



Health Awareness



For Service Providers 2014
Tamil Nadu

Circular No. 4 / 2014

Civil Work - Guidelines



NATIONAL HEALTH MISSION

State Health Society - TN
DMS Complex, Chennai

Circular No. 4 /2014

**Roc No: 3543 / P5 / SHS / 2014,
Dated 24.06.2014**

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DMS Complex, Chennai – 6

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"Engineering is not a science. Science studies particular events to find general laws. Engineering design makes use of the laws to solve particular practical problems..."

– Ove Arup

Sub: Guidelines for constructing New PHCs – Upgradation of existing PHCs and Establishment of HSCs in the State

I would like to invite your kind attention to the point mentioned in the subject above. I am to state that NRHM is functioning and facilitating as a main instrument for strengthening the Rural Public Health System in the State by providing effective Health Care Services to the rural poor, through Health Sub Centres, PHC and Upgraded PHC (CHC) Taluk / Non Taluk and District Hospitals. In view of the above it is brought to your notice that the construction of new buildings for establishment of New PHCs, Up gradation of existing PHCs, new buildings to HSCs and extension and renovations of existing facilities in all health institutions become the predominate work of NRHM.

What is the importance of Civil Works in Public Health?

I would like to bring kind attention on the following points with reference to realization of NRHM Goals by promoting civil work in right time at the appropriate place.

- The Creation of New PHC serves as a corner stone of rural health services, covering a population of 20000 in hilly, tribal and difficult areas and 30000 population in plain areas.
- Besides, PHCs are upgraded into 30 bedded Community Health Centre for providing various specialized services, covering 100000 population in that Block.
- Further HSC serves the rural area at the most peripheral gross root level of the Society, covering 5000 population in the plains and 3000 in tribal and hilly areas, delivering largely preventive and promotive Health Care Services, with a basic level of curative care services. With this facilities only we can deliver all the services of NRHM.
- It has been envisaged under NRHM that the Public Health Institution in rural areas are to be upgraded from its present level in order to enhance the quality of services as well as quantitatively to increase the services, on introduction of new programmes.

As the density of population in the State is not uniform, the number of facilities - HSCs / PHCs / CHCs required depend upon

The Case load of the existing facility

Distance of the villages /

Places which comprise the area,

Distances between the health facilities and geographical conditions etc.

Increase in OP attendance and IP admissions of patients.

Thus the huge inputs for strengthening of infrastructure of HSCs, PHCs UGPHCs and Govt. Hospitals are approved by NRHM for construction of building to PHCs, UGPHCs, and for upgradation of existing facilities by extension and renovation.

How much spent in every year for the construction alone?

- It is an accepted policy under NRHM to establish the required PHCs throughout the Country, and budget allotted for the construction every year is 25% of the total Resource Envelope.
- In a phased manner as the creation of new PHCs at the rate of **Rs 50 Lakhs/ PHC** / upgradation of PHCs at the rate of **Rs 105 Lakhs per UGPHC** to enable Health care provider to offer individualized and better quality of services.
- Further, the additional inputs of infrastructure such as providing Maternity blocks which contains AN ward, PN ward, Labour room at the rate of **Rs 23 Lakhs** per unit. Staff Quarters are also provided wherever required and special focus for Staff Nurse Quarters at the rate of **Rs 16.7 Lakhs** per Quarters in hard to reach and difficult PHCs and new construction for existing HSC where VHN stays at the rate of Rs 18lakhs per HSC.

For the year 2013-14 ROP Approval

New PHC creation -118x50=Rs 5900 lakhs

Upgradation of PHC-60x105=Rs 6300 lakhs

Maternity Blocks -214x23=Rs 4922 lakhs

Staff Nurse Quarters-378x16.7=Rs6313 lakhs

New construction for existing HSC-39x18=Rs 702 lakhs

In addition to Additional wards and other construction as per need of the District hospitals and Sub District Hospitals total approval is Rs13,026 Lakhs.

Work schedule and working pattern..

- I. Once Government of India approves the proposals, the PWD is requested to prepare the Detailed Estimate with the concerned users of the buildings and the DDHS and get countersigned from DDHS, and then forward to State Health Society through SE PWD.
- II. After Receiving in full shape State Health Society has to take immediate action to remit the amount into Govt. of Tamilnadu account and with the remittance receipt the Government is requested to issue G.O for utilizing the funds to the works approved by the Mission Director NRHM.

GUIDELINES TO CARRYOUT THE CIVIL WORKS

Since there is lot of difference of opinion between PWD and the user department the officers are requested to follow the General guidelines as mentioned below:

- a. The PWD authorities has to prepare the Detailed Estimate for the approved works, in discussion with the user departments like PHC Medical officer, BMO and DDHS / Hospital Superintendent.
- b. According to the users need the estimate to be prepared and with the DDHS counter signature the Detailed Estimate to be sent to SHS through SE PWD.
- c. Once the estimate comes for approval from the Head of the Departments the PWD authorities may go for tender and to start the work immediately,
- d. The PWD authorities has to ensure that the work should be carried out as per the standard plan approved by the Government if any or work schedule without any delay. In case of any problem the Executive Engineer and DDHS have to meet the District Collector to set right the issues.
- e. The DDHS should bring civil work as one of the major agenda during District Collectors monthly review.
- f. The PWD has to erect the board in the work spot which contains the details of the tender date duration / approved amount and completion date and the contractor's name in a board erected in front of the building.
- g. The PWD authorities should handover the building at once when have been all works completed including the Electrical works.
- h. The PWD may closely monitor the work and take appropriate penal action against the delaying contractor as per the rule.
- i. The EE PWD is to report the progress of works monthly in the prescribed formats as mentioned below, to the M.D. NRHM.

Regarding Utilization Certificate

The PWD authorities has to furnish the UC/SOE based on the stage of works and they can book the expenditure, Partially Booking the expenditure is very important for the further allotment so the PWD authorities has to concentrate on the UC/SOE for the completed works, PWD authorities has to furnish the U.C. They have to furnish the remaining fund.

Roles and responsibility of the Medical officer incharge:

- The medical officer has to know the details of the tender date, duration of work, period of completion and the Medical officer incharge has to follow whether the construction is based on the approved design by the Mission Director, if any small modification been needed they can get DDHS concern and they can modify and if any major change required in the design they should get the approval from the Mission Director NRHM.
- The Medical officers should ensure that 100% of the work has (including caused electrical work been completed while taken on the building after completion.

Roles and responsibility for DDHS :

- The DDHS has to verify the plan and approve the plan, which PWD prepared as per the requirement.
- The DDHS is responsible for the site identification and to hand over to PWD as soon as possible to avoid delay.
- In case of any difficulty with reference to site, the DDHS can represent to District Collector and DPH&PM to sort out the issues.
- The DDHS has to report on the progress of the work every month to the State Health Society by the prescribed formats. The Mission Director will be reviewing the progress of all the civil works in their HUDs in the DDHS review meeting.

All the officers are requested to adhere to the instructions and submit their report within time – Concerned HOD is requested to ensure whether all the above instructions are carried out on time details workwise to M.D NRHM of concerned DDHS for booking expenditure.

Sd/ ...
(Dr.C.N. Mahesvaran)
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National Health Mission-TN.

To

The All District Collectors
The Director of Medical Education
The Director of Medical & Rural Health Services
The Director of Public Health & Prevention Medicine
All Joint Directors in the District
All Deputy Director of Health Services
Medical Superintendent of Taluk & District Hospitals & Non-Taluk Hospitals
All Primary Health Center Medical Officers
Programme Officers and HOD's of Vertical Programme
Copy Submitted to Secretary to Government
Health & Family Welfare Department,
Secretariat, Chennai.



