



GOVERNMENT OF JAMMU & KASHMIR

Chief Minister's Monitoring Cell

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Physical verification report of the project namely
"CONSTRUCTION OF SUB-DISTRICT HOSPITAL, KOKERNAG"
District Anantnag



By
Joint Director,
CM's Monitoring Cell.

Name of the Project:	Construction of Sub-District Hospital Building, Kokernag Anantnag.
Source of Funding	State Plan
Executing Agency	JKPCC
Date of start of Work	June, 2003
Original target date of completion	June, 2006
Expected date of completion	July, 2013

Kokernag is considered as one of the famous tourist resort in Kashmir Valley. It is one of the assembly segments of district Anantnag with a large size of population. Though some medical facilities have been provided by the Government in Kokernag and surrounding areas in the past but in view of the increase in the population and in absence of broad based medical and health care facilities at the health centres, the ailing persons had to be referred either to Anantnag District Hospital or Srinagar for treatment. The government, realising the felt needs of the public of the area, approved the construction of Sub-District Hospitals at Kokernag for which the work started in June, 2003.

Financial Status

	(Rs. in crore)
Original Project Cost	6.83
Revised Project Cost	11.33
Funds released	10.21
Work done value upto August, 2012	7.05

Reasons for cost revision:

- i) Inadequate flow of funds towards the project, which had resulted in the cost escalation of the building material over the years.
- ii) Enhancement of Corporation's Service Sale Tax from 4.2% to 8.4%.

Physical Progress

The project envisages the construction of 50 bedded hospital building and the quarters for medical and para-medical staff with site development works and creation of electric sub-station, providing of central heating system etc.

a) SDH Building:

The main hospital building is a two storey building having a plinth area of 13,400 sft. The building has already been completed with work of central heating system still under progress. It has, inter-alia, the following floor wise facilities for patient care: -

- i) Ground Floor: OPDs, Labs, X-ray unit, USG unit, Labour room, etc;
- ii) First Floor: 03 No. Operation Theatres, ICU, Maternity Ward and 2 No. General Wards.

b) Specialist Doctors' Quarters:

This will be a double storey building with a plinth area of 830 sft. So far as physical achievement is concerned, Slab has been laid for the ground floor for which the plastering work is in progress. The brick work for the first floor is also underway.

c) General Doctors' Quarter:

This two storey building block is having a plinth area of 1050 sft. The work upto lintel level for the ground floor has been completed and the shuttering for laying of slab is in progress.

d) Para-Medical Staff Quarters:

Only the plinth work for this building block has been completed. This will be a three storey building over a plinth area of 1200 sft.

- e) Creation of Electric Sub-Station of 650 KVA:
This component of work has been completed through electrical unit of JKPCC.
- f) Fencing around the premises:
The fabricated fencing shall be provided around the hospital premises. Only 40% of the work has been completed.
- g) Site Development Works:
Only 10% of the work on this component has been executed .
- h) Central Heating System:
This component of work is being done by the Mechanical Unit of JKPCC. Only 20% of the work has been executed.

The Overall physical progress of the scheme is around 60%.

Observations/findings and Problem Areas:

The project is still awaiting the accord of administrative approval despite the fact that the revised cost offer has been submitted by the JKPCC to Director, Health Services, Kashmir in July, 2007. The project has been put to execution almost a decade back in June, 2003 and there has been definitely considerable delay in its completion. Though one of the major components of the scheme i.e. construction of main hospital building has been completed two years back and also handed over to the concerned for use but still other components like construction of staff quarters for doctors, residential quarters for para-medical staff and providing of Central Heating System, etc. are still under execution.

The delay in completion of the project by such a long period is attributed by the executing agency to the slow funding over the years from the date the work on the project was started. This can be substantiated by the fact that only an amount of Rs. 3.11 crore was released during the period of seven years from 2002-03 to 2008-09 against the original project cost of 6.83 crore. It is only during the last 3 years,

i.e. from 2009-10 to 2011-12, the funding has picked up as during this span of 3 years the funds to the tune of Rs. 7.10 crore were released making the total releases to the extent of Rs. 10.21 crore.

The financial progress reveals that the agency is still having an availability of Rs. 3.16 crore with it at this juncture and under the circumstances, it becomes all the more necessary for the agency to gear up the men and machinery to ensure the completion of project as early as possible as more than 90% of funds as of now have already flowed down towards the completion of scheme.

The project is coming up on a piece of land measuring 20 kanals on Anantnag-Kishtwar Highway near famous tourist place Kokernag. The completion of project assumes added significance in view of the fact that the Sub-district Hospital falls within the jurisdiction of Breng Medical Block which is considered as the biggest medical block in district Anantnag with a catchment area of Kishtwar, Marwah, Warwan, Duksum, catering a population of more than 5 lac souls.

There is a provision in the scheme for providing of central heating system within the SDH building. This component of work is being done by the Mechanical Unit of the JKPCC. This item of work has been put to execution 3 years back and is still incomplete. The Mechanical Unit is lagging far behind the targets as only 20% physical progress has been achieved in this behalf by way of only fitting/ laying of pipes. Installation of 2 No. of DG sets is also provided in the scheme for providing power supply to the hospital in absence of normal power supply in case of power shutdown. The DG sets are also yet to be installed.

The electrification part is being done by the electrical unit of the JKPCC but it was found that some of the electrical points and lights in the SDH building are not functioning properly.

During inspection it was observed that few lavatory outlet pipes are leaking at certain spots which are causing damage to

the outer walls of the building. It was also found that the finishing works in the wash rooms and tile work in few rooms and corridors has suffered minor damages. Some dampness was also found at few spots in the premises which may be as a result of leaking of pipes at the joints laid in the premises for the hospital outlet. An RCC water storage sump has been constructed underground within the premises with a capacity of 30000 litres for providing water supply to the hospital building. 25 No. PVC tanks with a capacity of 1000 litres each have been installed under truss for providing water supply to the hospital but it was found that some of the pipes fitted to the PVC tanks have a slight leakage at certain spots. On enquiry, it was explained by the Project Manager that the damages have caused due to the public movement as the hospital has been functional for the last two years. However, he has assured that the damages shall be restored and errors rectified within a week's time.

A Solar Energy Plant has also been installed within the premises of the SDH by the Government having a capacity of 15 KVA for use as a back up power supply in case of power shutdown though not being a part of the project.

Power supply has also been provided to the SDH by way of creation of a separate 630 KVA sub-station for the hospital. In addition to this power cable has also been laid from the Grid Station to the sub-station for providing essential power service round the clock to the SDH but the cable is yet to be connected to the sub-station. The connectivity of the cable to the sub-station is felt enormously important as the surgeries of small and big nature are being undertaken in the SDH.

It was explained by the BMO that out of the three Operation Theatres (OTs), one OT has been made functional for the last one and a half month and as many as 135 surgeries has been done during this short period.

One of the important components of the scheme is providing of fencing around the premises of the SDH. Only 40% of this item of work has been executed. The pendency of remaining work has been attributed by the Project Manager to

the dispute with few villagers of the area. A small hamlet consisting of hardly 25 households is demanding approach path through the premises of the hospital which on spot was found absolutely undesirable. However, the approach road to the hamlet has already been provided along the boundary on the back side of the hospital premises. The dispute has also been an impediment in taking up the site development works of the SDH.

The fencing around the premises needs to be accorded priority by the agency as it will protect the hospital infrastructure from any damage or theft. It has been reported that the demarcation of land for this purpose has to be given by the revenue officials. In absence of boundary wall, the height of the things is that some portion of the land has been gobbled up by the villagers earmarked for the hospital premises.

It was also explained by the Project Manager that the work on the other components of the scheme like construction of quarters for doctors, etc. was held up for certain period because of the non-availability of the bricks at the government approved rates. On the day of inspection at least 20 workers were seen working on the scheme. The overall quality of works executed was found satisfactory.

There is also a Police Station which is in close proximity to the hospital premises. The police personnel are also using the hospital premises as approach path for the entry and exit to the police station which also seems obnoxious. The matter of the fact is that an alternate approach road to the police station has already been provided along the boundary wall of Hr. Sec. School which is also being used by the villagers. The only thing the police station has to do is to construct a new gate for the entry and exit of the police personnel on the alternate approach road side.

There is also a possibility of shifting of the Police Station from the present location and its relocation within the alternate premises nearby the hospital on the Highway presently occupied by the security forces. Reportedly the

premises which have come up on 20 kanals of land originally belongs to the Police Station where some infrastructure has also been created by it.

The water supply to the hospital comes from the water reservoir which is at a distance of about one Km from the SDH. It was reported by the BMO that the water supply pipes supplying water to the hospital at certain spots are above ground level. During winters the water pipes at these spots gets freezed in sub-zero temperature which blocks the water supply to the SDH and therefore, creates problems for the staff as well as patients. There is a need to bury the water supply pipes underground wherever these are above ground to overcome the problem.

The inspecting officer had an interaction with the BMO of the hospital. It was given to understand by him that the SDH Kokernag is presently looked after by the BMO, Laroo whose office is located at a distance of 15 Kms away from the SDH. The BMO besides looking after the SDH Kokernag has also to deal with the administrative assignments at the block level. Normally the SDHs are administered by the Medical Superintendents and as such there is a need for creation of a post of Medical Superintendent in the hospital for its smooth functioning and proper patient care. He also reported that there is no Causality Block in the SDH for treating the accident patients. He also pleaded for constructing a separate Administrative Block within the premises given the limited space within the hospital for the purpose. He has suggested that a separate two-storey building block could be considered for construction within the premises of the hospital for housing Causality Block and Administrative Block for which the land is also available. It needs to be mentioned here that the construction of the Causality Block for treating trauma patients is felt very much in view of the fact that the road stretch where hospital is located remains busy with traffic rush because of the heavy tourist flow to the area particularly during summer months.

During discussions it was further explained by the BMO that out of 3 No. Operation Theatres (OTs) provided in the

hospital, only one OT is functional. The remaining two OTs have not been made functional because of non-availability of requisite machinery and equipment. He further said that the OTs are not as per the standards of the normal Operation Theatres and as such has desired that some modifications/changes are required to be done to make these OTs as per the standards of normal theatres. He has also suggested for construction of new OTs within the hospital premises as per normal standards. The BMO has also requested for the following: -

1. Providing of requisite equipment by the Director, Health Services, Kashmir for the ICU for making it functional as presently the unit is devoid of any machinery or equipment.
2. Providing of the 300 MA capacity X-Ray plant instead of 60 MA capacity plant for proper patient care.
3. Equipment and machinery for blood bank for its functionality.
4. Providing of one Critical Care Ambulance for the SDH.
5. Machinery and equipment for 2 OTs for making them operational.
6. Filling up of the 3 posts of Assistant surgeons and 3 posts of Specialist doctors presently vacant in the hospital.

Suggestions

- a) The Competent Authority should process the case for accord of Administrative Approval to the scheme as it has been under execution now for almost a decade with revised cost offer submitted by the JKPC more than 4 years back in July, 2007.
- b) The Executive Agency should take up the work in double shifts to ensure the completion of the other components of the scheme as early as possible as 90% of the funds have already been made available to it against the total revised project cost. It will should ensure that the minor damages wherever caused to the building nare restored and construction errors rectified immediately. The electrical unit should also ensure that the electrical faults are corrected in the SDH building.

- c) The MD, JKPCC will ensure that the component of the Central Heating System which has been in progress for the last 3 years through the Mechanical Unit is completed immediately particularly before the onset of winter, 2012.
- d) 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 and proper patient care.
- e) The Director, Health Services Kashmir should provide requisite machinery and equipment for making all the units of the SDH functional.
- f) The Competent Authority should also examine the request of BMO for construction of a separate building for housing Causality Block and Administrative Block within the premises of SDH.
- g) 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 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.
- h) 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 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.

- i) The DDC will ensure that the 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. He should also see that the pipes supplying water to the hospital from the main reservoir which are at certain places above the surface are got buried underground to avoid the freezing of pipes during winter months.

Physical Verification Conducted by :	Altaf Ahmad Zargar, Joint Director Planning, Monitoring Cell, Chief Minister's Secretariat.
Officers of Executing Agency who accompanied the inspecting officer:	i) Shri Gulzar Ahmad, Manager, JKPCC, ii) Shri Javeed Ahmad Deputy Manager.
Date of conduct of physical inspection:	23-08-2012



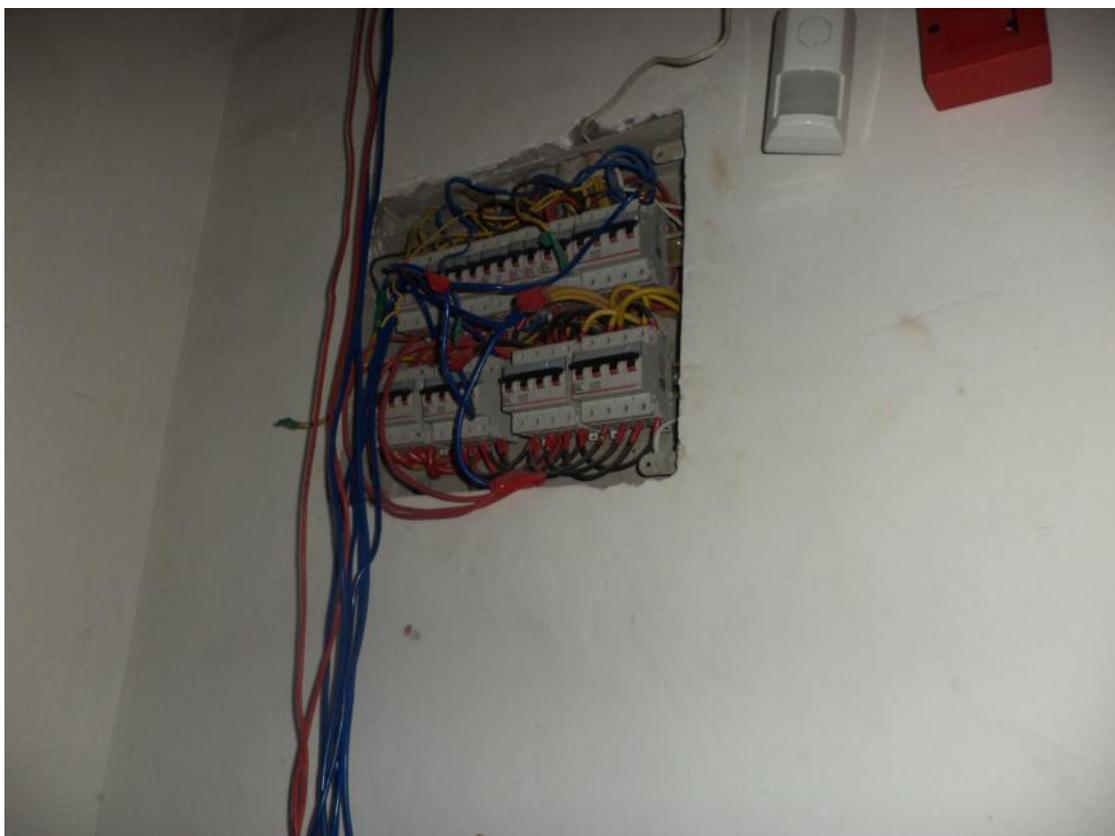
One of the General Wards of SDH with 20 beds



Operation Theatre



Solar Energy Plant installed within the premises of SDH



Incompletion in electrical work



Staff quarters for para-med. Staff—under construction



Staff quarters for Doctors—under construction



Existing approach road for Police Station through the hospital premises



630 KVA Electric Sub-Station created within the SDH premises

Sub-district Hospital, Kokernag

- 20 kanals of state land
- Breng block which is highest health block in entire state with catchment area of Kishtwar, marwah, and wadwan.
- Importance of hospital due to national highway nature of road and vast catchment area of Kishtwar/ Duksum with population more than 5 lacs.
- G+1+ Attic
- False ceiling in first floor
- Lack of natural light.
- False ceiling in O/T declared as dangerous for patient during surgery.
- Pigeons have made their coops in OT as their excrete was seen on walls and floor.
- Loose wall tiles.
- No finishing in floor tiles.
- Tiles have been found damaged in various rooms and wards.
- Water supply leakage
- Demands by BMO.(Mr. M Y Zagoo)--9419045438
 - Spl. Electric line---630 KVA transformer already installed
 - Digital xray
 - Blood bank/blood storage facility
 - Boils machine
 - Central heating provided but not active. To be done by DGM Mech before winter—funds released.
 - Fencing priority as BMO wants only one entrance.
 - Modification in OT—preferably const. of new OT.
 - Transparent ceiling at certain places where lighting is a problem
- Use of ACC cement with no authorisation.
- Gen. Ward=20 beds out of 50 Beds
- 135 surgeries done within one month
- Staff Quarters—2 blocks
 - Special quarters for doctors (state land)
 - Pl. Ar.=830 sft
 - 2 storey—2 sets
 - Quarters for Gen. Doctors (state land)
 - Pl. Ar.=1050 sft
 - 3 storey—6 sets
 - Quarters for Paramedical staff
 - Pl. Ar.=985 sft
 - 3 storey
 - 6 sets
-

Dr. Mushtaq—Sur. Splst.--9419033530