



PC-1

Balance Work of Revamping of DHQ Hospital Okara South City

ORIGINAL APPROVED COST	PKR Million. 104.278/-
ORIGINAL APPROVED GESTATION	43 Months Till June 2025
APPROVAL FORUM	DDSC (DDSC)

1. NAME OF THE PROJECT

Balance Work of Revamping of DHQ Hospital Okara South City

2. LOCATION OF THE PROJECT

2.1. DISTRICT(S)

I. OKARA

2.2. TEHSIL(S)

I. OKARA

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: 5357
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
- Mortuary
- Dental Unit

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

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

Total area of the DHQ Hospital Okara South City:	53,020 SFT
Area completed:	53,020 SFT
External Development and Electrification:	Not Executed

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

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

Now it has been decided to complete the balance civil work of revamping through C&W Department. Accordingly, the Rough Cost estimates of balance civil work

has been got prepared from the Punjab Buildings Department for preparation of instant PC-I.

5.2 Infrastructural Interventions

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

Major infrastructural interventions can be divided in the following three categories

5.4.1 External Development

5.4.2 Internal Development

5.4.3 Medical Infrastructure Development

5.4.4 Emergencies Development

5.3 External Development

5.3.1.1 External Platforms

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

5.3.1.2 Façade Improvement

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

5.3.1.3 Sewerage System

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

5.3.1.4 External Electrification

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

5.3.2.1 Ramp and Stretcher improvement

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

5.3.2.2 Seamless flooring and Lead Lining

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

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

5.3.2.3 Aluminum doors and windows

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

5.3.2.4 Improvement of washroom blocks

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

5.3.2.5 Fire and theft security

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

5.3.3 Medical Infrastructure Development

Includes establishment of new facilities which are as follows:

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

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

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

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

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

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

5.3.3.1 ICU

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

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

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

5.3.3.2 CCU

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

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

5.3.3.3 DIALYSIS UNIT

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

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

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

5.3.3.4 BURN UNIT

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

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

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

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

5.4.1 EMERGENCY DAPARTMENT:

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

5.4.2 General Overview of Emergency Department

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

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

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

5.4.3 Position of Emergency Department

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

5.4.4 Addition of Portico and External Structures

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

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

5.4.5 General Building Interventions:

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

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

5.5 Introduction of IT-based solutions

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

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

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

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

- MLC portal

5.6 MONITORING AND QUALITY ASSURANCE (PROCESS INTERVENTIONS)

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

5.6.1 MSDS (Minimum Service Delivery Standards)

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

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

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

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

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

MSDS implementation is a complex procedure. Because it requires

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

The PDSA cycle

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

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

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

5.6.2 Supply of missing Biomedical and non-biomedical equipment

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

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

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

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

5.7. Electronic Medical Record (EMR) and QMS

5.7.1 Queue Management System (QMS)

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

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

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

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

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

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

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

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

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

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

5.7.2 Public Address System

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

5.7.3 CCTV System

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

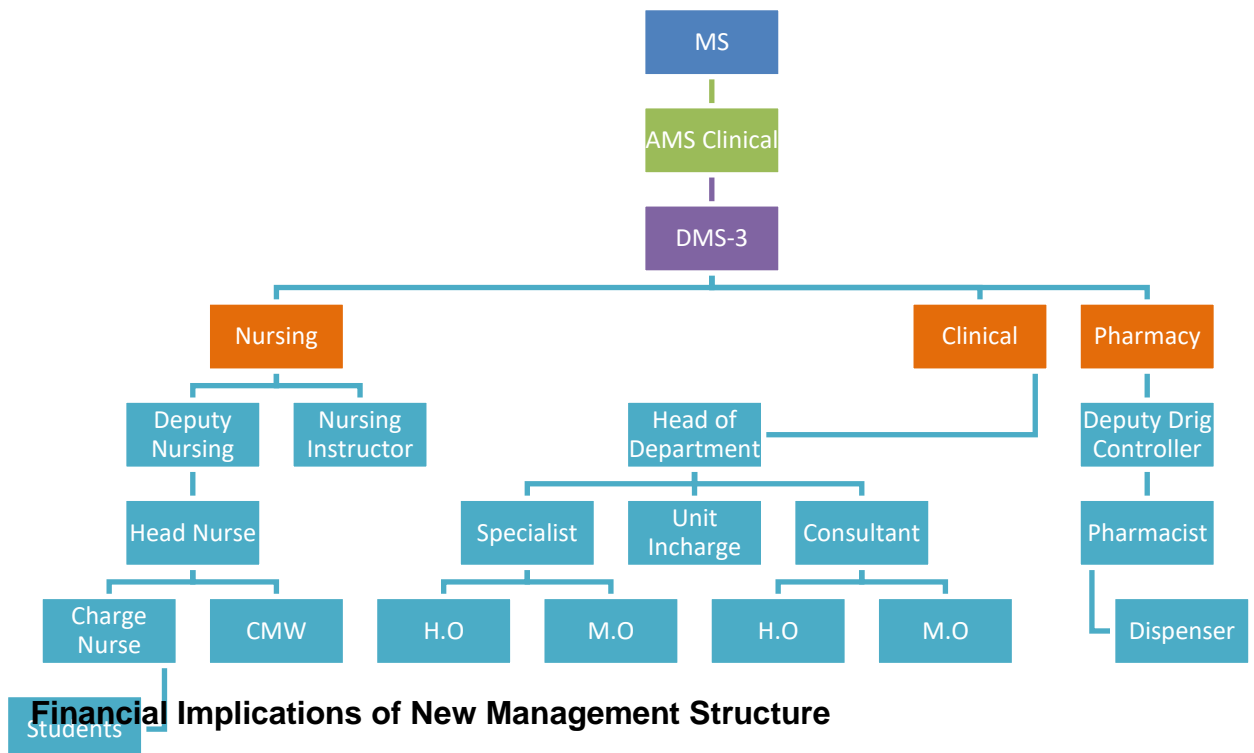
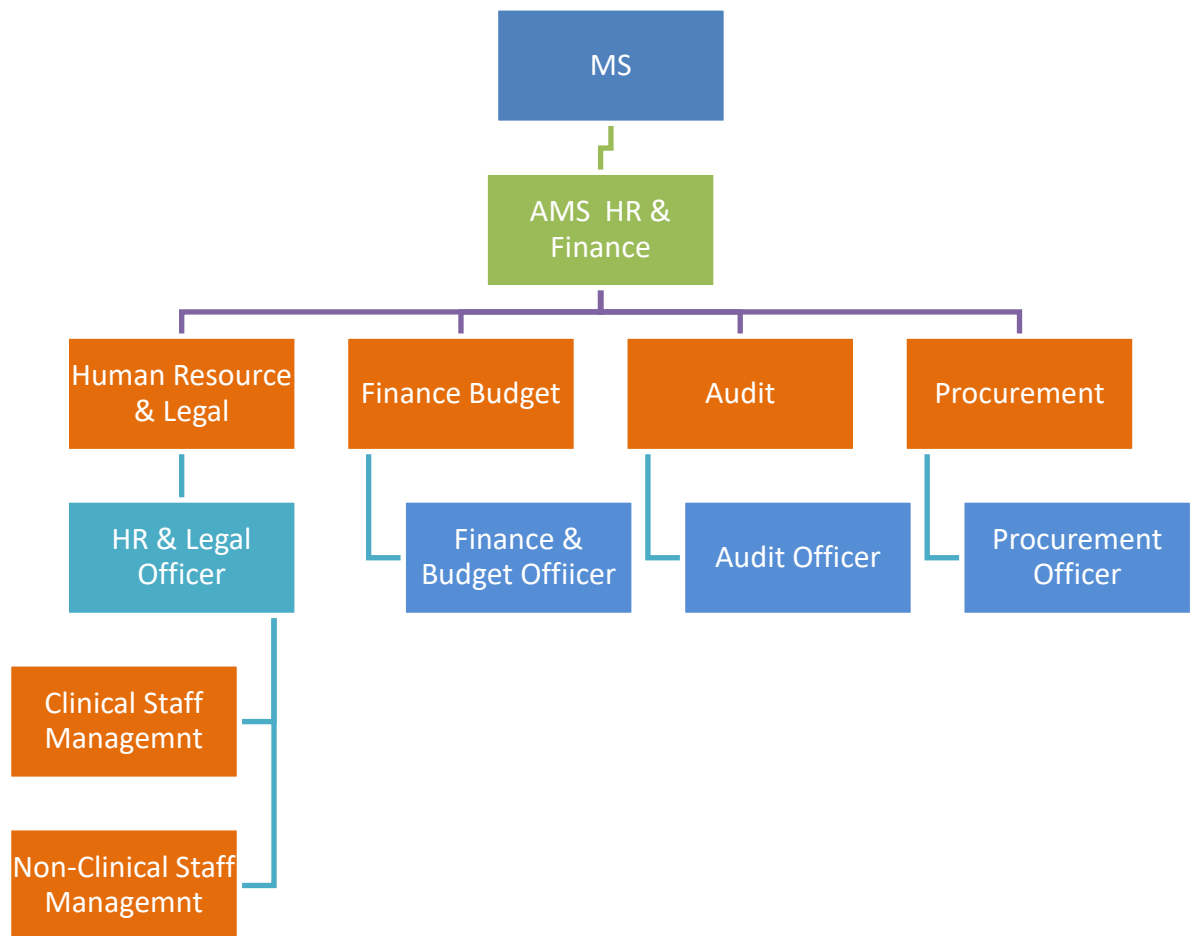
5.7.4 EMR and Networking

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

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

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

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



The Planning & Development Board vide letter No.12(24)PO(COORD-II)P&D/2022 dated 14-07-2022 has informed that revised standard pay package were discussed and approved by the 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 H R/ Public Administration/ MBA / Management / Administration / LLB/ M.Com or equivalent from HEC recognized University
2. Minimum 1 year post degree relevant professional experience (Additional credit may be given for hospital administration/Public sector experience of similar nature)

5.8.2.2 Finance & Budget Officer

Shall be responsible for following:

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

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

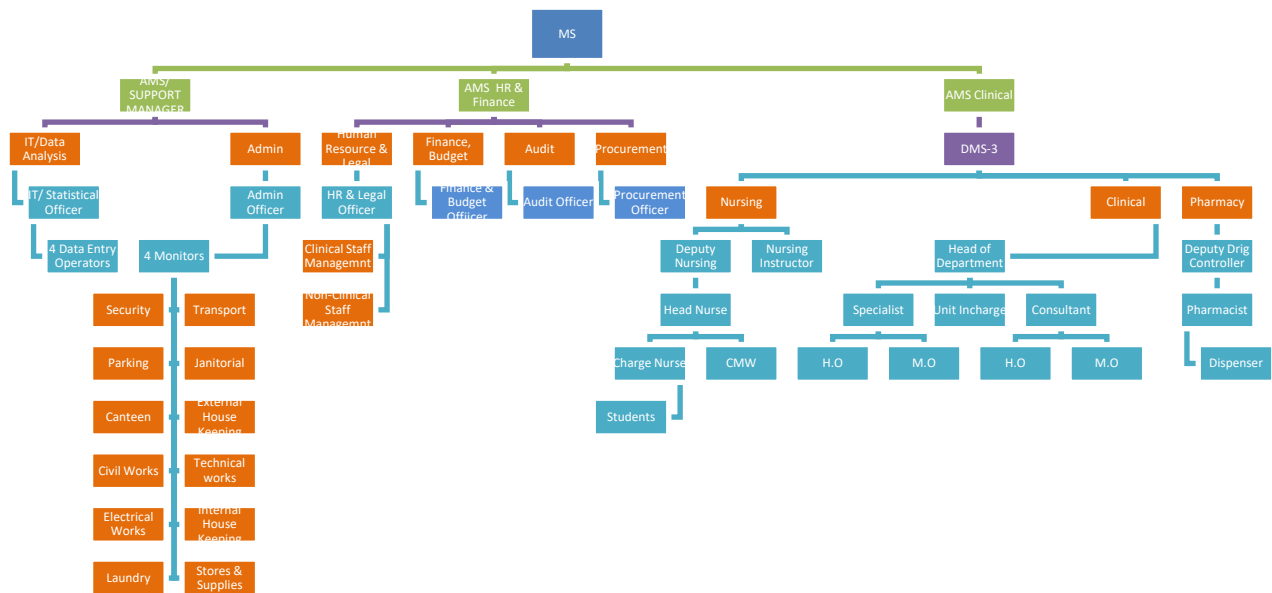
1. M.Sc. Supply Chain Management/ MBA or Equivalent.
2. One year experience in Supply Chain, logistics, fleet, warehousing and inventory management, clearing and forwarding.

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-1. The Population of District Okara South City is more than 3.600 million. The area of the DHQ Hospital Okara South City is 1070168 SFT land.

6.1 DESCRIPTION AND JUSTIFICATION

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

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

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

JUSTIFICATION FOR REVISION OF PC-I

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

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

Thereafter it was decided to complete the balance civil work of revamping through C&W Department and a block scheme titled "Balance Work of Revamping of all DHQ/15 THQ Hospitals in Punjab" was included in ADP 2021-22. Accordingly, the Rough Cost estimates of balance civil work has been got prepared from the Punjab Buildings Department for preparation of PC-Is and were approved from the DDSC. Infrastructure team has conducted the Joint visits with the team of C&W Department. During the field visits, few alterations were recommended by the technical teams which have been incorporated in the Revised Rough Cost Estimates of the subject scheme and have been attached with the PC-I along with comparative statement.

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

Name of Posts	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.

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

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

given

below



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

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

- 7 DHQ Hospital Okara South City
- 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 South City
- 20 DHQ Hospital Okara South City South City
- 21 DHQ Hospital Okara South City
- 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 Okara South City
- 28 THQ Hospital Burewala District Vehari
- 29 THQ Hospital Chichawatni District Sahiwal
- 30 THQ Hospital Chistian District Bhahawalnagar
- 31 THQ Hospital Daska District Sialkot
- 32 THQ Hospital Esa Khel District Mianwali
- 33 THQ Hospital Gojra District Toba Tek Singh
- 34 THQ Hospital Hazro District Attock
- 35 THQ Hospital Kamokee District Gujranwala
- 36 THQ Hospital Kot Addu District Muzaffargarh
- 37 THQ Hospital Mian Channu District Khanewal
- 38 THQ Hospital Noorpur Thal District Khushab
- 39 THQ Hospital Shujabad District Multan
- 40 THQ Hospital Taunsa District Dera Ghazi Khan

6.2 SECTORAL SPECIFIC INFORMATION

Social Sectors, Health Department

7. CAPITAL COST ESTIMATES

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

Grant Number: Development - (PC22036)
LO NO: LO21010541
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	12.500	0.000	29.278	0.000	12.664	0.000
2	A12403-Other Buildings	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total		0.000	0.000	12.500	0.000	29.278	0.000	12.664	0.000

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

Grant Number: Government Buildings - (PC12042)
LO NO: LO21010728
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	A12403-Other Buildings	0.000	0.000	49.836	0.000	0.000	0.000	0.000	0.000
2	A05270-To Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total		0.000	0.000	49.836	0.000	0.000	0.000	0.000	0.000

Abstract of Cost

Balance work of DHQ Hospital Okara South City

Scope of work	Original Cost			Amended Cost			1st Revised		
	Capital	Revenue	Total	Capital	Revenue	Total	Capital	Revenue	Total
Capital component									
Internal Development	13.799	0.000	13.799	17.307	0.000	17.307	17.307	0.000	17.307
External Development	26.962	0.000	26.962	29.430	0.000	29.430	29.430	0.000	29.430
Water filtration plant	3.058	0.000	3.058	3.099	0.000	3.099	3.099	0.000	3.099
Total Capital Component	43.818	0.000	43.818	49.836	0.000	49.836	49.836	0.000	49.836
Revenue component									
Human resource (HR) plan	0.000	25.440	25.440	0.000	25.440	25.440	0.000	54.442	54.442
Total Revenue component	0.000	25.440	25.440	0.000	25.440	25.440	0.000	54.442	54.442
Total	43.818	25.440	69.258	49.836	25.440	75.276	49.836	54.442	104.278
Grand Total	43.818	25.440	69.258	49.836	25.440	75.276	49.836	54.442	104.278

Human Resource Model of DHQ Hospital

	Original				1st Revised				
NAME OF POST	No. of Empl ees	Per Month Salary	Per Month Salary for all Person	Salary for Two Years	No. of Empl ees	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
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				11.011					
									54.442

2

PUNJAB BUILDINGS DEPARTMENT



PROVINCE:

PUNJAB

CIRCLE:

BUILDINGS CIRCLE, SAHIWAL.

DIVISION:

BUILDINGS DIVISION, OKARA.

SUB DIVISION:

BUILDINGS SUB DIVISION, OKARA.

SUBJECT:

AMMENDED ROUGH COST ESTIMATE FOR
REVAMPING OF REVAMPING OF ALL DHQ /
15-THQ HOSPITALS IN PUNJAB ONE AT DHQ
SOUTH CITY DISTRICT OKARA (ADP NO.
1013 / 2021-22)

ESTIMATED COST :

Rs.49.836 Million

3

AMENDED ROUGH COST ESTIMATE FRAMED IN THE OFFICE OF THE EXECUTIVE ENGINEER, BUILDINGS DIVISION, OKARA FOR THE BALANCE WORK OF REVAMPING OF ALL DHQ /15 THQ HOSPITALS IN PUNJAB ONE AT DHQ HOSPITAL SOUTH CITY OKARA (ADP SCHEME NO.1013/2021.22).

HISTORY:-

The Project Management Unit P&S Health Care Department, Govt. of the Punjab, Lahore has requested to prepared the rough cost estimate for the renovation / revamping of DHQ Hospital Okara City vide his letter No.PMU/(P&SHD)/2021/1238, dated 17.06.2021 and also scope clarified vide Project Management Unit P&S Health Care Department, Govt. of the Punjab, Lahore No.PMU/(P&SHD)/2021/1295, dated 16.07.2021 (copy Attached). The Scope of work was also desired by the PMU Department, Lahore. The Scheme has been reflected in Annual Development Programme in 2021-22 at serial No.1013 with estimate cost of Rs.4940.000 Million in Block and the rates has been changed the rough cost estimate has been prepared on Plinth Area Rates of 2nd Bi Annual 2021 for according Administrative Approval from the competent authority. The Scheme was Administratively Approved vide Govt. of the Punjab, Primary & Secondary Healthcare Department, Lahore No.PO(D-II)Revamping/P-1/21, dated 09.11.2021 for Rs.43.818 Million. Now the rates has been change the amended rough cost estimate has been prepared as new MRS / Plinth area Rates of 1st Bi Annual 2022 amounting to Rs.46.119 Million.

Hence, this amended Rough Cost estimate amounting to **Rs.49.836 (M)** has been prepared for according vetting /Administrative Approval and funds from the competent authority.

DESIGN / SCOPE.

Renovation / Provision Work..

1. Revamping of Main Buildings	1-Job
2. Construction of Medical Hall	1-Job
3. Construction of General Store	1-Job
4. Construction of Toilet	1-Job
5. Provision of Fire Alarm / Fire Fighting and Smoke Dedicator	1-Job
6. Water Filtration Plant	1-Job
7. Re-Construction of Boundary Wall	1-Job
8. External Waiting Area and Parking	1-Job
9. Provision of Waiting Shed	1-Job
10. Add Wapda Chares	L.S
11. Add Punjab Sales Tex	5%

SPECIFICATION

The work will be executed in accordance with Building Department specification latest edition and to entire satisfaction of Engineer Incharge.

RATES.

Rates provided in the estimate are base on MRS placed on the Web site of Finance Department for the 1st Bi annual period 2022.

COST

The total cost of the estimate works out to **Rs. 49.836 (M).**

CARRYING OUT OF WORK.

The work will be carried out through the approved Contractor of Buildings Department after calling competitive tenders.

TIME.

It will take out **12-Months** to complete the worked from the actual date of commencement.


SUB DIVISIONAL OFFICER

Buildings Sub Division,
Okara

EXECUTIVE ENGINEER
Buildings Division, Okara



Primary & Secondary
Healthcare Department

GOVERNMENT OF THE PUNJAB

Dated Lahore the 27-11-2021

ORDER

No.PO(D-II)Revamping/P-J/21; Consequent upon the decision of Departmental Development Sub Committee (DDSC), in its meeting held on 17.08.2021, the Governor of the Punjab is pleased to accord Administrative Approval of 07 sub-schemes under block scheme titled "**Balance Work of Revamping of all DHQ / 15 THQ Hospitals in Punjab**" at cost mentioned against each scheme, with gestation period from 01.07.2021 to 30.06.2023:

Rs. in Millions

Sr. No.	Sub Scheme Title	Approved Cost		
		Capital Component	Revenue Component	Total
1	Balance work of Revamping of DHQ Hospital Bhakkar	115.450	25.440	140.890
2	Balance work of Revamping of DHQ Hospital Jhang	130.628	25.440	156.068
3	Balance work of Revamping of DHQ Hospital Okara South City	43.818	25.440	69.258
4	Balance work of Revamping of THQ Hospital Ahmedpur East	45.971	22.520	68.491
5	Balance work of Revamping of THQ Hospital Cheechawatni	78.885	17.520	96.405
6	Balance work of Revamping of THQ Hospital Taunsa	81.501	17.520	99.021
7	Balance work of Revamping of THQ Hospital Kot Addu	101.630	17.520	119.150

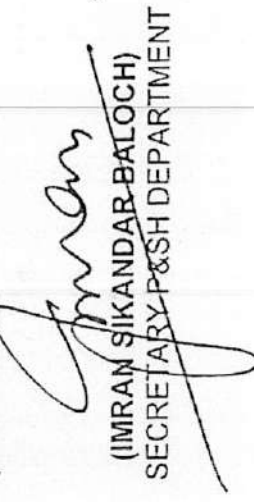
2. The expenditure involved will be debitabte under the following heads of account.

Capital Component

Grant No.12042 (042) Government Building04-Economic Affairs-045 Construction and Transport -0457 Construction (Work)0457-02 Building and structure.

Revenue Component

Grant No. PC-22036 (036) Development -07Health -073 - Hospital Seravices-0731-General Hospital Services - 073101 General Hospital Services.


(IMRAN SIKANDAR BALOCH)
SECRETARY P&SH DEPARTMENT

NO. & DATE EVEN:

A copy is forwarded for information and necessary action to the:-

1. Accountant General, Punjab, Lahore.
2. Chief (Health-II), Planning & Development Department, Lahore.
3. Director General Health Services, Punjab, 24-Cooper Road, Lahore.
4. Chief Engineer (North, Central & South Zones), Buildings Department.
5. Project Director, Project Management Unit, P&SH Department.
6. Section Officer (Health-I), Finance Department.
7. Budget Officer-I & III, Finance Department.
8. All Planning Officer, P&SHC Department.
9. PS to Secretary, P&SH Department.
10. PA to Special Secretary, P&SH Department.
11. PA to Additional Secretary (Dev & Fin), P&SH Department.
12. PA to Additional Secretary (Admin), P&SH Department.
13. PA to Deputy Secretary (D), P&SH Department.



(M. ASIF RASHEED)
PLANNING OFFICER (D-II)

DHQ SOUTH CITY DISTRICT OKARA (ADP NO. 1013 / 2021-22)

Sr #	Description.	Plinth	Unit	Rate	Amount	Plinth Area Rates						TOTAL	Amount	Difference	Excess	Saving	Remarks
						B.P.	Strip	Frame Structure	Extra for foundation for 1st Floor and Subsequent floor	Extra for 1st floor and subsequent floor	Reduce cost of foundation	P.H.	E.I.	Sui Ga			
1.	Reavming of Main Building	1 P. Job	8015742	8015742	11199000										11199000	11199000	3183258
2.	Construction of Medicine Store	479 P. Sft	2263	1083977	2610								163		2773	1328267	244290
3.	Construction of General Store	479 P. Sft	2263	1083977	2610								163		2773	1328267	244290
4.	Provision of Fire Alarm System	49300 P. Sft	30	1479000	35										35	1725500	246500
5.	Provision of Smoke Deductor	49300 P. Sft	30	1479000	35										35	1725500	246500
6.	Provision of Waiting Shed	1 P. Job	1977600	1977600	2350700										2350700	2350700	373100
7.	Water Filtration Plant	1 P. Job	2912000	2912000	3099213										3099213	3099213	187213
8.	Re-Const: of B/Wall 9" thick 8' height	1 P. Job	4022000	4022000	4384000										4384000	4384000	362000
!	Providing and fixing anti climb high security four U-shaped pointed 0.5 mm thick (22mmx15 mm bars) spaced @ 33 mm c/c cladded over 2.5 mm dia high tensile Core wire making coil fencing of specified diameter @ 4" c/c fixed on 2'-3" high M/S angle iron post 1½"x1½"x3/16"embedded in base of PCC (1:2:4) (4"x4"x9") @ 4' apart i/c the cost of 2 No. bars 3/8" dia welded horizontally with angle iron posts , binding wire, painting of posts, etc. complete in all respects as pproved and directed by the Engineer Incharge. 24" dia	3950 P. Rft	396	1564200	323										322.55	1274073	-290128
9.	External Development	1 P. Job	17638000	17638000	18572000										18572000	18572000	934000
	Total				41255496										46986520		

Excm

Sr #

Unit

Amount

TOTAL

Difference

Remarks

Add 5% Punjab Sales Tax

062774

1

Say Rs. 43,818 (M)

OKARA

OKARA

38

COMPARATIVE STATEMENT

REVAMPING OF REVAMPING OF ALL DHQ / 15-THQ HOSPITALS IN PUNJAB ONE AT DHQ SOUTH CITY DISTRICT OKARA (ADP NO. 1013 / 2021-22)

Sr	Description	As per Approved Estimate			As per Ammended Estimate			Difference			Remarks
		Qty	Unit	Rate	Qty	Unit	Rate	Amount	Excess	Saving	
1	Distemping two coat on old surface after scraping complete	45973	100 Sft	1008.4	45973	100 Sft	1234.65	567606	104014		
2	Emulsion Paint two coat on old surface after scraping etc complete	109482	100 Sft	1536.65	1682355	100 Sft	1781.95	1950914	268559		
3	Painting to door and window any type two coat on old surface etc complete	9817	100 Sft	1188.2	116646	100 Sft	1346.6	132196	15550		
4	Painting sashes fan light glazed or gauzed door and window any type two coat on old surface	34845	100 Sft	730.8	254647	100 Sft	824.8	287402	32754		
5	Dismantling PCC ratio (1:2:4)	177	100 Cft	8421.6	14906	100 Cft	9060.5	16037	1131		
6	Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate): ratio (1:2:4)	177	100 Cft	25014	44275	100 Cft	28971.35	51279	7005		
7	Providing and laying anti static vinyle flooring 2mm thick brohrly welded edges joints according latest OR standard fire rating 685 elect resistance 10"x6" anti bect and fungal resist complete in all respect	1410	1 Sft	1100	1551000	1 Sft	2800	3948000	2397000		
8	Gypsum board laminated sheet of size 2'x2'2'x3' of specified design and thickness i/c cost of fixtures! egalvanized angle 1"x1" at wall sides, galvanized tee 1 1/4"x1" and 1 1/2"x1" both at 4'c/c (made of Taiwan CKM or equivalent), hanging with G.I/ Copper wire 16SWG, G.I hook, Rawal Plug etc complete in all respects as approved and directed by the Engineer Incharge	1410	1 Sft	105	148050	1 Sft	89.35	125984		-22067	
REVAMPING OF MAIN BUILDING											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											

Sr	Description	As per Approved Estimate				As per Ammended Estimate				Difference		Remarks
1	2	Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount	Excess	Saving	13
9	Providing and applying apoxy paint of approved colour											
	40mm thick on floor and walls of prevent form contamination @ 1 Liter per 100 sq feet and mixed with tinner 50ml per liter i/c cost labour as per approved specification and labour complete in all respect as approved by the Engineer Incharge	4127	1 Sft	120	495240	4127	1 Sft	130	536510		41270	
10	Providing and fixing of wall panelling comprising of PVC sheet double H-shape fixed with nail imported quality as approved quality complete	2717	1 Sft	180	489060	2717	1 Sft	149	404833		-84227	
11	Providing and fixing of LED sheet 1/8" thick in X-Ray room as approved by the Engineer Incharge	1359	1 Sft	1200	1630800	1359	1 Sft	1400	1902600		271800	
12	Providing and fitting Steel angle corner size 3"x3"x1/16" for column complete in all respect edge bead for corners, with nails on both sides of edges.	1760	1 Rft	550	968000	1760	1 Rft	600	1056000		88000	
MEDICINE STORE												
1	Construction of Medicine Store	479	1 Sft	2263	1083977	479	1 Sft	2773	1328267		244290	
GENERAL STORE												
1	Construction of General Store	479	1 Sft	2263	1083977	479	1 Sft	2773	1328267		244290	
FIRE ALARM SYSTEM												
1	Construction of General Store	479	1 Sft	2263	1083977	479	1 Sft	2773	1328267		244290	
SMOKE DEDUCTOR												
1	Provision of Fire Alarm System	49300	1 Sft	30	1479000	49300	1 Sft	35	1725500		246500	
PROVISION OF WAITING AREA												
1	Provision of Smoke Deductor	49300	1 Sft	30	1479000	49300	1 Sft	35	1725500		246500	

6

Sr.	Description	As per Approved Estimate				As per Ammended Estimate				Difference		Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount	Excess	Saving	
1	Making and fixing of shed with fiber glass roof of 4mm thick over frame of work of M.S box pipe 1-1/2"x1-1/2" of 16 SWG @ 2.75' c/c with ornamental M.S flat patty design 1-1/2"x1/4" on both side front and back the upper frame supported with outer pillars of M.S pipe 4" dia embedding in plain cement concrete ratio (1:2:4) upto 2' below from ground level with painting as per drawing / design and entire satisfaction of Engineer incharge.	4000	1 Sft	450	1800000	4000	1 Sft	546.15	2184600	384600		
2	Providing and fixing mosaic bench best quality complete in all respect	10	1 Each	12000	120000	10	1 Each	12000	120000	0	0	
WATER FILTRATION PLANT												
1	Construction of Filtration Plant Room Size 16x12 with verandha 7' wide	372	1 Sft	2355	876060	372	1 Sft	2893	1076196	200136		
WATER SUPPLY												
1	Boring of tube well in all kind of soil except shingle and rock from ground level to 100' depth i/c sinking and with drawing of casing pipe complete (i) 4" (100mm) /dia.	150	1 Rft	240.3	36045	150	1 Rft	263.1	39465	3420		
2	Providing and installing P.V.C. Ball/End plug, in tubewell bore hole:- ii) B.S.S. Class 'D' 2" dia	1	1 Each	69.8	70	1	1 Each	84.4	84	15		
3	Providing and installing P.V.C. strainer B.S.S. Class 'D', in tubewell bore hole, including sockets and solvent, etc. complete:-	20	1 Rft	97.6	1952	20	1 Rft	114.35	2287	335		
4	Providing and installing P.V.C. blind pipe, B.S.S. Class 'B', in tubewell bore hole, including sockets and solvents and jointing with strainer, etc. complete. 4" dia	30	1 Rft	350.05	10502	30	1 Rft	418.35	12551	2049		
5	Providing and installing P.V.C. blind pipe, B.S.S. Class 'D', in tubewell bore hole, including sockets and solvents and jointing with strainer, etc. complete. 2" dia	118	1 Rft	167.05	19712	118	1 Rft	199.1	23494	3782		
ii	do 1-1/4" dia	120	1 Rft	94.2	11304	120	1 Rft	111.3	13356	2052		

Sr	Description	Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount	Excess	Saving	Remarks
As per Approved Estimate												
As per Ammended Estimate												
Difference												
1	do 1" dia	35	1 Rft	52	1820	35	1 Rft	52	1820	0	0	
6	Providing, laying, cutting, jointing, testing and disinfecting G.I. pipeline in trenches, with socket joints, using G.I. pipes of B.S.S. 1387-1967 complete in all respects, with specials and valves. 3/4" dia	45	1 Rft	151.95	6838	45	1 Rft	188.55	8485		1647	
II	do 1-1/4" dia	6	1 Rft	289.5	1737	6	1 Rft	359.85	2159		422	
III	do 1" dia	6	1 Rft	227.05	1362	6	1 Rft	281.65	1690		328	
7	P/F Ejector Pump of specified Suction and Delivery heads, coupled with Single Phase Seimen Electric Motor of required rating for water supply i/c the cost of connection charges, necessary wire, PVC pipe set complete in all respect as approved and directed by the Engineer Incharge	1	1 Each	12500	12500	1	1 Each	12274.2	12274		-226	
8	Providing and hoisting vertical / horizontal type storage tank of required capacity made of rotation all ymolded from (HDPE), double plypolyethelene of approved manufacturer i/c cost of making connection for inlet / outlet pipe, float valve i/c all cost of specials & labour complete in all respect as approved and directed by the Engineer Incharge	500	1 Gln	60	30000	500	1 Gln	92.95	46475		16475	
8	Providing and fixing of c.p bib cock 1/2" dia complete in all respect	7	1 Each	347.8	2435	7	1 Each	466.2	3263		829	
PLANT												
1	Providing and installing of Reverse Osmosis (RO) Plant 1000-Ltr / P-Hr, Warranted in workmanship for 12-month from the date of commissioning approved and entire satisfaction of Engineer Incharge	1	1 Each	1856250	1856250	1	1 Each	1856250	1856250		0	
RE-CONSTRUCTION OF B/WALL												

Sr	Description	As per Approved Estimate			As per Ammended Estimate			Difference			Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount	Excess	
1	Dismantling brick work lime cement mortar	3				9			10		
2	Pacca brick work ratio (1:5) in other than building	2946	100 Cft	3253.8	95857	2946	100 Cft	3500.65	103129	7272	
3	Cement plaster 1:4 upto 20' (6.00 m) height:- b) 1/2"	12610	100 Cft	23036.4	2904890	12610	100 Cft	25170.95	3174057	269167	
4	Cement pointing struck joints, on walls, upto 20' (6.00 m) height:- ratio 1:2 i/c Extra cost of labour and material for red oxide pigment in cement pointing to match with the colour of bricks.	15708	100 Cft	2302.1	361614	15708	100 Cft	2595.85	407756	46142	
4	(13 mm) thick										
		21600	100 Sft	3008.95	649933	21600	100 Sft	3390.6	732370	82436	
RAZOR WIRE											
1	Providing and fixing anti climb high security galvanized razor cut wire having double sharp four U-shaped pointed 0.5 mm thick (22mmx15 mm bars) spaced @ 33 mm c/c clad over 2.5 mm dia high tensile Core wire making coil fencing of specified diameter @ 4" c/c fixed on 2'-3" high M/S angle iron post 1 1/2"x1 1/2"x3/16" embedded in base of PCC (1:2:4) (4"x4"x9") @ 4' apart i/c the cost of 2 No. bars 3/8" dia welded horizontally with angle iron posts , binding wire, painting of posts, etc. complete in all respects as approved and directed by the Engineer incharge.	3950	1 Rft	396	1564200	3950	1 Rft	322.55	1274073		-290128
SEWERAGE SYSTEM											
1	Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and timbering, dressing to correct section and dimensions according to templates and levels, and removing surface water, in all types of soil except shingle, gravel and rock:- i) 0 ft. to 7.0 ft. (0 to 2.10 m) depth	21000	1000 Cft	6683.3	140349	21000	1000 Cft	7272.55	152724	12374	
2	Removing of choked, cracked, broken old RCC pipe 9" to 12" dia etc complete	1654	1 Rft	15	24810	1654	1 Rft	25	41350	16540	
3	Dismantling brick work in lime or cement mortar	606	100 Cft	3254	19731	606	100 Cft	3501	21227	1495	

Sr	Description	As per Approved Estimate			As per Ammended Estimate			Difference			Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount	Excess	
4	Supplying and filling sand under floor, or plugging in wells.	3500	100 Cft	3253.8	113883	3500	100 Cft	2863.2	100212		-13671
5	Providing and laying base course of crushed stone aggregate of approved quality and grade, and supply and spreading of stone screening, including placing, mixing, spreading and compaction of base course material to required depth, camber and grade to achieve 100% maximum modified AASHO dry density, including carriage of all materials to site of work except gravel and aggregate.	1846	100 Cft	12500	230750	1846	100 Cft	14177	261707	30957	
6	Providing and laying R.C.C. pipe sewers, moulded with 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.	1654	1 Rft	850.3	1406396	1654	1 Rft	1035.35	1712469	306073	
II	do do 21" dia complete	1846	1 Rft	1046	1930916	1846	1 Rft	1258	2322176	391260	
7	Rehandling of earthwork: a) Lead upto a single throw of Kassi, pharaoh or shovel	16800	100 Cft	1914.6	321653	16800	100 Cft	2059.2	345946	24293	
8	Construction of Man hole	70	1 Each	36200	2534000	70	1 Each	42190	2953300	419300	
WATER SUPPLY											
1	Excavation of trenches in all kinds of soil, except cutting rock, for watersupply pipelines upto 5 ft. (1.5 m) depth from ground level, including trimming, dressing sides, levelling the beds of trenches to correct grade and cutting pits for joints, etc. complete in all respects.	5400	1000 Cft	5755.2	31078	5400	1000 Cft	6204	33502	2424	
2	Providing, laying, cutting, jointing, testing and disinfecting High Density Polyethylene Pipe (HDPE-100) working pressure pipe in trenches. complete in all respects:- PN-16 (SDR-11) 4" dia	1200	1 Rft	330.25	396300	1200	1 Rft	446.75	536100	139800	

Sr	Description	As per Approved Estimate			As per Ammended Estimate			Difference	Remarks			
1	2	3	4	5	6	7	8	9	10	11	12	13
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount	Excess	Saving	
3	Providing, laying, cutting, jointing, testing and disinfecting G.I. pipeline in trenches, with socket joints, using G.I. pipes of B.S.S. 1387-1967 complete in all respects, with specials and valves. (H/O) 2" dia	600	1 Rft	610	366000	600	1 Rft	763.65	458190	92190		
II	do do 1" dia	200	1 Rft	293.5	58700	200	1 Rft	366.25	73250	14550		
4	Providing and fixing gun metal peet/gate valve (screwed):- 4" dia	4	1 Each	3000	12000	4	1 Each	3000	12000	0	0	
II	do do 3" dia	4	1 Each	3000	12000	4	1 Each	3000	12000	0	0	
III	do do 1" dia	6	1 Each	1922.7	11536	6	1 Each	20391.3	122348	110812		
5	Rehandling of earthwork: a) Lead upto a single throw of Kassi, pharaoh or shovel	4	1 Each	614.25	2457	4	1 Each	4431.3	17725	15268		
		86254	1000 Cft	1914.6	165143	86254	1000 Cft	2059.2	177615	12472		
TUFF TILE / PAVER												
1	Excavation in foundation of building, bridges and other structures, including dagbelling, dressing, refilling around structure with excavated earth, watering and ramming lead upto one chain (30 m) and lift upto 5 ft. (1.5 m) in ordinary soil.	2967	1000 Cft	8078.4	23969	2967	1000 Cft	8727.85	25896	1927		
2	Cement concrete brick or stone ballast 1½ " to 2" (40 mm to 50 mm) gauge, in foundation and plinth:- (e) Ratio 1: 6: 18	1484	100 Cft	12032.7	178565	1484	100 Cft	13982.7	207503	28938		
4	Pacca brick work ratio (1:6) in foundation and plinth complete	5565	100 Cft	21799.6	1213148	2598	100 Cft	23783.05	617884		-595264	
5	Filling, watering and ramming earth under floors:- i) with surplus earth from foundation, etc.	1976	1000 Cft	3867.6	7642	1976	1000 Cft	4197.6	8294	652		
6	Filling, watering and ramming earth under floors:- ii) with new earth excavated from outside, lead upto one chain (30 m).	27642	1000 Cft	12332	340881		1000 Cft	15177.2	0		-340881	
7	Dry rammed brick or stone ballast, 1½" to 2" (40 mm to 50 mm) gauge.	5924	100 Cft	5049	299103		100 Cft	5728.8	0		-299103	

Sr	Description	Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount	Difference	Remarks
8	Providing and laying sub-base course of stone product of approved quality and grade, 100% maximum modified AASHO dry density, including carriage of all material to site of work except gravel and aggregate.	11847	100 Cft	12500	1480875		100 Cft	12500	0		-1480875
9	Crushed stone aggregate.										
9	Supplying and filling sand under floor, or plugging in wells.	5924	100 Cft	1999	118421	5924	100 Cft	2863.2	169616	51195	
10	Providing and laying Tuff pavers, having 7000PSI, crushing strength of approved manufacturer, over 2"to3" sand cushion i/c grouting with sand in joints i/c finishing to require slope . complete in all respect.	23694	1 Sft	105.8	2506825	23694	1 Sft	121.35	2875267	368442	
PROVISION OF STREET LIGHTS											
1	Excavation of trenches in all kinds of soil, except cutting rock, for watersupply pipelines upto 5 ft. (1.5 m) depth from ground level, including trimming, dressing sides, levelling the beds of trenches to correct grade and cutting pits for joints, etc. complete in all respects.	4000	1000 Cft	5755.2	23021	4000	1000 Cft	6204	24816	1795	
2	Supplying, installation testing and commissioning of Octagonal shape electric street light pole, made of hot dipped 4.5 mm thick (7 SWG) galvanized steel ,tapered from 225 mm at bottom to 100 mm at top,with 1500 mmx60 mm dia. arm for luminaire installation, duly G.I.welded with 470x470x20 mm base plate with the help of 4 no triangular stiffeners 100x350x20 mm of GI sheet,with built in junction box with shutter,i/c the cost of nuts & J-rag bolts, duly fixed in prelad concrete foundation, foundation will be paid additionally as approved and directed by the Engineer Incharge.	30	1 Each	55000	1650000	30	1 Each	77055.95	2311679	661679	
	Single Arm (i) 10 mtr height										

[illegible]

Sr	Description	As per Approved Estimate			As per Ammended Estimate			Difference			Remarks
		Qty	Unit	Rate	Qty	Unit	Rate	Amount	Excess	Saving	
1	Old Bricks	28775	1000 Nos	3500	100713	28775	1000 Nos	115100	14388		
2	Old Brick Bats	1421	100 Cft	2000	28420	1421	100 Cft	28420	0	0	
				Total	129133			143520			
				Net	40367387			46289464			
	Add 2% Contingency			807348				35931528	718631	-88717	
	Add Wapda Charges for Transformer			500000				500000	0	0	
	Add 5% PRA			2062774				2327486	264712		
				Total	43737509			49835581	9233287	-3215158	

Say Rs. 43738000 /-

SUB DIVISIONAL OFFICER
BUILDINGS SUB DIVISION
OKARA

Say Rs. 49836000 /-

EXECUTIVE ENGINEER
BUILDINGS DIVISION
OKARA


Excess 6018129

**ROUGH COST ESTIMATE FOR REVAMPING OF REVAMPING OF ALL DHQ / 15.
THQ HOSPITALS IN PUNJAB ONE AT DHQ SOUTH CITY DISTRICT OKARA
(ADP NO. 1013 / 2021-22)**

GENERAL ABSTRACT OF COST

1	Revamping of Main Building		11199000
2	Const: of medicine Store	479 Sft @ Rs. 2773/-	1328267
2	Const: of General Store	479 Sft @ Rs. 2773/-	1328267
3	Provision of Fire Alarm System	49300 Sft @ Rs. 35/-	1725500
4	Provision of Smoke Deductor	49300 Sft @ Rs. 35/-	1725500
5	Provision of Waiting Area		2350700
6	Water Filtration Plant		3099213
7	Re-Const: of B/Wall 9" thick 8' height		4384000
8	Provision of Razor Cut Wire	3950 Rft @ Rs. 322.55	1274073
9	External Development		18572000
	TOTAL		46986520
	Add WAPDA Charge for Transformer		500000
	Add 5% Punjab Sales Tex		2349326
	TOTAL		49835845
	SAY		49836000


SUB DIVISIONAL OFFICER
BUILDINGS SUB DIVISION
OKARA


EXECUTIVE ENGINEER
BUILDINGS DIVISION
OKARA

REVAMPING OF MAIN BUILDING

Sr	Description	No	Length	Width	Height	Contents
1	Distemper two coat on old surface after scraping complete					
	Admn Block & Gyne OPD					
	Ent Specialist	1	15.25	16.66		254 Sft
	Exm	1	4.5	5.5		25 Sft
	Toilet	1	6	3		18 Sft
	Exm	1	7.75	5.5		43 Sft
	Toilet	1	7.5	3		23 Sft
	Waiting Room	1	15.25	7.5		114 Sft
	Physiotherapy Room	1	9.5	16.6		158 Sft
	Surgen	1	15.25	16.66		254 Sft
	Waiting Room	1	15.25	7.5		114 Sft
	Exm	1	5.75	3.16		18 Sft
	Toilet	1	6.5	3		20 Sft
	Exm	1	7.25	3.16		23 Sft
	Toilet	1	7.5	3		23 Sft
	Gynecologist	1	9.83	16.5		162 Sft
	Consultant	1	10.33	16.66		172 Sft
	Waiting Room	1	15.25	7.83		119 Sft
	Exm	2	7	4		56 Sft
	Toilet	1	7.5	3		23 Sft
	Consultant	1	6.66	3		20 Sft
	CTG	1	7.5	16.66		125 Sft
	Retrying Room	1	7.58	16.66		126 Sft
	Waiting Room	1	9.83	16.66		164 Sft
	Toilet	1	15.25	7.66		117 Sft
	Cooridor	1	6.5	7.625		50 Sft
	Kitchen	1	6	4.33		26 Sft
	MS office	1	6.16	2.75		17 Sft
	Medical Specialist	1	15.25	16.66		254 Sft
	Toilet	1	13.25	16.66		221 Sft
	Exm	1	6	3		18 Sft
	Waiting Room	1	5.75	3		17 Sft
	LHV Room	1	15.25	7.75		118 Sft
	Dental Operation	1	9.5	16.66		158 Sft
	Toilet	1	15.25	16.66		254 Sft
	Dental Surgen	1	4.5	7.75		35 Sft
	Waiting Room	1	9.5	7.66		73 Sft
	Waiting Area	1	15.25	19.5		297 Sft
	Dispensary	1	49.66	20.5		1018 Sft
	LHV	1	10.5	16.66		175 Sft
	Family Planning	1	10	16.66		167 Sft
	Ultra sound	1	9.83	7.75		76 Sft
	Account	1	9.83	7.75		76 Sft
	Toilet	1	9.83	16.5		162 Sft
	Record Room	1	6.75	3		20 Sft
	Toilet	1	6.5	4.66		30 Sft
	Exm	1	6.16	2.75		17 Sft
	Establishment	1	4.5	6.16		28 Sft
	waiting Room	2	7.416	16.66		247 Sft
	Cooridor	1	15.75	7.83		123 Sft
	Waiting Area	1	241.66	7.75		1873 Sft
	Toilet Female	1	241.66	7.16		1730 Sft
	WC	1	49.66	26.5		1316 Sft
	Toilet male	1	5.25	10.5		55 Sft
	Degnostic Block	6	4.5	6		162 Sft
	Blood Bank	1	11.25	11.33		127 Sft
	Meeting Room	1	20.75	17		353 Sft
	WC	1	20.75	12.25		254 Sft
	Ultra sound	2	4	4		32 Sft
	Store	1	20.75	12.25		254 Sft
	Store	1	12.83	7.83		100 Sft
	X Ray	1	7.75	7.83		61 Sft
	Dark Room	1	20.75	17		353 Sft
	Office	1	9.75	10.92		106 Sft
	Store	1	20.75	17		353 Sft
	Waiting Area	1	12.83	7.83		100 Sft
		1	6.75	7.5		51 Sft

21

Waiting Area	1	55.67	8	445 Sft
WC	1	88.75	8	710 Sft
Toilet Female	1	21.25	84.17	1789 Sft
Operation Theater	6	3.25	4	78 Sft
OT	1	5	10.5	53 Sft
Bath	1	20.25	17	344 Sft
Sergon Office	1	5.5	5.5	30 Sft
Post Operative	1	10.25	17	174 Sft
Shower	1	14.5	16.75	243 Sft
Nursing	1	9.5	8.25	78 Sft
Delivery Operation	1	10.75	8.25	89 Sft
Waiting Area	1	21	17	357 Sft
Baby wash	1	21.75	35.17	765 Sft
Labour Room	1	21	7.83	164 Sft
Nurse Station	1	26.75	17	455 Sft
Nursing Bath	1	10.33	17	176 Sft
Isulation Ward	1	5.5	5.5	30 Sft
Cooridor	1	15.5	17	264 Sft
Gyne Ward	1	35.17	10	352 Sft
WC	3	3	5	45 Sft
Toilet	1	9.58	16.75	160 Sft
WC	1	6.5	5	33 Sft
8-Beded Ward	1	42.875	16.75	718 Sft
6-Beded Ward	1	31.92	16.75	535 Sft
Store	1	9.875	16.75	165 Sft
8-Beded Ward	1	31.75	16.75	532 Sft
Store	1	41.33	16.75	692 Sft
WC	3	3	5	45 Sft
Toilet	1	9.75	16.75	163 Sft
WC	2	6	5	60 Sft
Shower	2	4	5	40 Sft
Clean Utility	1	9.75	8.33	81 Sft
8-Beded Ward	1	9.75	8	78 Sft
Nurse Station	1	42.92	16.75	719 Sft
Toilet	1	9.75	16.75	163 Sft
Treatment	4	4	5	80 Sft
Dr Room	1	9.92	16.75	166 Sft
Pantry	1	9.92	16.75	166 Sft
Single Bed	1	9.92	16.75	166 Sft
Nurse Station	3	9.92	16.75	498 Sft
Store	1	10.17	16.75	170 Sft
Shower	1	43.33	16.75	726 Sft
Clean Utility	2	4	5	40 Sft
	1	9.75	8.33	81 Sft
	1	9.75	8	78 Sft
Total				45973 Sft

2 Emulsion Paint two coat on old surface after scraping etc complete

Admn Block & Gyne OPD

Ent Specialist	2	15.25	16.66	11.5	734 Sft
Exm	2	4.5	5.5	11.5	230 Sft
Toilet	2	6	3	11.5	207 Sft
Exm	2	7.75	5.5	11.5	305 Sft
Toilet	2	7.5	3	11.5	242 Sft
Waiting Room	2	15.25	7.5	11.5	523 Sft
Physiothropy Room	2	9.5	16.6	11.5	600 Sft
Surgen	2	15.25	16.66	11.5	734 Sft
Waiting Room	2	15.25	7.5	11.5	523 Sft
Exm	2	5.75	3.16	11.5	205 Sft
Toilet	2	6.5	3	11.5	219 Sft
Exm	2	7.25	3.16	11.5	239 Sft
Toilet	2	7.5	3	11.5	242 Sft
Gynecalogist	2	9.83	16.5	11.5	606 Sft
Consultant	2	10.33	16.66	11.5	621 Sft
Waiting Room	2	15.25	7.83	11.5	531 Sft
Exm	4	7	4	11.5	506 Sft
Toilet	2	7.5	3	11.5	242 Sft
Consultant	2	6.66	3	11.5	222 Sft
CTG	2	7.5	16.66	11.5	556 Sft
Retrying Room	2	7.58	16.66	11.5	558 Sft
Waiting Room	2	9.83	16.66	11.5	609 Sft
Toilet	2	15.25	7.66	11.5	527 Sft
Cooridor	2	6.5	7.625	11.5	325 Sft
Kitchen	2	6	4.33	11.5	238 Sft
MS office	2	6.16	2.75	11.5	205 Sft
	2	15.25	16.66	11.5	

Exm	2	5.75	3	11.5	201 Sft
Waiting Room	2	15.25	7.75	11.5	529 Sft
LHV Room	2	9.5	16.66	11.5	602 Sft
Dental Operation	2	15.25	16.66	11.5	734 Sft
Toilet	2	4.5	7.75	11.5	282 Sft
Dental Surgen	2	9.5	7.66	11.5	395 Sft
Waiting Room	2	15.25	19.5	11.5	799 Sft
Waiting Area	2	49.66	20.5	11.5	1614 Sft
Dispensary	2	10.5	16.66	11.5	625 Sft
LHV	2	10	16.66	11.5	613 Sft
Family Planning	2	9.83	7.75	11.5	404 Sft
Ultra sound	2	9.83	7.75	11.5	404 Sft
Account	2	9.83	16.5	11.5	606 Sft
Toilet	2	6.75	3	11.5	224 Sft
Record Room	2	6.5	4.86	11.5	257 Sft
Toilet	2	6.16	2.75	11.5	205 Sft
Exm	2	4.5	6.16	11.5	245 Sft
Establishment	4	7.416	16.66	11.5	1107 Sft
waiting Room	2	15.75	7.83	11.5	542 Sft
Cooridor	2	241.66	7.75	11.5	5736 Sft
	2	241.66	7.16	11.5	5723 Sft
Waiting Area	2	49.66	26.5	11.5	1752 Sft
Toilet Female	2	5.25	10.5	11.5	362 Sft
WC	12	4.5	6	11.5	1449 Sft
Toilet male	2	11.25	11.33	11.5	519 Sft
Degnostic Block					
Blood Bank	2	20.75	17	11.5	868 Sft
Meeting Room	2	20.75	12.25	11.5	759 Sft
WC	4	4	4	11.5	368 Sft
Ultra sound	2	20.75	12.25	11.5	759 Sft
Store	2	12.83	7.83	11.5	475 Sft
Store	2	7.75	7.83	11.5	358 Sft
X Ray	2	20.75	17	11.5	868 Sft
Dark Room	2	9.75	10.92	11.5	475 Sft
	2	20.75	17	11.5	868 Sft
Office	2	12.83	7.83	11.5	475 Sft
Store	2	6.75	7.5	11.5	328 Sft
Waiting Area	2	16.5	10.75	11.5	627 Sft
Laboratory	2	20.75	25.92	11.5	1073 Sft
Cooridor	2	59.5	9.75	11.5	1593 Sft
Specializer Care	2	15.66	16.83	11.5	747 Sft
Miner OT	2	9.83	16.83	11.5	613 Sft
Trace	2	21	16.83	11.5	870 Sft
Toilet	2	9	4.16	11.5	303 Sft
WC	6	3	6	11.5	621 Sft
Waiting Area	2	54.5	25.75	11.5	1846 Sft
Pharmacy	2	7.75	7.75	11.5	357 Sft
Store	2	7.58	7.33	11.5	343 Sft
Cooridor	2	32.5	7.75	11.5	926 Sft
Consultant	2	10	7.75	11.5	408 Sft
Female Emergency	2	37	16.75	11.5	1236 Sft
Disable Bath	2	6	7	11.5	299 Sft
Childern Emergency	2	20.875	16.75	11.5	865 Sft
Medical Ward					0 Sft
WC	2	5.83	5	11.5	249 Sft
Toilet	2	9.5	11.25	11.5	477 Sft
WC	6	3	5	11.5	552 Sft
Medical Ward	2	42.875	16.75	11.5	1371 Sft
6-Bed Ward	2	32	16.75	11.5	1121 Sft
Toilet	2	9.5	16.75	11.5	604 Sft
WC	6	3	5	11.5	552 Sft
Dengue Ward	2	22.5	16.75	11.5	903 Sft
Doctor	2	8.875	11.5	11.5	469 Sft
Treatment	2	8.375	11.375	11.5	454 Sft
	2	7.75	11.375	11.5	440 Sft
	2	8	11.375	11.5	446 Sft
Disable Bath	2	6.75	5.83	11.5	289 Sft
Store	2	6.75	5.16	11.5	274 Sft
Gym	2	10.5	16.75	11.5	627 Sft
WC	2	6.416	5.5	11.5	274 Sft
Toilet	2	9.83	5.75	11.5	358 Sft
WC	6	3	5	11.5	552 Sft
Clean Utility	2	9.75	8	11.5	408 Sft
Shower	4	6	3.75	11.5	449 Sft
Medical Block	2	42.875	16.75	11.5	1371 Sft
Nurse Station	2	9.875	16.75	11.5	612 Sft
Physician Office	2	9.875	16.75	11.5	612 Sft
Doctor	2	9.875	16.75	11.5	612 Sft

23

Nurse Station	2	9.875	16.75	11.5	612 Sft
	2	9.875	16.75	11.5	612 Sft
	2	9.875	10.75	11.5	474 Sft
	2	12.25	16.75	11.5	667 Sft
Room	2	9.75	8.5	11.5	420 Sft
	2	9.75	8.5	11.5	420 Sft
Dental Unit	2	19.75	8	11.5	638 Sft
	2	12.25	16.75	11.5	667 Sft
Clean Utility	2	9.875	8	11.5	411 Sft
Shower	4	5	3.83	11.5	406 Sft
Cooridor	4	197	7.66	11.5	9414 Sft
	2	18.83	9.66	11.5	655 Sft
1st Floor ICU, CCU					
CCU	2	21	17	11.5	714 Sft
Nursary	2	31.66	17	11.5	1076 Sft
ICU	2	32	17	11.5	1088 Sft
Nursing Counter	2	8	3.16	11.5	51 Sft
Peeds Ward	2	44.66	17	11.5	1518 Sft
Nursing Counter	2	8	2	11.5	32 Sft
Peeds Ward	2	43.25	17	11.5	1471 Sft
Nursing Counter	2	8	3.16	11.5	51 Sft
CCU	2	21	17.25	11.5	725 Sft
Consultant	2	10	17.25	11.5	345 Sft
Toilet	2	7	6	11.5	84 Sft
Assistant Room	2	10.17	17.25	11.5	351 Sft
Toilet	2	7	6	11.5	84 Sft
Nursing Room	2	10	17.25	11.5	345 Sft
Toilet	2	4.5	8.5	11.5	77 Sft
	2	5	8.5	11.5	85 Sft
Nursary	2	21.75	16.75	11.5	729 Sft
Peeds Ward	2	32.75	16.75	11.5	1097 Sft
Nursing Counter	2	8	3.17	11.5	51 Sft
Dr Room	2	10.25	16.75	11.5	343 Sft
Toilet	2	4.75	7.67	11.5	73 Sft
	2	4.75	8.75	11.5	83 Sft
	2	10.67	9	11.5	192 Sft
Nursing Room	2	8.66	10.5	11.5	182 Sft
Medicine Store	2	15.75	17.33	11.5	546 Sft
Peeds Ward	2	6.17	8	11.5	99 Sft
Disable Bath	2	25.33	8	11.5	405 Sft
Cooridor	2	55.67	8	11.5	891 Sft
	2	88.75	8	11.5	1420 Sft
Waiting Area	2	21.25	84.17	11.5	3577 Sft
WC	12	3.25	4	11.5	156 Sft
Toilet Female	2	5	10.5	11.5	105 Sft
Operation Theather					
OT	2	20.25	17	11.5	689 Sft
Bath	2	5.5	5.5	11.5	61 Sft
Sergon Office	2	10.25	17	11.5	349 Sft
Post Operative	2	14.5	16.75	11.5	486 Sft
Shower	2	9.5	8.25	11.5	157 Sft
Nursing	2	10.75	8.25	11.5	177 Sft
Delivery Operation	2	21	17	11.5	714 Sft
Waiting Area	2	21.75	35.17	11.5	1530 Sft
Baby wash	2	21	7.83	11.5	329 Sft
Labour Room	2	26.75	17	11.5	910 Sft
Nurse Station	2	10.33	17	11.5	351 Sft
Nursing Bath	2	5.5	5.5	11.5	61 Sft
Isulation Ward	2	15.5	17	11.5	527 Sft
Cooridor	2	35.17	10	11.5	703 Sft
Gyne Ward					
WC	6	3	5	11.5	90 Sft
Toilet	2	9.58	16.75	11.5	321 Sft
WC	2	6.5	5	11.5	65 Sft
8-Bedded Ward	2	42.875	16.75	11.5	1436 Sft
6-Bedded Ward	2	31.92	16.75	11.5	1069 Sft
Store	2	9.875	16.75	11.5	331 Sft
8-Bedded Ward	2	31.75	16.75	11.5	1064 Sft
Store	2	41.33	16.75	11.5	1385 Sft
WC	6	3	5	11.5	90 Sft
Toilet	2	9.75	16.75	11.5	327 Sft
WC	4	6	5	11.5	120 Sft
Shower	4	4	5	11.5	80 Sft
	2	9.75	8.33	11.5	162 Sft
Clean Utility	2	9.75	8	11.5	156 Sft
8-Bedded Ward	2	42.92	16.75	11.5	1438 Sft
Nurse Station	2	9.75	16.75	11.5	327 Sft

24

Pantry	2	9.92	16.75	11.5	332 Sft
Single Bed	6	9.92	16.75	11.5	997 Sft
Nurse Station	2	10.17	16.75	11.5	341 Sft
Store	2	43.33	16.75	11.5	1452 Sft
Shower	4	4	5	11.5	80 Sft
Clean Utility	2	9.75	8.33	11.5	162 Sft
	2	9.75	8	11.5	156 Sft
			Total		126088 Sft
Deduction					
Admn Block Door	21	3.5		8	588 Sft
Windows	22	2.5		7	385 Sft
	40	6		6	1440 Sft
Grill	8	2.5		6	120 Sft
Degnostic Door	14	9		8.5	1071 Sft
	2	8		8.5	136 Sft
	12	3.5		8	336 Sft
	2	5		8.5	85 Sft
	2	4		7	56 Sft
Windows	13	2.5		7	228 Sft
Medical Door	30	6		6	1080 Sft
	5	2.5		6	75 Sft
	17	3.5		8	476 Sft
	17	3		7	357 Sft
	19	2.5		7	333 Sft
Windows	4	5		8	160 Sft
	36	6		6	1296 Sft
	8	4		6	192 Sft
	8	2.5		6	120 Sft
Grill	18	9		8.5	1377 Sft
	2	8		8.5	136 Sft
1st Floor ICU, CCU Door	4	3		8	96 Sft
	3	3.5		8	84 Sft
	2	4		8	64 Sft
	5	5		8	200 Sft
Windows	11	2.5		7	193 Sft
	31	6		6	1116 Sft
	4	6		3	72 Sft
	14	8.75		8.83	1082 Sft
	2	3.33		8.92	59 Sft
Operation Theather Door	3	3		8.5	77 Sft
	2	2.5		7	35 Sft
	2	3.5		7	49 Sft
	3	5		8	120 Sft
	3	4		8	96 Sft
Windows	2	3		6	36 Sft
	3	6		6	108 Sft
Gyne Ward Door	9	3		7	189 Sft
	12	4		7	336 Sft
	14	2.5		7	245 Sft
	5	3.5		7	123 Sft
	4	8.5		4.5	153 Sft
Windows	12	6		6	432 Sft
	8	3		6	144 Sft
Grill	18	8.75		8.83	1391 Sft
	2	3.33		8.92	59 Sft
			Total		16606 Sft
	Net	126088	(-)	16606	109482 Sft
3	Painting to door and window any type two coat on old surface etc complete				
Admn Block Door	42	3.5		8	1176 Sft
	44	2.5		7	770 Sft
Degnostic Door	24	3.5		8	672 Sft
	4	5		8.5	170 Sft
	4	4		7	112 Sft
Medical Door	26	2.5		7	455 Sft
	34	3.5		8	952 Sft
	34	3		7	714 Sft
	38	2.5		7	665 Sft
	8	5		8	320 Sft
1st Floor ICU, CCU Door	8	3		8	192 Sft
	6	3.5		8	168 Sft
	4	4		8	128 Sft
	10	5		8	400 Sft

(25)

4	Gyne Ward Door	4	2.5	7	70 Sft
		4	3.5	7	98 Sft
		6	5	8	240 Sft
		6	4	8	192 Sft
		18	3	7	378 Sft
		24	4	7	672 Sft
		28	2.5	7	490 Sft
		10	3.5	7	245 Sft
		Total			9817 Sft

4	Painting sashes fan light glazed or gauzed door and window any type two coat on old surface Admn Block Windows 3 x 40 = 120 3 x 8 = 24 Grill 3 x 14 = 3 x 2 = 6 Degnostic Window 3 x 30 = 90 3 x 5 = 15 Medical Window 3 x 36 = 108 3 x 8 = 24 3 x 8 = 24 Grill 3 x 18 = 3 x 2 = 6 1st Floor ICU CCU Windows 3 x 31 = 3 x 4 = 12 Grill 3 x 14 = 3 x 2 = 6 Operation Theater Windows 3 x 2 = 6 3 x 3 = 9 Gyne Ward Windows 3 x 4 = 12 3 x 12 = 36 3 x 8 = 24 Grill 3 x 18 = 54 3 x 2 = 6	120	6	6	4320 Sft
		8	2.5	6	120 Sft
		42	9	8.5	3213 Sft
		6	8	8.5	408 Sft
		90	6	6	3240 Sft
		15	2.5	6	225 Sft
		108	6	6	3888 Sft
		24	4	6	576 Sft
		24	2.5	6	360 Sft
		54	9	8.5	4131 Sft
		6	8	8.5	408 Sft
		93	6	6	3348 Sft
		12	6	3	216 Sft
		42	8.75	8.83	3245 Sft
		6	3.33	8.92	178 Sft
		6	3	6	108 Sft
		9	6	6	324 Sft
		12	8.5	4.5	459 Sft
		36	6	6	1296 Sft
		24	3	6	432 Sft
		54	8.75	8.83	4172 Sft
		6	3.33	8.92	178 Sft
		Total			34845 Sft
		1	15.25	0.125	32 Cft
		1	20.25	0.125	43 Cft
		1	21	0.125	45 Cft
		1	26.75	0.125	57 Cft
		Total			177 Cft

5	Dismantling PCC ratio (1:2:4) Admin Block Dental Operation OT 1st Floor Labour Room	1	15.25	0.125	32 Cft
		1	20.25	0.125	43 Cft
		1	21	0.125	45 Cft
		1	26.75	0.125	57 Cft
		Total			177 Cft

6	Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate): ratio (1:2:4) Admin Block Dental Operation OT 1st Floor Labour Room	1	15.25	0.125	32 Cft
		1	20.25	0.125	43 Cft
		1	21	0.125	45 Cft
		1	26.75	0.125	57 Cft
		Total			177 Cft

7	Providing and laying anti static vinyle flooring 2mm thick brohrly welded edges joints acording latest OR standard fire rating 685 elect resistance 10"x6" anti bect and fungal resist complete in all respect Admin Block Dental Operation OT 1st Floor Labour Room	1	15.25	0.125	32 Cft
		1	20.25	0.125	43 Cft
		1	21	0.125	45 Cft
		1	26.75	0.125	57 Cft
		Total			177 Cft

8	Providing and fixing false ceiling comprises of Gypsum board laminated sheet of size 2'x2'/2 'x3'/3'x3' of specified design and thickness i/c cost of fixturesi egalvanized angle 1"x1" at wall sides, galvanized tee 1¼"x1" and 1½"x1" both at 4'c/c (made of Taiwan CKM or equivalent), hanging with G.I/ Copper wire 16SWG, G.I hook, Rawal Plug etc complete in all respects as approved and directed by the Engineer Incharge Admin Block Dental Operation OT 1st Floor Labour Room	1	15.25	0.125	32 Cft
		1	20.25	0.125	43 Cft
		1	21	0.125	45 Cft
		1	26.75	0.125	57 Cft
		Total			177 Cft

		1	15.25	0.125	32 Cft
		1	20.25	0.125	43 Cft
		1	21	0.125	45 Cft
		1	26.75	0.125	57 Cft
		Total			177 Cft

9 Providing and applying epoxy paint of approved colour 40mm thick on floor and walls of prevent form contamination @ 1 Liter per 100 sq feet and mixed with tinner 50ml per liter i/c cost labour as per approved specification and labour complete in all respect as approved by the Engineer Incharge
Admin Block Dental Operation

OT 1st Floor

1	15.25	16.66	9	254 Sft
2	31.91			574 Sft
1	20.25	17	9	344 Sft
2	37.25			671 Sft
1	21	17	9	357 Sft
2	38			684 Sft
1	26.75	17	9	455 Sft
2	43.75			788 Sft
		Total		4127 Sft

10 Providing and fixing of wall panelling comprising of PVC sheet double H-shape fixed with nail imported quality as approved quality complete

Admin Block Dental Operation
OT 1st Floor

Labour Room

2	15.25	16.66	9	574 Sft
2	20.25	17	9	671 Sft
2	21	17	9	684 Sft
2	26.75	17	9	788 Sft
		Total		2717 Sft

11 Providing and fixing of LED sheet 1/8" thick in X-Ray room as approved by the Engineer Incharge
Degnostic X Ray Room

4	20.75	17	9	1359 Sft
		Total		1359 Sft

12 Providing and fitting Steel angle corner size 3"x3"x1/16" for column complete in all respect edge bead for corners, with nails on both sides of edges.

220 8

Total

1760 Rft
1760 Rft

[Signature]
SUB DIVISIONAL OFFICER
BUILDINGS SUB DIVISION
OKARA

[Signature]
EXECUTIVE ENGINEER
BUILDINGS DIVISION
OKARA

27

REVAMPING OF MAIN BUILDING

Sr	Description	Qty	Unit	Rate	Amount
1	Distemping two coat on old surface after scraping complete	45973	100 Sft	1234.65	567606
2	Emulsion Paint two coat on old surface after scraping etc complete	109482	100 Sft	1781.95	1950914
3	Painting to door and window any type two coat on old surface etc complete	9817	100 Sft	1346.6	132196
4	Painting sashes fan light glazed or gauzed door and window any type two coat on old surface	34845	100 Sft	824.8	287402
5	Dismantling PCC ratio (1:2:4)	177	100 Cft	9060.5	16037
6	Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate): ratio (1:2:4)	177	100 Cft	28971.35	51279
7	Providing and laying anti static vinyl flooring 2mm thick brohrly welded edges joints acording latest OR standard fire rating 685 elect resistance 10"x6" anti bect and fungal resist complete in all respect	1410	1 Sft	2800	3948000
8	Providing and fixing false ceiling comprises of Gypsum board laminated sheet of size 2'x2'2 'x3'3'x3' of specified design and thickness i/c cost of fixtures! egalvanized angle 1"x1" at wall sides, galvanized tee 1 1/2"x1" and 1 1/2"x1" both at 4'c/c (made of Taiwan CKM or equivalent), hanging with G.I/ Copper wire 16SWG, G.I hook, Rawal Plug etc complete in all respects as approved and directed by the Engineer Incharge	1410	1 Sft	89.35	125984
9	Providing and applying apoxy paint of approved colour 40mm thick on floor and walls of prevent form contamination @ 1 Liter per 100 sq feet and mixed with tinner 50ml per liter i/c cost labour as per approved specification and labour complete in all respect as approved by the Engineer Incharge	4127	1 Sft	130	536510
10	Providing and fixing of wall panelling comprising of PVC sheet double H-shape fixed with nail imported quality as approved quality complete	2717	1 Sft	149	404833
11	Providing and fixing of LED sheet 1/8" thick in X-Ray room as approved by the Engineer Incharge	1359	1 Sft	1400	1902600
12	Providing and fitting Steel angle corner size 3"x3"x1/16" for column complete in all respect edge bead for corners, with nails on both sides of edges.	1760	1 Rft	600	1056000
Add 2% Contingency					
				Total	10979361
				Total	11198948
				Say	11199000


SUB DIVISIONAL OFFICER
 BUILDINGS SUB DIVISION
 OKARA



EXECUTIVE ENGINEER
 BUILDINGS DIVISION
 OKARA

28

PROVISION OF WAITING AREA

Sr	Description	Qty	Unit	Rate	Amount
1	Making and fixing of shed with fiber glass roof of 4mm thick over frame of work of M.S box pipe 1-1/2"x1-1/2" of 16 SWG @ 2.75' c/c with ornamental M.S flat patty design 1-1/2"x1/4" on both side front and back the upper frame supported with outer pillars of M.S pipe 4" dia embedding in plain cement concrete ratio (1:2:4) upto 2' below from ground level with painting as per drawing / design and entire satisfaction of Engineer incharge.	4000	1 Sft	546.15	2184600
2	Providing and fixing mosaic bench best quality complete in all respect	10	1 Each	12000	120000
			Total		2304600
	Add 2% Contingency				46092
			Total		2350692
			Say		2350700

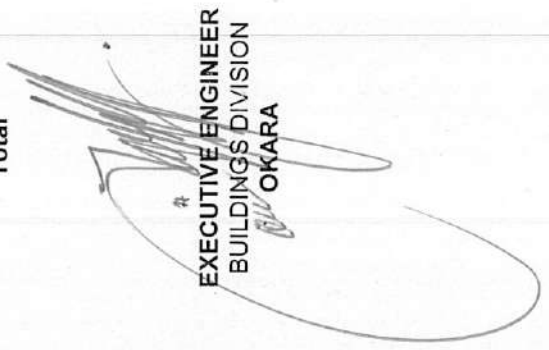

SUB DIVISIONAL OFFICER
BUILDINGS SUB DIVISION
OKARA


EXECUTIVE ENGINEER
BUILDINGS DIVISION
OKARA

PROVISION OF WAITING AREA

Sr	Description	No	Length	Width	Height	Contents
1	Making and fixing of shed with fiber glass roof of 4mm thick over frame of work of M.S box pipe 1-1/2"x1-1/2" of 16 SWG @ 2.75' c/c with ornamental M.S flat patty design 1-1/2"x1/4" on both side front and back the upper frame supported with outer pillars of M.S pipe 4" dia embedding in plain cement concrete ratio (1:2:4) upto 2' below from ground level with painting as per drawing / design and entire satisfaction of Engineer incharge.	1	100	40		4000 Sft 4000 Sft
2	Providing and fixing mosaic bench best quality complete in all respect			Total		10 Nos 10 Nos



SUB DIVISIONAL OFFICER
BUILDINGS SUB DIVISION
OKARA


EXECUTIVE ENGINEER
BUILDINGS DIVISION
OKARA

CONSTRUCTION OF WATER FILTRATION PLANTS AT DHQ HOSPITAL

Sr #	Description.	Plinth	Unit	Plinth Area Rates								TOTAL	Amount	Remarks	
		Area		B.P.	Strip	Frame Structure	Extra for foundation for 1st Floor and Subsequent floor	Extra for Additional	Items	Reduce cost of foundation	P.H.				E.I.
1.	Construction of Filtration Plant Room Size 16x12 with veranda 7' wide.	372	P. Rft	2610						163	119		2892	1075463	
2.	Provision of Water Supply	1	Job	167500									167500	167500	
3.	Providing and Installing of Reverse Osmosis (RO) Plant 1000-Ltr / P-Hr, Warranted in workmanship for 12-Month from the date of commissioning approved and entire satisfaction of Engineer Incharge.	1	Job	1856250									1856250	1856250	
													Total-A	3099213	
1.	Add 5% External Development			1075463										53773	
													Total-B	53773	
													G. Total (A+B)	3152986	


Say Rs. 3.153 (M)


SUB DIVISIONAL OFFICER
 Buildings Sub Division Okara

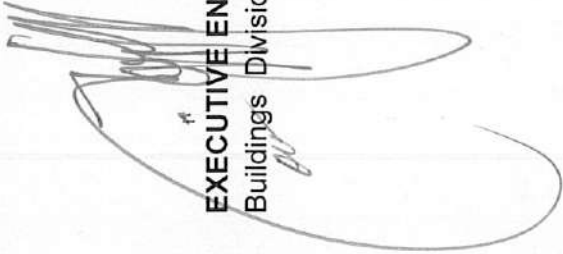

EXECUTIVE ENGINEER
 Buildings Division Okara

DEEP WELL EJECTING PUMP

S#	Description	Qty	Unit	Rate	Amount
1	Boring of tube well in all types of soil except shingle and rock from depth of 200.1 ft. to 300 ft. (60 to 90 m) depth including sinking and with drawing of casing pipe complete (e)8" I/dia.	250	1 Rft	879.25	219812.50
2	Providing, laying, cutting, jointing, testing and disinfecting G.I. pipeline in trenches, with socket joints, using G.I. pipe ii) Medium Quality 4" dia	250	1 Rft	1082.70	270675.00
3	Providing, laying, cutting, jointing, testing and disinfecting G.I. pipeline in trenches, with socket joints, using G.I. pipe ii) Medium Quality 2-1/2" dia	15	1 Rft	587.55	8813.25
4	Providing and Installation of Sub Mucible pump / Sub Clean Water bore hole Pump KSB made UpAchrom 100-09/12 CC Flow 8.00 M3/H, Head 150 ft, motor 4HP/c DOL stator, Colum pipe (10"x10'), top bend, suspension clamp, cable connection, 01 Sluice valve, reflux valve warranty of 6-Month from date of commissioning and 12-month from date of dispatch complete in all respect as approved by the Engineer Incharge.	1	1 No	745000	745000
5	PROVIDING AND FIXING WATER STORAGE TANK STORAGE WATER TANKS (DOUBLE PLY) (AS PER APPROVED MANUFACTURERS) (SUPER TUFF) 500 GALLON CAPACITY VERTICAL WATER TANKS I/C INLET / OUTLET AND OTHER ACCESSORIES COMPLETE AS APPROVED BY THE ENGINEER INCHARGE.	2	1 No	30000.00	60000.00
6	Providing, laying, cutting, jointing, testing and disinfecting G.I. pipeline in trenches, with socket joints, using G.I. pipe ii) Medium Quality 4" dia	15	1 Rft	587.55	8813.25
7	P/ F of P trape 4" glaze	2	1 Each	174.40	348.80
8	P/ F of CP bib cock 1/2" dia	10	1 Each	347.80	3478.00
				TOTAL	1316941
				Say	1316941



Sub Divisional Officer,
Buildings Sub Division
Okara



EXECUTIVE ENGINEER
Buildings Division Okara

Providing and Installation of Sub Muricible pump / Sub Clean Water bore hole Pump KSB made UpAchrom 100-09/12 CC Flow 8.00 M3/H, Head 150 ft, motor 4HPi/c DOL stater, Colum pipe (10'x10'), top bend, suspension clamp, cable connection, 01 Sluice valve, reflux valve warranty of 6-Month from date of commissioning and 12-month from date of dispatch complete in all respect as approved by the Engineer Incharge.

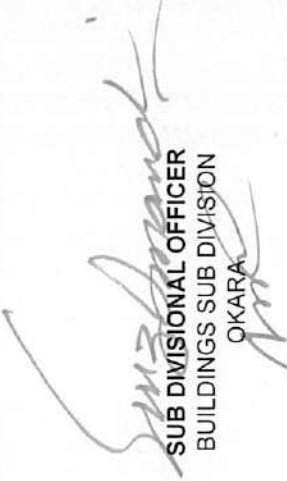
Detail		Quantity		Rate per unit (Rs)		Amount
	MATERIAL					
1	Providing and Installation of Sub Muricible pump / Sub Clean Water bore hole Pump KSB made UpAchrom 100-09/12 CC Flow 8.00 M3/H, Head 150 ft, motor 4HPi/c DOL stater, Colum pipe (10'x10'), top bend, suspension clamp, cable connection, 01 Sluice valve, reflux valve warranty of 6-Month from date of commissioning and 12-month from date of dispatch	1	Nos	650000	Each	650000
2	Carriage from Lahore to site of Work	1	Ls	6000	Each	6000
3	Fitting Charges	1	Ls	6000	Each	6000
	Total					662000
	Contractor's 12.50%					82750
	Total					744750
	Item Rate					
	Composite Rate Each					744750
				Say Rs.		747375
	Certified that Rates for material and labour are as per input rates as displayed on web site of finance Department for the 2nd BI Annual 2021					

Signature
Sub Divisional Officer,
 Buildings Sub Division
 Okara

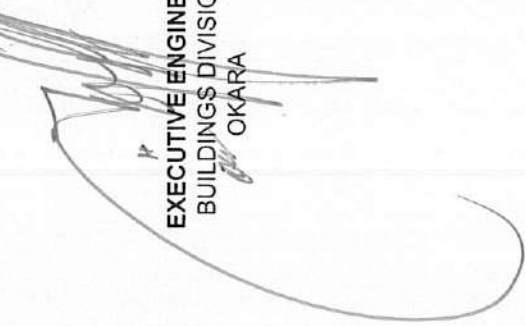
Signature
EXECUTIVE ENGINEER
 Buildings Division Okara

Providing and Installing of Reverse Osmosis (RO) Plant 1000-Ltr / P-Hr, Warranted in workmanship for 12-Month from the date of commissioning approved and entire satisfaction of Engineer Incharge.

		Detail		Quantity		Rate per unit (Rs)		Amount
		MATERIAL						
1		Providing and Installing of Reverse Osmosis (RO) Plant 1000-Ltr / P-Hr, Warranted in workmanship for 12-Month from the date of commissioning approved and entire satisfaction of Engineer Incharge.	1	Nos		1650000	Each	1650000
		Total						1650000
		Contracto's 12.50%						206250
		Total						1856250
						Say Rs.		1856250
Certified that Rates for material and labour are as per input rates as displayed on web site of finance Department for the 1st Bi Annual 2022								



SUB DIVISIONAL OFFICER
BUILDINGS SUB DIVISION
OKARA



EXECUTIVE ENGINEER
BUILDINGS DIVISION
OKARA

**QUOTATION FOR REVERSE OSMOSIS (RO) PLANT 1000-LPH
(PAK ASSEMBLED)**

Kasur.
SUB: Dear Sir,

This has referred to the above. We are pleased to quote our best and discounted price as under:-

S.#	Description	Qty:	Total Amount (Rs.)
01.	REVERSE OSMOSIS (RO) PLANT 1000-LPH (PAK ASSEMBLED) Guarantee: One Year. Technical Specification as per Tender District & Session Judge, Kasur.	1-Unit	Rs. 16,50,000/- (Rupees Sixteen Lac Fifty Thousand Only) (Exclusive all taxes)

- TERMS AND CONDITIONS:**
1. Mode of Payment:
 2. Service/Maintenance
 3. Delivery:
 4. Installation:

100% advance at the time of confirmation of order.
One year free service with any faulty parts.
Within 3-4 weeks after receiving total advance payment.
Will be free by the Company 3N-Lifemed.

Customer's Responsibilities:

- Water connection in R.O Plant only.
- Any civil work required.
- Effluent drains from water plant.
- Electric supply.
- Space & drain etc.


Thanking and assuring you of our best co-operation at all time.

35

RECONSTRUCTION OF BOUNDARY WALL

Sr	Description	Qty	Unit	Rate	Amount
1	Dismantling brick work lime cement mortar	2946	100 Cft	3500.65	103129
2	Pacca brick work ratio (1:5) in other than building	12610	100 Cft	25170.95	3174057
3	Cement plaster 1:4 upto 20' (6.00 m) height:- b) ½" (13 mm) thick	15708	100 Cft	2595.85	407756
4	Cement pointing struck joints, on walls, upto 20' (6.00 m) height:- ratio 1:2 i/c Extra cost of labour and material for red oxide pigment in cement pointing to match with the colour of bricks.	21600	100 Sft	3390.6	732370
Credit of old Material					4417312
1	Old Unserviceable Bricks	23863	1000 Nos	4000	95452
2	Old Unserviceable Brick Bats	1178	100 Cft	2000	23560
Total					119012
Net					4298300
Add 2% Contingency					85966
Total					4384266
Net					4384000


SUB DIVISIONAL OFFICER
 BUILDINGS SUB DIVISION
 OKARA


EXECUTIVE ENGINEER
 BUILDINGS DIVISION
 OKARA

RECONSTRUCTION OF BOUNDARY WALL

Sr	Description	No	Length	Width	Height	Contents
1	Dismantling brick work lime cement mortar North Side (132+117+242) = 491 East Side South Side West	1 1 1 1 1	490 491 990 1100 856	0.75 0.75 0.75 0.75 0.75 Total	1 1 1 1 1	368 Cft 368 Cft 743 Cft 825 Cft 642 Cft 2946 Cft
2	Pacca brick work ratio (1:5) in other than building North Side (132+117+242) = 491 East Side South Side West Side	1 61 1 61 124 1 138 1 107	490 1,125 491 1,125 990 1,125 1100 1,125 856 1,125 Total	0.75 0.375 0.75 0.375 0.75 0.375 0.75 0.375 0.75 0.375 Total	4 4 4 4 4 4 4 4 4 4	1470 Cft 103 Cft 1473 Cft 103 Cft 2970 Cft 209 Cft 3300 Cft 233 Cft 2568 Cft 181 Cft 12610 Cft
3	Cement plaster 1:4 upto 20' (6.00 m) height:- b) ½" (13 mm) thick North Side East Side South Side West Side	1 1 1 1 1	490 491 990 1100 856 Total		4 4 4 4 4	1960 Sft 1964 Sft 3960 Sft 4400 Sft 3424 Sft 15708 Sft
4	Cement pointing struck joints, on walls, upto 20' (6.00 m) height:- ratio 1:2 i/c Extra cost of labour and material for red oxide pigment in cement pointing to match with the colour of bricks. North Side (132+117+242) = 491 South Side West Side	1 122 1 122 1 248 1 276 1 214	490 1.5 491 1.5 990 1.5 1100 1.5 856 1.5 Total		4 4 4 4 4 4 4 4 4 4	1960 Sft 732 Sft 1964 Sft 732 Sft 3960 Sft 1488 Sft 4400 Sft 1656 Sft 3424 Sft 1284 Sft 21600 Sft
Credit of old Material						
1	Old Unserviceable Bricks	2946	0.6	13.5 Total		23863 Nos 23863 Nos
2	Old Unserviceable Brick Bats	2946	0.4	Total		1178 Cft 1178 Cft

SUB DIVISIONAL OFFICER
BUILDINGS SUB DIVISION
OKARA

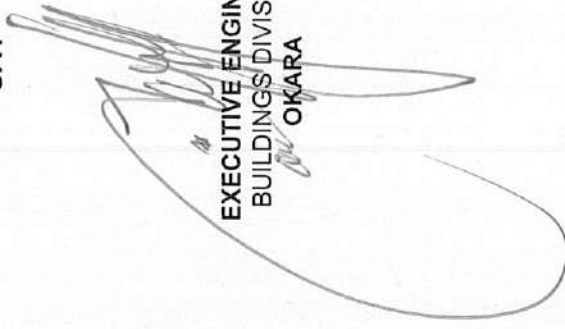
EXECUTIVE ENGINEER
BUILDINGS DIVISION
OKARA

EXTERNAL DEVELOPMENT

ABSTRACT OF COST

1	External Sewerage System	7889059
2	External Water Supply	1430700
3	Provision of Tuff Tile / Paver	3904460
4	Street Lights	4984000
TOTAL		18208219
Add 2% Contingency		364164
TOTAL		18572383
SAY		18572000


SUB DIVISIONAL OFFICER
BUILDINGS SUB DIVISION
OKARA

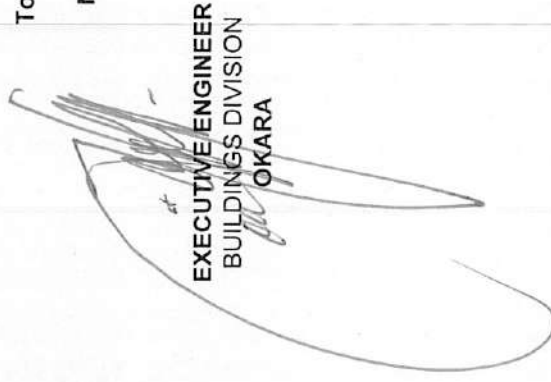

EXECUTIVE ENGINEER
BUILDINGS DIVISION
OKARA

28

EXTERNAL SEWERAGE SYSTEM

Sr	Description	Qty	Unit	Rate	Amount
1	Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and timbering, dressing to correct section and dimensions according to templates and levels, and removing surface water, in all types of soil except shingle, gravel and rock:- i) 0 ft. to 7.0 ft. (0 to 2.10 m) depth	21000	1000 Cft	7272.55	152724
2	Removing of chocked, cracked, broken old RCC pipe 9" to 12" dia etc complete	1654	1 Rft	25	41350
3	Dismantling brick work in lime or cement mortar	606	100 Cft	3501	21227
4	Supplying and filling sand under floor; or plugging in wells.	3500	100 Cft	2863.2	100212
5	Providing and laying base course of crushed stone aggregate of approved quality and grade, and supply and spreading of stone screening, including placing, mixing, spreading and compaction of base course material to required depth, camber and grade to achieve 100% maximum modified AASHO dry density, including carriage of all materials to site of work except gravel and. aggregate.	1846	100 Cft	14177	261707
6	Providing and laying R.C.C. pipe sewers, moulded with 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.	1654	1 Rft	1035.35	1712469
ii	do do 21" dia complete	1846	1 Rft	1258	2322176
7	Rehandling of earthwork: a) Lead upto a single throw of Kassi, phaorah or shovel	16800	100 Cft	2059.2	345946
8	Construction of Man hole	70	1 Each	42190	2953300
	CREDIT OF OLD MATERIAL		Total	7911111	
1	Old unservicable Bricks	4912	1000 Nos	3500	17192
2	Old unservicable Brick Bats	243	100 Cft	2000	4860
	Total			22052	
	Net			7889059	


SUB DIVISIONAL OFFICER
 BUILDINGS SUB DIVISION
 OKARA


EXECUTIVE ENGINEER
 BUILDINGS DIVISION
 OKARA

EXTERNAL SEWERAGE SYSTEM

Sr	Description	No	Length	Width	Height	Contents
1	Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and timbering, dressing to correct section and dimensions according to templates and levels, and removing surface water, in all types of soil except shingle, gravel and rock:- i) 0 ft. to 7.0 ft. (0 to 2.10 m) depth	1	3500	2	3	21000 Cft 21000 Cft
2	Removing of choked, cracked, broken old RCC pipe 9" to 12" dia etc complete	1	1654	Total		1654 Rft 1654 Rft
3	Dismantling brick work in lime or cement mortar $16 \times 2 = 32, (4.5+2.5) = 7$	33	7	0.75	3.5	606 Cft 606 Cft
4	Supplying and filling sand under floor; or plugging in wells.	1	3500	2	0.5	3500 Cft 3500 Cft
5	Providing and laying base course of crushed stone aggregate of approved quality and grade, and supply and spreading of stone screening, including placing, mixing, spreading and compaction of base course material to required depth, camber and grade to achieve 100% maximum modified AASHO dry density, including carriage of all materials to site of work except gravel and aggregate.	1	1846	2	0.5	1846 Cft 1846 Cft
6	Providing and laying R.C.C. pipe sewers, moulded with 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. 18" dia	1	1654	Total		1654 Rft 1654 Rft
ii	do do 21" dia complete	1	1846	Total		1846 Rft 1846 Rft
7	Rehanding of earthwork: a) Lead upto a single throw of Kassi, phaoarah or shovel Take 80% qty of item No. 1	0.8	21000	Total		16800 Cft 16800 Cft
8	Construction of Man hole			Total		70 No 70 No
Credit of old Material						
1	Old unservicable Bricks	606	0.6	13.5		4912 No 4912 No
2	Old unservicable Brick Bats	606	0.4	Total		243 Cft 243 Cft

[Signature]
SUB DIVISIONAL OFFICER
 BUILDINGS SUB DIVISION
 OKARA

[Signature]
EXECUTIVE ENGINEER
 BUILDINGS DIVISION
 OKARA

40

ANALYSIS OF MAN HOLE

Sr	Description	Qty	Unit	Rate	Amount
1	Earth work excavation in open cutting for sewers and manholes as shown in drawings i/c shuttering and timebering dressing to correct section and dimensions according to templates and levels and removing surface water in all types of soil except shingle gravel and rock (i) 0 to 7' depth.	83	1000 Cft	7272.55	600
2	Cement concrete brick or stone ballast 1-1/2" to 2" gauge ratio (1:6:12)	14	100 Cft	15245.1	2096
3	Pacca brick work in cement sand mortar ratio (1:4) in other than building.	42	100 Cft	25837	10852
4	1/2" thick cement plaster ratio (1:3) etc complete in all respect.	44	100 Sft	2720.4	1197
5	1/2" thick cement plaster ratio (1:4) etc complete in all respect.	26	100 Sft	2595.85	662
6	Plain cement concrete ratio (1:2:4) i/c curing copacting and finishing etc complete in all respect.	2	100 Cft	28971.35	543
7	Making benching of man hole etc complete.	8	100 Sft	2309	173
8	Reinforced cement concrete in roof slab, beams, columns lintels, girders and other structural members laid in situ or precast laid in position, or prestressed members cast in situ, complete in all respects:- (3) (c) Type C (nominal mix 1: 2: 4)	10	1 Cft	471.8	4718
9	Fabrication of mild steel reinforcement for cement concrete l/c cutting bending laying in position making joint and fasting l/c cost of binding wire i/c carriage for bending in steel reinforcement (also Includes removal of rust from bars) D/bars	31	100 Kg	25930.8	7946
10	Providing and fixing, 6" (150 mm) thick R. C. C. manhole cover for 22" as per standard drawing STD/ PD No. 6 of 1977, complete in all respects.	1	1 Each	13402.65	13403
				Total	42190


SUB DIVISIONAL OFFICER
 BUILDINGS SUB DIVISION
 OKARA

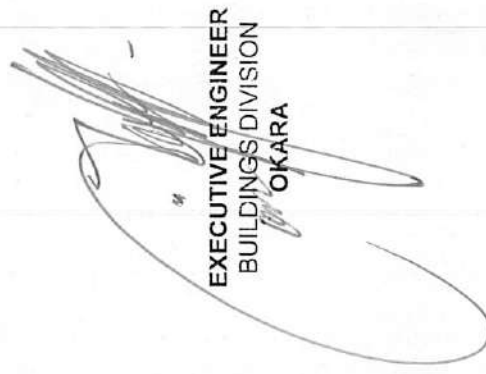

EXECUTIVE ENGINEER
 BUILDINGS DIVISION
 OKARA

80

ANALYSIS OF MAN HOLE

Sr	Description	No	Length	Width	Height	Contents
1	Earth work excavation in open cutting for sewers and manholes as shown in drawings i/c shuttering and timebering dressing to correct section and dimensions according to templates and levels and removing surface water in all types of soil except shingle gravel and rock (i) 0 to 7' depth.	1	5.5	5	3	83 Cft 83 Cft
				Total		
2	Cement concrete brick or stone ballast 1-1/2" to 2" gauge ratio (1:6:12)	1	5.5	5	0.5	14 Cft 14 Cft
				Total		
3	Pacca brick work in cement sand mortar ratio (1:4) in other than building. (4.5+2.5) = 7	2	7	0.75	4	42 Cft 42 Cft
				Total		
4	1/2" thick cement plaster ratio (1:3) etc complete in all respect. (3+2.5) = 5.50	2	5.5		4	44 Sft 44 Sft
				Total		
5	1/2" thick cement plaster ratio (1:4) etc complete in all respect. (4.5+4) = 8.50	2	8.5		1.5	26 Sft 26 Sft
				Total		
6	Plain cement concrete ratio (1:2:4) i/c curing copacting and finishing etc complete in all respect.	1	3	2.5	0.25	2 Cft 2 Cft
				Total		
7	Making benching of man hole etc complete.	1	3	2.5		8 Sft 8 Sft
				Total		
8	Reinforced cement concrete in roof slab, beams, columns lintels, girders and other structural members laid in situ or precast laid in position, or prestressed members cast in situ, complete in all respects:- (3) (c) Type C (nominal mix 1: 2: 4)	1	4.5	4	0.5	9 Cft 2 Cft 10 Cft
	D/d cover 3.14x2x2x0.5 / 4 = 1.57	1	1.57			
				Total		
9	Fabrication of mild steel reinforcement for cement concrete i/c cutting bending laying in position making joint and fasting i/c cost of binding wire i/c carriage for bending in steel reinforcement (also includes removal of rust from bars) D/bars	10	6.75	0.454		31 Kg 31 Kg
				Total		
11	Providing and fixing, 6" (150 mm) thick R. C. C. manhole cover for 22" as per standard drawing STD/ PD No. 6 of 1977, complete in all respects.				Total	1 No 1 No


SUB DIVISIONAL OFFICER
 BUILDINGS SUB DIVISION
 OKARA

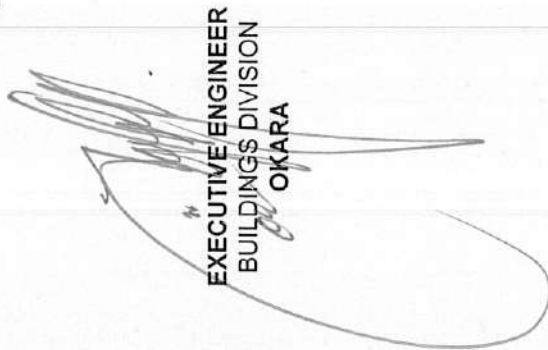

EXECUTIVE ENGINEER
 BUILDINGS DIVISION
 OKARA

51

WATER SUPPLY SYSTEM

Sr	Description	Qty	Unit	Rate	Amount
1	Excavation of trenches in all kinds of soil, except cutting rock, for watersupply pipelines upto 5 ft. (1.5 m) depth from ground level, including trimming, dressing sides, levelling the beds of trenches to correct grade and cutting pits for joints. etc. complete in all respects.	5400	1000 Cft	6204	33502
2	Providing, laying, cutting, jointing, testing and disinfecting High Density Polyethylene Pipe (HDPE-100) working pressure pipe in trenches. complete in all respects:- PN-16 (SDR-11) 4" dia	1200	1 Rft	446.75	536100
3	Providing, laying, cutting, jointing, testing and disinfecting G.I. pipeline in trenches, with socket joints, using G.I. pipes of B.S.S. 1387-1967 complete in all respects, with specials and valves. (H/O) 2" dia	600	1 Rft	763.65	458190
ii	do do 1" dia	200	1 Rft	366.25	73250
4	Providing and fixing gun metal peet/gate valve (screwed):- 4" dia	4	1 Each	3000	12000
ii	do do 3" dia	6	1 Each	20391.3	122348
iii	do do 1" dia	4	1 Each	4431.3	17725
5	Rehandling of earthwork: a) Lead upto a single throw of Kassi, phaorah or shovel	86254	1000 Cft	2059.2	177615
				Total	1430730
				Say	1430700


SUB DIVISIONAL OFFICER
BUILDINGS SUB DIVISION
OKARA



EXECUTIVE ENGINEER
BUILDINGS DIVISION
OKARA

58

WATER SUPPLY SYSTEM

Sr	Description	No	Length	Width	Height	Contents
1	Excavation of trenches in all kinds of soil, except cutting rock, for watersupply pipelines upto 5 ft. (1.5 m) depth from ground level, including trimming, dressing sides, levelling the beds of trenches to correct grade and cutting pits for joints, etc. complete in all respects.	1	1200	1.5	2	3600 Cft
	110 mm	1	600	1.5	2	1800 Cft
	50 mm			Total		5400 Cft
2	Providing, laying, cutting, jointing, testing and disinfecting High Density Polyethylene Pipe (HDPE-100) working pressure pipe in trenches. complete in all respects:- PN-16 (SDR-11) 4" dia			Total		1200 Rft
						1200 Rft
3	Providing, laying, cutting, jointing, testing and disinfecting G.I. pipeline in trenches, with socket joints, using G.I. pipes of B.S.S. 1387-1967 complete in all respects, with specials and valves. (H/O) 2" dia			Total		600 Rft
						600 Rft
4	Providing and fixing gun metal peet/gate valve (screwed):- 4" dia	10	20	Total		200 Rft
						200 Rft
ii	do do 3" dia			Total		4 No
						4 No
iii	do do 1" dia			Total		6 No
						6 No
5	Rehandling of earthwork: a) Lead upto a single throw of Kassi, phaorah or shovel As same Qty of item No. 1	0.8	107818	Total		4 No
						4 No
						86254 Cft
						86254 Cft


SUB DIVISIONAL OFFICER
BUILDINGS SUB DIVISION
OKARA

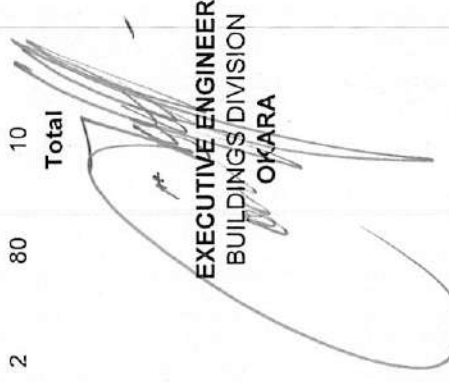

EXECUTIVE ENGINEER
BUILDINGS DIVISION
OKARA

53

PROVISION OF TUFF TILE / PAVER

Sr	Description	No	Length	Width	Height	Contents
1	Excavation in foundation of building, bridges and other structures, including dagbelling, dressing, refilling around structure with excavated earth, watering and ramming lead upto one chain (30 m) and lift upto 5 ft. (1.5 m) in ordinary soil.	2	222	1.5	1	666 Cft
		2	77	1.5	1	231 Cft
		2	500	1.5	1	1500 Cft
		2	10	1.5	1	30 Cft
		4	80	1.5	1	480 Cft
		4	10	1.5	1	60 Cft
				Total		2967 Cft
2	Cement concrete brick or stone ballast 1½ " to 2" (40 mm to 50 mm) gauge, in foundation and plinth:- (e) Ratio 1: 6: 18	2	222	1.5	0.5	333 Cft
		2	77	1.5	0.5	116 Cft
		2	500	1.5	0.5	750 Cft
		2	10	1.5	0.5	15 Cft
		4	80	1.5	0.5	240 Cft
		4	10	1.5	0.5	30 Cft
				Total		1484 Cft
4	Pacca brick work ratio (1:6) in foundation and plinth complete	2	222	1.125	0.5	250 Cft
		2	222	0.75	1	333 Cft
		2	77	1.125	0.5	87 Cft
		2	77	0.75	1	116 Cft
		2	500	1.125	0.5	563 Cft
		2	500	0.75	1	750 Cft
		2	10	1.125	0.5	11 Cft
		2	10	0.75	1	15 Cft
		4	80	1.125	0.5	180 Cft
		4	80	0.75	1	240 Cft
		4	10	1.125	0.5	23 Cft
		4	10	0.75	1	30 Cft
				Total		2598 Cft
5	Filling, watering and ramming earth under floors:- i) with surplus earth from foundation, etc. Take 2/3 Qty of item No. 1	0.666	2967			1976 Cft
				Total		1976 Cft
6	Supplying and filling sand under floor; or plugging in wells.	1	222	77	0.25	4274 Cft
		1	500	10	0.25	1250 Cft
		2	80	10	0.25	400 Cft
				Total		5924 Cft
7	Providing and laying Tuff pavers, having 7000PSI, crushing strength of approved manufacturer, over 2"to3" sand cushion i/c grouting with sand in joints i/c finishing to require slope . complete in all respect. (50% Grey / 50% Coloured) 60-mm thick	1	222	77		17094 Sft
		1	500	10		5000 Sft
		2	80	10		1600 Sft
				Total		23694 Sft


SUB DIVISIONAL OFFICER
 BUILDINGS SUB DIVISION
 OKARA

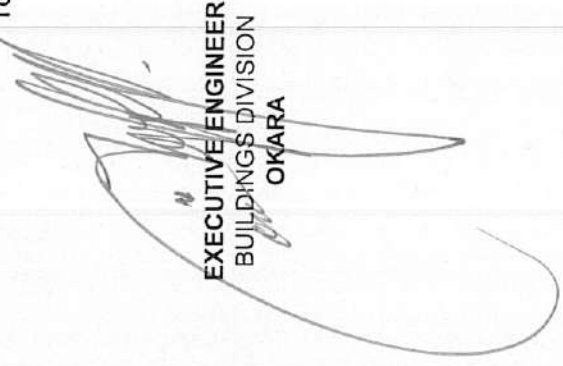

EXECUTIVE ENGINEER
 BUILDINGS DIVISION
 OKARA

54

PROVISION OF TUFF TILE / PAVER

Sr	Description	Qty	Unit	Rate	Amount
1	Excavation in foundation of building, bridges and other structures, including dagbelling, dressing, refilling around structure with excavated earth, watering and ramming lead upto one chain (30 m) and lift upto 5 ft. (1.5 m) in ordinary soil.	2967	1000 Cft	8727.85	25896
2	Cement concrete brick or stone ballast 1½ " to 2" (40 mm to 50 mm) gauge, in foundation and plinth:- (e) Ratio 1: 6: 18	1484	100 Cft	13982.7	207503
4	Pacca brick work ratio (1:6) in foundation and plinth complete	2598	100 Cft	23783.05	617884
5	Filling, watering and ramming earth under floors:- i) with surplus earth from foundation, etc.	1976	1000 Cft	4197.6	8294
6	Supplying and filling sand under floor; or plugging in wells.	5924	100 Cft	2863.2	169616
7	Providing and laying Tuff pavers, having 7000PSI, crushing strength of approved manufacturer, over 2"to3" sand cushion i/c grouting with sand in joints i/c finishing to require slope . complete in all respect. (50% Grey / 50% Coloured) 60-mm thick	23694	1 Sft	121.35	2875267
				Total	3904460


SUB DIVISIONAL OFFICER
 BUILDINGS SUB DIVISION
 OKARA


EXECUTIVE ENGINEER
 BUILDINGS DIVISION
 OKARA

PROVISION OF STREET LIGHTS

Sr	Description	No	Unit	Rate	Amount
1	Excavation of trenches in all kinds of soil, except cutting rock, for watersupply pipelines upto 5 ft. (1.5 m) depth from ground level, including trimming, dressing sides, levelling the beds of trenches to correct grade and cutting pits for joints, etc. complete in all respects. 1 x 2000 x 1 x 2 = 4000	4000	1000 Cft	6204	24816
2	Supplying, installation testing and commissioning of Octagonal shape electric street light pole, made of hot dipped 4.5 mm thick (7 SWG) galvanized steel ,tappered from 225 mm at bottom to 100 mm at top,with 1500 mmx60 mm dia. arm for luminaire installation, duly G.I.welded with 470x470x20 mm base plate with the help of 4 no triangular stiffeners 100x350x20 mm of GI sheet,with built in junction box with shutter,i/c the cost of nuts & J-rag bolts, duly fixed in prelaid concrete foundation, foundation will be paid additionally as approved and directed by the Engineer Incharge. C.I. pole 1000 x 1000 x 1000	30	1 Each	77055.95	2311679
4	Supply and erection of PVC pipe for wiring recessed in walls, including inspection boxes, pull boxes, hooks, cutting jharries, and repairing surface, etc., complete with all specials. 1" dia	2500	1 Rft	80.45	201125
5	Supply and erection of single core PVC insulated copper conductor cables, in prelaid PVC pipe/M.S. conduit/G.I pipe/wooden strip batten/wooden casing an capping/G.I. wire/trenches (rate for cables only):- 250/440 volts, PVC insulated: 7/0.044"	5000	1 Rft	60.6	303000
ii	do 7/0.029"	2500	1 Rft	33	82500
6	Rehanding of earthwork: Lead upto a single throw of Kassi, pharaoh or shovel	10652	1000 Cft	2059.2	21935
7	Supplying, installation and commissioning of LED Cobra-head Luminaries of specified wattage and lumens conforming to IP 65, Philips/Osram/Thorn with corrosion resistant die casted aluminum housing, silicon gas kit, thermally hardened glass complete with LED drivers, surge protection i/c the cost of all accessories/components required for proper operation , fully flexible for future upgradation and easy replacements for maintenance purposes,bucket elevator charges as approved and directed by the Engineer Incharge	30	1 Each	55630.1	1668903
8	140 Lm/Watt (x) 250 Watt with 35000 Lumens Providing and fixing panel board of suitable size made of 16 SWG sheet consisting of 1-No double pole breaker 100 amp i/c inductor lights etc complete as approved by the Engineer incharge	4	1 Each	30000	120000
9	Providing and fixing panel board of suitable size made of 16 SWG sheet consisting of 1-No double pole breaker 400 amp i/c inductor lights etc complete as approved by the Engineer incharge	1	1 Each	250000	250000
				Total	4983958
				Say	4984000


SUB DIVISIONAL OFFICER
 BUILDINGS SUB DIVISION
 OKARA


EXECUTIVE ENGINEER
 BUILDINGS DIVISION
 OKARA

26

OFFICE OF THE DISTRICT ENGINEER
WATER SUPPLY DIVISION

Y NO: 992

DATE: 23-07-2021

TO: Executive Engineer,
Buildings Division,
Okara

FROM: District Engineer,
Water Supply Division,
Okara

SUBJECT: COST ESTIMATES FOR REVAMPING OF DISTRICT HEADQUARTER
HOSPITAL (DHQ) OKARA MAIN AND OKARA SOUTH CITY

By H.C. Initial Given

No. PMU/(P&SHD)/2021/1303
PROJECT MANAGEMENT UNIT
P&S HEALTHCARE DEPARTMENT
(31-E/1, Shahrah-e-Hazrat Imam Hussain
Gulberg-III, Lahore, Ph: 042-99231208)
Dated: July 16, 2021

In continuation to letter no PMU/(P&SHD)/2021/1238 Dated: June 3, 2021.

Detail scope of work has been requested by C&W Department, detail scope of work has already been shared through above mentioned letter, and as built drawings of DHQ Hospital Okara Main & Okara South City have also been shared.

2. It is requested to prepare estimates for DHQ Hospital Okara Main & Okara South City by considering the actual requirement of the hospital, but it is pertinent to mention here that C&W will not take up areas that have already been revamped by IDAP, main scope of work that should be catered during estimate preparation is as under: -

A) External Development (for clinical areas only): including tough pavers & internal roads networking of roads, sewerage system, water supply, water filtration plant and supply of filtered water, repair/reconstruction of boundary wall etc

B) Internal Development (for area that has not been revamped by IDAP): Tile work, Paint work, PVC doors for Washrooms, Lead Lining for X-Ray Ct-Scan, Corner Guards Steel L-section, Anti-microbial Wall Paneling, Monolith False Ceiling, and Antimicrobial Flooring for High Cleanliness Areas like OT, Labor room, Addition of Washroom Block if required etc.

3. Hence, by keeping in view above scope of work, it is requested to provide estimates of balance work for revamping in DHQ Okara Main & DHQ Okara South City

	
OFFICE OF THE ENGINEER IN CHARGE DIVISION	
NO.	933
DATE	23.07.21
TO	Executive Engineer, Buildings Division, Okara
FROM	Okara
SUBJECT	COST ESTIMATES FOR REVAMPING OF DISTRICT HEALTH QUARTER HOSPITAL(DHQ) OKARA MAIN AND DISTRICT HEADQUARTER (DHQ) OKARA SOUTH CITY

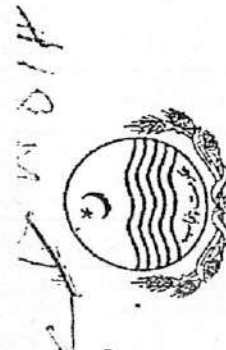
PROJECT MANAGEMENT UNIT
 P&S HEALTHCARE DEPARTMENT
 (31-E/1, Shahrah-e-Hazrat Imam Hussain
 Gulberg-II, Lahore, Ph: 042-99231208)
 Dated: July 16, 2021

It is stated that the Primary and Secondary Healthcare Department (P&SHD) has transformed its secondary healthcare establishments through Revamping Program Phase 1 (25 DHQ & 15 THQ) across Punjab, this revamping was carried out by IDAP. Initially IDAP has to revamp complete hospital, and the same has prepared estimate of revamping and PC I was approved accordingly, but due to budget constraints, some scope was curtailed and de-scoped (leftover) work was not executed by IDAP. Accordingly, the revised estimates were prepared by de scoping the unexecuted works and PC-I was revised. Department is now pleased to inform that Balance Work of Revamping Phase 1 DHQ Hospitals & THQ Hospitals have been reflected in current ADP financial year 2021-2022, and C&W will be its executing authority.

As far as Scope of work is concerned, it has already been shared with C&W Department, in form of design document through letter no. PMU/(P&SHD)/2021/1238 dated: 3rd June 2021, and as built drawings were also shared. The initial scope of work was consisting on following three points

1. Internal Development (Floor Tiles, Dado upto 5', Paint, Doors, Windows, Ceiling, Internal Electrification etc.)
2. External Development (Sewerage System, Water Supply System, Water Filtration Plant, External Roads and Pathways etc.)
3. External Electrification (Main Power Cables and Panels from HT to Main DBs)

Regarding point number 1, IDAP has completed internal development in most of the areas. The left over blocks are marked as blue in already shared plans. The external development works mentioned at point number 2 were not executed by IDAP



To

OFFICE OF THE EXECUTIVE ENGINEER BUILDINGS DIVISION OKARA	
DIARY NO:	685
DATED:	05-06-21
C. BRANCH (HEAD CLERK)	
ACCOUNTS (A/C)	
DRAWING ENGINEER (HD)	
PHOTOGRAPHER	
Initial by H.C	Initial by XEN

Executive Engineer
Buildings Division
Okara.

No. PMU/(P&SHD)/2021/1238
PROJECT MANAGEMENT UNIT
P&S HEALTHCARE DEPARTMENT
(31-E/1, Shahrah-e-Hazrat Imam Hussain
Gulberg-III, Lahore, Ph: 042-99231208)
Dated: June 3, 2021

SUBJECT: COST ESTIMATES FOR REVAMPING OF DISTRICT HEADQUARTER
HOSPITAL (DHQ) OKARA MAIN AND DISTRICT HEADQUARTER
HOSPITAL (DHQ) OKARA SOUTH CITY

Primary and Secondary Healthcare Department (P&SHD) has transformed its secondary healthcare establishments through revamping program. P&SHD is having 26 District and 133 Tehsil Headquarter Hospitals across the Punjab. These hospitals have been divided in to two Phases of Revamping Program i.e. Phase – I (25 DHQ and 15 THQ Hospitals Annexure - A) and Phase – II (Remaining Hospitals Annexure - B). P&SHD has carried out the civil works under revamping program in Phase – I hospitals through Infrastructure Development Authority Punjab (IDAP). The scope of work of the revamping civil works was i) Internal Development ii) External Development and iii) External Electrification. As of now around 60% of work on these schemes has been completed by IDAP.

2. Now, the Department intends to carry out complete revamping of these Phase – I hospitals through Communication and Works Department Punjab. Hence, in this regard, cost estimates for remaining work of these hospitals are desired so that the work on these schemes can be executed completely and promptly. The detailed design document containing detailed scope requirement is also attached at Annexure – C (The estimates of only clinical blocks of hospital may be provided).

3. It is pertinent to mention that P&SHD intends to revamp the remaining civil infrastructure of these Phase – I hospitals to achieve the uniformity in hospitals. As currently there is a major visible difference in revamped and non-revamped areas. Hence, in order to have a better idea of specifications and materials, the field visits of already revamped areas of DHQ Okara Main & DHQ Okara South City may be conducted. The

at earliest, so that these schemes can be presented before respective forum for approval (which is expected to be held in this month) and work on these schemes can be executed promptly in best public interest.



(Maira Khan)
Project Officer Architect
PMU, P&SHD

A copy is forwarded for information to the:

1. Project Director, PMU, Primary and Secondary Healthcare Department Punjab
2. Deputy Project Director, PMU, Primary and Secondary Healthcare Department Punjab
3. Director Infrastructure, PMU, Primary and Secondary Healthcare Department Punjab
4. Chief Executive Officer, District Health Authority, Okara
5. MS, DHQ Hospital Okara Main
6. MS, DHQ Hospital Okara South City
7. Office copy I&C wing

No. 1749 D.O. 10.08.2021

28/08/2021

A copy is forwarded
to Sd/- Okara for information and
Mm






DIVISIONAL HEAD
BUILDINGS DIVISION, OKARA

60
The external electrification works (mentioned on point number 3) has been fully executed.

Hence, by keeping in view above scope of work, it is requested to provide estimates of balance work for revamping in DHQ Okara Main & DHQ Okara South City at earliest, so that these schemes can be presented before respective forum for approval (which is expected to be held in this month) and work on these schemes can be executed promptly in best public interest.


Project Officer Architect)
Infrastructure Wing
PMU P&SHD

CC:

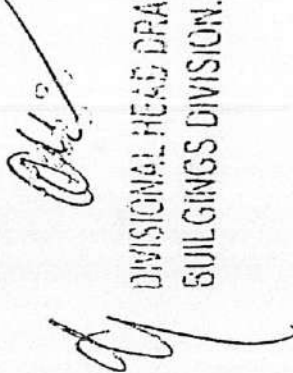
1. Project Director, PMU, P&SH Department
2. Deputy Project Director, PMU, P&SH Department
3. Chief Engineer Building (Centre Zone), Buildings Department Lahore
4. Director Infrastructure, PMU, P&SH Department
5. Chief Executive Officer, District Health Authority, Okara
6. File (I & C, Wing)

No. 1747

D. dt

28/07/2021.


A copy is forwarded to
Sd/- Okara for information and work


DIVISIONAL HEAD DRAFTSMAN
BUILDINGS DIVISION, OKARA

61

areas that have been revamped by IDAP are also marked in plans and are attached Annexure D & E respectively.

In view of all above, it is requested to prepare the cost estimate 4. remaining work that is required in DHQ Hospital Okara Main & DHQ Okara South C (clinical area only) and furnish this office to develop the schemes/ PC-Is. This may assigned as top priority.


(Maira Khan)
Project Officer Archite
PMU, P&SHD


A copy is forwarded for information to the:

1. Additional Secretary (D & F), P&SH Department Punjab
2. Project Director, PMU, Primary and Secondary Healthcare Department
3. Deputy Project Director, PMU, Primary and Secondary Healthcare Department Punjab
4. Director Infrastructure, PMU, Primary and Secondary Healthcare Department Punjab
5. MS, DHQ Hospital Okara Main
6. MS, DHQ Hospital Okara South City
7. Office copy I&C wing

NO. 12/10 Dtd 07 10/06/2021
A copy alongwith

*Rough cost estimate is enclosed
is forwarded to SDO Okara for
information and further necessary
action.*

DA/As Spro


DIVISIONAL HEAD DRAFTSMAN
BUILDINGS DIVISION, OKARA

Scanned with CamScanner

1	DHQ Hospital Hafizabad	Hafizabad
2	DHQ Hospital M.B. Din	M.B. Din
3	DHQ Hospital Narowal	Narowal
4	THQ Hospital Kamoke	Gujranwala
5	Civil Hospital Daska	Siakot
6	DHQ Hospital Chakwal	Chakwal
7	DHQ Hospital Jehlum	Jehlum
8	DHQ Hospital Attock	Attock
9	THQ Hospital Hazro	Attock
10	DHQ Hospital Mianwali	Mianwali
11	THQ Hospital Isa Khel	Mianwali
12	DHQ Hospital Bhakhar	Bhakhar
13	DHQ Hospital Khushab	Khushab
14	THQ Hospital Noor Pur Thal	Khushab
15	DHQ Hospital T.T. Singh	T.T. Singh
16	Govt. Eye-Cum-General Hospital Gojra	T.T. Singh
17	DHQ Hospital Jhnag	Jhang
18	DHQ Hospital Chiniot	Chiniot
19	DHQ Hospital Sheikupura	Sheikupura
20	DHQ Hospital Nankana	Nankana
21	DHQ Hospital Kasur	Kasur
22	DHQ Hospital Okara	Okara
23	DHQ Hospital Okara South City	Okara South City
24	DHQ Hospital Pakpattan	Pakpattan
25	THQ Hospital Arifwala	Pakpattan
26	THQ Hospital Chichawatni	Sahiwal
27	DHQ Hospital Bahwalnagar	Bahwalnagar
28	THQ Hospital Chishtian.	Bahawalnagar
29	THQ Hospital Ahmadpur East.	Bahawalpur
30	DHQ Hospital Layyah	Layyah
31	DHQ Hospital Rajanpur	Rajanpur
32	DHQ Hospital Muzaffargarh	Muzaffargarh
33	THQ Hospital Taunsa	DG Khan
34	THQ Hospital Kot Adu	Muzaffargarh
35	DHQ Hospital Vehari	Vehari
36	DHQ Hospital Khanewal	Khanewal
37	DHQ Hospital Lodhran	Lodhran
38	THQ Hospital Burewala	Vehari
39	THQ Hospital Mian Channu	Khanewal
40	THQ Hospital Shujabad	Multan

FACILITY NAME

Zone

District

1	City Hospital Jhang	Jhang	Jhang
2	THQ Level Hospital Lal Quaffer Samanabad Lahore	Lahore	Lahore
3	THQ Hospital Manawan Lahore Cantt	Lahore	Lahore
4	THQ Hospitals Sabzazar Lahore City	Lahore	Lahore
5	THQ Level Hospital Kot Radha Kishan Kasur	Faisalabad	Faisalabad
6	Government General Hospital 224/RB Faisalabad City	Kasur	Kasur
7	THQ Hospital Kahna Nu Raiwand Lahore	Lahore	Lahore
8	THQ Level Hospitals Ghaziabad Lahore Cantt	Faisalabad	Faisalabad
9	THQ HOSPITAL SUMUNDRI	Jhang	Jhang
10	THQ Hospital Shorkot	Sheikhupura	Sheikhupura
11	THQ HOSPITAL MURIDKE ✓	Okara	Okara
12	THQ HOSPITAL DEPALPUR	Faisalabad	Faisalabad
13	THQ HOSPITAL JARANWALA	T.T. Singh	T.T. Singh
14	THQ HOSPITAL KAMALIA	Kasur	Kasur
15	THQ HOSPITAL PATTOKI	Faisalabad	Faisalabad
16	THQ HOSPITAL TANDILIANWALA	Jhang	Jhang
17	THQ Ahmed pur Sial	Sheikhupura	Sheikhupura
18	THQ Hospital Safdarabad ✓	Okara	Okara
19	THQ Level HOSPITAL HAVELI LAKHA	Faisalabad	Faisalabad
20	THQ HOSPITAL CHAK JHUMRA	Kasur	Kasur
21	THQ HOSPITAL CHUNIAN		
22	Tehsil Head Quarter Hospital, Bhowana, Chinlot	Chinlot	Chinlot
23	GMH Pathi Ground	Lahore	Lahore
24	GMH Chohan Road (1)	Lahore	Lahore
25	THQ SANGLA HILL	Nankana	Nankana
26	THQ Hospital Sharaqpur Sharif ✓	Sheikhupura	Sheikhupura
27	THQ SHAHKOT	Nankana	Nankana
28	THQ Mian Meer	Lahore	Lahore
29	THQ Lalian	Chinlot	Chinlot
30	Tehsil Head Quarter Hospital, 18-Hazari, Jhang	Jhang	Jhang
31	THQ Hospital Ferozewala ✓	Sheikhupura	Sheikhupura
32	THQ HOSPITAL RENALA KHURD	Okara	Okara
33	Govt. Hospital Shahdra	Lahore	Lahore
34	Govt. General Hospital Samanabad (Faisalabad City)	Faisalabad	Faisalabad
35	Govt. Model Town Hospital, Model Town, Lahore	Lahore	Lahore
36	Govt. Model Town Hospital, Lidher Bedian Road, Lahore	Lahore	Lahore
37	60 Bedded THQ Hospital, Cantt, Lahore	Kasur	Kasur
38	Govt. Aziz Bibi, Roshan Bheela Hospital	Lahore	Lahore
	Tehsil Head Quarter Hospital Raiwind Lahore		

Scanned by CamS

Scanned with CamScanner

Sr. #	FACILITY NAME	District	Zone
39	THQ Hospital Wazirabad	Gujranwala	North
40	THQ HOSP: GUJAR KHAN	Rawalpindi	North
41	THQ HOSPITAL BHALWAL	Sargodha	North
42	THQ HOSPITAL KHARIAN	Gujrat	North
43	THQ Hospital Kalurkot, Kalurkot	Bhakkar	North
44	THQ Hospital Phalla	Mandibahauddin	North
45	THQ HOSPITAL PASRUR	Slalkot	North
46	THQ HOSPITAL TAXILA	Rawalpindi	North
47	THQ Shakarganj	Narowal	North
48	THQ TALAGANG	Chakwal	North
49	THQ Pindi Bhatlan	Hafizabad	North
50	THQ Hospital Mankera, Mankera	Bhakkar	North
51	THQ Hospital Rindi Gheb	Attock	North
52	THQ HOSPITAL KHUSHAB KHUSHAB	Khushab	North
53	THQ HOSPITAL SHAHPUR	Sargodha	North
54	THQ Hospital Jand	Attock	North
55	THQ HOSP: KAHUTA	Rawalpindi	North
56	THQ Hospital Noshehra Vikran	Gujranwala	North
57	THQ CHOAS SAIDEN SHAH	Chakwal	North
58	THQ Hospital Daryakhan	Bhakkar	North
59	THQ Hassan Abdal	Attock	North
60	THQ Hospital Fateh Jang	Attock	North
61	THQ Hospital Sohawa	Jhelum	North
62	THQ SILLANWALI	Sargodha	North
63	THQ BHERA	Sargodha	North
64	THQ Hospital Kallar Syedan	Rawalpindi	North
65	THQ Koli: Saubani	Rawalpindi	North
66	THQ HOSPITAL NAUSHERA	Khushab	North
67	CIVIL HOSPITAL AJMALPUR JATTAN	Gujrat	North
68	CIVIL HOSPITAL KOTLA ARAB ALI KHAN	Gujrat	North
69	THQ HOSPITAL GHAK NO: 90/SB	Sargodha	North
70	CIVIL Hospital Danga	Gujrat	North
71	THQ Hospital Malakwal	Mandibahauddin	North
72	THQ KOT MOMIN	Sargodha	North
73	THQ Hospital Pindi Khan	Jhelum	North
74	THQ HOSPITAL MIRIAN	Mianwali	North
75	THQ SAMBRIAL	Slalkot	North
76	THQ Major Sharif Hospital, Kunjah, Gujrat	Gujrat	North
77	THQ HOSP: MURREE	Rawalpindi	North
78	THQ Hospital Satare Alamgir	Gujrat	North
79	THQ Hospital Talagang	Chakwal	North
80	THQ Kallar Khan Chakwal Trauma Center	Chakwal	North
81	THQ LEVEL HOSPITAL KALABAGH	Mianwali	North

FACILITY NAME

District

Zone

62	THQ KOTLI LOHARAN	Sialkot	North
63	Tehsil level Civil Hospital, Lalamusa, Kharian, Gujrat	Gujrat	North
84	THQ HOSPITAL QAIDABAD	Khushab	North
85	THQ BHAGTANWALA	Sargodha	North
86	THQ SAHIWAL	Sargodha	North
87	THQ Level Hospital 46/SB Sargodha	Sargodha	North
88	THQ HOSPITAL, HAROON ABAD	Bahawalnagar	South
89	THQ HOSPITAL JAMPUR	Rajanpur	South
90	THQ HOSPITAL, HASILPUR	Bahawalpur	South
91	THQ HOSPITAL SADIQABAD	Rahim Yar Khan	South
92	THQ Hospital Alipur	Muzaffargarh	South
93	THQ MAILSI	Vehari	South
94	THQ HOSPITAL KHANPUR	Rahim Yar Khan	South
95	THQ YAZMAN	Bahawalpur	South
96	THQ HOSPITAL KEHROR PACCA	Lothran	South
97	THQ HOSPITAL, MINCHINABAD.	Bahawalnagar	South
98	THQ HOSPITAL LIAQUATPUR	Rahim Yar Khan	South
99	THQ HOSPITAL CHOUBARA	Layyah	South
100	THQ HOSPITAL KABIR WALA	Khanewal	South
101	THQ HOSPITAL, FORT ABBAS.	Bahawalnagar	South
102	THQ HOSPITAL KAROR (Tehsil Karor).	Layyah	South
103	THQ Jatol	Muzaffargarh	South
104	THQ Hospital, Jalalpur Pirwala	Multan	South
105	THQ KHAIR PUR TAMEWALI	Bahawalpur	South
106	THQ HOSPITAL JAHANIAN	Khanewal	South
107	THQ HOSPITAL ROJHAN	Rajanpur	South
108	THQ Level Hospital Kot Sultan	Layyah	South
109	GOVT. CIVIL HOSPITAL MULTAN (DHQ)	Multan	South
110	THQ Hospital Dunya pur	Lothran	South
111	THQ Level Hospital Chowk Azam	Layyah	South
112	THQ Thal (Mian Nawaz Shareef) Hospital Layyah	Layyah	South
113	CIVIL HOSPITAL FORT MUNROO	DG Khan	South
114	CIVIL HOSPITAL SAKHI SARWAR (Kot Chutta tehsil)	DG Khan	South
115	THQ HOSPITAL FATEH PUR (Karor Tehsil) with Trauma Center	Layyah	South
116	Tehsil Head Quarter Hospital Kot Adu	Muzaffargarh	South
117	Civil Hospital Shah WALI	Rajanpur	South
118	Town Hospital, Mumtazabad	Multan	South
119	Town Hospital, Rahimabad	Multan	South

Document for Scope of DHQ/THQs Revamping

A. External Development

Road Networking (Asphalt)

Rehabilitation and Repair of Existing Road Network

Construction of new asphalt road where required

External Plat forms/Pathways

Addition, Alteration and Rehabilitation of plat forms / external pathways other than asphalt road (e.g. P.C.C, Tough Paver etc.) in order to have easiest access to all the facilities of complex should be designed

Boundary Wall

Existing boundary wall of complex should be examined and addition of missing wall (Clinical Side), and strengthening solutions of existing wall and dismantling/reconstruction (if required) should be assessed

Sewerage System

The functionality of the existing sewerage system of clinical blocks of hospitals needs to be examined and provisions for its optimal functions keeping in view the present and future hospital requirements are required. Provisions for replacement of blocked/undersized existing sewerage line along with rehabilitation of manholes may also be incorporated therein.

Water Supply System

Repair of existing external water supply line of clinical blocks of hospital
Provision for new water supply lines where required.

Water Filtration plant with supply system

Provision for new water filtration plant vis-à-vis the hospital requirements may be incorporated. All important points including OPD, wards, waiting areas, emergency and other blocks must be provided with drinking water stations, for which the distribution system needs to be planned and made a part of the estimates.

Repair / Rehabilitation of existing water filtration plant along with provision of drinking water distribution system as mentioned above.

67

External Electrification

Provisions of main power supply cable (4 – Core), main power panels / distribution boxes (from transformer to main meter and main meter to distribution boxes) should be incorporated keeping in view the current distributive and future electric load of the complex

Provisions of external pole lights should be made within the clinical blocks of hospital.

Provision of complete earthing and lighting protection system for clinical blocks including all electrical equipment.

External Waiting Area and Parking Facility

External waiting area should be provided according to the space requirement.

Parking facility should be provided according to the space requirement.

B. Internal Development

Tile work

Suitable tile work for flooring and skirting/dado (5') by keeping in view the existing and adjacent tile work condition should be proposed in complete hospital. (Provisions of 2' x 2' full body porcelain tile for flooring and 2' x 1' for dado are suggested to match with the tile work of already revamped 40 DHQ/THQ Hospitals).

The tile work where found in good condition should only be incorporated for minor repair rather than complete replacement.

Ramps and Stairs

Coarse Grained / Rough Textured / Anti-skid flooring should be proposed on the ramp/stretchers way along with guard and handrails for stable movement of stretchers on ramp and patient attendants on stairs should be proposed.

Paint and dampness works

Paint work type on interior and exterior side of clinical blocks of hospital should be assessed by keeping in view the existing paint condition of hospital

Assessments regarding elimination of dampness, origin or source and regarding concealment of existing dampness should be made and appropriate solutions should be incorporated

Flooring, Ceiling and Wall requirements of high cleanliness requiring areas like Operation Theaters (OTs), Gynecology OT, Labor room and ICU cum CCU should be

incorporated with Anti-Bacterial Material (Provision of Antistatic, Antimicrobial Vinyl Flooring and Wall panels with monolithic false ceiling of gypsum or non-porous aluminum are suggested)

Provision of lead lining in X-Ray Rooms should be made.

Façade Improvement

In order to match with Façade already revamped by IDAP, Suitable options may be selected from the elevations shown below depending upon existing façade for façade uplifting in hospital.

Provision for addition/alteration of portico should be made or uplifted according to elevation shown below depending upon the existing façade.

Internal Fixtures

Total number of doors leading to the existing and proposed entrance of main building of hospital, junction doors connecting wards, doors leading towards the major health facilities of hospital etc. are required to be incorporated and to be replaced with aluminum doors

All doors of hospital building should be examined and proposals regarding re-painting and re-polishing and replacing (if cannot be repaired) should be given.

All windows of hospital building should be examined and proposals regarding repairing and replacing (if cannot be repaired) should be given (replacement with aluminum windows are suggested).

The repair of corridor wire mesh and grills of windows should be incorporated where required and replacement should be given where repair not possible.

Provision of reception counters should be made at main entrance lobby of separate blocks of hospital building and repair/rehabilitation should be done where already existed.

The nursing counters should be provided covering all the wards

Internal Electrification

Internal lighting system of hospital should be incorporated including the type, position, power and other details of illuminating devices meeting with the standards of light requirement of hospitals

69

Existing internal wiring system of hospital should be considered by keeping in view the distributive load of hospital and possible replacements, up gradations or additions in wiring system should be made for all electrical equipment/ appliances.

Provisions of power supply cable (4 – Core), distribution power panels (from main distribution panel to sub distribution panel) should be incorporated keeping in view the current distributive and future electric load of the Hospital building.

Replacement of electric fuses, under sized power panels, switches for appliances and equipment should be incorporated or any other electrical rectification should be done Provision of Automatic Transfer Switches (ATS) for all existing generators, if not available, should be made.

The walls and floor conditions along with electrical generators pads need to be renovated based on existing conditions.

Emergency equipment and exit plan

Provision of fire alarms and smoke detectors should be made and testing should be made as per standard.

External emergency exit of hospital should be proposed where required

Miscellaneous Repair Work of Building

The toilet blocks of hospital should be examined and repair work of toilet blocks including replacement of flush seats, tanks, basins etc. should be incorporated.

Need of Roof treatment for prevention of dampness from rainwater should be provided / repaired based on the present condition of roof

Steel L-section quantity should be assessed for edge protection on turns and doors Structural Repair of building should be suggested, and rehabilitated accordingly

Addition/Alteration in existing structures

Based on the structural analysis/design, addition/replacement of beams, columns and walls should be assessed to fit in the following health facilities

DHQ Hospital: CCU, ICU, Burn Unit, Physiotherapy, Dental Unit, Dialysis Unit, C.T. Scan and Prisoners Ward

THQ Hospital: ICU cum CCU and Dialysis Unit

The prototype proposed designs of layout are shown below, next to this section.

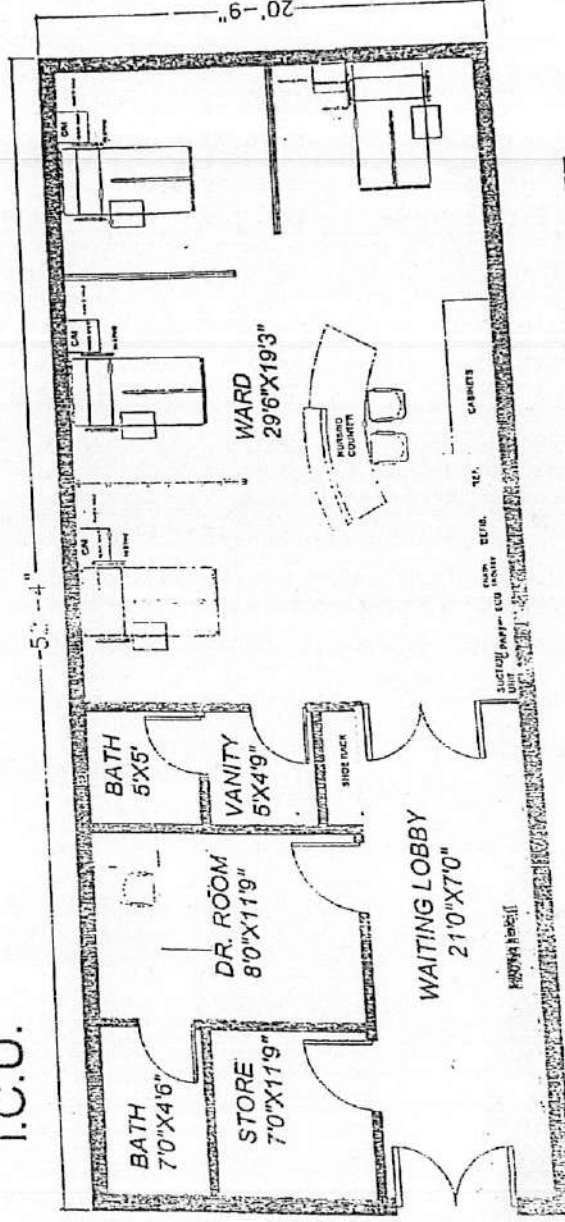
a. For DHQ Hospitals

- (i) Establishment of ICU in DHQ Hospital
- (ii) Establishment of CCU in DHQ Hospital
- (iii) Establishment of Burn unit in DHQ Hospital
- (iv) Establishment of Mortuary in DHQ Hospital
- (v) Establishment of Dialysis center In DHQ Hospital
- (vi) Establishment of Physiotherapy in DHQ Hospital
- (vii) Establishment of Dental unit in DHQ Hospital

b. For THQ Hospitals

- (i) Establishment of ICU cum CCU in DHQ Hospital
- (ii) Establishment of Dialysis center In DHQ Hospital

I.C.U.



4 Bedded ICU for DHQ hospitals having covered area of 974 SFT

Handwritten signature

5

RECEPTION AREA

OFFICE

CONFERENCE ROOM

EMERGENCY DRG.

The ground floor plan of the new AS-Built building is a symmetrical layout. The central entrance is flanked by two large rooms, each labeled 'RECEPTION'. To the left of the entrance is a large room labeled 'OFFICE' and a smaller room labeled 'STORAGE'. To the right of the entrance is a large room labeled 'OFFICE' and a smaller room labeled 'STORAGE'. The plan includes various other rooms such as 'CONFERENCE', 'MEETING', 'TRAINING', 'WORKSHOP', 'STORE', 'RESTROOM', 'TOILET', 'KITCHEN', 'DINING', 'LIVING', 'BEDROOM', 'BATHROOM', 'CLOSET', 'HALLWAY', 'CORRIDOR', 'STAIRWELL', 'ELEVATOR', 'PARKING', 'DRIVEWAY', 'GARAGE', 'BICYCLE', 'MOTORCYCLE', 'CAR', 'TRUCK', 'BUS', 'TRAM', 'SUBWAY', 'RAILROAD', 'AIRPORT', 'SEAPORT', 'BUS STATION', 'TRAIN STATION', 'AIRPORT', 'SEAPORT', 'BUS STATION', 'TRAIN STATION'. The plan is labeled 'GROUND FLOOR PLAN NEW AS-BUILT' and includes various room names and dimensions.

ADMIN BLOCK & GYNE OPD
DRG. NO-05

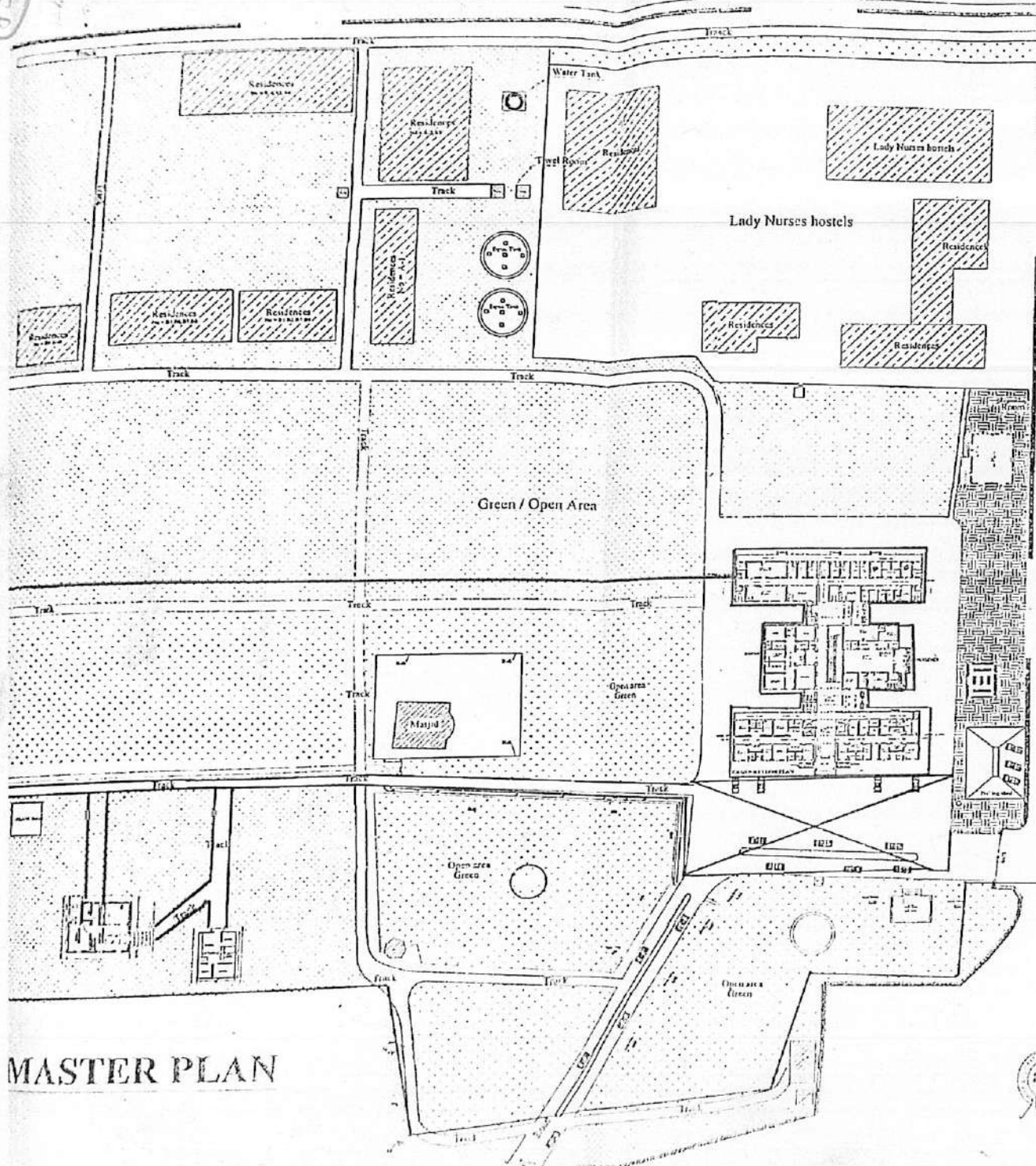
DRG. NO-1



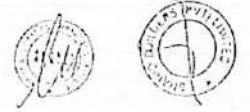
Wm. Z. Leonard

[illegible]

MASTER PLAN



- Replacement of series lines
- NEW SERIES LINE
- Proposed TUFF PAVES



SHAWND BUILDERS (PVT) LTD
 THE DEVELOPMENT ENGINEERS & ARCHITECTS
 10/11, 12/13, 13/14, 14/15, 15/16, 16/17, 17/18, 18/19, 19/20, 20/21, 21/22, 22/23, 23/24, 24/25, 25/26, 26/27, 27/28, 28/29, 29/30, 30/31, 31/32, 32/33, 33/34, 34/35, 35/36, 36/37, 37/38, 38/39, 39/40, 40/41, 41/42, 42/43, 43/44, 44/45, 45/46, 46/47, 47/48, 48/49, 49/50, 50/51, 51/52, 52/53, 53/54, 54/55, 55/56, 56/57, 57/58, 58/59, 59/60, 60/61, 61/62, 62/63, 63/64, 64/65, 65/66, 66/67, 67/68, 68/69, 69/70, 70/71, 71/72, 72/73, 73/74, 74/75, 75/76, 76/77, 77/78, 78/79, 79/80, 80/81, 81/82, 82/83, 83/84, 84/85, 85/86, 86/87, 87/88, 88/89, 89/90, 90/91, 91/92, 92/93, 93/94, 94/95, 95/96, 96/97, 97/98, 98/99, 99/100, 100/101, 101/102, 102/103, 103/104, 104/105, 105/106, 106/107, 107/108, 108/109, 109/110, 110/111, 111/112, 112/113, 113/114, 114/115, 115/116, 116/117, 117/118, 118/119, 119/120, 120/121, 121/122, 122/123, 123/124, 124/125, 125/126, 126/127, 127/128, 128/129, 129/130, 130/131, 131/132, 132/133, 133/134, 134/135, 135/136, 136/137, 137/138, 138/139, 139/140, 140/141, 141/142, 142/143, 143/144, 144/145, 145/146, 146/147, 147/148, 148/149, 149/150, 150/151, 151/152, 152/153, 153/154, 154/155, 155/156, 156/157, 157/158, 158/159, 159/160, 160/161, 161/162, 162/163, 163/164, 164/165, 165/166, 166/167, 167/168, 168/169, 169/170, 170/171, 171/172, 172/173, 173/174, 174/175, 175/176, 176/177, 177/178, 178/179, 179/180, 180/181, 181/182, 182/183, 183/184, 184/185, 185/186, 186/187, 187/188, 188/189, 189/190, 190/191, 191/192, 192/193, 193/194, 194/195, 195/196, 196/197, 197/198, 198/199, 199/200, 200/201, 201/202, 202/203, 203/204, 204/205, 205/206, 206/207, 207/208, 208/209, 209/210, 210/211, 211/212, 212/213, 213/214, 214/215, 215/216, 216/217, 217/218, 218/219, 219/220, 220/221, 221/222, 222/223, 223/224, 224/225, 225/226, 226/227, 227/228, 228/229, 229/230, 230/231, 231/232, 232/233, 233/234, 234/235, 235/236, 236/237, 237/238, 238/239, 239/240, 240/241, 241/242, 242/243, 243/244, 244/245, 245/246, 246/247, 247/248, 248/249, 249/250, 250/251, 251/252, 252/253, 253/254, 254/255, 255/256, 256/257, 257/258, 258/259, 259/260, 260/261, 261/262, 262/263, 263/264, 264/265, 265/266, 266/267, 267/268, 268/269, 269/270, 270/271, 271/272, 272/273, 273/274, 274/275, 275/276, 276/277, 277/278, 278/279, 279/280, 280/281, 281/282, 282/283, 283/284, 284/285, 285/286, 286/287, 287/288, 288/289, 289/290, 290/291, 291/292, 292/293, 293/294, 294/295, 295/296, 296/297, 297/298, 298/299, 299/300, 300/301, 301/302, 302/303, 303/304, 304/305, 305/306, 306/307, 307/308, 308/309, 309/310, 310/311, 311/312, 312/313, 313/314, 314/315, 315/316, 316/317, 317/318, 318/319, 319/320, 320/321, 321/322, 322/323, 323/324, 324/325, 325/326, 326/327, 327/328, 328/329, 329/330, 330/331, 331/332, 332/333, 333/334, 334/335, 335/336, 336/337, 337/338, 338/339, 339/340, 340/341, 341/342, 342/343, 343/344, 344/345, 345/346, 346/347, 347/348, 348/349, 349/350, 350/351, 351/352, 352/353, 353/354, 354/355, 355/356, 356/357, 357/358, 358/359, 359/360, 360/361, 361/362, 362/363, 363/364, 364/365, 365/366, 366/367, 367/368, 368/369, 369/370, 370/371, 371/372, 372/373, 373/374, 374/375, 375/376, 376/377, 377/378, 378/379, 379/380, 380/381, 381/382, 382/383, 383/384, 384/385, 385/386, 386/387, 387/388, 388/389, 389/390, 390/391, 391/392, 392/393, 393/394, 394/395, 395/396, 396/397, 397/398, 398/399, 399/400, 400/401, 401/402, 402/403, 403/404, 404/405, 405/406, 406/407, 407/408, 408/409, 409/410, 410/411, 411/412, 412/413, 413/414, 414/415, 415/416, 416/417, 417/418, 418/419, 419/420, 420/421, 421/422, 422/423, 423/424, 424/425, 425/426, 426/427, 427/428, 428/429, 429/430, 430/431, 431/432, 432/433, 433/434, 434/435, 435/436, 436/437, 437/438, 438/439, 439/440, 440/441, 441/442, 442/443, 443/444, 444/445, 445/446, 446/447, 447/448, 448/449, 449/450, 450/451, 451/452, 452/453, 453/454, 454/455, 455/456, 456/457, 457/458, 458/459, 459/460, 460/461, 461/462, 462/463, 463/464, 464/465, 465/466, 466/467, 467/468, 468/469, 469/470, 470/471, 471/472, 472/473, 473/474, 474/475, 475/476, 476/477, 477/478, 478/479, 479/480, 480/481, 481/482, 482/483, 483/484, 484/485, 485/486, 486/487, 487/488, 488/489, 489/490, 490/491, 491/492, 492/493, 493/494, 494/495, 495/496, 496/497, 497/498, 498/499, 499/500, 500/501, 501/502, 502/503, 503/504, 504/505, 505/506, 506/507, 507/508, 508/509, 509/510, 510/511, 511/512, 512/513, 513/514, 514/515, 515/516, 516/517, 517/518, 518/519, 519/520, 520/521, 521/522, 522/523, 523/524, 524/525, 525/526, 526/527, 527/528, 528/529, 529/530, 530/531, 531/532, 532/533, 533/534, 534/535, 535/536, 536/537, 537/538, 538/539, 539/540, 540/541, 541/542, 542/543, 543/544, 544/545, 545/546, 546/547, 547/548, 548/549, 549/550, 550/551, 551/552, 552/553, 553/554, 554/555, 555/556, 556/557, 557/558, 558/559, 559/560, 560/561, 561/562, 562/563, 563/564, 564/565, 565/566, 566/567, 567/568, 568/569, 569/570, 570/571, 571/572, 572/573, 573/574, 574/575, 575/576, 576/577, 577/578, 578/579, 579/580, 580/581, 581/582, 582/583, 583/584, 584/585, 585/586, 586/587, 587/588, 588/589, 589/590, 590/591, 591/592, 592/593, 593/594, 594/595, 595/596, 596/597, 597/598, 598/599, 599/600, 600/601, 601/602, 602/603, 603/604, 604/605, 605/606, 606/607, 607/608, 608/609, 609/610, 610/611, 611/612, 612/613, 613/614, 614/615, 615/616, 616/617, 617/618, 618/619, 619/620, 620/621, 621/622, 622/623, 623/624, 624/625, 625/626, 626/627, 627/628, 628/629, 629/630, 630/631, 631/632, 632/633, 633/634, 634/635, 635/636, 636/637, 637/638, 638/639, 639/640, 640/641, 641/642, 642/643, 643/644, 644/645, 645/646, 646/647, 647/648, 648/649, 649/650, 650/651, 651/652, 652/653, 653/654, 654/655, 655/656, 656/657, 657/658, 658/659, 659/660, 660/661, 661/662, 662/663, 663/664, 664/665, 665/666, 666/667, 667/668, 668/669, 669/670, 670/671, 671/672, 672/673, 673/674, 674/675, 675/676, 676/677, 677/678, 678/679, 679/680, 680/681, 681/682, 682/683, 683/684, 684/685, 685/686, 686/687, 687/688, 688/689, 689/690, 690/691, 691/692, 692/693, 693/694, 694/695, 695/696, 696/697, 697/698, 698/699, 699/700, 700/701, 701/702, 702/703, 703/704, 704/705, 705/706, 706/707, 707/708, 708/709, 709/710, 710/711, 711/712, 712/713, 713/714, 714/715, 715/716, 716/717, 717/718, 718/719, 719/720, 720/721, 721/722, 722/723, 723/724, 724/725, 725/726, 726/727, 727/728, 728/729, 729/730, 730/731, 731/732, 732/733, 733/734, 734/735, 735/736, 736/737, 737/738, 738/739, 739/740, 740/741, 741/742, 742/743, 743/744, 744/745, 745/746, 746/747, 747/748, 748/749, 749/750, 750/751, 751/752, 752/753, 753/754, 754/755, 755/756, 756/757, 757/758, 758/759, 759/760, 760/761, 761/762, 762/763, 763/764, 764/765, 765/766, 766/767, 767/768, 768/769, 769/770, 770/771, 771/772, 772/773, 773/774, 774/775, 775/776, 776/777, 777/778, 778/779, 779/780, 780/781, 781/782, 782/783, 783/784, 784/785, 785/786, 786/787, 787/788, 788/789, 789/790, 790/791, 791/792, 792/793, 793/794, 794/795, 795/796, 796/797, 797/798, 798/799, 799/800, 800/801, 801/802, 802/803, 803/804, 804/805, 805/806, 806/807, 807/808, 808/809, 809/810, 810/811, 811/812, 812/813, 813/814, 814/815, 815/816, 816/817, 817/818, 818/819, 819/820, 820/821, 821/822, 822/823, 823/824, 824/825, 825/826, 826/827, 827/828, 828/829, 829/830, 830/831, 831/832, 832/833, 833/834, 834/835, 835/836, 836/837, 837/838, 838/839, 839/840, 840/841, 841/842, 842/843, 843/844, 844/845, 845/846, 846/847, 847/848, 848/849, 849/850, 850/851, 851/852, 852/853, 853/854, 854/855, 855/856, 856/857, 857/858, 858/859, 859/860, 860/861, 861/862, 862/863, 863/864, 864/865, 865/866, 866/867, 867/868, 868/869, 869/870, 870/871, 871/872, 872/873, 873/874, 874/875, 875/876, 876/877, 877/878, 878/879, 879/880, 880/881, 881/882, 882/883, 883/884, 884/885, 885/886, 886/887, 887/888, 888/889, 889/890, 890/891, 891/892, 892/893, 893/894, 894/895, 895/896, 896/897, 897/898, 898/899, 899/900, 900/901, 901/902, 902/903, 903/904, 904/905, 905/906, 906/907, 907/908, 908/909, 909/910, 910/911, 911/912, 912/913, 913/914, 914/915, 915/916, 916/917, 917/918, 918/919, 919/920, 920/921, 921/922, 922/923, 923/924, 924/925, 925/926, 926/927, 927/928, 928/929, 929/930, 930/931, 931/932, 932/933, 933/934, 934/935, 935/936, 936/937, 937/938, 938/939, 939/940, 940/941, 941/942, 942/943, 943/944, 944/945, 945/946, 946/947, 947/948, 948/949, 949/950, 950/951, 951/952, 952/953, 953/954, 954/955, 955/956, 956/957, 957/958, 958/959, 959/960, 960/961, 961/962, 962/963, 963/964, 964/965, 965/966, 966/967, 967/968, 968/969, 969/970, 970/971, 971/972, 972/973, 973/974, 974/975, 975/976, 976/977, 977/978, 978/979, 979/980, 980/981, 981/982, 982/983, 983/984, 984/985, 985/986, 986/987, 987/988, 988/989, 989/990, 990/991, 991/992, 992/993, 993/994, 994/995, 995/996, 996/997, 997/998, 998/999, 999/1000, 1000/1001, 1001/1002, 1002/1003, 1003/1004, 1004/1005, 1005/1006, 1006/1007, 1007/1008, 1008/1009, 1009/1010, 1010/1011, 1011/1012, 1012/1013, 1013/1014, 1014/1015, 1015/1016, 1016/1017, 1017/1018, 1018/1019, 1019/1020, 1020/1021, 1021/1022, 1022/1023, 1023/1024, 1024/1025, 1025/1026, 1026/1027, 1027/1028, 1028/1029, 1029/1030, 1030/1031, 1031/1032, 1032/1033, 1033/1034, 1034/1035, 1035/1036, 1036/1037, 1037/1038, 1038/1039, 1039/1040, 1040/1041, 1041/1042, 1042/1043, 1043/1044, 1044/1045, 1045/1046, 1046/1047, 1047/1048, 1048/1049, 1049/1050, 1050/1051, 1051/1052, 1052/1053, 1053/1054, 1054/1055, 1055/1056, 1056/1057, 1057/1058, 1058/1059, 1059/1060, 1060/1061, 1061/1062, 1062/1063, 1063/1064, 1064/1065, 1065/1066, 1066/1067, 1067/1068, 1068/1069, 1069/1070, 1070/1071, 1071/1072, 1072/1073, 1073/1074, 1074/1075, 1075/1076, 1076/1077, 1077/1078, 1078/1079, 1079/1080, 1080/1081, 1081/1082, 1082/1083, 1083/1084, 1084/1085, 1085/1086, 1086/1087, 1087/1088, 1088/1089, 1089/1090, 1090/1091, 1091/1092, 1092/1093, 1093/1094, 1094/1095, 1095/1096, 1096/1097, 1097/1098, 1098/1099, 1099/1100, 1100/1101, 1101/1102, 1102/1103, 1103/1104, 1104/1105, 1105/1106, 1106/1107, 1107/1108, 1108/1109, 1109/1110, 1110/1111, 1111/1112, 1112/1113, 1113/1114, 1114/1115, 1115/1116, 1116/1117, 1117/1118, 1118/1119, 1119/1120, 1120/1121, 1121/1122, 1122/1123, 1123/1124, 1124/1125, 1125/1126, 1126/1127, 1127/1128, 1128/1129, 1129/1130, 1130/1131, 1131/1132, 1132/1133, 1133/1134, 1134/1135, 1135/1136, 1136/1137, 1137/1138, 1138/1139, 1139/1140, 1140/1141, 1141/1142, 1142/1143, 1143/1144, 1144/1145, 1145/1146, 1146/1147, 1147/1148, 1148/1149, 1149/1150, 1150/1151, 1151/1152, 1152/1153, 1153/1154, 1154/1155, 1155/1156, 1156/1157, 1157/1158, 1158/1159, 1159/1160, 1160/1161, 1161/1162, 1162/1163, 1163/1164, 1164/1165, 1165/1166, 1166/1167, 1167/1168, 1168/1169, 1169/1170, 1170/1171, 1171/1172, 1172/1173, 1173/1174, 1174/1175, 1175/1176, 1176/1177, 1177/1178, 1178/1179, 1179/1180, 1180/1181, 1181/1182, 1182/1183, 1183/1184, 1184/1185, 1185/1186, 1186/1187, 1187/1188, 1188/1189, 1189/1190, 1190/1191, 1191/1192, 1192/1193, 1193/1194, 1194/1195, 1195/1196, 1196/1197, 1197/1198, 1198/1199, 1199/1200, 1200/1201, 1201/1202, 1202/1203, 1203/1204, 1204/1205, 1205/1206, 1206/1207, 1207/1208, 1208/1209, 1209/1210, 1210/1211, 1211/1212, 1212/1213, 1213/1214, 1214/1215, 1215/1216, 1216/1217, 1217/1218, 1218/1219, 1219/1220, 1220/1221, 1221/1222, 1222/1223, 1223/1224, 1224/1225, 1225/1226, 1226/1227, 1227/1228, 1228/1229, 1229/1230, 1230/1231, 1231/1232, 1232/1233, 1233/1234, 1234/1235, 1235/1236, 1236/1237, 1237/1238, 1238/1239, 1239/1240, 1240/1241, 1241/1242, 1242/1243, 1243/1244, 1244/1245, 1245/1246, 1246/1247, 1247/1248, 1248/1249, 1249/1250, 1250/1251, 1251/1252, 1252/1253, 1253/1254, 1254/1255, 1255/1256, 1256/1257, 1257/1258, 1258/1259, 1259/1260, 1260/1261, 1261/1262, 1262/1263, 1263/1264, 1264/1265, 1265/1266, 1266/1267, 1267/1268, 1268/1269, 1269/1270, 1270/1271, 1271/1272, 1272/1273, 1273/1274, 1274/1275, 1275/1276, 1276/1277, 1277/1278, 1278/1279, 1279/1280, 1280/1281, 1281/1282, 1282/1283, 1283/1284, 1284/1285, 1285/1286, 1286/1287, 1287/1288, 1288/1289, 1289/1290, 1290/1291, 1291/1292, 1292/1293, 1293/1294, 1294/1295, 1295/1296, 1296/1297, 1297

8. ANNUAL OPERATING COST (POST COMPLETION)

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

Grant Number:Government Buildings - (PC12042)
LO NO:LO21010728
A/C To be Credited:Assan Assignment

PKR Million

Sr #	Object Code	2023-2024		2024-2025		2025-2026		2026-2027		2027-2028	
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	A05270-To Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
2	A12403-Other Buildings	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

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

Grant Number:Government Buildings - (PC12042)
LO NO:LO21010728
A/C To be Credited:Assan Assignment

PKR Million

Sr #	Object Code	2023-2024		2024-2025		2025-2026		2026-2027		2027-2028	
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	A05270-To Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
2	A12403-Other Buildings	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

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. Gynea and obstetric will also be emphasized upon. In emergency, calamities and natural disasters, valuable lives will be saved through revamping of Emergency Units.

10. FINANCIAL PLAN AND MODE OF FINANCING

10.1 FINANCIAL PLAN EQUITY INFORMATION

10.2 FINANCIAL PLAN DEBT INFORMATION

undefined

10.3 FINANCIAL PLAN GRANT INFORMATION

attached

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	9.360	12.235
Utilization	7.278	2.259

Capital Side:

	FY 2021-22	FY 2022-23
Funds Released	25.041	24.795
Utilization	25.041	0.000

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

10.4 WEIGHT COST OF CAPITAL INFORMATION

undefined

11. PROJECT BENEFITS AND ANALYSIS

11.1 PROJECT BENEFIT ANALYSIS INFORMATION

SOCIAL BENEFITS WITH INDICATORS

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

SOCIAL IMPACT:

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

EMPLOYMENT GENERATION (DIRECTOR AND INDIRECT)

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

11.2 ENVIRONMENTAL IMPACT ANALYSIS

ENVIRONMENTAL IMPACT

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

11.3 PACT ANALYSIS

undefined

11.4 ECONOMIC ANALYSIS

IMPACT OF DELAYS ON PROJECT COST AND VIABILITY

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

11.5 FINANCIAL ANALYSIS

FINANCIAL BENEFITS & ANALYSIS

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

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

The Human Development Index of Pakistan (HDI) will improve

Infant Mortality Rate will decrease

Mother Mortality rate will be decreased

The international commitments of Pakistan will be accomplished

Health standard of public will

Better Health Facilities to mother and

Prompt and scientific facility for operation

Rehabilitation of disables and injured

Blindness in this area will be decreased and controlled

Better social and mental health to addict

Provision of better health facilities at doorsteps

Awareness and control for communicable

Survival of heart failure

Social indicators of Pakistan will improve

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

11.1.1 FINANCIAL IMPACT:

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

11.2 REVENUE GENERATION

Revenue will be generated from:

Laboratory fees

Diagnostic facility fees

X-Ray fee

Dental fee

ECG fee

Private room charges

Parking fee

Medico Legal Fee

Medical Certificate of New Government Employees

12. IMPLEMENTATION SCHEDULE

12.1 IMPLEMENTATION SCHEDULE/GANTT CHART

Starting date: 01-07-2021

Expected Completion date: 30-06-2025

.

.

12.4 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

.

13. MANAGEMENT STRUCTURE AND MANPOWER REQUIREMENTS

The Organogram of New Management Structure is available in PC-I

14. ADDITIONAL PROJECTS / DECISIONS REQUIRED

NA

15. CERTIFICATE

Focal Person Name:Mr. KHIZAR HAYAT

Designation:Project Director, PMU P&SHD

Email:

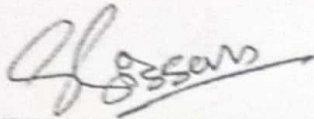
Tel. No.:

Fax No:

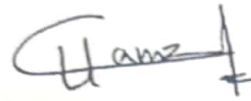
Address:31/E1, Shahrah-e-imam Hussain? Road? Block E 1 Gulberg III, Lahore, Punjab

15. It is certified that the project titled "Balance work of Revamping of DHO, Okara South city (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:

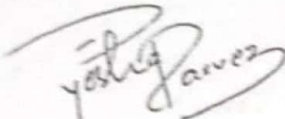


(HISSAN ANEES)
DIRECTOR PLANNING & HR, PMU,
PRIMARY & SECONDARY HEALTHCARE
DEPARTMENT, LAHORE
(042-99231206)
(Oct-2022)



(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	