PC-1

Balance Work of Revamping of DHQ Hospital Rajanpur

ORIGINAL APPROVED COST	**PKR Million. 91.289/-**
ORIGINAL APPROVED GESTATION	**43 Months** **Till June 2025**
APPROVAL FORUM	**DDWP (DDWP)**

1. NAME OF THE PROJECT

Balance Work of Revamping of DHQ Hospital Rajanpur

2. LOCATION OF THE PROJECT

2.1. DISTRICT(S)

I. RAJANPUR

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 FEDRAL MINISTRY

- NATIONAL HEALTH SERVICES, REGULATIONS AND COORDINATION

4. PLAN PROVISION

Sr #	Description
1	**Source of Funding:**Scheme Listed in ADP CFY
2	**Proposed Allocation:**0.000
3	**GS No:**5359
4	**Total Allocation:**0.000
5	**Funds Diverted:**0.000
6	**Balance Funds:**0.000
7	**Comments:** The scheme will be financed out of block scheme included in ADP 2022-23 at G.S. No. 660 with an allocation of Rs.1300 million

5. PROJECT OBJECTIVES

attached

. 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 DHQ Hospital Rajapur:	88,597 SFT
Area completed:	77,606 SFT
Area Not taken up:	10,991 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/stretcher ways 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 groves 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 cites 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/stretcher way for entrance, podium and platform for wheel chairs are proposed in this program for facilitation of patients. Portico is a small structure constructed outsides the covered area consisting of four or two columns carrying a slab or roof over it. This portico is constructed in this program outsides 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/Stretcher way is an essential structure to constructed outsides the emergency department because almost all the patients coming towards the emergency block are on either wheel chairs of stretcher. 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 stretcher way is proposed outsides 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 uninterruptable 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 inflectional 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, paeds, 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.

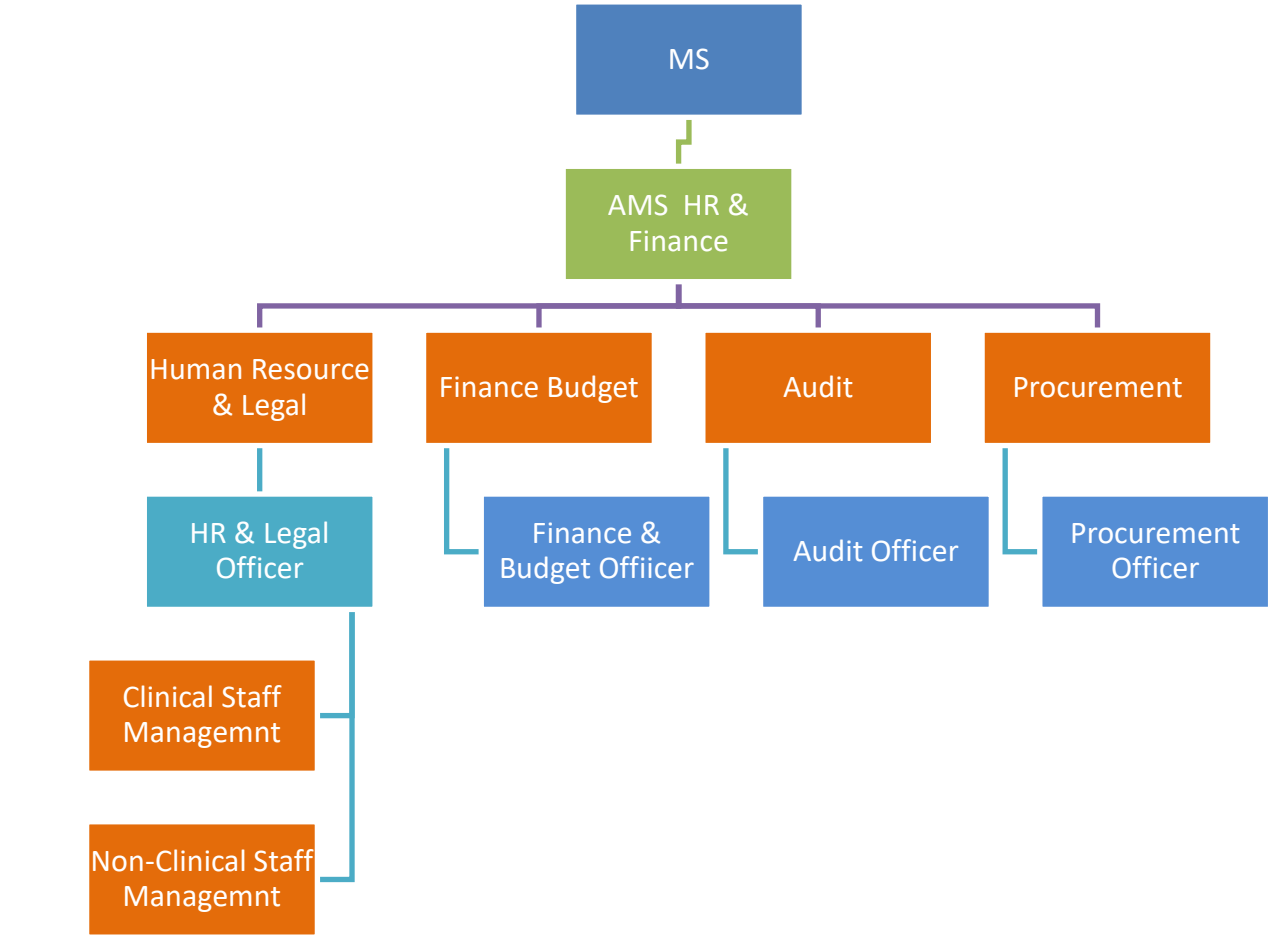
5.7.4 EMR and Networking

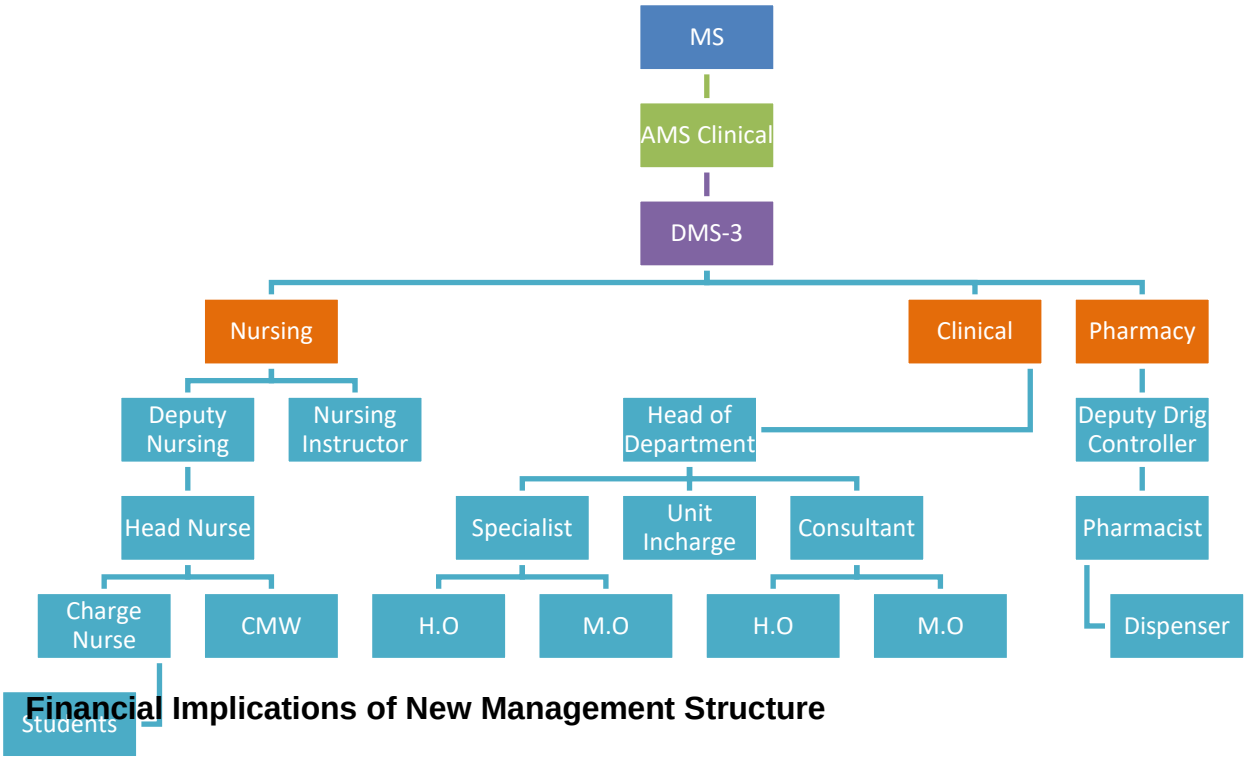
Establishment of network infrastructure, establishing a central data center, connectivity of different building through fiber, are also the major components of the revamping project in terms of ICT. This will including provision of networking point at all nursing stations and important areas where entries 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.





Financial Implications of New Management Structure

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 83rd 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:

Project Pay Scale (PPS)	Revised Project Pay Scales (Permissible Range) (PKR)	Annual Increment Up to % age
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 83rd 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	105,000	1,260,000
HUMAN RESOURCE OFFICER	1	80,000	960,000	105,000	1,260,000
IT/STATISTICAL OFFICER	1	80,000	960,000	105,000	1,260,000
FINANCE & BUDGET OFFICER	1	80,000	960,000	105,000	1,260,000
AUDIT OFFICER	1	80,000	960,000	105,000	1,260,000
PROCUREMENT OFFICER	1	80,000	960,000	105,000	1,260,000
LOGISTICS OFFICER	1	80,000	960,000	105,000	1,260,000
BIOMEDICAL ENGINEER	1	80,000	960,000	105,000	1,260,000
QUALITY ASSURANCE OFFICER	1	80,000	960,000	105,000	1,260,000
DATA ENTRY OPERAOTOR (DEO)	4	35,000	1,680,000	44,000	2,112,000

ASSISTANT ADMIN OFFICER	4	50,000	2,400,000	70,000	3,360,000
	17	**805,000**	**12,720,000**	**1,059,000**	**16,812,000**

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

Eigibility Criteria

1. Minimum qualification Masters' degree in H R / 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

Eigibility 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 / sub-ordinate 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

Eigibility 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

Eigibility 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

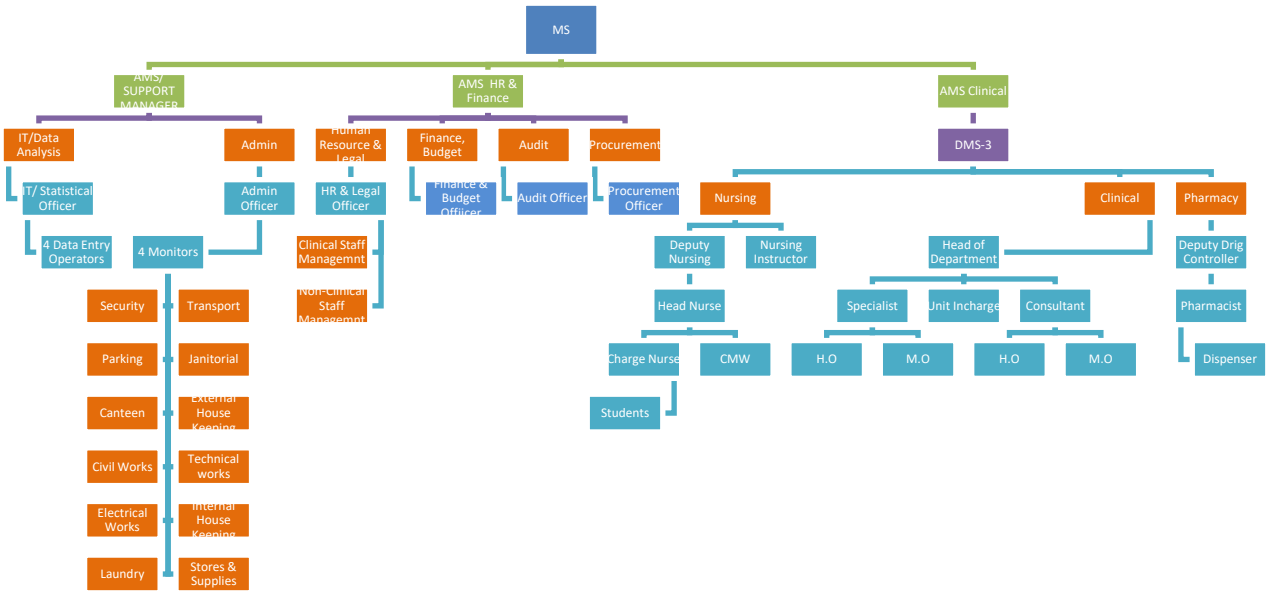
1. M.Sc. Supply Chain Management/ MBA or Equivalent.
2. One year experience in Supply Chain, logistics, fleet, warehousing and inventory management, clearing and forwarding.

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	105,000	1,260,000
HUMAN RESOURCE OFFICER	1	105,000	1,260,000
IT/STATISTICAL OFFICER	1	105,000	1,260,000
FINANCE & BUDGET OFFICER	1	105,000	1,260,000
AUDIT OFFICER	1	105,000	1,260,000
PROCUREMENT OFFICER	1	105,000	1,260,000
LOGISTICS OFFICER	1	105,000	1,260,000
BIOMEDICAL ENGINEER	1	105,000	1,260,000
QUALITY ASSURANCE OFFICER	1	105,000	1,260,000
DATA ENTRY OPERATOR (DEO)	4	44,000	2,112,000
ASSISTANT ADMIN OFFICER	4	70,000	3,360,000
	17	**1,059,000**	**16,812,000**

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 <u>O.P.D:</u>

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 <u>DEATH OR END OF LIFE MANAGEMENT</u>.

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 District Rajanpur is more than 1.780 million. The area of the DHQ Hospital Rajanpur is 496322 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 decreased from Rs. 49.999 million to Rs. 37.150 million due to few changes in the scope and MRS rates (2nd 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 60th PDWP meeting as under: -

Name of Posts	**60th 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 83rd 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

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 Sectors, Health Department

7. CAPITAL COST ESTIMATES

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

Grant Number: Development - (PC22036)
LO NO:LO21010543
A/C To be Credited: Assan Assignment

PKR Million

Sr #	Object Code	2021-2022		2022-2023		2023-2024		2024-2025	
		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
2	**A12403**-Other Buildings	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**

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

Grant Number: Government Buildings - (PC12042)
LO NO:LO22010090
A/C To be Credited: Account-I

PKR Million

Sr #	Object Code	2021-2022		2022-2023		2023-2024		2024-2025	
		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
2	**A05270**-To Others	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**

1. **Building**: Renovation of existing building will be required. In this regard an estimates has been prepared from the Punjab Buildings department (C&W Department) and attached with the PC-I.

2. **Human resource:** Human resource is required for implementation of project – Provision of salaries of staff of New Management Structure (NMS) working in the said hospital till the vacation of stay by the honorable Lahore High Court, Lahore and completion of conversion of these posts to non-development mode.

Abstract of Cost

Name of DHQ Hospital	Rajanpur					
Scope of work	Orignal			1st Revised		
	Capital	Revenue	Total	Capital	Revenue	Total
Capital component						
Internal Development	43.669	0.000	43.669	32.316	0.000	32.316
External Development	6.330	0.000	6.330	4.834	0.000	4.834
Water filtration plant	0.000	0.000	0.000	0.000	0.000	0.000
Total Capital Component	**49.999**	**0.000**	**49.999**	**37.150**	**0.000**	**37.150**
Revenue component						
Human resource (HR) plan	0.000	25.440	25.440	0.000	54.139	54.139
Total Revenue component	**0.000**	**25.440**	**25.440**	**0.000**	**54.139**	**54.139**
Total	**49.999**	**25.440**	**75.439**	**37.150**	**54.139**	**91.289**
Grand Total	**49.999**	**25.440**	**75.439**	**37.150**	**54.139**	**91.289**

Human Resource Model of DHQ Hospital

	Original				1st Revised				
NAME OF POST	**No. of Emplyees**	**Per Month Salary**	**Per Month Salary for all Person**	**Salary for Two Years**	**No. of Emplyees**	**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
AUDIT 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)	4	35,000	140,000	3,360,000	4	3	44,000	176,000	5,456,000
QUALITY ASSURANCE OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
BIO MEDICAL ENGINEER	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	4	50,000	200,000	4,800,000	4	5	70,000	280,000	8,680,000
Sub Total of HR Model	**17**		**1,060,000**	**25,440,000**			**1,059,000**	**1,401,000**	**43,431,000**
				25.440					**43.431**
Utilization of HR Component				**10.708**					
									54.139

OFFICE OF THE SUPERINTENDING ENGINEER
BUILDINGS CIRCLE D.G.KHAN
Ph: 064-9260272-73 Fax 064-9260662
email: pbcdgkhan@gmail.com

To

The Director,
Infrastructure Project Management Unit
Primary & Secondary Healthcare Department
31-E/1 Shahrah-E-Imam Hussain
Gulberg -III Lahore.

No. 1025 /DB, Dated: 07-11-/2022.

Subject: **ROUGH COST ESTIMATE FOR THE WORK "BALANCE WORK OF REVAMPING OF HEALTH FACILITY OF DISTRICT HEAD QUARTER HOSPITAL RAJANPUR DISTRICT RAJANPUR**

Kindly find enclosed herewith the Rough Cost Estimate for the work amounting to **Rs.~~35.570(M)~~ 37.150(M)** prepared on the basis of MRS 2nd Bi Annual 2022 (Period from 1st July 2022 to 31st December 2022), for arranging Administrative Approval and allotment of funds from the Competent Authority.

D.A/Estimate.

Superintending Engineer
Buildings Circle
Dera Ghazi Khan

CC:

1. The Executive Engineer, Buildings Division Rajanpur.
2. The Chief Executive Officer District Health Authority Rajanpur.

RECEIVED & ENTERED
Diary No: 6191
Date: 10-11-2022
PM/PO I&C: PMU, P&SHD

Deputy PD	
Finance & Admin	
Procurement	
Outsourcing	
Infrastructure	
Planning & HR	
Operations	
Legal	
I & C	
BERC	

MARKING
SIGNATURES

GOVERNMENT OF THE PUNJAB

حکومت پنجاب

BUILDINGS CIRCLE DERA GHAZI KHAN

BUILDINGS DIVISION RAJAN PUR

ROUGH COST ESTIMATE FOR THE WORK "BALANCE WORK OF REVAMPING OF DHQ HOSPITAL, RAJANPUR".

MRS BI-ANNUAL PERIOD
(1ST JULY 2022 TO 31ST DECEMBER 2022)

ESTIMATED COST = ~~35.570~~ 37.150 (M)

BUILDINGS SUB DIVISION RAJANPUR

(2)

PROVINCE: -	PUNJAB
CIRCLE:	BUILDINGS CIRCLE DERA GHAZI KHAN
DIVISION:	BUILDINGS DIVISION RAJANPUR
SUB DIVISION:	BUILDINGS SUB DIVISION RAJANPUR
NAME OF WORK:	ROUGH COST ESTIMATE FOR THE WORK "BALANCE WORK OF REVAMPING OF DHQ HOSPITAL, RAJANPUR".
MAJOR HEAD:	
MINOR HEAD:	
ESTIMATED COST:	37.150 Rs: ~~35.570 (M)~~

ROUGH COST ESTIMATE FRAMED IN THE OFFICE OF THE EXECUTIVE ENGINEER BUILDINGS DIVISION RAJAN PUR FOR THE WORK "BALANCE WORK OF REVAMPING OF DHQ HOSPITAL, RAJANPUR".

HISTORY:-

The Project Manager (Civil), PMU P&S, Healthcare Department Punjab Lahore has requested to the undersigned for preparation of rough cost estimate of the said scheme and provided scope of work through whatsapp mobile number of the undersigned.

On the basis of unsigned scope of work the Rough Cost Estimate for above cited scheme amounting to **Rs. 35.570 (M)** has been prepared on the basis of Plinth Area Rates / MRS Rates for the Period 2nd Bi-Annual (1st July 2022 to 31st December 2022) for arranging administrative approval from the competent authority.

SCOPE OF WORK:-

1. Revamping of DHQ Hospital 1-Job
2. Provision / Installation of Electrical Equipment. 1-Job
3. External Development (Sewerage System) 1-Job

EXECUTION:-

The work will be got executed in accordance with the Provincial Buildings Department specifications and to the entire satisfaction of the Engineer Incharge, after observing all codal formalities etc.

SPECIFICATION / CARRYING OUT OF WORK:-

The work will be carried out according to building Department specifications with latest edition through the approved contractors of P.W.D after calling tenders on competitive grounds.

RATE:-

The rates of this estimate are based on **Plinth Area Rate / MRS 2nd Bi-Annual Period (1st July 2022 to 31st Decembers 2022) for District Rajanpur.**

LAND:

No provision for acquisition of land has been made in the estimate as the same is already available with the client department.

COST:-

The total cost of the scheme comes to **Rs. 35.570 (M)**

TIME:

It will take about **24 Months** to complete the work from the date of actual commencement of the work if full funds to be provided.

Sub Divisional Officer,
Buildings Sub Division,
Rajanpur

Executive Engineer,
Buildings Division,
Rajanpur

Field Visit Plan of South Zone Hospitals - Revamping of Secondary and Tertiary Healthcare Hospitals

S. No	Name	District	Category	Dept	Zone	Visit Date
	Mr Tariq Mahmood (Project Director, PMU) 0321-6482753 Mr Farhan Waheed (Director Infrastructure, PMU) 0331-4427972 **Mr. Hamza Naseem (Focal Person for South Zone)** **0300-9491582**					
1	Balance work of Revamping of THQ Hospital Shujabad	Multan	Hospital	P&SHD	South	Visit Date 27-6-22 to 28-6-22
2	Revamping of Government Civil Hospital Multan	Multan	Hospital	P&SHD	South	Visit Date 27-6-22 to 28-6-22
3	Revamping of THQ Hospital, Jalalpur Pirwala District Multan	Multan	Hospital	P&SHD	South	Visit Date 27-6-22 to 28-6-22
4	Nishtar Hospital Multan - Emergency and OPD	Multan	Hospital	SH&ME	South	Visit Date 27-6-22 to 28-6-22
5	Children Hospital Multan	Multan	Hospital	SH&ME	South	Visit Date 27-6-22 to 28-6-22
6	college of Allied Health sciences,Nishtar Medical University, Multan	Multan	Paramedical School	SH&ME	South	Visit Date 27-6-22 to 28-6-22
7	The childern Hospital&The institute of child Health,Multan	Multan	Paramedical School	SH&ME	South	Visit Date 27-6-22 to 28-6-22
8	College of Nursing, NMU / Nishtar Hospital, Multan	Multan	Nursing School	SH&ME	South	Visit Date 27-6-22 to 28-6-22
9	Multan Nursing Hostel	Multan	Nursing Hostel	SH&ME	South	Visit Date 27-6-22 to 28-6-22
10	DG Khan Teaching Hospital	Dera Ghazi Khan	Hospital	SH&ME	South	Visit Date 29-06-22
11	School of Allied Health sciences,D.G Khan	Dera Ghazi Khan	Paramedical School	SH&ME	South	Visit Date 29-06-22
12	College of Nursing, DGMC, Dera Ghazi Khan	Dera Ghazi Khan	Nursing School	SH&ME	South	Visit Date 29-06-22
13	DG Khan Nursing School	Dera Ghazi Khan	Nursing Hostel	SH&ME	South	Visit Date 29-06-22
14	Revamping of THQ Hospital, Fort Munro District Dera Ghazi Khan	Dera Ghazi Khan	Hospital	P&SHD	South	Visit Date 29-06-22
15	Balance work of Revamping of DHQ Hospital Rajanpur	Rajanpur	Hospital	P&SHD	South	Visit Date 30-06-22
16	Revamping of THQ Hospital, Rojhan District Rajanpur	Rajanpur	Hospital	P&SHD	South	Visit Date 30-06-22
17	Revamping of THQ Hospital, Jampur District Rajanpur	Rajanpur	Hospital	P&SHD	South	Visit Date 30-06-22
18	CON, DHQ Hospital, Rajanpur	Rajanpur	Nursing School	SH&ME	South	Visit Date 30-06-22
19	Rajanpur Nursing Hostel	Rajanpur	Nursing Hostel	SH&ME	South	Visit Date 30-06-22
20	Revamping of THQ Hospital, Chowk Azam District Layyah	Layyah	Hospital	P&SHD	South	Visit Date 01-07-22
21	Revamping of THQ Hospital, Kot Sultan District Layyah	Layyah	Hospital	P&SHD	South	Visit Date 01-07-22
22	Govt. paramadical school, Layyah	Layyah	Paramedical School	SH&ME	South	Visit Date 01-07-22
23	CON, DHQ Hospital, Layyah	Layyah	Nursing School	SH&ME	South	Visit Date 01-07-22
24	Layyah Nursing Hostel	Layyah	Nursing Hostel	SH&ME	South	Visit Date 01-07-22

S. No	Name	District	Category	Dept	Zone	Visit Date
25	Balance work of Revamping of THQ Hospital Ahmedpur East	Bahawalpur	Hospital	P&SHD	South	Visit Date 05-7-22 to 06-7-22
26	Revamping of THQ Hospital, Hasilpur District Bahawalpur	Bahawalpur	Hospital	P&SHD	South	Visit Date 05-7-22 to 06-7-22
27	Revamping of THQ Hospital, Yazman District Bahawalpur	Bahawalpur	Hospital	P&SHD	South	Visit Date 05-7-22 to 06-7-22
28	Bahwalpur Victoria Hospital - Old Blocks ✓	Bahawalpur	Hospital	SH&ME	South	Visit Date 05-7-22 to 06-7-22
29	Govt. paramadical school, bahawalpur	Bahawalpur	Paramedical School	SH&ME	South	Visit Date 05-7-22 to 06-7-22
30	College of Nursing, QAMC / Bahawal Victoria Hospital, Bahawalpur	Bahawalpur	Nursing School	SH&ME	South	Visit Date 05-7-22 to 06-7-22
31	Bahawalpur Nursing Hostel	Bahawalpur	Nursing Hostel	SH&ME	South	Visit Date 05-7-22 to 06-7-22
32	Revamping of THQ Hospital, Liaquatpur District Rahim Yar Khan	Rahim Yar Khan	Hospital	P&SHD	South	Visit Date 07-7-22 to 08-07-22
33	DHQ Rahim Yar Khan	Rahim Yar Khan	Hospital	SH&ME	South	Visit Date 07-7-22 to 08-07-22
34	College of Nursing, SZMC / Sheikh Zayed Hospital, Rahim Yar Khan	Rahim Yar Khan	Nursing School	SH&ME	South	Visit Date 07-7-22 to 08-07-22
35	Rahim Yar Khan Nursing Hostel	Rahim Yar Khan	Nursing Hostel	SH&ME	South	Visit Date 07-7-22 to 08-07-22
36	Balance work of Revamping of DHQ Hospital Bahawalnagar	Bahawalnagar	Hospital	P&SHD	South	Visit Date 12-7-22 to 13-7-22
37	Balance work of Revamping of THQ Hospital Chishtian	Bahawalnagar	Hospital	P&SHD	South	Visit Date 12-7-22 to 13-7-22
38	Revamping of THQ Hospital, Fort Abbas District Bahawalnagar	Bahawalnagar	Hospital	P&SHD	South	Visit Date 12-7-22 to 13-7-22
39	Revamping of THQ Hospital, Minchinabad District Bahawalnagar	Bahawalnagar	Hospital	P&SHD	South	Visit Date 12-7-22 to 13-7-22
40	CON, DHQ Hospital, Bahawalnagar	Bahawalnagar	Nursing School	SH&ME	South	Visit Date 12-7-22 to 13-7-22
41	Bahawalnagar Nursing Hostel	Bahawalnagar	Nursing Hostel	SH&ME	South	Visit Date 12-7-22 to 13-7-22
42	Balance work of Revamping of DHQ Hospital Khanewal	Khanewal	Hospital	P&SHD	South	Visit Date 14-7-22
43	Balance work of Revamping of THQ Hospital Mian Channu	Khanewal	Hospital	P&SHD	South	Visit Date 14-7-22
44	Revamping of THQ Hospital, Jahanian District Khanewal	Khanewal	Hospital	P&SHD	South	Visit Date 14-7-22
45	Revamping of THQ Hospital, Kabirwala District Khanewal	Khanewal	Hospital	P&SHD	South	Visit Date 14-7-22
46	CON, DHQ Hospital, Khanewal	Khanewal	Nursing School	SH&ME	South	Visit Date 14-7-22
47	Khanewal Nursing Hostel	Khanewal	Nursing Hostel	SH&ME	South	Visit Date 14-7-22
48	Revamping of THQ Hospital, Kehror Pacca District Lodharan	Lodharan	Hospital	P&SHD	South	Visit Date 15-7-22
49	Revamping of THQ Hospital, Dunyapur District Lodhran	Lodharan	Hospital	P&SHD	South	Visit Date 15-7-22
50	CON, DHQ Hospital, Lodhran	Lodharan	Nursing School	SH&ME	South	Visit Date 15-7-22
51	Lodhran Nursing Hostel	Lodharan	Nursing Hostel	SH&ME	South	Visit Date 15-7-22
52	Balance work of Revamping of DHQ Hospital Muzafargarh	Muzafargarh	Hospital	P&SHD	South	Visit Date 18-7-22

Sr No	Name	District	Category	Dept	Zone	Visit Date
53	Balance work of Revamping of THQ Hospital Kot Addu	Muzafargarh	Hospital	P&SHD	South	Visit Date 18-7-22
54	Revamping of THQ Hospital, Alipur District Muzaffargarh	Muzafargarh	Hospital	P&SHD	South	Visit Date 18-7-22
55	College of Nursing, Muzaffargarh	Muzafargarh	Nursing School	SH&ME	South	Visit Date 18-7-22
56	Muzaffargarh Nursing Hostel	Muzafargarh	Nursing Hostel	SH&ME	South	Visit Date 18-7-22
57	Balance work of Revamping of DHQ Hospital Vehari	Vehari	Hospital	P&SHD	South	Visit Date 19-7-22
58	CON, DHQ Hospital, Vehari	Vehari	Nursing School	SH&ME	South	Visit Date 19-7-22
59	Vehari Nursing Hostel	Vehari	Nursing Hostel	SH&ME	South	Visit Date 19-7-22

(7

SCOPE OF WORK FOR REVAMPING OF HEALTH FACILITY DHQ HOSPITAL RAJANPUR DISTRICT RAJANPUR

Sr No	Item	Ultrasound Room (Not Revamped by IDAP)	Gyane and Labour Block Ground Floor (Not Revamped by IDAP)
1	Porcelain Floor Tile replacement	All floor tiles full body porcelain needs to be fixed in entire Ultrasound Block only which was not revamped by IDAP. Note Only in rooms/offices indicated during site visit where at present Terrazo flooring exists full body porcelain tiles need to be fixed. Note Floor tiles matching with tiles fixed by IDAP should be used.	All floor tiles full body porcelain needs to be fixed in entire Gyane and Labour Block which was not revamped by IDAP. Note Only in rooms/offices indicated during site visit where at present Terrazo flooring exists full body porcelain tiles need to be fixed. Note Floor tiles matching with tiles fixed by IDAP should be used.
2	Porcelain Wall Tile replacement	All wall/dado tiles full body porcelain needs to be fixed in entire Ultrasound Block which was not revamped by IDAP. Note Only in rooms indicated during site visit where at present Terrazo flooring exists full body porcelain skirting tiles need to be fixed. Note Wall/dado must be upto 6 ft. in corridor and inside wards. Skirting level must be 6" inside rooms/offices. Note Floor tiles matching with tiles fixed by IDAP should be used.	All wall/dado tiles full body porcelain need to be fixed in entre Gyane and Labour Room Block which was not revamped by IDAP. Note Only in rooms indicated during site visit where at present Terrazo flooring exists full body porcelain skirting tiles need to be fixed. Note Wall/dado must be upto 6 ft. in corridor and inside wards. Skirting level must be 6" inside rooms/offices. Note Floor tiles matching with tiles fixed by IDAP should be used.
3	Wooden Doors flush or Solid/ Main Doors and Aluminum Doors	Only damaged doors in Ultrasound Block which was not revamped by IDAP needs to be replaced with new wooden doors. All Entrance doors of Ultrasound Block needs to be replaced with Aluminum doors half Solid and Half glass doors.	Most of the doors are damaged and needs to be replaced by new wooden doors. Remaining doors in good condition will only be repainted properly after scrapping the old paint.
4	Verandah opening (opening to open area)/ MS Windows on Façade	All MS Angle windows need to be retained and should have a new mesh fixed on it from outer side and repainting the MS Angle.	All MS Angle windows need to be retained and should have a new mesh fixed on it from outer side and repainting the MS Angle.
5	Existing Internal Windows	All Existing MS internal windows need to be replaced with Aluminium Windows. MS Windows at façade and inside rooms/offices in Ultrasound block other than Aluminum windows need to be replaced with Aluminum windows.	All Existing MS internal windows in Gyane and Labour Room needs to be replaced with Aluminum Windows. All windows other than Aluminum inside Gyane and Labour Room needs to be replaced with Aluminum.
6	Internal Electric fittings	All Electric fittings including switch boards, plates, sockets, wires, DBs & bracket fans should be replaced and installed at standard height from Finish Floor level and all must be identical. All old switch fittings & DBs if requires need to be changed.	All Electric fittings including switch boards, plates, sockets, wires, DBs & bracket fans should be replaced and installed at standard height from Finish Floor level and all must be identical. All old switch fittings & DBs if requires need to be changed.
7	Internal Lighting Fixtures	All corridors and rooms should fit with SMD's with concealed wiring.	All corridors and rooms should fit with SMD's with concealed wiring at 8 ft distance. All old switch fittings & DBs if requires need to be changed.
8	Revamping of Public Toilets	All Patient/Attendant washrooms in Ultrasound Block needs to be revamped completely by fixing full body porcelain tiles on floor and full body porcelain tiles on wall up to a minimum height of 7 ft. All existing fixtures should be replaced with new fixtures along with new water supply (where damaged) and sewerage connections (where damaged). Entrance doors of all washrooms need to be replaced with UPVC doors. Common vanities to be made. Exhaust fans 24" two or three as per requirement with Aluminum ventilators need to be fixed.	All Patient/Attendant washrooms in Gyane and Labour Room which was not revamped by IDAP needs to be revamped completely by fixing full body porcelain tiles on floor and full body porcelain tiles on wall up to a minimum height of 7 ft. All existing fixtures should be replaced with new fixtures along with new water supply (where damaged) and sewerage connections (where damaged). Entrance doors of all washrooms need to be replaced with UPVC doors. Common vanities to be made. Exhaust fans 24" two or three as per requirement with Aluminum ventilators need to be fixed.
9	Wall Paint	Surface of walls of Ultrasound Block should be prepared after plastering in patches (where required only) and wall Putty prior to paint works.	Surface of walls of entire Gyane and Labour Room should be prepared after plastering in patches (where required only) and wall Putty prior to paint works.
10	Roof Treatment	Required as per C&W standards.	Required as per C&W standards
11	Nursing Counter (Ward)	Not required.	Nursing counter will be provided upto 2.5' height with granite/ marble on top as per C&W standards.
12	Stairs - Marble and Railing	On steps of stairs leading to first floor marble needs to be fixed along with skirting and railing.	Not Required.
13	Entrance	On all Entrances on Podium and steps Marble/Granite needs to be fixed.	On all Entrances Podium and steps Marble/Granite needs to be fixed.

14	Ramps - Tile and Railing	Ramp at Entrance of OPD needs to have Antiskid tiles fixed on it with SS railing.	Antiskid tiles need to be fixed on ramp at entrance with SS Railing fixed on it.
15	Façade Uplifting	Façade needs to be uplifted and seepage issues need to be treated after using appropriate sealers as per C&W standards.	Façade needs to be uplifted and seepage issues need to be treated after using appropriate sealers as per C&W standards.
16	Lead linning Walls (X-Ray)	Not required.	Not Required.
17	Antimicrobial Treatment (OTs)	Not required.	Not Required.
18	External Weather Shield	External weather shield of grey and white pattern of first class quality needs to be done on the front Elevation missing portion only matching as per IDAP revamped area.	External weather shield of grey and white pattern of first class quality needs to be done on the front Elevation only.
19	Edge Protection	SS Edge Protection needs to be fixed on all corners up to height of Wall/Dado tiles.	SS Edge Protection needs to be fixed on all corners up to height of 5 ft. till the height of Wall/Dado tiles.
20	Columns SS Cladding	SS Cladding required to be done on Columns at entrance.	SS Cladding required to be done on Columns at entrance.
21	Plumbing Works	Damaged Water supply & sewerage pipes causing seepage to be repaired & rectified.	Damaged Water supply & sewerage pipes causing seepage to be repaired & rectified.
22	Fire Alarm System	Required.	Required.
23	Expansion Joint of Building	Treat expansion joint of building properly & cover it with SS plate and water bearer inside as per C&W standards. Expansion joints on roof top to have double wall covered with pre cast slabs and sealing gaps between slabs properly.	Treat expansion joint of building properly & cover it with SS plate and water bearer inside as per C&W standards. Expansion joints on roof top to have double wall covered with pre cast slabs and sealing gaps between slabs properly.
24	Specific Points	1) X-Ray Room and gallery including main crush hall of X-Ray block not revamped by IDAP needs to be revamped completely by fixing floor tiles and wall/dado tiles up to height of 8 ft or matching with height of wall/dado as per wall/dado fixed by IDAP. 2) Interior Paint and Exterior weather shield to be done in entire Hospital. 3) Roof Treatment of Entire Hospital needs to be done. 4) All washrooms revamped by IDAP and still causing seepage needs to be rectified and repaired only no need to revamp such washrooms completely. 5) False Ceiling done by IDAP is falling from certain points/areas it need to be repaired and rectified. 6) Floor and wall/dado tiles fixed by IDAP are breaking in certain areas. Such tiles need to be repaired and rectified.	
25	Electrification	All external main cables of hospital which are hanging in Air should be concealed in all respects. Similarly, few existing DB's need to replace as per site condition along with proper earthing of complete hospital.	

ROUGH COST ESTIMATE FOR THE WORK "BALANCE WORK OF REVAMPING OF DHQ HOSPITAL, RAJANPUR".

S. NO	Description	C.Area	Rate B.P.	Rate E.I.	Rate P.H.	Total	Estimated Cost	Remarks
1	Revamping of DHQ Hospital	1 Job				Rs. ~~25190000~~ /- P.Job	Rs. 26996700 ~~25190000~~ /-	Detail Attached
2	Provision/Installation of Electrical Equipment.	1 Job				Rs. 5320000 /- P.Job	Rs. 5320000 /-	--do--
3	EXTERNAL DEVELOPMENT (Sewerage System)	1 Job				Rs. 1159700 /- P.Job	Rs. 1159700 /-	--do--
						Total.	Rs. 33,476,378 ~~31669700~~ /-	
						Add 5% PRT.	Rs. 1,673,819 ~~1583485~~ /-	
						Add 1% Tree Plantation / Horticulture.	Rs. 0 ~~316697~~ /-	
						Add WAPDA Connection Charges.	Rs. 2000000 /-	
						Total.	Rs. 37,150,197 ~~35569882~~ /-	
						Say.	Rs. 37,150,200 ~~35570000~~ /-	
						Or In Million.	Rs. 37.150 (M) ~~35.570~~ (M)	

Sub Engineer

Sub Divisional Officer,
Buildings Sub Division,
Rajanpur

Executive Engineer,
Buildings Division,
Rajanpur

Superintending Engineer,
Buildings Circle,
Dera Ghazi Khan.

DETAILED ESTIMATE FOR THE WORK "BALANCE WORK OF REVAMPING OF DHQ HOSPITAL, RAJANPUR".

1 Removing cement or lime plaster.

		2	x(	17	+ 14)x	0.5	=	31 Sft
		2	x(	48	+ 7.25)x	6	=	111 Sft
		2	x(	25	+ 21)x	6	=	552 Sft
	6 x	2	x(	18	+ 12)x	0.5	=	180 Sft
	3 x	2	x(	18	+ 20.5)x	6	=	1386 Sft
		2	x(	77.75	+ 7.25)x	6	=	1020 Sft
		2	x(	20	+ 20)x	6	=	480 Sft
		2	x(	18	+ 7.25)x	6	=	303 Sft
		2	x(	32.75	+ 32.75)x	6	=	786 Sft
		2	x(	16.33	+ 16)x	6	=	388 Sft
		2	x(	16.33	+ 16)x	6	=	388 Sft
Bath	4 x	2	x(	4.75	+ 6)x	7	=	602 Sft
	4 x	2	x(	4.25	+ 6)x	7	=	574 Sft
	4 x	6	x(	4.58	+ 3)x	7	=	1273 Sft
	2 x	2	x(	26.91	+ 20)x	0.5	=	94 Sft
					Total		=	8168 Sft

d/d	4	x	3.5	x 6	=	84 Sft
	4	x	5	x 6	=	120 Sft
	3	x	4.5	x 6	=	81 Sft
	8	x	7.25	x 6	=	348 Sft
	8	x	3.5	x 6	=	168 Sft
	1	x	7.25	x 6	=	44 Sft
	3	x	9	x 6	=	162 Sft
	1	x	16	x 6	=	96 Sft
	24	x	2	x 7	=	336 Sft
	4	x	3	x 7	=	84 Sft
	4	x	2.5	x 7	=	70 Sft
						1593 Sft
				Net Total	=	6575 Sft
				@ 423.30	% Sft	27830

2 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.
a) Full body Glazed tiles (ii) 600mmx 600 mm.

Altra Sound Room		1	x	17	x 14	=	238 Sft
Corridore Altra		1	x	48	x 7.25	=	348 Sft
Waitting Area		1	x	25	x 21	=	525 Sft
Altra Sound Office		6	x	18	x 12	=	1296 Sft
Waitting Area Altra		3	x	18	x 20.5	=	1107 Sft
Admin Block Corridore		1	x	77.75	x 7.25	=	564 Sft
Male Medical Ward		1	x	20	x 20	=	400 Sft
Male Medical Corridore		1	x	18	x 7.25	=	131 Sft
Admin Block Hall		1	x	32.75	x 32.75	=	1073 Sft
Gaemny Block		1	x	16.33	x 16	=	261 Sft
		1	x	16.33	x 16	=	261 Sft
		1	x	31.83	x 2.66	=	85 Sft
		4	x	4.75	x 6	=	114 Sft
Public Bath		4	x	11.25	x 6	=	270 Sft
	4 x	3	x	4.58	x 3	=	165 Sft
Health card + Labourty	1 x	2	x	26.91	x 20	=	1076 Sft
					Total	=	7914 Sft
					@ 340.50	P.Sft	2694812

3 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. a) Full body Glazed Tile (ii) 600mm x600 mm.

Take same quantity item No.1

		=	6575 Sft
@	340.50	P.Sft	2238617

5 Distempering:- two coats on old suface.

Room	3	x	15.66	x 16.91	=	794 Sft
	4	x	7.83	x 5.5	=	172 Sft
	4	x	7.83	x 4	=	125 Sft

	1	x	7	x	7.83 =	55 Sft
	2	x	15.66	x	15.5 =	485 Sft
	2	x	15.66	x	11.5 =	360 Sft
Waitting Hall	1	x	23.66	x	27 =	639 Sft
	1	x	24.16	x	16.5 =	399 Sft
	1	x	16.5	x	15.66 =	258 Sft
	1	x	15.66	x	17.16 =	269 Sft
	1	x	7.16	x	3.83 =	27 Sft
	1	x	7.16	x	5.416 =	39 Sft
	1	x	7.16	x	4.91 =	35 Sft
Room	1	x	11.91	x	10.86 =	129 Sft
	2	x	11.5	x	11.5 =	265 Sft
	2	x	11.5	x	15.75 =	362 Sft
	1	x	20	x	15.75 =	315 Sft
	1	x	15.66	x	15.75 =	247 Sft
Toilte	2	x	7.25	x	7.5 =	109 Sft
Liboutry	1	x	31	x	15.75 =	488 Sft
	1	x	15.66	x	15.75 =	247 Sft
	1	x	11.5	x	15 =	173 Sft
	1	x	15.5	x	15.75 =	244 Sft
Waiting Hall	1	x	32.75	x	32.75 =	1073 Sft
Dispensary	3	x	15.66	x	24.33 =	1143 Sft
X-Ray	1	x	11.5	x	24.33 =	280 Sft
Dark Room	2	x	11.5	x	12.16 =	280 Sft
	1	x	15.75	x	15.66 =	247 Sft
	1	x	15.66	x	16 =	251 Sft
Toilte	1	x	6.58	x	11.75 =	77 Sft
	2	x	7.25	x	7.25 =	105 Sft
Account Office	1	x	10	x	16 =	160 Sft
Establishment Room	1	x	17.33	x	16 =	277 Sft
	1	x	2.16	x	16 =	35 Sft
	3	x	11.5	x	16 =	552 Sft
	2	x	7.25	x	10.5 =	152 Sft
	1	x	15.66	x	16 =	251 Sft
	1	x	20.5	x	18 =	369 Sft
Altra Sound Block	2	x	12	x	17.91 =	430 Sft
	3	x	15	x	8 =	360 Sft
	1	x	15.16	x	18.16 =	275 Sft
	1	x	18.16	x	24 =	436 Sft
	2	x	26.91	x	20 =	1076 Sft
Diylicis Block	1	x	21	x	20 =	420 Sft
	2	x	9.58	x	6 =	115 Sft
	1	x	14.33	x	20 =	287 Sft
	1	x	10	x	13.75 =	138 Sft
Waitting Hall	1	x	26	x	28 =	728 Sft
Diylicis Center	1	x	34.83	x	24.16 =	841 Sft
	2	x	9.75	x	11.66 =	227 Sft
	2	x	11.58	x	11.91 =	276 Sft
Waitting Hall	1	x	28.16	x	28.91 =	814 Sft
Gyini Ward	2	x	20	x	21 =	840 Sft
	3	x	11.5	x	21 =	725 Sft
Store	1	x	20.5	x	21.66 =	444 Sft
	2	x	10.5	x	7.66 =	161 Sft
	5	x	10	x	21 =	1050 Sft
Female Medical Ward	2	x	20	x	21 =	840 Sft
	1	x	11.5	x	21 =	242 Sft
	4	x	11.5	x	11.5 =	529 Sft
Female + Male Medical Ward	4	x	41.25	x	20 =	3300 Sft
Store	2	x	15.75	x	11.75 =	370 Sft
NS	2	x	11.416	x	7.16 =	163 Sft
Waitting Area	1	x	22.33	x	16.66 =	372 Sft
Doctor Duty Room	2	x	15.75	x	11.75 =	370 Sft
Store	2	x	11.416	x	7.16 =	163 Sft
Waitting Area	1	x	15	x	22.416 =	336 Sft
	1	x	12.25	x	7.25 =	89 Sft
	6	x	10	x	21 =	1260 Sft
Store	1	x	10.25	x	21.66 =	222 Sft
	2	x	3.25	x	10.25 =	67 Sft
	1	x	20.5	x	21.66 =	444 Sft
Nursing Room	4	x	20	x	21.66 =	1733 Sft
Toilte	2	x	11.5	x	21.66 =	498 Sft
Gernal OT	1	x	15.38	x	24 =	369 Sft
Washer	2	x	7.33	x	15.58 =	228 Sft
Cundam Store	1	x	12	x	15.416 =	185 Sft
Changing Room	1	x	12	x	7.33 =	88 Sft
Waitting Area	1	x	16.16	x	12 =	194 Sft
Store	2	x	15.5	x	8.83 =	274 Sft
Recovery Room	1	x	16.25	x	10.33 =	168 Sft
Doctor Room	1	x	8	x	11.16 =	89 Sft
Changing Room						

Staff Room	2	x	7.16	x	12	=	172 Sft
Store	1	x	4.25	x	7.33	=	31 Sft
Corridor	1	x	80	x	7.25	=	580 Sft
	1	x	48.66	x	8	=	389 Sft
	2	x	108.25	x	7.25	=	1570 Sft
	1	x	102	x	7.25	=	740 Sft
	1	x	123.5	x	7.25	=	895 Sft
	1	x	189.75	x	7.25	=	1376 Sft
	1	x	108.25	x	7.25	=	785 Sft
	1	x	50	x	7.25	=	363 Sft
	1	x	29	x	6.5	=	189 Sft
	1	x	32	x	8	=	256 Sft
	1	x	45	x	6.5	=	293 Sft
	1	x	129	x	7.25	=	935 Sft
	1	x	103.5	x	7.25	=	750 Sft
	1	x	74.58	x	7.25	=	541 Sft
	1	x	61.75	x	7.25	=	448 Sft
	1	x	69.66	x	7.25	=	505 Sft
	1	x	81.91	x	7.25	=	594 Sft
	1	x	33.33	x	7.25	=	242 Sft
	1	x	17.16	x	7.25	=	124 Sft
Gynee Block	1	x	23.25	x	23.25	=	541 Sft
	2	x	16.25	x	11.25	=	366 Sft
	2	x	5.83	x	6.91	=	81 Sft
	2	x	4.91	x	6.91	=	68 Sft
	1	x	15	x	23.75	=	356 Sft
	1	x	11.33	x	10.16	=	115 Sft
Ramp	1	x	15.75	x	6.5	=	102 Sft
	1	x	32	x	7	=	224 Sft
	1	x	19.75	x	10.33	=	204 Sft
	1	x	16	x	16	=	256 Sft
	1	x	15	x	14.58	=	219 Sft
	1	x	6	x	9.416	=	56 Sft
	1	x	8	x	9.416	=	75 Sft
	1	x	31	x	18	=	558 Sft
	1	x	19.5	x	19.33	=	377 Sft
	1	x	7.83	x	9.5	=	74 Sft
	1	x	16	x	18	=	288 Sft
	1	x	18	x	18	=	324 Sft
	1	x	9	x	8	=	72 Sft
	1	x	8	x	8	=	64 Sft
	1	x	15	x	15	=	225 Sft
	1	x	6.75	x	6.91	=	47 Sft
	1	x	6.66	x	9	=	60 Sft
	1	x	4.33	x	7.75	=	34 Sft
	1	x	6.91	x	7.5	=	52 Sft
	1	x	8.25	x	4	=	33 Sft
	1	x	8.25	x	10	=	83 Sft
	1	x	6	x	10	=	60 Sft
	1	x	47.83	x	8.83	=	422 Sft
	1	x	40.33	x	23	=	928 Sft
	3	x	8.25	x	6.83	=	169 Sft
	1	x	32.5	x	15	=	488 Sft
	2	x	7	x	4	=	56 Sft
	2	x	6.91	x	6.83	=	94 Sft
					Total	=	52881 Sft
				@	705.15	% Sft	372890

6 *Preparing surface and painting with emulsion paint:- two coats on old surface.*

Room	2	x	3	(	15.66	+	16.91)	2	=	2345 Sft
	2	x	4	(	7.83	+	5.5)	2	=	1280 Sft
	2	x	4	(	7.83	+	4)	2	=	1136 Sft
	2	x	1	(	11.91	+	7.83)	2	=	474 Sft
	2	x	1	(	7	+	7.83)	2	=	356 Sft
	2	x	2	(	15.66	+	15.5)	2	=	1496 Sft
	2	x	2	(	15.66	+	11.5)	2	=	1304 Sft
Waitting Hall	2	x	1	(	23.66	+	27)	2	=	1216 Sft
	2	x	1	(	24.16	+	16.5)	2	=	976 Sft
	2	x	1	(	16.5	+	15.66)	2	=	772 Sft
	2	x	1	(	15.66	+	17.16)	2	=	788 Sft
	2	x	1	(	7.16	+	3.83)	2	=	264 Sft
	2	x	1	(	7.16	+	5.416)	2	=	302 Sft
	2	x	1	(	7.16	+	4.91)	2	=	290 Sft
Room	2	x	1	(	11.91	+	10.86)	2	=	546 Sft
	2	x	2	(	11.5	+	11.5)	2	=	1104 Sft
	2	x	2	(	11.5	+	15.75)	2	=	1308 Sft
	2	x	1	(	20	+	15.75)	2	=	858 Sft
	2	x	1	(	15.66	+	15.75)	2	=	754 Sft
Toilte										

Liboutry	2	x	1	(31	+	15.75)	12	=	1122 Sft
	2	x	1	(15.66	+	15.75)	12	=	754 Sft
	2	x	1	(11.5	+	15)	12	=	636 Sft
	2	x	1	(15.5	+	15.75)	12	=	750 Sft
Waiting Hall	2	x	1	(32.75	+	32.75)	12	=	1572 Sft
Dispensary	2	x	3	(15.66	+	24.33)	12	=	2879 Sft
X-Ray	2	x	1	(11.5	+	24.33)	12	=	860 Sft
Dark Room	2	x	2	(11.5	+	12.16)	12	=	1136 Sft
	2	x	1	(15.75	+	15.66)	12	=	754 Sft
	2	x	1	(15.66	+	16)	12	=	760 Sft
Toilte	2	x	1	(6.58	+	11.75)	5	=	183 Sft
	2	x	2	(7.25	+	7.25)	12	=	696 Sft
Account Office	2	x	1	(10	+	16)	12	=	624 Sft
Establishment Roi	2	x	1	(17.33	+	16)	12	=	800 Sft
	2	x	1	(2.16	+	16)	12	=	436 Sft
	2	x	3	(11.5	+	16)	12	=	1980 Sft
	2	x	2	(7.25	+	10.5)	12	=	852 Sft
	2	x	1	(15.66	+	16)	12	=	760 Sft
	2	x	1	(20.5	+	18)	12	=	924 Sft
Altra Sound Block	2	x	2	(12	+	17.91)	12	=	1436 Sft
	2	x	3	(15	+	8)	12	=	1656 Sft
	2	x	1	(15.16	+	18.16)	12	=	800 Sft
	2	x	1	(18.16	+	24)	12	=	1012 Sft
	2	x	2	(26.91	+	20)	12	=	2252 Sft
Diylicis Block	2	x	1	(21	+	20)	12	=	984 Sft
	2	x	2	(9.58	+	6)	12	=	748 Sft
	2	x	1	(14.33	+	20)	12	=	824 Sft
	2	x	1	(10	+	13.75)	12	=	570 Sft
Waitting Hall	2	x	1	(26	+	28)	12	=	1296 Sft
Diylicis Center	2	x	1	(34.83	+	24.16)	12	=	1416 Sft
	2	x	2	(9.75	+	11.66)	12	=	1028 Sft
	2	x	2	(11.58	+	11.91)	12	=	1128 Sft
Waitting Hall	2	x	1	(28.16	+	28.91)	12	=	1370 Sft
Gyini Ward	2	x	2	(20	+	21)	12	=	1968 Sft
	2	x	3	(11.5	+	21)	12	=	2340 Sft
Store	2	x	1	(20.5	+	21.66)	12	=	1012 Sft
	2	x	2	(10.5	+	7.66)	12	=	872 Sft
	2	x	5	(10	+	21)	12	=	3720 Sft
Female Medical W	2	x	2	(20	+	21)	12	=	1968 Sft
	2	x	1	(11.5	+	21)	12	=	780 Sft
	2	x	4	(11.5	+	11.5)	12	=	2208 Sft
Female + Male Me	2	x	4	(41.25	+	20)	12	=	5880 Sft
Store	2	x	2	(15.75	+	11.75)	12	=	1320 Sft
NS	2	x	2	(11.416	+	7.16)	12	=	892 Sft
Waitting Area	2	x	1	(22.33	+	16.66)	12	=	936 Sft
Doctor Duty Room	2	x	2	(15.75	+	11.75)	12	=	1320 Sft
Store	2	x	2	(11.416	+	7.16)	12	=	892 Sft
Waitting Area	2	x	1	(15	+	22.416)	12	=	898 Sft
	2	x	1	(12.25	+	7.25)	12	=	468 Sft
	2	x	6	(10	+	21)	12	=	4464 Sft
Store	2	x	1	(10.25	+	21.66)	12	=	766 Sft
	2	x	2	(3.25	+	10.25)	12	=	648 Sft
	2	x	1	(20.5	+	21.66)	12	=	1012 Sft
Nursing Room	2	x	4	(20	+	21.66)	12	=	3999 Sft
Toilte	2	x	2	(11.5	+	21.66)	5	=	663 Sft
Gernal OT	2	x	1	(15.38	+	24)	12	=	945 Sft
Washer	2	x	2	(7.33	+	15.58)	12	=	1100 Sft
Cundam Store	2	x	1	(12	+	15.416)	12	=	658 Sft
Changing Room	2	x	1	(12	+	7.33)	12	=	464 Sft
Waitting Area	2	x	1	(16.16	+	12)	12	=	676 Sft
Store	2	x	2	(15.5	+	8.83)	12	=	1168 Sft
Recovery Room	2	x	1	(16.25	+	10.33)	12	=	638 Sft
Doctor Room	2	x	1	(8	+	11.16)	12	=	460 Sft
Changing Room	2	x	1	(7.33	+	15.66)	12	=	552 Sft
Staff Room	2	x	2	(7.16	+	12)	12	=	920 Sft
Store	2	x	1	(4.25	+	7.33)	12	=	278 Sft
Corridor	2	x	1	(80	+	7.25)	12	=	2094 Sft
	2	x	1	(48.66	+	8)	12	=	1360 Sft
	2	x	2	(108.25	+	7.25)	12	=	5544 Sft
	2	x	1	(102	+	7.25)	12	=	2622 Sft
	2	x	1	(123.5	+	7.25)	12	=	3138 Sft
	2	x	1	(189.75	+	7.25)	12	=	4728 Sft
	2	x	1	(108.25	+	7.25)	12	=	2772 Sft
	2	x	1	(50	+	7.25)	12	=	1374 Sft
	2	x	1	(29	+	6.5)	12	=	852 Sft
	2	x	1	(32	+	8)	12	=	960 Sft
	2	x	1	(45	+	6.5)	12	=	1236 Sft
	2	x	1	(129	+	7.25)	12	=	3270 Sft
	2	x	1	(103.5	+	7.25)	12	=	2658 Sft

	2	x	1	(61.75	+	7.25)	12	=	1656	Sft
	2	x	1	(69.66	+	7.25)	12	=	1846	Sft
	2	x	1	(81.91	+	7.25)	12	=	2140	Sft
	2	x	1	(33.33	+	7.25)	12	=	974	Sft
	2	x	1	(17.16	+	7.25)	12	=	586	Sft
Gynee Block	2	x	1	(23.25	+	23.25)	12	=	1116	Sft
	2	x	2	(16.25	+	11.25)	12	=	1320	Sft
	2	x	2	(5.83	+	6.91)	12	=	612	Sft
	2	x	2	(4.91	+	6.91)	12	=	567	Sft
	2	x	1	(15	+	23.75)	12	=	930	Sft
	2	x	1	(11.33	+	10.16)	12	=	516	Sft
Ramp	2	x	1	(15.75	+	6.5)	12	=	534	Sft
	2	x	1	(32	+	7)	12	=	936	Sft
	2	x	1	(19.75	+	10.33)	12	=	722	Sft
	2	x	1	(16	+	16)	12	=	768	Sft
	2	x	1	(15	+	14.58)	12	=	710	Sft
	2	x	1	(6	+	9.416)	12	=	370	Sft
	2	x	1	(8	+	9.416)	12	=	418	Sft
	2	x	1	(31	+	18)	12	=	1176	Sft
	2	x	1	(19.5	+	19.33)	12	=	932	Sft
	2	x	1	(7.83	+	9.5)	12	=	416	Sft
	2	x	1	(16	+	18)	12	=	816	Sft
	2	x	1	(18	+	18)	12	=	864	Sft
	2	x	1	(9	+	8)	12	=	408	Sft
	2	x	1	(8	+	8)	12	=	384	Sft
	2	x	1	(15	+	15)	12	=	720	Sft
	2	x	1	(6.75	+	6.91)	12	=	328	Sft
	2	x	1	(6.66	+	9)	12	=	376	Sft
	2	x	1	(4.33	+	7.75)	12	=	290	Sft
	2	x	1	(6.91	+	7.5)	12	=	346	Sft
	2	x	1	(8.25	+	4)	12	=	294	Sft
	2	x	1	(8.25	+	10)	12	=	438	Sft
	2	x	1	(47.83	+	8.83)	12	=	1360	Sft
	2	x	1	(40.33	+	23)	12	=	1520	Sft
	3	x	2	(8.25	+	6.83)	5	=	452	Sft
	1	x	2	(32.5	+	15)	12	=	1140	Sft
	2	x	2	(7	+	4)	5	=	220	Sft
	2	x	2	(6.91	+	6.83)	5	=	275	Sft
							Total	=	163784	Sft
				1151.55	+	883.10	@		2034.65	% Sft

D/d doors = 9994/2 = 4997 sft
windows = 3015 sft
8012 sft

8012 = 155772

~~3332431~~
3169415/-

7 Applying floating coat of cement 1/32" (0.8 mm) thick.

	1	x	81.91	x	48.5	=	3973 Sft
	1	x	107.33	x	48.5	=	5206 Sft
	1	x	46	x	40	=	1840 Sft
	1	x	20.5	x	18	=	369 Sft
	1	x	112.91	x	52.41	=	5918 Sft
	1	x	50	x	7.25	=	363 Sft
	1	x	71	x	42.5	=	3018 Sft
	1	x	24.16	x	9.75	=	236 Sft
	1	x	48.66	x	8	=	389 Sft
	1	x	108.25	x	50	=	5413 Sft
	1	x	291.75	x	49.91	=	14561 Sft
	1	x	109.65	x	39.32	=	4311 Sft
	1	x	129	x	7.25	=	935 Sft
Gynee Block	1	x	47.16	x	57.5	=	2712 Sft
	1	x	19.75	x	10.33	=	204 Sft
	1	x	41.75	x	86.625	=	3617 Sft
					Total	=	53065 Sft
					@		1835.90 % Sft

~~974220~~

8 Single layer of tiles 9" x 4.5" x 1.5"

	1	x	100	x	50	= 5000 Sft
					Total	= 5000 Sft
					@	5401.65 % Sft

270083

9 Painting of doors and windows two coats on old surface

	40	x	2	x 3.5	x 7	= 1960 Sft
	10	x	2	x 6	x 7	= 840 Sft
	53	x	2	x 5	x 7	= 3710 Sft
	6	x	2	x 4	x 7	= 336 Sft
	20	x	2	x 2.5	x 7	= 700 Sft
Gynee Block	24	x	2	x 6	x 5	= 1440 Sft
	2	x	17	x 3.5	x 7	= 833 Sft
	5	x	2	x 2.5	x 7	= 175 Sft
					Total	= 9994 Sft
				947.65	+ 719.90	@

Supply and installation of Clip-in tile of specified thickness non-porous Alumnium 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

OT 2 a 15.58 x 24 = 748 Sft

@ 510/- = 381480/-

Supply and installation anti microbial Hygenic flooring (with anti bacterial agent) conforming to (ISO:22196) of specified thickness duly welded with thermoplastic equipment placed over self levelling adhesive as approved and directed by the Engineer Incharge.
(a) Cementitious Urethane
(b) Epoxy
(c) Polyurethane
(d) Urethane

OT 2 x 15.58 x 24 = 748 Sft

@ 515/- = 385220/-

10 *Supply & Installation of Phillips, LED Panel Light 24"x24" (RC 091 LED 38S / 865 40-W) in Fasle Ceilign of approved manufacturer i/c cost of all labour & material complete, as approved by the Engineer Incharge.*

						=	130	Nos.
					Total	=	130	Nos.
					@	14800.00	Each	1924000

11 *Street lights pole with SMD lights*

						=	15	Nos.
					Total	=	15	Nos.
					@	98000.00	Each	1470000

12 *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: on old surface.*

	(	169.75 +	151.5 +	312.16 +	743)	14	=	19270	Sft
	(	743 +	743.83 +	42 +	32)	14	=	21852	Sft
Gynee	(	127.25 +	127.25 +	86.625 +	57.5)	28	=	11162	Sft
					Total		=	52283	Sft
					@	1925.45	%Sft		1006680

13 *P/L Non slipery tiles complete in all respect as approved by the Engineer Incharge.*

Gynee Ward	1 x	9.66 x	5.83	=	56	Sft
	2 x	15 x	4	=	120	Sft
	2 x	1.66 x	8.375	=	28	Sft
	1 x	29.375 x	6	=	176	Sft
	1 x	6 x	2.33	=	14	Sft
	7 x	6 x	4	=	168	Sft
Ramp	1 x	15.75 x	6.5	=	102	Sft
	1 x	32 x	7	=	224	Sft
				=	888	Sft
			@	232.00	P.Sft	206016

14 Supply and installation premimum 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

(b) 2.5mm thick

Gynee Block OT	2 x	2 x(	~~2 x~~	~~15.58 x~~	~~24~~	=	~~748 Sft~~
				15.58 +	24)x	10.5 =	1662 Sft
Labour Room			~~1 x~~	~~15 x~~	~~15~~	=	~~225 Sft~~
			~~1 x~~	~~31 x~~	~~18~~	=	~~558 Sft~~
		~~2 x(~~	~~15 +~~	~~15)x~~	~~10.5~~	=	~~630 Sft~~
		~~2 x(~~	~~31 +~~	~~18)x~~	~~10.5~~	=	~~1020 Sft~~
						=	~~1852 Sft~~
				@	~~550.00~~	P.Sft	1662 ~~2668798~~

357300/-

2150/-

16 *Providing and laying Prepolished Granite of specified thickness and shade of full width of approved quality laid with adhesive bond over 3/4" thick (1:2) cement sand mortor bed, complete in all respect as approved and directed by the Engineer Incharge. 3/4" thick*

4 x	13.416 x	1	=	54	Sft
6 x	4.83 x	1	=	29	Sft
2 x	9 x	1	=	18	Sft
4 x	12 x	1	=	48	Sft
4 x	7 x	2	=	56	Sft
12 x	20 x	1	=	240	Sft
60 x	5 x	1.5	=	450	Sft
			=	895	Sft
		@	1308.95	P.Sft	1171510

17 *Providing and laying Prepolished Granite of specified thickness and shade of full width of approved quality laid with adhesive bond over 3/4" thick (1:2) cement sand mortor bed, complete in all respect as approved and directed by the Engineer Incharge. 1/2" thick*

4 x	13.416 x	0.5	=	27	Sft
6 x	4.83 x	0.5	=	14	Sft
3 x	9 x	0.5	=	14	Sft

podium	*1*	*x*	*19.25*	*x*	*10.83*	= *208 Sft*	
	1	*x*	*35.75*	*x*	*15.25*	= *545 Sft*	
	1	*x*	*9*	*x*	*7*	= *63 Sft*	
	6	*x*	*4.83*	*x*	*5*	= *145 Sft*	
						= *1040 Sft*	
					@ *1182.95*	*P.Sft*	***1230268***

18 *P/F lead sheet 1/8" thick X-Ray Room Wall*

	1	*x*	*2 x(*	*15.66*	*+ 24.33)x*	*11.5*	= *920 Sft*
						=	*920 Sft*
					@ *1200.00*	*P.Sft*	***1103724***

19 *Providing and fixing G.I. wire gauze 24 SWG, 12x12 meshes per square inch, fixed to steel windows or doors, etc., complete in all respects.*

	70	*x*	*8.25*	*x*	*4.5*	= *2599 Sft*	
	7	*x*	*7.75*	*x*	*4.66*	= *253 Sft*	
	1	*x*	*7.33*	*x*	*4.66*	= *34 Sft*	
	1	*x*	*7.583*	*x*	*4.66*	= *35 Sft*	
	1	*x*	*7.66*	*x*	*4.66*	= *36 Sft*	
	11	*x*	*7.833*	*x*	*4.66*	= *402 Sft*	
	1	*x*	*1.916*	*x*	*2.25*	= *4 Sft*	
Gynee Block	*24*	*x*	*6*	*x*	*5*	= *720 Sft*	
						= *4083 Sft*	
					@ *144.30*	*P.Sft*	***589177***

Providing and fixing 1st class solid wood wrought joinery in panelled or panelled and glazed doors and windows of specified thickness with 1" thick solid wood panels with step and 1-1/2"x2-1/2" beadings all around the panels i/c the cost of Tower bolt and handles complete in all respect (Excluding the cost of sliding bolt,lock and chowkats (frame), etc.) as approved and directed by the Engineer Incharge

(i) 2" thick (50 mm)

handles etc., and hardware any required as approved by the engineer in-charge.

	1	*x*	*7.16*	*x*	*8.5*	= *61 Sft*	
	1	*x*	*7.16*	*x*	*12*	= *86 Sft*	
	1	*x*	*7*	*x*	*8*	= *56 Sft*	
	1	*x*	*4.75*	*x*	*7*	= *33 Sft*	
	3	*x*	*5*	*x*	*7*	= *105 Sft*	
						= *341 Sft*	
					@ ~~*1437.00*~~ *P.Sft*	*2023.05*	~~*490222*~~

c/o + Item no 23

21 Providing and fixing Openable door comprising of 3mm thick UPVC hollow profile ,chowkat frame of 60mmx64mm and leaf frame 60 mmx106 mm both duly reinforced with G.I box frame inside the void with 20 mm wide panel with grooves on both sides i/c the cost of hardwares, hinges, four bolt and cutting changes on approved & directed by the Engineer Incharge

	24	*x*	*2*	*x*	*7*	= *336 Sft*	
	4	*x*	*3*	*x*	*7*	= *84 Sft*	
						= *420 Sft*	
					@ ~~*880.00*~~ *P.Sft*		~~*369600*~~

504000/-

1200/-

22 *Providing and fixing 2'-9" high stair railing comprising of non magnetic (304) Stain less steel 2" dia pipe railing of 18 SWG welded with vertical posts of 2" dia stainless steel round/ Squar pipe/ Tong (chimta) @ 2-ft c/c fixed on alternate steps with 3" long steel screws and brass rawal plugs , 3-Nos diagonal stainless steel pipes of 1/2" dia passes through goties fixed on vertical post, i/c stainles steel welding, fixing & polishing complete in all respects as approved and directed by the Engineer Incharge.*

				2	*x* *15*	= *30 Rft*	
						= *30 Rft*	
					@ *2361.46*	*P.Rft*	***70844***

23 *Providing and fixing 1st class solid wood wrought joinery in panelled or panelled and glazed doors and windows of specified thickness with 1" thick solid wood panels with step and 1-1/2"x2-1/2" beadings all around the panels i/c the cost of Tower bolt and handles complete in all respect (Excluding the cost of sliding bolt,lock and chowkats (frame), etc.) as approved and directed by the Engineer Incharge b) Oak/Ash wood Door (i) 1/2" thick (50 mm)*

4 x	5 x	7 =	140 Sft		
1 x	4.5 x	7 =	32 Sft		
		Total =	172 Sft		1042442/-
B/F Item no 20	@	2032.05 P.Sft	341		~~349513~~
			513		

24 *Providing and fixing 2 mm thick Double glazed aluminium windows of anodize / powder coated partly fixed and party sliding using deluxe section of 100mm x 40mm x2 mm using frame (70501) at bottom, (70502) at Top & Side made of Pakistan Cables/Alcop having Leaf Frame size 31mm x 60mm x2 mm (70506) at Top & Bottom, 35mm x 60mm x2 mm (70505) at center and 35mm x 60mm x2 mm(70503) at sides , fixing 5 mm thick imported tinted double glass and air tight using double tape, chemical strips, Silicon using approved latches, wheels for channel, stopper, brush channel angle joint and hardware etc.(excluding the cost of Fly Proofing). Complete in all respect as approved and directed by the Engineer Incharge.*

4 x	3.5 x	5.5 =	77 Sft		
1 x	8 x	5.5 =	44 Sft		
1 x	12.66 x	5.5 =	70 Sft		
1 x	6 x	8.33 =	50 Sft		
1 x	12 x	5.5 =	66 Sft		
1 x	12 x	8.5 =	102 Sft		
		Total =	409 Sft		
	@	2577.85 P.Sft			1054341

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

4 x	3.5 x	5.5 =	77 Sft		
1 x	8 x	5.5 =	44 Sft		
1 x	12.66 x	5.5 =	70 Sft		
1 x	6 x	8.33 =	50 Sft		
1 x	12 x	5.5 =	66 Sft		
1 x	12 x	8.5 =	102 Sft		
		Total ~~855.05~~ =	409 Sft		349715/-
	@	~~492.30~~ P.Sft			~~201351~~

26 *Providing and fixing chromium plated bib cock:- ii) 1.5 cm (½")*

12 Nos. @Rs. 775.00 Each Rs. 9300

27 *P/F C.P. stop cock 1/2" dia*

12 Nos. @Rs. 775.00 Each Rs. 9300

28 *P/F glazed earthen ware water closet sequater type orisa pattern combind with foot rest (Coloured).*

12 Nos. @Rs. 2741.40 Each Rs. 32897

29 *P/F glazed earthen ware low down flushing cistern 13.63 litres (3 gallons) capacity, including bracket set, copper connection, etc. ii) coloured.*

12 Nos. @Rs. 4629.10 Each Rs. 55549

30 *Providing, laying, cutting, jointing, testing and disinfecting Asbestos Cement / Fibre Cement pipe line in trenches, with comet joint and rubber ring, complete in all respects.-B Class Working Pressure b) 4" i/d (100 mm)*

4 x 45 Rft @Rs. 340.10 P-Rft Rs. 61218

31 *Providing, laying, testing and commission in gof POLY PROPYLENE RANDOM COPOLYMER (PPRC) water supply pipe (Dadex/Popular/Betaorequivalent) with specified pressure rating PN (PRESSURE NOMINAL) and conforming to DIN8077-8078 codei/ccost of solvent, specials, making jharries complete in all respect as approved and directed by Engineer Incharge. (Internal/External Diameters mentioned) (ii)(3/4") 25 mm*

	4 x	150 Rft	@Rs.	57.95 P-Rft	Rs.	34770
(ii) 32mm	4 x	100 Rft	@Rs.	93.65 P-Rft	Rs.	37460

32 *Providing and fitting "P" trap:-*
ii) 10 cm (4") glazed.

24 Nos.	@Rs.	283.10 Each	Rs.	6794

33 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.

complete in all respects.

600 Rft	@Rs.	~~375.75~~ 450.00 P-Rft	Rs.	~~225450~~ 270000/-

Total	Rs.	~~24456320~~ 26210367
Add 3% Contingency	Rs.	~~733690~~ 786311
Total	Rs.	~~25190010~~ 26,996,678
SAY	Rs.	~~25190000~~ 26,996,700

Sub Engineer

Sub Divisional Officer,
Buildings Sub Division,
Rajanpur

Executive Engineer,
Buildings Division,
Rajanpur

DHQ Rajanpur
Provision/Installation of Electrical Equipment.

S.#		Discription	Qty:	Unit	Rate	Amount
A		**L.T. (LV) SUB-STATION EQUIPMENT:**				
1		**Construction of ELECTRICAL ROOM**	1		As per requirement	
2		P/F floor mounted Electric Panel board of required depth and size, fabricarted with 14SWG M.S sheet (Indoor/Outdoor Type),derusting, zinc Phosphated, finish with electro static powder coating in approved colour i/c the cost of Lock, Indication lights,thimbles, Copper Comb, Wiring, Netural & Earth Bar, glands,Current Transformers of specified capacity ,Door Earthing, Brass glands,bus bars,controles complete in all respects as approved and directed by the Engineer Incharge (Breakers will be Paid Separately).				
		MDB-1(For PDBs)				
		Incoming from Transformer				
	(i)	LT Switchboards				
	(a)	12" deep				
	(i)	200A ((3.0x6'x2.5')	45	Each	4,512.80	203076
		Incoming breakers for MDB-1				
	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 prelaid 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 300A(36 KA) 1*2=2	2	each	62,434.30	124869
		Outgoing breakers for MDB-1				
	(a)	Tripple Pole 100A(36 KA) 1*3=3	3	each	17,434.30	52303
	(b)	Tripple Pole 150A(36 KA) 1*3=3	3	each	18,094.30	54283
	(b)	Tripple Pole 200A(36 KA) 1*2=2	2	each	39,814.30	79629
3		**MDB**				
		Incoming from Transformer				
		Tripple Pole 400A(36 KA) 1*=1	1	each	62,434.30	62434
		Tripple Pole 200A(36 KA) 1*2=2	2	each	39,814.30	79629
4		P/F floor mounted ATS (Auto Transfer Switch) panel board , fabricarted with 14S WG M.S sheet (Indoor Type) duly painted with 100 microns powder coated paint in approved colour , front access ,extendable,insulation class of 600 volts IP-44, incomimg & outgoing connections from bottom with flexible copper cable suitable for 415 VAC, 3-phase 4 wire, 50 HZ TPN&E system having rated service, short circuit breaking capacity at 400VAC conformimg to IEC-947-2 to accomodate given no of circuit components, instruments & accessories,assembled & wired with Electrolitic Copper bus bars at 50 deg and cables duly cleaned down to bare shining metal phosphate, manual change Over i/c the cost of Lock, Indication lights,thimbles, Copper Comb, Wiring, Netural & Earth Bar,CTs,Contactors,Relays, Door Earthing, Brass glands complete in all respects as approved and directed by the Engineer Incharge. (Breakers wil be paid additionally).				
		ATS (for 200 KVA Generator and Transformer)				
		Incoming from Generator and ATS for dual supply				
	(a)	2.00 Ft deep	1	each	1,833,923.45	1833923
	(ii)	200KVA				

S.#		Discription	Qty:	Unit	Rate	Amount
		Incoming Breakers For ATS (for 200 KVA Generator and Transformer)				
	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 prelaid 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* 1=1)	1	each	39,814.30	39814
		Outgoing Breakers For ATS (for 200 KVA Generator and Transformer)				
		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 prelaid 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 100A(36 KA) (3* 2=6)	8	each	17,434.30	139474
5		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).				
		PDBs (For OPD & Emergency)				
	(a)	6" deep				
	(ii)	100A (30"x22"x6") 4x2-29= 9+5	4	~~each~~ Cft	13,809.80	126360
		Incoming Breakers for PDBs (For OPD & Emergency)				
	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 prelaid 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 100A(36 KA) (1*4=4)	4	each	17,434.30	69737
		Outgoing Breakers for PDBs (For OPD & Emergency)				
	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 prelaid 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) (1*4=4)	4	each	11,434.30	45737
	(b)	Single Pole 32A(10 KA) (5*4=20)	20	each	1,299.95	25999
	(d)	Single Pole 16A(10 KA) (6*4=24)	24	each	1,299.95	31199
6		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).				
		PDBs (For wards)				
	(a)	12" deep				
	(ii)	150A (3'x3'x12") 3x9 =	27	~~each~~ Cft	5,146.40	138953

S.#		Discription	Qty:	Unit	Rate	Amount
		Incoming Breakers for PDBs (For wards)				
		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 prelaid 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 150A(36 KA) (1*3=3)	3	each	18,094.30	54283
		Outgoing Breakers for PDBs (For wards)				
		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 prelaid 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(36 KA) (3*3=9)	9	each	17,434.30	156909
	(b)	Single Pole 32A(10 KA) (5*3=15)	15	each	1,299.95	19499
	(c)	Single Pole 16A(10 KA) (5*3=15)	15	each	1,299.95	19499
7		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).				
		PDBs (For wards)				
	(a)	12" deep				
	(ii)	200A (3'x3'x12") 9×2= 18		each	4,512.80	81230
		Incoming Breakers for PDBs (For wards)				
		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 prelaid 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	39,814.30	79629
		Outgoing Breakers for PDBs (For wards)				
		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 prelaid 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(36 KA) (3*2=6)	6	each	17,434.30	104606
	(b)	Single Pole 32A(10 KA) (5*2=10)	10	each	1,299.95	13000
	(c)	Single Pole 16A(10 KA) (5*2=10)	10	each	1,299.95	13000
8		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).				
		LDBs (For OPD & Emergency)				
	(a)	6" deep				
	(ii)	63A (18"x24"x6") 3×2= 6		each	18,691.40	112148

S.#		Discription	Qty:	Unit	Rate	Amount
		Incoming Breakers for LDBs (For Wards)				
		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 prelaid 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 63A(36 KA) (1*3=3)	4	each	17,434.30	69737
		Outgoing Breakers for LDBs (For Wards)				
		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 prelaid DBs and Panels i/c the cost of screwes,necessary wire complete in all respect as approved and directed by the Engineer Incharge.				
	(a)	Single Pole 20A(10 KA) (4*3=12)	16		1,299.95	20799
	(b)	Single Pole 16A(10 KA) (4*3=12)	16		1,299.95	20799
	(c)	Single Pole 10A(10 KA) (6*3=18)	24		1,299.95	31199
B		**LT POWER CABLE.**				
	1	95 mm sq (37/0.072") PVC insulated, PVC sheathed 4 core, 660/1100 volt non armoured cable **(For Transformer and MDB-1)**	200	rft	3,676.95	735390
	2	50 mm sq (19/0.072") PVC insulated, PVC sheathed 4 core, 660/1100 volt non armoured cable **(For PDBs)**	250	rft	1,859.25	464813
	3	7/1.12 mm (7/0.044") PVC insulated, PVC sheathed twin core, 250/440 volts. copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc **(For LDBs and ACs)**	300	rft	160.75	48225
	4	7/0.74 mm (7/0.029") PVC insulated, PVC sheathed twin core, 250/440 volts. copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc **(for Internal Wiring of Hospital)**	100	rft	87	8700
	5	3/0.74 mm (3/0.029") PVC insulated, PVC sheathed twin core, 250/440 volts. copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc **(for Internal Wiring of Hospital)**	100	rft	43.65	4365
					TOTAL	**5165248**
					ADD 3% CONTINGENCY	**154957**
					TOTAL	**5320205**
					SAY	**5320000**

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Rajanpur

Executive Engineer
Buildings Division
Rajanpur

EXTERNAL DEVELOPMENT (Sewerage System)

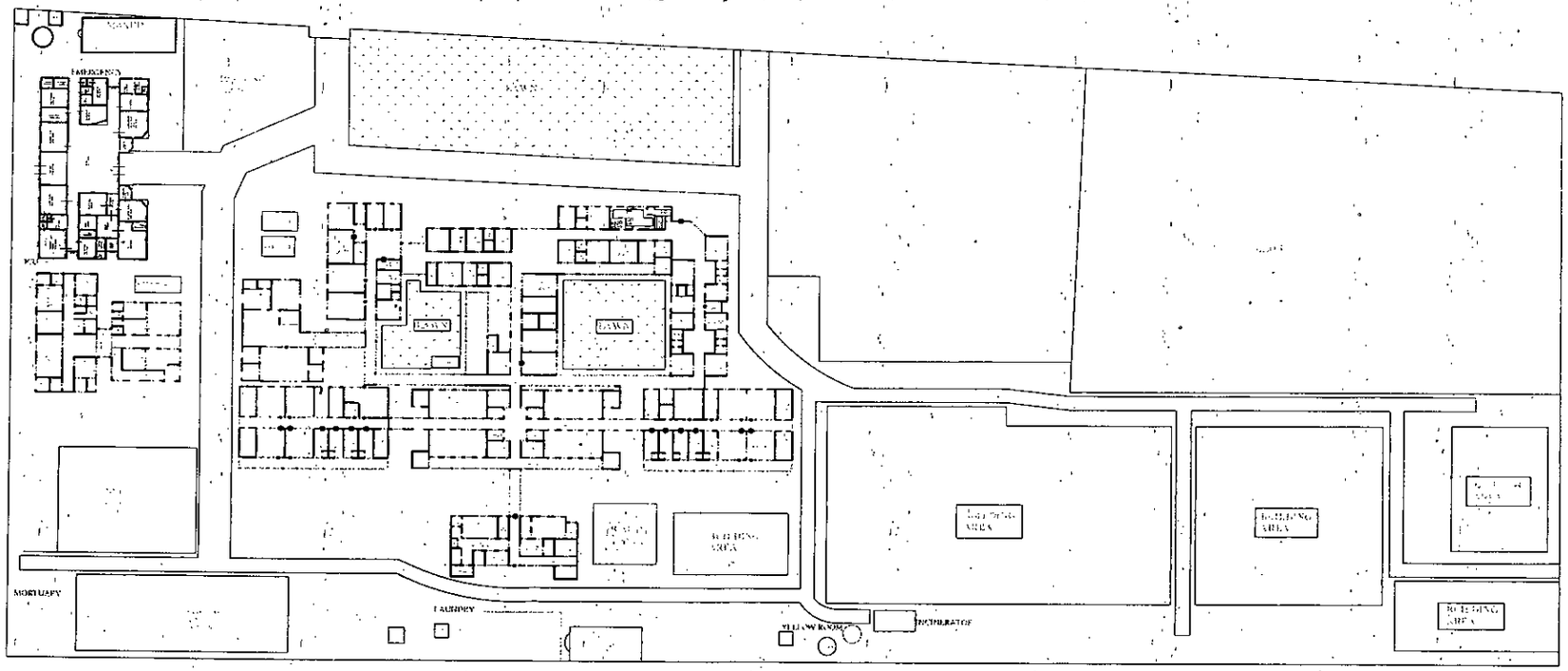
S.No	Description	No	Length	Breadth	Depth	Contents	Amount
1	Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and timbering, dressing to correct section and dimensions according to templates and levels, and removing surface water, in all types of soil except shingle, gravel and rock:- i) 0 ft. to 7.0 ft. (0 to 2.10 m) depth						
	9" dia	1 x	300 x	3 x(	2.5 + 3.5 / 2)=	2700 Cft	
	12" dia	1 x	400 x	3 x(	2.5 + 3.5 / 2)=	3600 Cft	
					Total:	= **6300 Cft**	
				@	11,740.40	%oCft	73965
2	Providing and laying R.C.C. pipe sewers, moulded						
i)	9" dia RCC pipe					= 300 Rft	
				@	528.30	P.Rft	158490
i)	12" dia RCC pipe					= 400 Rft	
				@	695.60	P.Rft	278240
3	Man Hole Small	-	-	-	-	= 15 Nos	
				@	42200	Each	633000
4	Rehandling of earthwork:Lead upto a single throw of Kassi, phaorah or shovel						
	Same as per item No. 1	-	-	-	-	= 6300 Cft	
				@	2,539.70	%oCft	16000
						Total:	**1159695**
						Say Rs:	**1159700**

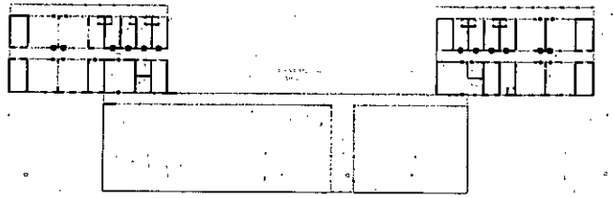
Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Rajanpur

Executive Engineer
Buildings Division
Rajanpur

MASTER PLAN OF DHQ RAJANPUR





FIRST FLOOR PLAN

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:LO22010090
A/C To be Credited: Account-I

PKR Million

Sr #	Object Code	2025-2026		2026-2027		2027-2028		2028-2029		2029-2030	
		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:LO22010090
A/C To be Credited: Account-I

PKR Million

Sr #	Object Code	2025-2026		2026-2027		2027-2028		2028-2029		2029-2030	
		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. Gymea 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

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
Funds Released	**7.740**	**12.592**
Utilization	**7.120**	**2.381**

Capital Side:

	FY 2021-22	FY 2022-23
Funds Released	**0.000**	**35.000**
Utilization	**0.000**	**0.000**

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

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.

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

ENVIRONMENTAL IMPACT

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

ENVIRONMENTAL IMPACT

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.

11.5 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

attached

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 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.:**
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** DHQ Rajanpur **(1st 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:

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(Oct-2022)

(HAMZA NASEEM)
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(Oct-2022)

Checked By:

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(Oct-2022)

(KHIZAR HAYAT)
PROJECT DIRECTOR (PMU),
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(Oct-2022)

Approved By:

(DR. IRSHAD AHMAD)
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PRIMARY & SECONDARY HEALTHCARE DEPARTMENT, LAHORE
(042-99204567)
(Oct-2022)

17. RELATION WITH OTHER PROJECTS