



PC-1

Balance Work of Revamping of DHQ Hospital Nankana Sahib

ORIGINAL APPROVED COST	PKR Million. 98.528/-
ORIGINAL APPROVED GESTATION	43 Months Till June 2025
APPROVAL FORUM	DDWP (DDWP)

1. NAME OF THE PROJECT

Balance Work of Revamping of DHQ Hospital Nankana Sahib

2. LOCATION OF THE PROJECT

2.1. DISTRICT(S)

I. NANKANA SAHIB

2.2. TEHSIL(S)

I. NANKANA SAHIB

3. AUTHORITIES RESPONSIBLE FOR

3.1. SPONSORING AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.2. EXECUTION AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.3. OPERATIONS AND MAINTENANCE AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.4. CONCERNED FEDERAL MINISTRY

- NATIONAL HEALTH SERVICES, REGULATIONS AND COORDINATION

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

4. PLAN PROVISION

Sr #	Description
1	Source of Funding: Scheme Listed in ADP CFY
2	GS No: 5355
3	Total Allocation: 0.000
4	Comments: Provision of Rs.1300 M reflected at G.S. No.660 of ADP 2022-23 titled “Balance Work of Revamping of All DHQ & 15 THQ Hospitals in Punjab.

5. PROJECT OBJECTIVES

Attached

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

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

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

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

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

5.1. Brief Description / Background

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

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

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

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

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

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

C) External Electrification

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

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

- Emergency
- CT Scan
- Dialysis
- ICU
- CCU
- Physiotherapy

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 grooves can be prevented. Moreover, to make the C.T. Scan room and X-Ray rooms radio-resistant and to keep the patients away from the harm of rays, interventions are taken in X-ray rooms and C.T. Scan regarding provision of lead lining in walls, ceiling and floor.

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

5.3.2.3 Aluminum doors and windows

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

5.3.2.4 Improvement of washroom blocks

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

5.3.2.5 Fire and theft security

The security of hospital against fire and theft is another patient beneficial initiative in the revamping program. The provision of different types of fire

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

5.3.3 Medical Infrastructure Development

Includes establishment of new facilities which are as follows:

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

For patient receiving, information, guidance, appointment or for any other task, separate reception counters are proposed in various blocks so that, all necessary information regarding the block is available on the counter round the clock. In this way, utilization of clinical facilities will be optimized. For indoor patient department, complete facilitation and care of patients admitted in wards is ensured by proposal of nursing counter in each ward. This nursing counter will be placed or constructed in such a placement that each bed can be monitored by the nurse available.

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

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

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

5.3.3.1 ICU

District Headquarter Hospitals (DHQ) serve catchment populations of the whole districts (1-2 million) and provide a range of specialist care in addition to basic outpatient and inpatient services. They typically have about 100 to 300 beds and a broad range of specialized services including surgery, medicine, paediatrics, obstetrics, gynaecology, ENT, ophthalmology, orthopaedics, urology, neurosurgery

etc. Patient who are in need of intensive care are usually referred to tertiary care hospital but due to long distance they had to travel and time consumed on road due to heavy traffic and other unavoidable circumstance, patient's condition not only deteriorate but also compromise the effectiveness of life saving intervention. Understanding these ground realities Primary and Secondary Healthcare Department, Government of the Punjab has decided to establish intensive care units (ICU) in DHQ hospitals as a part of its Annual Development Plan. This will improve the quality of healthcare and timely provision of life saving treatment will be possible to large number of patients.

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

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

5.3.3.2 CCU

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

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

5.3.3.3 DIALYSIS UNIT

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

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

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

5.3.3.4 BURN UNIT

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

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

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

5.4.1 EMERGENCY DAPARTMENT:

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

5.4.2 General Overview of Emergency Department

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

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

5.4.3 Position of Emergency Department

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

5.4.4 Addition of Portico and External Structures

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

Ramp/Stretcher way is an essential structure to be constructed outside the emergency department because almost all the patients coming towards the emergency block are on either wheel chairs or stretchers. It is impossible for a wheel chair or stretcher to cross the stairs in order to enter in the department. To cope up

with this problem, ramp or stretcher way is proposed outside the emergency department to provide a smooth passage for the stretcher or wheel chair. Platform for wheel chairs is proposed in this program in order to provide a station for wheelchairs. The presence of this wheel chairs platform will ensure in time access to the wheel chairs when required. In order to give a feel of modern architecture and to uplift the existing shabby outlook of the department, interventions regarding façade improvement are taken in this program.

5.4.5 General Building Interventions:

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

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

5.5 Introduction of IT-based solutions

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

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

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

- Invoice Management System
- MEPG mobile application & web portal for outsourced services monitoring system.
- Janitorial mobile application & web portal

- Surgery Tracking Application & web portal
- Patient Feedback Application & web portal
- Stock Management /Consumable Application
- Equipment Management Portal
- Hospital Management Information System for Phase-II hospitals
- Patient Referral System Portal
- MLC portal

5.6 MONITORING AND QUALITY ASSURANCE (PROCESS INTERVENTIONS)

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

5.6.1 MSDS (Minimum Service Delivery Standards)

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

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

MSDS umbrella is very vast and it requires a very extensive and planned approach towards, gap analysis, planning, development, implementation, monitoring and evaluation. MSDS comprises of 10 thematic area, 30 standards and

162 indicators. Government of Punjab has taken an initiative to standardize all hospitals of Punjab in accordance with Punjab Health Care Commission Minimum service delivery standards. PMU team segregated MSDS indicators into various targets and sub-targets to make these targets achievable. Manuals for both clinical and non-clinical specialties are being prepared comprising of departmental organizational plan, criteria for essential human resource, essential equipment, general and specialized SOPs, departmental safety guidelines etc. Standardized Medical Protocols (SMPs) are standard steps to be taken by a health facility during medical or surgical management of a patient. Standard Operating Procedure (SOPs) are detailed description of steps required in performing a task including specifications that must be complied with and are vital to ensure the delivery of these services .It requires literature review, departmental view, facility visits, consultative visits and development of action plan for implementation of MSDS. Effective MSDS implementation requires essential documentation. Documentation is a key for record keeping, monitoring and auditing. For this purpose, registers, forms, displays have to be designed with coding for effective tracking. In addition to this it also requires analysis from field from utilization point of view.

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

MSDS implementation is a complex procedure. Because it requires

1. Capacity building for understanding, development and continuous implementation of MSDS.
2. Ecosystem for establishing its implementation by full cooperation, collaboration, commitment of
3. Continuous monitoring
4. Continuous audit
5. Continuous training, refresher courses with purpose of reinforcement
6. Continuous quality improvement
7. Continuous SWOT analysis and gap identification
8. Continuous strategy making and implementation with backup plan for secondary options.
9. Responsibility designation for clinical and non-clinical procedures and activities.
10. Effective utilization, calibration and maintenance of equipment with record maintenance and their audit
11. Establishment of plans, implementation, analysis of gaps with alternate planning regarding fire evacuation plan, hospital 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, paedes, ophthalmology, derma, TB, urology, patient transfer system, store and purchase, audit and accounts, procurement, planning etc. We are also in process of preparing manuals, SOPS, plans, universal forms, and universal registers with universal tracking system of record.
9. We have developed an application for continuous monitoring of MSDS compliance.

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

management practices and ensure that management and administrative systems function and get results.

5.6.2 Supply of missing Biomedical and non-biomedical equipment

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

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

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

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

departments for adequate action (procurement, condemnation, black-listing of vendor etc.)

5.7. Electronic Medical Record (EMR) and QMS

5.7.1 Queue Management System (QMS)

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

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

The need of queue management system is evident in hospital from the fact of lack of proper mechanism of patient queue management at OPD's, human resource deficiency and non-functional equipment. The Implementation of Queue Management System will provide and streamline Patient Queue Management at OPD with Ticket Generation and Display of Numbers on the counters. This will help in maintaining the queue on First IN First OUT (FIFO) basis. The system will also provide the information counter to the general public to educate them in the use of queue management system and short description of the process. After implementation of this system, the incoming patient will be guided in a manner to

get the service on his turn without any dependency or interference of an external resource. All will be handled in an automated way with patient are being served at their turn.

The system manages the patients load, organizes the patient's queues in an adequate manner and gives them the ease in waiting area; and they will be examined gracefully by doctors at their turn. Basic information of the patient is also linked with its ticket, being taken at the first counter. This will help established a unique ID against each patient. This will also lead to the establishment of Electronic Medical Record. The Process flow of Queue Management System at DHQ is given as follows:

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

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

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

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

5.7.2 Public Address System

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

5.7.3 CCTV System

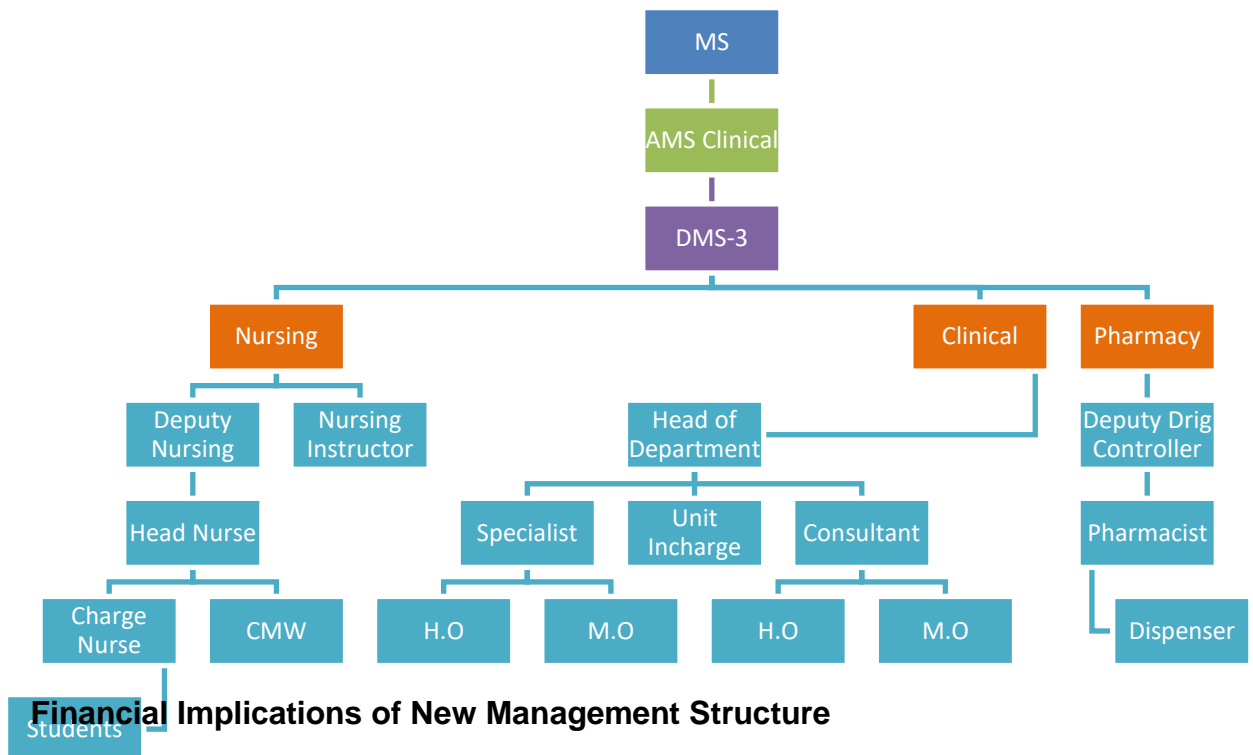
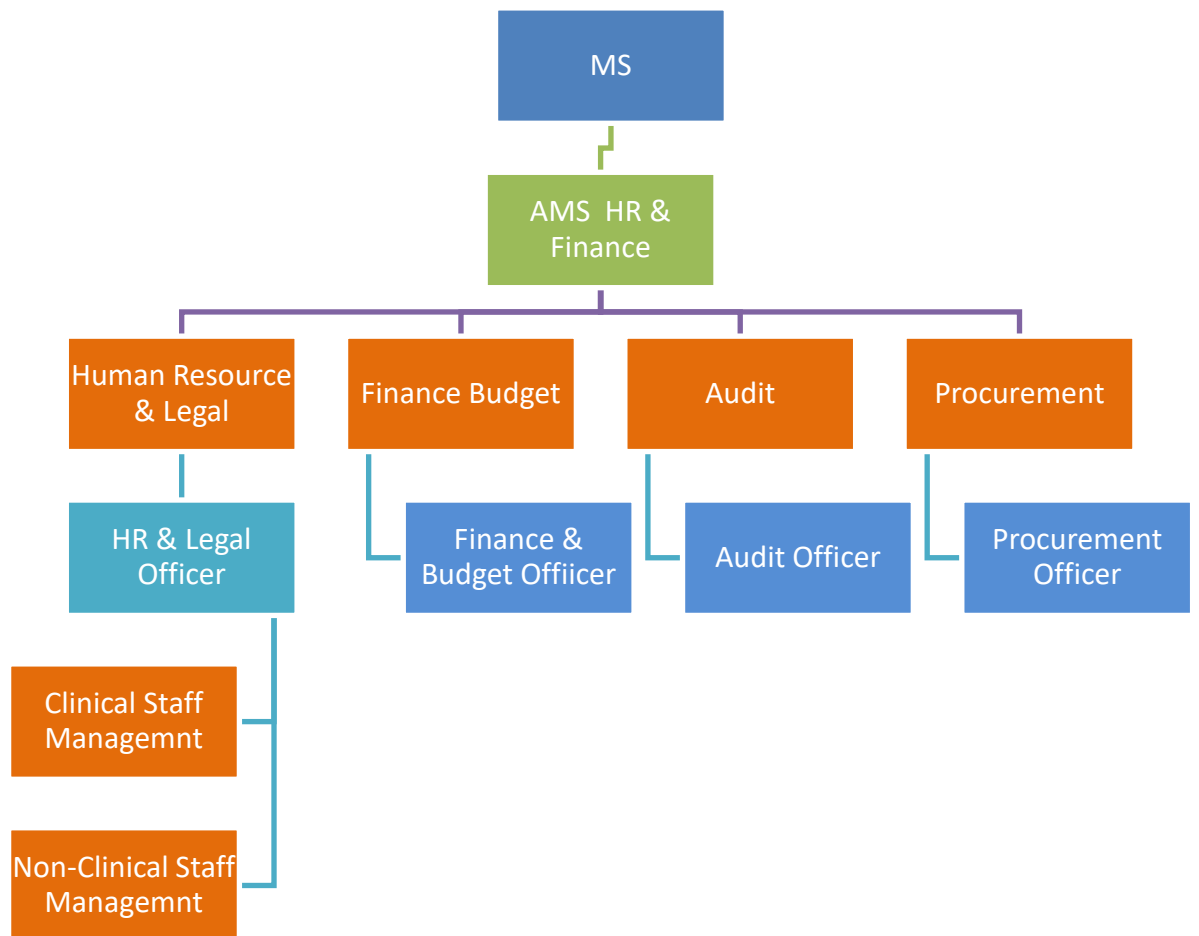
Installation of network based CCTV cameras is an important module in the ICT part of revamping project. Scope of this component is to install 60 to 80 cameras in each hospitals at important location i.e. entry, exit, OPD, waiting areas, Parking for surveillance and security purposes. This will also serve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

5.7.4 EMR and Networking

Establishment of network infrastructure, establishing a central data center, connectivity of different building through fiber, are also the major components of the revamping project in terms of ICT. This will including provision of networking point at all nursing stations and important areas where entries regarding patients' needs to be made e.g. Radiology/Pathology, Indoor, outdoor etc. This will serve as backbone to implement the Electronic Medical Record System in the Hospital which has the key feature of generating Unique Medical Record Number for each patient. This MR number will serve as an identity for patients during their treatment, retrieval of records and for decision making.

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

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



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:

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

In view of the above the Pay package of NMS staff has been revised. Financial Implications of New Management Structure Model based on revised Standard Pay Package (PPS) approved by the 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

Eligibility Criteria

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

5.8.2.2 Finance & Budget Officer

Shall be responsible for following:

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

Eligibility Criteria

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

5.8.2.3 Audit Officer

Shall be responsible for following functions:

1. Smooth conduct and completion of all types of audit in hospital
2. Pre-audit of all Payments
3. Liaison with external audit teams
4. Preparation of replies of audit paras, working paper for Department Accounts committee, Special Departmental accounts committee & Public Accounts committee meetings
5. Development of SOPs for finance, budget, procurement as per Government rules & regulations

6. Any other function assigned by AMS HR& Finance /MS/P&SHD

Eligibility Criteria

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

5.8.2.4 Procurement Officer

Shall be responsible for following functions:

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

Eligibility Criteria

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

5.8.2.5 ADMIN OFFICER AND ASSISTANT ADMIN OFFICER

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

1. Security
2. Transport
3. Parking
4. Janitorial
5. Canteen
6. External housekeeping
7. Electrical works

8. Internal housekeeping
9. Laundry
10. Stores & supplies

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

Eligibility Criteria (Admin Officer)

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

Eligibility Criteria (Assistant Admin Officer)

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

5.8.2.6 IT/STATISTICAL OFFICER

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

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

Eligibility Criteria

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

5.8.2.7 QUALITY ASSURANCE OFFICER

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

Eligible Criteria

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

OR

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

2. Minimum 1 year post degree relevant professional experience.

5.8.2.8 BIO-MEDICAL ENGINEER

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

Eligible Criteria

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

5.8.2.9 LOGISTICS OFFICER

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

Eligible Criteria

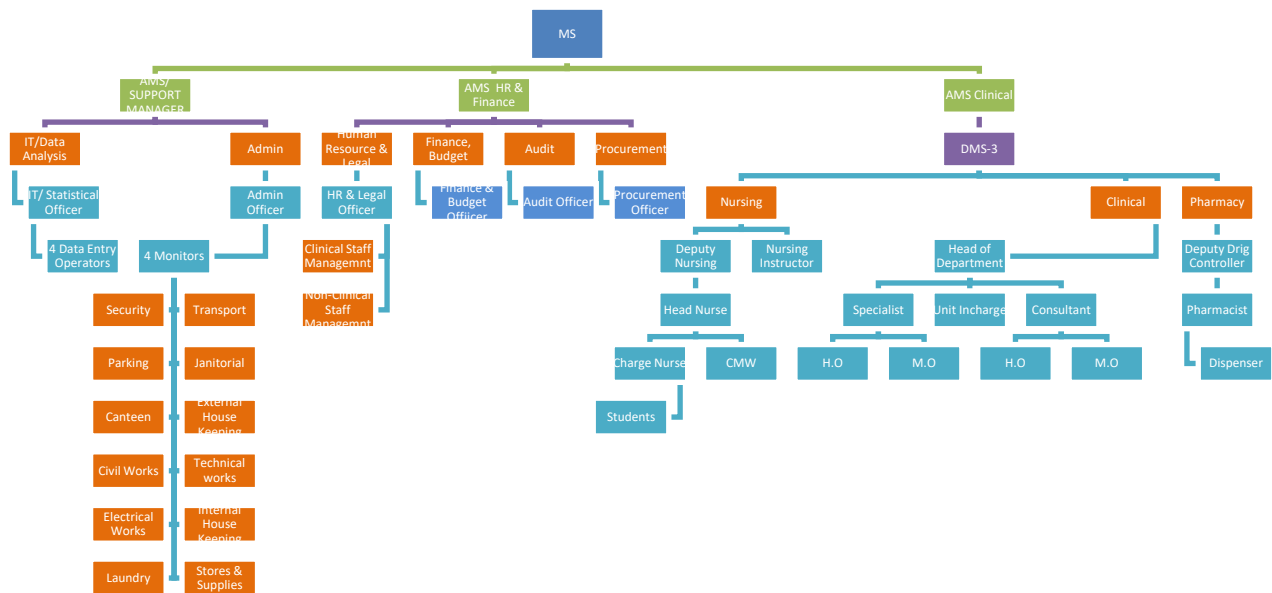
1. M.Sc. Supply Chain Management/ MBA or Equivalent.
2. One year experience in Supply Chain, logistics, fleet, warehousing and inventory management, clearing and forwarding.

5.8.2.10 Data Entry Operators (DEO)

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

Eligible Criteria

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



Financial Implications of New Management Model

Name of Post	No. of Employees	Revised Pay package	
		Per Month Salary	Salary for One Year

ADMIN OFFICER	1	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 O.P.D:

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

5.10.3 DEATH OR END OF LIFE MANAGEMENT.

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

modifications are decided in the relevant department for each patient.

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

5.10.4 INVENTORY CONTROL SYSTEM

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

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

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

5.10.5 PROJECT MONITORING COMMITTEE

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

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

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

6. DESCRIPTION AND JUSTIFICATION OF PROJECT

6.1 JUSTIFICATION OF PROJECT

Attached

6. DESCRIPTION, JUSTIFICATION AND TECHNICAL PARAMETERS

The scheme has been estimated on face of the factual basic requirements and if needed, alterations and has been quoted in this PC-I. The Population of District Nankana is more than 1.8 million. The area of the Hospital is 1097272 sq ft.

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.

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. There is no change in cost of civil work component in the revised scheme of the PC-I.

JUSTIFICATION FOR REVISION OF PC-I

1. 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	60 th 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.

2. 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 hospitas 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 Nankana
- 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 Sheikhpura
- 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: Capital
Cost Center:OTHERS- (OTHERS)
Fund Center (Controlling):N/A

Grant Number:Government Buildings - (PC12042)
LO NO:LO21010727
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	6.097	0.000	20.000	0.000	20.000	0.000
Total		0.000	0.000	6.097	0.000	20.000	0.000	20.000	0.000

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

Grant Number:Development - (PC22036)
LO NO:LO21010539
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	12.431	0.000	20.000	0.000	20.000	0.000
Total		0.000	0.000	12.431	0.000	20.000	0.000	20.000	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

Balance work of DHQ Hospital Nankana

Scope of work	Original			1st Revised		
	Capital	Revenue	Total	Capital	Revenue	Total
Capital component						
Internal Development	12.897	0.000	12.897	12.897	0.000	12.897
External Development	25.727	0.000	25.727	25.727	0.000	25.727
Water filtration plant	4.000	0.000	4.000	4.000	0.000	4.000
Total Capital Component	42.624	0.000	42.624	42.624	0.000	42.624
Revenue component						
Human resource (HR) plan	0.000	25.440	25.440	0.000	43.431	43.431
	0.000	0.000	0.000	0.000	9.000	9.000
Total Revenue component	0.000	25.440	25.440	0.000	52.431	52.431
Total	42.624	25.440	68.064	42.624	52.431	95.055
PST (5%)	2.195	0.000	2.195	2.195	0.000	2.195
CONTG (3%)	1.278	0.000	1.278	1.278	0.000	1.278
Grand Total	46.097	25.440	71.537	46.097	52.431	98.528

Human Resource Model of DHQ Hospital

	Original				1st Revised				
NAME OF POST	No. of Employees	Per Month Salary	Per Month Salary for all Person	Salary for Two Years	No. of Employees	Project Pay Scale	Per Month Salary	Per Month Salary for all Person	Salary for Two Years
ADMIN OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
HUMAN RESOURCE/LEGAL OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
IT/STATISTICAL OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
FINANCE & BUDGET OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
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				10.047					
									53.478

Electricity							
		Original			1st Revised		
Sr. No.	Item Name	Quantity	Per Unit Cost	Total Cost	Quantity	Per Unit Cost	Total Cost
1	Generator (200 KVA)	0	4,000,000	-	1	9,000,000	9,000,000
	Total			-			9,000,000
				-			9.000

To,

*The Project Manager (Civil),
Project Management Unit,
(P &S) Health Care Department,
Gulberg-III, Lahore.*

THQ

No. 2003 / SE-3, Dated: 28-07- 2021

Subject: - **ROUGH COST ESTIMATE FOR TEHSIL HEAD
QUARTER HOSPITAL OF DISTRICT NANKANA
SAHIB.**

The following rough cost estimate amount noted against each regarding THQ of District Nankana Sahib received from Executive Engineer Buildings Division Nankana Sahib vide his letter No.164/E.E/B.D/NNS. Dated: 26/07/2021 is sent herewith dully vetted for further necessary action

Sr	Name Of Scheme	Amount
1	Rough Cost Estimate For Revamping Of District Head Quarter Hospital Nankana Sahib.	Rs:46.098M)

(ASMAT SHARIF DHILLON)
SUPERINTENDING ENGINEER,
Buildings Circle No.3,
Lahore.

DA / As abovm

A copy is forwarded to the Executive Engineer Buildings Division Nankana Sahib for information with reference to his letter quoted above

DA / NIL

SUPERINTENDING ENGINEER
Buildings Circle No.3,
Lahore

OFFICE OF THE EXECUTIVE ENGINEER

2nd BI-Annual

2021

Phase # 01

DHQ

(20)

BUILDINGS DIVISION NANKANA SAHIB

ROUGH COST

ESTIMATE FOR THE REVAMPING OF D.H.Q
HOSPITAL NANKANA SAHIB.

Rs. 46.098 (Million)

PROVINCE

PUNJAB

STATION

NANKANA SAHIB

DIVISION

BUILDINGS DIVISION NANKANA
SAHIB.

SUB DIVISION

BUILDINGS SUB DIVISION
NANKANA SAHIB.

NAME OF WORK

ROUGH COST
ESTIMATE FOR THE
REVAMPING OF D.H.Q
HOSPITAL NANKANA SAHIB.

MAJOR HEAD

MINOR HEAD


ESTIMATED COST

Rs. 46.098 (Million)

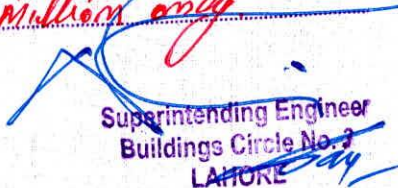
ROUGH COST
ESTIMATE FOR REVAMPING OF D.H.Q HOSPITAL NANKANA SAHIB.


GENERAL ABSTRACT

Sr.#	Description		Amount
1	2		3
1	PHYSIOTHERAPY	Rs.	1408473
2	DIALYSIS CENTER	Rs.	7937312
3	OUT PATIENT DEPARTMENT (OPD)	Rs.	3551357
4	EXTERNAL DEVELOPMENT	Rs.	25726671
4	RO FILTERATON PLANT	Rs.	4000000
	Total	Rs.	42623816
	Add 3% Contingency	Rs.	1278714
	Total	Rs.	43902530
	Add 5% PST	Rs.	2195127
	Gross Total	Rs.	46097657
	Says	Rs.	46.098


Sub Divisional Officer
Buildings Sub Division
Nankana Sahib.



Year 2021-22
Vetted Technically For Rs. 46.908 M,
Rupees Forty six point
nine thousand eight
hundred only

Superintending Engineer
Buildings Circle No. 3
LAHORE



Executive Engineer
Building Division
Nankana Sahib

REVAMPING OF D.H.Q PHYSIOTHERAPY (REHABILITATION CELL)

2nd BI-ANNUAL-2021 (01.07.2021 to 31.12.2021)								
1	Removing door with chowkat.							
	Bath	5				5	Nos	
	main Door	1				1	No	
					Total	6	Nos	
					@	331.65	P-No	1990
2	Removing/ Dismantling 1st class tile roofing. (Old Tile)							
		1	45.5	42.75		1945	Sft	
					Total	1945	Sft	
					@	1148.40	Each	22338
3	Relaying of Single layer of tiles 9"x4½"x1½" (225x113x40 mm) laid over 4"(100 mm) earth and 1" (25 mm) mud plaster without Bhoosa, grouted with cement sand 1:3 on top of RCC roof slab, provided with 34 lbs. per %Sft. or 1.72 Kg/Sq.m bitumen coating sand blinded.							
	Take qty of above item	1	1945	0.60		1167	Sft	
					Total	1167	Sft	
					@	5416.55	Sft	63215
4	Single layer of tiles 9"x4½"x1½" (225x113x40 mm) laid over 4"(100 mm) earth and 1" (25 mm) mud plaster without Bhoosa, grouted with cement sand 1:3 on top of RCC roof slab, provided with 34 lbs. per %Sft. or 1.72 Kg/Sq.m bitumen coating sand blinded.							
	Take qty of above item	1	1945	0.40		778	Sft	
					Total	778	Sft	
					@	8129.55	Sft	63252
5	Providing and fixing 1½" (40 mm) thick Fiber glass door , w/o mild steel chowkat (frame), etc. complete in all respect as approved design competent authority							
	Bath	4	2.5		7	70	Sft	
		1	3		7	21	Sft	
					Total	91	Sft	
					@	896.00	P-Sft	81536
6	Providing and fixing all types of partly fixed and partly openable glazed anodised bronze colour aluminium doors, using delux section of M/s Al-Cop or Pakistan Cables, having chowkat frame of size 40 x 100 mm (1½" x 4") and leaf frame of 60x40mm (2½"x1½") wide sections including the cost of ¼" (5 mm) thick imported tinted glass with aluminium triangular gola and rubber gasket to support the glass and leaf edging, using approved standard fittings, locks, 3" (75 mm) wide long handles etc., and hardware any required as approved by the engineer in-charge							
	Main Entr	1	5		8.5	43	Sft	
					Total	43	Sft	
					@	586.45	P-Sft	24924
7	Providing / Fixing stainless steel non magnetic stair railing 2-3/4" height consisting of 2" dia 18 SWG pipe top hand rail welded over vertical balustrade, of 1-1/2" wide 3/8" thick stainless steel double strip with stainless stud welded to fancy reducer 2"x1/2" at top and M.S tikki 3" dia 1/4" thick at bottom fixed on steps with holding down rawel bolts 3"x3/8" M.S tikki covered with architectural multi offset shape stainless steel cap 3" dia at bottom and reduced to 1-1/2" dia at top in 2" height in horizontal steel cap 3" dia at bottom and reduced to 1-1/2" dia at top in 2" height in horizontal stainless steel pipe 3/4" dia 18 SWG 3 No fixed with vertical balustrades i/c steel polishing fixed at site complete in all respect and as approved by the Engineer Incharge (All stainless steel member, shell be of non magnetic) code No 304							
		2	78			156	Rft	
		2	6.75			14	Rft	
					Total	170	Rft	-
					@	2650.00	P-Rft	449175

8	Emulsion after scaping 2 coats on old surface. Ect complete in all respetcs							
	Exercise Hall (Roof)	1	25.5	15		383	Sft	
	store	1	6.5	10.375		67	Sft	
	Toilet	1	12	15		180	Sft	
	Patient Cabins	1	27	16		432	Sft	
	Waiting Hall	1	27	16		432	Sft	
	Physiotherapists	1	12	17.5		210	Sft	
	Reception	1	12	8.75		105	Sft	
	Exercise Hall (Walls)	2	25.5		8	408	Sft	
		2	15		8	240	Sft	
	store	2	6.5		8	104	Sft	
		2	10.375		8	166	Sft	
	Toilet	2	12		7	168	Sft	
		2	15		7	210	Sft	
		6	5.5		2	66	Sft	
		6	4.75		2	57	Sft	
	Patient Cabins	2	27		8	432	Sft	
		2	16		8	256	Sft	
	Waiting Hall	2	27		12	648	Sft	
		2	16		12	384	Sft	
	Physiotherapists office	2	12		8	192	Sft	
		2	17.5		8	280	Sft	
	w.c	2	6.5		7	91	Sft	
		2	4		7	56	Sft	
	Reception	2	12		8	192	Sft	
		1	8.75		8	70	Sft	
					Total	5829	Sft	
					@	2110.85	%Sft	123040
9	Providing and Laying Insulation material of Extruded Polystyrene XPS in Rigid Insulation / Foam Board on roof or walls, Density 32-38Kg/M, compressive strength 250-400 kpa, R-value 5 per inch thickness and water obsorption (1% by volume, cell structure clored cell) i/c cutting and placing in position. complete in all respect.							
		1	45.5	42.75		1945	Sft	
					Total	1945	Sft	
					@	8433.00	% sft	164032
10	P/F fiber glass canopy comprising of vetical posts of M.S pipe 4" dia 16-SWG at 14' c/c in both directions 8-6" above floor level and 1-6" embeded in cement concrete 1:2:4 belows floor level provided with top frame of M.S pipe 1-1/2"x1-1/2" 18-SWG and M.S pipe 1-1/2"x1-1/2" 18-SWG laid in curvature with 2' rise from center point of main horizontal frame, strengthended with vertical sports of same size pipe i/c fixing of approved colours sheet 3mm (2-ply) thick by making holes in pipes and using rivots of appropriate size i/c painting as as approved by the Engineer Incharge.							
	Ventilator	1	17.50	2		35	Sft	
					Total B	35	Sft	
					@	486	Sft	17010
11	Supply and erection of PVC pipe for wiring recessed in walls							
	3/4"Dia					950	Rft	
					Total	950	Rft	
					@	61.0	P-Rft	57950
	1" Dia					550	Rft	
					Total	550	Rft	
					@	71	P-Rft	38775
12	Supply and erection of single core PVC insulated copper conductor cables, in prelaidd PVC pipe/M.S. conduit/G.I pipe/wooden strip batten/wooden casing and capping/G.I.wire/trenches (rate for cables only):-							
i	3/0.029"					1500	Rft	
					Total	1500	Rft	
					@	14.05	P-Rft	21075
ii	7/0.029"					1350	Rft	

					Total	1350	Rft	
					@	18.35	P-Rft	24772.5
iii	7/0.044"					1500	Rft	
					Total	1500	Rft	
					@	39.1	P-Rft	58650
iv	7/0.064" four Core					550	Rft	
					Total	550	Rft	
					@	274.85	P-Rft	151168
14	S/E China Fitting Best Quality i/c PVC box complete in all respects.							
i	8+2 plates	20			Total	20.00	Nos	
					@	900.00	P-No	18000
ii	6+2 plates	10			Total	10.00	Nos	
					@	850.00	P-No	8500
iii	4+2 plates	5			Total	5.00	Nos	
					@	810.00	P-No	4050
iv	2+2 plates	5			Total	5.00	Nos	
					@	500.00	P-No	2500
15	S/E China Fitting Best Quality Socket Three pin 10/15 Amp complete in all respect.							
		25			Total	25.00	Nos	
					@	500.00	P-No	12500
16	S/E LED Bulb 25 Watt best quality	30			Total	30.00	Nos	
					@	624.00	P-No	18720
						Total		1427173
	D/D cost Of Old Material.							
	Old Aluminium Doors	5				5	Nos	
		1				1	No	
					Total	6	Nos	
					@	3000.00	P-No	18000
	Old Fiber Sheds							
	Ventilator	1	17.50	2		35	Sft	
					Total B	35	Sft	
					@	20	Sft	700
						Total		18700
	Net Total		1427173	-	18700			1408473


Sub Divisional Officer
Building Sub Division Nankana Sahib



**REVAMPING OF D.H.Q
(DIALYSIS UNIT)**

2nd BI-ANNUAL-2021 (01.07.2021 to 31.12.2021)							
1	Removing patient cabine etc						
	Bath	2	6			12	Nos
	main Door	2	5			10	Nos
		2	2			4	Nos
		2	3			6	Nos
					Total	32	Nos
					@	331.65	P-No 10613
2	Removing door with chowkat.						
	Bath	16				16	Nos
	Entrance Doors	2				2	Nos
					Total	18	Nos
					@	331.65	P-No 5970
3	Removing/ Dismantling 1st class tile roofing. (Old Tile)						
		1	100.375	80		8030	Sft
					Total	8030	Sft
					@	1148.40	%Sft 92217
4	Relaying of Single layer of tiles 9"x4½"x1½" (225x113x40 mm) laid over 4"(100 mm) earth and 1" (25 mm) mud plaster without Bhoosa, grouted with cement sand 1:3 on top of RCC roof slab, provided with 34 lbs. per %Sft. or 1.72 Kg/Sq.m bitumen coating sand blinded.						
	Take qty of above item	1	8030	0.60		4818	Sft
					Total	4818	Sft
					@	5416.55	%Sft 260969
5	Single layer of tiles 9"x4½"x1½" (225x113x40 mm) laid over 4"(100 mm) earth and 1" (25 mm) mud plaster without Bhoosa, grouted with cement sand 1:3 on top of RCC roof slab, provided with 34 lbs. per %Sft. or 1.72 Kg/Sq.m bitumen coating sand blinded.						
	Take qty of above item	1	8030	0.40		3212	Sft
					Total	3212	Sft
					@	8129.55	%Sft 261121
6	Dismantling glazed or encaustic tiles, etc						
	Plate form	1	39.25	9		353	Sft
	Treatment RM	1	19.25	12.38		238	Sft
	Entt Hall	1	39.25	24.5		962	Sft
	record room	1	9.25	19.25		178	Sft
	Public Toilet	1	11.25	12.375		139	Sft
	Staff Toilet	1	7.625	6		46	Sft
		1	8.375	6		50	Sft
	Patient Cabins	2	8.75	49.25		862	Sft
	Corridor	2	8	49.25		788	Sft
	Corridor	1	40.75	9.25		377	Sft
	Corridor	1	40.75	19.25		784	Sft
	Staff room/ Duty Doctor	2	9.25	19.25		356	Sft
	Toilet	2	4.5	9.25		83	Sft
	R/o Water System	1	19.25	19.25		371	Sft
	Rescue machine	1	9.25	19.25		178	Sft
	Change RM male/ female	1	9.25	17.25		160	Sft
	Stair case	1	9.25	14.25		132	Sft
	Male / Female Toilets	1	14.5	19.25		279	Sft
	pantry/ lobby	1	4	19.25		77	Sft
	Toilet Male	1	11.25	12.38		139	Sft
	Toilet female	1	11.25	7.625		86	Sft
					Total	6638	Sft
					@	650.75	%Sft 43198

7	Dismantling cement concrete 1:2:4 plain.							
	Plate form	1	39.25	9	0.125	44	Cft	
	Treatment RM	1	19.25	12.38	0.125	30	Cft	
	Entt Hall	1	39.25	24.5	0.125	120	Cft	
	record room	1	9.25	19.25	0.125	22	Cft	
	Public Toilet	1	11.25	12.375	0.125	17	Cft	
	Staff Toilet	1	7.625	6	0.125	6	Cft	
		1	8.375	6	0.125	6	Cft	
	Patient Cabins	2	8.75	49.25	0.125	108	Cft	
	Corridor	2	8	49.25	0.125	99	Cft	
	Corridor	1	40.75	9.25	0.125	47	Cft	
	Corridor	1	40.75	19.25	0.125	98	Cft	
	Staff room/ Duty Doctor	2	9.25	19.25	0.125	45	Cft	
	Toilet	2	4.5	9.25	0.125	10	Cft	
	R/o Water System	1	19.25	19.25	0.125	46	Cft	
	Rescue machine	1	9.25	19.25	0.125	22	Cft	
	Change RM male/ female	1	9.25	17.25	0.125	20	Cft	
	Stair case	1	9.25	14.25	0.125	16	Cft	
	Male / Female Toilets	1	14.5	19.25	0.125	35	Cft	
	pantry/ lobby	1	4	19.25	0.125	10	Cft	
	Toilet Male	1	11.25	12.38	0.125	17	Cft	
	Toilet female	1	11.25	7.625	0.125	11	Cft	
					Total	830	Cft	
					@	8421.60	%Cft	69880
8	P/L plain cement concrete (1:2:4) i/c compacting, curing, placing etc							
	Plate form	1	39.25	9	0.125	44	Cft	
	Treatment RM	1	19.25	12.38	0.125	30	Cft	
	Entt Hall	1	39.25	24.5	0.125	120	Cft	
	record room	1	9.25	19.25	0.125	22	Cft	
	Public Toilet	1	11.25	12.375	0.125	17	Cft	
	Staff Toilet	1	7.625	6	0.125	6	Cft	
		1	8.375	6	0.125	6	Cft	
	Patient Cabins	2	8.75	49.25	0.125	108	Cft	
	Corridor	2	8	49.25	0.125	99	Cft	
	Corridor	1	40.75	9.25	0.125	47	Cft	
	Corridor	1	40.75	19.25	0.125	98	Cft	
	Staff room/ Duty Doctor	2	9.25	19.25	0.125	45	Cft	
	Toilet	2	4.5	9.25	0.125	10	Cft	
	R/o Water System	1	19.25	19.25	0.125	46	Cft	
	Rescue machine	1	9.25	19.25	0.125	22	Cft	
	Change RM male/ female	1	9.25	17.25	0.125	20	Cft	
	Stair case	1	9.25	14.25	0.125	16	Cft	
	Male / Female Toilets	1	14.5	19.25	0.125	35	Cft	
	pantry/ lobby	1	4	19.25	0.125	10	Cft	
	Toilet Male	1	11.25	12.38	0.125	17	Cft	
	Toilet female	1	11.25	7.625	0.125	11	Cft	
					Total	830	Cft	
					@	25040.40	%Cft	207777

9	P/L PREPOLISHED PORCELAIN TILE "MASTER OR EQ" WITH DRY / WET / VENIED APPLICATION, DWV SERIES (LIGHT COLOR) CLASS SB, 24"X24" SIZE LAID OVER A BED OF 3/4" THICK C/S MORTAR 1:2, I/C FILLING JOINTS WITH WHITE CEMENT MIXED WITH MATCHING PIGMENT COMPLETE IN ALL RESPECT AS APPROVED BY THE ENGINEER INCHARGE (FOR							
	Plate form	1	39.25	9		353	Sft	
	Treatment RM	1	19.25	12.38		238	Sft	
	Entt Hall	1	39.25	24.5		962	Sft	
	record room	1	9.25	19.25		178	Sft	
	Public Toilet	1	11.25	12.375		139	Sft	
	Staff Toilet	1	7.625	6		46	Sft	
		1	8.375	6		50	Sft	
	Patient Cabins	2	8.75	49.25		862	Sft	
	Corridor	2	8	49.25		788	Sft	
	Corridor	1	40.75	9.25		377	Sft	
	Corridor	1	40.75	19.25		784	Sft	
	Staff room/ Duty Doctor	2	9.25	19.25		356	Sft	
	Toilet	2	4.5	9.25		83	Sft	
	R/o Water System	1	19.25	19.25		371	Sft	
	Rescue machine	1	9.25	19.25		178	Sft	
	Change RM male/ female	1	9.25	17.25		160	Sft	
	Stair case	1	9.25	14.25		132	Sft	
					Total	6057	Sft	
					@	248.00	P.Sft	1502136
10	P/L PREPOLISHED PORCELAIN TILE "MASTER OR EQ" WITH DRY / WET / VENIED APPLICATION, DWW SERIES (LIGHT COLOR) CLASS SB, 24"X24" SIZE OVER A BED OF 3/4" THICK C/S PLASTER 1:2, I/C FILLING JOINTS WITH WHITE CEMENT MIXED WITH MATCHING PIGMENT COMPLETE IN ALL RESPECT AS APPROVED BY THE ENGINEER INCHARGE (FOR							
	Walls							
	Entr Hall	2	39.25	4		314	Sft	
		2	24.5	4		196	Sft	
	Treatment RM	2	19.25	4		154	Sft	
		2	12.375	4		99	Sft	
	Store	2	19.25	4		154	Sft	
		2	16.125	4		129	Sft	
	Record room	2	9.25	4		74	Sft	
		2	19.25	4		154	Sft	
	corridor	1	6.875	4		28	Sft	
		2	10	4		80	Sft	
	Reception/corridor	2	74.25	4		594	Sft	
		2	49.25	4		394	Sft	
	Staff/ duty outer side	2	40.75	4		326	Sft	
		2	20.75	4		166	Sft	
	R/O plant	2	19.25	4		154	Sft	
		2	19.25	4		154	Sft	
	Reuse Machine room	2	9.25	4		74	Sft	
		2	19.25	4		154	Sft	
	Change RM Male/Female	4	9.25	4		148	Sft	
		4	17.25	4		276	Sft	
	Stair case	2	14.25	4		114	Sft	
		1	9.25	4		37	Sft	

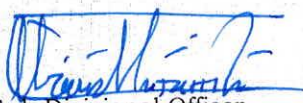
	Male & Female wash rooms	2	19.25	4		154	Sft	
		2	19.25	4		154	Sft	
	Staff/ duty room	4	9.25	4		148	Sft	
		4	19.25	4		308	Sft	
					Total	4737	Sft	
	Take 40% qty of above item	1	4737	x	40%	1895	Sft	
					Total	1895	Sft	
					@	258.00	P-Sft	488807
11	P/L CERAMIC TILE (MASTER OR EQUIVALENT) SP SERIES ON MATCHING COLOR BASE (GLOSSY / MATT) LIGHT COLOR RECTIFIED SB SB 12"X18" SIZE LAID OVER A BED OF 3/4" THICK CEMENT SAND MORTAR 1:2 I/C FILLING JOINTS WITH WHITE CEMENT MIXED WITH MATCHING PIGMENTS COMPLETE IN ALL RESPECT AS APPROVED BY THE ENGINEER INCHARGE.(FOR FLOOR)							
	Male / Female Toilets	1	14.5	19.25		279	Sft	
	pantry/ lobby	1	4	19.25		77	Sft	
	Toilet Male	1	11.25	12.38		139	Sft	
	Toilet female	1	11.25	7.625		86	Sft	
					Total	581	Sft	
					@	177.00	%Sft	102859
12	P/L CERAMIC TILE (MASTER OR EQUIVALENT) SP SERIES ON MATCHING COLOR BASE (GLOSSY / MATT) LIGHT COLOR RECTIFIED SB SB 12"X18" SIZE LAID OVER A BED OF 3/4" THICK CEMENT SAND MORTAR 1:2 I/C FILLING JOINTS WITH WHITE CEMENT MIXED WITH MATCHING PIGMENTS COMPLETE IN ALL RESPECT AS APPROVED BY THE ENGINEER INCHARGE.(FOR DADO)							
	Public Toilets	2	19.25	4		154	Sft	
		2	12.375	4		99	Sft	
	W.C	6	3.5	4		84	Sft	
		6	6.5	4		156	Sft	
	Staff Toilet	2	7.625	4		61	Sft	
		2	6	4		48	Sft	
	W.C	10	6.5	4		260	Sft	
		10	3.5	4		140	Sft	
		2	7.625	4		61	Sft	
		2	10.5	4		84	Sft	
		2	7.625	4		61	Sft	
		2	7.625	4		61	Sft	
		2	7	4		56	Sft	
	Toilets	4	4.5	4		72	Sft	
		4	9.25	4		148	Sft	
					Total	1325	Sft	
	Take 40% qty of above item	1	1325	x	40%	530	Sft	
					Total	530	Sft	
					@	187.00	%Sft	247775
13	P/L 3/4" Pre-Polished marble floor of Granite size Greater then 4 Sft laid over a bed of 3/4"thick cement sand mortar 1:2, filling joints with white cement mixed with matching pigment and cleaning with detergent powder making nozing complete in all respect as approved by Engineer Incharge. for steps							
	Entt Steps	4	42.5		1	170	Sft	
		1	16		1	16	Sft	
	Riser	6	42.5		0.5	128	Sft	
					Total	314	Sft	
					@	1194.00	P-Sft	374319

14	Providing and fixing 1½" (40 mm) thick Fiber glass door , w/o mild steel chowkat (frame), etc. complete in all respect as approved design competent authority							
	Bath	10	2.5		7	175	Sft	
		6	3		7	126	Sft	
					Total	301	Sft	
					@	896.00	P-Sft	269696
15	Providing and fixing all types of partly fixed and partly openable glazed anodised bronze colour aluminium doors, using delux section of M/s Al-Cop or Pakistan Cables, having chowkat frame of size 40 x 100 mm (1½" x 4") and leaf frame of 60x40mm (2½"x1½") wide sections including the cost of ¼" (5 mm) thick imported tinted glass with aluminium triangular gola and rubber gasket to support the glass and leaf edging, using approved standard fittings, locks, 3" (75 mm) wide long handles etc., and hardware any required as approved by the engineer in-charge							
	Main Entr	2	5		8.5	85	Sft	
					Total	85	Sft	
					@	586.45	P-Sft	49848
16	Providing / Fixing stainless steel non magnetic stair railing 2-3/4" height consisting of 2" dia 18 SWG pipe top hand rail welded over vertical balustrade, of 1-1/2" wide 3/8" thick stainless steel double strip with stainless stud welded to fancy reducer 2"x1/2" at top and M.S tikki 3" dia 1/4" thick at bottom fixed on steps with holding down rawel bolts 3"x3/8" M.S tikki covered with architectural multi offset shape stainless steel cap 3" dia at bottom and reduced to 1-1/2" dia at top in 2" height in horizontal steel cap 3" dia at bottom and reduced to 1-1/2" dia at top in 2" height in horizontal stainless steel pipe 3/4" dia 18 SWG 3 No fixed with vertical balustrades i/c steel polishing fixed at site complete in all respect and as approved by the Engineer Incharge (All stainless steel member, shell be of non magnetic) code No 304							
		2	19			38	Rft	
		2	5.5			11	Rft	
					Total	49	Rft	
					@	2650.00	Each	129850
17	Providing and Laying Insulation material of Extruded Polystyrene XPS in Rigid Insulation / Foam Board on roof or walls, Density 32-38Kg/M, compressive strength 250-400 kpa, R-value 5 per inch thickness and water absorption (1% by volume, cell structure closed cell) i/c cutting and placing in position, complete in all respect							
		1	100.375	80		8030	Sft	
					Total	8030	Sft	
					@	8433.00	%Sft	677170
18	Emulsion paint old surface with 2 coats i/c scraping etc complete in all respects							
	Roof slab.							
	Plate Form	1	39.25	9		353	Sft	
	Ent Hall	1	39.25	24.5		962	Sft	
	Treatment RM	1	19.25	12.375		238	Sft	
	Store	1	19.25	16.125		310	Sft	
	Record room	1	9.25	19.25		178	Sft	
	corridor	1	10	6.875		69	Sft	
	Public Toilets	1	19.25	12.375		238	Sft	
	Reception	1	19.25	40.75		784	Sft	
	corridor	2	49.25	16.75		1650	Sft	
		1	40.75	9.25		377	Sft	
	Staff Room/Duty Doctor	2	9.25	19.25		356		
	Toilets	2	4.5	9.25		83		
	R/O plant	1	19.25	19.25		371	Sft	
	Reuse Machine room	1	9.25	19.25		178	Sft	

	Change RM Male/Female	2	9.25	17.25		319	Sft	
	Stair case	1	9.25	14.25		132	Sft	
	Male & Female wash rooms	1	19.25	19.25		371	Sft	
	Walls							
	Entr Hall	2	39.25	8		628	Sft	
		2	24.5	8		392	Sft	
	Treatment RM	2	19.25	8		308	Sft	
		2	12.375	8		198	Sft	
	Store	2	19.25	8		308	Sft	
		2	16.125	8		258	Sft	
	Record room	2	9.25	8		148	Sft	
		2	19.25	8		308	Sft	
	corridor	1	6.875	8		55	Sft	
		2	10	8		160	Sft	
	Public Toilets	2	19.25	8		308	Sft	
		2	12.375	8		198	Sft	
	W.C	6	3.5	4		84	Sft	
		6	6.5	4		156	Sft	
	Staff Toilet	2	7.625	4		61	Sft	
		2	6	4		48	Sft	
	Reception/corridor	2	74.25	8		1188	Sft	
		2	49.25	8		788	Sft	
	Staff/duty outer side	2	40.75	8		652	Sft	
		2	20.75	8		332	Sft	
	R/O plant	2	19.25	8		308	Sft	
		2	19.25	8		308	Sft	
	Reuse Machine room	2	9.25	8		148	Sft	
		2	19.25	8		308	Sft	
	Change RM Male/Female	4	9.25	8		296	Sft	
		4	17.25	8		552	Sft	
	Stair case	2	14.25	8		228	Sft	
		1	9.25	8		74	Sft	
	Male & Female wash rooms	2	19.25	8		308	Sft	
		2	19.25	8		308	Sft	
	W.C	10	6.5	4		260	Sft	
		10	3.5	4		140	Sft	
		2	7.625	4		61	Sft	
		2	10.5	4		84	Sft	
		2	7.625	4		61	Sft	
		2	7.625	4		61	Sft	
		2	7	4		56	Sft	
	Staff/duty room	4	9.25	8		296	Sft	
		4	19.25	8		616	Sft	
	Toilets	4	4.5	4		72	Sft	
		4	9.25	4		148	Sft	
					Total	18240	Sft	
					@	2110.85	%Sft	385025
19	Supply and erection of PVC Duct Patti for open wiring.							
	3/4"wide					1200	Rft	
					Total	1200	Rft	
					@	25.0	P-Rft	30000
	1" wide					2000	Rft	
					Total	2000	Rft	
					@	33	P-Rft	66000
	40x40 size					1500	Rft	
					Total	1500	Rft	
					@	92	P-Rft	138000

	60x60 size					2000	Rft	
					Total	2000	Rft	
					@	143	P-Rft	286000
20	Supply and erection of single core PVC insulated copper conductor cables, in prelaidd PVC pipe/M.S. conduit/G.I pipe/wooden strip batten/wooden casing and capping/G.I.wire/trenches (rate for cables only):-							
i	3/0.029"					4000	Rft	
					Total	4000	Rft	
					@	14.05	P-Rft	56200
ii	7/0.029"					3500	Rft	
					Total	3500	Rft	
					@	18.35	P-Rft	64225
iii	7/0.064"					7000	Rft	
					Total	7000	Rft	
					@	72.95	P-Rft	510650
iv	7/0.064" Four Core					520	Rft	
					Total	520	Rft	
					@	274.85	P-Rft	142922
22	S/E China Fitting Best Quality i/c PVC box complete in all respects.							
i	8+2 plates	30			Total	30.00	Nos	
					@	900.00	P-No	27000
ii	6+2 plates	25			Total	25.00	Nos	
					@	850.00	P-No	21250
iii	4+2 plates	20			Total	20.00	Nos	
					@	810.00	P-No	16200
iv	2+2 plates	20			Total	20.00	Nos	
					@	500.00	P-No	10000
23	S/E China Fitting Best Quality Socket Three pin 10/15 Amp complete in all respect.							
		25			Total	25.00	Nos	
					@	550.00	P-No	13750
24	S/E LED Bulb 25 Watt	30			Total	30.00	Nos	
					@	500.00	P-No	15000
25	P/F ceiling light 2x2 size etc	45			Total	45.00	Nos	
					@	8500.00	P-No	382500
	Water Supply							
	P/L PPRC Pipe i/c cutting fixing etc							
	25 mm	1	5500	-	-	5500	Rft	
					Total	5500	Rft	
					@	42	P-Rft	231000
	32 mm	1	2500	-	-	2500	Rft	
					Total	2500	Rft	
					@	48	P-Rft	120000
	P/L UPVC for drain water i/c cutting fixing etc							
	1 1/2" dia	1	5500	-	-	5500	Rft	
					Total	3500	Rft	
					@	106.75	P-Rft	373625
26	P/F Stain less corner nosing 2"x2" complete with fixing tools complete in all respects.							
		10	5			50	Rft	
					Total	50	Rft	
					@	150	P.Rft	7500

Sewarge Line								
26	Earthwork excavation in open cutting upto 5'-0" (1.5 m) depth for storm water channels, drains, sullage drains in open areas, roads, streets, lanes, including under pinning of walls and shoring to protect existing works, shuttering and timbering the trenches, dressed to designed level and dimensions, trimming, removal of surface water from							
		1	150	1.5	3	675	Cft	
					Total	675	Cft	
					@	6,811.90	%0 cft	4598
27	Supplying and filling sand under floor; or plugging in wells							
		1	150	1.5	0.75	169	Cft	
					Total	169	Cft	
					@	2059	% cft	3475
28	Providing and laying R.C.C. pipe sewers, moulded with ditto cement concrete 1:1½:3 conforming to ASTM Specification C-76-79, Class II. Wall B, including carriage of pipe from factory to site of work, lowering in trenches to correct alignment and grade, jointing with rubber ring, cutting pipes where necessary, testing, etc. complete.							
	12" dia	1	150	-	-	150	Rft	
					Total	150	Rft	
					@	546.65	P-Rft	81998
29	Preparation of Manholes complete in all respects							
		1	6	-	-	6	NOs	
					Total	6	NOs	
					@	33532	P.No	201192
					Total			7982312
	D/D cost Of Old Material.							
	Old Aluminium Doors	16				16	Nos	
		2				2	Nos	
					Total	18	Nos	
					@	2500.00	P-No	45000
					Total			45000
	Net Total		7982312	-	45000			7937312


 Sub Divisional Officer
 Building Sub Division Nankana Sahib



REVAMPING OF D.H.Q OUT PATIENT DEPARTMENT (OPD)

2nd BI-ANNUAL-2021 (01.07.2021 to 31.12.2021)

1	Removing door with chowkat.							
	Medical wards	2				2	Nos	
					Total	2	Nos	
					@	331.65	P-No	663.3
2	Removing old fiber shed							
		1	41.75	19.75		825	Sft	
					Total	825	Sft	
					@	10.00	P-Sft	8246
3	Dismantling glazed or encaustic tiles or marble, etc							
	Entr steps	6	43	1		258	Sft	
		7	43	0.5		151	Sft	
	Ramp tile	3	5	7.125		107	Sft	
					Total	515	Sft	
					@	15	P.Sft	7731
4	Pacca Brick Work other than building (1:6) cement sand mortar.							
	Reception Counter.	1	18	0.75	3	41	Cft	
		2	7	0.75	3	32	Cft	
					Total	73	Cft	
					@	23441.60	%CFT	17112
5	Plastering 1/2" thick (1:4) cement plaster upto 20' height.							
	Roof slab.							
	Reception counter	2	18	3		108	Sft	
		4	7	3		84	Sft	
		1	18	2		36	Sft	
		2	5	2		20	Sft	
					Total	248	Sft	
					@	2304.25	%Sft	5715
6	P/L RCC (1:2:4) in roof slabs, columns lintels.etc i/c shuttering							
	Reception Counter.	1	18	2	0.25	9	Cft	
		2	5	2	0.25	5	Cft	
	Total					14	Cft	
					@	414	P.cft	5796
7	P/L PREPOLISHED PORCELAIN TILE "MASTER OR EQ" WITH DRY / WET / VENIED APPLICATION, DWV SERIES (LIGHT COLOR) CLASS SB, 16"X16" SIZE LAID OVER A BED OF 3/4" THICK C/S MORTAR 1:2, I/C FILLING JOINTS WITH WHITE CEMENT MIXED WITH MATCHING PIGMENT COMPLETE IN ALL RESPECT AS APPROVED BY THE ENGINEER INCHARGE (FOR FLOOR)							
	Ramp tile	3	5	7.125		107	Sft	
	Reception Counter	1	18	3		54	Sft	
		2	7	3		42	Sft	
					Total	203	Sft	
					@	212	P.Sft	43010

	Stair case	1	25.125	19		477	Sft	
	ward female	1	39.375	19.375		763	Sft	
	toilet	4	9.125	4.625		169	Sft	
	N.s	1	19.75	5		99	Sft	
	ward male	1	39.5	19.5		770	Sft	
	corridor	2	220	9		3960	Sft	
		2	19	9.25		352	Sft	
	circulation	1	19.25	17		327	Sft	
		1	19	8.375		159	Sft	
	Ent sides	1	9.31	6.875		64	Sft	
		1	9.375	6.875		64	Sft	
	Beams B1	10	17.5	1.25		219	Sft	
	B3	8	14.875	1.25		149	Sft	
	B7	4	8.375	0.75		25	Sft	
		4	9.25	0.75		28	Sft	
	B8	4	19.75	1.25		99	Sft	
	B6	2	17.5	0.75		26	Sft	
	B4	2	19	1.25		48	Sft	
	B1	4	17.5	1.25		88	Sft	
	B4	8	19.5	1.25		195	Sft	
	B1	8	19.5	1.25		195	Sft	
	B8	4	19	1.25		95	Sft	
	B9	8	19	1.25		190	Sft	
	B8	4	19	1.25		95	Sft	
	Walls							
	specialist room & adminstration	6	19.5	13.5		1580	Sft	
		6	17.5	13.5		1418	Sft	
	specialist room	4	19	13.5		1026	Sft	
		4	15	13.5		810	Sft	
	specialist room	2	19.56	13.5		528	Sft	
		2	17.5	13.5		473	Sft	
	specialist room	2	19.375	13.5		523	Sft	
		2	17.5	13.5		473	Sft	
	security room	4	9.31	13.5		503	Sft	
		4	8.375	13.5		452	Sft	
		2	9.31	13.5		251	Sft	
		2	8.375	13.5		226	Sft	
	Ent deck	3	19	13.5		770	Sft	
		2	16	13.5		432	Sft	
	M.S.O	2	19.44	13.5		525	Sft	
		2	17.5	13.5		473	Sft	
	Lobby	2	9.06	13.5		245	Sft	
		2	7.125	13.5		192	Sft	
	Toilet	2	9.06	9		163	Sft	
		2	7	9		126	Sft	
	steno	2	9.1875	13.5		248	Sft	
		2	14.875	13.5		402	Sft	
	Doctor Lounge	2	18.94	13.5		511	Sft	
		2	15	13.5		405	Sft	
	toilet	2	9.125	9		164	Sft	
		2	8.125	9		146	Sft	

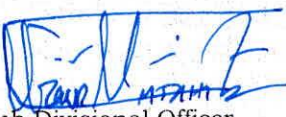
	4	4	9		144	Sft	
	2	8	3.5		56	Sft	
	2	8	9		144	Sft	
ward peads	2	19.75	10		395	Sft	
	2	36.375	10		728	Sft	
nurses office	2	16.875	10		338	Sft	
	2	9	10		180	Sft	
ward male	2	39.5	10		790	Sft	
	2	19.5	10		390	Sft	
ward female	2	39.375	10		788	Sft	
	2	19.5	10		390	Sft	
toilet	8	9.125	9		657	Sft	
	8	4.625	9		333	Sft	
dirty chute	2	3	13.5		81	Sft	
	3	4.25	13.5		172	Sft	
deck	2	5.375	13.5		145	Sft	
	2	4.25	13.5		115	Sft	
toilet	4	9.375	9		338	Sft	
	4	19.375	9		698	Sft	
	4	8	3.5		112	Sft	
	4	4.5	3.5		63	Sft	
	4	9.375	3.5		131	Sft	
	2	5	3.5		35	Sft	
specialist room	2	19.25	13.5		520	Sft	
	2	19.375	13.5		523	Sft	
specialist room	2	19.75	13.5		533	Sft	
	2	19.375	13.5		523	Sft	
specialist room	2	18.625	13.5		503	Sft	
	2	16.875	13.5		456	Sft	
	4	19.375	13.5		1046	Sft	
toilet male	2	11.25	9		203	Sft	
	2	12.125	9		218	Sft	
toilet female	2	7.625	9		137	Sft	
	2	12.125	9		218	Sft	
	8	6	3.5		168	Sft	
	2	5.75	3.5		40	Sft	
pantary	2	9.5	13.5		257	Sft	
	2	6.625	13.5		179	Sft	
corridor	2	220	10		4400	Sft	
	5	19	10		950	Sft	
	2	16.875	10		338	Sft	
	2	41	10		820	Sft	
	1	10	10		100	Sft	
	1	37	10		370	Sft	
	6	9	10		540	Sft	
toilet	22	8	9		1584	Sft	
	22	4	9		792	Sft	
Benchs	8	19	2		304	Sft	
	16	1.5	2		48	Sft	
	1	61	2		122	Sft	
	40	1.5	2		120	Sft	
	6	6.875	2		83	Sft	
				Total	53251	Sft	
				@	2110.85	P-Sft	1124043
1st floor roof slab							
T.I. B	1	19.5	17.5		341	Sft	

T.B Dots	1	19	15		285	Sft	
W.F.P	1	19.58	17.5		343	Sft	
M.S.O room	1	19	15		285	Sft	
M.O room	2	9.42	17.5		330	Sft	
office	1	19.33	16		309	Sft	
demonstration	1	19	16		304	Sft	
record room	1	9.375	16		150	Sft	
aneesthesia and surgeon	2	9.25	17.5		324	Sft	
toilet	1	9.08	7.125		65	Sft	
	1	9.25	7		65	Sft	
N.o	1	9.25	15		139	Sft	
I.C.U	1	19.375	17.5		339	Sft	
N.S	2	9.125	4.75		87	Sft	
toilet	2	9.125	4		73	Sft	
	2	9.125	3.75		68	Sft	
preoperative ward	1	19.5	17.5		341	Sft	
Homeo	1	19.375	17.5		339	Sft	
corridor	1	19	9.25		176	Sft	
waiting area	2	20	19		760	Sft	
ramp	2	61	1.125		137	Sft	
	1	17.5	4.75		83	Sft	
scrub up and change room	2	9	8.375		151	Sft	
	2	9.375	8.375		157	Sft	
	1	17.5	9.375		164	Sft	
toilet male	1	11.375	12.125		138	Sft	
toilet female	1	7.5	12.125		91	Sft	
pantary	1	6.75	6.625		45	Sft	
	1	12.125	7.5		91	Sft	
hapatites control room	1	19.5	19.5		380	Sft	
linen store	1	19.68	17		335	Sft	
general store	1	19.75	19.5		385	Sft	
madicine srore	1	19.25	19.5		375	Sft	
toilet	1	9.33	19.5		182	Sft	
post operative ward	1	19.25	29.25		563	Sft	
dirty utility	1	9.25	19.5		180	Sft	
O.T	1	19.375	19.5		378	Sft	
equipment and madicine store	2	9.5	17		323	Sft	
O.T	1	19.25	19.5		375	Sft	
sterlization	1	19.5	19.5		380	Sft	
dirty	1	10.875	4.25		46	Sft	
demonstration	1	19	16		304	Sft	
corridor	1	47	19.25		905	Sft	
	2	111	9		1998	Sft	
Beams B1	10	17.5	1.25		219	Sft	
B3	8	14.875	1.25		149	Sft	
B7	4	8.375	0.75		25	Sft	
	4	9.25	0.75		28	Sft	
B8	4	19.75	1.25		99	Sft	
B6	2	17.5	0.75		26	Sft	
B4	2	19	1.25		48	Sft	
B1	4	17.5	1.25		88	Sft	

B4	8	19.5	1.25		195	Sft	
B1	8	19.5	1.25		195	Sft	
B8	4	19	1.25		95	Sft	
B9	8	19	1.25		190	Sft	
B8	4	19	1.25		95	Sft	
1st floor walls							
T.I. B	2	19.5		13.5	527	Sft	
	2	17.5		13.5	473	Sft	
T.B Dots	2	19		13.5	513	Sft	
	2	15		13.5	405	Sft	
W.F.P	2	19.58		13.5	529	Sft	
	2	17.5		13.5	473	Sft	
M.S.O	2	19		13.5	513	Sft	
	2	15		13.5	405	Sft	
Toilet	4	8		10	320	Sft	
	4	4		10	160	Sft	
M.O room	4	9.42		13.5	509	Sft	
office	4	9.375		13.5	506	Sft	
	4	16		13.5	864	Sft	
demonstration	2	19		13.5	513	Sft	
	2	16		13.5	432	Sft	
	2	8		10	160	Sft	
anaesthesia	4	9.25		13.5	500	Sft	
	4	17.5		13.5	945	Sft	
toilet	2	9.25		10	185	Sft	
	2	7		10	140	Sft	
	2	9.08		10	182	Sft	
	2	7.125		10	143	Sft	
nurses office	2	9.25		10	185	Sft	
	2	15		10	300	Sft	
I.C.U	2	19.375		13.5	523	Sft	
	2	17.5		13.5	473	Sft	
N.s	4	9.875		13.5	533	Sft	
	4	7		13.5	378	Sft	
toilet	4	9.125		10	365	Sft	
	4	4		10	160	Sft	
	4	9.125		10	365	Sft	
	4	3.75		10	150	Sft	
preoperative ward	2	19.5		10	390	Sft	
	2	17.5		10	350	Sft	
scrub up and change room	4	9.375		13.5	506	Sft	
	4	8.375		13.5	452	Sft	
	4	9		13.5	486	Sft	
	4	8.375		13.5	452	Sft	
	2	9.375		13.5	253	Sft	
	2	17.5		13.5	473	Sft	
	2	60		13.5	1620	Sft	
	4	19		14	1064	Sft	
Homeo	2	19.375		13.5	523	Sft	
	2	17.5		13.5	473	Sft	
toilet male	2	11.375		10	228	Sft	

		2	12.125		10	243	Sft	
	toilet female	2	7.5		10	150	Sft	
		2	12.125		10	243	Sft	
		6	6		4	144	Sft	
		2	7.5		4	60	Sft	
		2	11.375		4	91	Sft	
		1	12.125		10	121	Sft	
	pantary	2	6.75		13.5	182	Sft	
	hepatitus control room	2	6.625		13.5	179	Sft	
	linen store	4	19.5		13.5	1053	Sft	
		2	19.625		13.5	530	Sft	
	general store	2	17		13.5	459	Sft	
	medicine store	4	19.75		13.5	1067	Sft	
		2	19.25		13.5	520	Sft	
	toilet	2	19.5		13.5	527	Sft	
		2	9.33		10	187	Sft	
		2	19.5		10	390	Sft	
		2	5		10	100	Sft	
		2	9.33		10	187	Sft	
		2	23.375		14.5	678	Sft	
		1	19.25		14.5	279	Sft	
	post operative ward	2	19.25		10	385	Sft	
		2	29.25		10	585	Sft	
	dirty utility	2	9.25		13.5	250	Sft	
		2	19.5		13.5	527	Sft	
	O.T	2	19.375		10	388	Sft	
		2	19.5		10	390	Sft	
	equapment and medicine store	4	9.5		13.5	513	Sft	
		4	17		13.5	918	Sft	
	O.T	2	19.25		10	385	Sft	
		2	19.5		10	390	Sft	
	sterlization	4	19.5		13.5	1053	Sft	
	corridor	2	111		10	2220	Sft	
	duct	4	9.33		13.5	504	Sft	
		4	3		13.5	162	Sft	
					Total	50890	Sft	
					@	2138.55	P-No	1088310
11	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:							
	Outer Side							
		8	19	30		4560	Sft	
		16	2.5	30		1200	Sft	
		4	9	30		1080	Sft	
		8	2.625	30		630	Sft	
	Shade	104	9	5		4680	Sft	
					Total	12150	Sft	
					@	1034.00	P-Sft	125631

12	Laquer Polishing and Repair of main entrance door i/c finishing							
		2	9	9		162		
					Total	162	Sft	
					@	110	P-Sft	17820
13	Analysis of rate for P/F fiber glass canopy comprising of vetical posts of M.S pipe 4" dia 16-SWG at 14' c/c in both directions 8-6" above floor level and 1-6" embeded in cement concrete 1:2:4 belows floor level provided with top frame of M.S pipe 1-1/2"x1-1/2" 18-SWG and M.S pipe 1-1/2"x1-1/2" 18-SWG laid in curvature with 2' rise from center point of main horizontal frame, strengthened with vertical sports of same size pipe i/c fixing of approved colours sheet 3mm (2-ply) thick by making holes in pipes and using rivots of appropriate size i/c painting as as approved by the Engineer Incharge.							
		1	41.75	19.75		825	Sft	
					Total	825	Sft	
					@	486	P.Sft	400737
14	P/F 12" dia exhust fans etc complete in							
		1	4			4	No	
					Total	4	No	
					@	3000	P-No	12000
15	P/F 4' dia exhust fans with steel body with 1/2 hrs power electric motor type etc complete in all respects							
		1	1			1	No	
					Total	1	No	
					@	25000	P-No	25000
16	P/F Stain less corner nosing 2"x2" complete with fixing tools complete in all respects.							
		150	5			750	Rft	
					Total	750	Rft	
					@	150	P.Rft	112500
							Total	3593585
	D/D cost Of Old Material.							
	Old solid flush doors	2				2	Nos	
					@	500	P-No	1000
	Old Fiber shed	1	41.75	19.75		825	Sft	
					Total	825	No	
					@	50	P-No	41228
						Total		42228
	Net Total		3593585	-	42228			3551357

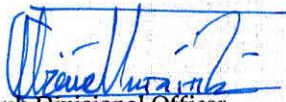

 Sub Divisional Officer
 Building Sub Division Nankana Sahib




ESTIMATE FOR REVAMPING OF D.H.Q HOSPITAL NANKANA SAHIB.

EXTERNAL DEVELOPMENT

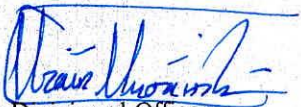
Sr.#	Description		Amount
1	2		3
1	WATER SUPPLY	Rs.	5979903
2	SEWER LINE	Rs.	3706125
3	EXTERNA ROADS	Rs.	4389921
4	STREET LIGHTS	Rs.	2619070
5	PARKING SHEDS	Rs.	7621200
6	ELECTRIC ROOM SAFTEY FENCE.	Rs.	1410453
	Total		25726671


Sub Divisional Officer
Buildings Sub Division
Nankana Sahib.




WATER SUPPLY								
2nd BI-ANNUAL-2021 (01.07.2021 to 31.12.2021)								
Water Supply								
1	Earthwork excavation in open cutting upto 5'-0" (1.5 m) depth for storm water channels, drains, sullage drains in open areas, roads, streets, lanes, including under pinning of walls and shoring to protect existing works, shuttering and timbering the trenches, dressed to designed level and dimensions, trimming, removal of surface water from							
		1	850	1.5	2	2550	Cft	
		1	460	1.5	2	1380	Cft	
		1	420	1.5	2	1260	Cft	
		1	320	1.5	2	960	Cft	
		1	220	1.5	2	660	Cft	
		1	150	1.5	2	450	Cft	
		1	130	1.5	2	390	Cft	
		1	105	1.5	2	315	Cft	
		1	150	1.5	2	450	Cft	
		1	130	1.5	2	390	Cft	
		1	105	1.5	2	315	Cft	
					Total	9120	Cft	
					@	6,811.90	%0 cft	62125
2	P/L Cutting jointing and disinfecting PVC - u Pressure pipes (Dadex or equivalent) Class D (12 Bar) conform to BS 3505 & ps - 3051 - 1991 and rubber ring to PS 1915 (As per approved manufactures) with all special socket joint complete in all respect							
	4" dia	1	850	-	-	850	Rft	
		1	460	-	-	460	Rft	
					Total	1310	Rft	
					@	1,386.00	P-Rft	1815660
3	P/L PPRC pipe i/c cutting, jointing, testing and disinfecting any approved firm in trenches cost of specialls etc complete in all respects							
	25 mm	1	420	-	-	420	Rft	
		1	320	-	-	320	Rft	
		1	220	-	-	220	Rft	
					Total	960	Rft	
					@	52	P-Rft	49920
	32 mm	1	150	-	-	120	Rft	
		1	130	-	-	110	Rft	
		1	105	-	-	105	Rft	
					Total	335	Rft	
					@	79	P-Rft	26465
	40 mm	1	150	-	-	150	Rft	
		1	130	-	-	130	Rft	
		1	105	-	-	105	Rft	
					Total	385	Rft	
					@	105	P-Rft	40425

3	P/F turbine 1/2 cusic i/c boring, tube well chamber etc complete in all respects							
		1	1	-	-	1	Nos	
					Total	1	Mos	
					@	3540500	P-Rft	3985308
						Total		5979903

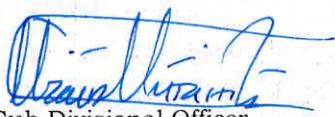


Sub Divisional Officer

Building Sub Division Nankana Sahib



SEWERAGE LINE								
2nd BI-ANNUAL-2021 (01.07.2021 to 31.12.2021)								
Sewarge Line								
1	Earthwork excavation in open cutting upto 5'-0" (1.5 m) depth for storm water channels, drains, sullage drains in open areas, roads, streets, lanes, including under pinning of walls and shoring to protect existing works, shuttering and timbering the trenches, dressed to designed level and dimensions, trimming, removal of surface water from							
		1	300	2.5	3	2250	Cft	
		1	375	2.5	3	2812.5	Cft	
		1	450	2.5	3	3375	Cft	
		1	290	2.5	3	2175	Cft	
		1	820	2.5	3	6150	Cft	
					Total	16762.5	Cft	
					@	6,811.90	%0 cft	114184
2	P/L sand filling uder RCC Sewer line pipe.							
		1	300	2.5	0.75	563	Cft	
		1	375	2.5	0.75	703	Cft	
		1	450	2.5	0.75	843.75	Cft	
		1	290	2.5	0.75	543.75	Cft	
		1	820	2.5	0.75	1537.5	Cft	
					Total	4191	Cft	
					@	2059	% cft	86285
3	Providing and laying R.C.C. pipe sewers, moulded with ditto cement concrete 1:1½:3 conforming to ASTM Specification C-76-79, Class II. Wall B, including carriage of pipe from factory to site of work, lowering in trenches to correct alignment and grade, jointing with rubber ring, cutting pipes where necessary, testing, etc. complete.							
	24" dia	1	450	-	-	450	Rft	
		1	290	-	-	290	Cft	
					Total	740	Rft	
					@	1305.70	P-Rft	966218
	12" dia	1	290	-	-	290	Cft	
		1	375	-	-	375	Cft	
		1	300	-	-	300	Cft	
					Total	965	Rft	
					@	546.65	P-Rft	527517
4	Preparation of Manholes complete in all respects							
		1	60	-	-	60	NOs	
					Total	60	NOs	
					@	33532	P.No	2011920
					Total			3706125


 Sub Divisional Officer
 Building Sub Division Nankana Sahib



EXTERNAL ROADS

S. No	Description	Nos	Length	Breadth	Depth	Qty		
1	Earthwork excavation in open cutting upto 5'-0" (1.5 m) depth for storm water channels, drains, sullage drains in open areas, roads, streets, lanes, including under pinning of walls and shoring to protect existing works, shuttering and timbering the trenches, dressed to designed level and dimensions, trimming, removal of surface water from trenches, back filling and surplus excavated material disposed of and dressed within 50 ft. (15 m) lead:- ordinary soil.							
	Gate to laundry	1	135	15	1	2025	Cft	
		1	172	15	1	2580	Cft	
		1	150	15	1	2250	Cft	
		1	87	15	1	1305	Cft	
		1	161	15	1	2415	Cft	
	Total					10575	Cft	
					@	6,811.90	%0 CFT	72036
2	Dry rammed brick or stone ballast, 1½" to 2" (40 mm to 50 mm) gauge							
	Gate to laundry	1	135	13.5	0.5	911	Cft	
		1	172	13.5	0.5	1161	Cft	
		1	150	13.5	0.5	1013	Cft	
		1	87	13.5	0.5	587	Cft	
		1	161	13.5	0.5	1087	Cft	
	Toe wall	2	135	1.5	0.25	101	Cft	
		2	172	1.5	0.25	129	Cft	
		2	150	1.5	0.25	113	Cft	
		2	87	1.5	0.25	65	Cft	
		2	161	1.5	0.25	121	Cft	
	Total					5288	Cft	
					@	5313	%CFT	280951
3	Pacca Brick Work other than building (1:6) cement sand mortar.							
	Toe wall	2	135	1.125	0.25	76	Cft	
		2	135	0.75	1.5	304	Cft	
		2	172	1.125	0.25	97	Cft	
		2	172	0.75	1.5	387	Cft	
		2	150	1.125	0.25	84	Cft	
		2	150	0.75	1.5	338	Cft	
		2	87	1.125	0.25	49	Cft	
		2	87	0.75	1.5	196	Cft	
		2	161	1.125	0.25	91	Cft	
		2	161	0.75	1.5	362	Cft	

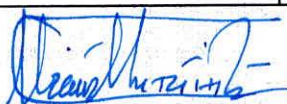
		2	550	1.125	0.25	309	Cft	
		2	550	0.75	1.5	1238	Cft	
	Total					3531	Cft	
					@	23441.60	%CFT	827723
4	P/L Plain cement concrete (1:2:4) i/c compacting, placing, curing etc.							
	Gate to laundry	1	135	13.5	0.25	456	Cft	
		1	172	13.5	0.25	581	Cft	
		1	150	13.5	0.25	506	Cft	
		1	87	13.5	0.25	294	Cft	
		1	161	13.5	0.25	543	Cft	
		1	550	13.5	0.25	1856	Cft	
	Total					4236	Cft	
					@	25040.40	%CFT	1060711
5	P/L pavers of 80 mm thick with 7000 P-SI crushing strength manufactured by Tuff Pavers Pvt. Ltd / Izhar Building Material Ltd over 2"to3" sand cushion i/c grouting with sand in joints i/c finishing to required slop complete in all respect and as approved by the Engineer incharge (50% grey and 50% coloured).							
	Gate to laundry	1	135	13.5		1823	Sft	
		1	172	13.5		2322	Sft	
		1	150	13.5		2025	Sft	
		1	87	13.5		1175	Sft	
		1	161	13.5		2174	Sft	
		1	550	13.5		7425	Sft	
	Total					16944	Sft	
					@	126.8	P Sft	2148499
							Total	4389921


Sub Divisional Officer
 Buildings Sub Division Nankana Sahib



STREET LIGHT

S.No	Description	Nos	Length	Breadth	Depth	Qty		Amount
1	Supply and Erection of 8 Meter High Octagonal Pole Hot Dip Galvanized with Base plate 180mm, top Dia 60, Thickness 4.00 mm, Shaft L 9500 mm, Pole 'H' 10000mm, Arm dia 60mmx3.00mm arm L' 1200 mm Base plate 400x400x20 mm (jamal pipe or equivalent) with Led street light philips or pier Light or equivalent i/c foundation of Pole 2.1/2'x2-1/2'x2' for foundation and hot dip Galvanized L bolts 1" dia 3-1/2' long, i/c cost of hire charges of crane, bracing and labour complete in all respect.							
						30	Nos	
					Total	30	Nos	
					@	64200	Each	1926000
2	P/F electric panel board of required size cabinet with necessary fittings with circuit breakers,copper bus bar, ampere meter, volt meter, complete in all respect as approved by the Engineer Incharge as per detailed below.INCOMING:-i) 100 AMP Terasaki/Legerand/GE 1 No,OUTGOING:-i) 10-20 Amp (S.P) Terasaki/Legerand/GE 10 Nos. ii) volt meter 1No.iii) Phase indicator lights(impoted) 1 Nos. iv) M .S Sheet cabinet i/c thimble,wiring,assembling, testing etc 18"x24" size.							
						3	Nos	
					Total	3	Nos	
					@	22650.00	Each	67950
9	Supply and erection of single core PVC insulated copper conductor cables, in prelaidd PVC pipe/M.S. conduit/G.I pipe/wooden strip batten/wooden casing and capping/G.I.wire/trenches (rate for cables only):-							
ii	7/0.029"					1200	Rft	
					Total	1200	Rft	
					@	18.35	P-Rft	22020
iii	7/0.036"					6500	Rft	
					Total	6500	Rft	
					@	25.60	P-Rft	166400
iv	7/0.064" Single Core					5500	Rft	
					Total	5500	Rft	
					@	79.40	P-Rft	436700
						Total		2619070


Sub Divisional Officer
 Buildings Sub Division Nankana Sahib



PARKING SHED

Sr. No.	Description of Work	AREA	Unit						Amount	Remarks
				B.P	E.I	P.H	Sui Gas	Total		
	Scope of work									Plinth area rates provided in the estimate have fixed by the Chief Engineer Central Zone Building Department Lahore No. CEB (CZ) / CSR-98/50-Dev / 2565-2650/D(1), Dated: 13 / 07 / 2021.
A	Construction of Parking Shed									
1	(2x73x18) = 2628 P-Sft 1925+362+545=2832	2628	P Sft	2832	68	-	-	2900	7621200	
	Total B								7621200	



 Sub Divisional Officer
 Buildings Sub Division Nankana Sahib



ELECTRIC ROOM FENCE

S. No	Description	Nos	Length	Breadth	Depth	Qty		
1	Excavation in foundation of building, bridges and other structures, including dagbelling, dressing, refilling around structure with excavated earth, watering and ramming lead upto one chain (30 m) and lift upto 5 ft. (1.5 m)							
		1	66	2.5	1.5	248	Cft	
		1	130	2.5	1.5	488	Cft	
		1	45	2.5	1.5	169	Cft	
	Total					905	Cft	
					@	8,078.40	%0 CFT	7311
2	concrete brick or stone ballast 1½ " to 2" (40 mm to 50 mm) gauge, in foundation and plinth:- Ratio 1: 6: 18							
		1	66	2.5	0.5	83	Cft	
		1	130	2.5	0.5	163	Cft	
		1	45	2.5	0.5	56	Cft	
	Total					302	Cft	
					@	12323.7	%CFT	37218
3	Pacca Brick Work in foundation and plinth (1:6) cement sand mortar.							
		1	66	1.875	0.25	31	Cft	
		1	66	1.5	0.25	25	Cft	
		1	66	1.125	2	149	Cft	
		2	66	0.375	0.5	25	Cft	
		1	130	1.875	0.25	61	Cft	
		1	130	1.5	0.25	49	Cft	
		1	130	1.125	2	293	Cft	
		2	130	0.375	0.5	49	Cft	
		1	45	1.875	0.25	21	Cft	
		1	45	1.5	0.25	17	Cft	
		1	45	1.125	2	101	Cft	
		2	45	0.375	0.5	17	Cft	
	Total					838	Cft	
					@	22625.05	%CFT	189598
4	P/L 1 1/2" thick DPC (1:2:4) cement concrete i/c two coats of bitumen and polytheen sheet.							
		1	66	1.125		74	Cft	
		1	130	1.125		146	Cft	
		1	45	1.125		51	Cft	
	Total					271	Cft	
					@	5635.7	%CFT	15273
5	Pacca Brick Work other than building (1:6) cement sand mortar.							
		1	66	1.125	2	149	Cft	


		2	66	0.375	0.5	25	Cft	
		1	130	1.125	2	293	Cft	
		2	130	0.375	0.5	49	Cft	
		1	45	1.125	2	101	Cft	
		2	45	0.375	0.5	17	Cft	
	Total					634	Cft	
					@	23441.6	%CFT	148620
6	P/L Plain cement concrete (1:21:4) i/c compacting, placing, curing etc.							
	Gate to laundry	1	66	0.375	0.5	12	Cft	
		1	130	0.375	0.5	24	Cft	
		1	45	0.375	0.5	8	Cft	
	Total					44	Cft	
					@	25040.40	%CFT	11018
7	P/F M.S jungla consisting of M.S sq bars 5/8" x 5/8", 3' height 5-3/4" apart layers 4-No. horizontal layer of same section 1-No. pillar having 6-No. vertical bars 5/8" x 5/8" i/c making design on front and back as pre arrangement shown on drawings i/c painting 3-coats complete in all respect and as approved by the Engineer Incharge.							
		1	66	3		198	Sft	
		1	130	3		390	Sft	
		1	45	3		135	Sft	
	Total					723	Sft	
					@	1339	P Sft	968097
8	P/L 1/2" thick cement plaster (1:4) upto 20' height.							
		2	66	3		396	Cft	
		2	130	3		780	Cft	
		2	45	3		270	Cft	
	Total					1446	Cft	
					@	2304.25	%CFT	33319
							Total	1410453


Sub Divisional Officer
 Buildings Sub Division Nankana Sahib



Analysis of 3'x3' circular Man Hole

1	Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and timbering, dressing to correct section and dimensions								
		1	5.5	5.5	4	121.000	Cft		
					Total	121.000	Cft		
				%cft	8,078.40			977	/-
2	P/L cement conc: brick or stone ballast 1-1/2" to 2" gauge 1:6:18.								
		1	5.5	5.5	0.5	15.125	Cft		
					Total	15.125	Cft		
				%cft	12323.7			1864	/-
3	Pacca brick work other than building 1:4 upto 10ft height.								
	Circum 3.142*3.75 = 11.04 Sft	1	3.142	3.75	3	35.348	Cft		
	Upper portion mean dia 2.75+3.75/2=3.25	1	3.142	3.25	2	20.423	Cft		
					Total	55.771	Cft		
				%cft	24420.00			13619	/-
4	Cement sand plaster 1:4 upto 20' height 1/2" thick.								
	circum 3.142x3=9.426	1	9.426		3	28.278	Sft		
	3.142x2.25= 7.0695	1	7.06		2	14.120	Sft		
					Total	42.398	Sft		
				%cft	2304.25			977	/-
5	P/L cement concrete plain 1:2:4 i/c placing, compacting, curing etc complete in all respects.								
	A=3.142(3*3)/4=7.06	1	7.06		0.5	3.530	Cft		
	A=3.142(3*3)/4=7.06	1	7.06		0.75	5.295	Cft		
					Total	8.825	Cft		
	D/D								
	A=3.142(1.5*1.5)/8=0.88	1	0.88		3	2.640	Cft		
					Total	2.640	Cft		
	Net		8.825	-	2.640	6.185	Cft		
				%cft	25040.4			1549	/-
6	P/L RCC 1:2:4 for raft strip or other purpose.								
	3.142x2.75= 8.64	1	8.64	0.75	0.5	3.240	Cft		
					Total	3.240	Cft		
				P.cft	302.95			982	/-
7	Fabrication of mild steel (D/bars).								
		1	3.240	6.75	0.454	9.929	Kg		
					Total	9.929	Kg		
				% kg	19959.5			1982	/-
8	Extra cost of making and finishing benching floor work in manhole chamber, with 1/8" thick cement finish.								
	A=3.142(3*3)/4=7.06	1	7.06			7.060	Sft		
					Total	7.060	Sft		
				% sft	2052.9			145	/-
9	P/F 6" thick manhole cover 22" dia (tee shape).								
		1				1.000	Nos		
					Total	1.000	Nos		
				Each	11437.5			11437	/-
	Total							33532	/-


 Sub Divisional Officer,
 Buildings Sub Division Nankana Sahib



8. ANNUAL OPERATING COST (POST COMPLETION)

9. DEMAND AND SUPPLY ANALYSIS

DEMAND AND SUPPLY ANALYSIS

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

10. FINANCIAL PLAN AND MODE OF FINANCING

10.1 FINANCIAL PLAN EQUITY INFORMATION

10.3 FINANCIAL PLAN GRANT INFORMATION

Attached.

10. 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	8.400	12.228
Utilization	6.457	2.170

Capital Side:

	FY 2021-22	FY 2022-23
Funds Released	46.097	0
Utilization	46.097	0

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 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.

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

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11.4 ECONOMIC ANALYSIS

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

11.5 FINANCIAL ANALYSIS

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

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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

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13. MANAGEMENT STRUCTURE AND MANPOWER REQUIREMENTS

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

14. ADDITIONAL PROJECTS / DECISIONS REQUIRED

NA

15. CERTIFICATE

Focal Person Name:Mr. ADEEL ASLAM

Designation:Project Director, PMU P&SHD

Email:

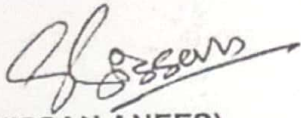
Tel. No.:042-99231206

Fax No:

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

15. It is certified that the project titled "Balance work of Revamping of DHO Nankana Sahib (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:

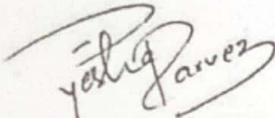


(HISSAN ANEES)
DIRECTOR PLANNING & HR, PMU,
PRIMARY & SECONDARY HEALTHCARE
DEPARTMENT, LAHORE
(042-99231206)
(Oct-2022)



(HAMZA NASEEM)
PROJECT MANAGER CIVIL, PMU,
PRIMARY & SECONDARY HEALTHCARE
DEPARTMENT, LAHORE
(042-99231206)
(Oct-2022)

Checked By:



(Dr. AYESHA PARVEZ)
DEPUTY PROJECT DIRECTOR (PMU),
PRIMARY & SECONDARY HEALTHCARE
DEPARTMENT, LAHORE
(042-99231206)
(Oct-2022)



(KHIZAR HAYAT)
PROJECT DIRECTOR (PMU),
PRIMARY & SECONDARY HEALTHCARE
DEPARTMENT, LAHORE
(042-99231206)
(Oct-2022)

Approved By:



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

17. RELATION WITH OTHER PROJECTS

20. MARGINALISATION OF PC-1

SR.NO.	CRITERIA	YES/NO	COMMENTS
Description & Objectives			
1	does the pc-i specify link/alignment with punjab growth strategy, punjab spatial strategy (if relevant) & sustainable development goals?	NO	
2	do project objectives/justification include focus on marginalised groups (women, pwds, minorities, transgender, poor etc.)?	NO	
Use of Gender Disaggregated Data			
1	has gender disaggregated data been used to determine need for the project? if yes, identity the source. if not, what additions/observations have been made to strengthen the pc-i?	NO	
2	was gender disaggregated data used to identify potetialimpact of the project on selected beneficiaries?	NO	
Social Impact			
1a	have marginalised groups been included as beneficiaries of the project?	NO	
1b	if yes, does the pc-1 specify a specific quota/percentage for the marginalised (women, peds, etc.)?	NO	
2	does the pc-1 include specific provisions for capacity building / training of women (if applicable)?	NO	
Results Based Monitoring			
1a	does the pc-i include a results based monitoring framework (rbmf)/logical framework?	NO	
1b	if yes, does the framework include measurable targets relating to impact on marginalised groups?	NO	
2	were sdg indicators used for determining targets included in the pc-i?	NO	
3	was gender disaggregated data used to establish baseline and develop quantifiable targets/key indicators?	NO	
4	if yes, identify the source/refresh institute(s)?	NO	
Inculsion/Participation			
1	was female representation ensured in planning and adp formulization?	NO	
2a	was stakeholder consultation held during adp formulization and/or pc-idevelopment?	NO	
2b	if yes, did the consultation include experts and representatives of marginalised groups and csos?	NO	

3	was participation of representatives of marginalised groups ensured in pc-1 risk assessment planning?	NO	
Monitoring & Evaluation			
1	does the project provide a role to communities in project monitoring and/or implementation (if relevant)?	NO	
2a	does the project include formation of a steering committee and/or project implementation committees?	NO	
2b	if yes, is there a provision to ensure representation of women in these committees?	NO	