

GOVERNMENT OF JAMMU & KASHMIR

Chief Minister's Monitoring Cell

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**Physical verification report of the project namely
"CONSTRUCTION OF CHC Khour"
District Jammu**



By
Deputy Director,
CM's Monitoring Cell.

- 1. Name of Project:** Construction of Sub-District Hospital complex, Khour, Jammu.
- 2. Funding source:** BADP, State Plan & NRHM
- 3. Executing Agency:** Public Works (R&B) Deptt.
- 4. Year of Start:** 2007-08
- 5. Year of Completion:** 2008-09 (2 working years, Targeted)
2012-13 (Likely)

6. Financial Status of Work:

<i>(Rs. in crore)</i>				
Estimated Cost	3.975 (Original)			
	5.24 (1 st Revision)			
	12.57 (2 nd Revision)			
	BADP	State Plan	NRHM	Total
Funds Released	0.4	2.54	3.50	6.44
Expenditure Incurred	0.4	2.54	3.50	6.44
%age of funds released/ expenditure incurred	51%			

7. Physical Status of Work:

Particulars	Physical Status
Main building comprising OPD Block, Diagnostic Block, Emergency Block and IPD (wards)	Civil works completed. Finishing work such as, sanitary fittings, electrical fittings, fire fighting equipment fitting, etc. in progress
M.O Quarters	Foundation completed and brick work upto window level in progress
Para Medical Quarters	Yet to be tendered
Approach road	Completed except BT
Development of Lawn	Work in progress

8. Need of the Project:

Khour town, situated at a distance of about 52 kms from Jammu city. A Primary Health Centre is already functioning in the area but with the

growing population, the centre is unable to cater the population of around 70,000 souls residing in the area. Moreover, the vicinity of the town to the international border with Pakistan has necessitated for developing and improving health infrastructure in the block. Thus, the project was envisaged for the people living in towns of Khour, Chhamb, Pallanwalla who shall be benefited to the utmost.

9. Reasons for revision in cost of Project:

The estimated cost of the Sub-District Hospital, Khour worked out at **Rs 397.50 lacs** R&B, Division No-III, Jammu in March 2007 at the behest of the Director, Health Services, Jammu has been revised not once but twice. The cost has been revised to **Rs 524.07 lacs**, i.e. **a hike of 32%** in September, 2007 and further to **Rs 1256.50 lacs** in January, 2011. **The hike in cost during the second revision with respect to the original cost is 216% and with respect to the initial revision is 140%.** The reasons for revision in cost given by the Chief Engineer, R&B Jammu to the Director Health Services, Jammu are reproduced below:-

- 1) The initial two DPRs were framed for load bearing construction whereas the third DPR is based on RCC framed structure building. Before the construction was taken up on the **new site identified by the Health Department** the soil investigation was conducted. The structural design of the building had to be changed as the soil investigation report of the geo-technical experts had recommended for a RCC column framed structure instead of a load bearing structure. By changing the structural design of the building the cost of project has exorbitantly enhanced.
- 2) The plinth area increased from the original **33,304 sft** to **43,499 sft** during the first revision and further increased to **54,359 sft** during the second revision. The initial revision of the plinth area includes increase in area of main building (**G+1**) by **4120 sft** and an addition of **6075 sft** for service block comprising 07 number quarters for doctors and paramedical staff. The subsequent revision of the plinth area is owing to increase in the number of **quarters from 07 to 20**. The plinth area of service block has been revised from **6075 sft** to **16,936 sft**.

Thus, the increase in plinth area by 63% and changing the structural design of the building has led to escalation in cost of construction by 126% (Rs 499.79 lacs).

- 3) There was no provision for fire fighting or resisting an earthquake in the original design. Inclusion of these two factors increased the project cost by **Rs 66.42 lacs**.
- 4) No provision had been kept for power plug, telephone conduits and computer conduits in the original project.
- 5) The initial two DPRs were framed during the year 2007 while the 3rd one was framed in January, 2011 and during this span the price index in terms of material and labour had increased by **60%** approximately.
- 6) The initial two DPRs were framed on the PWD plinth rates while the third DPR has been framed on CPWD approved plinth area rates with prevailing price index as 2011.
- 7) The increase in the plinth area has in turn affected the cost of sanitary fitting, internal electrification and other building services etc.

10. Field Observations:

The on-going construction work of the **Sub-district hospital, Khour** has been inspected on **29-10-2012**. About **12.5 kanals** of proprietary land has been donated by the local residents of Khour town for construction of the hospital.

The main building which is a double storey (G+1) RCC structure comprising of Administrative block, Emergency block, Diagnostic block, IPD and OPD etc. stands constructed. Inside and outside cement plastering and white-washing/ painting work on the building is also complete. Vitrified tiles have been laid in the rooms as well as corridors and along the walls upto a height of 3-4 feet. Ceramic tiles have been used in the bathrooms and toilets on the floor and on walls upto a height of 5-6 feet. Apart from stairs, a ramp has also been constructed in the building. Concealed network of water pipelines stand laid in the building but the sanitary fitting of taps, showers, toilet seats etc. have been kept pending. Engineers of the executing agency informed that the remaining sanitary work shall be executed when the Health Department is ready to take over the complex. The hospital is located at an isolated place in the fields at some distance from residential area and there is possibility of theft of sanitary ware in the evening when the labourers are not at work. Similarly, the concealed fitting of electrical wires and equipment is complete while fans and tube lights are yet to be installed in most of the rooms in the building. Door and window frames of deodar wood with panelling have been fitted with all fixtures and iron grill. Aluminium frame with glass panels have been used at main entries and between connecting corridors, rooms.

The interior walls and ceiling of the building has been white washed and partly distempered. **The facia of the building which has also been coloured with snowcem seemed damp at a particular spot on the first floor.** The Executive Engineer informed that earlier glass panel had not been fitted at that spot due to which rain water had entered into the building making the facia look damp. Now glass panel has been fitted and there is no such problem. He also informed that the roof of the building has been treated with water proofing material and has ruled out any possibility of leakage or dampness of ceiling or walls in the near future.

Construction work of ground floor of staff quarters at the rear side of the hospital complex is in progress. However, **the space available is inadequate for constructing 9 quarters for BMO/ MO (G+2) and 12 quarters for paramedical staff (G+2).** Another room is also being constructed behind the hospital for using it as an electricity control room. At the rear side of the hospital 3 pits have been dug to construct septic tanks, soakage pit, water reservoir etc. Here again the space seems inadequate.

Compound wall of brick has been constructed on all the four sides of the complex upto a height of about 5-6 feet but the wall is yet to be plastered. An un-painted iron gate has also been fitted at the main entry. **A few thin cracks were found on the right boundary wall probably because the agriculture field behind the wall is quite low and might have retained water during rains which caused the plinth beneath the wall to settle a little bit. A cement drain has also been constructed all along the boundary wall but there seems no exit for draining out the water.** Behind the boundary wall in the fields there exists a water logged area and the engineers of the executing agency feel that a drain leading to the water logged area needs to be constructed to deal with the problem although there is no such provision in the DPR.

Approach path to the hospital from the nearest black topped road leading to Khour town has been developed for a length of about 200 meters but the road is yet to be black topped. **The approach path is single lane and has a couple of steep bends near the hospital gate due to haphazard's construction of shops by the locals along this path.**

11. Problem areas/ Suggestions:-

(a) **Funding the project:** The year-wise release of funds for the

hospital complex mentioned in the table below indicates that flow of funds from Health Department to R&B Department has been slow:-

(Rs in lacs)

Year	BADP	State Plan	NRHM	Total
2007-08	40.00	50.00	0.00	90.00
2008-09	0.00	36.01	100.00	136.01
2009-10	0.00	117.00	150.00	267.00
2010-11	0.00	30.95	50.00	80.95
2011-12	0.00	20.00	50.00	70.00
2012-13	0.00	0.00	0.00	0.00
Total	40.00	253.96	350.00	643.96

100 % expenditure is reported to have been incurred by R&B Department against the releases made during each year. Funds under BADP have been released only during the first year to start the project.

Thereafter, funds have been provided under state plan and NRHM for four years in small installments. No funds have been released for the project during the current year. Administrative approval has neither been accorded to the original DPR of the project nor to the revised ones. Health & Medical Education Department needs to ensure that administrative approval is accorded to the DPR after thorough scrutiny and the remaining funds required for completion of the project is placed at the disposal of the executing agency henceforth in a phased manner. The R&B Department needs to reply as to why has the latest DPR of the project been prepared on CPWD rates and that too by adopting the price index of 2011 when the construction work had started in January 2008 itself and considerable amount of labour and material cost had already been put in to the project before Jan 2011?

(b) **Faulty site selection:** Land measuring about **12.5** kanals is reported to have been donated by local residents of Khour town for construction of the new hospital. The site is low lying surrounded with agricultural fields on three sides (rear, both sides). The boundary wall towards the right side of the hospital has developed thin cracks probably because the agricultural fields along the wall retain water during rains and had settled the plinth beneath the wall to some extent. After examining the DPRs it has been learnt that a provision of **Rs 10.00 lacs** has been kept for acquisition of land. The funds have not been utilized. **Rather, a faulty site has been selected; due to which the design of the hospital building had to be changed from a load bearing one to a RCC structure as a result of which the cost of construction has more than doubled.** Had some alternative land where a load bearing structure could be constructed been selected, the hospital could have been constructed within the original estimated cost i.e. **Rs 3.97 crore.** By spending **Rs**

10.00 lacs envisaged for purchase of land or an additional **Rs 10 to 20 lacs** about **20 kanals** of waste land with hard rocky soil should have been purchased for construction of the hospital as this would have saved a huge amount (in crores) of funds. The officers who have selected the site need to clarify the issue.

(c) **Approach path with sharp bends:** On the front side of the hospital a number of new structures, which would be used as shops, have been constructed by the people who have donated the land for the hospital. The proprietary construction is haphazard's and has resulted in sharp bends/ curves on the single lane approach path connecting the hospital to the nearest blacktopped road leading towards Khour town. **The people who have donated land for the hospital seem to have exploited the commercial aspect besides performing a social/ human act.** It would be difficult at this juncture to ask the locals to dismantle the shops coming in the alignment of the approach path. However, the executing agency in consultation with H&ME Department may consider constructing an alternative approach path behind the shops from the left side corner of the hospital boundary towards the nearest black-topped road. The engineers of R&B seemed willing to construct such alternative approach path. The H&ME Department as well as R&B Department needs to examine the matter.

(d) **Inadequate land:** Along the rear boundary wall of the complex, construction work of staff quarters is in progress. The land available at the rear is inadequate for construction of 21 staff quarters as envisaged in the revised DPR. Moreover, three huge pits have been dug behind the hospital for construction of septic tanks, water storage, solid waste disposal etc. However, the space seems inadequate. The H&ME Department as well as R&B Department will have to look into this matter as well.

(e) **Cost of bricks:** A representative of the contractor to whom the construction work of staff quarters has been allotted informed that the brick kiln owners in Khour block are charging them more than the rates which have been fixed by the Deputy Commissioner, Jammu. **Against the rate of Rs 3000 fixed per thousand bricks they are paying Rs 4500 plus Rs 500 for carriage.** The Deputy Commissioner, Jammu needs to examine the matter and take appropriate action.

Physical Verification Conducted by :	Madan Gopal Sharma, Deputy Director Planning, Monitoring Cell, Chief Minister's Secretariat.
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Officer of Executing Agency who accompanied the inspecting officer:	S. Jaspal Singh, Executive Engineer, PWD (R&B) Division No. III, Jammu
Date of conduct of physical inspection:	29-10-2012



Shops constructed along the approach road to the hospital



Sharp bend on the approach road



Front view of the hospital building



Rear view of the hospital building



Electricity control room



Construction work of staff quarters in progress