

## Monitoring Report

Visit Date	30-10-2015
Report Submitted	11-05-2016

- 1). Name of Project: Establishment of 03 new Rural Health Centers District Kotli.
- 2). Sector: Health
- 3). Sub-Sector: Health Department
- 4). Unique Ref. No: HEA-109
- 5). Location: Tehsil Fatehpur-Thakyal, District Kotli.

District	Tehsil	Constituency	Village/Town Committee
Kotli	Fatehpur-Thakyal	LA-09	Karela, Majhan, Qamrooti & Dabsi

- 6). Status:

On-Going		Completed
Original	Revised	Not

- 7). (a) Time Line:

Status	As per PC-I		Approved Duration of Project (Months)	As per Admin Approval	
	Date of Approval	Date of Completion		Start Date	Completion Date
Original	06-05-2004	05-05-2006	24	13-06-2005	12-06-2007
Revised	03-01-2011	21-05-2012	96	21-02-2011	03-01-2011

- (b) Time Overrun: **Yes**

- 8). Cost:

Amount	Actual	1 <sup>st</sup> Revised	2 <sup>nd</sup> Revised
		64.816	162.941
Date of Approval	06-05-2004	03-01-2011	

**9). (a) Project History:**

Year	Phasing as per PC-I	Actual PSDP Provision/Releases	Utilization
2004-05	51.426	2.000	2.000
2005-06		10.000	10.000
2006-07		5.000	5.000
2007-08		12.000	12.000
2008-09		19.600	19.600
2009-10		8.716	8.716
2010-11	50.066	3.971	3.971
2011-12	61.449	34.932	34.932
2012-13		47.687	47.687
2013-14		12.037	12.037
2014-15		6.998	6.998
<b>Total</b>	<b>162.941</b>	<b>162.941</b>	<b>162.941</b>

**(b) Reasons if funds are not released:** N/A

**(10). Financial Progress:**

S#	Activities as per PC-I	Approved Cost as per PC-I	Cumulative Exp. up to the last financial year	Expenditure During Current Financial Year 2015-16		
				Allocation	Releases	Utilization
1	2	3	4	5	6	7
1	Land compensation	2.600	3.298	0.000	0.000	0.000
2	Civil works	129.165	129.030			
3	Equipment	10.485	10.485			
4	Furniture	1.902	1.902			
5	Bedding Allotting	0.594	0.594			
6	Transport	11.000	10.302			
7	Initial Medicines	3.000	3.000			
8	Waste Management	1.000	1.000			
9	Contingency	3.195	3.195			
<b>Total</b>		<b>162.941</b>	<b>162.941</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

**A- Rural Health Centre Dabsi:**

- i. Cracks were observed in various partition walls and roof slab of main building which indicates poor quality of work.
- ii. Tiles used in floors were not laid down properly.
- iii. Frames of windows (made of aluminum) were not fixed properly.
- iv. Damp was observed in external walls of main buildings, houses of category III & IV.
- v. Workmanship of under construction water tank observed un-satisfactory.
- vi. The strength of columns was checked and found satisfactory but the strength of some beams was not upto the mark.
- vii. Other allied buildings like houses of category III, IV & V, cook house and post mortem room have been constructed about one year ago but all these are out of use / non-functional as the Health Centers have yet not been formally upgraded as RHC and also the required staff has not been appointed.
- viii. Finishing work of other buildings was also un-satisfactory.

**B. RHC Karala Majhon**

- i. Local Wazirabad sand was stocked at site.
- ii. Electrical wiring fixtures were not fixed properly.
- iii. Size of some rooms was measured and found correct/in-accordance with drawings available at site.
- iv. Steel over the roof of building was without proper capping.
- v. Dampness was observed in various portions of building.
- vi. The workmanship found satisfactory.

**C. RHC Qamruti**

- i. Cracks were observed in some walls.
- ii. Tiles used in toilet were found damaged and needs to be replaced.
- iii. Pace of work was slow.

**11). Recommendations / required action to be taken by the department.**

1. As per ADP 2015-16, the department has utilized 100% funds against the approved cost while the work at site is under execution. The department should furnish the views regarding non completion of physical scope besides utilization of 100% funds.
2. The department should furnish the PC-IV of project and fix the responsibility regarding less physical achievements besides the utilization of 100% funds and fake reporting regarding expenditures. The department should also justify source of funding regarding the work being executed during CFY, as the ADP allocation for CFY is NIL.
3. Health Department being client should frequently visit projects sites to ensure quality of works and to complete the project without further time overrun.
4. PP&H Department should ensure the quality of ongoing activities as per approved standards/specifications. The field staff should be directed to be present at site while execution of work.
5. The sub-standard work should be rectified at the expense of Contractor.
6. Health Department should get the health centers upgraded as RHC and depute/appoint the required staff to improve service delivery and also to make the investment meaningful.
7. Dampness is the major threat to the quality of structures and all of buildings were observed effected by the dampness. Hence, the PPH department should take corrective measures immediately to ensure effective use of public money.

**12). Supervision of Work:**

Name of PD /Responsible officer	Ishtiaque Ahmad Mughal
Designation	Executive Engineer, PPH Division Kotli
Full time/Additional Charge	Full time
<b>Contacts</b>	
Office	05826-920557
Cell	03465130789
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**13). Reporting team (P&DD)**

<b>Name</b>	<b>Designation</b>	<b>Signature</b>	<b>Date</b>
Aijaz Hussain Lone	Director General (M&E)		
Zaheer Hussain Shah Bukhari	Research Officer (C&W)		
Syed M. Asif Bukhari	Chief Draughtsman (Edu.)		