



PC-1

Balance Work of THQ Hospital Chichawatni

ORIGINAL APPROVED COST	<b>PKR Million. 196.683/-</b>
ORIGINAL APPROVED GESTATION	<b>49 Months Till December 2025</b>
APPROVAL FORUM	<b>DDSC (DDSC)</b>

## **1. NAME OF THE PROJECT**

Balance Work of THQ Hospital Chichawatni

## **2. LOCATION OF THE PROJECT**

### **2.1. DISTRICT(S)**

I. SAHIWAL

### **2.2. TEHSIL(S)**

I. CHICHAWATNI

## **3. AUTHORITIES RESPONSIBLE FOR**

### **3.1. SPONSORING AGENCY**

- PRIMARY AND SECONDARY HEALTH CARE

### **3.2. EXECUTION AGENCY**

- PRIMARY AND SECONDARY HEALTH CARE

### **3.3. OPERATIONS AND MAINTENANCE AGENCY**

- PRIMARY AND SECONDARY HEALTH CARE

### **3.4. CONCERNED FEDERAL MINISTRY**

- NATIONAL HEALTH SERVICES, REGULATIONS AND COORDINATION

<b>3</b>	<b>AUTHORITIES RESPONSIBLE</b>	
	3.1 Sponsoring	Government of the Punjab, Primary and Secondary Healthcare Department
	3.2 Execution	PMU for Revamping Program of Primary and Secondary Healthcare Department, District Health Councils and C&W Department.
	3.3 Operation & Maintenance	PMU for Revamping Program of Primary and Secondary Healthcare Department and District Health Authority
	3.4 Concerned Federal Ministry	Ministry of National Health Services, Regulation and Coordination Pakistan

#### 4. PLAN PROVISION

Sr #	Description
1	<b>Source of Funding:</b> Scheme Listed in ADP CFY
2	<b>Proposed Allocation:</b> 0.000
3	<b>GS No:</b> 5366
4	<b>Total Allocation:</b> 0.000
5	<b>Funds Diverted:</b> 0.000
6	<b>Balance Funds:</b> 0.000
7	<b>Comments:</b> Provision of Rs.1300 reflected at G.S. No.660 of ADP 2020-21 titled “Balance Work of Revamping of All DHQ & 15 THQ Hospitals in Punjab.

#### 5. PROJECT OBJECTIVES

attached

## **5. Project objectives and its relationship with Sectorial Objectives and Components**

The Government of Punjab is making strenuous efforts for a better and effective Health Care system. The Defining step in this direction was to recognize the importance of Health Care at Primary & Secondary Levels. As a first step towards better health care at primary and secondary level, the department under the guidance of P&SHD had decided to launch massive revamping of 40 THQ & DHQ Hospitals in the current financial year 206-17. Program was launched to provide timely quality health care through skillful application of medical technology in a culturally sensitive manner within the available resource constraints. Eliminating poor quality involves not only giving better care but also eliminating under provision of essential clinical services, stopping overuse of some care and ending misuse of unneeded services. A sadly unique feature of quality is that poor quality can obviate all the implied benefits of good access and effective treatment. At its best, poor quality is wasteful and at its worst, it causes actual harm. Keeping in view this basic essence of Primary and Secondary Healthcare, Government of the Punjab is dedicated in making strenuous efforts for ensuring a better and effective Health Care system in the hospitals.

The basic mandate of Primary & Secondary Health Department is to focus on preventive health care in primary sector along with basic diagnostics and treatment facilities at secondary level. The context is to primarily lessen the load on tertiary care health establishments and to reduce treatment costs. The major challenge for Primary & Secondary Health Department is to boost the confidence of masses and raise the level of trust in the primary health care system. The reality is that most of the health care establishments at secondary level are not currently providing health care services up to the optimal level, owing to a myriad of reasons including heavy patient load, scarcity of resources, human resource constraints and dysfunctional biomedical and allied equipment.

The defining step in this direction was to recognize the importance of Health Care at Primary & Secondary Levels. In order to address the dilapidated condition of hospital infrastructure, scope of work, based on the followings was chalked out:

- Addition of human resource
- Rehabilitation and improvement of infrastructure
- Supply of missing biomedical and non-biomedical equipment;
- Introduction of IT-based solutions
- Outsourcing of allied services
- Standardization of hospital protocols.

### 5.1. Brief Description / Background

The District Head Quarters (DHQ) Hospitals are located at District headquarters level and serve a population of 1 to 3 million, depending upon the category of the hospital. The DHQ hospital provides promotive, preventive and curative care, advance diagnostics, inpatient services, advance specialist and referral services. DHQs provides referral care to the patients including those referred by the Basic Health Units, Rural Health Centers, Tehsil Head Quarter hospitals along with Lady Health Workers and other primary and secondary care facilities.

Similarly, Tehsil Head Quarter Hospitals are located at each Tehsil Headquarter and serve a population of 0.5 to 1.0 million. At present, the majority of THQ hospitals have 40 to 60 beds. The THQ hospital provides promotive, preventive and curative care, diagnostics, inpatients, referral services and also specialist care. THQ hospitals are also supposed to provide basic and comprehensive Emergency Obstetric and Newborn Care. THQ hospital provides referral care to patients, including those referred by the Rural Health Centers, Basic Health Units, Lady Health Workers and other primary care facilities.

Keeping in view the importance of primary and secondary health care, the department has decided to launch massive revamping of 40 DHQ & THQ Hospitals in the current financial year (25 DHQ's and 15 THQ's). In addition to this, as a part of special instructions, the department has also taken improvement of emergencies in 15 DHQ & THQ Hospitals.

Infrastructure improvement portfolio was undertaken in all DHQ & 15 THQ Hospitals through Infrastructure Development Authority Punjab (IDAP) with the following details:

**(A) Repair/Renovation of Clinical Covered Area** - Establishment / Up-gradation of Missing Facilities (Emergency, ICU, CCU, Burn Unit, Dialysis Unit, Physiotherapy, Dental Unit, CT Scan, Mortuary and Yellow Room) Complete Renovation of Existing internal infrastructure (Wards, OPD Rooms, Corridors, Operation Theaters and Diagnostic blocks) with state-of-the-art clinical friendly materials

**B) External Development** - Façade, External Pathways, Platforms, Sewerage and Water Supply System

**C) External Electrification**

- Dedicated Power Lines (Dual Supply and Express Lines)
- External wiring

**(D) Establishment / Up-gradation of Missing Health Facilities:**

- Emergency
- CT Scan
- Dialysis
- ICU
- CCU
- Physiotherapy
- Mortuary
- Dental Unit

The construction of various new blocks of hospital complex is constructed without any proper planning and necessary connection to existing blocks. On the whole, the complete infrastructure of hospital is quite complex and scattered, access to various blocks of hospital is quite inadequate and there is no proper connection or link between different blocks of hospital. In the revamping program of DHQ and THQ Hospitals, the placement of various facilities of hospitals are re planned keeping in view the layout of existing blocks for facilitation of patients and some modifications/alterations were proposed in the blocks for necessary link or connection between the blocks.

Civil work revamping of all DHQ & 15 THQ Hospitals was undertaken during the FY 2016-17 through Infrastructure Development Authority Punjab (IDAP). Details of revamping in DHQ is given below:

Total area of the THQ Hospital Cheechawatni:	53,598 SFT
Area completed:	23,110 SFT
Area not taken up:	30,488 SFT
External Development and Electrification:	Not Executed

Later on the IDAP informed that they will not be able to take the next revamping plan of DHQ/THQ Hospitals of Punjab on the grounds that it does not fall in the project role of IDAP specified in the 36th meeting of Principal Cabinet of IDAP held on 26-10-2020.

Accordingly, on the basis of RCE of IDAP and de-scope civil work received 25 sub-schemes of all DHQ and 15 THQ Hospitals have been approved from PDWP in its meeting held on 36-03-2021 and DDSC meeting held on 29-04-2021. Sub-schemes of all DHQ & 15 THQ Hospitals were concluded.

Now it has been decided to complete the balance civil work of revamping through C&W Department. Accordingly, the Rough Cost estimates of balance civil work has been got prepared from the Punjab Buildings Department for preparation of instant PC-I.

## **5.2 Infrastructural Interventions**

The construction of various new blocks of hospital complex is constructed without any proper planning and necessary connection to existing blocks. On the whole, the complete infrastructure of hospital is quite complex and scattered, access to various blocks of hospital is quite inadequate and there is no proper connection or link between different blocks of hospital. In the revamping program of DHQ and THQ Hospitals, the placement of various facilities of hospitals are re planned keeping in view the layout of existing blocks for facilitation of patients and some modifications/alterations were proposed in the blocks for necessary link or connection between the blocks.

Major infrastructural interventions can be divided in the following three categories

### **5.4.1 External Development**

### **5.4.2 Internal Development**

### **5.4.3 Medical Infrastructure Development**

### **5.4.4 Emergencies Development**

## **5.3 External Development**

### **5.3.1.1 External Platforms**

In order to improve the communication between blocks, necessary interventions are taken to improve the existing metaled road network. Moreover, new internal metaled road is proposed to access the blocks of hospital.

### **5.3.1.2 Façade Improvement**

In order to improve the aesthetics of hospital, façade uplift has been proposed in order to give the feel of modern architectural era.

### **5.3.1.3 Sewerage System**



These interventions include the re designing of sewerage system, construction of new manholes, laying of new sewer lines and connection between trunk sewer and hospital sewer.

#### **5.3.1.4 External Electrification**

One of the major hindrances in functionality and ineffectiveness of electro medical equipment and other facilitating electrical appliances is either interrupted power supply or power supply with lesser voltage than required. This problem was solved by providing express line or dual electrical supply in all hospitals under revamping. Despite these two facilities based, on the current and proposed electrical load of hospital new transformers were proposed to step down the voltage to desired level and complete generator backup system was designed and generators along with automatic transfer switches were proposed accordingly. Moreover, to fully lighten up the hospital for proper utilization of all facilities of hospital during the low/no-light hours of the day, external pole lights to lighten up the pathways and garden lights to lighten up the lawns were designed and proposed.

#### **5.3.2.1 Ramp and Stretcher improvement**

For hospitals having more than one floor, there is a huge problem of patient transfer with stretcher. This problem is solved by proposing new ramps/stretchers where needed. Moreover, in order to further improve the communication between various floors of hospitals improvement of stair cases with hand rail or guard rails is proposed.

#### **5.3.2.2 Seamless flooring and Lead Lining**

To keep high risk areas like Operation theaters, I.C.U, C.C.U, Burn Unit and Gynecology Operation Theater bacteria free is one of the basic medical practices. In the revamping program of hospitals low epoxy paint is proposed in these areas to provide seamless flooring so that the bacterial growth within the grooves can be prevented. Moreover, to make the C.T. Scan room and X-Ray rooms radio-resistant and to keep the patients away from the harm of rays, interventions are taken in X-ray rooms and C.T. Scan regarding provision of lead lining in walls, ceiling and floor.

Interventions were taken regarding hazardous radiation emitting areas to make them radio-resistant in order to keep patients/attendants away from harmful radiations. These interventions were in the form of provision of lead lining in ceiling, walls and roofs of C.T. Scan and X-Ray rooms.

#### **5.3.2.3 Aluminum doors and windows**

In order to make sound and heat proof the doors and windows of wards, corridors and major health facilities are proposed as aluminum doors and windows. Which despite of above benefits are also aesthetically pleasing. Corridor wire mesh windows and rolling blinds for windows are proposed in order to invite or stop the day light within the wards according to the requirement. Moreover, existing wooden doors having shabby and dirty look are proposed to be re-polished and washroom doors are proposed to be replaced with PVC doors to make them resistant against water.

#### **5.3.2.4 Improvement of washroom blocks**

The area of hospital which can be dirty at most is its washroom or toilet blocks. To improve the cleanliness of hospital the special interventions were taken regarding the renovation of toilet block of hospital. This renovation includes the re tiling of existing damaged flooring and skirting and addition of water closets etc.

#### **5.3.2.5 Fire and theft security**

The security of hospital against fire and theft is another patient beneficial initiative in the revamping program. The provision of different types of fire extinguishers and installation of different types of CCTV cameras is also proposed in this program. The fire extinguishers are planned to place at those positions in the building where the fire event is most likely to occur and CCTV cameras are designed to install at those location where monitoring is essential from security point of view. These points also include the external areas of hospital like main gates etc.

#### **5.3.3 Medical Infrastructure Development**

Includes establishment of new facilities which are as follows:

To cope with the emergency condition of clinically serious patient, oxygen supply system is designed by proposing an individual oxygen supply system for each major health facility. This oxygen supply network comprises on copper pipe line, flow meter with bed head units, cylinders and setup and individual central oxygen supply system. The contract of filling of oxygen gas in cylinders is outsourced for uninterrupted oxygen gas supply to the patients.

For patient receiving, information, guidance, appointment or for any other task, separate reception counters are proposed in various blocks so that, all necessary information regarding the block is available on the counter round the

clock. In this way, utilization of clinical facilities will be optimized. For indoor patient department, complete facilitation and care of patients admitted in wards is ensured by proposal of nursing counter in each ward. This nursing counter will be placed or constructed in such a placement that each bed can be monitored by the nurse available.

In the revamping program, following clinical facilities are being introduced in the DHQ Hospital:

I.C.U, C.C.U, Burn Unit, Dialysis Unit, C.T. Scan, Dental Unit, Physiotherapy Unit and Prisoners ward

The design regarding architectural planning of above mentioned facilities are designed according to the patient facilities and architectural planning standards. These designed facilities are then designed in the existing building structure according to the patient flow and sensitivity of facility.

#### **5.3.3.1 ICU**

District Headquarter Hospitals (DHQ) serve catchment populations of the whole districts (1-2 million) and provide a range of specialist care in addition to basic outpatient and inpatient services. They typically have about 100 to 300 beds and a broad range of specialized services including surgery, medicine, paediatrics, obstetrics, gynaecology, ENT, ophthalmology, orthopaedics, urology, neurosurgery etc. Patient who are in need of intensive care are usually referred to tertiary care hospital but due to long distance they had to travel and time consumed on road due to heavy traffic and other unavoidable circumstance, patient's condition not only deteriorate but also compromise the effectiveness of life saving intervention. Understanding these ground realities Primary and Secondary Healthcare Department, Government of the Punjab has decided to establish intensive care units (ICU) in DHQ hospitals as a part of its Annual Development Plan. This will improve the quality of healthcare and timely provision of life saving treatment will be possible to large number of patients.

Primary and Secondary Healthcare Revamping programme (PSHRP) is the initiative by the Chief Minister of Punjab to strengthen the healthcare delivery system in the province. Acquisition of licenses for all DHQ and THQ Hospital by developing and implementing uniform set of standard Operating procedures (SOPs) & standard medical protocol (SMP) for compliance to MSDS of PHC is planned as a part of PSHRP.

An **intensive care unit (ICU)** is a special department of a hospital or health care facility that provides intensive treatment medicine. Intensive care units cater to patients with severe and life-threatening illnesses and injuries, which require constant, close monitoring and support from specialized equipment and medications in order to ensure normal bodily functions. Intensive care units are staffed by highly trained doctors and nurses who specialize in caring for critically ill patients. They are also distinguished from normal hospital wards by a higher staff-to-patient ratio and access to advanced medical resources and equipment that are not routinely available elsewhere. Common conditions that are treated within ICUs include ARDS, trauma, multiple organ failure and sepsis. Patients may be transferred directly to an intensive care unit from an emergency department if required, or from a ward if they rapidly deteriorate, or immediately after surgery if the surgery is very invasive and the patient is at high risk of complications.

#### **5.3.3.2 CCU**

Understanding these ground realities Primary and Secondary Healthcare Department, Government of the Punjab has decided to establish coronary care units (CCU) in DHQ hospitals as a part of its Revamping Program. This will improve the quality of healthcare and timely provision of life saving treatment will be possible to large number of patients. A coronary care unit (CCU) is a special department of a hospital or health care facility that provide coronary care to patients. Coronary care units cater to patients with severe and life-threatening cardiac illnesses and which require constant, close monitoring and support from specialized equipment and medications in order to ensure normal bodily functions.

Coronary care units are staffed by highly trained doctors and nurses who specialize in caring for cardiac patients. They are also distinguished from normal hospital wards by a higher staff-to-patient ratio and access to advanced medical resources and equipment that are not routinely available elsewhere. Common conditions that are treated within CCUs including angina, Myocardial infection, cardiac arrhythmia, cardiac shock etc. Patients may be transferred directly to coronary care unit from an emergency department or from a ward if they rapidly deteriorate, and immediately require cardiac care treatment.

#### **5.3.3.3 DIALYSIS UNIT**

Chronic kidney disease is now a significant public health problem worldwide. Chronic kidney disease globally affects almost 10 % of general population with Incidence in prevalence of disease are still rising especially in developing countries. The rise in chronic kidney disease is by aging of the populations and growing problems of obesity, diabetes, high blood pressure and cardiovascular diseases.

District Headquarter Hospitals (DHQ) & Tehsil head Quarter Hospital (THQ) serve large catchment populations of the district and provide a range of specialist care in addition to basic outpatient and inpatient services. Patient who are in need of dialysis, are referred to tertiary care hospital due to non-availability or insufficient number of dialysis machines. Patient's condition not only deteriorate but also compromise the effectiveness of life saving intervention due to approaching to other cities or to costly private setups of dialysis. Primary and Secondary Healthcare Department has decided to establish & strengthening already existing 10 bedded dialysis at DHQ hospitals & 5 bedded dialysis unit at THQ hospitals. This will improve the quality of healthcare and timely provision of life saving treatment will be possible to large number of patients.

Dialysis unit is a special department of a hospital or health care facility that provides a lifesaving support to patients with chronic renal disease along with pre-existing diseases like diabetes, hypertension, ischemic heart disease to ensure normal bodily functions. Dialysis units are staffed by highly trained doctors, dialysis technicians and dialysis nurses who have done specialized training in caring for such patients. Patients are usually admitted from out door and often from emergency and registered for their timing and schedule of dialysis because these patients are given regular appointments twice or thrice a week as per defined by nephrologist/physician.

#### **5.3.3.4 BURN UNIT**

To improve the quality of medical care rendered to burn patients, primary and secondary Healthcare Department has decided to establish burn units in DHQ hospital as a part of its Annual Development Plan. Effective management of Burn victims is a complicated and challenging intervention in a developing country like Pakistan. Absence of clinical standards, protocols, and guidelines for care of burn patients in health facilities is an important constraint. Primary and Secondary Healthcare Revamping programme (PSHRP) is the initiative by the Chief Minister of Punjab to improve the healthcare delivery system in the province Acquisition of licenses for all DHQ and THQ Hospital by developing and implementing uniform set

of standard Operating procedures (SOPs) & standard medical protocol (SMP) for compliance to MSDS of PHC is planned as a part of PSHRP.

Burns are among the most common types of trauma occurring in any society. Most burns are relatively small and consequently not life threatening, but large burns, even partial thickness ones, still pose a major threat when not treated properly. Even smaller burns may cause major morbidity, because the injury is very painful and may lead to disfiguring scar formatting, primarily hypertrophic scarring. The 4 bedded Burn Units will treat children and adults with thermal burns, chemical burns, electrical burns etc.

Primary and secondary healthcare department focusing on optimal management of patient with up to 30% burns in newly developed burn units and desired to establish a proper referral system for patients who have more than 30% burns. Primary and secondary healthcare department has directed its efforts towards development of an organized system for total care of the burn patient including development of medical protocol, training & retaining the qualified medical/nursing staff and coordination with specialized health & Medical education department.

#### **5.4.1 EMERGENCY DAPARTMENT:**

All THQS and DHQs are already providing emergency services to critical ill patients. As for as the existing sources including human resources & equipment are not sufficient to fulfill the requirement. Primary and secondary healthcare department is going to take the initiative to improve emergencies of hospitals by providing new equipment and human resource in form of recruitment of doctors, nurses and paramedical staff along with Infrastructure of Causality Department. Ultimate goal of revamping of emergencies is to enhance the quality of medical services to critical ill patient in golden hour to decrease the mortality and morbidity rate in causality department of each hospital.

#### **5.4.2 General Overview of Emergency Department**

In any hospital, the most important and critical area is its emergency block. Specially, if hospital is situated on a highway where there is a huge flux of rapidly moving traffic which can be a major source of causalities, if patient treatment is not proper. Besides road trauma cases, cardiac cases and burn cases etc. are also more likely to be initially treated in emergency. Proper first aid to patient reduces morbidity and mortality. The emergency department of hospital is a block where in time service delivery is so much essential that delay in proper treatment can cause lot of lives to suffer from serious diseases for rest of their life. In a nutshell, the

efficiency and in time service delivery of emergency block depicts the overall efficiency of the hospital.

In order to improve the emergency department and to ensure in time service delivery of the same, special initiatives are being taken in this regard. Infrastructure of emergency department depends a lot on its service delivery and efficiency. An emergency department with all necessary medical and general equipment and equipped with all essential medical facilities but without ineffective and poorly planned infrastructure will never fulfill its need. Conclusively, such infrastructural interventions are planned in this program so that the efficiency of emergency department can be optimized. Some of the following major interventions are listed below:

#### **5.4.3 Position of Emergency Department**

It is planned that new construction of building should be avoided at most because already existing blocks with no proper utilization are existing in all of the hospitals. The emergency block should be on such a location that the distance between that department and main entrance gate should be minimum with respect to other locations or positions of complex. To fulfill this purpose, that portion of this building block is selected for re planning of emergency department which is most near to the entrance gate:-

#### **5.4.4 Addition of Portico and External Structures**

The external structures like portico, ramp/stretchers way for entrance, podium and platform for wheel chairs are proposed in this program for facilitation of patients. Portico is a small structure constructed outside the covered area consisting of four or two columns carrying a slab or roof over it. This portico is constructed in this program outside the emergency department to provide a shade for the ambulance or any other vehicle carrying the patient. With presence of this portico, it will facilitate the patient to transfer it from ambulance to the department under a shade so that it provides resistance against the rain or other weathering effects.

Ramp/Stretchers way is an essential structure to be constructed outside the emergency department because almost all the patients coming towards the emergency block are on either wheel chairs or stretchers. It is impossible for a wheel chair or stretcher to cross the stairs in order to enter in the department. To cope up with this problem, ramp or stretchers way is proposed outside the emergency department to provide a smooth passage for the stretcher or wheel chair. Platform for wheel chairs is proposed in this program in order to provide a station for wheelchairs. The presence of this wheel chairs platform will ensure in time access to the wheel chairs when required. In order to give a feel of modern architecture and to uplift the existing shabby outlook of the department, interventions regarding façade improvement are taken in this program.

#### **5.4.5 General Building Interventions:**

In order to improve the over building condition of emergency blocks following major interventions are taken:

1. Provision of flooring and skirting
2. Painting on interior and exterior side of department
3. Provision of false ceiling
4. Replacement of damaged and renovation of existing wooden doors
5. Provision of aluminum doors and windows
6. Public health work regarding supply of water and gas along with improvement of sewerage system
7. Provision of LED panel lights, ceiling fans, exhaust and wall bracket fans
8. Improvement of existing wiring and distribution including replacement of damaged equipment and proposal of new equipment

#### **5.5 Introduction of IT-based solutions**

This includes implementation of IT-based solutions for improving services delivery standards to ensure better service delivery to general public/patients. In this regard, a dedicated Project Management Unit (PMU) established comprises ICT wing with the scope of revamping exercise include but not be limited to provision of IT equipment & IT solutions.

Currently, Queue Management System (QMS) integration with Hospital Information Management System (HIMS) project was under execution by PITB for Phase-I DHQ/THQ 40 hospitals.

Number of software application has been developed, deployed and implemented in hospitals by using the IT manpower in hospitals by PMU ICT team that includes but not limited to:

- Invoice Management System
- MEPG mobile application & web portal for outsourced services monitoring system.
- Janitorial mobile application & web portal
- Surgery Tracking Application & web portal
- Patient Feedback Application & web portal
- Stock Management /Consumable Application
- Equipment Management Portal
- Hospital Management Information System for Phase-II hospitals
- Patient Referral System Portal



- MLC portal

## **5.6 MONITORING AND QUALITY ASSURANCE (PROCESS INTERVENTIONS)**

During construction phase, “Construction Supervision” will be carried out by the Procuring Agency (Director Infrastructure) who will certify construction activity.

### **5.6.1 MSDS (Minimum Service Delivery Standards)**

MSDS are minimum level of services, which the patients and service users have a right to expect. MSDS include minimum package of services, standards of care (level specific) and mandatory requirements/systems for delivery of effective health care services. The World Health Assembly in Alma-Atta in 1978 expressed the need of action to protect and promote the health for all the people of the world. Essential health is to be made universally accessible to individuals and families through their full participation and at a cost that the community and country can afford. MSDS is now being deemed to be of vital importance at THQ and DHQ level. The THQ hospital provides promotive, preventive, curative, diagnostics, in patients, referral services and also specialist care.

THQ hospitals are supposed to provide basic and comprehensive EmONC. THQ hospital provides referral care to the patients including those referred by the Rural Health Centers, Basic Health Units, Lady Health Workers and other primary care facilities. The District Head Quarters Hospital is located at District headquarters level and serves a population of 1 to 3 million, depending upon the category of the hospital. The DHQ hospital provides promotive, preventive, curative, advance diagnostics, inpatient services, advance specialist and referral services. All DHQ hospitals are supposed to provide basic and comprehensive EmONC. DHQH provides referral care to the patients including those referred by the Basic Health Units, Rural Health Centers, Tehsil Head Quarter hospitals along with Lady Health Workers and other primary care facilities. Services package and standards of care at SHC level are also not well defined. Deficient areas include: weak arrangements to deal with non-communicable diseases, mental, geriatric problems and specialized surgical care especially at THQ Hospitals. There is disproportionate emphasis on maternal and child health services at SHC facilities. Services-package being provided at PHC and SHC are also deficient in terms of Health care providers' obligations, patients' rights and obligations.

MSDS umbrella is very vast and it requires a very extensive and planned approach towards, gap analysis, planning, development, implementation, monitoring and evaluation. MSDS comprises of 10 thematic area, 30 standards and 162 indicators. Government of Punjab has taken an initiative to standardize all hospitals of Punjab in accordance with Punjab Health Care Commission Minimum service delivery standards. PMU team segregated MSDS indicators into various targets and sub-targets to make these targets achievable. Manuals for both clinical and non-clinical specialties are being prepared comprising of departmental organizational plan, criteria for essential human resource, essential equipment, general and specialized SOPs, departmental safety guidelines etc. Standardized

Medical Protocols (SMPs) are standard steps to be taken by a health facility during medical or surgical management of a patient. Standard Operating Procedure (SOPs) are detailed description of steps required in performing a task including specifications that must be complied with and are vital to ensure the delivery of these services .It requires literature review, departmental view, facility visits, consultative visits and development of action plan for implementation of MSDS. Effective MSDS implementation requires essential documentation. Documentation is a key for record keeping, monitoring and auditing. For this purpose, registers, forms, displays have to be designed with coding for effective tracking. In addition to this it also requires analysis from field from utilization point of view.

Displays constituting of public serving messages, health related information and general facility related guidelines. In order to monitor effective implementation, compliance monitoring is required to be carried out by field experts which is followed up by further planning to ensure continuous delivery of effective, accessible, continuous and quality services to masses in uninterrupted manner.

MSDS implementation is a complex procedure. Because it requires

1. Capacity building for understanding, development and continuous implementation of MSDS.
2. Ecosystem for establishing its implementation by full cooperation, collaboration, commitment of
3. Continuous monitoring
4. Continuous audit
5. Continuous training, refresher courses with purpose of reinforcement
6. Continuous quality improvement
7. Continuous SWOT analysis and gap identification
8. Continuous strategy making and implementation with backup plan for secondary options.
9. Responsibility designation for clinical and non-clinical procedures and activities.
10. Effective utilization, calibration and maintenance of equipment with record maintenance and their audit
11. Establishment of plans, implementation, analysis of gaps with alternate planning regarding fire evacuation plan, hospital infectional control plan, hospital operational and strategic plans, disaster plan both internal (partial / complete) and external.

### **The PDSA cycle**

1. Developing a plan to test the change (Plan),
2. Carrying out the test (Do),
3. Observing and learning from the consequences (Study), and
4. Determining what modifications should be made to the test (Act).

5. Monitoring effective load sharing of Human resource and equipment within hospitals.
6. Addition of new HR/ rationalization on requirement of MSDS indicator compliance for effective departmental organization and their planned trainings by MPDD, UHS ETC
7. Standard optimization of Standard operating procedures and methods for their effective adoption by hospital human resource.
8. We have also extended our MSDS implementation in 20 more departments such as dentistry, ICU, ccu, Dialysis, mortuary, burn unit, physiotherapy, orthopedics, medicine, nursing, paedes, ophthalmology, derma, TB, urology, patient transfer system, store and purchase, audit and accounts, procurement, planning etc. We are also in process of preparing manuals, SOPS, plans, universal forms, and universal registers with universal tracking system of record.
9. We have developed an application for continuous monitoring of MSDS compliance.

Health managers are considered essential at both the strategic and operational levels of health systems. To gain an initial understanding of the management workforce for service deliver. Every health system desires managers who are competent and have the knowledge, skills and demeanor to be effective. The performance of health services managers will depend in part on how certain standard support systems function. Even good managers will have problems if procedures for running finances, staff, etc., are not working well. Functional systems should have clear rules and regulations, good guides and forms, effective monitoring and supervision and appropriate support staff, e.g. account staff, supplies and information staff and secretarial support A health manager is supposed to be competent in planning, budgeting, financial management systems , personnel management systems, including performance management , procurement and distribution systems for drugs and other commodities , information management and monitoring systems , systems for managing assets and other logistics, infrastructure and transport. Support systems help to ensure uniformity in management practices and ensure that management and administrative systems function and get results.

#### **5.6.2 Supply of missing Biomedical and non-biomedical equipment**

Procurement of Bio and non-biomedical equipment as per requirement of the hospital and available financial resources in all DHQ and 15 THQ Hospitals completed.

Impact of supply of missing Biomedical and non-biomedical equipment;

- With the addition of necessary biomedical equipment like CT Scan/X-Ray/Ultrasound and Color Doppler, Burn Unit equipment, ICU/CCU equipment, Ventilators, Medical Gas Pipeline System and Operation Theaters etc. hospital clinical staff and administration is able to provide better healthcare to the patients' way beyond the limits prior to revamping.
- Due to availability of this necessary biomedical equipment coupled with trained staff, the load on specialized healthcare hospitals has greatly reduced. The hustle and bustle of general public (especially rural) faced due to travelling towards far furlong specialized healthcare hospitals has reduced.
- Lifesaving biomedical equipment for instance Emergency Equipment, Operation theaters equipment has contributed in saving many lives due to availability of the said equipment and this contribution is still going on.
- Non availability of this equipment was enforcing the public for private and costly treatments, which was resulting into huge financial impact on public. The availability of these services at government rates has beneficial impact on public.
- The provision of non-biomedical equipment has facilitated the public, patients and staff largely e.g. Air Conditioners, Office Furniture, Benches, Ceiling fans and generators etc.
- The provision of non-biomedical equipment e.g. waste bin sets, bed sheets, blankets etc. has contributed towards overall hospital cleanliness which has reduced the disease hotspots of hospitals.

Biomedical Equipment Resource Center (BERC) has been working under PMU to record and maintain an updated elaborate and sophisticated asset inventory of biomedical equipment in DHQ and THQ Hospitals at provincial level, respond to repair calls by mobilizing the assigned repair personnel/vendors/firms and analyze the data to identify quality, repair track and life span (end-of-life) of equipment; quality of service of vendor/firm/party and quality of service of the service provider handling the equipment; and use the information to raise alerts in relevant departments for adequate action ( procurement, condemnation, black-listing of vendor etc.)

## **5.7. Electronic Medical Record (EMR) and QMS**

### **5.7.1 Queue Management System (QMS)**

OPD in DHQ has enormous patient load, due to the only big public sector serving hospital in Districts and Tehsils. At the moment the ticket system is prevailing but there is no mechanism to handle that ticket and assign number to the ticket and its being issued in manual format. This will also create dependency on the person issuing the ticket. After getting the tickets, patient will be provided with no guidance on where to go and when his term will come to meet the doctor and get the required service. This will create confusion and delayed service delivery. On the other hand it will waste lots of time on the end of doctor and patient as patient and doctor has no direct liaison with each other. Moreover, patient will again have to be dependent on some person to check that either doctor is free or any patient sitting in his facility. Here again, human intervention and dependency will come into play.

This project basically aims to remove all the human related dependency till the patient reach the doctors. Moreover, it also includes, recording basic information for a patient and guiding him to the doctors room from registration count to triage without any dependency on hospital staff. This will improve the transparency as per the vision of good governance and serve the patient in an efficient and transparent manner. This will also help the patient in estimating that time estimate till his term which will give him relief and more belief on the fair system. On the other hand doctor will always have an idea that how many patients will be in queue and give him direct liaison with the patient sitting outside.

The need of queue management system is evident in hospital from the fact of lack of proper mechanism of patient queue management at OPD's, human resource deficiency and non-functional equipment. The Implementation of Queue Management System will provide and streamline Patient Queue Management at OPD with Ticket Generation and Display of Numbers on the counters. This will help in maintaining the queue on First IN First OUT (FIFO) basis. The system will also provide the information counter to the general public to educate them in the use of queue management system and short description of the process. After implementation of this system, the incoming patient will be guided in a manner to get the service on his turn without any dependency or interference of an external resource. All will be handled in an automated way with patient are being served at their turn.

The system manages the patients load, organizes the patient's queues in an adequate manner and gives them the ease in waiting area; and they will be

examined gracefully by doctors at their turn. Basic information of the patient is also linked with its ticket, being taken at the first counter. This will help established a unique ID against each patient. This will also lead to the establishment of Electronic Medical Record. The Process flow of Queue Management System at DHQ is given as follows:

There are 35 counters at DHQ level including basic registration counter, triage counter, consultant office and hospital pharmacy. There is one ticketing machine with a bifurcation of male, female and old age person. The ticket will be issued to the relevant category accordingly. After receiving the ticket the said number will be blinked on male, female and old age counter. The person will move to that counter where he will be asked about his basic details which will be entered in the basic registration form software linked with QMS and that specific token / ticket number. He will also be asked about the disease and accordingly the relevant consultant / specialty area e.g. pediatrics, ophthalmology etc. after registering, he will take the printout and give the slip to patient / attendant along with its token number.

The basic fee of OPD will be received at the registration counter and accounted for in the basic registration software linked with QMS. The same token number will be displayed on the triage counter where his vitals will be taken and written on the same registration slip available with the patient. Now, keeping in view the specialty area the token number will be displayed on the relevant consultant office and he will be checked by relevant consultant. The consultant than diagnosed the medicine or either to admit it after his examination. In case of medicine he will be sent to hospital pharmacy where again the same ticket number will be displayed. There have to be an option available with the doctor to either redirect him to the hospital pharmacy or other (medical tests, referred to IPD). On displaying the same token number at pharmacy counter the patient will move to pharmacy counter along with his token number and registration slip and take prescribed medicine. Patient will be disposed from that window and process of QMS will be completed. There will be no entry in the basic registration software on the counters of triage, doctor at the moment.

The same process described above for DHQ will be implemented for THQ but with lesser number of counters i.e. 25. The important constraints for the systems are:

1. Same token number will be used at all the counters and patient will be getting the ticket from ticketing machine only once at the time of entry.

2. QMS will cater for missed, skipped or delayed patient at any counter.
3. There will be two LED displayed at different location in the waiting area to guide patients about the process details and to display token number along with announcement in URDU.
4. The gap between each display panel from ticketing machine to pharmacy can be customized according to requirement e.g. 5, 10, 30, 60 seconds etc.

#### **5.7.2 Public Address System**

Hospital Staff / Patients / Public Address System at Hospitals is a mandatory part of any hospitals facility following the international standards. The system is required to serve the multipurpose of announcing code blue (Critical Situation), making general announcement to attendants / Patients or to call patients or to transmit the fire tone under fire condition. The said system has been installed with 20 locations at hospitals with speakers and two announcement locations within the hospital. This will help in streamlining the operations of hospitals and for efficient and better service delivery and to better patient care.

#### **5.7.3 CCTV System**

Installation of network based CCTV cameras is an important module in the ICT part of revamping project. Scope of this component is to install 60 to 80 cameras in each hospitals at important location i.e. entry, exit, OPD, waiting areas, Parking for surveillance and security purposes. This will also serve as major input to the security services being provided by an outsourced security company in relevant hospitals. Moreover, there will be small scale central control room at each hospital to monitor the allocated locations where the cameras have been installed. This system will also have the facility to record the video for 15 days for all the cameras so that recording of specific duration can be produced on demand. This will also have the facility of central control room which has the capacity to access the camera of 40 hospitals and to view and monitor the area of specific camera within specific hospital at any given time. Therefore, it will establish a centralized surveillance and security mechanism for these 40 public sector healthcare facilities.

#### **5.7.4 EMR and Networking**

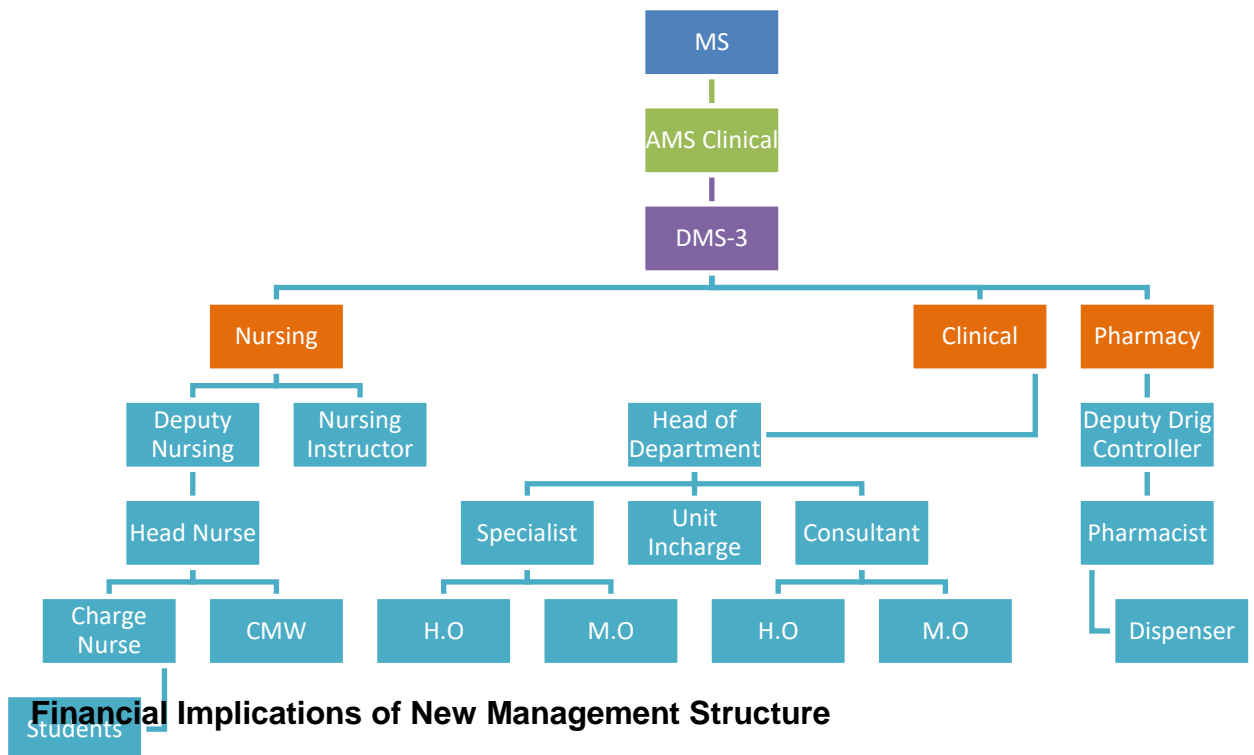
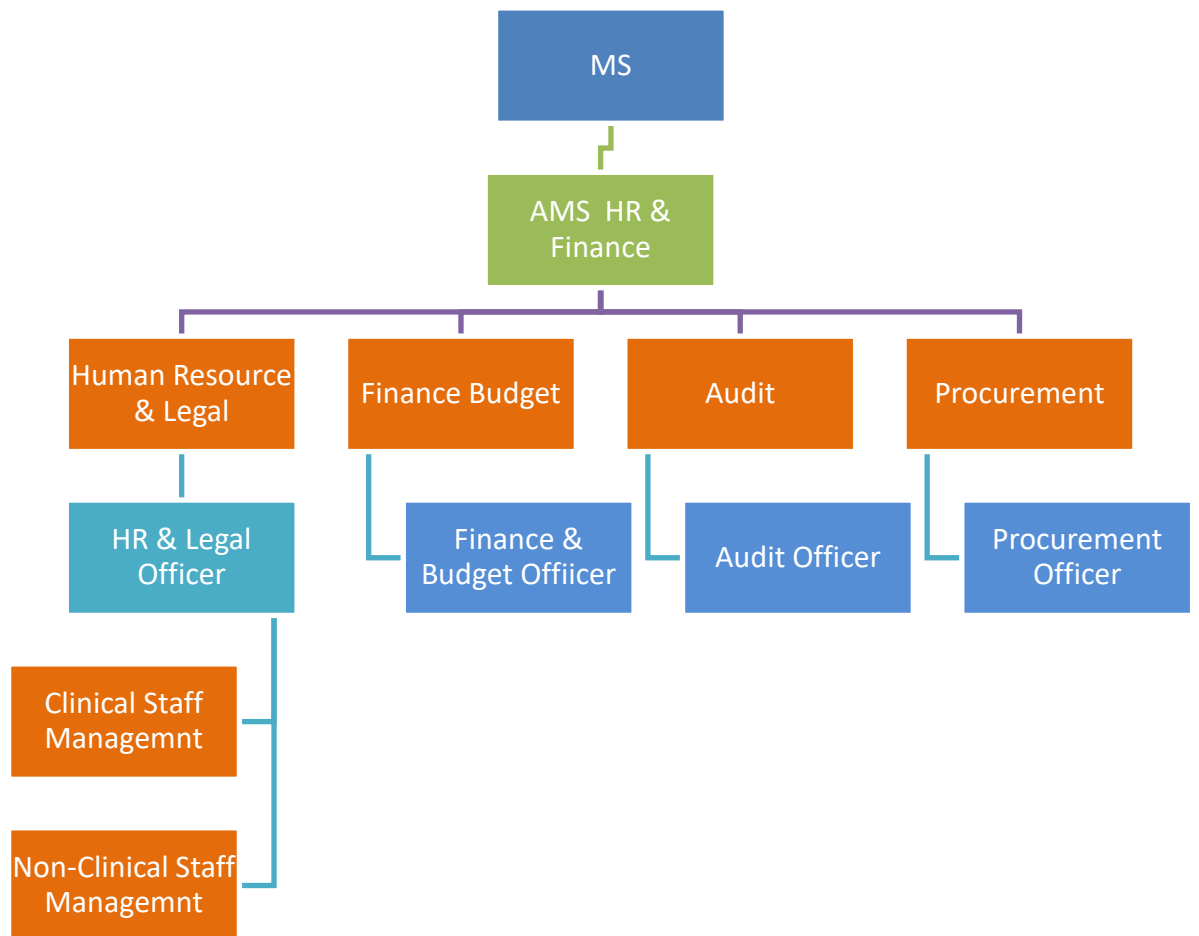
Establishment of network infrastructure, establishing a central data center, connectivity of different building through fiber, are also the major components of the revamping project in terms of ICT. This will including provision of networking point at all nursing stations and important areas where entries regarding patients' needs to be made e.g. Radiology/Pathology, Indoor, outdoor etc. This will serve as

backbone to implement the Electronic Medical Record System in the Hospital which has the key feature of generating Unique Medical Record Number for each patient. This MR number will serve as an identity for patients during their treatment, retrieval of records and for decision making.

EMR will also be able to log the patient for treatment being provided to him in different areas of hospital i.e. OPD, Pathology, Radiology, Surgery, Indoor, etc. and their integration. This will be achieved by entering the relevant information at each department against specific MR number of a patient in the Customized / Purpose build software (EMR) for these public healthcare facilities.

This entry of MR number against each patient in hospital will build a large database for patient and relevant diseases. This will help in analysis disease / epidemic prevention and better patient care through retrieval of patient history and proper diagnoses at physician end. Implementation of patient registration, Record keeping, physical queue management, E-prescription, supporting IT interventions for EMR and medicine dispensation.





The Planning & Development Board vide letter No.12(24)PO(COORD-II)P&D/2022 dated 14-07-2022 has informed that revised standard pay package were discussed and approved by the 83<sup>rd</sup> PDWP meeting held on 28-06-2022 under the chairmanship of Chairman P&D Board for all ADP funded Project posts of Department /Organizations working in Government of the Punjab:

<u>Project Pay Scale (PPS)</u>	<u>Revised Project Pay Scales (Permissible Range) (PKR)</u>	<u>Annual Increment Up to % age</u>
PPS-1	28,000 --- 44,800	10
PPS-2	35,000 --56,000	10
PPS-3	43,750 -- 70,000	10
PPS-4	52,500 -- 84,000	10
PPS-5	70,000 --112000	10
PPS-6	105,000 -- 172,200	8
PPS-7	157,500 --258,300	8
PPS-8	218,750--358,750	8
PPS-9	306,250--502,250	8
PPS-10	437,500--700,000	5
PPS-11	612,500-- 980,000	5
PPS-12	875,000 --1,400,000	5

In view of the above the Pay package of NMS staff has been revised. Financial Implications of New Management Structure Model based on revised Standard Pay Package (PPS) approved by the 83<sup>rd</sup> PDWP meeting held on 28-06-2022:

Name of Post	No. of Employees	Original Pay package approved		Revised Pay package	
		Per Month Salary	Salary for One Year	Per Month Salary	Salary for One Year
Admin Officer	1	80,000	960,000	138,000	1,656,000
Human Resource Officer	1	80,000	960,000	138,000	1,656,000
IT/Statistical Officer	1	80,000	960,000	138,000	1,656,000
Finance & Budget Officer	1	80,000	960,000	138,000	1,656,000
Procurement Officer	1	80,000	960,000	138,000	1,656,000
Quality Assurance Officer	1	80,000	960,000	138,000	1,656,000
Logistics Officer	1	80,000	960,000	138,000	1,656,000
Data Entry Operator (DEO)	2	35,000	840,000	57,000	684,000

Assistant admin Officer	2	50,000	1,200,000	91,000	1,092,000
<b>Total</b>	<b>11</b>		<b>8,760,000</b>	<b>1,114,000</b>	<b>13,368,000</b>

#### **5.8.1 NON CLINICAL HR INTERVENTIONS (HUMAN RESOURCE (HR) PLAN MANAGEMENT STRUCTURE)**

Institution will run under the administrative control of Medical Superintendent, who will control this with the collaboration and cooperation of 3 Additional Medical Superintendents including AMS (Admin), AMS (HR & Budget) and AMS (clinical), 3 Deputy Medical Superintendents (morning, evening and night) will be reporting to AMS Clinical. Each clinical facility will be further controlled by head of concerned department and 6 administrative posts of HR & Legal Officer, IT/Static Officer, Budget & Account Officer, Admin Officer, Procurement Officer and Audit Officer will be provided as supporting hands for AMS Admin and AMS HR & Budget for smooth execution of hospital tasks.

#### **RESPONSIBILITIES / JOB DESCRIPTIONS, ELIGIBILITY & FINANCIAL IMPLICATIONS FOR MANAGEMENT STRUCTURE OF HOSPITAL**

##### **5.8.2.1 HR / Legal Officer**

Shall be responsible for following:

1. Issuance of monthly Duty rosters & special duty rosters of Eid, Muhurram etc of all clinical & non-clinical staff in hospital
2. Issuance of Transfer/postings orders within hospital
3. Taking of joining from new incumbents and charge relieving orders of relinquishing officials
4. File maintenance of all employees of hospital
5. Record of all enquires of employees of hospital
6. Leave record of employees
7. Adjustment of officials on duty during leave of concerned employee
8. Litigation/ legal issues of hospital (shall ensure all court cases are well attended and all legal matters of hospital are well taken care of)
9. Any other HR related function assigned by MS/AMS

### **Eligibility Criteria**

1. Minimum qualification Masters' degree in HR/ Public Administration/ MBA / Management / Administration / LLB/ M.Com or equivalent from HEC recognized University
2. Minimum 1 year post degree relevant professional experience (Additional credit may be given for hospital administration/Public sector experience of similar nature)

#### **5.8.2.2 Finance & Budget Officer**

Shall be responsible for following:

1. Handling of all financial matters of hospital
2. Petty cash handling
3. Preparation of budget
4. Budget review
5. Maintenance of accounts and record
6. Any other function assigned by AMR HR
7. & Finance/MS/P&SHD

### **Eligibility Criteria**

1. Minimum qualification Masters' degree in Finance (MBA Finance)/ M.Com / CA Inter/ ACCA or equivalent from HEC recognized University or officer from treasury service / subordinate accounts service (Additional credit may be given to Chartered accountant / ACCA)
2. Minimum 1 year post degree experience of Finance, Accounts & Budget (Additional credit may be given for Public sector experience of similar nature)

#### **5.8.2.3 Audit Officer**

Shall be responsible for following functions:

1. Smooth conduct and completion of all types of audit in hospital
2. Pre-audit of all Payments
3. Liaison with external audit teams
4. Preparation of replies of audit paras, working paper for Department Accounts committee, Special Departmental accounts committee & Public Accounts committee meetings

5. Development of SOPs for finance, budget, procurement as per Government rules & regulations
6. Any other function assigned by AMS HR& Finance /MS/P&SHD

#### **Eligibility Criteria**

1. Minimum qualification Masters' degree in Finance/ MBA Finance / Chartered Accountant / ACCA / M.Com or equivalent from HEC recognized University.
2. Minimum 1 year post degree experience of audit (Additional credit may be given for Public sector experience of similar nature)

#### **5.8.2.4 Procurement Officer**

Shall be responsible for following functions:

1. Procurement of all kinds for hospital
2. Shall be in liaison with P&SHD for procurements being conducted
3. Any other function assigned by AMS HR& Finance /MS/P&SHD

#### **Eligibility Criteria**

1. Minimum qualification Masters' degree in Finance/ MBA Finance / BSc Engineering / Pharm D/ Economics / Statistic / M.Com or equivalent from HEC recognized University
2. 1 year post degree experience of procurement (Additional credit may be given for public sector experience of procurement)

#### **5.8.2.5 ADMIN OFFICER AND ASSISTANT ADMIN OFFICER**

Shall be responsible for general administrative affairs of hospital along with following functions:

1. Security
2. Transport
3. Parking
4. Janitorial
5. Canteen

6. External housekeeping
7. Electrical works
8. Internal housekeeping
9. Laundry
10. Stores & supplies

In case these functions have been outsourced, he shall be responsible for enforcement of these contracts and shall ensure that penalties are imposed in case of violation of contract. In case he fails to enforce contract and the outsourced function is not performed at par as per contract and penalties have not been imposed he shall be liable for non-action. Moreover, only reporting of violation of contract shall not suffice but he has to ensure follow up till the penalty has been imposed and action as envisaged in contract in case of violation has been taken.

#### **Eligibility Criteria (Admin Officer)**

1. Minimum qualification Masters' degree in Economics/ Public Administration/ Finance/ MBA Finance / Administration / Statistic / Computer Science/M.Com / BSc Engineering/ Pharm D or equivalent from HEC recognized University
2. Minimum 1 year post degree relevant professional experience (Additional credit may be given for hospital administration/ Public sector administration of similar nature)

#### **Eligibility Criteria (Assistant Admin Officer)**

1. Minimum qualification Masters' degree in Social Sciences / Public Administration / MBA / ACMA / ACCA / Statistics/ Computer Science / M.Com / Pharm D or equivalent from HEC recognized University
2. Relevant professional experience will be preferred (Additional credit may be given for hospital administration/ Public sector administration of similar nature)

#### **5.8.2.6 IT/STATISTICAL OFFICER**

He shall be responsible for IT support for all IT interventions in the hospital.

He shall be in liaison with PITB/HISDU for proper reflection of hospital record on PITB dashboard. In case there is any discrepancy or error he shall resolve the issue. Moreover, he shall be responsible for functionality of all IT equipment.

### **Eligibility Criteria**

1. Minimum qualification Masters' degree in Computer Science / MCS / BSCS (Hons) / MSC Statistics/ MBA / M Com / BS Engineering or equivalent from HEC recognized University
2. 1 years post degree experience of IT / Data analysis (Additional credit may be given for similar assignment experience)

#### **5.8.2.7 QUALITY ASSURANCE OFFICER**

He shall be responsible for quality of all things in the hospital.

### **Eligible Criteria**

1. Masters in Total Quality Management / Masters in Public Health/ Masters in Health Administration/ Masters in Hospital Management / Masters in Biochemistry / Biotechnology / Molecular Biology / Microbiology from an HEC recognized University or equivalent.

OR

16 years education along with Post graduate diploma in Total Quality Management/ Post graduate diploma in Health Safety and Environmental Management System / Post graduate diploma in Healthcare and Hospital Management / Quality Assurance or equivalent.

2. Minimum 1 year post degree relevant professional experience.

#### **5.8.2.8 BIO-MEDICAL ENGINEER**

He shall be responsible for all items of Bio-Medical and Non-Bio-Medical in the hospital.

### **Eligible Criteria**

1. BSc Bio-Medical Engineering / BSc Electrical Engineering / BSc Electronics or equivalent from HEC recognized University.
2. Minimum 1 year post degree relevant experience. 2 year experience is preferable.

#### **5.8.2.9 LOGISTICS OFFICER**

He shall be responsible for Supply Chain, logistics, fleet, warehousing and inventory management, clearing and forwarding in the hospital.

**Eligible Criteria**

1. M.Sc. Supply Chain Management/ MBA or Equivalent.
2. One year experience in Supply Chain, logistics, fleet, warehousing and inventory management, clearing and forwarding.

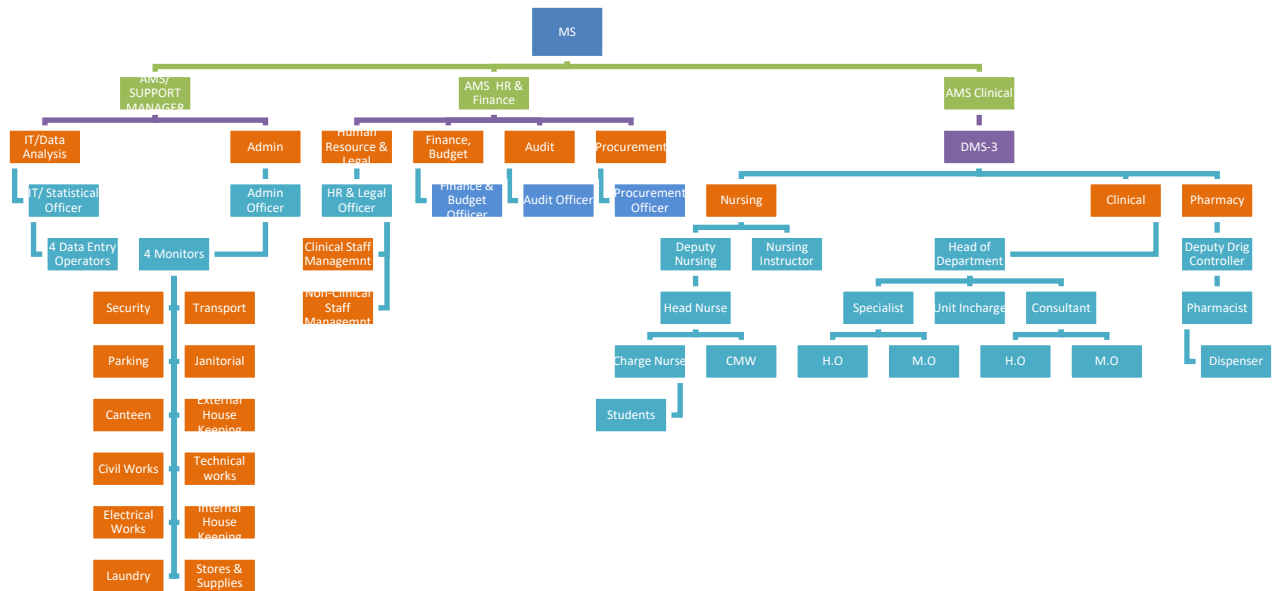
**5.8.2.10 Data Entry Operators (DEO)**

Four Data entry operators shall help IT officer in dispensation of his responsibilities.

**Eligible Criteria**

1. Minimum qualification BA / BSc / B.COM / BCS or equivalent from HEC recognized University. In case of BA / B.Com candidate must have six month computer course / Diploma.
2. Proficient in MS Word/ MS Excel/ MS Power point. Candidate must have typing speed of minimum 30 WPM. (additional credit may be given for additional relevant certified computer courses)
3. 1 years post degree relevant experience





## Financial Implications of New Management Model

Name of Post	No. of Employees	Revised Pay package	
		Per Month Salary	Salary for One Year
Admin Officer	1	138,000	1,656,000
Human Resource Officer	1	138,000	1,656,000

IT/Statistical Officer	1	138,000	1,656,000
Finance & Budget Officer	1	138,000	1,656,000
Procurement Officer	1	138,000	1,656,000
Quality Assurance Officer	1	138,000	1,656,000
Logistics Officer	1	138,000	1,656,000
Data Entry Operator (DEO)	2	57,000	684,000
Assistant admin Officer	2	91,000	1,092,000
<b>Total</b>	<b>11</b>	<b>1,114,000</b>	<b>13,368,000</b>

### **Project Management Unit (PMU), Primary & Secondary Healthcare Department**

Government of the Punjab decided to reform primary and secondary healthcare network into a robust, proficient and vibrant delivery system. It was a landmark initiative to revamp and rehabilitate DHQ /THQ Hospitals throughout the province. Revamping of DHQ and THQ Hospitals has been a flagship program of Primary and Secondary Healthcare Department. Scope of Revamping program includes six major components like (a) Addition of human resource, (b) Rehabilitation and improvement of infrastructure, (c) Supply of missing biomedical and non-biomedical equipment; (d) Introduction of IT-based solutions, (e) Outsourcing of allied services and (f) Standardization of hospital protocols. It was realized that a dedicated Project Management Unit (PMU) to be established to undertake this ambitious revamping program, which would steer all these components towards successful service delivery meeting the quality on priority basis.

## **5.9 RELATIONSHIP WITH SECTORAL OBJECTIVES**

The Government of the Punjab, Primary & Secondary Healthcare Department is in the process of undertaking number of initiatives to improve health care delivery system in the province. The Government of the Punjab is firmly committed to provide health care services at the doorstep of the community through integrated approach. A number of projects to improve emergency health care service particularly targeting on the promptness and quality have been initiated. Although major focus is on disease prevention and health promotion strategies by providing specialist health care services to victims of various diseases in the patients is one of the top most priority. The instant project will be a major wing to health department with line departments.

Mainly the linkage with social welfare and human empowerment, labour and manpower, Education Department, Special Education, Home of the project will be in a vibrant environment in the holistic manner. The scope of the project itself aims to establish horizontal linkage with all the stakeholders through multi-sectorial approach. The health care facilities and ongoing services provided in the hospital will seek strength and viability from its linkage and public ownership.

## **5.10 PATIENT MANAGEMENT PROTOCOL**

### **5.10.1 EMERGENCY:**

1. Initial reception and computerization of data, issuance of medical record number and preparation of record file.
2. Patients seen by C.M.O. initial assessment (brief history and physical examination) is entered on the emergency slip/file initial treatment is started.
3. C.M.O calls the medical officer / house officer of the relevant department who takes on of the following action:-
  - i. Discharges the patient from emergency department after the patient is stabilized (himself or after consultation).
  - ii. Returns the patient in emergency department and inform the consultant or call such patient is either discharged after some time i.e. 2 hours of admitted later on
  - iii. Patient is straight way admitted by the medical officer himself or in consultation with the consultant
4. A separate record is maintained by each department. Each patient discusses at the morning meeting and any pitfalls are any pitfalls are corrected.

5. The patient who is admitted is again entered into the computer in the ward, complete history and physical examination is carried out and relevant lab & radiological investigations are ordered. (If not already done in the emergency department).
6. The definitive management is either started by the medical officer himself or in consultation with the consultant. (Telephone or physically). The patient is prepared for surgery if required.
7. At the evening round of the ward, the patients admitted throughout the day (Through OPD or emergency) are seen by the specialist. Appropriate changes in the management are carried out.
8. During the night, medical officer & house officer will be on duty and they will remain in contact with consultant.
9. In the morning round all the new admissions and old patients are thoroughly discussed management / treatment changed, surgery ordered or discharge ordered.
10. The discharge certificate is either prepared by the house officer or medical officer. If prepared by the house officer, it is countersigned by the medical officer

Appropriate changes are made in the computer record after discharge. The file is sent to the central record.

#### **5.10.2 O.P.D:**

1. After the initial registration and issuance of computerized number patient is sent to the relevant medical officer with the OPD slip/file.
2. The medical officer / house officer of the relevant department performs the initial assessment. The medical officer himself advises the treatment / investigation or refers the patients to the specialist or admits the patient.
3. After admission. The same routine is followed which has been mentioned in the case of admission through emergency.

#### **5.10.3 DEATH OR END OF LIFE MANAGEMENT.**

1. The decision regarding resuscitation is made at the initial stages by the medical officer / house officer or specialist in consultation with the patient himself and / attendants.
2. The DNR (Do not resuscitate) patients are only seen by the medical officer/ hose officer at the time of death.
3. For the patients to be resuscitated, a special code (blue code) is declared when patient go onto cardiac or the terminal events.
4. The policy for very sick / terminal and dying patients is formulated at the hospital administration level and appropriate

modifications are decided in the relevant department for each patient.

5. Every death is discussed weekly at the mortality committee at the department and at the hospital level cleared by the Medical Superintendent.

#### **5.10.4 INVENTORY CONTROL SYSTEM**

The stock keeping and issuance of such items shall also be controlled and monitored through closer supervision and checks and balance system built in the software. The stock and expense of durable and consumable items will be kept in the system and also as hard copies. The main stores computers will be linked with the sub stores computers through networking. The areas like emergency. Outpatient department, Indoor registration desks, Laboratory and Radiology Department, ICUs, etc., will have linkages with the main and sub stores to know about:-

1. Stock in hand of various items
2. New receipt of these items
3. The items which have been issued to other departments
4. The Items which are not available
5. The expenditure incurred on the purchase.

The budget and details of account shall be linked with the financial control system.

#### **5.10.5 PROJECT MONITORING COMMITTEE**

A Project Monitoring Committee is hereby constituted as under to monitor the project regarding Revamping of Hospital.

- |    |                              |                    |
|----|------------------------------|--------------------|
| 1. | DC Concerned                 | (Chairman)         |
| 2. | DMO, Concerned               | (Member)           |
| 3. | Executive Engineer Buildings | (Member)           |
| 4. | AC Concerned                 | (Member)           |
| 5. | MS DHQ Hospital              | (Secretary/Member) |

The committee will monitor the progress of the project and will hold regular weekly meeting to review the progress.

## **6. DESCRIPTION AND JUSTIFICATION OF PROJECT**

### **6.1 JUSTIFICATION OF PROJECT**

attached

## **6. DESCRIPTION, JUSTIFICATION AND TECHNICAL PARAMETERS**

The scheme has been estimated on face of the factual basic requirements and if needed, alterations and has been quoted in this PC-I. The Population of Tehsil Chichawatni District Sahiwal is more than 0.216 million. The area of the THQ Hospital Chichawatni District Sahiwal is 767757 SFT land.

### **6.1 DESCRIPTION AND JUSTIFICATION**

Government of the Punjab has taken a special initiative for Revamping of DHQs and THQs hospitals all over the Punjab. The instant PC-I is meant for completion of Balance work of Revamping of the said Hospital. For this purpose a block allocation of Rs.1300 million has been earmarked in ADP at G.S.No 660 during 2022-23. Hence the PC-I is submitted.

Punjab has a unique burden of disease where on the one hand preventable diseases still take a heavy toll, on the other hand, diseases which were previously believed to have had been effectively curtailed, have re-emerged. This is particularly in view of the targets set under Sustainable Development Goals (SDGs) such as the end of epidemics such as aids, tuberculosis and malaria by the year 2030, and control over hepatitis, water-borne diseases and other communicable diseases while reduction to one-third of premature mortality due to non-communicable diseases through ensuring availability of effective prevention and treatment.

Primary Health sector in the province is not in a satisfactory condition at this point in time. In order to pay better attention to the primary and secondary health department, the Government of Punjab has created a new department. Government plans to launch a major program comprising several major projects and interventions in the primary health sector with a view to carry out a 360 overhaul of the health machinery. This program will be launched in 25 DHQ hospitals and 100 THQ hospitals of the province.

### **JUSTIFICATION FOR REVISION OF PC-I**

1. Civil work revamping of all DHQ & 15 THQ Hospitals was undertaken during the FY 2016-17 through Infrastructure Development Authority Punjab (IDAP). Later on the IDAP informed that they will not be able to take the next revamping plan of DHQ/THQ Hospitals of Punjab on the grounds that it does not fall in the project role of IDAP specified in the 36th meeting of Principal Cabinet of IDAP held on 06-10-2020. Accordingly, on the basis of revised RCE of IDAP and de-scope civil work for 25 sub-schemes of all DHQ and 15 THQ Hospitals have been approved from

PDWP in its meeting held on 36-03-2021 and DDSC meeting held on 29-04-2021. Sub-schemes of all DHQ & 15 THQ Hospitals were concluded.

Thereafter it was decided to complete the balance civil work of revamping through C&W Department and a block scheme titled "Balance Work of Revamping of all DHQ/15 THQ Hospitals in Punjab" was included in ADP 2021-22. Accordingly, the Rough Cost estimates of balance civil work has been got prepared from the Punjab Buildings Department for preparation of PC-Is and were approved from the DDSC. Infrastructure team has conducted the Joint visits with the team of C&W Department. During the field visits, few alterations were recommended by the technical teams which have been incorporated in the Revised Rough Cost Estimates of the subject scheme and have been attached with the PC-I along with comparative statement. Therefore, Civil works component cost has been increased from Rs. 78.885 million to Rs. 157.279 million due to few changes in the scope and MRS rates (2<sup>nd</sup> Bi-annual 2022).

2. In place of the clerical positions, the Department introduced a New Management Structure (NMS), in all District and Tehsil Headquarters Hospitals. The officers/officials recruited as a part of the NMS have a minimum of 16 years of education. Introduction of New Management Structures (NMS) across all secondary hospitals in the Punjab, has allowed for the overall efficiency of District and Tehsil Headquarters Hospitals. In each Tehsil Headquarter Hospital HR under MNS has been provided for smooth running of the health services. Pay Package for NMS Staff was never been revised since 2017-18, therefore it was decided to approach the P&D Department for revision of Pay package. The PDWP approved revised pay page in its meeting held on 08-02-2022 based on PPS approved in 60<sup>th</sup> PDWP meeting as under: -

Name of Posts	60 <sup>th</sup> PDWP Meeting		
	PPS Assigned	Permissible Range (PKR) & Annual increment	Approved Pay Package



HR & Legal Officer, IT & Statistical Officer, Admin Officer, Procurement Officer, Finance & Budget Officer, Logistics Officer, Quality Assurance Officer, Audit Officer and Biomedical Engineer	PPS-6	75,000-105,000 (8% annual incr.)	75,000
Assistant Admin Officer	PPS-5	50,000-75000 (10% annual incr.)	50,000
Data Entry Operator	PPS-3	35,000-55,000 (10% annual incr.)	35,000

Now the Planning & Development Board vide letter No.12(24)PO(COORD-II)P&D/2022 dated 14-07-2022 has informed that revised standard pay package were discussed and approved by the 83<sup>rd</sup> PDWP meeting held on 28-06-2022 under the chairmanship of Chairman P&D Board for all ADP funded Project posts of Department /Organizations working in Government of the Punjab. Therefore, the revised Pay Package has been incorporated in the revised PC-I. Due this the revenue component meant only for salaries of NMS staff has been increased.

3. As the gestation period of the PC-I till 30.06.2023, therefore, the cost of NMS has been revised for smooth running of the all DHQ /15 THQ Hospitals and hence PC-I has been proposed till 30- 06-2025.

**6.1.2 DHQ/THQ Hospitals covered under the Project:** The location map of the DHQ and THQ hospitals that will be taken up for rehabilitation in this program are

given

below

PROJECT MANAGEMENT UNIT  
PRIMARY & SECONDARY HEALTHCARE DEPARTMENT



LOCATION OF DHQ AND THQ HOSPITALS IN PUNJAB



The names of the DHQ and THQ hospitals that will be taken up for completion of balance work of in this program are given below:

- 1 DHQ Hospital Attock
- 2 DHQ Hospital Bahawalnagar
- 3 DHQ Hospital Bhakhar
- 4 DHQ Hospital Chakwal
- 5 DHQ Hospital Chiniot
- 6 DHQ Hospital Hafizabad

- 7 DHQ Hospital Jhang
- 8 DHQ Hospital Jhelum
- 9 DHQ Hospital Kasur
- 10 DHQ Hospital Khanewal
- 11 DHQ Hospital Khushab
- 12 DHQ Hospital Layyah
- 13 DHQ Hospital Lodhran
- 14 DHQ Hospital MBD
- 15 DHQ Hospital Mianwali
- 16 DHQ Hospital Muzaffargarh
- 17 DHQ Hospital Nankana Sahib
- 18 DHQ Hospital Narowal
- 19 DHQ Hospital Okara
- 20 DHQ Hospital Okara South City
- 21 DHQ Hospital Pakpattan
- 22 DHQ Hospital Rajanpur
- 23 DHQ Hospital Sheikhupura
- 24 DHQ Hospital T T Singh
- 25 DHQ Hospital Vehari
- 26 THQ Hospital Ahmedpur East District Bhahawalpur
- 27 THQ Hospital Arifwala District Pakpattan
- 28 THQ Hospital Burewala District Vehari
- 29 THQ Hospital Chichawatni District Sahiwal
- 30 THQ Hospital Chistian District Bhahawalnagar
- 31 THQ Hospital Daska District Sialkot
- 32 THQ Hospital Esa Khel District Mianwali
- 33 THQ Hospital Gojra District Toba Tek Singh
- 34 THQ Hospital Hazro District Attock
- 35 THQ Hospital Kamokee District Gujranwala
- 36 THQ Hospital Kot Addu District Muzaffargarh
- 37 THQ Hospital Mian Channu District Khanewal
- 38 THQ Hospital Noorpur Thal District Khushab
- 39 THQ Hospital Shujabad District Multan
- 40 THQ Hospital Taunsa District Dera Ghazi Khan

## 6.2 SECTORAL SPECIFIC INFORMATION

Social Sector, health department

## 7. CAPITAL COST ESTIMATES

**Financial Components:** Revenue  
**Cost Center:**OTHERS- (OTHERS)  
**Fund Center (Controlling):**N/A

**Grant Number:**Development - (PC22036)  
**LO NO:**LO21010550  
**A/C To be Credited:**Assan Assignment

PKR Million

Sr #	Object Code	2021-2022		2022-2023		2023-2024		2024-2025		2025-2026	
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	A05270-To Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
2	A12403-Other Buildings	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<b>Total</b>		<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

**Financial Components:** Capital  
**Cost Center:**OTHERS- (OTHERS)  
**Fund Center (Controlling):**N/A

**Grant Number:**Government Buildings - (PC12042)  
**LO NO:**LO22010094  
**A/C To be Credited:**Account-I

PKR Million

Sr #	Object Code	2021-2022		2022-2023		2023-2024		2024-2025		2025-2026	
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	A12403-Other Buildings	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
2	A05270-To Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<b>Total</b>		<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

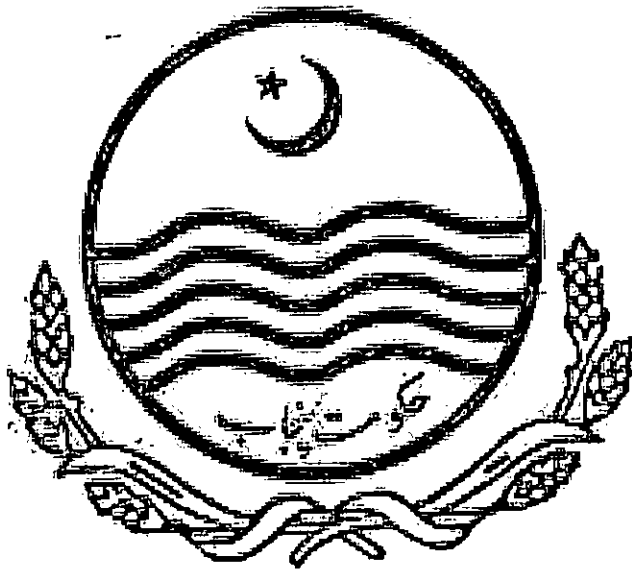
# Abstract of Cost

Name of THQ Hospital	Cheechawatni					
Scope of work	Original			1st Revised		
	Capital	Revenue	Total	Capital	Revenue	Total
<b>Capital component</b>						
Internal Development	59.417	0.000	59.417	100.171	0.000	100.171
External Development	19.468	0.000	19.468	57.108	0.000	57.108
Water filtration plant	0.000	0.000	0.000	0.000	0.000	0.000
<b>Total Capital Component</b>	<b>78.885</b>	<b>0.000</b>	<b>78.885</b>	<b>157.279</b>	<b>0.000</b>	<b>157.279</b>
<b>Revenue component</b>						
Human resource (HR) plan	0.000	17.520	17.520	0.000	39.404	39.404
<b>Total Revenue component</b>	<b>0.000</b>	<b>17.520</b>	<b>17.520</b>	<b>0.000</b>	<b>39.404</b>	<b>39.404</b>
<b>Grand Total</b>	<b>78.885</b>	<b>17.520</b>	<b>96.405</b>	<b>157.279</b>	<b>39.404</b>	<b>196.683</b>

## Human Resource Model of THQ Hospital

	Original				1st Revised				
NAME OF POST	No. of Employees	Per Month Salary	Per Month Salary for all Person	Salary for Two Years	No. of Employees	Project Pay Scale	Per Month Salary	Per Month Salary for all Person	Salary for Two Years
ADMIN OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
HUMAN RESOURCE/LEGAL OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
IT/STATISTICAL OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
FINANCE & BUDGET OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
PROCUREMENT OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
DATA ENTRY OPERAOTOR (DEO)	2	35,000	70,000	1,680,000	2	3	44,000	88,000	2,728,000
QUALITY ASSURANCE OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
LOGISTICS OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
ASSISTANT ADMIN OFFICER	2	50,000	100,000	2,400,000	2	5	70,000	140,000	4,340,000
<b>Sub Total of HR Model</b>	<b>11</b>		<b>730,000</b>	<b>17,520,000</b>	<b>11</b>	<b>50</b>	<b>849,000</b>	<b>963,000</b>	<b>29,853,000</b>
				17.520					29.853
<b>Utilization of HR Component</b>				9.551					
									39.404

# PUNJAB BUILDINGS DEPARTMENT



PROVINCE.

PUNJAB.

STATION.

SAHIWAL.

SUB DIVISION.

BUILDINGS SUB DIVISION, CHICHAWATNI.

DIVISION.

BUILDINGS DIVISION, SAHIWAL.

NAME OF WORK

ROUGH COST ESTIMATE FOR THE BALANCE  
WORK OF REVAMPING FOR TEHSIL HEAD  
QUARTER HOSPITAL CHICHAWATNI DISTRICT  
SAHIWAL (ADP G.S. No. 660/2022-23)

ESTIMATED COST.

157.279 (M) 157.279 (M)  
~~160.826~~  
Rs 166.243 (M)





**ROUGH COST ESTIMATE FOR THE BALANCE WORK OF REVAMPING FOR TEHSIL HEAD QUARTER HOSPITAL CHICHAWATNI**  
**DISTRICT SAHIWAL (ADP G.S. No. 660/2022-23)**

Sr #	Description.	Plinth Area Rates 2nd Bi-Annual 2022										Total	Amount	Remarks
		Plinth Area	Unit	B.P.	Strip	Frame Structure	Subsequent floor	Extra for 1st floor foundation for 1st floor	Reduce cost of foundation	P.H.	E.I.	Sui Ga		
1.	i Revamping of Main Building (THQ)	1	P.Job	74982964									75311031/-	Detail Attached
	ii Revamping of Emergency Block	1	P.Job	9688065									9688065	---do---
	iii Revamping of Dialysis Block	1	P.Job	5357258									5357258	---do---
	iv Revamping of Gynee OT	1	P.Job	5708497									5708497	---do---
	v Provision of External Electric Installation	1	P.Job	9784076									9784076	---do---
2.	Provision of Internal Electric Instalation	26665	Sft								228		6079620	As per Plinth Area Rates 2nd Bi-Annual 2022
3.	Provision of Internal Public Health	26665	Sft							119			3173135	---do---
4.	Construction of Electric Room 2 No	1384	Sft	3585						119	228	56	5519392	---do---
5.	Provision of Sewerage System.	1	Job	2895800									2895800	Detail Attached
6.	Provision of Tuff Pavers	1	Job	6341800									6341800	---do---
7.	Cost Dismantling.	1	Job	135295									135295	---do---
8.	Construction of Over Head Reservoir	10000	Gln	425									425	5587214/-
9.	Provision of 1/2 cusec Turbine i/c Boring	1	Job	6424600									6424600	Detail Attached
10.	Provision of Pumping Chamber	203	Sft	3585							128		753739	As per Plinth Area Rates 2nd Bi-Annual 2022
11.	Provision of Street Lights.	1	Job	6643092									6643092	Detail Attached
	Total												147737333	142952848/-
12.	Add 10% External Development On Item # 2, 3, 4.												1552589	
	Total												149289922	144505434/-
13.	Add Contengency 3% except on item No. 2, 3, to 4 & 10		on Rs	119091260									3373968/-	8572738

112465607



14.	Add 5% PRA									7079420/-	7079420/-	7464496	7225371/-
	Total									152041779/-	152041779/-	460327156	155553513/-
15.	Recovery of Old Material									1270330/-	1270330/-	680830	1270330/-
	Nett. Amount									150771449/-	150771449/-	159646326	154283183/-
16.	Add 1% Horticulture									1507714/-	1507714/-	1696463	1542831/-
17.	Provision of Wapda Connection									5000000/-	5000000/-	5000000	
	Grand Total									157279163/-	157279163/-	166242789	160826015/-
	Say									157279200/-	157279200/-	166242800	160826(M)
Say Rs. 166.243 (M)													

Superintending Engineer,  
Buildings Circle, Sahiwal.

EXECUTIVE ENGINEER,  
Buildings Division,  
Sahiwal.

SUB DIVISIONAL OFFICER,  
Buildings Sub division,  
Chichawatni

TECHNICALLY VETTED

For Rs. 160.826 157.279 (M) (Million)

Rupees one hundred sixty percent

eight two sin on only

Chief Engineer  
Punjab Buildings Deptt.  
Central Zone Lahore.

Deputy Director  
Punjab Buildings Deptt.  
Central Zone Lahore.

Chief Draftsman  
Punjab Buildings Deptt.  
Central Zone Lahore.



# DETAILED ESTIMATE FOR REVAMPING OF T.H.Q. OLD BUILDING

④

- 1 Excavation in foundation of building, bridges and other structures, including dagbelling, dressing, refilling around structure with excavated earth, watering and ramming lead upto one chain (30 m) and lift upto 5 ft. (1.5 m) in ordinary soil.

3 x 4.500 x 4.500 x 3.500 213 Cft

Total 213 Cft  
213 Cft @ Rs 10,677.75 % Cft Rs 22744

- 2 Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate Ratio 1: 4: 8

3 x 4.500 x 4.500 x 0.250 15 Cft

Total 15 Cft  
15 Cft @ Rs 28,986.90 % Cft Rs 4348

- 3 Reinforced cement concrete in slab of rafts / strip foundation, base slab of column and retaining walls; etc and footing beams, other structural members other than those mentioned in 6(a) (i) & (ii) above not requiring form work (i.e. horizontal shuttering) complete in all respects

3 x 4.000 x 4.000 x 1.000 48 Cft  
1 x 12.500 x 2.000 x 0.250 6 Cft  
Dowel Beams 42 x 5.000 x 0.375 x 0.500 39 Cft

Total 93 Cft  
93 Cft @ Rs 457.75 P Cft Rs 42571

- ii Reinforced cement concrete in roof slab, beams, columns lintels, girders and other structural members laid in situ or precast laid in position, or prestressed members cast in situ, complete in all respects

3 x 1.000 x 1.000 x 15.000 45 Cft  
5 x 14.000 x 0.750 x 1.250 66 Cft  
3 x 14.000 x 0.750 x 0.750 24 Cft  
34 x 1.500 x 0.750 x 0.500 19 Cft  
1 x 35.500 x 0.750 x 1.250 33 Cft

Total 187 Cft  
187 Cft @ Rs 556.50 P Cft Rs 104066

- 4 Fabrication of mild steel reinforcement for cement concrete, including cutting, bending, laying in position, making joints and fastenings, including cost of binding wire and labour charges for binding of steel reinforcement (also includes removal of rust from bars) Deformed bars (Grade-40)

Qtyas Item # 3, ii 280 Kg @ Rs 31,396.85 % Kg Rs 87911

- 5 Pacca brick work in ground floor cement, sand mortar Ratio 1:4

113.50+52+30.125+114.50+50.50+108. 1 x 1833.250 x 0.750 x 4.000 5500 Cft  
125+24.125+90.75+95.625+151.5625+  
247+151.5625+95.625+90.75+24.125+  
77.875+50.50+77.875+30.125+110.50+  
46.50 = 1833.25

*Raising of Parapet for Alpic cladding* x 12.500 x 0.750 x 2.250 21 Cft  
4 x 1.125 x 0.750 x 2.250 8 Cft

Total 5529 Cft  
5529 Cft @ Rs 28,986.90 % Cft Rs 1602686

- ii Cement plaster 1:4 upto 20' (6.00 m) height ½" (13 mm) thick

113.50+52+30.125+114.50+50.50+108. 1 x 1833.250 x 4.750 8708 Sft  
125+24.125+90.75+95.625+151.5625+  
247+151.5625+95.625+90.75+24.125+  
77.875+50.50+77.875+30.125+110.50+  
46.50 = 1833.25

2 x 12.500 x 2.250 56 Sft  
6 x 1.125 x 2.250 15 Sft  
2 x 2.000 x 2.250 9 Sft

Supply and installation of Clip-in tile of specified thickness non-porous Aluminium false ceiling of specified size fitted with 'Clip-in' suspension system hanged on Concealed T/Shiplap edge/runners @ 600 mmX600 mm grid, Edge Trims fasten on wall with plug and screw @ 500 mm c/c i/c cutting charges of tiles to required size, suspension rods and joints sealed with silicon if required of DAMPA/Demark, as approved and directed by the Engineer Incharge.

(b) Bevelled edges & flange 21.5 mm

(iii) 600 mmX 600 mm

42 x	6.500	x	1.500	410	Sft	
			Total	9198	Cft	
	9198	Cft	@ Rs	3,245.95	% Cft	Rs 298562

- 6 Providing and laying 3/4" thick full width Prepolished Marble slab for Vanities/ Shelves/ Treads/ Window Cills, having Uniform texture (Spotless) with adhesive bond over 3/4" thick (1:2) cement sand mortar i/c the cost of matching sealer complete in all respects as a approved and directed by the Engineer Incharge. China Verona

	1 x	12.500	x	2.000	25	Sft	
W	57 x	4.00	x	1.25	285	"	
W	12 x	6.00	x	1.25	90	"	
W	7 x	2.25	x	1.25	20	"	
W	12 x	4.00	x	1.25	60	"	
CW	41 x	2.00	x	1.25	103	"	
			Total	583	Sft		
	583	Sft	@ Rs	412.35	P Sft	Rs	240400

- 7 Providing and fixing 22-SWG /12x12 G.I wire mesh and expanded metal (diamond hole shape) 5mm thick duly fixed with M.S patti 1"x1/8" on M.S angle iron frame 1 1/2"x1 1/2"x3/16" and braces @ 2 ft c/c horizontally & vertically i/c the cost of matt paint as approved & directed by the Engineer Incharge

W	24 x	6.00	x	4.00	576	Sft	
(3.1416*(6*6)/4)/2	24 x	14.137			339	"	
W	19 x	4.25	x	7.75	626	"	
			Total	1541	Sft	@ Rs	4,020.00
				1541	P Sft	Rs	4574820

- 8 Providing and fixing 2"x2" Stainless Steel 14 SWG Corner Guard angle with bevelled corner and 0.8 mm bend at edges duly pasted with premium grade self-adhesive glue strips with excellent hold/(double sided Tape) as approved and directed by the Engineer Incharge.

440.00	x	5.00	2200	Rft		
		Total	2200	Rft		
2200	Rft	@ Rs	683.00	P Rft	Rs	1502600

- 9 Supply and installation premium graded / scratch-resistant Hygienic anti-microbial Pvc wall cladding of specified thickness duly thermoplastic welded conforming to (ISO:22196) and pasted over 12mm thick gypsum board with adhesive/solvent fixed over 14-SWG G.I Channael of size 3.5"x 2"x3.5" duly screwed on wall i/c the cost of hardwares as approved and directed by The Engineer In-charge 2.5mm Thick

2 ( 20.00 + 18.00 )	11.00	836	Sft			
		836	Sft	@ Rs	25887	3,500.00
		836	P Sft	Rs	20900000	2926000

- iii Supply and installation anti microbial Hygenic flooring (with anti bacterial agent ) (ISO:22196) of specified thickness duly welded with thermoplastic equipment placed over self levelling adhesive as approved and directed by the Engineer Incharge.

1 x	20.00	x	18.00	360	Sft	
		Total	360	Sft		
	360	Sft	@ Rs	3937.00	P Sft	Rs 234000

- 10 Providing and fixing 1/8" (3 mm) thick 3" (75 mm) wide aluminium strip on horizontal and vertical expansion joints in walls, columns, ceilings and floors etc., including cost of clips/screws etc., complete in all respects:-

20	x	11.00	220	Rft		
20	x	14.00	280	Rft		
		Total	500	Rft		
500	Rft	@ Rs	155.70	P Rft	Rs	77850





ii Single layer of tiles 9"x4½"x1½" (225x113x40 mm) laid over 4"(100 mm) earth and 1" (25 mm) mud plaster without Bhoosa, grouted with cement sand 1:3 on top of RCC roof slab, provided with 34 lbs. per %Sft. or 1.72 Kg/ Sq.m bitumen coating sand blinded i/c polythene sheet.

blinded i/c polythene sheet.		34 x	3.00	x	3.00			306	Sft	



	1 x	7.000	x	6.000	x	0.125	5	"
Corridor South Side	1 x	106.875	x	7.000	x	0.125	94	"
Corridor Medical Ward MS	1 x	99.500	x	7.000	x	0.125	87	"
Corridor Male ward to Female Ward	1 x	67.625	x	7.000	x	0.125	59	"
Corridor wards to OT	1 x	7.000	x	24.125	x	0.125	21	"
Waiting	1 x	52.875	x	21.750	x	0.125	144	"
Door Sills	1 x	9.250	x	0.750	x	0.125	1	"
	6 x	7.000	x	0.750	x	0.125	4	"
	2 x	7.000	x	0.750	x	0.125	1	"
	4 x	5.000	x	0.750	x	0.125	2	"
	8 x	4.500	x	0.750	x	0.125	3	"
	2 x	4.500	x	0.750	x	0.125	1	"
	20 x	3.500	x	0.750	x	0.125	7	"
	10 x	3.000	x	0.750	x	0.125	3	"
	7 x	3.000	x	0.750	x	0.125	2	"
	11 x	2.750	x	0.750	x	0.125	3	"
	8 x	2.500	x	0.750	x	0.125	2	"

	1714	Cft	@ Rs	Total	1714	Cft	Rs
				11,174.60	% Cft		191533

## 12 Dismantling glazed or encaustic tiles, etc.

### Out Door Block

Gynaecologist	1 x	12.000	x	14.000	168	Sft
Exam	1 x	6.250	x	8.000	50	"
Toilet	1 x	6.250	x	5.625	35	"
Doctor Office	2 x	16.000	x	14.000	448	"
	2 x	10.000	x	14.000	280	"
M.O Male	2 x	12.000	x	14.000	336	"
Exam	1 x	5.625	x	7.000	39	"
	1 x	5.625	x	6.625	37	"
Doctor Office	1 x	16.000	x	14.000	224	"
Exam	1 x	5.250	x	8.000	42	"
Toilet	1 x	5.625	x	5.625	32	"
Doctor Office	4 x	12.000	x	14.000	672	"
Waiting	1 x	15.750	x	14.000	221	"
Hakem Office	1 x	10.000	x	14.000	140	"
Exam	2 x	4.625	x	8.625	80	"
Toilet	2 x	5.000	x	5.000	50	"

### Old Gayne Ward Block

Gayne Ward	1 x	20.000	x	40.500	810	"
Exam	1 x	5.500	x	10.625	58	"
Toilet	1 x	5.500	x	7.000	39	"
Gynaecologist	1 x	12.000	x	18.000	216	"
Waiting	1 x	10.000	x	18.000	180	"
Delivery	1 x	14.000	x	18.000	252	"
Sterlizer	1 x	12.000	x	9.625	116	"
Scrub Up	1 x	12.000	x	8.000	96	"
O.T.	1 x	20.000	x	18.000	360	"
Nursing Station	1 x	8.000	x	12.625	101	"
Store	1 x	8.000	x	5.000	40	"
Doctor Room	2 x	8.000	x	14.000	224	"
Plaster Room	1 x	10.000	x	14.000	140	"
Labour Room	1 x	16.000	x	14.000	224	"
Female Lav	1 x	8.000	x	8.625	69	"
Toilet	2 x	3.813	x	5.000	38	"
LHV	1 x	12.000	x	14.000	168	"
Exam	1 x	4.250	x	8.625	37	"
Toilet	1 x	4.625	x	5.000	23	"
Toilet	1 x	5.000	x	5.000	25	"
Lav	1 x	9.750	x	8.625	84	"
Toilet	3 x	3.000	x	5.000	45	"

### Female Ward Block

Female Ward	1 x	36.000	x	46.875	1688	"
Nursery Ward	1 x	20.000	x	46.875	938	"
Store	1 x	7.000	x	18.000	126	"
	1 x	6.000	x	7.000	42	"
2 Beded Ward	1 x	12.000	x	19.188	230	"
Toilet	1 x	5.000	x	6.813	34	"
Store	1 x	5.000	x	12.000	60	"



Pantry	1	x	9.000	x	19.188	173	"
M.O Male	1	x	10.000	x	16.000	160	"
Toilet	1	x	5.000	x	6.813	34	"
Store	1	x	5.000	x	12.000	60	"
Nursing Station	1	x	11.000	x	12.000	132	"
Toilet	1	x	5.000	x	6.813	34	"
Linen Store	1	x	5.625	x	12.000	68	"
Lav	1	x	10.000	x	10.000	100	"
Toilet	3	x	4.625	x	3.083	43	"
Wash	2	x	4.625	x	4.813	45	"
	1	x	7.000	x	6.000	42	"
Corridor South Side	1	x	85.500	x	7.125	609	"
Corridor East	1	x	11.750	x	19.933	234	"
Corridor Male ward to Female Ward	1	x	67.625	x	7.000	473	"
Corridor wards to OT	1	x	7.000	x	24.125	169	"
Waiting	1	x	11.000	x	14.000	154	"
Corridor OPD waiting to OT waiting	1	x	7.000	x	66.625	466	"
Corridor OPD waiting	1	x	13.750	x	14.000	193	"
Ent Hall	1	x	21.500	x	17.000	366	"
Deck	1	x	21.500	x	11.000	237	"
Corridor OPD	1	x	107.625	x	7.000	753	"
Door Sills	1	x	9.250	x	0.750	7	"
	6	x	7.000	x	0.750	32	"
	2	x	7.000	x	0.750	11	"
	4	x	5.000	x	0.750	15	"
	8	x	4.500	x	0.750	27	"
	2	x	4.500	x	0.750	7	"
	20	x	3.500	x	0.750	53	"
	10	x	3.000	x	0.750	23	"
	7	x	3.000	x	0.750	16	"
	11	x	2.750	x	0.750	23	"
	8	x	2.500	x	0.750	15	"
<b>Out Door Block</b>							
Gynaecologist	2	(	12.000	+	14.000 )	3.750	195 Sft
Exam	2	(	6.250	+	8.000 )	3.750	107 "
Toilet	2	(	6.250	+	5.625 )	5.000	119 "
Doctor Office	4	(	16.000	+	14.000 )	3.750	450 "
	4	(	10.000	+	14.000 )	3.750	360 "
M.O Male	2	(	12.000	+	14.000 )	3.750	195 "
Exam	2	(	5.625	+	7.000 )	3.750	95 "
	2	(	5.625	+	6.625 )	3.750	92 "
Doctor Office	4	(	16.000	+	14.000 )	3.750	450 "
Exam	4	(	5.250	+	8.000 )	3.750	199 "
Toilet	4	(	5.625	+	5.625 )	5.000	225 "
Doctor Office	2	(	12.000	+	14.000 )	3.750	195 "
Waiting	2	(	15.750	+	14.000 )	3.750	223 "
Hakem Office	2	(	10.000	+	14.000 )	3.750	180 "
Exam	2	(	4.625	+	8.625 )	3.750	99 "
Toilet	2	(	5.000		5.000 )	5.000	100 "
<b>Old Gayne Ward Block</b>							
Gayne Ward	2	(	20.000	+	40.500 )	3.750	454 "
Exam	2	(	5.500	+	10.625 )	3.750	121 "
Toilet	4	(	5.500	+	7.000 )	5.000	250 "
Gynaecologist	4	(	12.000	+	18.000 )	3.750	450 "
Waiting	2	(	10.000	+	18.000 )	3.750	210 "
Delivery	2	(	14.000	+	18.000 )	3.750	240 "
Sterlizer	2	(	12.000	+	9.625 )	3.750	162 "
Scrub Up	2	(	12.000	+	8.000 )	3.750	150 "
O.T.	2	(	20.000	+	18.000 )	3.750	285 "
Nursing Station	2	(	8.000	+	12.625 )	3.750	155 "
Store	2	(	8.000	+	5.000 )	3.750	98 "
Doctor Room	2	(	8.000	+	14.000 )	3.750	165 "
Plaster Room	2	(	10.000	+	14.000 )	3.750	180 "
Labour Room	2	(	16.000	+	14.000 )	3.750	225 "
Female Lav	2	(	8.000	+	8.625 )	3.750	125 "
Toilet	2	(	3.813	+	5.000 )	5.000	88 "
LHV	4	(	12.000	+	14.000 )	3.750	390 "
Exam	2	(	4.250	+	8.625 )	3.750	97 "
Toilet	2	(	4.625	+	5.000 )	5.000	96 "
Toilet	2	(	5.000	+	5.000 )	5.000	100 "









Lav	1	x	9.750	x	8.625	x	0.125	11	"
Toilet	3	x	3.000	x	5.000	x	0.125	6	"
<b>Female Ward Block</b>									
Female Ward	1	x	36.000	x	46.875	x	0.125	211	"
Nursery Ward	1	x	20.000	x	46.875	x	0.125	117	"
Store	1	x	7.000	x	18.000	x	0.125	16	"
	1	x	6.000	x	7.000	x	0.125	5	"
2 Beded Ward	1	x	12.000	x	19.188	x	0.125	29	"
Toilet	1	x	5.000	x	6.813	x	0.125	4	"
Store	1	x	5.000	x	12.000	x	0.125	8	"
Pantry	1	x	9.000	x	19.188	x	0.125	22	"
M.O Male	1	x	10.000	x	16.000	x	0.125	20	"
Toilet	1	x	5.000	x	6.813	x	0.125	4	"
Store	1	x	5.000	x	12.000	x	0.125	8	"
Nursing Station	1	x	11.000	x	12.000	x	0.125	17	"
Toilet	1	x	5.000	x	6.813	x	0.125	4	"
Linen Store	1	x	5.625	x	12.000	x	0.125	8	"
Lav	1	x	10.000	x	10.000	x	0.125	13	"
Toilet	3	x	4.625	x	3.083	x	0.125	5	"
Wash	2	x	4.625	x	4.813	x	0.125	6	"
	1	x	7.000	x	6.000	x	0.125	5	"
Corridor South Side	1	x	106.875	x	7.000	x	0.125	94	"
Corridor Medical Ward MS	1	x	99.500	x	7.000	x	0.125	87	"
Corridor Male ward to Female Ward	1	x	67.625	x	7.000	x	0.125	59	"
Corridor wards to OT	1	x	7.000	x	24.125	x	0.125	21	"
Waiting	1	x	52.875	x	21.750	x	0.125	144	"
Door Sills	1	x	9.250	x	0.750	x	0.125	1	"
	6	x	7.000	x	0.750	x	0.125	4	"
	2	x	7.000	x	0.750	x	0.125	1	"
	4	x	5.000	x	0.750	x	0.125	2	"
	8	x	4.500	x	0.750	x	0.125	3	"
	2	x	4.500	x	0.750	x	0.125	1	"
	20	x	3.500	x	0.750	x	0.125	7	"
	10	x	3.000	x	0.750	x	0.125	3	"
	7	x	3.000	x	0.750	x	0.125	2	"
	11	x	2.750	x	0.750	x	0.125	3	"
	8	x	2.500	x	0.750	x	0.125	2	"

				Total	1714	Cft	
1714	Cft	@ Rs	38,178.90	% Cft	Rs	654386	

14 Providing and laying superb quality Porcelain glazed tiles flooring of MASTER brand of specified size in approved design,Color and Shade with adhesive/bond over 3/4"thick (1:3) cement plaster i/c the cost of sealer for finishing the joints i/c cutting grinding complete in all respect as approved and directed by the Engineer Incharge. (600mmx 600mm) (24"x24")

**Out Door Block**

Gynaecologist	1	x	12.000	x	14.000	168	Sft
Exam	1	x	6.250	x	8.000	50	"
Doctor Office	2	x	16.000	x	14.000	448	"
	2	x	10.000	x	14.000	280	"
M.O Male	2	x	12.000	x	14.000	336	"
Exam	1	x	5.625	x	7.000	39	"
	1	x	5.625	x	6.625	37	"
Doctor Office	1	x	16.000	x	14.000	224	"
Exam	1	x	5.250	x	8.000	42	"
Doctor Office	4	x	12.000	x	14.000	672	"
Waiting	1	x	15.750	x	14.000	221	"
Hakem Office	1	x	10.000	x	14.000	140	"
Exam	2	x	4.625	x	8.625	80	"

**Old Gayne Ward Block**

Gayne Ward	1	x	20.000	x	40.500	810	"
Exam	1	x	5.500	x	10.625	58	"
Gynaecologist	1	x	12.000	x	18.000	216	"
Waiting	1	x	10.000	x	18.000	180	"
Delivery	1	x	14.000	x	18.000	252	"
Sterlizer	1	x	12.000	x	9.625	116	"
Scrub Up	1	x	12.000	x	8.000	96	"
O.T.	1	x	20.000	x	18.000	360	"
Nursing Station	1	x	8.000	x	12.625	101	"



Store	1	x	8.000	x	5.000	40	"
Doctor Room	2	x	8.000	x	14.000	224	"
Plaster Room	1	x	10.000	x	14.000	140	"
Labour Room	1	x	16.000	x	14.000	224	"
Female Lav	1	x	8.000	x	8.625	69	"
LHV	1	x	12.000	x	14.000	168	"
Exam	1	x	4.250	x	8.625	37	"
Lav	1	x	9.750	x	8.625	84	"
<b>Female Ward Block</b>							
Female Ward	1	x	36.000	x	46.875	1688	"
Nursery Ward	1	x	20.000	x	46.875	938	"
Store	1	x	7.000	x	18.000	126	"
	1	x	6.000	x	7.000	42	"
2 Beded Ward	1	x	12.000	x	19.188	230	"
Store	1	x	5.000	x	12.000	60	"
Pantry	1	x	9.000	x	19.188	173	"
M.O Male	1	x	10.000	x	16.000	160	"
Store	1	x	5.000	x	12.000	60	"
Nursing Station	1	x	11.000	x	12.000	132	"
Linen Store	1	x	5.625	x	12.000	68	"
Lav	1	x	10.000	x	10.000	100	"
Wash	2	x	4.625	x	4.813	45	"
	1	x	7.000	x	6.000	42	"
Corridor South Side	1	x	106.875	x	7.000	748	"
Corridor Medical Ward MS	1	x	99.500	x	7.000	697	"
Corridor Male ward to Female Ward	1	x	67.625	x	7.000	473	"
Corridor wards to OT	1	x	7.000	x	24.125	169	"
Waiting	1	x	52.875	x	21.750	1150	"
Door Sills	1	x	9.250	x	0.750	7	"
	6	x	7.000	x	0.750	32	"
	2	x	7.000	x	0.750	11	"
	4	x	5.000	x	0.750	15	"
	8	x	4.500	x	0.750	27	"
	2	x	4.500	x	0.750	7	"
	20	x	3.500	x	0.750	53	"
	10	x	3.000	x	0.750	23	"
	7	x	3.000	x	0.750	16	"
	11	x	2.750	x	0.750	23	"
	8	x	2.500	x	0.750	15	"

13242	Sft	@ Rs	Total 340.55	13242 P Sft	Sft Rs	4509563
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15 Providing and laying superb quality Porcelain glazed tiles of Master brand, skirting/dado of specified size, Color and Shade with adhesive/ bond over 1/2" thick (1:2) cement plaster i/c the cost of and sealer for finishing the joints, cutting grinding complete in all respect as approved and directed by the Engineer Incharge (600mmx 600mm) (24"x24")

#### Out Door Block

Gynaecologist	2	(	12.000	+	14.000	)	<del>5.000</del> ✓	260	Sft
Exam	2	(	6.250	+	8.000	)	5.000	143	"
Doctor Office	4	(	16.000	+	14.000	)	5.000	600	"
	4	(	10.000	+	14.000	)	5.000	480	"
M.O Male	4	(	12.000	+	14.000	)	5.000	520	"
Exam	2	(	5.625	+	7.000	)	5.000	126	"
	2	(	5.625	+	6.625	)	5.000	123	"
Doctor Office	2	(	16.000	+	14.000	)	5.000	300	"
Exam	2	(	5.250	+	8.000	)	5.000	133	"
Doctor Office	8	(	12.000	+	14.000	)	5.000	1040	"
Waiting	2	(	15.750	+	14.000	)	5.000	298	"
Hakem Office	2	(	10.000	+	14.000	)	5.000	240	"
Exam	4	(	4.625	+	8.625	)	5.000	265	"

#### Old Gayne Ward Block

Gayne Ward	2	(	20.000	+	40.500	)	5.000	605	"
Exam	2	(	5.500	+	10.625	)	5.000	161	"
Gynaecologist	2	(	12.000	+	18.000	)	5.000	300	"
Waiting	2	(	10.000	+	18.000	)	5.000	280	"
Delivery	2	(	14.000	+	18.000	)	5.000	320	"
Sterlizer	2	(	12.000	+	9.625	)	5.000	216	"
Scrub Up	2	(	12.000	+	8.000	)	5.000	200	"



O.T.	2	(	20.000	+	18.000	)	5.000	380	"
Nursing Station	2	(	8.000	+	12.625	)	5.000	206	"
Store	2	(	8.000	+	5.000	)	5.000	130	"
Doctor Room	4	(	8.000	+	14.000	)	5.000	440	"
Plaster Room	2	(	10.000	+	14.000	)	5.000	240	"
Labour Room	2	(	16.000	+	14.000	)	5.000	300	"
Female Lav	2	(	8.000	+	8.625	)	5.000	166	"
LHV	2	(	12.000	+	14.000	)	5.000	260	"
Exam	2	(	4.250	+	8.625	)	5.000	129	"

#### Female Ward Block

Female Ward	2	(	36.000	+	46.875	)	5.000	829	"
Nursery Ward	2	(	20.000	+	46.875	)	5.000	669	"
Store	2	(	7.000	+	18.000	)	5.000	250	"
	2	(	6.000	+	7.000	)	5.000	130	"
2 Beded Ward	2	(	12.000	+	19.188	)	5.000	312	"
Store	2	(	5.000	+	12.000	)	5.000	170	"
Pantry	2	(	9.000	+	19.188	)	5.000	282	"
M.O Male	2	(	10.000	+	16.000	)	5.000	260	"
Store	2	(	5.000	+	12.000	)	5.000	170	"
Nursing Station	2	(	11.000	+	12.000	)	5.000	230	"
Linen Store	2	(	5.625	+	12.000	)	5.000	176	"
Corridor South Side	2	(	106.875	+	7.000	)	5.000	1139	"
Corridor Medical Ward MS	2	(	99.500	+	7.000	)	5.000	1065	"
Corridor Male ward to Female Ward	2	(	67.625	+	7.000	)	5.000	746	"
Corridor wards to OT	2	(	7.000	+	24.125	)	5.000	311	"
Waiting	2	(	52.875	+	21.750	)	5.000	746	"

Total 16346 Sft

#### Deductions

D	1	x	9.250		x	5.000	46	"
	6	x	7.000		x	5.000	210	"
	2	x	7.000		x	5.000	70	"
	4	x	5.000		x	5.000	100	"
	8	x	4.500		x	5.000	180	"
	2	x	4.500		x	5.000	45	"
	20	x	3.500		x	5.000	350	"
	10	x	3.000		x	5.000	150	"
	14	x	3.000		x	5.000	210	"

Total 1361 Sft

Net

16346

1361

14985

@ Rs

340.55

14985 Sft

P Sft Rs

5103142

16 Providing and laying superb quality Ceramic tile floors of Master brand of specified size, Glossy/Matt/Texture of approved Color and Shade as per approved design with adhesive bond, over 3/4" thick (1;2) cement sand plaster i/c the cost of sealer for finishing the joints i/c cutting grinding complete in all respects and as approved and directed by the Engineer Incharge 12"x18"/12"x24"/10"x24" /8"x24"/12"x36"

#### Out Door Block

Toilet	1	x	6.250	x	5.625	35	Sft
Toilet	1	x	5.625	x	5.625	32	"
Toilet	2	x	5.000	x	5.000	50	"

#### Old Gayne Ward Block

Toilet	1	x	5.500	x	7.000	39	"
Toilet	2	x	3.813	x	5.000	38	"
Toilet	1	x	4.625	x	5.000	23	"
Toilet	1	x	5.000	x	5.000	25	"
Lav	1	x	9.750	x	8.625	84	"
Toilet	3	x	3.000	x	5.000	45	"

#### Female Ward Block

Toilet	1	x	5.000	x	6.813	34	"
Toilet	1	x	5.000	x	6.813	34	"
Toilet	1	x	5.000	x	6.813	34	"
Lav	1	x	10.000	x	10.000	100	"
Toilet	3	x	4.625	x	3.083	43	"
Wash	2	x	4.625	x	4.813	45	"
	1	x	7.000	x	6.000	42	"
Door Sills	7	x	3.000	x	0.750	16	"
	11	x	2.750	x	0.750	23	"



8 x 2.500 x 0.750

15 "

(2)

757 Sft @ Rs

Total  
240757 Sft  
P Sft Rs

181680

- 17 Providing and laying superb quality Ceramic tiles dado of Master brand of specified size, Glossy/Matt/Texture skirting/dado of approved Color and Shade with adhesive bond over 1/2" thick (1:2) cement plaster i/c the cost of sealer for finishing the joints i/c cutting grinding complete in all respects as approved and directed by the Engineer 12"x18"/12"x24"/10"x24"/8"x24"/12"x36"

**Out Door Block**

Toilet	2 (	6.250	+	5.625 )	7.000	166	Sft
Toilet	2 (	5.625	+	5.625 )	7.000	158	"
Toilet	4 (	5.000		5.000 )	7.000	280	"

**Old Gayne Ward Block**

Toilet	2 (	5.500	+	7.000 )	7.000	175	"
Toilet	4 (	3.813	+	5.000 )	7.000	247	"
Toilet	2 (	4.625	+	5.000 )	7.000	135	"
Toilet	2 (	5.000	+	5.000 )	7.000	140	"
Lav	2 (	9.750	+	8.625 )	7.000	257	"
Toilet	6 (	3.000	+	5.000 )	7.000	336	"

**Female Ward Block**

Toilet	2 (	5.000	+	6.813 )	7.000	165	"
Toilet	2 (	5.000	+	6.813 )	7.000	165	"
Toilet	2 (	5.000	+	6.813 )	7.000	165	"
Lav	2 (	10.000	+	10.000 )	7.000	280	"
Toilet	6 (	4.625	+	3.083 )	7.000	324	"
Wash	4 (	4.625	+	4.813 )	7.000	264	"
	2 (	7.000	+	6.000 )	7.000	182	"

Total 3439 Sft

**Deductions**

D	11 x	3.000		x	7.000	231	"
	12 x	2.500		x	7.000	210	"

Total 441 Sft

Net

3439 - 441  
2998 Sft @ Rs 292.752998 Sft  
P Sft Rs 877665

- 18 Providing and laying superb quality Porcelain glazed tiles flooring of MASTER brand of specified size in approved design, Color and Shade with adhesive/bond over 3/4" thick (1:3) cement plaster i/c the cost of sealer for finishing the joints i/c cutting grinding complete in all respect as approved and directed by the Engineer Incharge. matt tile ) 400 mm x 400 mm

**Out Door Block**

Ramp	2 x	7.000	x	8.000		112	Sft
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**Old Gayne Ward Block**

Ramp	2 x	7.000	x	12.000		168	"
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**Female Ward Block**

Ramp	2 x	7.000	x	10.500		147	"
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Total 427 Sft  
P Sft Rs

113689

- 19 Preparing surface and painting with emulsion paint:- 2 coats after scraping distemper

**Out Door Block**

Gynaecologist	1 x	12.000	x	14.000		168	Sft
Exam	1 x	6.250	x	8.000		50	"
Doctor Office	2 x	16.000	x	14.000		448	"
	2 x	10.000	x	14.000		280	"
M.O Male	2 x	12.000	x	14.000		336	"
Exam	1 x	5.625	x	7.000		39	"
	1 x	5.625	x	6.625		37	"
Doctor Office	1 x	16.000	x	14.000		224	"
Exam	1 x	5.250	x	8.000		42	"
Doctor Office	4 x	12.000	x	14.000		672	"
Waiting	1 x	15.750	x	14.000		221	"
Hakem Office	1 x	10.000	x	14.000		140	"
Exam	2 x	4.625	x	8.625		80	"





**Old Gayne Ward Block**

Gayne Ward	1	x	20.000	x	40.500	810	"
Exam	1	x	5.500	x	10.625	58	"
Gynaecologist	1	x	12.000	x	18.000	216	"
Waiting	1	x	10.000	x	18.000	180	"
Delivery	1	x	14.000	x	18.000	252	"
Sterlizer	1	x	12.000	x	9.625	116	"
Scrub Up	1	x	12.000	x	8.000	96	"
O.T.	1	x	20.000	x	18.000	360	"
Nursing Station	1	x	8.000	x	12.625	101	"
Store	1	x	8.000	x	5.000	40	"
Doctor Room	2	x	8.000	x	14.000	224	"
Plaster Room	1	x	10.000	x	14.000	140	"
Labour Room	1	x	16.000	x	14.000	224	"
Female Lav	1	x	8.000	x	8.625	69	"
LHV	1	x	12.000	x	14.000	168	"
Exam	1	x	4.250	x	8.625	37	"

**Female Ward Block**

Female Ward	1	x	36.000	x	46.875	1688	"
Nursery Ward	1	x	20.000	x	46.875	938	"
Store	1	x	7.000	x	18.000	126	"
	1	x	6.000	x	7.000	42	"
2 Beded Ward	1	x	12.000	x	19.188	230	"
Store	1	x	5.000	x	12.000	60	"
Pantry	1	x	9.000	x	19.188	173	"
M.O Male	1	x	10.000	x	16.000	160	"
Store	1	x	5.000	x	12.000	60	"
Nursing Station	1	x	11.000	x	12.000	132	"
Linen Store	1	x	5.625	x	12.000	68	"
Corridor South Side	1	x	85.500	x	7.125	609	"
Corridor East	1	x	11.750	x	19.933	234	"
Corridor Male ward to Female Ward	1	x	67.625	x	7.000	473	"
Corridor wards to OT	1	x	7.000	x	24.125	169	"
Waiting	1	x	11.000	x	14.000	154	"
Corridor OPD waiting to OT waiting	1	x	7.000	x	66.625	466	"
Corridor OPD waiting	1	x	13.750	x	14.000	193	"
Ent Hall	1	x	21.500	x	17.000	366	"
Deck	1	x	21.500	x	11.000	237	"
Corridor OPD	1	x	107.625	x	7.000	753	"

**WALL**

**Out Door Block**

Gynaecologist	2	(	12.000	+	14.000	)	8.000	416	Sft
Exam	2	(	6.250	+	8.000	)	8.000	228	"
Doctor Office	4	(	16.000	+	14.000	)	8.000	960	"
	4	(	10.000	+	14.000	)	8.000	768	"
M.O Male	4	(	12.000	+	14.000	)	8.000	832	"
Exam	2	(	5.625	+	7.000	)	8.000	202	"
	2	(	5.625	+	6.625	)	8.000	196	"
Doctor Office	2	(	16.000	+	14.000	)	8.000	480	"
Exam	2	(	5.250	+	8.000	)	8.000	212	"
Doctor Office	8	(	12.000	+	14.000	)	8.000	1664	"
Waiting	2	(	15.750	+	14.000	)	8.000	476	"
Hakem Office	2	(	10.000	+	14.000	)	8.000	384	"
Exam	4	(	4.625	+	8.625	)	8.000	424	"

**Old Gayne Ward Block**

Gayne Ward	2	(	20.000	+	40.500	)	8.000	968	"
Exam	2	(	5.500	+	10.625	)	8.000	258	"
Gynaecologist	2	(	12.000	+	18.000	)	8.000	480	"
Waiting	2	(	10.000	+	18.000	)	8.000	448	"
Delivery	2	(	14.000	+	18.000	)	8.000	512	"
Sterlizer	2	(	12.000	+	9.625	)	8.000	346	"
Scrub Up	2	(	12.000	+	8.000	)	8.000	320	"
O.T.	2	(	20.000	+	18.000	)	8.000	608	"
Nursing Station	2	(	8.000	+	12.625	)	8.000	330	"
Store	2	(	8.000	+	5.000	)	8.000	208	"
Doctor Room	4	(	8.000	+	14.000	)	8.000	704	"
Plaster Room	2	(	10.000	+	14.000	)	8.000	384	"
Labour Room	2	(	16.000	+	14.000	)	8.000	480	"
Female Lav	2	(	8.000	+	8.625	)	8.000	266	"
LHV	2	(	12.000	+	14.000	)	8.000	416	"



15

Exam	2	(	4.250	+	8.625	)	8.000	206	"
<b>Female Ward Block</b>									
Female Ward	2	(	36.000	+	46.875	)	8.000	1326	"
Nursery Ward	2	(	20.000	+	46.875	)	8.000	1070	"
Store	2	(	7.000	+	18.000	)	8.000	400	"
	2	(	6.000	+	7.000	)	8.000	208	"
2 Beded Ward	2	(	12.000	+	19.188	)	8.000	499	"
Store	2	(	5.000	+	12.000	)	8.000	272	"
Pantry	2	(	9.000	+	19.188	)	8.000	451	"
M.O Male	2	(	10.000	+	16.000	)	8.000	416	"
Store	2	(	5.000	+	12.000	)	8.000	272	"
Nursing Station	2	(	11.000	+	12.000	)	8.000	368	"
Linen Store	2	(	5.625	+	12.000	)	8.000	282	"
Corridor South Side	2	(	85.500	+	7.125	)	8.000	1482	"
Corridor East	2	(	11.750	+	19.933	)	8.000	507	"
Corridor Male ward to Female Ward	2	(	67.625	+	7.000	)	8.000	1194	"
Corridor wards to OT	2	(	7.000	+	24.125	)	8.000	498	"
Waiting	2	(	11.000	+	14.000	)	8.000	400	"
Corridor OPD waiting to OT waiting	2	(	7.000	+	66.625	)	8.000	1178	"
Corridor OPD waiting	2	(	13.750	+	14.000	)	8.000	444	"
Ent Hall	2	(	21.500	+	17.000	)	8.000	616	"
Deck	2	(	21.500	+	11.000	)	8.000	520	"
Corridor OPD	2	(	107.625	+	7.000	)	8.000	1834	"
							Total	<del>41572</del> 38026	Sft

#### Deductions

1 x	9.250	x	3.000	28	"
6 x	7.000	x	3.000	126	"
2 x	7.000	x	3.000	42	"
4 x	5.000	x	3.000	60	"
8 x	4.500	x	3.000	108	"
2 x	4.500	x	3.000	27	"
20 x	3.500	x	3.000	210	"
10 x	3.000	x	3.000	90	"
14 x	3.000	x	3.000	126	"

Net

38026			Total	817	Sft
<del>41572</del>	-	817		40755	Sft
40755	%Sft	@Rs	2796.55	P Sft	Rs

- 20 Providing and fixing of aluminum cladding by using 4mm thick aluminum composite panels, having upper / back aluminum alloy coating sheet 0.3 mm thick, sandwiched with polyethylenesin material surface finish PVDF and PE resin rolling roasting coating, fire proof, weather resistant, approved colour (ALCOA Imported or Equivalent made) fixed over aluminum standard sections frame both way 4-ft center to center or panels as per site requirement i/c cost of brackets, anchor bolts, topping screws, silicon for joint finishing complete as approved and entire satisfaction of the Engineer

113.50+52+30.125+114.50+50.50+108.125+24.125+90.75+95.625+151.5625+247+151.5625+95.625+90.75+24.125+77.875+50.50+77.875+30.125+110.50+46.50 = 1833.25	1 x	1833.250	x	18.500	33915	Sft
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#### DEDUCTIONS

W	38 x	4.00	x	5.50	836	Sft
	41 x	2.00	x	2.00	164	"
	26 x	6.00	x	4.00	624	"
[3.1416*(6*6)/4]/2	26 x	14.14			368	"
	28 x	4.25	x	8.00	952	"

Net. Quantity

33915	-	2944	=	2944	Sft
30971	Sft	@ Rs	1286.51	30971	Sft
				P Sft	Rs 39844501

✓

double glazed

16

- 21 Providing and fitting all types of glazed aluminium windows of anodised/ powder coated partly fixed and partly sliding using delux sections of approved manufacturer having frame size of 100 x 30 mm (4"x1-1/4") and leaf frame sections of 50 x 20 mm (2"x3/4"), all of 1.6mm thickness including 5 mm thick imported tinted glass with rubber gasket using approved standard latches, hardware etc., as approved by the Engineer in-charge.

W	57 x	4.00	x	5.50	1254	Sft
W	12 x	6.00	x	5.50	396	"
W	7 x	2.25	x	5.50	87	"
W	12 x	4.00	x	3.00	144	"
CW	41 x	2.00	x	2.00	164	"

Total  
2045 Sft @ Rs 1,348.40  
2586.55

2045 Sft 5289494  
P Sft Rs 2757478

- ii Providing and fixing Aluminium Fly screen comprising of Fiber/ Aluminum wire guaze (Malasian) fixed in aluminum frame of approved manufacturer/ powder coated of size 1-1/2"x1/2" and 1.6 mm thick with rubber gasket i/c cost of Hardwares as approved and directed by the engineer incharge. complete in all respect.

Qty As Item Above

2045 / 2

1023 "

1023 Sft @ Rs 493.05

1023 Sft  
P Sft Rs 504390

- 22 Providing and fixing M.S. grill fabricated with MS Square polished Vertical/horizontal Bars of specified size @ 4" c/c ' passed through punched holes in MS Patti of 1-1/4"x1/8" i/c the cost of 1-1/4"x1/8" MS patti for Frame of windows and painting 3 coat complete in all respect as approved and directed by the Engineer Incharge. (i) 3/8" Squar Bars

Qty As Item Above

2045 Sft @ Rs 854.45

P Sft Rs 1747350

- 23 Providing and fixing of 1-1/2" thick solid flush door comprising of 2.5 mm thick ash ply with grooves with router, compressed over 2.5 mm thick commercial ply over 1" thick packing wood in style and rails under proper pressure i/c the cost of nails, tower bolt, handles, glue, sawing charges and lacquar polishing to show the grains of ash ply properly, sand papering and 3/8" thick ash wood lipping as approved and directed by the Engineer Incharge.

Doors

1 x	9.250	x	8.500
6 x	7.000	x	8.500
2 x	7.000	x	8.500
4 x	5.000	x	7.000
8 x	4.500	x	7.000
2 x	4.500	x	7.000
20 x	3.500	x	7.000
10 x	3.000	x	7.000
14 x	3.000	x	7.000

79	Sft
357	"
119	"
140	"
252	"
63	"
490	"
210	"
294	"

1906  
2004 Sft @ Rs 1186.75

1906  
2004 Sft 2261946  
P Sft Rs 2378247

- 24 Providing and fixing 1 1/2" (40 mm) thick deodar wood panelled or panelled and glazed, doors and windows, with mild steel chowkat (frame), etc. complete in all respects (excluding sliding bolt or lock) with M.S. angle iron 1 1/2"x1 1/2"x1/4", welded (40 mmx 40 mmx 6mm) with M.S. flat 2"x1/4" (50 mm x 6 mm)

Doors

11 x	3.000	x	7.000
12 x	2.500	x	7.000

231	Sft
210	"

Total  
441 Sft @ Rs 1914.35

441 Sft  
P Sft Rs 844228

- 25 Providing and fixing heavy duty 3mm thick SS Plate, die-cast metal autotomatic hydraulic operated door stopper (Concealed floorhinge) embeded in floor i/c the cost of Top pivot hinge, hardware, cutting of floor and making it good complete in all respect as approved and directed by the Engineer Incharge

140 No @ Rs 5,572.00

Each Rs 780080

- 26 Providing and fixing of double action (Sonex made) complete as approved by the engineer incharge.

4 No @ Rs 4200.00

Each Rs 16800



27 Supplying and erection of LED Bulb 18 Watt (Prime/Osaka or equivalent) complete in all respect as approved by the Engineer Incharge.

150 No @ Rs 800.00 Each Rs 120000

28 Providing, laying, cutting, jointing, testing and disinfecting pipe line in trenches with PVC/ uPVC pipes of B.S.S. with 'D' Class working pressure complete in all respects

4" i/d (100 mm)

UPVC Nikasee pipe  
170 x 14.00  
980 Rft @ Rs 628.50  
757.95

980 Rft Rs 615930  
742794

29 Providing and installing P.V.C. tees, of B.S.S. Class 'D' working pressure 4" i/d (100 mm)

70 No. @ Rs 1,586.00 Each Rs 111020

30 Providing and installing P.V.C. bends, of B.S.S. Class 'D' working pressure 4" i/d (100 mm)

70 No. @ Rs 795.55 Each Rs 55689

31 Providing and fixing CP bath Room Set made of Sonex/ Master/ Faisal comprising of 3-No Tee stop cocks, lever type Basin Mixer, double Bib Cock, open wall shower, Muslim shower, waste coupling and bottle trap etc. complete in all respect as approved and directed by the Engineer incharge.

18 No. @ Rs 33004.00 Each Rs 594072

32 Providing and fitting one piece European Coupled set of Water Closet (WC) and flushing Cistern of PORTA brand (fullsize) i/c the cost of CP/ rubber connection, thimble, normal seat cover and rawal bolts complete in all respects as approved and directed by the Engineer Incharge.

10 No. @ Rs 19987.90 Each Rs 199879

33 Providing and fixing false ceiling comprises of Gypsum board laminated sheet of size 2'x2 1/2'x3' 1/3'x3' of specified design and thickness i/c cost of fixtures i.e galvanized angle 1"x1" at wall sides, galvanized tee 1 1/4"x1" and 1 1/2"x1" both at 4' c/c (made of Taiwan CK More equivalent), hanging with G.I/ Copper wire 16 SWG, G.I hook, Rawal Plugetc: complete in all respects as approved and directed by the Engineer Incharge. 7.5mm thick

1 x 18.125	x 7.750	140 Sft
1 x 32.875	x 13.750	452 "
1 x 21.750	x 52.875	1150 "
1 x 7.000	x 54.750	383 "
1 x 21.250	x 7.000	149 "
1 x 26.500	x 7.000	186 "
1 x 14.000	x 11.125	156 "

2616 Sft @ Rs 88.95 Total 2616 Sft Rs 232693

34 Supply and erection of SMD ceiling lights philips light made made best quality 24"x24" size and 36-45 watt i/c carriage from market to site of work complete in all respect as approved and directed by the Engineer incharge.

48 No. @ Rs 8700 Each Rs 417600

35 Providing and fixing 140 mm wide PVC hand rail panel of specified color hoist over 1.6 mm thick hard aluminum channel fixed on wall bracket and screws c/c the cost of elbows at ends,buffer belt as approved and directed by the Engineer Incharge

14 x 16.000	224 Rft
18 x 14.000	252 "

476 Sft @ Rs 600.00 Total 476 Rft Rs 285600

Total 74982964

74536280

75311031

74536280

Say 74982964

75311031

Executive Engineer,  
Buildings Division,  
Sahiwal.

Sub Divisional Officer,  
Buildings Sub division,  
Chichawatni.





Door Sills

3 x 4.000 x 0.750

9 "

1305 Sft @ Rs

Total  
340.551305 Sft  
P Sft Rs

444418

**DETAILED ESTIMATE FOR REVAMPING OF EMERGENCY BLOCK****1 Dismantling cement concrete 1:2:4 plain.**

X RAY	1 x	18.000	x	24.000	x	0.125	54	Cft
Ward	2 x	18.000	x	24.000	x	0.125	108	"
Lav	2 x	13.000	x	9.000	x	0.125	29	"
Toilet	4 x	6.000	x	4.313	x	0.125	13	"
Female Lav	1 x	11.375	x	11.250	x	0.125	16	"
W.C	2 x	3.500	x	5.000	x	0.125	4	"
Male Lav	1 x	7.375	x	11.250	x	0.125	10	"
W.C	2 x	3.500	x	5.000	x	0.125	4	"
G Store	1 x	8.750	x	8.000	x	0.125	9	"
	1 x	3.625	x	5.750	x	0.125	3	"
Lav	1 x	9.250	x	11.250	x	0.125	13	"
W.C	2 x	5.438	x	5.000	x	0.125	7	"
Nurse Change W.C	2 x	5.000	x	3.375	x	0.125	4	"
Surgen W.C	1 x	5.750	x	4.000	x	0.125	3	"
W.C	3 x	4.813	x	5.250	x	0.125	9	"

Total  
286 Cft @ Rs 11,174.60 % Cft Rs 31959

**2 Dismantling glazed or encaustic tiles, etc.**

X RAY	1 x	18.000	x	24.000			432	Sft
Ward	2 x	18.000	x	24.000			864	"
Lav	2 x	13.000	x	9.000			234	"
Toilet	4 x	6.000	x	4.313			104	"
Female Lav	1 x	11.375	x	11.250			128	"
W.C	2 x	3.500	x	5.000			35	"
Male Lav	1 x	7.375	x	11.250			83	"
W.C	2 x	3.500	x	5.000			35	"
G Store	1 x	8.750	x	8.000			70	"
	1 x	3.625	x	5.750			21	"
Lav	1 x	9.250	x	11.250			104	"
W.C	2 x	5.438	x	5.000			54	"
Nurse Change W.C	2 x	5.000	x	3.375			34	"
Surgen W.C	1 x	5.750	x	4.000			23	"
W.C	3 x	4.813	x	5.250			76	"

Total  
2297 Sft @ Rs 2,335.85 % Sft Rs 53654

**3 Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate) Ratio 1: 2: 4**

X RAY	1 x	18.000	x	24.000	x	0.125	54	Cft
Ward	2 x	18.000	x	24.000	x	0.125	108	"
Lav	2 x	13.000	x	9.000	x	0.125	29	"
Toilet	4 x	6.000	x	4.313	x	0.125	13	"
Female Lav	1 x	11.375	x	11.250	x	0.125	16	"
W.C	2 x	3.500	x	5.000	x	0.125	4	"
Male Lav	1 x	7.375	x	11.250	x	0.125	10	"
W.C	2 x	3.500	x	5.000	x	0.125	4	"
G Store	1 x	8.750	x	8.000	x	0.125	9	"
	1 x	3.625	x	5.750	x	0.125	3	"
Lav	1 x	9.250	x	11.250	x	0.125	13	"
W.C	2 x	5.438	x	5.000	x	0.125	7	"
Nurse Change W.C	2 x	5.000	x	3.375	x	0.125	4	"
Surgen W.C	1 x	5.750	x	4.000	x	0.125	3	"
W.C	3 x	4.813	x	5.250	x	0.125	9	"

Total  
286 Cft @ Rs 38,178.90 % Cft Rs 109192

**4 Providing and laying superb quality Porcelain glazed tiles flooring of MASTER brand of specified size in approved design, Color and Shade with adhesive/bond over 3/4" thick (1:3) cement plaster i/c the cost of sealer for finishing the joints i/c cutting grinding complete in all respect as approved and directed by the Engineer-Incharge. (600mmx 600mm) (24"x24")**

X RAY	1 x	18.000	x	24.000			432	Sft
Ward	2 x	18.000	x	24.000			864	"



20 Providing and laying 3/4" thick full width Prepolished Marble slab for Vanities/ Shelves/ Treads/ Window Cills, having Uniform texture (Spotless) with adhesive bond over 3/4" thick (1:2) cement sand mortar i/c the cost of matching sealer complete in all respects as approved and directed by the Engineer Incharge. China Verona

1 x 11.250 x 2.000

23 Sft

23 Sft @ Rs 412.35

Total 23 Sft P Sft Rs 9484

21 Providing and fixing CP bath Room Set made of Sonex/ Master/ Faisal comprising of 3-No Tee stop cocks, lever type Basin Mixer, double Bib Cock, ~~open wall shower~~, Muslim shower, waste coupling and bottle trap etc. complete in all respect as approved and directed by the Engineer incharge.

10 No. @ Rs

14522 165720 230040

22 Providing and fixing 2"X2" Stainless Steel 14 SWG Corner Guard angle with bevelled corner and 0.8 mm bend at edges duly pasted with premium grade self-adhesive glue strips with excellent hold/(double sided Tape) as approved and directed by the Engineer Incharge.

80.00 x 5.00

400 Rft

400 Rft @ Rs 683.00

Total 400 Rft P Rft Rs 273200

23 Providing and fitting one piece European Coupled set of Water Closet (WC) and flushing Cistern of PORTA brand (fullsize) i/c the cost of CP/ rubber connection, thimble, normal seat cover and rawal bolts complete in all respects as approved and directed by the Engineer Incharge.

8 No. @ Rs

19987.9 Each Rs 159903

24 Providing and fixing 140 mm wide PVC hand rail panel of specified color hoist over 1.6 mm thick hard aluminum channel fixed on wall bracket and screws c/c the cost of albows at ends,buffer belt as approved and directed by the Engineer Incharge

8 x 16.000  
10 x 14.000

128 Rft  
140 "

268 Sft @ Rs 600.00

Total 268 Rft P Rft Rs 160800

25 Providing and laying of Lead Lining 2mm Thick Lead Sheet White Wall For Radiation Protection Upto Roof Height As Per Instruction & Covering With Mdf Board 3/4" Thick Paneling i/c Frame of Kail Wood 1-1/2"x2" i/c Termite Proofing & Fency Deodar Wood Beading Complete in All Respect And As Approved / Directed By The Engineer Incharge Also Approved The Radiation Protecting Agency Etc.

2 ( 18.000 + 24.000 ) 12.000

864 Sft

864 Sft @ Rs 2460.00

Total 864 Sft P Sft Rs 1166400 2425440

1350 7832416 9688065 8017736 Say 9688065

Executive Engineer,  
Buildings Division,  
Sahwal.

Sub Divisional Officer,  
Buildings Sub division,  
Chichawatni.



	8	x	3.00	x	5.00		120	"	
Nett. Quantity	3697	-	205	=			205	Sft	
	3492	Sft	@ Rs		340.55		3492	Sft	
	2797						P Sft	Rs	4189201
									951360

9 Providing and laying superb quality Ceramic tile floors of Master brand of specified size, Glossy/Matt/Texture of approved Color and Shade as per approved design with adhesive bond, over 3/4" thick (1:2) cement sand plaster i/c the cost of sealer for finishing the joints i/c cutting grinding complete in all respects and as approved and directed by the Engineer Incharge 12"x18"/12"x24"/10"x24" /8"x24"/12"x36"

Toilet	2	x	8.000	x	12.000		192	Sft	
W.C	2	x	3.500	x	5.000		35	"	
Wash	2	x	4.000	x	5.000		40	"	
Toilet	1	x	5.000	x	6.000		30	"	
W.C	1	x	5.000	x	10.000		50	"	
						Total	347	Sft	
	347	Sft	@ Rs		240.0		P Sft	Rs	83280

10 Providing and laying superb quality Ceramic tiles dado of Master brand of specified size, Glossy/Matt/Texture skirting/dado of approved Color and Shade with adhesive bond over 1/2" thick (1:2) cement plaster i/c the cost of sealer for finishing the joints i/c cutting grinding complete in all respects as approved and directed by the Engineer 12"x18"/12"x24"/10"x24" /8"x24"/12"x36"

Toilet	4	(	13.000	+	9.000	)	7.000	616	Sft
W.C	4	(	6.000	+	4.313	)	7.000	289	"
Wash	4	(	11.375	+	11.250	)	7.000	634	"
Toilet	2	(	3.500	+	5.000	)	7.000	119	"
W.C	2	(	7.375	+	11.250	)	7.000	261	"
						Total	1919	Sft	

**DEDUCTIONS**

W	4	x	2.50	x	7.00		70	Sft	
	1	x	3.00	x	7.00		21	"	

Nett. Quantity	1919	-	91	=			91	Sft	
	1828	Sft	@ Rs		292.75		1828	Sft	
							P Sft	Rs	535147

11 Preparing surface and painting with emulsion paint:- 2 coats after scraping distemper

Ward	1	x	50.750	x	20.250		1028	Sft	
Ward	1	x	20.000	x	18.000		360	"	
Nurse Station	1	x	10.000	x	11.000		110	"	
Corridor	1	x	10.250	x	14.625		150	"	
	1	x	8.000	x	14.625		117	"	
Store	1	x	12.000	x	14.625		176	"	
Toilet	2	x	8.000	x	12.000		192	"	
W.C	2	x	3.500	x	5.000		35	"	
Wash	2	x	4.000	x	5.000		40	"	
Toilet	1	x	5.000	x	6.000		30	"	
Corridor	1	x	21.000	x	8.000		168	"	
Waiting Hall	1	x	17.500	x	25.000		438	"	
Specialist	1	x	16.000	x	12.000		192	"	
W.C	1	x	5.000	x	10.000		50	"	
Exam	1	x	10.625	x	10.000		106	"	
Wall									
Ward	2	(	50.750	+	20.250	)	7.000	994	"
Ward	2	(	20.000	+	18.000	)	7.000	532	"
Nurse Station	2	(	10.000	+	11.000	)	7.000	294	"
Corridor	2	(	10.250	+	14.625	)	7.000	348	"
	2	(	8.000	+	14.625	)	7.000	317	"
Store	2	(	12.000	+	14.625	)	7.000	373	"
Toilet	4	(	8.000	+	12.000	)	5.000	400	"
W.C	4	(	3.500	+	5.000	)	5.000	170	"
Wash	4	(	4.000	+	5.000	)	5.000	180	"
Toilet	2	(	5.000	+	6.000	)	5.000	110	"
Corridor	2	(	21.000	+	8.000	)	7.000	406	"
Waiting Hall	2	(	17.500	+	25.000	)	7.000	595	"
Specialist	2	(	16.000	+	12.000	)	7.000	392	"



W.C  
Exam

2 ( 5.000 + 10.000 ) 5.000  
2 ( 10.625 + 10.000 ) 7.000

150 "  
289 "

(27)

8742 Sft @ Rs Total 8742 Sft  
2796.55 P Sft Rs 244474

- 13 Providing and applying weather shield paint of approved quality on external surface of building including preparation of surface, application of primer complete in all respect old surface 2 coats. *Single*

56.50+56.50+88.75+88.75+53+53+22.5+2 2 x 470.750 x 17.500 16476 Sft  
2.5+14.625+14.625

Total 16476 Sft

**DEDUCTIONS**

W

12 x 6.00 x 6.00  
6 x 8.00 x 6.00  
4 x 7.25 x 3.00  
16 x 2.00 x 2.00

432 Sft  
288 "  
87 "  
64 "

Nett. Quantity

*old Sft*

16476 - 871  
15605 Sft @ Rs

= 3850.90  
1943

871 Sft  
15605 Sft *303205*  
% Sft Rs 600933

- 14 Providing and fitting all types of glazed aluminium windows of anodised/ powder coated partly fixed and partly sliding using delux sections of approved manufacturer having frame size of 100 x 30 mm (4"x1-1/4") and leaf frame sections of 50 x 20 mm (2"x3/4"), all of 1.6mm thickness including 5 mm thick imported tinted glass with rubber gasket using approved standard latches, hardware etc., as approved by the Engineer in-charge. *double glazed*

1 x 8.00 x 6.00  
2 x 4.00 x 6.00  
2 x 6.00 x 6.00

48 Sft  
48 "  
72 "

Total 168 Sft @ Rs  
4348.40  
2586.53

168 Sft  
P Sft Rs 434540  
226531

- ii Providing and fixing Aluminum Fly screen comprising of Fiber/ Aluminum wire gauze (Malasian) fixed in aluminum frame of approved manufacturer/ powder coated of size 1-1/2"x1/2" and 1.6 mm thick with rubber gasket i/c cost of Hardwares as approved and directed by the engineer incharge. complete in all respect.

Qty As Item Above

168 / 2

84 "

84 Sft @ Rs Total 493.05

84 Sft  
P Sft Rs 41416

- 15 Providing and fixing M.S. grill fabricated with MS Square polished Vertical/ horizontal Bars of specified size @ 4" c/c ' passed through punched holes in MS Patti of 1-1/4"x1/8" i/c the cost of 1-1/4"x1/8" MS patti for Frame of windows and painting 3 coat complete in all respect as approved and directed by the Engineer Incharge.(i) 3/8" Squar Bars

Qty As Item Above

168 Sft @ Rs 854.45

P Sft Rs 143548

- 16 Providing and fixing all types of partly fixed and partly openable glazed anodised bronze colour aluminium doors, using delux section of M/s Al-Cop or Pakistan Cables, having chowkat frame of size 40 x 100 mm (1 1/2" x 4") and leaf frame of 60x40mm (2 1/2"x1 1/2") wide sections including the cost of 1/4" (5 mm) thick imported tinted glass with aluminium triangular gola and rubber gasket to support the glass and leaf edging, using approved standard fittings, locks, 3" (75 mm) wide long handles etc., and hardware any required as approved by the engineer in-charge.

Doors

1 x 5.000 x 9.000

45 Sft

45 Sft @ Rs Total 1437.60

45 Sft  
P Sft Rs 64692





17 Providing and fixing 1½" (40 mm) thick deodar wood panelled or panelled and glazed, doors and windows, with mild steel chowkat (frame), etc. complete in all respects (excluding sliding bolt or lock) with M.S. angle iron 1½"x1½"x¼", welded (40 mmx 40 mmx 6mm) with M.S. flat 2"x¼" (50 mm x 6 mm)

Doors	5	x	2.500	x	7.000	88	Sft		
								Total	
	88	Sft	@ Rs					1914.35	
						88	Sft		
						P Sft	Rs		168463

18 Providing and fixing heavy duty 3mm thick SS Plate, die-cast metal autotomatic hydraulic operated door stopper (Concealed floorhinge) embedded in floor i/c the cost of Top pivot hinge, hardware, cutting of floor and making it good complete in all respect as approved and directed by the Engineer Incharge

4	No	@ Rs	5572.00	Each	Rs	22288
---	----	------	---------	------	----	-------

19 Providing and fixing 2"x2" Stainless Steel 14 SWG Corner Guard angle with bevelled corner and 0.8 mm bend at edges duly pasted with premium grade self-adhesive glue strips with excellent hold/(double sided Tape) as approved and directed by the Engineer Incharge.

30	x	6.00	180	Rft		
					Total	
180	Rft	@ Rs			180	Rft
					P Rft	Rs
						122940

21 Supplying and erection of LED Bulb 18 Watt (Prime/Osaka or equivalent) complete in all respect as approved by the Engineer Incharge.

26	No	@ Rs	800.00	Each	Rs	20800
----	----	------	--------	------	----	-------

35 Providing and fitting one piece European Coupled set of Water Closet (WC) and flushing Cistern of PORTA brand (fullsize) i/c the cost of CP/ rubber connection, thimble, normal seat cover and rawal bolts complete in all respects as approved and directed by the Engineer Incharge.

3	No.	@ Rs	19987.9	Each	Rs	59964
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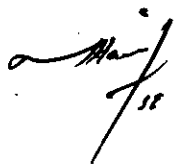
24 Providing and fixing 140 mm wide PVC hand rail panel of specified color hoist over 1.6 mm thick hard aluminum channel fixed on wall bracket and screws c/c the cost of elbows at ends,buffer belt as approved and directed by the Engineer Incharge

4	x	14.000	56	Rft		
5	x	13.000	65	"		
					Total	
121	Sft	@ Rs			121	Rft
					P Rft	Rs
						72600

Total 5357258  
5029698  
Say 5357258  
5029698

Executive Engineer,  
Buildings Division,  
Sahiwal.

Sub Divisional Officer,  
Buildings Sub division,  
Chichawatni.

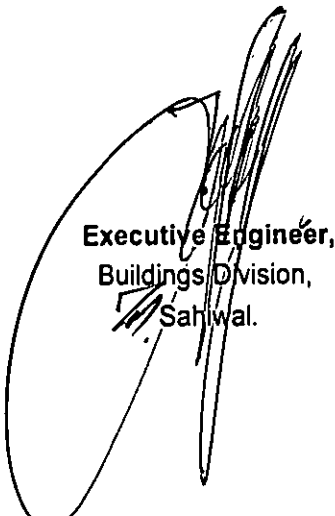




# DETAILED ESTIMATE FOR REVAMPING OF GYNEE OT

(29)

1 Dismantling cement concrete 1:2:4 plain. OT	1 x 20.000	x 16.000	x 0.125	40 Cft				
			Total	40 Cft				
	40 Cft	@ Rs	11,174.60	% Cft Rs				<del>4470</del>
2 Dismantling glazed or encaustic tiles, etc.	1 x 20.000	x 16.000		320 Sft				
			Total	320 Sft				
	320 Sft	@ Rs	2,335.85	% Sft Rs				<del>7475</del>
3 Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate) Ratio 1: 2: 4	1 x 20.000	x 16.000	x 0.125	40 Cft				
			Total	40 Cft				
	40 Cft	@ Rs	38,178.90	% Cft Rs				<del>45272</del>
4 Supply and installation premium graded/ scratch-resistant Hygienic anti-microbial Pvc wall cladding of specified thickness duly thermoplastic welded conforming to (ISO:22196) and pasted over 12mm thick gypsum board with adhesive/solvent fixed over 14-SWG G.I Channael of size 3.5"X 2"X3.5" duly screwed on wall i/c the cost of hardwares as approved and directed by The Engineer In-charge 2.5mm Thick	2 ( 20.00	+ 16.00 )	12.00	864 Sft				<del>216000</del>
			Total	864 Sft				<del>80800</del>
	864 Sft	@ Rs	3,500.00	P Sft Rs				3024000
ii Supply and installation anti microbial Hygienic flooring (with anti bacterial agent ) (ISO:22196) of specified thickness duly welded with thermoplastic equipment placed over self levelling adhesive as approved and directed by the Engineer Incharge.	1 x 20.00	x 16.00		320 Sft				
			Total	320 Sft				<del>208000</del>
	320 Sft	@ Rs	3,937.00	P Sft Rs				1259840
5 Supply and installation of Clip-in tile (0.6 mm -0.7 mm thick )non-porous aluminium false ceiling of specified size fitted with 'Clip-in' suspension system hanged on Concealed T/Shiplap edge/runners @ 600 mmX600 mm grid,Edge Trims fasten on wall with plug and screw @ 500 mm c/c i/c cutting charges of tiles to required size,suspension rods and joints sealed with silicon if required of DAMPA/Demark, as approved and directed by the Engineer Incharge. (iii)600 mmX 600 mm	1 x 20.00	x 16.00		320 Sft				
			Total	320 Sft				<del>192000</del>
	320 Sft	@ Rs	4,367.00	P Sft Rs				1397440
			600	Total				<del>5708497</del>
			2560000 -	Say				5708497

  
Executive Engineer,  
Buildings Division,  
Sahiwal.

Sub Divisional Officer,  
Buildings Sub division,  
Chichawatni.

*f*

**THQ HOSPITAL CHICHAWATNI**  
**Provision/Installation of Electrical Equipment.**

S.#	Description	Qty:	Unit	Rate	Amount
<b>A L.T. (LV) SUB-STATION EQUIPMENT:</b>					
1	P/F wall mounted DB (Distribution Board) made with 16SWG Sheet (Recessded/ Surface mounted Type), Powder coated Paint, i/c the cost of Lock, Indication lights,Thimble, Copper Comb, Wiring, Netural & Earth Bar, Door Earthing, Digital Voltmeter,Digital Ammeter,Volt Selector Switch, Ammeter selector switch,Current Transformers and Controles Complete in all respect as approved and directed by the Engineer Incharge (Breakers will be Paid Separately).				
	<b>Main DB (1 for OPD &amp; 1 for Dialysis)</b>				
	(i) LT Switchboards				
	a) 2.50 Ft deep				
	(a) 200A (3.0x4'x12') (1*2=2)	2	Each	12243	293827
	<b>Incoming Breaker for Main DB (1 for OPD &amp; 1 for Dialysis)</b>				
1	Supplying ,Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermal-Magnetic Trip ) in prelaidd DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge.				
	(a) Tripple Pole 200A(36 KA) (1*2=2)	2	Each	39814	79629
	<b>Outgoing Breakers for Main DB (1 for OPD &amp; 1 for Dialysis)</b>				
2	Supplying ,Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermal-Magnetic Trip ) in prelaidd DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge.				
	(a) Tripple Pole 80A(36 KA) (4*2=8)	8	Each	17434	139474
2	P/F wall mounted DB (Distribution Board) made with 16SWG Sheet (Recessded/Surface mounted Type), Powder coated Paint, i/c the cost of Lock, Indication lights,Thimble, Copper Comb, Wiring, Netural & Earth Bar, Door Earthing, Digital Voltmeter,Digital Ammeter,Volt Selector Switch,Ammeter selector switch,Current Transformers and Controles Complete in all respect as approved and directed by the Engineer Incharge (Breakers will be Paid Separately).				
	<b>Main DB for ACs (1 for Emergency Portion, 1 for Cardiac Portion, 1 for OPD, 1 for OT, 1 for New Gyne Building &amp; 1 for Main Medicine Store )</b>				
	<b>Incoming from Main DB/Transformer</b>				
	(a) 12" deep				
	(ii) 200A (3'x4'x12")	6	each	12443	895882
	<b>Incoming Breakers for Main DB for ACs (1 for Emergency Portion, 1 for Cardiac Portion, 1 for OPD, 1 for OT, 1 for New Gyne Building &amp; 1 for Main Medicine Store )</b>				
1	Supplying ,Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermal-Magnetic Trip ) in prelaidd DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge.				
	(a) Tripple Pole 200A(36 KA) (1*6=6)	6	Each	39814	238886
	<b>Outgoing Breakers for Main DB for ACs (1 for Emergency Portion, 1 for Cardiac Portion, 1 for OPD, 1 for OT, 1 for New Gyne Building &amp; 1 for Main Medicine Store )</b>				
2	Suppling,Installation and comissioning of MCB (Miniature Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY /SIEMEN GERMAN/TERASAKI JAPAN/ ABB SWITZERLAND in prelaidd DBs and Panels i/c the cost of screwes, necessary wire complete in all respect as approved and directed by the Engineer Incharge.				
	(a) Tripple Pole 63A(10 KA) (4*6=24)	24	Each	8434	202423



EXTERNAL SEWERAGE SYSTEM.

- 1 Providing and laying non-R.C.C. pipe, moulded with cement concrete 1:1½:3, with spigot socket or collar joint, etc. including cost of reinforcement, conforming to B.S. 5911: Part I: 1981, Class "L" including carriage of pipe from factory to site of work, lowering in trenches to correct alignment and grade, jointing, cutting pipes where necessary, finishing and testing, etc., complete.

9" i/d	750	R.Ft. @ RS	528.30	P.R.Ft.	RS=	396225
12" i/d	690	R.Ft. @ RS	695.60	P.R.Ft.	RS=	479964

- 2 Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and timbering, dressing to correct section and dimensions according to templates and levels, and removing surface water, in all types of soil except shingle, gravel and rock:- 0 ft. to 7.0 ft. (0 to 2.10 m) depth

1 x 750 x 2 x  $\frac{2.50+4.50}{2.00}$  = 5250 C.Ft.  
1 x 690 x 2 x  $\frac{3.50+5.50}{2.00}$  = 6210 C.Ft.

			11460			
11460	C.Ft. @ RS	11740.10	%O C.Ft.	RS=	134542	

- 3 Rehandling of earth work:  
Lead upto a single throw of Kassi, phaorah or shovel Qty as per Item above.

11460	C.Ft. @ RS	2539.70	%O C.Ft.	RS=	29105
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- 5 Provision of Manhole.

40	No @ RS	46400	Each	RS=	1856000
		(Analysis attached)			

TOTAL

RS= 2895836

SAY

RS= 2895800

Executive Engineer,  
Buildings Division,  
Sahiwal.

Sub Divisional Officer,  
Buildings Sub division,  
Chichawatni.





(36)

## APPROACH ROADS

### T.H.Q. HOSPITAL CHICHAWATNI.

- 1 Excavation in foundation of building, bridges and other structures, including dagbelling, dressing, refilling around structure with excavated earth, watering and ramming lead upto one chain (30 m) and lift upto 5 ft. (1.5 m) b) in ordinary soil.
 

2 x 815.00 x 1.00 x 1.50	= 2445 Cft		
	= 2445 Cft		
2445 Cft @ Rs	10677.75	% oCft	26107
- 2 Providing and laying sub-base course of stone product of approved quality and grade, including placing, mixing, spreading and compaction of sub-base material to required depth, camber, grade to achieve 100% maximum modified AASHO dry density, including carriage of all material to site of work except gravel and aggregate. Crushed stone aggregate.
 

2 x 815.00 x 1.00 x 0.33	= 538 Cft		
2 x 815.00 x 14.50 x 0.50	= 11818 Cft		
	= 12356 Cft		
12356 Cft @ Rs	23422.20	% Cft	2894047
- 3 Pacca brick work in foundation and plinth in:- i) Cement, sand mortar:- Ratio 1:4
 

2 x 815.00 x 0.75 x 2.25	= 2751 Cft		
	= 2751 Cft		
2751 Cft @ Rs	30280.30	% Cft	833011
- 4 Providing and laying R.C.C. pipe, moulded with cement concrete 1:1½:3, with spigot socket or collar joint, etc. including cost of reinforcement, conforming to B.S. 5911 Part I: 1981, Class "L" including carriage of pipe from factory to site of work, lowering in trenches to correct alignment and grade, jointing, cutting pipes where necessary, finishing and testing, etc., complete.
 

225 mm (9") i/d	7 x 18.00	= 126 Rft	
		= 126 Rft	
	126 Rft @ Rs	528.30	P Rft 66566
- 5 Earthwork in ordinary soil for embankments lead upto 100 ft. (30 m), including ploughing and mixing with blade grade or disc harrow or other suitable equipment, and compaction by mechanical means at optimum moisture content and dressing to designed section, complete in all respects 95% maximum modified AASHO dry density.
 

1 x 815.00 x 20.50 x 1.38	= 22973 Cft		
	= 22973 Cft		
		= 1149 Cft	
		= 21824 Cft	
D/d 5% Shrinkage	21824 Cft @ Rs	17053.10	% oCft 372173
- 6 Providing and laying Tuff pavers, having 7000 PSI, crushing strength of approved manufacturer, over 2"to3" sand cushion i/c grouting with sand in joints i/c finishing to require slope . complete in all respect. (50% Grey / 50% Coloured) 60-mm thick
 

1 x 815.00 x 14.50	= 11818 Sft		
	= 11818 Sft		
11818 Sft @ Rs	156.40	P Sft	1848335
- 7 Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate Ratio 1:2:4
 

2 x 815.00 x 0.75 x 0.25	= 306 Cft		
	= 306 Cft		
306 Cft @ Rs	38178.90	% Cft	116827
	Total	=	6157066
Add 3% Contengency Charges			184712
	Total	=	6341778
	SAY	=	6341800

Executive Engineer,  
Buildings Division,  
Sahiwal.

Sub Divisional Officer,  
Buildings Sub division,  
Chichawatni.



## ANALYSIS OF RATE

P/F aluminum cladding by using 4mm thick aluminum composite panels, having upper / back aluminum alloy coating sheet 0.3 mm thick, sandwiched with polyethylene resin material surface finish PVDF and PE resin rolling roasting coating, fire proof, weather resistant, approved colour (ALCOA Imported or Equivalent made) fixed over aluminum standard sections frame both way 4-ft center to center or panels as per site requirement i/c cost of brackets, anchor bolts, topping screws, silicon for joint finishing complete as approved and entire satisfaction of the Engineer Incharge.

for anlysis 12x12= 144 P.Sft

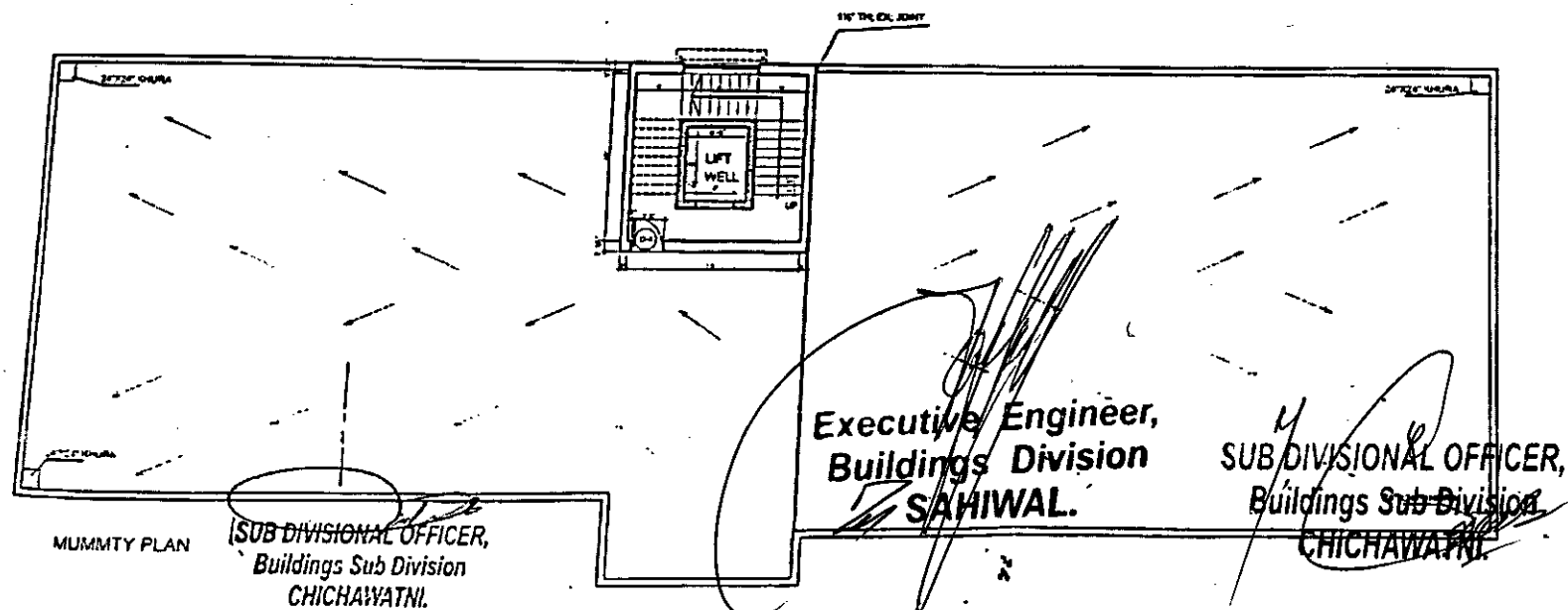
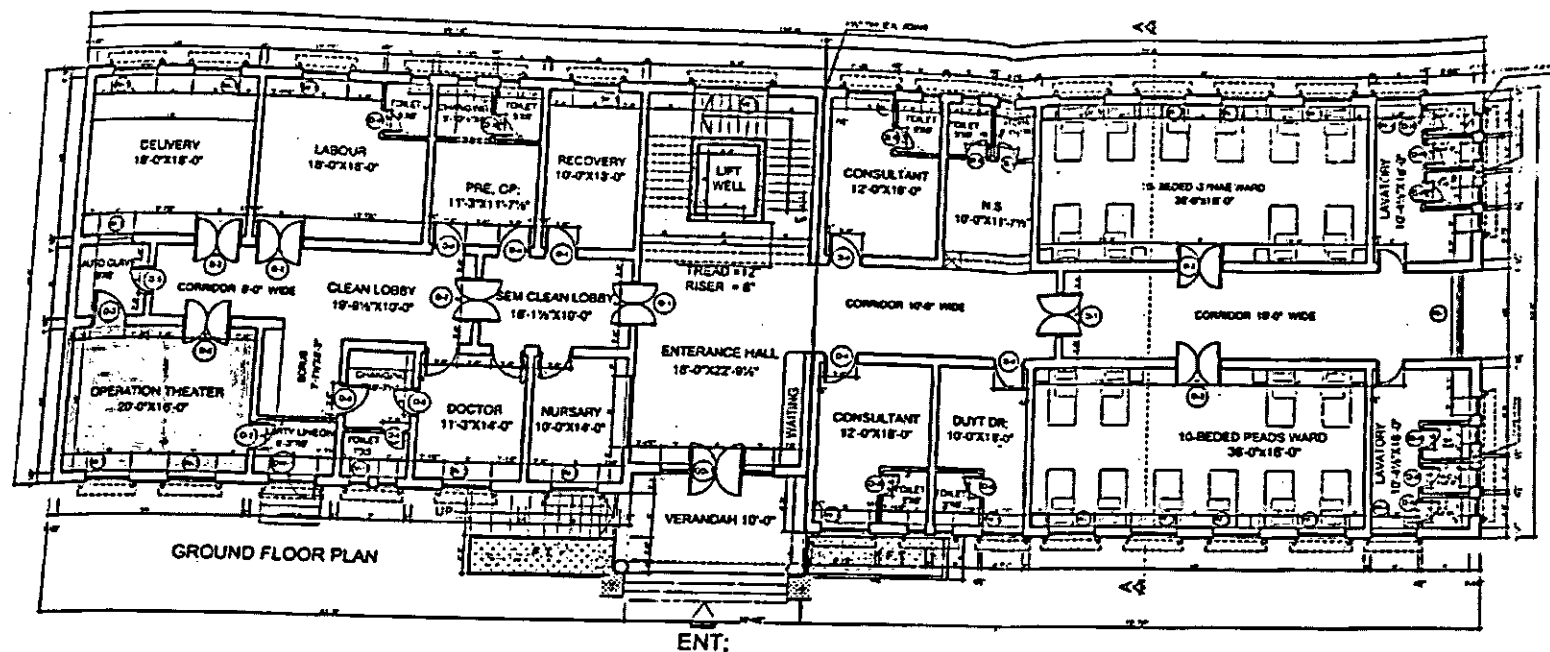
A	MATERIAL					
1	Cost of Aluminum box pipe 2"x2"x1.5mm @ 4'x4' for frame					
	Horizontal 4x1x12	48	Rft			
	Vertically 4x1x12	48	Rft			
	Total	96	Rft			
	Add wastage 5%	4.80	Rft			
	Total	100.80	Rft	120	P.Rft	12096
2	Cost of Aluminum Z section for fixing panel	100.80	Rft	82	P.Rft	8266
3	Cost of composite panel 4mm thick					
	1x12x12	144.00	Sft			
	Add wastage 10%	14.40	Sft			
	Total	158.40	Sft	785	P.Sft	124344
4	Cost of screw, revatts etc				L.S	500
					Total	145206
					Add 20% contractor profit	29041
					Total A	174247
	LABOUR					
1	Carpenter	2	Day	1000	P.Day	2000
2	Colly	3	Day	850	P.Day	2550
					Total	4550
	Add 10% sunderise					455
						5005
	Add 20% contractor profit					1001
					Total B	11011
					Total A+B	185258
	ITEM RATE					
	Labour Rate P. Sft					76
	Composit Rate for 144 Sft					185258
	Composit Rate P.Sft					1286.51
				Say	Rs	1287

Certified that rates for all items and labour as per input rates as displayed on the web site of finance department for the 2nd Bi-Annual 2022.

**Executive Engineer,  
Buildings Division  
SAHIWAL.**

**SUB DIVISIONAL OFFICER,  
Buildings Sub Division  
CHICHAWATNI.**





#### NOTE

1. ALL NECESSARY NOTICES / PERMISSIONS MAY BE OBTAINED FROM THE CONCERNED AUTHORITIES BEFORE COMMENCEMENT OF PROJECT AT SITE.
2. IN CASE OF ANY CLARIFICATIONS OR DISCREPANCIES THIS OFFICE MAY BE CONTACTED IMMEDIATELY FOR RECTIFICATION.

#### SCHEDULE OF DOORS / WINDOWS & C/W

TYPE	SIZE	CILL	DESCRIPTION
CD1	12'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD2	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD3	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD4	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD5	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD6	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD7	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD8	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD9	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD10	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD11	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD12	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD13	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD14	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD15	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD16	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD17	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD18	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD19	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD20	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD21	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD22	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD23	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD24	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD25	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD26	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD27	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD28	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD29	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD30	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD31	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD32	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD33	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD34	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD35	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD36	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD37	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD38	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD39	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD40	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD41	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD42	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD43	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD44	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD45	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD46	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD47	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD48	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD49	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD50	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD51	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD52	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD53	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD54	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD55	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD56	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD57	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD58	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD59	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD60	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD61	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD62	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD63	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD64	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD65	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD66	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD67	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD68	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD69	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD70	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD71	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD72	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD73	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD74	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD75	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD76	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD77	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD78	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD79	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD80	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD81	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD82	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD83	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD84	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD85	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD86	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD87	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
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CD89	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD90	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD91	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD92	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
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CD97	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD98	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD99	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR
CD100	10'-0"X7'-0"	1'-0"	WOODEN PANELLED DOOR

#### STATEMENT OF AREA

GROUND COV. AREA = 7600 S.FT;  
MUMTY COV. AREA = 400 S.FT;  
TOTAL COV. AREA = 8000 S.FT;

#### PROJECT:

UP GRADATION OF T.H.Q. HOSPITAL  
CHICHAWATNI DISTRICT SAHIWAL  
(GYNAE & PEADS)

#### TITLE

GROUND FLOOR PLAN  
(WORKING DRG)

DRAWN BY:	SCH. NO:
M. RASHID MUNIR	1:
ARCHITECTURAL ASSISTANT	SUB SCH. NO:
MUHAMMAD JAFAR SHAHID	DRG. NO:
	SCALE: N.T.
	DATE: 22-11-20

ASSISTANT DIRECTOR

AMJAD ALI

DIRECTOR ARCHITECTURE

MRS. AMNA NASIM

GOVERNMENT OF THE PUNJAB  
PUNJAB ARCHITECTURE DEPARTMENT  
OFFICE OF THE DIRECTOR ARCHITECTURE  
SAHIWAL

PHONE NO 040-9200539 FAX 932003



## 8. ANNUAL OPERATING COST (POST COMPLETION)

**Financial Components:** Capital  
**Cost Center:**OTHERS- (OTHERS)  
**Fund Center (Controlling):**N/A

**Grant Number:**Government Buildings - (PC12042)  
**LO NO:**LO22010094  
**A/C To be Credited:**Account-I

PKR Million

Sr #	Object Code	2026-2027		2027-2028		2028-2029		2029-2030		2030-2031	
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	A05270-To Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
2	A12403-Other Buildings	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

**Financial Components:** Capital  
**Cost Center:**OTHERS- (OTHERS)  
**Fund Center (Controlling):**N/A

**Grant Number:**Government Buildings - (PC12042)  
**LO NO:**LO22010094  
**A/C To be Credited:**Account-I

PKR Million

Sr #	Object Code	2026-2027		2027-2028		2028-2029		2029-2030		2030-2031	
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	A05270-To Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
2	A12403-Other Buildings	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000



## **8. ANNUAL OPERATING AND MAINTENANCE COST AFTER COMPLETION OF THE PROJECT**

The Annual operating and maintenance cost after completion of the Project is Rs.15.000 million. The same may be borne by the District Health Authority of the concern District as well as Primary and secondary healthcare Department, Lahore.

## **9. DEMAND AND SUPPLY ANALYSIS**

No modern health facilities and scientific diagnostics are presently available in this Hospital. This initiative of revamping Hospital covers all departments and components of healthcare including Medical, Surgical, psychiatric, Cardiac, ENT, Ophthalmic and Pediatrician components. Moreover, women health components i.e. Gynaecology and obstetric will also be emphasized upon. In emergency, calamities and natural disasters, valuable lives will be saved through revamping of Emergency Units.

## **10. FINANCIAL PLAN AND MODE OF FINANCING**

### **10.1 FINANCIAL PLAN EQUITY INFORMATION**

### **10.2 FINANCIAL PLAN DEBT INFORMATION**

undefined

### **10.3 FINANCIAL PLAN GRANT INFORMATION**

Attached

## 9. FINANCIAL PLAN AND MODE OF FINANCING

The project will be executed / financed through Annual Development Program under the Primary and Secondary Healthcare Department, the Government of Punjab.

### Revenue Side:

(Rs.in Million)

	FY 2021-22	FY 2022-23
<b>Funds Released</b>	<b>7.800</b>	<b>8.778</b>
<b>Utilization</b>	<b>6.480</b>	<b>1.857</b>

### Capital Side:

	FY 2021-22	FY 2022-23
<b>Funds Released</b>	<b>0.000</b>	<b>5.000</b>
<b>Utilization</b>	<b>0.000</b>	<b>0.000</b>

**Balance funds may be provided for completion of the project in subsequent years through ADP**

## **10.4 WEIGHT COST OF CAPITAL INFORMATION**

undefined

## **11. PROJECT BENEFITS AND ANALYSIS**

### **11.1 PROJECT BENEFIT ANALYSIS INFORMATION**

#### **3 SOCIAL BENEFITS WITH INDICATORS**

Social economic burden will be decreased due to availability of better medical services in the district. Time and money of community will be saved which were expended in other cities like Lahore Islamabad etc. on treatment of patients and for boarding and logging of attendants. The social status of community will rise.

##### **11.3.1 SOCIAL IMPACT:**

A number of patients lose their lives or suffer serious disabilities for want of timely access to the health facilities. The project will ensure that no one is left to reach the health facilities. The most important beneficiaries will be mothers having complicated delivery conditions. The number of patients transferred to the health facilities for treatment and lifesaving will serve as indicators for performance evaluation. In long term the project will help in improving socio-economic indicators of IMR and MMR.

#### **EMPLOYMENT GENERATION (DIRECTOR AND INDIRECT)**

Revamping of this Hospital will lead to generation of employment for highly skilled /professional staff and unskilled staff leading to reduction of unemployment. Huge employments opportunity will be created from the establishment of the project. The Medical doctors and paramedics who are trained in this discipline or intended to specialize in this field can make maximum use of training. A large number of gazetted and non-gazetted posts will be available for employment directly or indirectly.

### **11.2 ENVIRONMENTAL IMPACT ANALYSIS**

It will have no hazardous effect on the environment. On the other hand, addition of horticulture and landscaping will provide healthy environment to the general public. All the more, the program is environment friendly having no adverse environmental effects. Simultaneously, this shall further improve environment by creating sense of responsibility among employed and beneficiaries of the service.

### **11.3 PACT ANALYSIS**

undefined

### **11.4 ECONOMIC ANALYSIS**

Delay in the implementation of the project will lead to increase in cost and increase financial burden on the Government and general population of Punjab. Since the project is one of the major needs and a long awaited desire of the community, therefore, Government of the Punjab contemplated plan for early execution of Revamping of Emergency Units. The delay will not only deprive the patients of the state of

the art facility but also distort the public image of the Government.

## **11.5 FINANCIAL ANALYSIS**

### **FINANCIAL BENEFITS & ANALYSIS**

Tremendous public benefits will be accrued from revamping of Emergency Units:

The Targets of Sustainable Development Goals (SDGs) will be achieved

The Human Development Index of Pakistan (HDI) will improve

Infant Mortality Rate will decrease

Mother Mortality rate will be decreased

The international commitments of Pakistan will be accomplished

Health standard of public will

Better Health Facilities to mother and

Prompt and scientific facility for operation

Rehabilitation of disables and injured

Blindness in this area will be decreased and controlled

Better social and mental health to addict

Provision of better health facilities at doorsteps

Awareness and control for communicable

Survival of heart failure

Social indicators of Pakistan will improve

This will decrease load of patients on teaching hospitals and specialized institutions by promoting physical and mental health. By adopting preventive and Hygienic principles, the number of patients and diseases will decrease. Resultantly budget load of Government for treatment will decrease and saving will be utilized for development programs.

#### **11.1.1 FINANCIAL IMPACT:**

In the beginning, the It is extremely difficult to put a money value on each life saved by taking/shifting a critically ill patient to the appropriate health facility for treatment. However, the exact amount spent shall be calculated against each patient shifted by analyzing data collected during operations.

#### **11.2 REVENUE GENERATION**

Revenue will be generated from:

Laboratory fees

Diagnostic facility fees

X-Ray fee

Dental fee

ECG fee

Private room charges

Parking fee

Medico Legal Fee

Medical Certificate of New Government Employees

## **12. IMPLEMENTATION SCHEDULE**

### **12.1 IMPLEMENTATION SCHEDULE/GANTT CHART**

Starting date: 01-07-2021

Expected Completion date: 30-06-2025

### **12.2 RESULT BASED MONITORING (RBM) INDICATORS**

undefined

### **12.3 IMPLEMENTATION PLAN**

undefined

### **12.4 M&E PLAN**

The operation team will monitor the progress of the project and will hold regular weekly meeting to review the progress under the supervision of Project Director.

### **12.5 RISK MITIGATION PLAN**

**RISK REGISTER**  
**Balance Work of**  
**Revamping of all**  
**DHQ / 15 THQ**  
**Hospitals in Punjab**

RISK DATA				Pre-Mitigation / Current Qualitative Assessment			MITIGATION
Risk Item No	Risk Description/Event	Cause	Effect / Consequences	Likelihood (1 to 3)	Impact (1 to 3)	Risk Score (1 to 9)	Mitigation / Actions
1	Due date for the completion of some hospital sites may be extended due to increase in scope from the Client	Direct instructions from the Medical Superintendents / Hospital Administration to revamp the remaining areas	Significant scope increase requested by the Hospital administration will result in: 1. Project delays 2. Contractor claims 3. Increase in project cost along with variations	3	3	9	Hospital administration is requested to finalize the scope during joint field visits of C&W and PMU
2	Various unexpected structural issues are being encountered	Unforeseen structural issues are expected to face during execution in hospital buildings approaching end of life	1. Stoppage of work 2. Performance of the Contractor has affected 3. Delays in the project	3	3	9	Various items which are unforeseen and expected to be used during execution may be taken in estimates so that those can be executed to address these issues
3	Change in management of the Client	Management change	Re-briefing is to be carried out	2	2	4	Acceleration of understanding for smooth and expeditious transition, without affecting the project
4	Financial Issues	Funds for these schemes should be provided as per the targets	1) Delay in tendering 2) Effect on quality as the Consultant supervision will not take place 3) Inconvenience to the patients	3	3	9	Approval of PCIs and early release of funds is requested
5	Nationwide spread of pandemic i.e. COVID-19 in 2nd and 3rd quarter of this year	Work delays during nationwide lockdown.	1) Delays in completion of works 2) Claim requests received by Contractor and Consultant	3	3	9	Contractor will be asked to depute fully vaccinated labor

## 12.6 PROCUREMENT PLAN

undefined

## 13. MANAGEMENT STRUCTURE AND MANPOWER REQUIREMENTS

The Organogram of new Health Management Structure is available in PC-I

## 14. ADDITIONAL PROJECTS / DECISIONS REQUIRED

NA

## 15. CERTIFICATE

**Focal Person Name:**Mr. KHIZAR HAYAT

**Designation:**Project Director, PMU P&SHD

**Email:**

**Tel. No.:**042-99231206

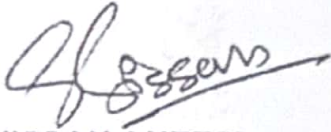
**Fax No:**

**Address:**31/E1, Shahrah-e-imam Hussain? Road? Block E 1 Gulberg III, Lahore, Punjab

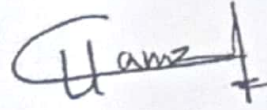


15. It is certified that the project titled "Balance work of Revamping of THQ Chichawatni (1<sup>st</sup> Revised)" has been prepared on the basis of instruction provided by the Planning Commission for the preparation of PC-I for Social Sector projects.

Prepared By:

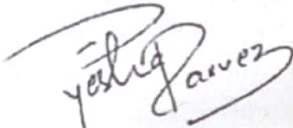


(HISSAN ANEES)  
DIRECTOR PLANNING & HR, PMU,  
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(042-99231206)  
(Oct-2022)



(HAMZA NASEEM)  
PROJECT MANAGER CIVIL, PMU,  
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Checked By:



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DEPUTY PROJECT DIRECTOR (PMU),  
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PROJECT DIRECTOR (PMU),  
PRIMARY & SECONDARY HEALTHCARE  
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(042-99231206)  
(Oct-2022)

Approved By:



(DR. IRSHAD AHMAD)  
SECRETARY,  
GOVERNMENT OF THE PUNJAB  
PRIMARY & SECONDARY HEALTHCARE DEPARTMENT, LAHORE  
(042-99204567)  
(Oct-2022)



