PC-1

Balance Work of Revamping of THQ Hospital Taunsa

ORIGINAL APPROVED COST	**PKR Million. 123.857/-**
ORIGINAL APPROVED GESTATION	**43 Months** **Till June 2025**
APPROVAL FORUM	**DDSC (DDSC)**

1. NAME OF THE PROJECT

Balance Work of Revamping of THQ Hospital Taunsa

2. LOCATION OF THE PROJECT

2.1. DISTRICT(S)

I. DERA GHAZI KHAN

2.2. TEHSIL(S)

I. TAUNSA

3. AUTHORITIES RESPONSIBLE FOR

3.1. SPONSORING AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.2. EXECUTION AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.3. OPERATIONS AND MAINTENANCE AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.4. CONCERNED FEDRAL MINISTRY

- NATIONAL HEALTH SERVICES, REGULATIONS AND COORDINATION

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:**5377
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 THQ Hospital Taunsa :	48,983 SFT
Area completed:	31,406 SFT
External Development and Electrification:	Not Executed

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

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

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

5.2 Infrastructural Interventions

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

Major infrastructural interventions can be divided in the following three categories

5.4.1 External Development

5.4.2 Internal Development

5.4.3 Medical Infrastructure Development

5.4.4 Emergencies Development

5.3 External Development

5.3.1.1 External Platforms

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

5.3.1.2 Façade Improvement

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

5.3.1.3 Sewerage System

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

5.3.1.4 External Electrification

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

5.3.2.1 Ramp and Stretcher improvement

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

5.3.2.2 Seamless flooring and Lead Lining

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

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

5.3.2.3 Aluminum doors and windows

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

5.3.2.4 Improvement of washroom blocks

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

5.3.2.5 Fire and theft security

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

5.3.3 Medical Infrastructure Development

Includes establishment of new facilities which are as follows:

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

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

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

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

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

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

5.3.3.1 ICU

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

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

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

5.3.3.2 CCU

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

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

5.3.3.3 DIALYSIS UNIT

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

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

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

5.3.3.4 BURN UNIT

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

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

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

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

5.4.1 EMERGENCY DAPARTMENT:

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

5.4.2 General Overview of Emergency Department

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

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

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

5.4.3 Position of Emergency Department

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

5.4.4 Addition of Portico and External Structures

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

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

5.4.5 General Building Interventions:

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

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

5.5 Introduction of IT-based solutions

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

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

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

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

- MLC portal

5.6 MONITORING AND QUALITY ASSURANCE (PROCESS INTERVENTIONS)

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

5.6.1 MSDS (Minimum Service Delivery Standards)

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

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

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

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

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

MSDS implementation is a complex procedure. Because it requires

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

The PDSA cycle

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

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

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

5.6.2 Supply of missing Biomedical and non-biomedical equipment

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

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

- With the addition of necessary biomedical equipment like CT Scan/X-Ray/Ultrasound and Color Doppler, Burn Unit equipment, ICU/CCU equipment, Ventilators, Medical Gas Pipeline System and Operation Theaters etc. hospital clinical staff and administration is able to provide better healthcare to the patients' way beyond the limits prior to revamping.

- Due to availability of this necessary biomedical equipment coupled with trained staff, the load on specialized healthcare hospitals has greatly reduced. The hustle and bustle of general public (especially rural) faced due to travelling towards far furlong specialized healthcare hospitals has reduced.
- Lifesaving biomedical equipment for instance Emergency Equipment, Operation theaters equipment has contributed in saving many lives due to availability of the said equipment and this contribution is still going on.
- Non availability of this equipment was enforcing the public for private and costly treatments, which was resulting into huge financial impact on public. The availability of these services at government rates has beneficial impact on public.
- The provision of non-biomedical equipment has facilitated the public, patients and staff largely e.g. Air Conditioners, Office Furniture, Benches, Ceiling fans and generators etc.
- The provision of non-biomedical equipment e.g. waste bin sets, bed sheets, blankets etc. has contributed towards overall hospital cleanliness which has reduced the disease hotspots of hospitals.

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

5.7. Electronic Medical Record (EMR) and QMS

5.7.1 Queue Management System (QMS)

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

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

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

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

Medical Record. The Process flow of Queue Management System at DHQ is given as follows:

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

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

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

1. Same token number will be used at all the counters and patient will be getting the ticket from ticketing machine only once at the time of entry.
2. QMS will cater for missed, skipped or delayed patient at any counter.

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

5.7.2 Public Address System

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

5.7.3 CCTV System

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

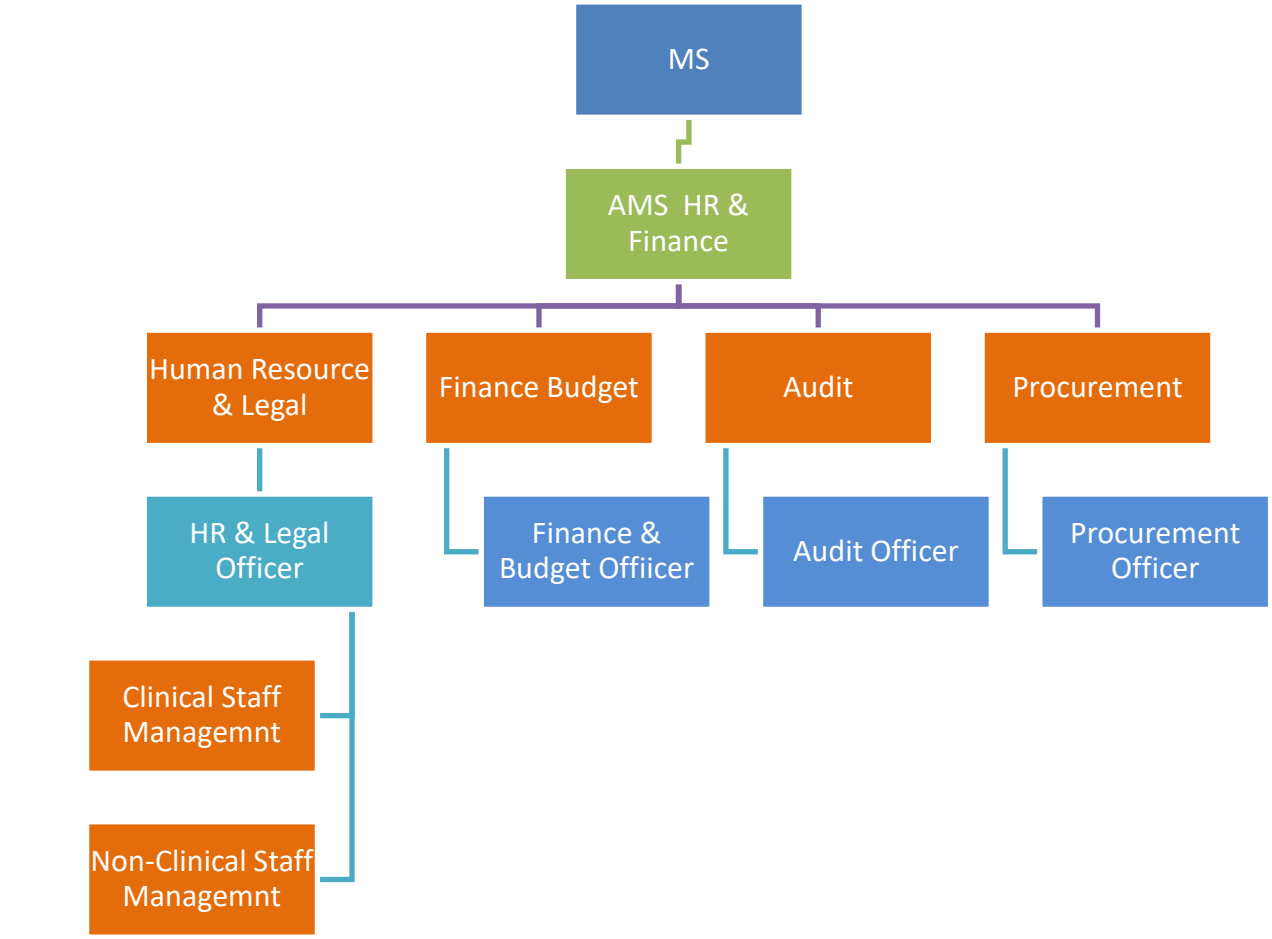
5.7.4 EMR and Networking

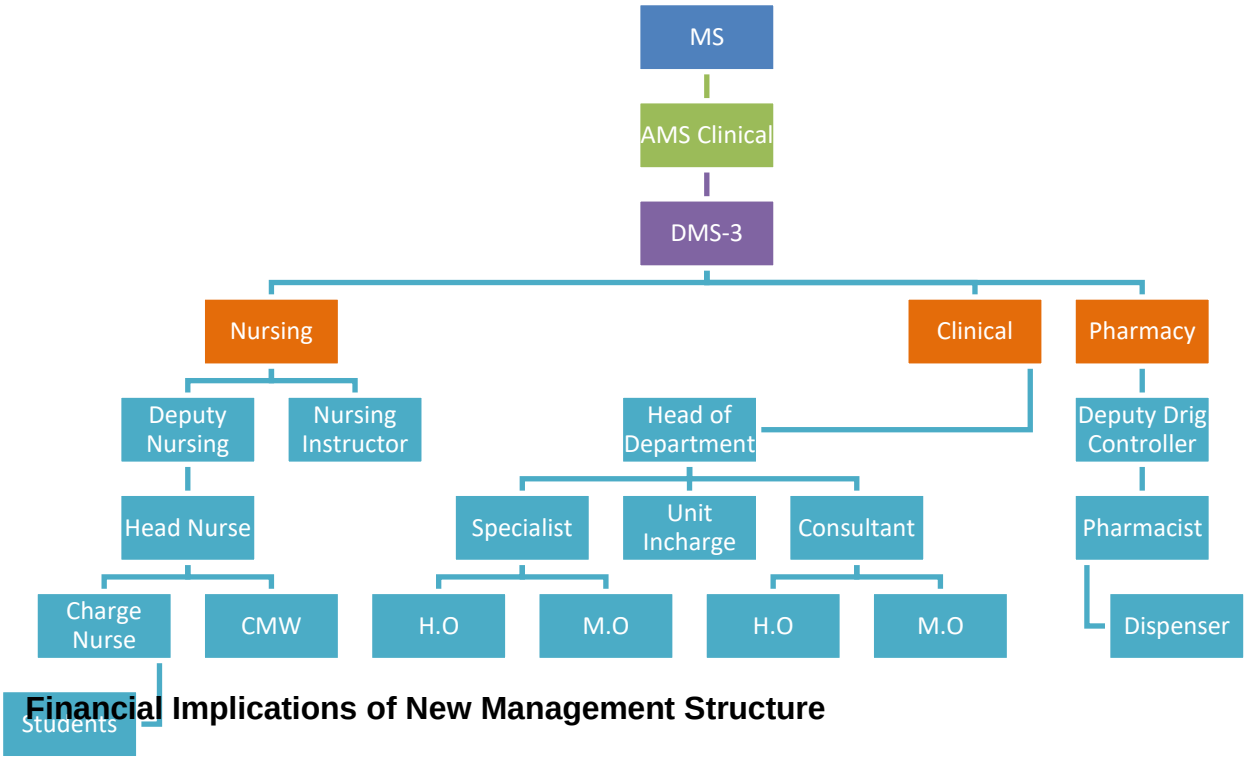
Establishment of network infrastructure, establishing a central data center, connectivity of different building through fiber, are also the major components of the revamping project in terms of ICT. This will including provision of networking point at all nursing stations and important areas where entries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

This MR number will serve as an identity for patients during their treatment, retrieval of records and for decision making.

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

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





Financial Implications of New Management Structure

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

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

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

Name of Post	No. of Employees	Original Pay package approved		Revised Pay package	
		Per Month Salary	Salary for One Year	Per Month Salary	Salary for One Year
Admin Officer	1	80,000	960,000	105,000	1,260,000
Human Resource Officer	1	80,000	960,000	105,000	1,260,000
IT/Statistical Officer	1	80,000	960,000	105,000	1,260,000
Finance & Budget Officer	1	80,000	960,000	105,000	1,260,000
Procurement Officer	1	80,000	960,000	105,000	1,260,000
Quality Assurance Officer	1	80,000	960,000	105,000	1,260,000
Logistics Officer	1	80,000	960,000	105,000	1,260,000
Data Entry Operator (DEO)	2	35,000	840,000	44,000	1,056,000
Assistant admin Officer	2	50,000	1,200,000	70,000	1,680,000
Total	**11**	**645,000**	**8,760,000**	**849,000**	**11,556,000**

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

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

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

5.8.2.1 HR / Legal Officer

Shall be responsible for following:

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

Eigibility Criteria

1. Minimum qualification Masters' degree in HR/ Public Administration/ MBA / Management / Administration / LLB/ M.Com or equivalent from HEC recognized University

2. Minimum 1 year post degree relevant professional experience (Additional credit may be given for hospital administration/Public sector experience of similar nature)

5.8.2.2 Finance & Budget Officer

Shall be responsible for following:

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

Eigibility Criteria

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

5.8.2.3 Audit Officer

Shall be responsible for following functions:

1. Smooth conduct and completion of all types of audit in hospital
2. Pre-audit of all Payments
3. Liaison with external audit teams
4. Preparation of replies of audit paras, working paper for Department Accounts committee, Special Departmental accounts committee & Public Accounts committee meetings
5. Development of SOPs for finance, budget, procurement as per Government rules & regulations
6. Any other function assigned by AMS HR& Finance /MS/P&SHD

Eigibility Criteria

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

5.8.2.4 Procurement Officer

Shall be responsible for following functions:

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

Eigibility Criteria

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

5.8.2.5 ADMIN OFFICER AND ASSISTANT ADMIN OFFICER

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

1. Security
2. Transport
3. Parking
4. Janitorial
5. Canteen
6. External housekeeping
7. Electrical works
8. Internal housekeeping
9. Laundry
10. Stores & supplies

In case these functions have been outsourced, he shall be responsible for enforcement of these contracts and shall ensure that penalties are imposed

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

Eligibility Criteria (Admin Officer)

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

Eligibility Criteria (Assistant Admin Officer)

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

5.8.2.6 IT/STATISTICAL OFFICER

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

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

Eligibility Criteria

1. Minimum qualification Masters' degree in Computer Science / MCS / BSCS (Hons) / MSC Statistics/ MBA / M Com / BS Engineering or equivalent from HEC recognized University

2. 1 years post degree experience of IT / Data analysis (Additional credit may be given for similar assignment experience)

5.8.2.7 QUALITY ASSURANCE OFFICER

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

Eligible Criteria

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

   OR

   16 years education along with Post graduate diploma in Total Quality Management/ Post graduate diploma in Health Safety and Environmental Management System / Post graduate diploma in Healthcare and Hospital Management / Quality Assurance or equivalent.
2. Minimum 1 year post degree relevant professional experience.

5.8.2.8 BIO-MEDICAL ENGINEER

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

Eligible Criteria

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

5.8.2.9 LOGISTICS OFFICER

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

Eligible Criteria

1. M.Sc. Supply Chain Management/ MBA or Equivalent.

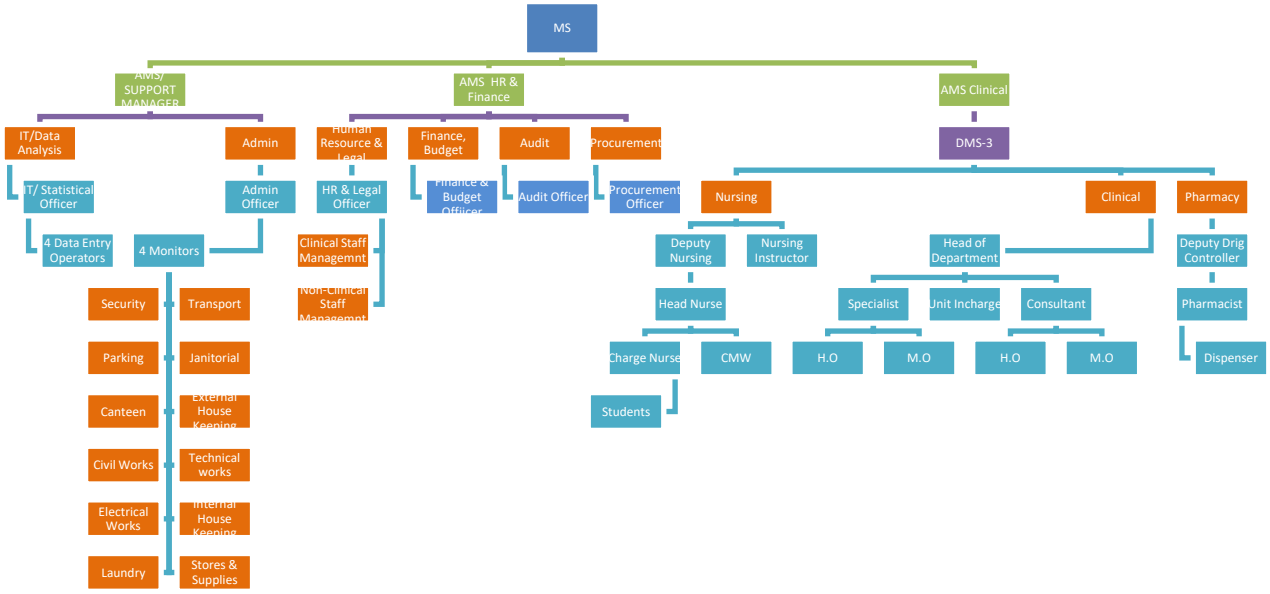
2. One year experience in Supply Chain, logistics, fleet, warehousing and inventory management, clearing and forwarding.

5.8.2.10 Data Entry Operators (DEO)

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

Eligible Criteria

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



Financial Implications of New Management Model

NAME OF POST	No. of Posts	Monthly Salary (PKR)	Annual Impact (PKPR)
ADMIN OFFICER	1	138,000	1,656,000
HUMAN RESOURCE OFFICER	1	138,000	1,656,000
IT/STATISTICAL OFFICER	1	138,000	1,656,000
FINANCE & BUDGET OFFICER	1	138,000	1,656,000
AUDIT OFFICER	1	138,000	1,656,000
PROCUREMENT OFFICER	1	138,000	1,656,000
DATA ENTRY OPERAOTOR (DEO)	4	228,000	2,736,000
BIOMEDICAL ENGINEER	1	138,000	1,656,000
QUALITY ASSURANCE OFFICER	1	138,000	1,656,000
LOGISTICS OFFICER	1	138,000	1,656,000
ASSISTANT ADMIN OFFICER	4	364,000	4,368,000
GRAND TOTAL	**17**	**1,834,000**	**22,008,000**

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

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

5.9 RELATIONSHIP WITH SECTORAL OBJECTIVES

The Government of the Punjab, Primary & Secondary Healthcare Department is in the process of undertaking number of initiatives to improve health care delivery system in the province. The Government of the Punjab is firmly committed to provide health care services at the doorstep of the community through integrated approach. A number of projects to improve emergency health care service particularly targeting on the promptness and quality have been initiated. Although major focus is on disease prevention and health promotion

strategies by providing specialist health care services to victims of various diseases in the patients is one of the top most priority. The instant project will be a major wing to health department with line departments.

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

5.10 PATIENT MANAGEMENT PROTOCOL

5.10.1 EMERGENCY:

1. Initial reception and computerization of data, issuance of medical record number and preparation of record file.
2. Patients seen by C.M.O. initial assessment (brief history and physical examination) is entered on the emergency slip/file initial treatment is started.
3. C.M.O calls the medical officer / house officer of the relevant department who takes on of the following action:-
    i. Discharges the patient from emergency department after the patient is stabilized (himself or after consultation).
    ii. Returns the patient in emergency department and inform the consultant or call such patient is either discharged after some time i.e. 2 hours of admitted later on
    iii. Patient is straight way admitted by the medical officer himself or in consultation with the consultant
4. A separate record is maintained by each department. Each patient discusses at the morning meeting and any pitfalls are any pitfalls are corrected.
5. The patient who is admitted is again entered into the computer in the ward, complete history and physical examination is carried out and relevant lab & radiological investigations are ordered. (If not already done in the emergency department).
6. The definitive management is either started by the medical officer himself or in consultation with the consultant. (Telephone or physically). The patient is prepared for surgery if required.

7. At the evening round of the ward, the patients admitted throughout the day (Through OPD or emergency) are seen by the specialist. Appropriate changes in the management are carried out.
8. During the night, medical officer & house officer will be on duty and they will remain in contact with consultant.
9. In the morning round all the new admissions and old patients are thoroughly discussed management / treatment changed, surgery ordered or discharge ordered.
10. The discharge certificate is either prepared by the house officer or medical officer. If prepared by the house officer, it is countersigned by the medical officer

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

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

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

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

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

5.10.4 <u>INVENTORY CONTROL SYSTEM</u>

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 Tehsil Taunsa District Dera Ghazi Khan is more than 0.800 million. The area of the THQ Hospital Taunsa District Dera Ghazi Khan is 411718 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.

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

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

Thereafter it was decided to complete the balance civil work of revamping through C&W Department and a block scheme titled "Balance Work of Revamping of all DHQ/15 THQ Hospitals in Punjab" was included in ADP 2021-22. Accordingly, the Rough Cost estimates of balance civil work has been got prepared from the Punjab Buildings Department for preparation of PC-Is and were approved from the DDSC. There is no change in cost of civil work component in the revised scheme of the PC-I.

JUSTIFICATION FOR REVISION OF PC-I

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

Name of Posts	**60th PDWP Meeting**		
	PPS Assigned	Permissible Range (PKR) & Annual increment	Approved Pay Package
HR & Legal Officer, IT & Statistical Officer, Admin Officer, Procurement Officer, Finance & Budget Officer, Logistics Officer, Quality Assurance Officer, Audit Officer and Biomedical Engineer	PPS-6	75,000-105,000 (8% annual incr.)	75,000
Assistant Admin Officer	PPS-5	50,000-75000 (10% annual incr.)	50,000
Data Entry Operator	PPS-3	35,000-55,000 (10% annual incr.)	35,000

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

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

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

given below

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

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

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

6.2 SECTORAL SPECIFIC INFORMATION

Social Sectors, Health Department

7. CAPITAL COST ESTIMATES

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

Grant Number: Development - (PC22036)
LO NO:LO21010561
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	17.305	0.000	10.000	0.000	10.000	0.000
Total		**0.000**	**0.000**	**17.305**	**0.000**	**10.000**	**0.000**	**10.000**	**0.000**

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

Grant Number: Government Buildings - (PC12042)
LO NO:LO21010736
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	26.552	0.000	30.000	0.000	30.000	0.000
Total		**0.000**	**0.000**	**26.552**	**0.000**	**30.000**	**0.000**	**30.000**	**0.000**

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

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

Abstract of Cost

Balance work of THQ Hospital Taunsa

Scope of work	Original Cost			Amended Cost			1st Revised Cost		
	Capital	Revenue	Total	Capital	Revenue	Total	Capital	Revenue	Total
Capital component									
Internal Development	30.649	0.000	30.649	35.257	0.000	35.257	35.257	0.000	35.257
External Development	49.892	0.000	49.892	50.191	0.000	50.191	50.191	0.000	50.191
Water filtration plant	0.960	0.000	0.960	1.104	0.000	1.104	1.104	0.000	1.104
Total Capital Component	**81.501**	**0.000**	**81.501**	**86.552**	**0.000**	**86.552**	**86.552**	**0.000**	**86.552**
Revenue component									
Human resource (HR) plan	0.000	17.520	17.520	0.000	17.520	17.520	0.000	37.305	37.305
Total Revenue component	**0.000**	**17.520**	**17.520**	**0.000**	**17.520**	**17.520**	**0.000**	**37.305**	**37.305**
Total	**81.501**	**17.520**	**99.021**	**86.552**	**17.520**	**104.072**	**86.552**	**37.305**	**123.857**
Grand Total	**81.501**	**17.520**	**99.021**	**86.552**	**17.520**	**104.072**	**86.552**	**37.305**	**123.857**

Human Resource Model of THQ Hospital

	Original				1st Revised				
NAME OF POST	**No. of Emplyees**	**Per Month Salary**	**Per Month Salary for all Person**	**Salary for Two Years**	**No. of Emplyees**	**Project Pay Scale**	**Per Month Salary**	**Per Month Salary for all Person**	**Salary for Two Years**
ADMIN OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
HUMAN RESOURCE/LEGAL OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
IT/STATISTICAL OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
FINANCE & BUDGET OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
PROCUREMENT OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
DATA ENTRY OPERAOTOR (DEO)	2	35,000	70,000	1,680,000	2	3	44,000	88,000	2,728,000
QUALITY ASSURANCE OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
LOGISTICS OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
ASSISTANT ADMIN OFFICER	2	50,000	100,000	2,400,000	2	5	70,000	140,000	4,340,000
Sub Total of HR Model	**11**		**730,000**	**17,520,000**	**11**	**50**	**849,000**	**963,000**	**29,853,000**
				17.520					**29.853**
Utilization of HR Component				**7.452**					
									37.305

From

The Chief Engineer,
Punjab Buildings Department,
South Zone, Lahore.

To

The Secretary,
Government of the Punjab,
Primary & Secondary Healthcare Department,
Lahore.

Memo No.76-Dev/2014/ ১০৪৭ /Dev. Dated 7 01.2022

Subject: **AMENDED ROUGH COST ESTIMATE FOR THE WORK "REVAMPING OF THQ HOSPITAL AT TAUNSA SHAARIF DISTRICT D.G.KHAN"**

Please find enclosed herewith a copy of amended rough cost estimate amounting to **Rs.86.552(M)** duly vetted by the Chief Engineer for Amended Administrative Approval.

The amended rough cost estimate has been prepared on the basis of rates meant for 1st Bi-annual, 2022.

DA/As Above.

DEPUTY DIRECTOR-II
for Chief Engineer, South Zone,
Punjab Buildings Department, Lahore.

Endst: No. /Dev, Dated .01.2022.

A copy is forwarded for information to:-

1. The Superintending Engineer, Buildings Circle, D.G.Khan for information with reference to his letter No.2329/DB, dated 05.01.2022.
2. The Executive Engineer, Buildings Division, D.G.Khan.
3. The Chief Draftsman (Local).

DA/Nil.

DEPUTY DIRECTOR-II
for Chief Engineer, South Zone,
Punjab Buildings Department, Lahore.

(2)

GOVERNMENT OF THE PUNJAB

BUILDINGS CIRCLE
DERA GHAZI KHAN

BUILDINGS DIVISION
TAUNSA

AMENDED ROUGH COST ESTIMATE FOR THE WORK "REVAMPING OF TEHSIL HEAD QUARTER HOSPITAL AT TAUNSA SHARIF DISTRICT DERA GHAZI KHAN"

ESTIMATED COST Rs 86.552(M) ~~= 86.552 (M)~~

BUILDINGS SUB DIVISION TAUNSA

(3)

PROVINCE:	**PUNJAB**
DIVISION:	**BUILDINGS DIVISION** **Taunsa**
SUB DIVISION:	**BUILDINGS SUB DIVISION** **TAUNSA SHARIF**
NAME OF WORK:	**AMENDED ROUGH COST ESTIMATE FOR THE WORK "REVAMPING OF TEHSIL HEAD QUARTER HOSPITAL AT TAUNSA SHARIF DISTRICT DERA GHAZI KHAN"**
MAJOR HEAD:	
MINOR HEAD:	
ESTIMATED COST:	**Rs: ~~86.552 (M)~~** ₹= 86.552 (M)
ESTIMATE NO:	

tenders on competitive rate basis.

AMENDED ROUGH COST ESTIMATE FOR THE WORK "REVAMPING OF TEHSIL HEAD QUARTER HOSPITAL AT TAUNSA SHARIF DISTRICT DERA GHAZI KHAN"

HISTORY:

Primary & Secondary Health Care Department has transformed its secondary healthcare establishments through revamping program. Primary & Secondary Healthcare Department is having 26 District and 133 Tehsil Head Quarter Hospitals across the Punjab.

The Project Officer, Architect, Project Management Unit, Primary & Secondary Health Care Department Lahore, requested the undersigned vide his letter No.PMU/(P&SHD)/2021/1241, Dated.03.07.2021.

Accordingly the Administrative Approval (on the basis of MRS 2nd BI Annual 2021) was issued by the Secretary Primary & Secondary Health Care Department Lahore vide Order No.PO(D-II)Revamping/P-II/21, Dated.01.11.2021 amounting to Rs.81.501 (M).

Now the Finance Department Lahore issued the MRS 1st BI Annual 2021 which is differ excess approx.24% from 2nd BI Annual 2021. The Project Manager Civil PMU P&SHD requested the undersigned vide his letter No.PMU/(P&SHD)/2021/1468, Dated.21.12.2021 to prepare the amended rough cost estimate.

In this regard, this Amended rough cost estimate amounting to Rs. **86.552 Million** has been prepared on the basis of Plinth Area Rates/ MRS for the Period 1st Bi-Annual 2022 for getting Amended Administrative Approval and funds from the Competent Authority.

DESIGN AND SCOPE:

The following scope of work has been made for this rough cost estimate.

1- Revamping of Old Building	**1 Job**
2- Repair of Trauma Center (Ground & First Floor)	
3- Construction of Boundary Wall	**2950 Rft**
4- Construction of Turf Paver Path	
5- Provision of Water Supply & Sewerage System	
6- Construction of Water Filtration Plant	**350 Sft**
7- Provision of Fiber Glass Waiting Shed	**5 Nos**
8- Provision of Parking Shed	**10 Nos**
9- Provision of Street Lights	
10-External Development	

EXECUTION

The work shall be got executed in accordance with the Buildings Department's specifications and to the entire satisfaction of the Engineer in charge.

CARRYING OUT OF WORK:

The work shall be carried out through approved Government contractor after calling

(5)

RATE:

The estimate is based on Plinth Area Rates / MRS **1st BI-Annual 2022** notified by the Chief Engineer (South Zone) Buildings Department, Lahore.

LAND:

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

ESTIMATED COST:

The total cost of the Project comes to **Rs. 86.552 (M)**

TIME:

It will take about **24 months** to complete the Project after Administrative Approval and allocation of funds at disposal of the Department.

Sub Divisional Officer
Buildings Sub Division
Taunsa Sharif

Executive Engineer
Buildings Division
Taunsa

No. PIU(P&SHD)/2021/1241
PROJECT MANAGEMENT UNIT
P&S HEALTH DEPARTMENT
(3rd Flr, Civil Secretariat Annex)
Gulberg-III, Lahore Ph. 042-99237202
Dated: June 3, 2021

To

Executive Engineer,
Buildings Division,
D. G. Khan.

SUBJECT: COST ESTIMATES FOR REVAMPING OF TEHSIL HEADQUARTER HOSPITAL TAUNSA

Primary and Secondary Healthcare Department (P&SHD) has transformed its secondary healthcare establishments through revamping program. P&SHD is having 23 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 80% 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 THQ Taunsa may be conducted. The areas that have been revamped by IDAP are also marked in plans and are attached as Annexure D.

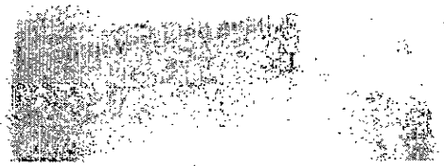
Scanned by CamScanner

4. In view of all above, it is requested to prepare the cost estimate for remaining work that is required in THQ Taunsa (clinical area only) and furnish this office to develop the schemes/ PC-Is. This may be assigned as top priority.

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

A copy is forwarded for information to the:

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



(8)

No. PMU/(P&SHD)/2021/1468
PROJECT MANAGEMENT UNIT
P&S HEALTHCARE DEPARTMENT
(31-E/1, Shahrah-e-Hazrat Imam Hussain
Gulberg-III, Lahore, Ph: 042-99231208)
Dated: December 21, 2021

To

Executive Engineer,
Buildings Division,
DG Khan.

SUBJECT: **EXECUTION/COMPLETION OF VARIOUS PRIMARY AND SECONDARY HEALTHCARE DEPARTMENT PROJECT FOR THE FINANCIAL YEAR OF 2021-2022 OF DG KHAN DISTRICT.**

It is stated that Primary and Secondary Healthcare Department (P&SHD) is determined to enhance the service delivery of its primary and secondary healthcare facilities. For this purpose, P&SHD has chalked out the most deserving Healthcare facilities across the Punjab. Execution/Revamping of Primary & Secondary Healthcare facilities is a top priority among development programmes of Government of Punjab.

Several Healthcare facilities of District DG Khan lying under following schemes of ADP were approved in DDSC in this financial year.

- ADP No. 1013 ''Balance Work of Revamping of all DHQ/ 15 THQ Hospitals in Punjab''
- ADP No. 995 ''Strengthening of Basic Health Units (BHU's) of Punjab Phase-II''.
- ADP No. 792 ''Programme for Revamping of all THQ Hospitals in Punjab''.

Despite Execution/Completion of all sub schemes of above projects, only following schemes are selected for execution/completion in this financial year. In order to complete this partial funding of these following schemes have already been done and remaining funds are likely to be released before 15th January 2022.

So in view of above, it is stated to please take further necessary action (Tendering/Execution or Revision of Estimates as per 1st Bi-Annual MRS of 2022) for in time completion of these sub schemes. However, in case the estimates of these below mentioned facilities are need to be revised as per New MRS rates (1st Jan 2022 to 31st July 2022) then it must be noted that only rates may be revised on the similar scope which is already approved as per P&D Guidelines.

(9)

Sr. #	Name of Health Facility	District	Approved Cost as per 2nd Bi-Annual 2021
1	Balance work of Revamping of THQ Hospital Taunsa	DG Khan	81.501 (M)

Project Manager Civil
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. Chief Engineer Buildings South, Lahore.
4. Director Infrastructure, PMU, Primary and Secondary Healthcare Department Punjab.
5. Chief Executive Officer Health DG Khan.
6. Office copy I&C wing.

(10)

Primary & Secondary
Healthcare Department

GOVERNMENT OF THE PUNJAB
Dated Lahore the 27-11-2021

ORDER

No.PO(D-II)Revamping/P-I/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 debitable 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)

AMENDED ROUGH COST ESTIMATE FOR THE WORK "REVAMPING OF TEHSIL HEAD QUARTER AT TAUNSA SHARIF DISTRICT D.G.KHAN".

Sr. No	Name of work	As per Approved Rough Cost Estiamte 2nd BI Annual 2021				Amended Rough Cost Plinth Area Rates / MRS 1st BI Annual 2021								Excess	Saving	Remarks
		Plinth area	Unit	Rates	Amount	Plinth area	Unit	B.P	P.H	E.I	S.I	Total	Amounts			
1	*Revamping of old building (MRS Items)*	1	Job	*9224788*	*9224788*	1	Job	11297000				11297000	11297000	2072212	—	Detail Attached
	Additional Items															
i	ProvidingandlayingsuperbqualityPorcelainglazedtilesflooringofMASTERbrandofspecifiedsizeinapproveddesign,ColorandShadewithadhesive/bondover3/4"thick(1:3)cementplasteri/cthecostofsealerforfinishingthejointsi/ccuttinggrindingcompleteinallrespect as approved and directed by the Engineer Incharge. a) Full body Glazed tiles (ii) 600mmx 600 mm	7108	P-Sft	223	*1585084*	7108	P-Sft	304.70				304.70	2165808	580723.6	—	As per MRS 1st BI Annual 2022
ii	ProvidingandlayingsuperbqualityPorcelainglazedtilesofMasterbrand,skirting/dadoofspecifiedsize,ColorandShadewithadhesive/bondover1/2"thick(1:2)cementplasteri/cthecostofandsealerforfinishingthejoints,cuttinggrindingcompleteinallrespectasapproved and directed by the Engineer Incharge. a) Full body Glazed Tile (ii) 600mm x600 mm	8693	P-Sft	239	*2077608*	8693	P-Sft	304.70				304.70	2648733	571124.724	—	As per MRS 1st BI Annual 2022
iii	ProvidingandfixingfalseceilingcomprisesofGypsumboardlaminatedsheetofsize2'x2'/2'x3'/3'x3'ofspecifieddesignandthicknessi/ccostoffixturesi.egalvanizedangle1"x1"atwallsides,galvanizedtee1¼"x1"and1½"x1"bothat4'c/c(madeofTaiwanCKMorequivalent),hangingwithG.I/Copperwire16SWG,G.Ihook,Rawal Plugetc:complete in all respects as approved and directed by the Engineer Incharge. iv) 12 mm thick	7108	P-Sft	95	*675260*	7108	P-Sft	89.95				89.95	639365	—	35895.4	As per MRS 1st BI Annual 2022
iv	Providing and fixing M.S. grill fabricated with MS Square polished Vertical/horizontal Bars of specified size @ 4" c/c ' passed through punched holes in MS Patti of 1-1/4"x1/8" i/c the cost of 1-1/4"x1/8" MS patti for Frame of windows and painting 3 coat complete in all respect as approved and directed by the Engineer Incharge. (ii) 1/2" Squar Bars	1853	P-Sft	775.2	*1436446*	1853	P-Sft	769.00				769.00	1424957	—	11489	As per MRS 1st BI Annual 2022
vi	Providing and fixing 2 mm thick Double glazed aluminium windows of anodized bronze colour partly fixed and party sliding using deluxe section of 100mm x 40mm x2 mm using frame (70501) at bottom, 70502) at Top & Side made of Pakistan Cables/Alcop having Leaf Frame size 31mm x 60mm x2 mm (70506) at Top & Bottom. 35mm x 60mm x2 mm (70505) at center and 35mm x 60mm x2 mm(70503) at sides , fixing 5 mm thick imported tinted double glass and air tight using double tape, chemical strips, Silicon using approved latches, wheels for channel, stopper, brush channel angle joint and hardware etc.(excluding the cost of Fly Proofing). Complete in all respect as approved and directed by the Engineer Incharge.	239	P-Sft	592.2	*141536*	239	P-Sft	1347.65				1347.65	322088	180552.35	—	As per MRS 1st BI Annual 2022
vii	Supply and erection of SMD Light 40 watts of size 2'x2' (Original design) etc complete in all respect as approved by the Engineer Inharge.	170	Each	10680	*1815600*	170	Each	12600.00				12600.00	2142000	326400	—	Analysis
viii	ProvidingandfittingEuropeonCoupledsetofWaterCloset(WC)andflushingCisternofPORTAbrand(fullsize)i/cthecostofCP/rubberconnection,thimble,seatcoverandrawalboltscompleteinallrespectsasapproved and directed by the Engineer Incharge.	5	Each	18600	*93000*	5	Each	13915.80				13915.80	69579	—	23421	As per MRS 1st BI Annual 2022

Sr. No	Name of work	As per Approved Rough Cost Estiamte 2nd BI Annual 2021				Amended Rough Cost Plinth Area Rates / MRS 1st BI Annual 2021								Excess	Saving	Remarks
		Plinth area	Unit	Rates	Amount	Plinth area	Unit	B.P	P.H	E.I	S.I	Total	Amounts			
ix	Providing and fixing UPVC Doors 38mm thickness i/c Deluex matching color UPVC frame matt or glossy finish having color (white-Gray-Marble Gray-Oak Wood- Dark Oak Wood, Coffee Wood Honey Pine Wood-Mahagony-Marry Gold-Chocolate Brown-Honey Dew) i/c all accessories execpt locks complete in all respect as approval by the Engineer Incharge.	175	P-Sft	969.5	*169662.5*	175	P-Sft	969.50				969.50	169663	---	---	
2	*Repair or Trauma Center Ground Floor (MRS Items)*	1	Job	*2893000*	*2893000*	1	Job	3497000				3497000.00	3497000	604000	---	Detail Attached
	Additional Items															
i	Providing and fixing 2 mm thick Double glazed aluminium windows of anodized bronze colour partly fixed and party sliding using deluxe section of 100mm x 40mm x2 mm using frame (70501) at bottom, (70502) at Top & Side made of Pakistan Cables/Alcop having Leaf Frame size 31mm x 60mm x2 mm (70506) at Top & Bottom, 35mm x 60mm x2 mm (70505) at center and 35mm x 60mm x2 mm(70503) at sides , fixing 5 mm thick imported tinted double glass and air tight using double tape, chemical strips, Silicon using approved latches, wheels for channel, stopper, brush channel angle joint and hardware etc.(excluding the cost of Fly Proofing). Complete in all respect as approved and directed by the Engineer Incharge.	458	P-Sft	730	*334340*	458	P-Sft	1347.65				1347.65	617224	282883.7	---	Detail Attached
ii	ProvidingandlayingflooringwithChinaVeronaMarblehavinguniformtexture(Spotless)ofrequiredsizeandspecifiedthickness,withadhesivebondover3/4"thickbeddingof(1:2)cementsandmortori/cthecostofmatchingsealer,cutting,grindingandchemicalpolishingcompleteinallrespectasapprovedanddirectedbytheEngineer Incharge. ii) 3/4" thick (12"x24"/12"x36")	538	P-Sft	272	*146336*	538	P-Sft	318.10				318.10	171138	24801.8	---	As per MRS 1st BI Annual 2022
iii	Providingandlaying3/4"thickfullwidthPrepolishedMarbleslabforVanities/Shelves/Treads/WindowCills,havingUniformtexture(Spotless)withadhesivebondover3/4"thick(1:2)cementsandmortori/cthecostofmatchingsealercompleteinallrespectsasapproved and directed by the Engineer Incharge. i) China Verona	752	P-Sft	292	*219584*	752	P-Sft	371.35				371.35	279255	59671.2	---	As per MRS 1st BI Annual 2022
iv	ProvidingandlayingsuperbqualityPorcelainglazedtilesflooringofMASTERbrandofspecifiedsizeinapproveddesign,ColorandShadewithadhesive/bondover3/4"thick(1:3)cementplasteri/cthecostofsealerforfinishingthejointsi/ccuttinggrindingcompleteinallrespect as approved and directed by the Engineer Incharge. a) Full body Glazed tiles (ii) 600mmx 600 mm	2243	P-Sft	222	*497946*	2243	P-Sft	304.70				304.70	683442	185496.1	---	As per MRS 1st BI Annual 2022
v	ProvidingandlayingsuperbqualityPorcelainglazedtilesofMasterbrand,skirting/dadoofspecifiedsize,ColorandShadewithadhesive/bondover1/2"thick(1:2)cementplasteri/cthecostofandsealerforfinishingthejoints,cuttinggrindingcompleteinallrespectasapproved and directed by the Engineer Incharge. a) Full body Glazed Tile (ii) 600mm x600 mm	1626	P-Sft	238	*386988*	1626	P-Sft	304.70				304.70	495442	108454.2	---	As per MRS 1st BI Annual 2022
vi	Providing and fixing 2'-9" high stair railing comprising of non magnetic (304) Stain less steel 2" dia pipe railing of 18 SWG welded with vertical posts of 2" dia stainless steel round/ Squar pipe @ 2-ft c/c fixed on alternate steps with 3" long steel screws and brass rawal plugs , 3-Nos diagonal stainless steel pipes of 1/2" dia passes through goties fixed on vertical post, i/c stainles steel welding, fixing & polishing complete in all respects as approved and directed by the Engineer Incharge.	159	P-Rft	2002	*317317*	159	P-Rft	1784.30				1784.30	282812	---	34505.45	As per MRS 1st BI Annual 2022

Sr. No	Name of work	As per Approved Rough Cost Estiamte 2nd BI Annual 2021				Amended Rough Cost Plinth Area Rates / MRS 1st BI Annual 2021								Excess	Saving	Remarks
		Plinth area	Unit	Rates	Amount	Plinth area	Unit	B.P	P.H	E.I	S.I	Total	Amounts			
vii	P/L falseceilingcomprisingof5/8"thickplasterofparissheetofrequiredsizeinapproveddesignwithonelineof6"wideniche allaround,hangingwithCopperwire(16 SWG)dulyenrichedwithPOPandflaxen/cthecostofmakingspaceforropelight/screws/jute/makingholesforlightsandrawalplugscompleteinallrespectsasapprovedanddirectedbytheIncharge.(Measurement will be made as per carpet Area).	9110	P-Sft	95	*865450*	9110	P-Sft	94.30				94.30	859073	---	6377	As per MRS 1st BI Annual 2022
3	*Repair or Trauma Center First Floor (Civil Work)*	1	Job	*3889000*	*3889000*	1	Job	4634000				4634000.00	4634000	745000	---	Detail Attached
	Additional Items															
i	Providing and fixing 2 mm thick Double glazed aluminium windows of anodized bronze colour partly fixed and party sliding using deluxe section of 100mm x 40mm x2 mm using frame (70501) at bottom, (70502) at Top & Side made of Pakistan Cables/Alcop having Leaf Frame size 31mm x 60mm x2 mm (70506) at Top & Bottom, 35mm x 60mm x2 mm (70505) at center and 35mm x 60mm x2 mm(70503) at sides , fixing 5 mm thick imported tinted double glass and air tight using double tape, chemical strips, Silicon using approved latches, wheels for channel, stopper, brush channel angle joint and hardware etc.(excluding the cost of Fly Proofing). Complete in all respect as approved and directed by the Engineer Incharge.	458	P-Sft	730	*334340*	458	P-Sft	1347.65				1347.65	617224	282883.7	---	As per MRS 1st BI Annual 2022
ii	ProvidingandlayingflooringwithChinaVeronaMarblehavinguniformtexture(Spotless)ofrequiredsizeandspecifiedthickness,withadhesivebondover3/4"thickbeddingof(1:2)cementsandmortori/cthecostofmatchingsealer,cutting,grindingandchemicalpolishingcompleteinallrespectasapprovedanddirectedbytheEngineer Incharge. ii) 3/4" thick (12"x24"/12"x36")	538	P-Sft	272	*146336*	538	P-Sft	318.10				318.10	171138	24801.8	---	As per MRS 1st BI Annual 2022
iii	Providingandlaying3/4"thickfullwidthPrepolishedMarbleslabforVanities/Shelves/Treads/WindowCills,havingUniformtexture(Spotless)withadhesivebondover3/4"thick(1:2)cementsandmortori/cthecostofmatchingsealercompleteinall [illegible]	752	P-Sft	292	*219584*	752	P-Sft	371.35				371.35	279255	59671.2	---	As per MRS 1st BI Annual 2022
iv	ProvidingandlayingsuperbqualityPorcelainglazedtilesflooringofMASTERbrandofspecifiedsizeinapproveddesign,ColorandShadewithadhesive/bondover3/4"thick(1:3)cementplasteri/cthecostofsealerforfinishingthejointsi/ccuttinggrindingcompleteinallrespect as approved and directed by the Engineer Incharge. a) Full body Glazed tiles (ii) 600mmx 600 mm	3167	P-Sft	222	*703074*	3167	P-Sft	304.70				304.70	964985	261910.9	---	As per MRS 1st BI Annual 2022
v	ProvidingandlayingsuperbqualityPorcelainglazedtilesofMasterbrand,skirting/dadoofspecifiedsize,ColorandShadewithadhesive/bondover1/2"thick(1:2)cementplasteri/cthecostofandsealerforfinishingthejoints,cuttinggrindingcompleteinallrespectasapproved and directed by the Engineer Incharge. a) Full body Glazed Tile (ii) 600mm x600 mm	1783	P-Sft	238	*424354*	1783	P-Sft	304.70				304.70	543280	118926.1	---	As per MRS 1st BI Annual 2022

Sr. No	Name of work	As per Approved Rough Cost Estiamte 2nd BI Annual 2021				Amended Rough Cost Plinth Area Rates / MRS 1st BI Annual 2021								Excess	Saving	Remarks
		Plinth area	Unit	Rates	Amount	Plinth area	Unit	B.P	P.H	E.I	S.I	Total	Amounts			
vi	Providing and fixing 2'-9" high stair railing comprising of non magnetic (304) Stain less steel 2" dia pipe railing of 18 SWG welded with vertical posts of 2" dia stainless steel round/ Squar pipe @ 2-ft c/c fixed on alternate steps with 3" long steel screws and brass rawal plugs , 3-Nos diagonal stainless steel pipes of 1/2" dia passes through goties fixed on vertical post, i/c stainles steel welding, fixing & polishing complete in all respects as approved and directed by the Engineer Incharge.	159	P-Rft	2002	*317317*	159	P-Rft	1784.30				1784.30	282812	—	34505.45	As per MRS 1st BI Annual 2022
4	Construction of Boundary Wall 9" thick 8' height.	2950	Rft	5075	*14971250*	2950	Rft	6225				6225.00	18363750	3392500	—	As per Plinth Area 1st BI Annual 2022
5	Construction of Tuff Paver Path	1	Job	13478000	*13478000*	1	Job	14029000				14029000.00	14029000	551000	—	Detail Attached
6	Sewerage & Water Supply	1	Job	3314800	*3314800*	1	Job	4546700				4546700.00	4546700	1231900	—	Detail Attached
7	Water Filteration Plant (BUILDING)	390	Sft	2322	*905580*	390	Sft	2574	110	146		2830.00	1103700	198120	—	As per Plinth Area 1st BI Annual 2022
	EXTRA ITEMS															
8	Supplying and erection of 4 core cable PVC insulated, PVC sheathed 4 core 660/1100 volt grade cable, Cost of trenches where necessary armoured with G.I. wire 16 SWG. ii) 19/1.63 mm (19/0.064").	1550	P-Rft	756.95	*1173273*	1550	P-Rft	1709.35				1709.35	2649493	1476219.5	—	As per MRS 1st BI Annual 2022
9	Supply and Erection of Car Parking Shed consisting of 3 mm thick fiber glass sheet roof (3-layers) fixed / riveted on moulded curved frame of M.S box pipe 1-1/2"x1-1/2"16-SWG supported on trusses of MS angle iron 1-1/2"x1-1/2"x3/16" all around duly supported on M.S sheet 6"x6"x1/4" welded on GI pipe post (Medium Quality) of specified diameter embeded in P:C:C (1:2:4) i/c the cost of excavation,cutting straightening assembling, bending as per design, welding / grinding of joints and painting three coats complete in all respect as approved and directed by the Engineer Incharge. (i) 4" dia GI Pipe Supports 20x18x5	5	Nos	1092409	*5462045*	1800	PSft	546.15				546.15	983070	—	4478975	As per MRS 1st BI Annual 2022
10	Supply and Erection of Car Parking Shed consisting of 3 mm thick fiber glass sheet roof (3-layers) fixed / riveted on moulded curved frame of M.S box pipe 1-1/2"x1-1/2"16-SWG supported on trusses of MS angle iron 1-1/2"x1-1/2"x3/16" all around duly supported on M.S sheet 6"x6"x1/4" welded on GI pipe post (Medium Quality) of specified diameter embeded in P:C:C (1:2:4) i/c the cost of excavation,cutting straightening assembling, bending as per design, welding / grinding of joints and painting three coats complete in all respect as approved and directed by the Engineer Incharge. (i) 4" dia GI Pipe Supports 20x18x10	10	Nos	528500	*5285000*	3600	PSft	546.15				546.15	1966140	—	3318860	As per MRS 1st BI Annual 2022
11	Providing and Installing Street Light 10' Height.	1	Job	2440000	*2440000*	1	Job	1810000				1810000.00	1810000	—	630000	Detail Attached
				Total =	**75943899**							**Total =**	**80709123**	**13339253**	**8574028**	

Sr. No	Name of work	As per Approved Rough Cost Estiamte 2nd BI Annual 2021				Amended Rough Cost Plinth Area Rates / MRS 1st BI Annual 2021								Excess	Saving	Remarks
		Plinth area	Unit	Rates	Amount	Plinth area	Unit	B.P	P.H	E.I	S.I	Total	Amounts			
	Add 5%P.S.T			Rs.	3797195							Rs.	4035456	238261	---	
	Add 1% Tree Plantation			Rs.	759439							Rs.	807091	47652	---	
	Add Wapda Charges for transformer payable to Mepco to increase the load capacity of old transformer			Rs.	1000000							Rs.	1000000	---	---	
				G.Total	81500533							G.Total	86551670	13625166	8574028	
				Say	81501000							Say	86552000	13625000	8574000	
				OR =	81.501 (M)							OR =	86.552 (M)	13.625 (M)	8.574 (M)	

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Taunsa Sharif

Executive Engineer
Buildings Division
Taunsa

Superintending Engineer
Buildings Circle
Dera Ghazi Khan

TECHNICALLY VETTED
For Rs. 86.552 (Million)

Chief Surveyor
Punjab Buildings Deptt;
South Zone, Lahore.

Deputy Director
Punjab Buildings Deptt;
South Zone, Lahore.

Chief Draftsman
Punjab Buildings Deptt;
South Zone, Lahore.

ESTIMATE FOR THE WORK "REVAMPING OF T.H.Q HOSPITAL TAUNSA SHARIF"

Sr. No.	ITEM OF WORK		No	MEAUSERMENTS L	B	H		Qty.	
1	Dismantling cement concrete 1:2:4 plain.								
	Entr:		1	23.25	15.75	0.83		304	Sft
			1	23.25	10	0.83		193	Sft
	Corridor		1	230	7.25	0.83		1384	Sft
	Stair & Hall		1	15.75	15	0.83		196	Sft
	Kitchen		1	9.625	7.5	0.83		60	Sft
	Toilet		1	7.5	5.5	0.83		34	Sft
	M.S		1	12	15.75	0.83		157	Sft
			1	12	15.75	0.83		157	Sft
			1	7.625	15.75	0.83		100	Sft
	M.O		1	11.08	15.75	0.83		145	Sft
	Accountant		1	16.25	15.75	0.83		212	Sft
	Firacher		1	9.5	7.5	0.83		59	Sft
	Toilet		1	5.5	7.5	0.83		34	Sft
	Sergen		1	12	15.75	0.83		157	Sft
	Waiting		1	20.5	15.75	0.83		268	Sft
	Dr.Room		1	21.25	15.75	0.83		278	Sft
	Altrasound		1	8	15.75	0.83		98	Sft
	M.S.O Room		1	12	15.75	0.83		157	Sft
	Laib		1	8	15.75	0.83		98	Sft
	Corridor		2	34	7.25	0.83		409	Sft
	Dantel		1	16	15.75	0.83		209	Sft
	ST		1	8.5	8.5	0.83		60	Sft
	Toilet		1	8.5	8	0.83		56	Sft
	Stainery Store		1	16	12	0.83		159	Sft
	Eye Room		1	16	12	0.83		159	Sft
	Drug Inspector		1	16	14.625	0.83		194	Sft
	DDO		1	12.75	11.75	0.83		124	Sft
	Toilet		1	6.25	7.75	0.83		40	Sft
	DDO Room		1	19.91	20.5	0.83		339	Sft
	Corridor		1	50	4.25	0.83		176	Sft
							Total	**6016**	**Sft**
				@	**9,292.80**	**%Sft**		**559055**	
2	ProvidingandlayingsuperbqualityCeramictilefloorsofMasterbrandofspecifiedsize,Glossy/Matt/Textureofapproved ColorandShadeasperapproveddesignwithadhesivebond,over3/4"thick(1;2)cementsandplasteri/cthecostofsealerforfinishingthejointsi/ccuttinggrindingcompleteinallrespectsandasapprovedanddirected by the Engineer Incharge. i) 12"x18"/12"x24"/10"x24" /8"x24"/12"x36"								
	Toilet		2	7.5	5.5			83	Sft
	Toilet		2	5.5	7.5			83	Sft
	Toilet		2	8.5	8			136	Sft
	Toilet		2	6.25	7.75			97	Sft
							Total	**399**	**Sft**
					@	204.70	**P-Sft**	**81675**	
3	ProvidingandlayingsuperbqualityCeramictilesdadoofMasterbrandofspecifiedsize,Glossy/Matt/Textureskirting /dadoofapprovedColorandShadewithadhesivebondover1/2"thick(1:2)cementplasteri/cthecostofsealerforfinishingthejointsi/ccuttinggrindingcompleteinallrespectsasapprovedanddirectedbytheEngineerIncharge. i) 12"x18"/12"x24"/10"x24" /8"x24"/12"x36"								
	Toilet	2	2	7.5	+	5.5	7.00	364	Sft
	Toilet	2	2	5.5	+	7.5	7.00	364	Sft
	Toilet	2	2	8.5	+	8	7.00	462	Sft
	Toilet	2	2	6.25	+	7.75	7.00	392	Sft
							Total	**1582**	**Sft**
					@	211.95	**P-Sft**	**335305**	
4	Preparing surface and painting with emulsion paint 3 coats i/c Scraping Ordinary distemper, oil bound distemper, or paint of wall.								
	Entr:	1	2	23.25	+	15.75	8.00	624	Sft
		1	2	23.25	+	10	8.00	532	Sft
	Corridor	1	2	230	+	7.25	8.00	3796	Sft
	Stair & Hall	1	2	15.75	+	15	8.00	492	Sft
	Kitchen	1	2	9.625	+	7.5	8.00	274	Sft
	Toilet	1	2	7.5	+	5.5	8.00	208	Sft
	M.S	1	2	12	+	15.75	8.00	444	Sft
		1	2	12	+	15.75	8.00	444	Sft
		1	2	7.625	+	15.75	8.00	374	Sft
	M.O	1	2	11.08	+	15.75	8.00	429	Sft
	Accountant	1	2	16.25	+	15.75	8.00	512	Sft
	Firacher	1	2	9.5	+	7.5	8.00	143	Sft
	Toilet	1	2	5.5	+	7.5	8.00	83	Sft
	Sergen	1	2	12	+	15.75	8.00	378	Sft
	Waiting	1	2	20.5	+	15.75	8.00	580	Sft
	Dr.Room	1	2	21.25	+	15.75	8.00	592	Sft

Sr. No.	ITEM OF WORK		No	MEAUSERMENTS L		B	H	Qty.	
	Altrasound	1	2	8	+	15.75	8.00	372	Sft
	M.S.O Room	1	2	12	+	15.75	8.00	444	Sft
	Laib	1	2	8	+	15.75	8.00	372	Sft
	Corridor	2	2	34	+	7.25	8.00	660	Sft
	Dantel	1	2	16	+	15.75	8.00	508	Sft
	ST	1	2	8.5	+	8.5	8.00	272	Sft
	Toilet	1	2	8.5	+	8	8.00	264	Sft
	Stainery Store	1	2	16	+	12	8.00	448	Sft
	Eye Room	1	2	16	+	12	8.00	448	Sft
	Drug Inspector	1	2	16	+	14.625	8.00	490	Sft
	DDO	1	2	12.75	+	11.75	8.00	392	Sft
	Toilet	1	2	6.25	+	7.75	8.00	224	Sft
	DDO Room	1	2	19.91	+	20.5	8.00	816	Sft
	Corridor	1	2	50	+	4.25	8.00	425	Sft
							Total	**16040**	**Sft**
		1029.45	**785.45**	**785.45**	**@**	**2600.35**	**%Sft**	**417103**	
5	**Removing door with chowkat.**								
			1	40				40	No.
							Total	**40**	**No.**
					@	**376.20**	**P-Sft**	**15048**	
6	**Removing windows and sky lights with chowkat.**								
			1	50				50	No.
							Total	**50**	**No.**
					@	**294.35**	**P-Sft**	**14718**	
7	Providing and fixing 2 mm thick Double glazed aluminium windows of anodized bronze colour partly fixed and party sliding using deluxe section of 100mm x 40mm x2 mm using frame (70501) at bottom, (70502) at Top & Side made of Pakistan Cables/Alcop having Leaf Frame size 31mm x 60mm x2 mm (70506) at Top & Bottom, 35mm x 60mm x2 mm (70505) at center and 35mm x 60mm x2 mm(70503) at sides , fixing 5 mm thick imported tinted double glass and air tight using double tape, chemical strips, Silicon using approved latches, wheels for channel, stopper, brush channel angle joint and hardware etc.(excluding the cost of Fly Proofing). Complete in all respect as approved and directed by the Engineer Incharge.i/c ProvidingandfixingAluminumFlyscreencomprisingofFiber/Aluminumwireguaze(Malasian)fixedinaluminumframeofapprovedmanufacturerbrownzeColour/powdercoatedofsize1-1/2"x1/2"and1.6mmthickwithrubbergasketi/ccostofHardwaresasapprovedanddirectedbytheengineerincharge.completeinallrespect.								
			50	6	6			1800	Sft
							Total	**1800**	**Sft**
		1347.65	+	690.25	**@**	**2037.90**	**P-Sft**	**3668220**	
8	P/F1-1/2"thicksolidflushdoorcomprisingof2.5mmthickCommercialplycompressedover2.5mmthickcommercialplyover1"thickpackingwoodinstyleandrailsunderproperpressurei/cthecostofnails,towerbolt,handles,glue,sawingcharges,Paintingcharges,sandpaperingand3/8"thickmatchingwoodenlippingasapprovedanddirectedbytheEngineer Incharge.								
			40	3.5	7			980	Sft
			4	4	7			112	Sft
							Total	**1092**	**Sft**
					@	**453.75**	**P-Sft**	**495495**	
9	Cement plaster 1:4 upto 20' (6.00 m) height:- ½" (13 mm) thick								
			10	8	4			320	Sft
			15	12	3			540	Sft
			4	250	3			3000	Sft
							Total	**3860**	**Sft**
					@	**2657.50**	**%Sft**	**102580**	
10	Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate) Ratio 1:2:4.								
	Entr:		1	23.25	15.75	0.16		59	Cft
			1	23.25	10	0.16		37	Cft
	Corridor		1	230	7.25	0.16		267	Cft
	Stair & Hall		1	15.75	15	0.16		38	Cft
	Kitchen		1	9.625	7.5	0.16		12	Cft
	Toilet		1	7.5	5.5	0.16		7	Cft
	M.S		1	12	15.75	0.16		30	Cft
			1	12	15.75	0.16		30	Cft
			1	7.625	15.75	0.16		19	Cft
	M.O		1	11.08	15.75	0.16		28	Cft
	Accountant		1	16.25	15.75	0.16		41	Cft
	Firacher		1	9.5	7.5	0.16		11	Cft
	Toilet		1	5.5	7.5	0.16		7	Cft
	Sergen		1	12	15.75	0.16		30	Cft
	Waiting		1	20.5	15.75	0.16		52	Cft
	Dr.Room		1	21.25	15.75	0.16		54	Cft
	Altrasound		1	8	15.75	0.16		19	Cft
	M.S.O Room		1	12	15.75	0.16		30	Cft
	Laib		1	8	15.75	0.16		19	Cft

Sr. No.	ITEM OF WORK		No	MEAUSERMENTS L	B		H	Qty.	
	Corridor		2	34	7.25	0.16		79	Cft
	Dantel		1	16	15.75	0.16		40	Cft
	ST		1	8.5	8.5	0.16		12	Cft
	Toilet		1	8.5	8	0.16		11	Cft
	Stainery Store		1	16	12	0.16		31	Cft
	Eye Room		1	16	12	0.16		31	Cft
	Drug Inspector		1	16	14.625	0.16		37	Cft
	DDO		1	12.75	11.75	0.16		24	Cft
	Toilet		1	6.25	7.75	0.16		8	Cft
	DDO Room		1	19.91	20.5	0.16		65	Cft
	Corridor		1	50	4.25	0.16		34	Cft
							Total	**1162**	**Cft**
					@	**29158.80**	**%Cft**	**338825**	
11	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	27				810	Rft
							Total	**810**	**Rft**
					@	**689.15**	**P-Rft**	**558212**	
12	Providing and fitting cast iron specials, such as tee bend, collar, cross, etc. plain type:- cement caulked joint								
			30	3				90	No.
							Total	**90**	**No.**
					@	**221.30**	**Each**	**19917**	
13	Providing and applying weather shield paint of approved quality on external surface of building including preparation of surface, application of primer complete in all respect old surface two coats.								
			4	250	15			15000	Sft
			2	150	15			4500	Sft
							Total	19500	Sft
			3009.6	1750.2	**@**	**4759.80**	**%Sft**	**928161**	
14	S/E of Twin core PVC insulated copper conductor cable in prelaid PVC pipe 7/0.044"								
	For A.Cs		90	80				7200	Rft
							Total	**7200**	**Rft**
					@	**129.20**	**P-Rft**	**930240**	
ii	3/0.029"								
			70	80				5600	Rft
							Total	**5600**	**Rft**
					@	**35.45**	**P-Rft**	**198520**	
iii	7/0.029"								
			80	80				6400	Rft
							Total	**6400**	**Rft**
					@	**70.15**	**P-Rft**	**448960**	
15	Electrification + Public Health + Sui Gas (Plinth Area Rates 1st Bl Annual 2022 Notified Vide Chief Engineer Punjab Building Department Lahore)								
i	**Covered Area for Electrification**								
	Entr:		1	23.25	15.75			366	Sft
			1	23.25	10			233	Sft
	Corridor		1	230	7.25			1668	Sft
	Stair & Hall		1	15.75	15			236	Sft
	Kitchen		1	9.625	7.5			72	Sft
	Toilet		1	7.5	5.5			41	Sft
	M.S		1	12	15.75			189	Sft
			1	12	15.75			189	Sft
			1	7.625	15.75			120	Sft
	M.O		1	11.08	15.75			175	Sft
	Accountant		1	16.25	15.75			256	Sft
	Firacher		1	9.5	7.5			71	Sft
	Toilet		1	5.5	7.5			41	Sft
	Sergen		1	12	15.75			189	Sft
	Waiting		1	20.5	15.75			323	Sft
	Dr.Room		1	21.25	15.75			335	Sft
	Altrasound		1	8	15.75			118	Sft
	M.S.O Room		1	12	15.75			189	Sft
	Laib		1	8	15.75			118	Sft
	Corridor		2	34	7.25			493	Sft
	Dantel		1	16	15.75			252	Sft
	ST		1	8.5	8.5			72	Sft
	Toilet		1	8.5	8			68	Sft
	Stainery Store		1	16	12			192	Sft
	Eye Room		1	16	12			192	Sft
	Drug Inspector		1	16	14.625			234	Sft
	DDO		1	12.75	11.75			150	Sft
	Toilet		1	6.25	7.75			48	Sft
	DDO Room		1	19.91	20.5			408	Sft

Sr. No.	ITEM OF WORK		No	MEAUSERMENTS L	B		H	Qty.	
	Corridor		1	50	4.25			213	Sft
							Total	7251	Sft
					@	146.00	P-Sft	1058646	
ii	Covered Area for Public Health								
							Total	7251	Sft
					@	110.00	P-Sft	797610	
							Total Rs:	Rs. 10968289/-	
							3% Contigency	329049	
							Total Rs:	11297338	
							Say Rs:	Rs. 11297000/-	

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Taunsa Sharif

Executive Engineer
Buildings Division
Taunsa

Additional items

Sr. No.	ITEM OF WORK	No	MEAUSERMENTS L	B	H	Qty.	
1	P/L Salt'n Pepper (SPM 110) Light Polished SB of 24"x24" Master made tile laid in white cement over 1/2" thick c/s mortar 1:2 i/c filling of joints with matching pigment complete in all respect as approved and directed by the Engineer Incharge (For Floor).						
	Entr:	1	23.25	15.75		366	Sft
		1	23.25	10		233	Sft
	Corridor	1	230	7.25		1668	Sft
	Stair & Hall	1	15.75	15		236	Sft
	Kitchen	1	9.625	7.5		72	Sft
	M.S	1	12	15.75		189	Sft
		1	12	15.75		189	Sft
		1	7.625	15.75		120	Sft
	M.O	1	11.08	15.75		175	Sft
	Accountant	1	16.25	15.75		256	Sft
	Firacher	1	9.5	7.5		71	Sft
	Sergen	1	12	15.75		189	Sft
	Waiting	1	20.5	15.75		323	Sft
	Dr.Room	1	21.25	15.75		335	Sft
	Altrasound	1	8	15.75		118	Sft
	M.S.O Room	1	12	15.75		189	Sft
	Laib	1	8	15.75		118	Sft
	Corridor	2	34	7.25		493	Sft
	Dantel	1	16	15.75		252	Sft
	ST	1	8.5	8.5		72	Sft
	Stainery Store	1	16	12		192	Sft
	Eye Room	1	16	12		192	Sft
	Drug Inspector	1	16	14.625		234	Sft
	DDO	1	12.75	11.75		150	Sft
	DDO Room	1	19.91	20.5		408	Sft
	Corridor	1	50	4.25		213	Sft
		1	25	0.75		19	Sft
		4	8	1.125		36	Sft
					Total	**7108**	**Sft**
2	P/L Salt'n Pepper (SPM 110) Light Polished SB of 24"x24" Master made tile laid in white cement over 1/2" thick c/s mortar 1:2 i/c filling of joints with matching pigment complete in all respect as approved and directed by the Engineer Incharge (For Skirting).						
	Entr:	1	2	23.25	+ 15.75	4.00	312	Sft
		1	2	23.25	+ 10	4.00	266	Sft
	Corridor	1	2	230	+ 7.25	4.00	1898	Sft
	Stair & Hall	1	2	15.75	+ 15	4.00	246	Sft
	Kitchen	1	2	9.625	+ 7.5	4.00	137	Sft
	M.S	1	2	12	+ 15.75	4.00	222	Sft
		1	2	12	+ 15.75	4.00	222	Sft
		1	2	7.625	+ 15.75	4.00	187	Sft
	M.O	1	2	11.08	+ 15.75	4.00	215	Sft
	Accountant	1	2	16.25	+ 15.75	4.00	256	Sft
	Firacher	1	2	9.5	+ 7.5	4.00	136	Sft
	Sergen	1	2	12	+ 15.75	4.00	222	Sft
	Waiting	1	2	20.5	+ 15.75	4.00	290	Sft
	Dr.Room	1	2	21.25	+ 15.75	4.00	296	Sft
	Altrasound	1	2	8	+ 15.75	4.00	186	Sft
	M.S.O Room	1	2	12	+ 15.75	4.00	222	Sft
	Laib	1	2	8	+ 15.75	4.00	186	Sft
	Corridor	2	2	34	+ 7.25	4.00	660	Sft
	Dantel	1	2	16	+ 15.75	4.00	254	Sft
	ST	1	2	8.5	+ 8.5	4.00	136	Sft
	Stainery Store	1	2	16	+ 12	4.00	224	Sft
	Eye Room	1	2	16	+ 12	4.00	224	Sft
	Drug Inspector	1	2	16	+ 14.625	4.00	245	Sft
	DDO	1	2	12.75	+ 11.75	4.00	196	Sft
	DDO Room	1	2	19.91	+ 20.5	4.00	323	Sft
	Corridor	1	2	50	+ 4.25	4.00	434	Sft
		1	2	25	+ 0.75	4.00	206	Sft
		4	2	8	+ 1.125	4.00	292	Sft
						Total	**8693**	**Sft**

Sr. No.	ITEM OF WORK	No	MEAUSERMENTS L	B	H	Qty.	
3	Providing and fixing of False ceiling consisting of lamenated Gypsum Board (one side laminated)of size 600mm x 600 mmx 9-10 mm over ' aluminium Tee's 1"x 1"size at 2'-0"x2-0"center to center longituidlnally and transversally &alminium angle of size 1" x 1" at cornes/ends,including all accessries such as steel hanging wire, hooks, screws,nails, rowel plugs, Cross Joints etc. complete in all respect,and as approved by the Engineer Incharge								
	Entr:	1	23.25	15.75			366	Sft
		1	23.25	10			233	Sft
	Corridor	1	230	7.25			1668	Sft
	Stair & Hall	1	15.75	15			236	Sft
	Kitchen	1	9.625	7.5			72	Sft
	M.S	1	12	15.75			189	Sft
		1	12	15.75			189	Sft
		1	7.625	15.75			120	Sft
	M.O	1	11.08	15.75			175	Sft
	Accountant	1	16.25	15.75			256	Sft
	Firacher	1	9.5	7.5			71	Sft
	Sergen	1	12	15.75			189	Sft
	Waiting	1	20.5	15.75			323	Sft
	Dr.Room	1	21.25	15.75			335	Sft
	Altrasound	1	8	15.75			118	Sft
	M.S.O Room	1	12	15.75			189	Sft
	Laib	1	8	15.75			118	Sft
	Corridor	2	34	7.25			493	Sft
	Dantel	1	16	15.75			252	Sft
	ST	1	8.5	8.5			72	Sft
	Stainery Store	1	16	12			192	Sft
	Eye Room	1	16	12			192	Sft
	Drug Inspector	1	16	14.625			234	Sft
	DDO	1	12.75	11.75			150	Sft
	DDO Room	1	19.91	20.5			408	Sft
	Corridor	1	50	4.25			213	Sft
		1	25	0.75			19	Sft
		4	8	1.125			36	Sft
						Total	**7108**	**Sft**
4	Providing and fixing M.S grill for windows consisting of M.S Squar pipe 1-1/2"x1-1/2" frame and 1/2"x1/2" M.S square bar 6" centre to centre welded to each an other horizontaly / vertically i/c cost of holdfast fixed in P:C:C ratio 1:2:4 and painting 3 coats etc. complete in all respect and as approved by the Engineer Incharge								
		50	6	6			1800	Sft
		10	3.5	1.5			53	Sft
						Total	**1853**	**Sft**
5	Providng & Laying for Precast roof traetment with memerine complete in all respects as approved by the engineer incharge.							
		1	64	44			2816	Sft
		1	18	5.5			99	Sft
		1	43.75	3			131	Sft
		1	8	10			80	Sft
		1	44	27.5			1210	Sft
		1	50	86			4300	Sft
		1	102	27			2754	Sft
		1	43	27			1161	Sft
		1	20	20			400	Sft
						Total	**12951**	**Sft**
6	Providing and fixing all types of glazed open able aluminum double door partly glazed and partly fixed with aluminum corrugated strip for protection against stretcher hit comprising of anodized bronze colour using deluxe section of M/s Al-Cop or Pakistan Cables, having chowkat frame of size 100 x 44 mm x 2mm (D10) with leaf frame of top and bottom size 80mm x 44mm x 2mm (D33) Handles full width 2mm (D38B). corrugated aluminum strip all section of 2mm thickness i/c 6mm thick imported glass, imported hydraulic door closer, rubber gasket using approved quality stopper, angle joints and hardware etc. i/c cost of all labour & material complete in all respect approved by Engineer Incharge.(All aluminum section will be 2mm)								
		1	12	9			108	Sft
		2	7.25	9			131	Sft
						Total	**239**	**Sft**
7	Supply and erection of SMD Light 40 watts of size 2'x2' (Original design) etc complete in all respect as approved by the Engineer Inharge.							
							170	**No.**

Sr. No.	ITEM OF WORK	No	MEAUSERMENTS L	B	H	Qty.	
8	PROVIDING AND FIXING GLAZED COMMOD IN WALL FIX (PORTA HD 8801 WH) OF APPROVED COLOR AND DESIGN ETC COMPLETE AS APPROVED BY THE ENGINEER INCHARGE						
		5				5	No.
					Total	**5**	**No.**
9	Providing and fixing UPVC Doors 38mm thickness i/c Deluex matching color UPVC frame matt or glossy finish having color (white-Gray-Marble Gray-Oak Wood- Dark Oak Wood, Coffee Wood Honey Pine Wood-Mahagony-Marry Gold-Chocolate Brown-Honey Dew) i/c all accessories execpt locks complete in all respect as approval by the Engineer Incharge.						
	D3	10	2.5	7		175	Sft
					Total	**175**	**Sft**

Sub Engineer

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Buildings Sub Division
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REVISED DETAILED ESTIMATE FOR THE ESTABLISHMENT OF TRAMA CENTER IN D.H.Q HOSPITAL D.G.KHAN A.D.P NO 556 FOR THE YEAR 2009-10

GROUND FLOOR

S.No	Description of item	Quantity	Unit	Rate	Amount
1	*Distempering to new surface 3 coats*	*9443*	*%Sft*	1167.65	110261
2	*Painting to doors and windows new surface 3 coats.*	*1277*	*%Sft*	2303.25	29413
3	*Preparing surface and paiting with emulsion paint 3 coats.*	*28008*	*%Sft*	1814.9	508317
4	*ProvidingandlayingsuperbqualityCeramictilefloorsofMasterbrandofspecifiedsize,Glossy/Matt/Textureofapproved ColorandShadeasperapproveddesignwithadhesivebond,over3/4"thick(1;2)cementsandplasteri/cthecostofsealerforfinishingthejointsi/ccuttinggrindingcompleteinallrespectsandasapprovedanddirected by the Engineer Incharge. i) 12"x18"/12"x24"/10"x24" /8"x24"/12"x36"*	*333*	*P-Sft*	204.7	68165
5	*ProvidingandlayingsuperbqualityCeramictilesdadoofMasterbrandofspecifiedsize,Glossy/Matt/Textureskirting/dadoofapprovedColorandShadewithadhesivebondover1/2"thick(1:2)cementplasteri/cthecostofsealerforfinishingthejointsi/ccuttinggrindingcompleteinallrespectsasapprovedanddirectedbytheEngineerIncharge. i) 12"x18"/12"x24"/10"x24" /8"x24"/12"x36"*	*1236*	*P-Sft*	211.95	261970
6	Electrification + Public Health + Sui Gas (Plinth Area Rates 1st BI Annual 2022 Notified Vide Chief Engineer Punjab Building Department Lahore				
i	Covered Area for Electrification	9443	Each	146	1378678
i	Covered Area for Public Health	9443	Each	110	1038730
				Total	**3395534**
			3% Contigency		101866
				Total	**3497400**
				Say Rs.	**3497000**

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Taunsa Sharif

Executive Engineer
Buildings Division
TAUNSA

GROUND FLOOR

S.No	Description	No		L		B		H		Contents	Amount
1	Distempring to new surface 3 coats										
	EMO	1	x	15	x	18			=	270	Sft
	Exam	1	x	5	x	9.25			=	46	Sft
	Doctor Duty	1	x	8.625	x	18			=	155	Sft
	Watercoller	1	x	8.625	x	5.625			=	49	Sft
	Plate form	1	x	25.25	x	15.875			=	401	Sft
	Entrance	1	x	25.25	x	9.625			=	243	Sft
	Preparation	1	x	11	x	9			=	99	Sft
	UPS	1	x	11	x	8.625			=	95	Sft
	Labi	1	x	9	x	8.375			=	75	Sft
	Control room	1	x	9	x	11			=	99	Sft
	CT Scane	1	x	18	x	18			=	324	Sft
	Labi	1	x	18	x	8			=	144	Sft
	Labi	1	x	8.625	x	5.625			=	49	Sft
	Blood Bank	2	x	8.625	x	11.25			=	194	Sft
	Dark Room	1	x	5.25	x	6.375			=	33	Sft
	Film store	1	x	8.125	x	6.375			=	52	Sft
	X-Ray Room	1	x	23	x	16.125			=	371	Sft
	Radilogest	1	x	18	x	8			=	144	Sft
	Minor Operation	1	x	13.66	x	18			=	246	Sft
	Scarb up	2	x	8.25	x	8.625			=	142	Sft
	Plaster room	1	x	13.25	x	18			=	239	Sft
	Store	1	x	30	x	12.25			=	368	Sft
		1	x	18.625	x	7.25			=	135	Sft
	Labi	1	x	11	x	13			=	143	Sft
		1	x	18.625	x	5			=	93	Sft
	Staff Duty	2	x	8.625	x	18			=	311	Sft
	Madical ward	1	x	18	x	51.5			=	927	Sft
		1	x	5	x	20			=	100	Sft
	Dispensary	1	x	18	x	11.25			=	203	Sft
	Corredoor	1	x	18.75	x	8			=	150	Sft
	Crash Hall	1	x	66.75	x	20			=	1335	Sft
	Corredor	2	x	34	x	10			=	680	Sft
		1	x	66.75	x	10			=	668	Sft
	Ultra sound, stair hall	2	x	17.875	x	12.5			=	447	Sft
	Lav	1	x	8.625	x	12.75			=	110	Sft
	Bath	1	x	5	x	8			=	40	Sft
	Lav	1	x	13.5	x	10.25			=	138	Sft
		1	x	4.125	x	10.875			=	45	Sft
	Lift	1	x	8	x	10			=	80	Sft
									Total =	9443	Sft
2	Painting to doors and windows new surface 3 coats.										
	DW 1	1	x	5	x	9			=	45	Sft
		2	x	1	x	8.5			=	17	Sft
	D1	8	x	5	x	9			=	360	Sft
	D2	15	x	3.5	x	9			=	473	Sft

	D3,D6	*9*	*x*	*3*	*x*	*7*	= *189 Sft*
	D4	*10*	*x*	*2.5*	*x*	*7*	= *175 Sft*
	Nursing station	*2*	*x*	*3*	*x*	*3*	= *18 Sft*
							Total = *1277 Sft*
3	*Preparing surface and paiting with emulsion paint 3 coats.*						
	EMO	*2*	*x(*	*15*	*+*	*18)x*	*11.5* = *759 Sft*
	Exam	*2*	*x(*	*5*	*+*	*8)x*	*7* = *182 Sft*
	Doctor Duty	*2*	*x(*	*8.625*	*+*	*18)x*	*11.5* = *612 Sft*
	Preparation	*2*	*x(*	*11*	*+*	*9)x*	*7* = *280 Sft*
	UPS	*2*	*x(*	*11*	*+*	*8.625)x*	*11.5* = *451 Sft*
	Control Room	*2*	*x(*	*9*	*+*	*11)x*	*11.5* = *460 Sft*
	Labi	*2*	*x(*	*9*	*+*	*8.375)x*	*7* = *243 Sft*
	Ct Scan	*2*	*x(*	*18*	*+*	*18)x*	*7* = *504 Sft*
	Lav	*2*	*x(*	*18*	*+*	*8)x*	*7* = *364 Sft*
	Blood Bank	*4*	*x(*	*8.833*	*+*	*11.25)x*	*7* = *562 Sft*
	Labi	*2*	*x(*	*8.833*	*+*	*5.625)x*	*7* = *202 Sft*
	Dark Room	*2*	*x(*	*5.25*	*+*	*6.375)x*	*11.5* = *267 Sft*
	Film Store	*2*	*x(*	*8.125*	*+*	*6.375)x*	*11.5* = *334 Sft*
	Y-Ray Room	*2*	*x(*	*23*	*+*	*16.125)x*	*11.5* = *900 Sft*
	Radilogest	*2*	*x(*	*18*	*+*	*12.25)x*	*7* = *424 Sft*
	C Labi	*2*	*x(*	*18*	*+*	*8)x*	*7* = *364 Sft*
	Scrbe up	*4*	*x(*	*4.25*	*+*	*8.625)x*	*7* = *361 Sft*
	Minor Operation	*2*	*x(*	*13.66*	*+*	*18)x*	*11.5* = *728 Sft*
	Plaster Room	*2*	*x(*	*13.25*	*+*	*18)x*	*7* = *438 Sft*
	Store	*2*	*x(*	*30*	*+*	*12.25)x*	*11.5* = *972 Sft*
		2	*x(*	*18.625*	*+*	*7.25)x*	*11.5* = *595 Sft*
	Labi	*2*	*x(*	*12*	*+*	*13)x*	*7* = *350 Sft*
	Staff Duty, Nurse Duty	*4*	*x(*	*8.625*	*+*	*18)x*	*11.5* = *1225 Sft*
	Medical Ward	*2*	*x(*	*18*	*+*	*51)x*	*7* = *966 Sft*
		2	*x*	*5*	*x*	*7*	= *70 Sft*
	Dispensary	*2*	*x(*	*18*	*+*	*11.25)x*	*7* = *410 Sft*
	Side Entrance Labi	*2*	*x*	*18.75*	*x*	*7*	= *263 Sft*
		1	*x*	*13.625*	*x*	*8.625*	= *118 Sft*
	Crush Hall	*2*	*x*	*66.75*	*x*	*7*	= *935 Sft*
		2	*x*	*9.625*	*x*	*7*	= *135 Sft*
		2	*x*	*46.75*	*x*	*7*	= *655 Sft*
	Corredoor	*2*	*x*	*56*	*x*	*7*	= *784 Sft*
		2	*x*	*34*	*x*	*7*	= *476 Sft*
	Plate Form	*1*	*x*	*25.25*	*x*	*7*	= *177 Sft*
		2	*x*	*9.625*	*x*	*7*	= *135 Sft*
	Ultrasound/ stair hall	*4*	*x(*	*17.875*	*+*	*12.5)x*	*7* = *851 Sft*
	Lav	*2*	*x(*	*8.625*	*+*	*6.375)x*	*7* = *210 Sft*
	Wc	*4*	*x(*	*4.25*	*+*	*6)x*	*7* = *287 Sft*
	Bath	*2*	*x(*	*5*	*+*	*8)x*	*7* = *182 Sft*
	WC	*8*	*x(*	*4.125*	*+*	*5)x*	*7* = *511 Sft*
		2	*x(*	*13.5*	*+*	*5.5)x*	*7* = *266 Sft*
		2	*x(*	*4.125*	*+*	*5.5)x*	*7* = *135 Sft*
	Toilet	*2*	*x(*	*4*	*+*	*6)x*	*7* = *140 Sft*
	Lift	*2*	*x(*	*8*	*+*	*10)x*	*12* = *432 Sft*
		2	*x(*	*8*	*+*	*2)x*	*12* = *240 Sft*
	Passio out side	*2*	*x(*	*45.25*	*+*	*19.25)x*	*12.5* = *1613 Sft*
	outside main building	*2*	*x(*	*120*	*+*	*110)x*	*14* = *6440 Sft*
							Total = ***28008*** *Sft*

4	*Laying floor of approved coloured glazed tiles ¼ "(6 mm) thick, laid in white cement and pigment on a bed of ¾"(20 mm) thick cement mortar 1:2.*						
	Lav	*1 x*	*8.625 x*	*12.75*		=	*110 Sft*
	Bath	*1 x*	*5 x*	*8*		=	*40 Sft*
	Lav	*1 x*	*13.5 x*	*10.25*		=	*138 Sft*
		1 x	*4.125 x*	*10.875*		=	*45 Sft*
					Total	=	*333 Sft*
5	*Coloured glazed tile dado (6"x6"¼") (6mm) thick in pigment over 1:2 cement, sand mortar 3/4"(20mm) thick, including*						
	Lav	*2 x(*	*8.625 +*	*6.375)x*	*5*	=	*150 Sft*
	Wc	*4 x(*	*4.25 +*	*6)x*	*5*	=	*205 Sft*
	Bath	*2 x(*	*5 +*	*8)x*	*5*	=	*130 Sft*
	WC	*8 x(*	*4.125 +*	*5)x*	*5*	=	*365 Sft*
		2 x(	*13.5 +*	*5.5)x*	*5*	=	*190 Sft*
		2 x(	*4.125 +*	*5.5)x*	*5*	=	*96 Sft*
	Toilet	*2 x(*	*4 +*	*6)x*	*5*	=	*100 Sft*
					Total	=	*1236 Sft*
5	*Electrification + Public Health + Sui Gas (Plinth Area Rates 2nd BI Annual 2021 Notified Vide Chief Engineer Punjab Building Department Lahore for 2nd Bi Annual Period 2021 Covered Area for Electrification*						
	EMO	*1 x*	*15 x*	*18*		=	*270 Sft*
	Exam	*1 x*	*5 x*	*9.25*		=	*46 Sft*
	Doctor Duty	*1 x*	*8.625 x*	*18*		=	*155 Sft*
	Watercoller	*1 x*	*8.625 x*	*5.625*		=	*49 Sft*
	Plate form	*1 x*	*25.25 x*	*15.875*		=	*401 Sft*
	Entrance	*1 x*	*25.25 x*	*9.625*		=	*243 Sft*
	Preparation	*1 x*	*11 x*	*9*		=	*99 Sft*
	UPS	*1 x*	*11 x*	*8.625*		=	*95 Sft*
	Labi	*1 x*	*9 x*	*8.375*		=	*75 Sft*
	Control room	*1 x*	*9 x*	*11*		=	*99 Sft*
	CT Scane	*1 x*	*18 x*	*18*		=	*324 Sft*
	Labi	*1 x*	*18 x*	*8*		=	*144 Sft*
	Labi	*1 x*	*8.625 x*	*5.625*		=	*49 Sft*
	Blood Bank	*2 x*	*8.625 x*	*11.25*		=	*194 Sft*
	Dark Room	*1 x*	*5.25 x*	*6.375*		=	*33 Sft*
	Film store	*1 x*	*8.125 x*	*6.375*		=	*52 Sft*
	X-Ray Room	*1 x*	*23 x*	*16.125*		=	*371 Sft*
	Radilogest	*1 x*	*18 x*	*8*		=	*144 Sft*
	Minor Operation	*1 x*	*13.66 x*	*18*		=	*246 Sft*
	Scarb up	*2 x*	*8.25 x*	*8.625*		=	*142 Sft*
	Plaster room	*1 x*	*13.25 x*	*18*		=	*239 Sft*
	Store	*1 x*	*30 x*	*12.25*		=	*368 Sft*
		1 x	*18.625 x*	*7.25*		=	*135 Sft*
	Labi	*1 x*	*11 x*	*13*		=	*143 Sft*
		1 x	*18.625 x*	*5*		=	*93 Sft*
	Staff Duty	*2 x*	*8.625 x*	*18*		=	*311 Sft*
	Madical ward	*1 x*	*18 x*	*51.5*		=	*927 Sft*

	1	x	5	x	20	= 100 Sft
Dispensary	1	x	18	x	11.25	= 203 Sft
Corredoor	1	x	18.75	x	8	= 150 Sft
Crash Hall	1	x	66.75	x	20	= 1335 Sft
Corredor	2	x	34	x	10	= 680 Sft
	1	x	66.75	x	10	= 668 Sft
Ultra sound, stair hall	2	x	17.875	x	12.5	= 447 Sft
Lav	1	x	8.625	x	12.75	= 110 Sft
Bath	1	x	5	x	8	= 40 Sft
Lav	1	x	13.5	x	10.25	= 138 Sft
	1	x	4.125	x	10.875	= 45 Sft
Lift	1	x	8	x	10	= 80 Sft
					Total	= 9443 Sft

ii Covered Area for Public Health

Take Qty above same 9443 Sft

Total = 9443 Sft

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Taunsa Sharif

Executive Engineer
Buildings Division
Taunsa

GROUND FLOOR

S.No	Description	No		L		B		H		Contents	Amount
1	*Providing and fixing at site of all type of glazed aluminum door of anodized bronze colour partly fixed and fixed sliding using deluxe section of m.s al-cop of pakistan cables having frame of size 100 mm x 30 mm x 2 mm using frame (dc26) at bottom, (dc30) at tope & side leaf frame size 60mm x 23mm x 1.6mm (m24) at top & bottom, and size 45mm x 25mm x 2 mm at center and size 45mm x 25mm x 1.6mm (m23) at sides, jali leaf frame (d29) size 43mm x 13mm x 2 mm all section of 2 mm thickness i/c 5mm thick imported, fine quality aluminum wire gauze jali 5mm tinted glass with rubber gasket using approved standard latches, wheel stopper, brush channel angle joint and hardware etc as per design i/c fly proffing in aluminum window consisting of anozied bons colour frame having size 50 x 20 mm i/c aluminum wire guze (Opel) i/c all cost of material carriage etc complete in all respect as approved by the engineer incharge.*										
	D1	*3*	*x*	*5*	*x*	*9*		=		*135*	*Sft*
		3	*x*	*10*	*x*	*10.75*		=		*323*	*Sft*
								Total	**=**	***458***	***Sft***
2	*P/L Marble flooring booti sena (Cream)consisting of 12''x12''x3/4''marble tiles laid over 3/4" thick bed ofcement sand mortar 1:2 i/c chemical polish etc complete in all respect as per approved by the Engieer Inchrge.*										
	Porch	*1*	*x*	*26.75*	*x*	*19*		=		*508*	*Sft*
		1	*x*	*10*	*x*	*3*		=		*30*	*Sft*
								Total	**=**	***538***	***Sft***
3	*P/L Prepolished Marble flooring booti sena(Cream) having size of above 2' ,3/4'' thick marble tiles laid over 3/4: thick bed of cement sand mortar 1:2 etc complete in all respect as per approved by the Engieer Inchrge.*										
	Steps	*3*	*x*	*21.75*	*x*	*1.5*		=		*98*	*Sft*
		3	*x*	*10*	*x*	*1.5*		=		*45*	*Sft*
		3	*x*	*4*	*x*	*1.5*		=		*18*	*Sft*
	Nursing station	*1*	*x*	*22*	*x*	*2*		=		*44*	*Sft*
	Dispensary	*1*	*x*	*34*	*x*	*2*		=		*68*	*Sft*
	Nursing counter	*1*	*x*	*8*	*x*	*2*		=		*16*	*Sft*
	Store	*1*	*x*	*40*	*x*	*2*		=		*80*	*Sft*
		1	*x*	*23*	*x*	*2*		=		*46*	*Sft*
	Scrab up	*2*	*x*	*8.625*	*x*	*2*		=		*35*	*Sft*
	Film store	*1*	*x*	*12*	*x*	*2*		=		*24*	*Sft*
	Lav	*1*	*x*	*24*	*x*	*2*		=		*48*	*Sft*
	Stair case	*24*	*x*	*5*	*x*	*1.5*		=		*180*	*Sft*
		2	*x*	*5*	*x*	*5*		=		*50*	*Sft*
								Total	**=**	***752***	***Sft***

4 *P/F Porclain tile flooring*
16"x 16" x 3/8" MASTER made
laid over 3/4'' thick cement sand mortar
1:3 complete in all respect and
as approved by the Engineer Incharge

EMO	*1*	*x*	*15*	*x*	*18*	= *270 Sft*
Exam	*1*	*x*	*5*	*x*	*9.25*	= *46 Sft*
Doctor Duty	*1*	*x*	*8.625*	*x*	*18*	= *155 Sft*
Watercoller	*1*	*x*	*8.625*	*x*	*5.625*	= *49 Sft*
Plate form	*1*	*x*	*25.25*	*x*	*15.875*	= *401 Sft*
Entrance	*1*	*x*	*25.25*	*x*	*9.625*	= *243 Sft*
Preparation	*1*	*x*	*11*	*x*	*9*	= *99 Sft*
UPS	*1*	*x*	*11*	*x*	*8.625*	= *95 Sft*
Labi	*1*	*x*	*9*	*x*	*8.375*	= *75 Sft*
Control room	*1*	*x*	*9*	*x*	*11*	= *99 Sft*
CT Scane	*1*	*x*	*18*	*x*	*18*	= *324 Sft*
Labi	*1*	*x*	*18*	*x*	*8*	= *144 Sft*
Labi	*1*	*x*	*8.625*	*x*	*5.625*	= *49 Sft*
Blood Bank	*2*	*x*	*8.625*	*x*	*11.25*	= *194 Sft*
					Total	= *2243 Sft*

5 *P/F Porclain tile Skirting*
16"x 16" x 3/8" MASTER made
laid over 3/4'' thick cement sand plaster
1:3 complete in all respect and
as approved by the Engineer Incharge

EMO	*2*	*x(*	*15*	*+*	*18* *)x*	*0.5*	= *33 Sft*
Exam	*2*	*x(*	*5*	*+*	*8* *)x*	*5*	= *130 Sft*
Doctor Duty	*2*	*x(*	*8.625*	*+*	*18* *)x*	*0.5*	= *27 Sft*
Preparation	*2*	*x(*	*11*	*+*	*9* *)x*	*5*	= *200 Sft*
UPS	*2*	*x(*	*11*	*+*	*8.625* *)x*	*0.5*	= *20 Sft*
Control Room	*2*	*x(*	*9*	*+*	*11* *)x*	*0.5*	= *20 Sft*
Labi	*2*	*x(*	*9*	*+*	*8.375* *)x*	*5*	= *174 Sft*
Ct Scan	*2*	*x(*	*18*	*+*	*18* *)x*	*5*	= *360 Sft*
Lav	*2*	*x(*	*18*	*+*	*8* *)x*	*5*	= *260 Sft*
Blood Bank	*4*	*x(*	*8.833*	*+*	*11.25* *)x*	*5*	= *402 Sft*
						Total	= ***1626 Sft***

9 *Providing and fixing stair railing of stainless steel*
design ic bends and corners
welded with M.S flat 1''x1/8''
fix in step of stairs etc complete in all
respect and as approved by the Engineer Incharge

Outerramp	*2*	*x*	*16*	-		= *32 Rft*
Ramp	*1*	*x*	*99.5*	-		= *100 Rft*
Stair	*1*	*x*	*27*	-		= *27 Rft*
					Total	= ***159 Rft***

12 *Providng and fixing false ceiling*
of Plaster of paris havinf size 2'x2'
as approved by the Engineer Inchagre

EMO	*1*	*x*	*15*	*x*	*18*	= *270 Sft*
Exam	*1*	*x*	*5*	*x*	*9.25*	= *46 Sft*
Doctor Duty	*1*	*x*	*8.625*	*x*	*18*	= *155 Sft*
Watercoller	*1*	*x*	*8.625*	*x*	*5.625*	= *49 Sft*
Plate form	*1*	*x*	*25.25*	*x*	*15.875*	= *401 Sft*

Entrance	1 x	25.25 x	9.625		=	243 Sft
Preparation	1 x	11 x	9		=	99 Sft
UPS	1 x	11 x	8.625		=	95 Sft
Labi	1 x	9 x	8.375		=	75 Sft
Control room	1 x	9 x	11		=	99 Sft
CT Scane	1 x	18 x	18		=	324 Sft
Labi	1 x	18 x	8		=	144 Sft
Labi	1 x	8.625 x	5.625		=	49 Sft
Blood Bank	2 x	8.625 x	11.25		=	194 Sft
Dark Room	1 x	5.25 x	6.375		=	33 Sft
Film store	1 x	8.125 x	6.375		=	52 Sft
X-Ray Room	1 x	23 x	16.125		=	371 Sft
Radilogest	1 x	18 x	8		=	144 Sft
Minor Operation	1 x	13.66 x	18		=	246 Sft
Scarb up	2 x	8.25 x	8.625		=	142 Sft
Plaster room	1 x	13.25 x	18		=	239 Sft
Store	1 x	30 x	12.25		=	368 Sft
	1 x	18.625 x	7.25		=	135 Sft
Labi	1 x	11 x	13		=	143 Sft
	1 x	18.625 x	5		=	93 Sft
Staff Duty	2 x	8.625 x	18		=	311 Sft
Madical ward	1 x	18 x	51.5		=	927 Sft
	1 x	5 x	20		=	100 Sft
Dispensary	1 x	18 x	11.25		=	203 Sft
Corredoor	1 x	18.75 x	8		=	150 Sft
Crash Hall	1 x	66.75 x	20		=	1335 Sft
Corredor	2 x	34 x	10		=	680 Sft
	1 x	66.75 x	10		=	668 Sft
Ultra sound, stair hall	2 x	17.875 x	12.5		=	447 Sft
Lav	1 x	8.625 x	12.75		=	110 Sft
Bath	1 x	5 x	8		=	40 Sft
Lav	1 x	13.5 x	10.25		=	138 Sft
	1 x	4.125 x	10.875		=	45 Sft
Lift	1 x	8 x	10		=	80 Sft
				Total	=	9443 Sft
Deduction	1 x	8.625 x	12.75		=	110 Sft
	1 x	5 x	8		=	40 Sft
	1 x	13.5 x	10.25		=	138 Sft
	1 x	4.125 x	10.875		=	45 Sft
				Total	=	333 Sft
				Net	=	9110 Sft

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Taunsa Sharif

Executive Engineer
Buildings Division
Taunsa

GROUND FLOOR

S.No	Description of item	Quantity	Unit	Rate	Amount
1	*Distempring to new surface 3 coats*	*15378*	*%Sft*	1167.65	179561
2	*Painting to doors and windows new surface 3 coats.*	*1277*	*%Sft*	2303.25	29413
3	*Preparing surface and paiting with emulsion paint 3 coats.*	*19283*	*%Sft*	1814.9	349967
4	*Laying floor of approved coloured glazed tiles ¼ "(6 mm) thick, laid in white cement and pigment on a bed of ¾"(20 mm) thick cement mortar 1:2.*	*333*	*%Sft*	204.7	682
5	*Coloured glazed tile dado (6"x6"¼") (6mm) thick in pigment over 1:2 cement, sand mortar 3/4"(20mm) thick, including finishing.*	*1236*	*%Sft*	211.95	2620
6	Electrification + Public Health + Sui Gas (Plinth Area Rates 2nd Bi Annual 2021 Notified Vide Chief Engineer Punjab Building Department Lahore for 2nd Bi Annual Period 2021				
i	Covered Area for Electrification	15378	Each	146	2245188
i	Covered Area for Public Health	15378	Each	110	1691580
				Total	**4499010**
			3% Contigency		**134970**
				Total	**4633981**
				Say Rs.	**4634000**

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Taunsa Sharif

Executive Engineer
Buildings Division
Taunsa

FIRST FLOOR

S.No	Description	No		L		B		H		Contents	Amount
1	Distempring to new surface 3 coats										
	EMO	2	x	15	x	18			=	540	Sft
	Exam	2	x	5	x	8			=	80	Sft
	Doctor Duty	2	x	8.625	x	18			=	311	Sft
	Preparation	2	x	11	x	9			=	198	Sft
	UPS	2	x	11	x	8.625			=	190	Sft
	Control Room	2	x	9	x	11			=	198	Sft
	Labi	2	x	9	x	8.375			=	151	Sft
	Ct Scan	2	x	18	x	18			=	648	Sft
	Lav	2	x	18	x	8			=	288	Sft
	Blood Bank	4	x	8.833	x	11.25			=	397	Sft
	Labi	2	x	8.833	x	5.625			=	99	Sft
	Dark Room	2	x	5.25	x	6.375			=	67	Sft
	Film Store	2	x	8.125	x	6.375			=	104	Sft
	Y-Ray Room	2	x	23	x	16.125			=	742	Sft
	Radilogest	2	x	18	x	12.25			=	441	Sft
	C Labi	2	x	18	x	8			=	288	Sft
	Scrbe up	4	x	4.25	x	8.625			=	147	Sft
	Minor Operation	2	x	13.66	x	18			=	492	Sft
	Plaster Room	2	x	13.25	x	18			=	477	Sft
	Store	2	x	30	x	12.25			=	735	Sft
		2	x	18.625	x	7.25			=	270	Sft
	Labi	2	x	12	x	13			=	312	Sft
	Staff Duty, Nurse Duty	4	x	8.625	x	18			=	621	Sft
	Medical Ward	2	x	18	x	51			=	1836	Sft
		2	x	5	x	7			=	70	Sft
	Dispensary	2	x	18	x	11.25			=	405	Sft
	Side Entrance Labi	2	x	18.75	x	7			=	263	Sft
		1	x	13.625	x	8.625			=	118	Sft
	Crush Hall	2	x	66.75	x	7			=	935	Sft
		2	x	9.625	x	7			=	135	Sft
		2	x	46.75	x	7			=	655	Sft
	Corredoor	2	x	56	x	7			=	784	Sft
		2	x	34	x	7			=	476	Sft
	Plate Form	1	x	25.25	x	7			=	177	Sft
		2	x	9.625	x	7			=	135	Sft
	Ultrasound/ stair hall	4	x	17.875	x	12.5			=	894	Sft
	Lav	2	x	8.625	x	6.375			=	110	Sft
	Wc	4	x	4.25	x	6			=	102	Sft
	Bath	2	x	5	x	8			=	80	Sft
	WC	8	x	4.125	x	5			=	165	Sft
		2	x	13.5	x	5.5			=	149	Sft
		2	x	4.125	x	5.5			=	45	Sft
	Toilet	2	x	4	x	6			=	48	Sft
									Total =	15378	Sft

2	*Painting to doors and windows new surface 3 coats.*					
	DW 1	1 x	5 x	9	=	45 Sft
		2 x	1 x	8.5	=	17 Sft
	D1	8 x	5 x	9	=	360 Sft
	D2	15 x	3.5 x	9	=	473 Sft
	D3,D6	9 x	3 x	7	=	189 Sft
	D4	10 x	2.5 x	7	=	175 Sft
	Nursing station	2 x	3 x	3	=	18 Sft
					Total =	1277 Sft
3	*Preparing surface and paiting with emulsion paint 3 coats.*					
	EMO	2 x(	15 +	18)x	11.5 =	759 Sft
	Exam	2 x(	5 +	8)x	7 =	182 Sft
	Doctor Duty	2 x(	8.625 +	18)x	11.5 =	612 Sft
	Preparation	2 x(	11 +	9)x	7 =	280 Sft
	UPS	2 x(	11 +	8.625)x	11.5 =	451 Sft
	Control Room	2 x(	9 +	11)x	11.5 =	460 Sft
	Labi	2 x(	9 +	8.375)x	7 =	243 Sft
	Ct Scan	2 x(	18 +	18)x	7 =	504 Sft
	Lav	2 x(	18 +	8)x	7 =	364 Sft
	Blood Bank	4 x(	8.833 +	11.25)x	7 =	562 Sft
	Labi	2 x(	8.833 +	5.625)x	7 =	202 Sft
	Dark Room	2 x(	5.25 +	6.375)x	11.5 =	267 Sft
	Film Store	2 x(	8.125 +	6.375)x	11.5 =	334 Sft
	Y-Ray Room	2 x(	23 +	16.125)x	11.5 =	900 Sft
	Radilogest	2 x(	18 +	12.25)x	7 =	424 Sft
	C Labi	2 x(	18 +	8)x	7 =	364 Sft
	Scrbe up	4 x(	4.25 +	8.625)x	7 =	361 Sft
	Minor Operation	2 x(	13.66 +	18)x	11.5 =	728 Sft
	Plaster Room	2 x(	13.25 +	18)x	7 =	438 Sft
	Store	2 x(	30 +	12.25)x	11.5 =	972 Sft
		2 x(	18.625 +	7.25)x	11.5 =	595 Sft
	Labi	2 x(	12 +	13)x	7 =	350 Sft
	Staff Duty, Nurse Duty	4 x(	8.625 +	18)x	11.5 =	1225 Sft
	Medical Ward	2 x(	18 +	51)x	7 =	966 Sft
		2 x	5 x	7	=	70 Sft
	Dispensary	2 x(	18 +	11.25)x	7 =	410 Sft
	Side Entrance Labi	2 x	18.75 x	7	=	263 Sft
		1 x	13.625 x	8.625	=	118 Sft
	Crush Hall	2 x	66.75 x	7	=	935 Sft
		2 x	9.625 x	7	=	135 Sft
		2 x	46.75 x	7	=	655 Sft
	Corredoor	2 x	56 x	7	=	784 Sft
		2 x	34 x	7	=	476 Sft
	Plate Form	1 x	25.25 x	7	=	177 Sft
		2 x	9.625 x	7	=	135 Sft
	Ultrasound/ stair hall	4 x(	17.875 +	12.5)x	7 =	851 Sft
	Lav	2 x(	8.625 +	6.375)x	7 =	210 Sft
	Wc	4 x(	4.25 +	6)x	7 =	287 Sft
	Bath	2 x(	5 +	8)x	7 =	182 Sft
	WC	8 x(	4.125 +	5)x	7 =	511 Sft
		2 x(	13.5 +	5.5)x	7 =	266 Sft
		2 x(	4.125 +	5.5)x	7 =	135 Sft

	Toilet	2	*x(*	4	+	6	*)x*	7 = 140 *Sft*
								Total = **19283** *Sft*
4	*Laying floor of approved coloured glazed tiles ¼ "(6 mm) thick, laid in white cement and pigment on a bed of ¾"(20 mm) thick cement mortar 1:2.*							
	Lav	1	*x*	8.625	*x*	12.75		= 110 *Sft*
	Bath	1	*x*	5	*x*	8		= 40 *Sft*
	Lav	1	*x*	13.5	*x*	10.25		= 138 *Sft*
		1	*x*	4.125	*x*	10.875		= 45 *Sft*
							Total	= 333 *Sft*
5	*Coloured glazed tile dado (6"x6"¼") (6mm) thick in pigment over 1:2 cement, sand mortar 3/4"(20mm) thick, including finishing.*							
	Lav	2	*x(*	8.625	+	6.375	*)x*	5 = 150 *Sft*
	Wc	4	*x(*	4.25	+	6	*)x*	5 = 205 *Sft*
	Bath	2	*x(*	5	+	8	*)x*	5 = 130 *Sft*
	WC	8	*x(*	4.125	+	5	*)x*	5 = 365 *Sft*
		2	*x(*	13.5	+	5.5	*)x*	5 = 190 *Sft*
		2	*x(*	4.125	+	5.5	*)x*	5 = 96 *Sft*
	Toilet	2	*x(*	4	+	6	*)x*	5 = 100 *Sft*
							Total	= 1236 *Sft*
6	*Electrification + Public Health + Sui Gas (Plinth Area Rates 2nd BI Annual 2021 Notified Vide Chief Engineer Punjab Building Department Lahore for 2nd Bi Annual Period 2021 Covered Area for Electrification*							
	EMO	2	*x*	15	*x*	18		= 540 *Sft*
	Exam	2	*x*	5	*x*	8		= 80 *Sft*
	Doctor Duty	2	*x*	8.625	*x*	18		= 311 *Sft*
	Preparation	2	*x*	11	*x*	9		= 198 *Sft*
	UPS	2	*x*	11	*x*	8.625		= 190 *Sft*
	Control Room	2	*x*	9	*x*	11		= 198 *Sft*
	Labi	2	*x*	9	*x*	8.375		= 151 *Sft*
	Ct Scan	2	*x*	18	*x*	18		= 648 *Sft*
	Lav	2	*x*	18	*x*	8		= 288 *Sft*
	Blood Bank	4	*x*	8.833	*x*	11.25		= 397 *Sft*
	Labi	2	*x*	8.833	*x*	5.625		= 99 *Sft*
	Dark Room	2	*x*	5.25	*x*	6.375		= 67 *Sft*
	Film Store	2	*x*	8.125	*x*	6.375		= 104 *Sft*
	Y-Ray Room	2	*x*	23	*x*	16.125		= 742 *Sft*
	Radilogest	2	*x*	18	*x*	12.25		= 441 *Sft*
	C Labi	2	*x*	18	*x*	8		= 288 *Sft*
	Scrbe up	4	*x*	4.25	*x*	8.625		= 147 *Sft*
	Minor Operation	2	*x*	13.66	*x*	18		= 492 *Sft*
	Plaster Room	2	*x*	13.25	*x*	18		= 477 *Sft*
	Store	2	*x*	30	*x*	12.25		= 735 *Sft*
		2	*x*	18.625	*x*	7.25		= 270 *Sft*
	Labi	2	*x*	12	*x*	13		= 312 *Sft*
	Staff Duty, Nurse Duty	4	*x*	8.625	*x*	18		= 621 *Sft*

Medical Ward	2	x	18	x	51	= 1836 Sft
	2	x	5	x	7	= 70 Sft
Dispensary	2	x	18	x	11.25	= 405 Sft
Side Entrance Labi	2	x	18.75	x	7	= 263 Sft
	1	x	13.625	x	8.625	= 118 Sft
Crush Hall	2	x	66.75	x	7	= 935 Sft
	2	x	9.625	x	7	= 135 Sft
	2	x	46.75	x	7	= 655 Sft
Corredoor	2	x	56	x	7	= 784 Sft
	2	x	34	x	7	= 476 Sft
Plate Form	1	x	25.25	x	7	= 177 Sft
	2	x	9.625	x	7	= 135 Sft
Ultrasound/ stair hall	4	x	17.875	x	12.5	= 894 Sft
Lav	2	x	8.625	x	6.375	= 110 Sft
Wc	4	x	4.25	x	6	= 102 Sft
Bath	2	x	5	x	8	= 80 Sft
WC	8	x	4.125	x	5	= 165 Sft
	2	x	13.5	x	5.5	= 149 Sft
	2	x	4.125	x	5.5	= 45 Sft
Toilet	2	x	4	x	6	= 48 Sft
						Total = 15378 Sft

ii *Covered Area for Public Health*

Take Qty above same 15378 Sft

Total = 15378 Sft

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Taunsa Sharif

Executive Engineer
Buildings Division
Taunsa

FIRST FLOOR

S.No	Description	No		L		B		H		Contents	Amount
1	*Providing and fixing at site of all type of glazed aluminum door of anodized bronze colour partly fixed and fixed sliding using deluxe section of m.s al-cop of pakistan cables having frame of size 100 mm x 30 mm x 2 mm using frame (dc26) at bottom, (dc30) at tope & side leaf frame size 60mm x 23mm x 1.6mm (m24) at top & bottom, and size 45mm x 25mm x 2 mm at center and size 45mm x 25mm x 1.6mm (m23) at sides, jali leaf frame (d29) size 43mm x 13mm x 2 mm all section of 2 mm thickness i/c 5mm thick imported, fine quality aluminum wire gauze jali 5mm tinted glass with rubber gasket using approved standard latches, wheel stopper, brush channel angle joint and hardware etc as per design i/c fly proffing in aluminum window consisting of anozied bons colour frame having size 50 x 20 mm i/c aluminum wire guze (Opel) i/c all cost of material carriage etc complete in all respect as approved by the engineer incharge.*										
	D1	*3*	*x*	*5*	*x*	*9*		=		*135*	*Sft*
		3	*x*	*10*	*x*	*10.75*		=		*323*	*Sft*
								Total	**=**	***458***	***Sft***
27	*P/L Marble flooring booti sena (Cream)consisting of 12''x12''x3/4''marble tiles laid over 3/4" thick bed ofcement sand mortar 1:2 i/c chemical polish etc complete in all respect as per approved by the Engieer Inchrge.*										
	Porch	*1*	*x*	*26.75*	*x*	*19*		=		*508*	*Sft*
		1	*x*	*10*	*x*	*3*		=		*30*	*Sft*
								Total	**=**	***538***	***Sft***
ii	*P/L Prepolished Marble flooring booti sena(Cream) having size of above 2' ,3/4'' thick marble tiles laid over 3/4: thick bed of cement sand mortar 1:2 etc complete in all respect as per approved by the Engieer Inchrge.*										
	Steps	*3*	*x*	*21.75*	*x*	*1.5*		=		*98*	*Sft*
		3	*x*	*10*	*x*	*1.5*		=		*45*	*Sft*
		3	*x*	*4*	*x*	*1.5*		=		*18*	*Sft*
	Nursing station	*1*	*x*	*22*	*x*	*2*		=		*44*	*Sft*
	Dispensary	*1*	*x*	*34*	*x*	*2*		=		*68*	*Sft*
	Nursing counter	*1*	*x*	*8*	*x*	*2*		=		*16*	*Sft*
	Store	*1*	*x*	*40*	*x*	*2*		=		*80*	*Sft*
		1	*x*	*23*	*x*	*2*		=		*46*	*Sft*
	Scrab up	*2*	*x*	*8.625*	*x*	*2*		=		*35*	*Sft*
	Film store	*1*	*x*	*12*	*x*	*2*		=		*24*	*Sft*

Lav	*1*	*x*	*24*	*x*	*2*	= *48 Sft*
Stair case	*24*	*x*	*5*	*x*	*1.5*	= *180 Sft*
	2	*x*	*5*	*x*	*5*	= *50 Sft*
					Total	= ***752 Sft***

28 *P/F Porclain tile flooring*
16"x 16" x 3/8" MASTER made
laid over 3/4'' thick cement sand mortar
1:3 complete in all respect and
as approved by the Engineer Incharge

EMO	*2*	*x*	*15*	*x*	*18*	= *540 Sft*
Exam	*2*	*x*	*5*	*x*	*8*	= *80 Sft*
Doctor Duty	*2*	*x*	*8.625*	*x*	*18*	= *311 Sft*
Preparation	*2*	*x*	*11*	*x*	*9*	= *198 Sft*
UPS	*2*	*x*	*11*	*x*	*8.625*	= *190 Sft*
Control Room	*2*	*x*	*9*	*x*	*11*	= *198 Sft*
Labi	*2*	*x*	*9*	*x*	*8.375*	= *151 Sft*
Ct Scan	*2*	*x*	*18*	*x*	*18*	= *648 Sft*
Lav	*2*	*x*	*18*	*x*	*8*	= *288 Sft*
Blood Bank	*4*	*x*	*8.833*	*x*	*11.25*	= *397 Sft*
Labi	*2*	*x*	*8.833*	*x*	*5.625*	= *99 Sft*
Dark Room	*2*	*x*	*5.25*	*x*	*6.375*	= *67 Sft*
					Total	= ***3167 Sft***

29 *P/F Porclain tile Skirting*
16"x 16" x 3/8" MASTER made
laid over 3/4'' thick cement sand plaster
1:3 complete in all respect and
as approved by the Engineer Incharge

EMO	*2*	*x(*	*15*	*+*	*18*	*)x*	*0.5*	= *33 Sft*
Exam	*2*	*x(*	*5*	*+*	*8*	*)x*	*5*	= *130 Sft*
Doctor Duty	*2*	*x(*	*8.625*	*+*	*18*	*)x*	*0.5*	= *27 Sft*
Preparation	*2*	*x(*	*11*	*+*	*9*	*)x*	*5*	= *200 Sft*
UPS	*2*	*x(*	*11*	*+*	*8.625*	*)x*	*0.5*	= *20 Sft*
Control Room	*2*	*x(*	*9*	*+*	*11*	*)x*	*0.5*	= *20 Sft*
Labi	*2*	*x(*	*9*	*+*	*8.375*	*)x*	*5*	= *174 Sft*
Ct Scan	*2*	*x(*	*18*	*+*	*18*	*)x*	*5*	= *360 Sft*
Lav	*2*	*x(*	*18*	*+*	*8*	*)x*	*5*	= *260 Sft*
Blood Bank	*4*	*x(*	*8.833*	*+*	*11.25*	*)x*	*5*	= *402 Sft*
Labi	*2*	*x(*	*8.833*	*+*	*5.625*	*)x*	*5*	= *145 Sft*
Dark Room	*2*	*x(*	*5.25*	*+*	*6.375*	*)x*	*0.5*	= *12 Sft*
							Total	= ***1783 Sft***

35 *Providing and fixing stair railing of stainless steel*
design ic bends and corners
welded with M.S flat 1''x1/8''
fix in step of stairs etc complete in all
respect and as approved by the Engineer Incharge

Outerramp	*2*	*x*	*16*	-		= *32 Rft*
Ramp	*1*	*x*	*99.5*	-		= *100 Rft*
Stair	*1*	*x*	*27*	-		= *27 Rft*
					Total	= ***159 Rft***

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Taunsa Sharif

Executive Engineer
Buildings Division
Taunsa

S.No	Description	No	Length	Breadth	D-pth	Contents	Amount

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

4	x	260	x 1.25 x	0.125 =	146 CM
2	x	160	x 1.25 x	0.125 =	45 CM
2	x	240	x 1.25 x	0.125 =	68 CM
2	x	50	x 1.25 x	0.125 =	14 CM
2	x	50	x 1.25 x	0.125 =	14 CM
2	x	160	x 1.25 x	0.125 =	45 CM
2	x	320	x 1.25 x	0.125 =	90 CM
2	x	160	x 1.25 x	0.125 =	45 CM
2	x	50	x 1.25 x	0.125 =	14 CM
2	x	120	x 1.25 x	0.125 =	34 CM
2	x	300	x 1.25 x	0.125 =	84 CM
		Total =			599 CM

@ 29158.80 %CM 17466

5 Cement pointing struck joints, on walls, upto 20' (6.00 m) height:-a) 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.

4	x	260	x	2 =	2080 SM
2	x	160	x	2 =	640 SM
2	x	240	x	2 =	960 SM
2	x	50	x	2 =	200 SM
2	x	50	x	2 =	200 SM
2	x	160	x	2 =	640 SM
2	x	320	x	2 =	1280 SM
2	x	160	x	2 =	640 SM
2	x	50	x	2 =	200 SM
2	x	120	x	2 =	480 SM
2	x	300	x	2 =	1200 SM
		Total =			8520 SM

2896.10 + 588 @ 3484.10 %SM 29684

6 Embankment 95 to 100

2	x	260	x 25 x	2 =	26000 CM
1	x	160	x 40 x	2 =	12800 CM
1	x	240	x 15 x	2 =	7200 CM
1	x	50	x 15 x	2 =	1500 CM
1	x	50	x 15 x	2 =	1500 CM
1	x	160	x 40 x	2 =	12800 CM
1	x	320	x 20 x	2 =	12800 CM
1	x	160	x 10 x	2 =	3200 CM
1	x	50	x 20 x	2 =	2000 CM
1	x	120	x 10 x	2 =	2400 CM
1	x	300	x 20 x	2 =	12000 CM
		Total =			94200 CM

@ 12702.75 %CM 11965

7 Providing and laying sub-base course of stone product of approved quality and grade, including placing, mixing, spreading and compaction of sub-base material to required depth, camber, grade to achieve 100% maximum modified AASHO dry density, inclusive carriage of all material to site of work except gravel and aggregate. i) Pit run or bed run gravel 35KM Lead

2	x	260	x 25 x	0.5 =	6500 CM
1	x	160	x 40 x	0.5 =	3200 CM
1	x	240	x 15 x	0.5 =	1800 CM
1	x	50	x 15 x	0.5 =	375 CM
1	x	50	x 15 x	0.5 =	375 CM
1	x	160	x 40 x	0.5 =	3200 CM
1	x	320	x 20 x	0.5 =	3200 CM

S.No	Description	No	Length	Breadth	Depth	Contents	Amount
		1 x	160 x	10 x	0.5 =	800 Cft	
		1 x	50 x	20 x	0.5 =	500 Cft	
		1 x	120 x	10 x	0.5 =	600 Cft	
		1 x	300 x	20 x	0.5 =	3000 Cft	
					Total =	**23550 Cft**	
		4327.55 +	1546.70	@	5874.25	%oCft	1383386

8 *Providing and laying Tuff pavers, having 7000 PSI ,crushing strength of approved manufacturer, over 2" to 3" sand cushion i/c grouting with sand in joints i/c finishing to require slope . complete in all respect. (50% Grey / 50% Coloured) b) 80-mm thick*

2 x	260 x	25	=	13000 Sft	
1 x	160 x	40	=	6400 Sft	
1 x	240 x	15	=	3600 Sft	
1 x	50 x	15	=	750 Sft	
1 x	50 x	15	=	750 Sft	
1 x	160 x	40	=	6400 Sft	
1 x	320 x	20	=	6400 Sft	
1 x	160 x	10	=	1600 Sft	
1 x	50 x	20	=	1000 Sft	
1 x	120 x	10	=	1200 Sft	
1 x	300 x	20	=	6000 Sft	
			Total =	**47100 Sft**	
		@	*126.80*	*P.Sft*	5972280

Total	**13620377**
3% Contigency	**408611**
Total	**14028988**
Say Rs:-	**14029000**

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Taunsa Sharif

Executive Engineer
Buildings Division
Taunsa

DETAIL ESTIMATE FOR SEWERAGE
(EXTERNAL DEVELOPMENT)

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

RCC sewer pipe

9" dia	1	x	500	x	3	x	3	=	4500 Cft.
12" dia	1	x	700	x	3	x	3	=	6300 Cft.
								Total	**10800 Cft**
								@	**7446.05 %oCft** **Rs.80417/-**

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

i **9" dia**

1	x	500	=	500	Rft
			Total	**500**	**Rft**
			@	**439.10**	**P.Rft** **Rs.219550/-**

ii 12" dia

1	x	700	=	700	Rft
			Total	**700**	**Rft**
			@	**639.45**	**P.Rft** **Rs.447615/-**

iii **PVC 4" dia**

1	x	500	=	500	Rft
			Total	**500**	**Rft**
			@	**657.75**	**P.Rft** **Rs.328875/-**

4 Construction of man hole small.

1	x	80	=	80	Nos.
			Total	**80**	**Nos.**
			@	**27400.00**	**P.Rft** **Rs.2192000/-**

5 Rehandling of earthwork: a) Lead upto a single throw of Kassi, phaorah or shovel

Take 85% of item No.1

1	x	10800	x	85	/	100	=	9180	Cft.
							Total	**9180**	**Cft**
							@	**2112.00**	**%oCft** **Rs.19388/-**

Total: Rs.3287845/-

3% Contigency Rs.98635/-

Total Rs.3386480/-

Say Rs: Rs.3386000/-

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Taunsa Sharif

Executive Engineer
Buildings Division
Taunsa

EXTERNAL DEVELOPMENT (Man holes Size 4 ft. * 2-1/2 ft.)

S.No	Description	No	Length	Breadth	Depth	Contents	Amount
1	Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and timbering, dressing to correct section and dimensions according to templates and levels, and removing surface water, in all types of soil except shingle, gravel and rock:- i) 0 ft. to 7.0 ft. (0 to 2.10 m) depth						
		1 x	5.5 x	4 x	4 =	88 Cft	
					Total: =	88 Cft	
				@	7,446.05	%oCft	655
2	Cement concrete brick or stone ballast 1½ " to 2" (40 mm to 50 mm) gauge, in foundation and plinth:- (d) Ratio 1: 6:12						
		1 x	5.5 x	4 x	0.5 =	11 Cft	
					Total: =	11 Cft	
				@	14,230.80	%Cft	1565
3	Pacca brick work other than building upto 10ft. (3 m) height. i) cement, sand mortar:- Ratio 1:4						
		2 x	5.5 x	0.75 x	4 =	33 Cft	
		2 x	2.5 x	0.75 x	4 =	15 Cft	
					Total: =	48 Cft	
				@	25,225.20	%Cft	12108
4	Cement plaster 1:4 upto 20' (6.00 m) height:- b) ½" (13 mm) thick						
		2 x(	4 +	2.5)x	4 =	52 Sft	
					Total: =	52 Sft	
				@	2,657.50	%Sft	1382
5	Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate):- (f) Ratio 1: 2: 4						
		1 x	4 x	2.5 x	0.25 =	3 Cft	
					Total: =	3 Cft	
				@	29,158.80	%Cft	875
6	Fabrication of mild steel reinforcement for cement concrete, including cutting, bending, laying in position, making joints and fastenings, including cost of binding wire and labour charges for binding of steel reinforcement (also includes removal of rust from bars):- (b) Deformed bars (Grade-40)						
	1/2'' Q.B (7x2)	7 x	4 x	0.667 x	0.4535 =	8 Kg	
		8 x	5.5 x	0.667 x	0.4535 =	13 Kg	
					Total: =	21 Kg	
				@	26,003.05	%Kg	5461

47

ANALYSIS OF RATE FOR THE ITEM

Supply and erection of SMD Light 40 watts of size 2'x2' (Original design) etc complete in all respect as approved by the Engineer Inharge.

Detail of Cost= 1 No

Unit = Each

Sr.	Item	Qty	Unit	Rate	Amount
A	**METERIAL :**				
i)	SMD LIGHT 250 WATT	1 No	Each @	8500	Rs: 8500/-
B	**LABOUR CHARGES :**				
1	Labour Charges for fixing	1 No	Each @	2000.00	Rs: 2000/-
					Rs: 10500/-
	Add 20% Contractor's Profit & Over head charges on Rs.				Rs: 2100/-
				Total: =	**Rs: 12600/-**

Unit Rate Each = 12600 /
Say *12600* /-

CERTIFICATE

i) Certified that rates for items at serial No. 1,2 Are not available on the Website of Finance Department for the period 2nd BI-ANNUAL-2021and as such the rate of Rs:12600/- has been applied after ascertaining it from the market

Sub Engineer

(SUB DIVISIONAL OFFICER)
Buildings Sub Division,
Taunsa Sharif

Executive Engineer
Buildings Division,
Taunsa

Superintending Engineer
Buildings Circle
Dera Ghazi Khan

DETAIL OF STREET LIGHT

S.No	Description	No	Length	Breadth	Depth	Contents	Amount
1	S/E of Street light pole consisting of G.I pipe 4" dia 15ft long 2.5" dia 6.25" long and 2 Nos pipe 1-1/2" dia jointed with electric welding fixed a height 4" dia about 5" embeded in PCC 1:2:4 etc complete in all respect as approved by the Engineer icnharge.	-	-	-	-	= 12 Nos	
					@ 39979.00	Each	479748
2	*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.*	12 x	2.5 x	2.5 x	1.5	= 113 Cft	
					@ 8,949.60	%0Cft	1011
3	*Cement concrete brick or stone ballast 1½ " to 2" 50 mm) gauge, in foundation and plinth:-ratio 1:6:12*	12 x	2.5 x	2.5 x	0.5	= 38 Cft	
					@ 14230.80	%Cft	5408
4	*Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate): 1:2:4*	12 x	2.5 x	2.5 x	0.5	= 38 Cft	
					@ 29158.80	%Cft	11080
5	*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.(1560+170+70+1800	1 x	3600	-	-	= 3600 Rft	
					@ 82.65	P.Rft	297540
6	*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:*						
i)	*7/0.036 wire*	1 x	3600	-	-	= 3600 Rft	
					@ 43.95	P.Rft	158220
ii)	*7/0.044 wire*	1 x	3600	-	-	= 3600 Rft	
					@ 61.10	P.Rft	219960
7	*P/F of Flood LED Lights 100 Watt (Philips) approved quality & grade etc complete in all respects as approved by the engineer incharge*	-	-	-	-	12 Nos	
					@ 48,300	Each	579600
8	*Earthing of iron clad/aluminum switches, etc. with G.I. wire No. 8 SWG in G.I. pipe 15 mm (½") dia, recessed or on surface of wall and floor, complete with 1.5 metre long G.I. pipe, 50 mm (2") dia with reducing socket 4 to 5 metre below ground level, and 2 metre away from building plinth.*	-	-	-	-	2 Nos	
					@ 8,117.85	Each	16236

9	*Providing and fixing M.S. iron box for housing main switches, made of 1.5 mm (1/16") thick M.S. sheet, with locking arrangement, including painting:- 95x40x20 cm (38"x16"x8")*	-	@	*8,120.70*	*Each*	2 *Nos* **16241**
10	*Supply and erection of iron/aluminum clad, 500 volts main switches with kitkat fuses, on angle iron board with 3 mm (1/8") thick M.S. sheet covering, including bonding to earth with necessary flexible pipe and thimbles, etc. i) 100 Amp Tripple pole.*	-	@	*5,563.35*	*Each*	2 *Nos* **11127**
11	*Supply and erection of bus bars, for 500 volts 3 phase A.C. supply with four copper bars, including glazed porcelain bridges, on angle iron board, fixed with rag bolts and M.S. sheet box 1.5 mm thick, etc. complete:- v) 500 Amp with 4 copper size 2"x1/4" (50x 6 mm)*	-	@	*5,439.95*	*Each*	2 *Nos* **10880**
12	*Supply and erection of iron/aluminum clad, branch distribution board, 250 volt, on angle iron frame of suitable size with 3 mm (1/8") M.S. sheet covering: 6 way 30 Amp per way.*	-	@	*1,457.40*	*Each*	2 *Nos* **2915**
					Total:	**1809966**
					Say Rs:	**1,810,000**

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Taunsa Sharif

Executive Engineer
Buildings Division
Taunsa

(51)

Analysis of Rate of Emergency LED Lights 110 Watt approved quality & grade etc complete in all respects as approved by the engineer incharge

1. Emergency LED Lights 110 Watt

= 1 No. **@ Rs. 40000 Each** = **Rs. 40000 /-**

2. Labour Charges

= 1 No. **@ Rs. 250 Each** = **Rs. 250 /-**

Total:- Rs. 40250 /-

Add 20 % (10% Contractor profit + 10% O.H. charges) Rs. 40250 = Rs. 8050 /-

G.Total:- Rs. 48300 /-

Say Rs 48300

CERTIFICATE

i. Certificate that rates for item No.1 are available on the website of Finance Department for the 1st Biannual 2022

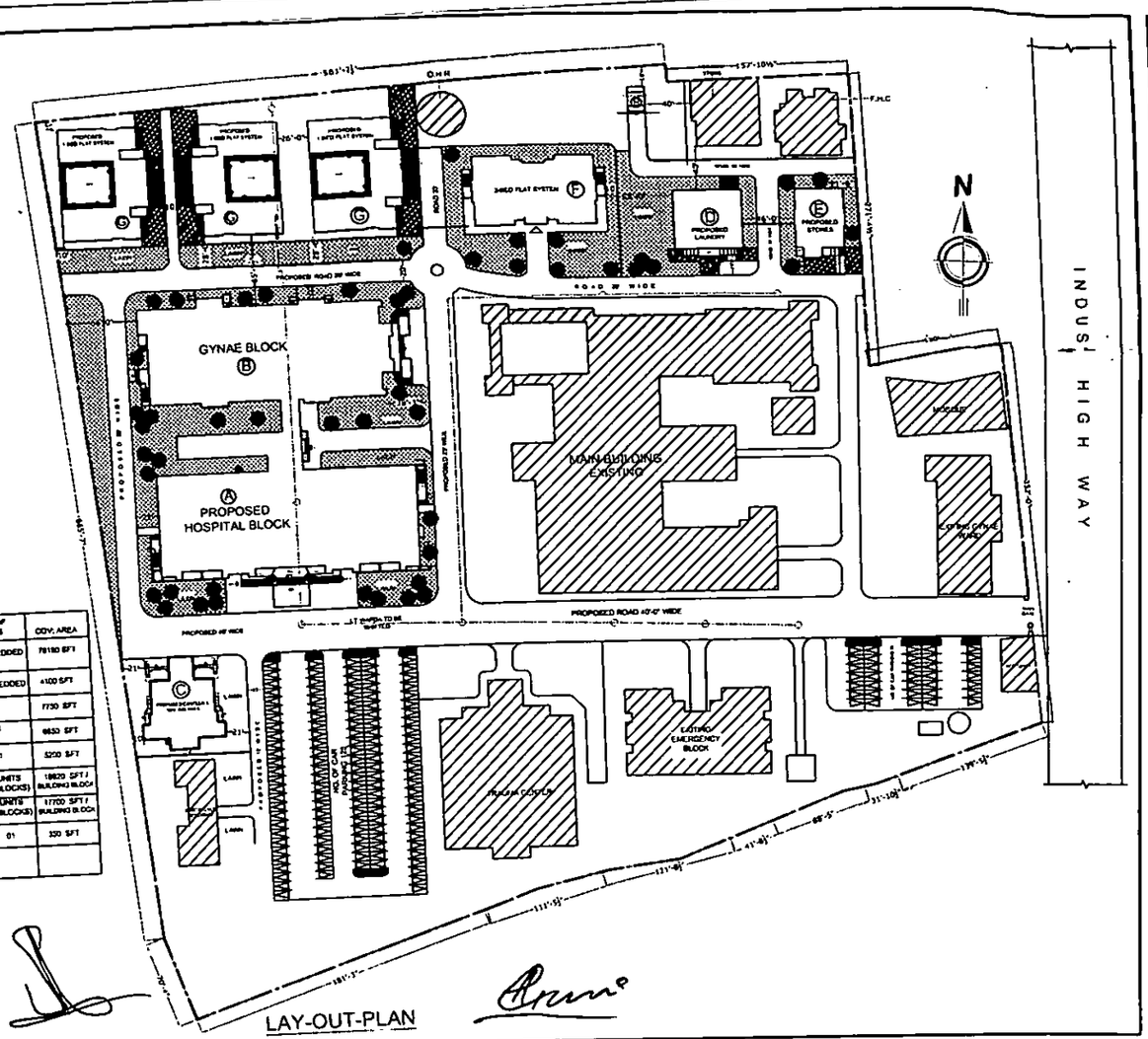
ii. Certificate that rates for item No.2 are not available on the website of Finance Department for the 1st Biannual 2022 Rate is availabale in Market

Sub Engineer

Sub Divisional Officer,
Buildings Division,
Taunsa Sharif

Executive Engineer,
Buildings Division,
Taunsan

Superintending Engineer
Buildings Circle
Dera Ghazi Khan



LEGEND

S:NO	DESCRIPTION	NO:OF STOREYS	NO. OF UNITS	COV. AREA
A	MAIN HOSPITAL BUILDING	TRIPPLE STOREY	190 BEDDED	78180 SFT
B	1. GYNAE BLOCK	DOUBLE STOREY	40 BEDDED	4100 SFT
C	1. EMERGENCY WAITING AREA	DOUBLE STOREY	01	7730 SFT
D	1. LAUNDRY	DOUBLE STOREY	01	6653 SFT
E	11 STORES	DOUBLE STOREY	01	5200 SFT
F	2 BED FLAT SYSTEM	TRIPPLE STOREY	12 UNITS (1 BLOCKS)	18620 SFT / BUILDING BLOCK
G	1 BED FLAT SYSTEM	TRIPPLE STOREY	51 UNITS (3 BLOCKS)	17700 SFT / BUILDING BLOCK
H	YELLOW ROOM	SINGLE STOREY	01	350 SFT

NOTES

1. All necessary NOC'S / Permissions may be obtained from the concerned authorities before commencement of project at site.
2. The site dimensions and profile as shown on the layout plan must be verified on ground prior to commencement of construction in order to avoid complication later on.
3. In case of any clarifications / omissions this office may be contacted immediately for rectification.
4. HVAC, Public Health, Electrical / Mechanical and Landscaping O.T Layout, T.S.S.U & other services to be finalized in consultation with this office prior to start of construction.
5. All windows are to be fixed 3¼" recessed from inside.
6. window grill are to be fixed from inside.
7. sewerage system /surface drainage of the whole site is to Designed by the concerned expertise.

LEGEND

PROPOSED WORK
EXISTING BUILDING
DEMOLISHED WORK

PROJECT
UP-GRADATION OF 100 BEDDEDTHQ HOSPITAL TAUNSA INTO 190 BEDDED

TITLE
LAYOUT PLAN
(WORKING DRAWING)

SCHEME NO.	SUB-SCHEME NO.	DRAWING NO.	DATE
		-	

N

SCALE NTS

DRAWN BY M. YOUNAS

HADAYAT ALI
ARCH.ASSISTANT

DANISH AHSAN
ASSISTANT DIRECTOR (CAD)

AZEEM ALI
ASSISTANT DIRECTOR

RABIA NAZIR
DEPUTY DIRECTOR

ARSHAD DAWOOD
DIRECTOR ARCHITECTURE

ANNA NASIM
CHIEF ARCHITECT,PUNJAB

ARCHITECTURE DEPARTMENT
OFFICE OF THE CHIEF ARCHITECT
GOVT. OF THE PUNJAB LAHORE

8. ANNUAL OPERATING COST (POST COMPLETION)

Financial Components: Revenue
Cost Center:OTHERS- (OTHERS)
Fund Center (Controlling):N/A
Grant Number: Development - (PC22036)
LO NO:N/A
A/C To be Credited: Assan Assignment

PKR Million

Sr #	Object Code	2025-2026		2026-2027		2027-2028		2028-2029		2029-2030	
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	**A05270**-To Others	15.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total		**15.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**

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

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

9. DEMAND AND SUPPLY ANALYSIS

DEMAND AND SUPPLY ANALYSIS

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

10. FINANCIAL PLAN AND MODE OF FINANCING

10.1 FINANCIAL PLAN EQUITY INFORMATION

10.2 FINANCIAL PLAN DEBT INFORMATION

undefined

10.3 FINANCIAL PLAN GRANT INFORMATION

Attached

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	**6.600**	**8.358**
Utilization	**4.775**	**1.411**

Capital Side:

	FY 2021-22	FY 2022-23
Funds Released	**29.552**	**34.200**
Utilization	**29.552**	**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.

11.2 ENVIRONMENTAL IMPACT ANALYSIS

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

11.3 PACT ANALYSIS

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11.4 ECONOMIC ANALYSIS

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

11.5 FINANCIAL ANALYSIS

11. FINANCIAL BENEFITS & ANALYSIS

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

The Targets of Sustainable Development Goals (SDGs) will be achieved
The Human Development Index of Pakistan (HDI) will improve
Infant Mortality Rate will decrease
Mother Mortality rate will be decreased
The international commitments of Pakistan will be accomplished
Health standard of public will

Better Health Facilities to mother and
Prompt and scientific facility for operation
Rehabilitation of disables and injured
Blindness in this area will be decreased and controlled
Better social and mental health to addict
Provision of better health facilities at doorsteps
Awareness and control for communicable
Survival of heart failure
Social indicators of Pakistan will improve

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

11.1.1 FINANCIAL IMPACT:

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

11.2 REVENUE GENERATION

Revenue will be generated from:

Laboratory fees
Diagnostic facility fees
X-Ray fee
Dental fee
ECG fee
Private room charges
Parking fee
Medico Legal Fee
Medical Certificate of New Government Employees

12. IMPLEMENTATION SCHEDULE

12.1 IMPLEMENTATION SCHEDULE/GANTT CHART

Starting date: 01-07-2021
Expected Completion date: 30-06-2025

12.2 RESULT BASED MONITORING (RBM) INDICATORS

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12.3 IMPLEMENTATION PLAN

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12.4 M&E PLAN

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

12.5 RISK MITIGATION PLAN

Attached

RISK REGISTER

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

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

12.6 PROCUREMENT PLAN

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13. MANAGEMENT STRUCTURE AND MANPOWER REQUIREMENTS

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

14. ADDITIONAL PROJECTS / DECISIONS REQUIRED

undefined

15. CERTIFICATE

Focal Person Name: **Designation:**
Email: **Tel. No.:**042-99231206
Fax No:
Address:31/E1, Shahrah-e-imam Hussain? Road? Block E 1 Gulberg III, Lahore, Punjab

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

Prepared By:

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(Oct-2022)

(HAMZA NASEEM)
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Checked By:

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(Oct-2022)

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(Oct-2022)

Approved By:

(DR. IRSHAD AHMAD)
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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 rist 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 committiees?	NO	
2b	if yes, is there a provision to ensure representation of women in these committees?	NO	