development projects in time. Commencement of the construction work of CHC Mahore also got delayed by 2-3 years due to non-settlement of land/ structure compensation cases. Besides the land issue, in the instant case, fault also lies with the executing agency in slowing down the pace of execution of works under the project. The statement 	ATR awaited

<p>showing year wise funding viz-a-viz value of work done brings to fore the fact that JKPCC has not been sincere in its efforts, especially in the year 2011-12 when Rs 4.26 crore were available with it under the project but work valuing only Rs 90.00 lacs was executed.</p>	
<ul style="list-style-type: none"> • Technical flaws:- Although engineers of the executing agency did not reveal much regarding taking up the construction of doctors' quarters before constructing Block-C, the probability of deviation from the original layout of the hospital building in the complex cannot be ruled out. • The engineers stated that earthwork of Block-C would endanger the school building located behind the hospital complex. The point to be noted is that the school building did exist even before the CHC complex was designed. The emergent situation which prevented laying foundation of Block-C could have resulted due to miscalculation by the technicians/ engineers of JKPCC. • Moreover, reporting about insufficiency of space for septic tank and soakage pit after constructing two blocks of the hospital also raises doubts on the skills of the engineers of JKPCC. 	<p>ATR awaited</p>

19. NT PHC Batpora

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> • Project under execution through JKPCC. AA to the project not accorded even after spending more than 90% of the funds against the revised cost of ` 2.16 crore. 	<ul style="list-style-type: none"> • ATR is silent on the issue.
<ul style="list-style-type: none"> • There are numerous cracks in the building which gives an impression of usage of substandard material in its construction. The 	

<p>impact of cracks is such that even the tiles have cracked with the cracks in the inner walls.</p>	
<ul style="list-style-type: none"> • The PHC is already operational but leakage and seepage of water was found in the general wards of PHC. • The Committee constituted under the chairmanship of JDC Works by H&ME Deptt recommended recovery of an amount of ` 0.78 lacs from the salary/pension of erring officers of JKPCC for restoration of the damages of building. This recommendation was made even after carrying out repairs to the building by JKPCC. • The committee had recommended that cost of main gate and boundary wall need to be recovered from JKPCC and paid back to DHS-K. 	<ul style="list-style-type: none"> • Repairs to the building have been carried out to stop leakage/ seepage of water. • ATR is silent in this regard.
<ul style="list-style-type: none"> • DHS-K to recoup ` 5 lacs already paid to PWD out of NRHM funds released for const of boundary wall and main gate as the same was to be executed by debit to project cost as reflected in DPR. 	<p>JKPCC has not paid back ₹5.00 lacs to DHS-K.</p>

20. CHC Darhal, Rajouri

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> • The construction of CHC building along with allied facilities completed. 90% physical progress achieved. However, the work on construction of compound wall etc 	

<p>is yet to be taken up.</p> <ul style="list-style-type: none"> • The scheme is funded under NRHM/ State plan. Against the project cost of ₹ 5.90 crore, an amount of ₹ 4.74 crore (80%) stands released and expended leaving there a balance fund requirement of ₹ 1.16 crore for closure of the project. • Administrative Approval not accorded to the scheme. • CHC running in 2-3 single storey old structures having very limited accommodation. The condition of the rooms in these structures not good. • The Health Department to immediately takeover the new building and start functioning of the CHC from there as the same is now complete in all respects. • Shortage of doctors in the CHC. The competent authority to consider providing of more equipment to the new CHC building as per the requirement. 	<p>ATR awaited</p>
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21. SDH, Zainapora, Shopian

<i>Problem Areas</i>	<i>Action Taken</i>
<ul style="list-style-type: none"> • The Competent Authority should process the case for accord of administrative approval to the project. • The Administrative Department should consider release of the balance funds during the current fiscal for closure of the project. • The executing agency should take-up the work of construction of staff quarters/ Blood Bank etc with boundary wall for the closure of the project during the current fiscal (2013-14). It should also ensure rectification of errors in civil and electrical works noticed within the hospital building. 	<p>ATR awaited</p> <p>JKPCC vide letter dated 19-07-2014 has intimated that as and when the balance funds are released,</p>

<ul style="list-style-type: none"> • The executing agency should immediately take-up the painting work of the iron sheets provided as a cover to the water reservoir which are apprehensive of getting more rust. • The Competent Authority should consider posting of staff against the vacant positions and requisite equipment for the new SDH building in the interest of the patient care. • The District Administration shall impress upon the Xen PDD concerned for realignment of electric poles and LT line passing through the compound of the hospital. It should also consider metalling and macadamisation of approach road of hospital having 300ft length from main road of Zainapora as the same is in a bad condition which puts general public and patients to inconvenience. • Science & Technology Department should impress upon JKEDA for installation of Solar Power Plant in the SDH, Zainapora so that the 	<p>the remaining work will be taken up immediately.</p> <p>The errors noticed in civil and electrical works within the hospital building stands rectified.</p> <p>JKPCC has intimated that the painting work of the iron sheets provided as a cover to the water reservoir has been taken up and shall be completed within a week's time.</p> <p><i>ATR awaited</i></p>
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hospital is in a position to function during power disruptions as well.

- The Hospital management could consider hiring the services of an electrician and plumber for maintenance and upkeep of the hospital. The wages of the electrician/ plumber could be met out from Hospital Development Fund.