PC-1

Balance Work of THQ Hospital Mian Channu

ORIGINAL APPROVED COST	**PKR Million. 86.129/-**
ORIGINAL APPROVED GESTATION	**49 Months** **Till December 2025**
APPROVAL FORUM	**DDWP (DDWP)**

1. NAME OF THE PROJECT

Balance Work of THQ Hospital Mian Channu

2. LOCATION OF THE PROJECT

2.1. DISTRICT(S)

I. KHANEWAL

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	**Proposed Allocation:**0.000
3	**GS No:**5374
4	**Total Allocation:**0.000
5	**Funds Diverted:**0.000
6	**Balance Funds:**0.000
7	**Comments:** The scheme will be financed out of block scheme included in ADP 2021-22 at G.S. No. 660 with an allocation of Rs.1300 million Provision of Rs.1300 reflected at G.S. No.660 of ADP 2020-21 titled “Balance Work of Revamping of All DHQ & 15 THQ Hospitals in Punjab.

5. PROJECT OBJECTIVES

Attached

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 Mian Channu:	31,338 SFT
Area completed:	11,094 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.

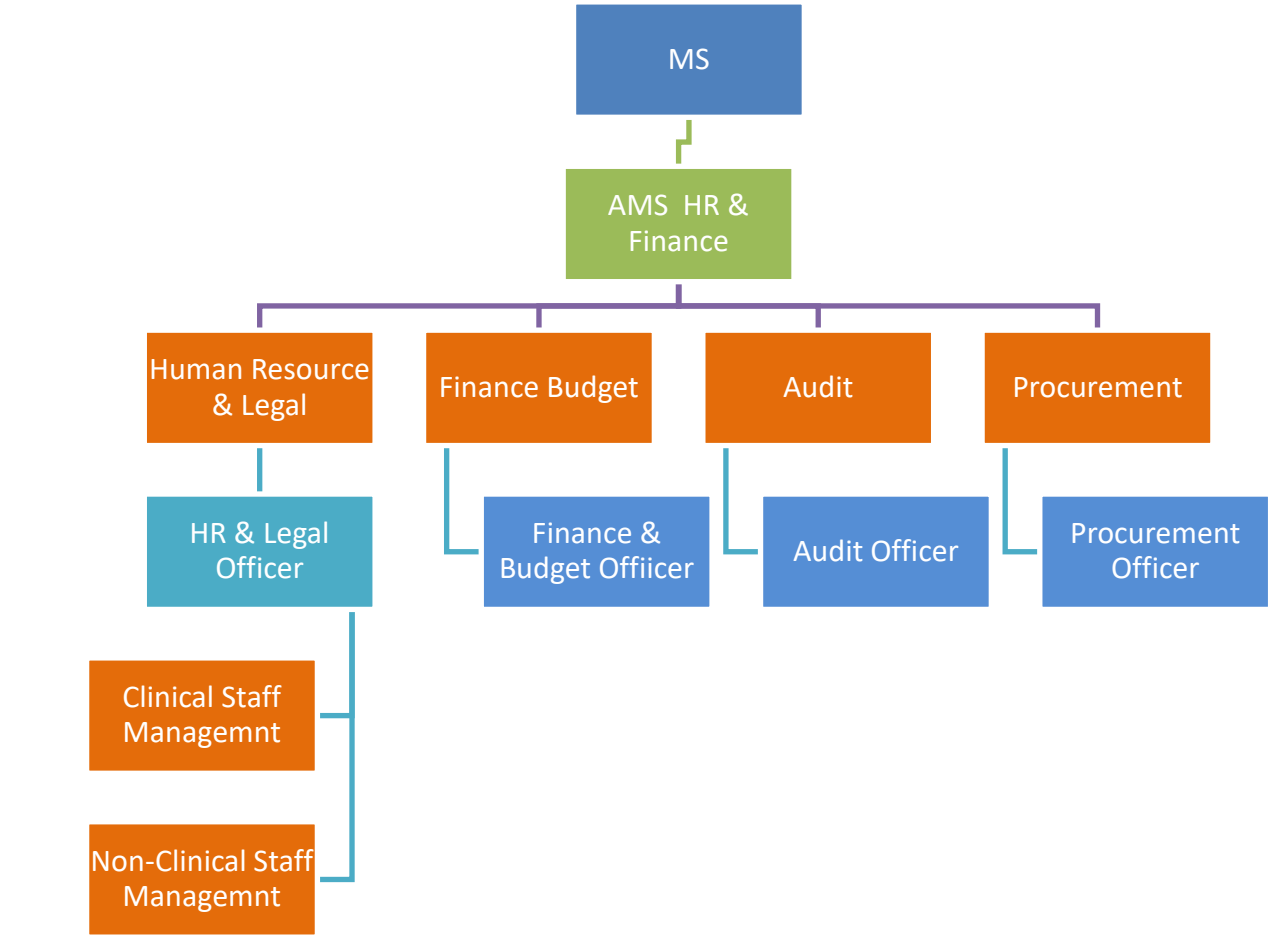
5.7.4 EMR and Networking

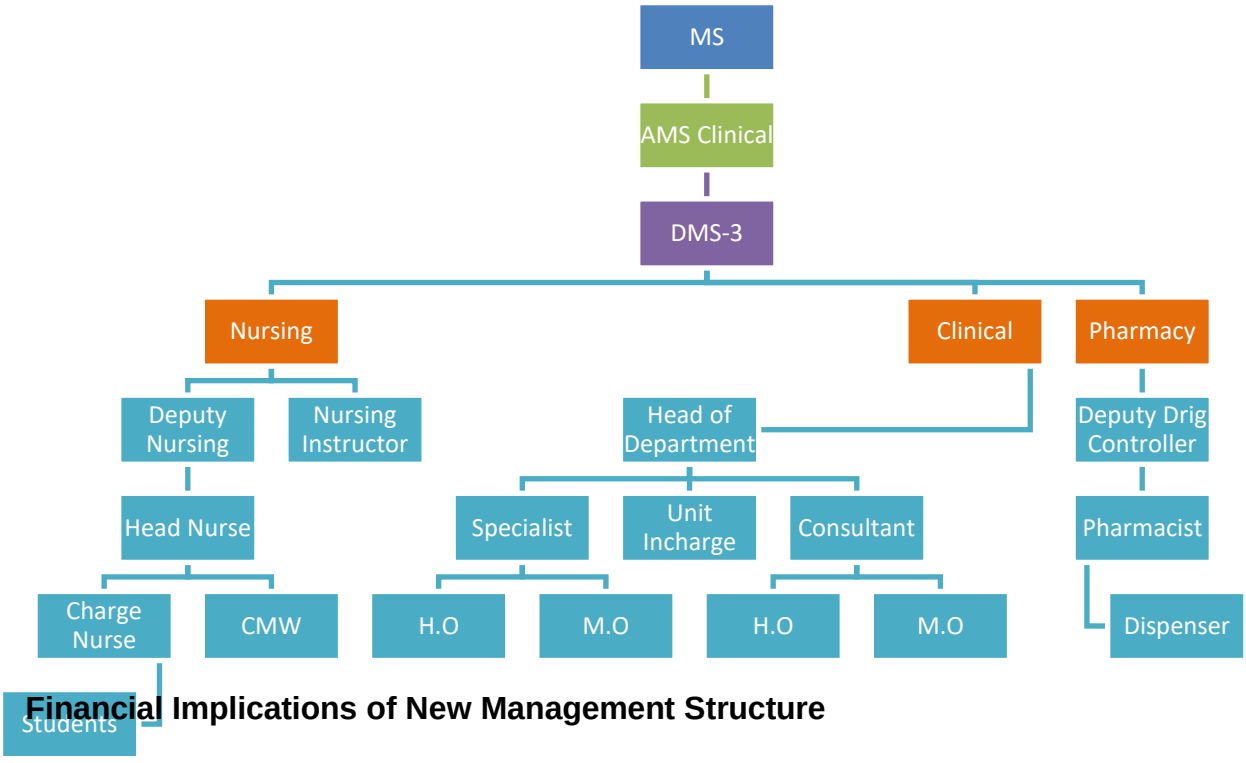
Establishment of network infrastructure, establishing a central data center, connectivity of different building through fiber, are also the major components of the revamping project in terms of ICT. This will including provision of networking point at all nursing stations and important areas where entries 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	138,000	1,656,000
HUMAN RESOURCE OFFICER	1	80,000	960,000	138,000	1,656,000
IT/STATISTICAL OFFICER	1	80,000	960,000	138,000	1,656,000
FINANCE & BUDGET OFFICER	1	80,000	960,000	138,000	1,656,000
AUDIT OFFICER	1	80,000	960,000	138,000	1,656,000
PROCUREMENT OFFICER	1	80,000	960,000	138,000	1,656,000
DATA ENTRY OPERAOTOR (DEO)	4	35,000	840,000	228,000	2,736,000
BIOMEDICAL ENGINEER	1	80,000	960,000	138,000	1,656,000

QUALITY ASSURANCE OFFICER	1	80,000	960,000	138,000	1,656,000
LOGISTICS OFFICER	1	80,000	960,000	138,000	1,656,000
ASSISTANT ADMIN OFFICER	4	50,000	1,200,000	364,000	4,368,000
	17	805,000	**10,680,000**	**1,834,000**	**22,008,000**

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

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

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

5.8.2.1 HR / Legal Officer

Shall be responsible for following:

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

Eigibility Criteria

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

5.8.2.2 Finance & Budget Officer

Shall be responsible for following:

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

Eigibility Criteria

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

5.8.2.3 Audit Officer

Shall be responsible for following functions:

1. Smooth conduct and completion of all types of audit in hospital
2. Pre-audit of all Payments
3. Liaison with external audit teams

4. Preparation of replies of audit paras, working paper for Department Accounts committee, Special Departmental accounts committee & Public Accounts committee meetings
5. Development of SOPs for finance, budget, procurement as per Government rules & regulations
6. Any other function assigned by AMS HR& Finance /MS/P&SHD

Eigibility Criteria

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

5.8.2.4 Procurement Officer

Shall be responsible for following functions:

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

Eigibility Criteria

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

5.8.2.5 ADMIN OFFICER AND ASSISTANT ADMIN OFFICER

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

1. Security
2. Transport

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

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

Eligibility Criteria (Admin Officer)

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

Eligibility Criteria (Assistant Admin Officer)

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

5.8.2.6 IT/STATISTICAL OFFICER

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

He shall be in liaison with PITB/HISDU for proper reflection of hospital record on PITB dashboard. In case there is any discrepancy or error he shall resolve

the issue. Moreover, he shall be responsible for functionality of all IT equipment.

Eligibility Criteria

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

5.8.2.7 QUALITY ASSURANCE OFFICER

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

Eligible Criteria

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

   OR

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

5.8.2.8 BIO-MEDICAL ENGINEER

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

Eligible Criteria

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

5.8.2.9 LOGISTICS OFFICER

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

Eligible Criteria

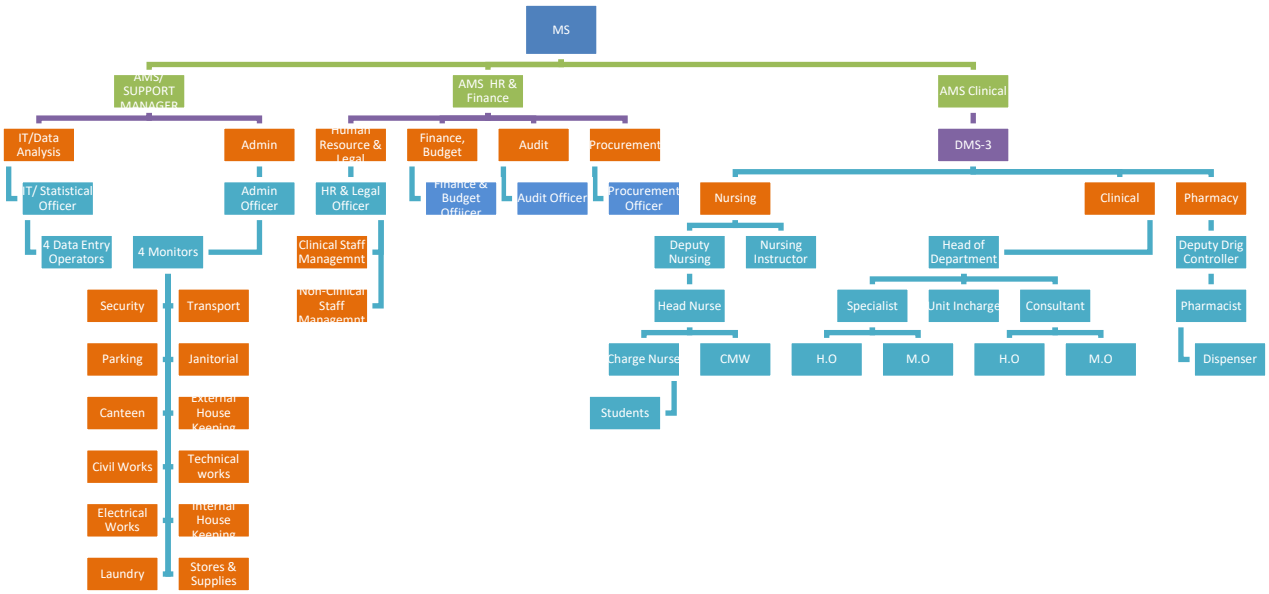
1. M.Sc. Supply Chain Management/ MBA or Equivalent.
2. One year experience in Supply Chain, logistics, fleet, warehousing and inventory management, clearing and forwarding.

5.8.2.10 Data Entry Operators (DEO)

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

Eligible Criteria

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



Financial Implications of New Management Model

NAME OF POST	No. of 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 INVENTORY CONTROL SYSTEM

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

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

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

5.10.5 PROJECT MONITORING COMMITTEE

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

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

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

6. DESCRIPTION AND JUSTIFICATION OF PROJECT

6.1 JUSTIFICATION OF PROJECT

Attached

6. DESCRIPTION, JUSTIFICATION AND TECHNICAL PARAMETERS

The scheme has been estimated on face of the factual basic requirements and if needed, alterations and has been quoted in this PC-I. The Population of Tehsil Mian Channu District Khanewal is more than 0.900 million. The area of the THQ Hospital Mian Channu District Khanewal is 286594 SFT land.

6.1 DESCRIPTION AND JUSTIFICATION

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

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

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

JUSTIFICATION FOR REVISION OF PC-I

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

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

Thereafter it was decided to complete the balance civil work of revamping through C&W Department and a block scheme titled “Balance Work of Revamping of all DHQ/15 THQ Hospitals in Punjab” was included in ADP 2021-22. Accordingly, the Rough Cost estimates of balance civil work has been got prepared from the Punjab Buildings Department for preparation of PC-Is and were approved from the DDSC. Infrastructure team has conducted the Joint visits with the team of C&W Department. During the field visits, few alterations were recommended by the technical teams which have been incorporated in the Revised Rough Cost Estimates of the subject scheme and have been attached with the PC-I along with comparative statement. Therefore, Civil works component cost has been decreased from Rs. 42.160 million to Rs. 37.701 million due to few changes in the scope and MRS rates (2nd Bi-annual 2022).

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

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

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

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

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

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

given below

PROJECT MANAGEMENT UNIT
PRIMARY & SECONDARY HEALTHCARE DEPARTMENT

LOCATION OF DHQ AND THQ HOSPITALS IN PUNJAB

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

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

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

6.2 SECTORAL SPECIFIC INFORMATION

Social 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:LO21010558
A/C To be Credited: Assan Assignment

PKR Million

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

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

Grant Number: Government Buildings - (PC12042)
LO NO:LO22010098
A/C To be Credited: Account-I

PKR Million

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

Abstract of Cost

Name of THQ Hospital	Mian Channu					
Scope of work	**Orignal**			**1st Revised**		
	Capital	**Revenue**	**Total**	**Capital**	**Revenue**	**Total**
Capital component						
Internal Development	20.389	0.000	20.389	32.526	0.000	32.526
External Development	18.776	0.000	18.776	5.175	0.000	5.175
Water filtration plant	2.995	0.000	2.995	0.000	0.000	0.000
Total Capital Component	**42.160**	**0.000**	**42.160**	**37.701**	**0.000**	**37.701**
Revenue component						
Human resource (HR) plan	0.000	17.520	17.520	0.000	37.908	37.908
Electricity	0.000	4.020	4.020	0.000	10.520	10.520
Total Revenue component	**0.000**	**21.540**	**21.540**	**0.000**	**48.428**	**48.428**
Total	**42.160**	**21.540**	**63.700**	**37.701**	**48.428**	**86.129**

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				**8.055**					
									37.908

Electricity

		Original			1st Revised		
Sr. No.	**Item Name**	**Quantity**	**Per Unit Cost**	**Total Cost**	**Quantity**	**Per Unit Cost**	**Total Cost**
1	Transformer (630KVA)	2	2,010,000	4,020,000	2	2,010,000	4,020,000
2	Generator (200 KVA)	0	-	-	1	6,500,000	6,500,000
Total				**4,020,000**			**10,520,000**
				4.02			**10.520**

GOVERNMENT OF THE PUNJAB

BUILDINGS DIVISION KHANEWAL

ROUGH COST ESTIMATE FOR THE "PROGRAMME FOR REVAMPING OF ALL THQ HOSPITALS IN PUNJAB"ONE AT TEHSIL HEAD QUARTER HOSPITAL IN MIAN CHANNU, DISTRICT KHANEWAL ADP NO. 658 / 2022-23.

37.701(M)

ESTIMATED COST: Rs:~~38.322~~(M)

BUILDINGS SUB DIVISION MIAN CHANNU

(2)

MINUTES OF MEETING
Communication & Works Department

Meeting Title/Project: Kick-off Meeting THQ Mianchannuwith PMU Team

Date: 19/07/2022 **Time:** 11:00

Location: THQ Hospital Mianchannu

ATTENDEES

NAME	Designation
Mr. Hamza Naseem	Project Manager (Civil),PMU
Mr. Saad Zulfiqar	Project Manager (Civil), PMU
Mr. Awais	Sub Divisional Officer (Building), C&W,
Mr. Rizwan	Sub-Engineer (Building), C&W
Mrs. Rubina	Admin Officer, THQ Hospital Mianchannu

MINUTES

Sr. #	AGENDA ITEM	Remarks
1	**Meeting Agenda:** 1. Introduction of Teams 2. Generalized Site Decisions 3. Specified Instructions Area-wise 4. Priority of work	
2	***1. Introduction:*** Mr. Hamza Naseem, Project Manager Civil, led the kick-off meeting for THQ Mianchannu. He introduced his team to C&W and Hospital staff. Mr. Awais, Sub Divisional Officer C&W, introduced the teams to PMU Health Department and brief the purpose of Visit. He also informed the Representative of C & W that any civil or electrical work in already revamped areas should not be executed. In case if any such work is required to be done in already revamped area by IDAP, it must be carried out after written approval from PMU.	
3	***2. Generalized Site Decision:*** **2.1 Internal Development(To be Executed in Non-Revamped Areas)** **a. Flooring and Skirting/Dado** Flooring and dado should be fixed in areas where existing tiles are damaged/ broken. **b. Paint** Paint work should be done in all areas and on all doors (exceptions are mentioned in following points) **c. Windows** All MS Windows in Hospital should be replaced/with Aluminum windows. **d. Doors** All damaged doors should be replaced/repaired or existing wooden doors should be repainted.	

e. **UPVC doors**
All washrooms (used for patient/attendants) should be replaced with UPVC doors.

f. **Seepage Mitigation**
All the areas facing seepage issues need to be assessed to locate the seepage source and necessary action may be taken accordingly.

g. **Water Proofing**
Water Proofing on entire Hospital Clinical building and cleaning all blockages of storm water lines.

h. **Internal Electrification Works**
All the internal electrical works including internal wiring, cables, switch boards, Power Plugs, DBs, and LEDs/SMDs need to be carried out according to the requirement.

2.2 External Development

a. **Sewerage System**
C&W to assess the existing sewerage system and worked accordingly as per requirement.

b. **Water Supply System**
Assessment of existing water supply system and rectification required to be done as per Hospital Requirement.

c. **Water supply system from Filtration Plant**
Moreover, location for Water points/connection for drinking water in hospital building will be provide by hospital administration to C& W and water supply line will lay accordingly.

d. **Roads**
Existing Road conditions need to be re-assessed prior starting execution.

e. **External Electrification Works**

- External Electrification works may be carried out including external 4 core cables (concealed) at all following points:
  - Transformer to meter and Main panel boards
  - Main panel boards to Sub Main Distribution Panels.
  - For External Lights(If required).
- Main Distribution Panels, L.T Panel Board(s), Synchronizing / Load Sharing Control Panel, Automatic Power Factor Improvement Panel, Feeder Pillar Panel Board (If required) as per electrical load of Hospital.
- Minor renovation of Electrical Control Room for installation of Main Distribution Panels and connection of Electrical Supply to Hospital.
- Complete Earthling System and Lightening Protection System for the Hospital to be provided as per standards.

4	***3. Specified Instructions Area-wise*** The following general decision were taken for THQ Mianchannu **3.1 Internal Development**	

a. **OPD**
- 3 x doors at Entrance of OPD needs to be replaced with Aluminum door half solid and half Glass fixed on it.
- Windows at façade of OPD needs to be changed with Aluminum windows.
- Tiles at ramp needs to be changed.
- Marble needs to be fixed at entrance stairs.
- Windows at entrance needs to be changed with Aluminum windows.
- Aluminum doors to be fixed in place of MS Grill doors (Black color) in inner corridor of OPD on both sideshalf solid and half glass Aluminum doors need to be fixed.
- False ceiling required to be done in non-revamped corridor of OPD.
- SS Edge protection to be fixed at corners where missing.
- All wooden doors in OPD corridor needs to be repainted.
- Aluminum door to be fixed at left end of the inner corridor of OPD.
- Black Marble 2 ft by 2ft to be fixed at left end of the inner corridor of OPD.
- Anti-skid tiles to be fixed on left end on the inner corridor.
- Cemented benches at entrance of OPD needs to be dismantled/removed.
- Dome windows in corridor from OPD to Diagnostic block needs to be retained and double wire mesh to be fixed on it and repainting its MS angles with Ash White color.
- All inner MS windows in OPD Block needs to be replaced with Aluminum windows.
- Window indicated during site visit in outer corridor of OPD needs to be closed.
- All floor and wall/dado tiles in OPD needs to be retained only floor tiles need to be fixed inside rooms where Terrazzo flooring exists with 6 ft. skirting in wards and 6" skirting inside rooms/offices.

b. **Diagnostic Block**
- Door of lab to be replaced with Aluminum door.
- Dome windows in Diagnostic corridor to be retained and double mesh to be fixed on it and MS angle to be painted with Ash white color.
- Black border needs to be fixed at top of Wall/dado skirting.
- Industrial Exhaust fan to be fixed at right end of the inner corridor of Diagnostic block.
- Door in the corridor between Diagnostic block and surgical ward block needs to be dismantled and expand it till roof.
- All cemented benches in Diagnostic block needs to be dismantled.
- SS plate needs to be fixed on Expansion joints with water bearer sheet inside it.

c. **OT Block**
- All Floor and wall/dado tiles full body porcelain needs to be fixed inside OT Block up to height of 6 ft. inside wards and 6" skirting inside rooms/offices.

- All windows in the inner corridor of OT needs to be replaced with Aluminum windows.
- Operation theatre 3 x doors in main corridor of OT Block needs to be replaced with frosted glass Aluminum doors.
- 2 x Entrance doors of OT's need to be replaced with double hinged wooden doors with half SS Plate fixed on it.
- Washroom inside OT block needs to be revamped completely by fixing porcelain tiles on floor and wall/dado up to height of 7 ft. and making all new water supply and sewerage connections. Replacing all existing accessories with new Accessories. Fixing Exhaust fans 24" inside washroom blocks. Replacing doors of washrooms with UPVC doors.
- Marble to be fixed on shelves of washing area.
- Windows inside OT opening out needs to be closed.
- Antimicrobial flooring, Antimicrobial wall paneling and non-porous ceiling needs to be done inside OT.
- Nursing counter to be made in OT block as per C&W standards.
- Washing Room to be made for OT in outer corridor of OT by closing windows by Brick Work in outer corridor of OT and making its access door from OT.
- Making 2 x small sized Aluminum fixed sliding windows inside OT for shifting sterilized tools and dirty linen.

d. **Female Surgical Ward (Not Revamped)**

- Entrance and exit doors of female surgical ward to be replaced with Aluminum doors.
- All windows inside female surgical ward needs to be changed with Aluminum windows.
- False ceiling required to be done inside the female surgical ward with panel lights in it.
- All floor and wall/dado full body porcelain tiles up to height of 6 ft.needs to be fixed in female surgical ward.
- In the corridor of female surgical ward false ceiling needs to be done with panel lights in it.
- Exhaust fans to be fixed in washrooms.
- Complete revamping of all washrooms along with the replacement of all existing doors with new UPVC doors.
- At end of female surgical ward entrance door needs to be replaced with Aluminum door.
- Wall mounted cabinets inside female surgical ward needs to be removed.
- Public/ Attendant washrooms inside Indoor block female ward needs to be revamped completely by fixing porcelain tiles on floor and wall/dado up to height of 7 ft. and making all new water supply and sewerage connections. Replacing all existing accessories with new Accessories. Fixing Exhaust fans 24" inside washroom blocks. Replacing doors of washrooms with UPVC doors.

e. **Emergency Block**

- Entrance and Exit doors of Emergency block needs to be replaced with Aluminum doors.
- Door in the center of Emergency corridor needs to be

dismantled/removed.
- All windows in the Emergency block needs to be replaced with Aluminum windows.
- At entrance of Emergency block ramp needs to be made with anti-skid tiles fixed on it.
- Floor tiles in all emergency block needs to be changed with new 2 ft x 2ft tiles.
- Dado/wall tiles to be changed in corridor of Emergency block.
- All inner doors inside Emergency block needs to be changed with New Wooden Doors.
- 2 x Public/ Attendant washrooms inside Emergency block needs to be revamped completely by fixing porcelain tiles on floor and wall/dado up to height of 7 ft. and making all new water supply and sewerage connections. Replacing all existing accessories with new Accessories. Fixing Exhaust fans 24" inside washroom blocks. Replacing doors of washrooms with UPVC doors.

f. Gyane & Female Ward
- All floor and wall/dado tiles full body porcelain with wall/dado full body porcelain tiles up to height of 6 ft. needs to be fixed in Female and Gyane Wards and in corridor.
- Entrance door of Gyane and female ward needs to be replaced with Aluminum doors half solid and half glazed glass.
- All windows inside female and Gyane wards need to be replaced with Aluminum windows.
- Nursing Counter to be made out of female ward with watch Aluminum sliding window.
- A room in Emergency block needs to be converted in to Labor Room.

3.2 External Development
a. Patch work on road in front of OPD needs to be done.
b. Slope of tuff tiles to be maintained after necessary repair/maintenance for the removal of rain water.
c. Membrane roof water treatment to be done in entire Hospital Clinical blocks (Emergency & Old Block).
d. Burial Pit to be made at backside of the Hospital.
e. RCC structure in front of OPD needs to be converted in to Queue Management hall with 10 x windows/counter as indicated during site visit.

5

4. Priority of work

4.1 Priority 1
3.1a, b, c, d, e, f. 3.2 b, c, e.

4.2 Priority 2
3.2a, d.

4.3 Priority 3
Nil.

ROUGH COST ESTIMATE FOR THE "PROGRAMME FOR REVAMPING OF ALL THQ HOSPITALS IN PUNJAB" ONE AT TEHSIL HEAD QUARTER HOSPITAL, MIAN CHANNU DISTRICT KHANEWAL (ADP NO. 558/2022-23).

HISTORY:

The Government of Punjab is taking various measures to improve healthcare facilities for the people of the Punjab at Primary, Secondary and Tertiary Level. Therefore, in order to improve infrastructure at secondary level Tehsil Headquarter Hospitals, a scheme Titled "**Programme for Revamping of all THQ Hospitals in Punjab (ADP NO. 558/2022-23)**" was introduced in the Annual Development Program 2022-23. One of the hospitals in this programme is the Tehsil Headquarter Hospital (THQ), Mian Channu.

In order to decide the scope of Work for the Revamping and Renovation of THQ Mian Channu, a kick-off meeting was held at THQ Mian Channu, which was attended by the concerned officials from PMU P&S Health Department, concerned officials of Building Department of C/WD and Admin Officer of THQ Mian Channu. During the meeting, it came forth that a portion of the Hospital has already been revamped by the IDAP, that was identified and pictured by PMU team during the visit of the meeting attendees. It was decided that Building Department of C&W/D would not execute/repair any work in areas already revamped by the IDAP. In such case, the written approval would be given by PMU. Ultimately, a detailed scope of work, for the non-revamped areas, was decided, documented and communicated to Building Department officials. (Minutes of the meeting attached herewith)

Keeping in view the detailed scope of work identified by the P&SHD PMU, Rough Cost Estimate amounting to Rs. 38.322 (M) is prepared on MRS/Plinth Area Rates for 2nd Bi-Annual 2022 is submitted herewith for vetting and onward submission for the grant of Administrative Approval from the relevant Competent Authority.

37.7011(M)

DESIGN & SCOPE OF WORK:

The following provisions have been made in the estimate which is as under:

1. Revamping of Main Building Blocks
2. Electrical Installations
3. Reception Counters
4. Construction of Registration Counter for OMS
5. Construction of Burial pit
6. Provision/Relaying of settled Tuff Pavers

SPECIFICATIONS:

The work shall be got executed in accordance with the Buildings Department specification and to the entire satisfaction of the Engineer Incharge.

RATE:

The estimate is based on plinth area and input rates for latest MRS rates as standardized by the Finance Department, Punjab for 2nd Bi-annual 2022.

37.7011(M)

COST:

The Total cost of estimate comes out to be Rs.-38.322 (M).

TIME:

It will take about 18month to complete the work from the actual date of commencement.

Sub Divisional Officer
Buildings Sub Division, Mian Channu

Executive Engineer
Buildings Division, Khanewal

AMENDED ROUGH COST ESTIMATE FOR THE "PROGRAMME FOR REVAMPING OF ALL THQ HOPITALS IN PUNJAB" ONE AT TEHSIL HI HOSPITAL, MIAN CHANNU DISTRICT KHANEWAL (ADP NO. 658/2022-23). COMPRATIVE STATEMENT

Sr. No.	Description of Items	As Per Approved Rough Cost Estimate (MRS 2nd Bi-Annual 2021)				As Per Amended Rough Estimate (MRS 2nd Bi-Annual 2022)							Difference	
		Plinth Area/Qty.	Unit	Rate	Amount	Plinth Area/Qty.	Unit	B.P	Add Double Storey foudation	E.I	Total	Amount	Excess	Saving
1	**Revamping of Main Building**	1	Job.		6392600	1	Job	20604000		--	--	20604000	14211400	--
2	**Construction of Registration Counter for QMS**	1	Job.		2886600							0	--	2886600
3	**Construction of Burial Pit**	1	Job		463600	1	Job	1329000		--	--	1329000	865400	1329000
4	**Provision of Filteration Plant**	1	Job		2995000	--	--	--		--	--		--	2995000
5	**Raising and Relaying of Main Enterance Mattaiiaed Road**	1	Job		1503104	--	--	--		--	--		--	1503104
6	**Provision of Tuff Tile**	1	Job		3318200	--	--	--		--	--		--	3318200
7	**Provision of Car Parking shed (85'x30')**	3483	Sft	731	2546073	--	--	--		--	--		--	2546073
8	**Costruction of Conference room / QMS Hall**	1725	Sft	2381	4107225	1532	PSft	3556	141	227	3924	6011568	1904343	--
i)	Extra Cost of P/L master tiles 24"x24" Granite with SPM light Polished SB flooring of approved colour and quality with border laid over cement sand mortar 3/4" thick complete in all respect as approved by Engineer Incharge	1530	Sft	188	287640	--	--	--		--	--		--	287640
ii)	Extra Cost of P/L master tiles 24"x24" Granite with SPM light Polished SB dado/skirting of approved colour and quality with border laid over cement sand mortar 3/4" thick complete in all respect as approved by Engineer	84	Sft	171	14364	--	--	--		--	--		--	14364
iii)	Extra Cost of P/L Colour glazed ceramic tiles flooring 9"x26",12"x24",13"x26" or equilvalent laid in white cement Granite with SPM light Polished SB flooring of approved colour and quality with border laid over cement sand mortar 3/4" thick complete in all respect as	40	Sft	117	4680	--	--	--		--	--		--	4680

Sr. No.	Description of Items	As Per Approved Rough Cost Estimate (MRS 2nd Bi-Annual 2021)				As Per Amended Rough Estimate (MRS 2nd Bi-Annual 2022)							Difference	
		Plinth Area/Qty.	Unit	Rate	Amount	Plinth Area/Qty.	Unit	B.P	Add Double Storey foudation	E.I	Total	Amount	Excess	Saving
iii)	Extra Cost of P/L Colour glazed ceramic tiles dado/Skirting 9"x26",12"x24",13"x26" or equilvalent laid in white cement Granite with SPM light Polished SB flooring of approved colour and quality with border laid over cement sand mortar	156	Sft	95	14820	--	--	--		--	--	--	--	14820
iv)	P/F Glazed commode (Master ,op 2 CITO) COUPLED WITH GLAZED Flushing Cistern of approved colour and Design complete in all respect.	1	Nos	20000	20000	--	--	--		--	--	--	--	20000
v)	P/F Bath room kit (Acessries set) 07 pieces looking glass ,towel rail,soap dish bursh holder etc complete in all respect as approved by engineer incharge	1	Nos	5983	5983	--	--	--		--	--	--	--	5983
vi)	P/F bath room fittings youthfull colour (Master) i/c open wall shower, Basin Mixer, Tee stop cock, Coupling, Double Bib-Cock, Muslim Shower, Shower with rod best quality complete in all respect and as approved by the Engineer Incharge.	1	Nos	19183	19183	--	--	--		--	--	--	--	19183
vii)	P/F Vanity Basin of best ,design and size of porta best appoved quality complete in all respect and as required ar site of work	1	Nos	13000	13000	--	--	--		--	--	--	--	13000
viii)	Providing and Fixing M.S grill consisting of 1" x 1", 18-SWG M.S square pipe frame with 2 rows of horizontally & equal dividing panels vertically in the same frame and 3/8" x 3/8" M.S square bars 4" c/c welded to each an other & frame horizontally / vertically as per approved drawing and design in windows,hold fast, grouting hold fast in cement concrete (1:2:4) and enamel painting 3-coats with red oxide paint complete in all	144	Sft	236	33991	--	--	--		--	--	--	--	33991

Sr. No.	Description of Items	As Per Approved Rough Cost Estimate (MRS 2nd Bi-Annual 2021)				As Per Amended Rough Estimate (MRS 2nd Bi-Annual 2022)							Difference	
		Plinth Area/Qty.	Unit	Rate	Amount	Plinth Area/Qty.	Unit	B.P	Add Double Storey foudation	E.I	Total	Amount	Excess	Saving
ix)	Providing and Fixing False Ceiling of Gypsum Board (Impported) with 01-side laminated consisting of imported Tee 1"x1"x1/16 and 1"x1x1/16" angle on wall sides powder coated on lower exposed side coated with all accessories such as hanging wires, hooks, screws, rowel plugs and cross joints etc complete in all respects and	1530	Sft	100	153000	--	--	--		--	--		--	153000
x)	S/E of box type tube light size 2'x2' i/c frame 20 watt tube light with choke 4 Nos. complete in all respect and as approved by the Engineer Incharge.	10	Nos.	6960	69600	--	--	--		--	--		--	69600
xi)	P/L PVC venyle sheet flooring i/c cost of materials & labour charges etc complete in all respct as approved by engineer incharge	1601	Sft	155	248155	--	--	--		--	--		--	248155
9	Constrution of Yellow room(14x10)	210	Sft	2381	500010	--	--	--		--	--		--	500010
10	Constrution of Pharmacy (57x29)	1653	Sft	2381	3935793	--	--	--		--	--		--	3935793
i)	Extra Cost of P/L master tiles 24"x24" Granite with SPM light Polished SB flooring of approved colour and quality with border laid over cement sand mortar 3/4" thick complete in all respect as approved by Engineer	1465	Sft	188	275420	--	--	--		--	--		--	275420
ii)	Extra Cost of P/L master tiles 24"x24" Granite with SPM light Polished SB dado/skirting of approved colour and quality with border laid over cement sand mortar 3/4" thick complete in all respect as approved by Engineer	82	Sft	171	14022	--	--	--		--	--		--	14022

Sr. No.	Description of Items	As Per Approved Rough Cost Estimate (MRS 2nd Bi-Annual 2021)				As Per Amended Rough Estimate (MRS 2nd Bi-Annual 2022)							Difference	
		Plinth Area/Qty.	Unit	Rate	Amount	Plinth Area/Qty	Unit	B.P	Add Double Storey foundation	E.I	Total	Amount	Excess	Saving
iii)	Extra Cost of P/L Colour glazed ceramic tiles flooring 9"x26",12"x24",13"x26" or equilvalent laid in white cement Granite with SPM light Polished SB flooring of approved colour and quality with border laid over cement sand mortar 3/4" thick complete in all respect as	40	Sft	117	4680	..	..	..	..	..	..	..	..	4680
iv)	Extra Cost of P/L Colour glazed ceramic tiles dado/Skirting 9"x26",12"x24",13"x26" or equilvalent laid in white cement Granite with SPM light Polished SB flooring of approved colour and quality with border laid over cement sand mortar	156	Sft	95	14820	..	..	..	..	..	..	..	..	14820
v)	P/F Glazed commode (Master ,op 2 CITO) COUPLED WITH GLAZED Flushing Cistern of approved colour and Design complete in all respect.	1	Nos	20000	20000	..	..	..	..	..	..	..	..	20000
vi)	P/F Bath room kit (Acessries set) 07 pieces looking glass ,towel rail,soap dish bursh holder etc complete in all respect as approved by engineer incharge	1	Nos	5983	5983	..	..	..	..	..	..	..	..	5983
vii)	P/F bath room fittings youthfull colour (Master) i/c open wall shower, Basin Mixer, Tee stop cock, Coupling, Double Bib-Cock, Muslim Shower, Shower with rod best quality complete in all respect and as approved by the Engineer Incharge.	1	Nos	19183	19183	..	..	..	..	..	..	..	..	19183
viii)	P/F Vanity Basin of best ,design and size of porta best appoved quality complete in all respect and as required ar site of work.	1	Nos	13000	13000	..	..	..	..	..	..	..	..	13000

Sr. No.	Description of Items	As Per Approved Rough Cost Estimate (MRS 2nd Bi-Annual 2021)				As Per Amended Rough Estimate (MRS 2nd Bi-Annual 2021)							Difference	
		Plinth Area/Qty.	Unit	Rate	Amount	Plinth Area/Qty.	Unit	R.P	Add Double Storey foudation	E.I	Total	Amount	Excess	Saving
ix)	Providing and Fixing M.S grill consisting of 1" x 1", 18-SWG M.S square pipe frame with 2 rows of horizontally & equal dividing panels vertically in the same frame and 3/8" x 3/8" M.S square bars 4" c/c welded to each an other & frame horizontally / vertically as per approved drawing and design in windows,hold fast, grouting hold fast in cement concrete (1:2:4) and enamel painting 3-coats with red oxide paint complete in all respect as approved and directed by the Engineer Incharge.	144	Sft	236	33991	--	--	--		--	--		--	33991
11	**Provision of Electric Work**	1	Job.		5640300	1	Job	5115741		--	--	5115741	--	524559
12	**Constrution of Landary (18 1/4 x18 1/4)**	333	Sft	2381	793022	--	--	--		--	--		--	793022
13	**Raising of Boundary wall 2' height**	1581	Rft	974	1539894	--	--	--		--	--		--	1539894
14	**Sewarge System**	1	Job		509400	--	--	--		--	--		--	509400
15	**Cost of Dismantling**	1	Job		24300	--	--	--		--	--		--	24300
16	**Reception Counter**	-	-	-	-	5	P.Job	158900		-	158900	794500	794500	-
17	**Construction of Electrical Panel Room (17-1/4x20-1/4) = 349 Sft**	-	-	-	-	349	P.Sft	3605		227	3832	1337368	1337368	-
	TOTAL				38440636							38192177		
	D/d Cost of Old Material			(-)	72300									
	Balance Rs:				38368336							713292		
	Add 10% External Devolpment				933605							35905469		
	TOTAL				39301941									

Sr. No.	Description of Items	As Per Approved Rough Cost Estimate (MRS 2nd Bi-Annual 2021)				As Per Amended Rough Estimate (MRS 2nd Bi-Annual 2022)						Difference	
		Plinth Area/Qty.	Unit	Rate	Amount	Plinth Area/Qty.	Unit	B.P	Add Double Storey Condition	E.I	Total	Amount	Excess / Save
	Add 5% PRA				1955397							1750251	
	Add 1% Horticulture Charge				393019.41								
	Add WAPDA Charge				500000								
	TOTAL Rs.				42160057							37709743	
	SAY RS.				**42.160 (M)**							**37.751 (M)**	

ROUGH COST ESTIMATE FOR THE "PROGRAMME FOR REVAMPING OF ALL THQ HOPITALS IN PUNJAB" ONE AT TEHSIL HEAD QUARTER HOSPITAL, MIAN CHANNU DISTRICT KHANEWAL (ADP NO. 658/2022-23).

Sr. No.	Description of item	Plinth area/ Quantity	(As per MRS/ Plinth Area Rates 2nd Bi-Annual 2021) Rate	P.H	E.I	Total	Unit	Amount	Remarks
1	2	3	4	5	6	7 8	9	10	11
1	Revamping of Main Building	1 Job	~~24546400~~ 23911800	--	--	~~24546400~~ 23911800	P Job	20604000 ~~24546400~~ 23911800	Detail attached
2	Provision of Eletrical Installations	5115741 1 Job 21775 Sft	--	--	~~227~~	20604000 5115741 227	P.Sft	5115741 ~~4942925~~	Outsided offered As MRS / Plinth area rate
3	Receiption Counter	5 Job	158900	--	--	158900	P Job	794500	Detail attached
4	Construction of ~~Registration Counter~~ for QMS	1532 ~~1775~~ PSft ~~1 Job~~	3556 ~~3860800~~	--	227 --	141 3924 ~~3860800~~	PSft ~~P Job~~	601568 ~~3860800~~	Detail attached
5	Construction of Burial pit	1 Job	1329000	--	--	1329000	P Job	1329000	Detail Attached
6	Construction of Eletrical Panel Room Provision of ~~Tuff~~ Tile $(17\frac{1}{4} \times 20\frac{1}{4}) = 349$ ~~Sft~~	349 PSft ~~1 Job~~	3605 ~~1067100~~ ~~1023800~~	--	227 --	3832 ~~1067100~~ ~~1023800~~	PSft ~~P Job~~	1337368 ~~1067100~~ ~~1023800~~	Detail Attached
	TOTAL RS. Add 10% External Develop Add 5% PRA Tax					713292 1795273		35192177 ~~36497425~~ ~~35405125~~ ~~1824871~~ ~~1795296~~	
	G. TOTAL RS.					37700743		~~37701221~~ ~~38322296~~ 37.701 (M) ~~38.322~~ (M)	
	SAY RS.								vetted for Rs. 37.701 (M)

Sub-Engineer

42-160(M)

Sub Divisional Officer
Buildings Sub Division
Mian Channu

Executive Engineer
Buildings Division, Khanewal

Superintending Engineer
Building Circle Multan

(15) (9)

ROUGH COST ESTIMATE FOR THE "PROGRAMME FOR REVAMPING OF ALL THQ HOPITALS IN PUNJAB" ONE AT TEHSIL HEAD QUARTER HOSPITAL, MIAN CHANNU DISTRICT KHANEWAL (ADP NO. 658/2022-23).

(ABSTRACT OF COST)

Sr. No.	Description of work	Amount	Remarks
1.	**Main Buildings Hospital (THQ)**	1932401 ~~2346800~~ ~~22957200~~ 6830000 ~~6823584~~ ~~824300~~	
	a) Building Portion		
	b) Public Health Installatio		
	TOTAL RS:	~~23831500~~ ~~23315200~~ 20039400	600117
	Add 3% Contigency	714945	646458/-
	TOTAL RS:	~~24546445~~ ~~2391156~~	20604087
	SAY RS:	~~24546400~~ ~~23911600~~/- 20604000	

SUB ENGINEER

SUB DIVISIONAL OFFCER
Buildings Sub Division
Mian Channu

Executive Engineer
Buildings Division, Khanewal

1 Petty repair to main rooms

OPD	1	x	20	=	20 Nos
OT Block	1	x	5	=	5 ,,
Ward block	1	x	4	=	4 ,,
Emergency	1	x	5	=	5 ,,

Total = 34 Nos. @ 1116.65 Each 37966

2 Petty repair to Small rooms

OPD	1	x	5	=	5 Nos
OT Block	1	x	4	=	4 ,,
Ward block	1	x	3	=	3 ,,
Emergency	1	x	4	=	4 ,,

Total = 16 Nos. @ 558.25 Each 8932

3 Petty repair to Verandah

OPD	1	x	2	=	2 Nos
OT Block	1	x	2	=	2 ,,
Ward block	1	x	4	=	4 ,,
Emergency	1	x	1	=	1 ,,

Total = 9 Nos. @ 1062.00 Each 9558

4 Distempering one coat on old suface

i) OPD						=	280 Sft
i) Ceiling	2	x	10	x	14	=	210 ,,
	1	x	15	x	14	=	840 ,,
	5	x	12	x	14	=	193 ,,
	1	x	13 3/4	x	14	=	224 ,,
	1	x	16	x	14	=	175 ,,
	1	x	12 1/2	x	14	=	219 ,,
	1	x	15 5/8	x	14	=	270 ,,
	1	x	19 1/4	x	14	=	266 ,,
	1	x	19	x	14	=	719 ,,
	1	x	102 3/4	x	7	=	625 ,,
	1	x	89 1/4	x	7	=	906 ,,
	1	x	113 1/4	x	8	=	760 ,,
	1	x	95	x	8	=	300 ,,
	2	x	11	x	13 5/8	=	245 ,,
	1	x	18	x	13 5/8	=	242 ,,
	1	x	17 3/4	x	13 5/8	=	654 ,,
	4	x	12	x	13 5/8	=	218 ,,
	1	x	16	x	13 5/8	=	382 ,,
	2	x	14	x	13 5/8	=	109 ,,
	1	x	8	x	13 5/8	=	136 ,,
	1	x	10	x	13 5/8	=	261 ,,
	3	x	6 3/8	x	13 5/8	=	68 ,,
	1	x	5	x	13 5/8	=	211 ,,
	1	x	15 1/2	x	13 5/8	=	136 ,,
	2	x	5	x	13 5/8	=	102 ,,
	1	x	7 1/4	x	14	=	280 ,,
	4	x	5	x	14	=	356 ,,
	2	x	19 1/4	x	9 1/4	=	96 ,,
Indoor	2	x	6	x	8	=	2031 ,,
Lav.	3	x	35 5/8	x	19	=	132 ,,
Passage	1	x	11	x	12	=	36 ,,
	1	x	5 5/8	x	6 3/8	=	32 ,,
	1	x	5	x	6 3/8	=	32 ,,
	1	x	5	x	6 3/8	=	60 ,,
	1	x	5	x	12	=	156 ,,
	1	x	10	x	15 5/8		

	1	x	11	x	10				=	110 ,,
	1	x	20 1/8	x	11				=	221 ,,
	1	x	10	x	13 5/8				=	136 ,,
	1	x	5	x	12				=	60 ,,
	1	x	5	x	6 5/8				=	33 ,,
	1	x	5	x	6 5/8				=	33 ,,
	1	x	6	x	6 5/8				=	40 ,,
	1	x	6	x	6 5/8				=	37 ,,
	1	x	6 5/8	x	6 5/8				=	132 ,,
	1	x	11	x	12				=	108 ,,
	1	x	12	x	9				=	60 ,,
	1	x	5	x	12				=	33 ,,
	1	x	5	x	6 5/8				=	171 ,,
	1	x	9	x	19				=	756 ,,
Ver	1	x(	100	+	8	)x	7		=	1120 ,,
Corridor	1	x(	100	+	40	)x	8		=	1000 ,,
Link Passage	1	x	100	x	10				=	245 ,,
Diagnastic Block	1	x	13 5/8	x	18				=	116 ,,
Sterilaization	1	x	12	x	9 5/8					
Scrabup	1	x	12	x	8				=	96 Sft
Nursing station	1	x	8	x	8 5/8				=	69 ,,
Dark room	1	x	8	x	9				=	72 ,,
X-Ray	1	x	13 3/8	x	17 1/4				=	231 ,,
Lab.	1	x	13 3/4	x	13 5/8				=	187 ,,
Dr. Male	1	x	8	x	13 5/8				=	109 ,,
plaster room	1	x	10	x	13 5/8				=	136 ,,
Doctor female	1	x	8	x	13 5/8				=	109 ,,
Labour room	1	x	16	x	13 5/8				=	218 ,,
Toilet female	1	x	7 5/8	x	13 5/8				=	104 ,,
waiting	1	x	12	x	13 5/8				=	164 ,,
Passage	1	x	20 1/4	x	9				=	182 ,,
Corridor	1	x	84 3/4	x	8				=	678 ,,
Ver.	1	x	78 3/8	x	7				=	549 ,,
Link passage	1	x	51	x	9				=	459 ,,
								Total	=	**19734 Sft**
									@	561.30 %Sft 110767

5 Preparing surface and painting with emulsion paint i/c scraping ordinary distempering or paint 2-coats on old surface

i) OPD	1	x	2	x(	6 3/8	+	13 5/8	)x	8	=	320 Sft
	1	x	2	x(	10	+	13 5/8	)x	8	=	378 ,,
	2	x	2	x(	10	+	14	)x	8	=	768 ,,
	5	x	2	x(	12	+	14	)x	8	=	2080 ,,
	1	x	2	x(	13 3/4	+	14	)x	8	=	444 ,,
	1	x	2	x(	16	+	14	)x	8	=	480 ,,
	1	x	2	x(	12 1/2	+	14	)x	8	=	424 ,,
	1	x	2	x(	15 5/8	+	14	)x	8	=	474 ,,
	1	x	2	x(	19 1/4	+	14	)x	8	=	532 ,,
	1	x	2	x(	21 1/2	+	14	)x	8	=	568 ,,
	1	x	2	x(	19	+	14	)x	8	=	528 ,,
	1	x	2	x(	102 3/4	+	7	)x	8	=	1756 ,,
	1	x	2	x(	89 1/4	+	7	)x	8	=	1540 ,,
	1	x	2	x(	113 1/4	+	8	)x	8	=	1940 ,,
	1	x	2	x(	95	+	8	)x	8	=	1648 ,,
	2	x	2	x(	11	+	13 5/8	)x	8	=	788 ,,
	1	x	2	x(	18	+	13 5/8	)x	8	=	506 ,,
	1	x	2	x(	17 3/4	+	13 5/8	)x	8	=	502 ,,
	4	x	2	x(	12	+	13 5/8	)x	8	=	1640 ,,
	1	x	2	x(	16	+	13 5/8	)x	8	=	474 ,,
	2	x	2	x(	14	+	13 5/8	)x	8	=	884 ,,
	1	x	2	x(	8	+	13 5/8	)x	8	=	346 ,,
	3	x	2	x(	6 3/8	+	13 5/8	)x	8	=	960 ,,
	1	x	2	x(	15 1/2	+	13 5/8	)x	8	=	466 ,,
	1	x	2	x(	7 1/4	+	13 5/8	)x	8	=	334 ,,
	4	x	2	x(	5	+	14	)x	8	=	1216 ,,
	3	x	2	x	6 3/8	x	3 1/2			=	134 ,,
	2	x	2	x	5	x	3 1/2			=	70 ,,
	4	x	2	x	5	x	3 1/2			=	140 ,,
	2	x	2	x	5	x	3 1/2			=	70 ,,
	1	x	2	x	7 1/2	x	3 1/2			=	53 ,,

ii) Walls

	2	x	2	x(	19 1/4	+	9 1/4	)x	8	=	912 ,,
	2	x	3	x	2	x	4 1/4	x	3	=	153 ,,
	2	x	2	x	9 1/4	x	3			=	111 ,,
	2	x	2	x	8	x	8			=	256 ,,
	3	x	2	x(	35 5/8	+	19	)x	8	=	2622 ,,
	1	x	2	x(	11	+	12	)x	8	=	368 ,,
	1	x	2	x(	5 5/8	+	6 5/8	)x	8	=	196 ,,
	2	x	2	x(	5	+	6 5/8	)x	8	=	372 ,,
	3	x	2	x(	5	+	12	)x	8	=	816 ,,
	1	x	2	x(	10	+	15 5/8	)x	8	=	410 ,,
	1	x	2	x(	11	+	10	)x	8	=	336 ,,
	1	x	2	x(	20 1/8	+	11	)x	8	=	498 ,,
	1	x	2	x(	10	+	13 5/8	)x	8	=	378 ,,
	3	x	2	x(	5	+	6 5/8	)x	8	=	558 ,,
	1	x	2	x(	5 5/8	+	6 5/8	)x	8	=	196 ,,
	1	x	2	x(	11	+	12	)x	8	=	368 ,,
	1	x	2	x(	12	+	9	)x	8	=	336 ,,
	1	x	2	x(	9	+	19	)x	8	=	448 ,,
	1	x	2	x(	100	+	8	)x	8	=	1728 ,,
	1	x	2	x(	100	+	40	)x	8	=	2240 ,,
	1	x	2	x(	100	+	10	)x	9	=	1980 ,,
Mortury	2	x	9	x	12					=	216 ,,
	1	x	9	x	4 1/2					=	41 ,,
	1	x	9	x	5 3/8					=	48 ,,
	1	x	4 1/2	x	11 1/2					=	52 ,,
Wall	2	x	2	x(	9	+	12	)x	7	=	588 ,,
	1	x	2	x(	9	+	5 3/8	)x	7	=	201 ,,
	1	x	2	x(	4 1/2	+	11 1/2	)x	7	=	224 ,,
	1	x	2	x(	9	+	4 1/2	)x	7	=	189 ,,
Kit	1	x	14	x	10					=	140 ,,
	1	x	10	x	6 1/2					=	65 ,,
	1	x	28	x	19					=	532 ,,
Wall	1	x	2	x(	14	+	10	)x	8	=	384 ,,
	1	x	2	x(	10	+	6 1/2	)x	8	=	264 ,,
	1	x	2	x(	7	+	9	)x	8	=	256 ,,
	1	x	2	x(	28	+	19	)x	8	=	752 Sft
Emergency Block	1	x	13	x						=	13 ,,
	1	x	4	x	5					=	20 ,,
	1	x	15	x	9 5/8					=	144 ,,
	4	x	18	x	16					=	1152 ,,
	2	x	5	x	7					=	70 ,,
	1	x	12 5/8	x	14 3/4					=	186 ,,
	2	x	5	x	7					=	70 ,,
	1	x	8	x	7					=	56 ,,
	1	x	4 5/8	x	7					=	32 ,,
	1	x	12 5/8	x	7					=	88 ,,
	1	x	12 5/8	x	7					=	88 ,,
	1	x	7 5/8	x	9 5/8					=	73 ,,
	1	x	5	x	6					=	30 ,,
	1	x	5	x	3					=	15 ,,
	1	x	13	x	9 5/8					=	125 ,,
	1	x	22	x	20					=	440 ,,
Wall	1	x	2	x(	13	+	9	)x	9	=	396 ,,
	1	x	2	x(	4	+	5	)x	7	=	126 ,,
	1	x	2	x(	15	+	9 5/8	)x	8	=	394 ,,
	4	x	2	x(	18	+	16	)x	8	=	2176 ,,
	2	x	2	x(	5	+	7	)x	7	=	336 ,,
	1	x	2	x(	12 5/8	+	14 3/4	)x	8	=	438 ,,
	2	x	2	x(	5	+	7	)x	7	=	336 ,,
	1	x	2	x(	8	+	7	)x	8	=	240 ,,
	1	x	2	x(	4 5/8	+	7	)x	8	=	186 ,,
	1	x	2	x(	12 5/8	+	7	)x	8	=	314 ,,
	1	x	2	x(	5	+	6	)x	7	=	154 ,,
	1	x	2	x(	5	+	3	)x	7	=	112 ,,
	1	x	2	x(	7 5/8	+	9 5/8	)x	8	=	276 ,,
	1	x	2	x(	13	+	9 5/8	)x	8	=	362 ,,
	1	x	2	x(	20	+	22	)x	8	=	672 ,,
	1	x	2	x(	8	+	49 3/8	)x	8	=	918 ,,
	1	x	49 3/8	x	8					=	395 ,,

Diagnastic Block	1	x	2	x(	13 5/8	+	18	)x	8 1/8	=	514	..
	1	x	2	x(	12	+	9 5/8	)x	8 1/8	=	351	..
	1	x	2	x(	20	+	18	)x	8 1/8	=	618	..
	1	x	2	x(	12	+	8	)x	8 1/8	=	325	..
	1	x	2	x(	8	+	9	)x	8 1/8	=	276	..
	1	x	2	x(	8	+	8 5/8	)x	8 1/8	=	270	..
	1	x	2	x(	8	+	13 1/4	)x	8 1/8	=	498	..
	1	x	2	x(	13 3/8	+	13 5/8	)x	8 1/8	=	351	..
	1	x	2	x(	8	+	13 5/8	)x	8 1/8	=	445	..
	1	x	2	x(	13 3/4	+	13 5/8	)x	8 1/8	=	351	..
	1	x	2	x(	6	+	13 5/8	)x	8 1/8	=	461	..
	1	x	2	x(	10	+	13 5/8	)x	8 1/8	=	345	..
	1	x	2	x(	7 5/8	+	13 5/8	)x	8 1/8	=	416	..
	1	x	2	x(	12	+	13 5/8	)x	8 1/8	=	475	..
	1	x	2	x(	20 1/4	+	9	)x	8 1/8	=	1499	..
	1	x	2	x(	84 1/4	+	8	)x	8 1/8	=	1387	..
	1	x	2	x(	78 3/8	+	7	)x	8 1/8	=	1080	..
	1	x	2	x(	51	+	9	)x	9	=		
									Total	=	61817 Sft	

Deduction

OPD	13	x	2 1/2	x	3 1/2	=	114 Sft
	16	x	3 1/2	x	5	=	280 ..
	1	x	16 1/2	x	9	=	149 ..
	1	x	9	x	9	=	81 ..
	3	x	2	x	5	=	30 ..
	1	x	4 1/2	x	5	=	23 ..
	7	x	4	x	5 1/2	=	154 ..
	10	x	6	x	5 1/2	=	330 ..
	3	x	4	x	3	=	36 ..
					Total	=	1197 Sft

Net Total (61816.52 - 1197) = 60620 Sft
@ 2796.55 %Sft 1695255

6 Providing and applying wall putty of 2mm thicknes sover plastered surface (new surface) top reparethe surface even and smooth complete in all respect.

Take qty item No.11 = 19734 Sft
Take qty item No.12 = 60620 ..
Total = 80354 Sft
@ 371.05 %Sft 298152

7 Painting doors and windows two coat on old surface

	20	x	2	x	3 1/2	x	7 = 980 Sft
	14	x	2	x	3	x	7 = 588 ..
	5	x	2	x	2 1/2	x	7 = 175 ..

Total = 1743 Sft
@ 3257.10 %Sft 56771

8 P/Applying weather shield paint of approved quality on external surface ofbuildings I/c preparation of surface application of primer complete in all respect two coats on old surface

OPD	1	x	2	x(	147 1/2	+	67 1/8	)x	14 1/2	=	6224 Sft
	1	x	2	x(	95	+	43	)x	14 1/2	=	4002 ..
	1	x	2	x(	143 1/2	+	48 5/8	)x	14 1/2	=	5572 ..
	4	x	20	x	14 1/2					=	1160 ..
Emergency block	1	x	2	x(	50 1/4	+	34 1/2	)x	14 1/2	=	2458 ..
									Total	=	19416 Sft

Deduction

Door	35	x	3	x	6	=	630 Sft
	4	x	3 2/3	x	6 5/6	=	100 ..
	1	x	19	x	8 1/2	=	162 ..
	3	x	5	x	8 1/2	=	128 ..
Wind	11	x	5	x	6	=	128 ..
					Total	=	1148 Sft

Net Total (19416 - 1148) = 18268 Sft
@ 5245.30 %Sft 958185

10 Removing door with chowkat = 19 Nos.

(20

								@	438.00 Each		8322
11 Removing window, Sky light with chowkat							=	50 Nos. @	341.50 Each		17075
12 Removing ventilators and wooden sunshade etc							=	6 Nos. @	179.00 Each		1074
13 Dismantling glazed Eccustic tiles											
OPD	1	x 7	x 18				=	126 ..			
	1	x 2	x(7	+ 18	)x 6		=	300 ..			
	1	x 8	x 13 5/8				=	109 ..			
	1	x 21	x 21				=	441 ..			
	1	x 19	x 8 1/4				=	157 ..			
	1	x 35 5/8	x 46 3/4				=	1665 ..			
Ward	1	x 2	x(35 5/8	+ 46 3/4	)x 6		=	989 ..			
OT block							=	360 ..			
	1	x 20	x 18				=	456 ..			
	1	x 2	x(20	+ 18	)x 6		=	413 ..			
Coridoor	1	x 51 5/8	x 8				=	716 ..			
	1	x 2	x(51 5/8	+ 8	)x 6		=	101 ..			
N.S	1	x 8	x 12 5/8				=	199 ..			
Docter Female	1	x 8	x 13 5/8				=	136 ..			
Plaster room	1	x 10	x 13 5/8				=	169 ..			
Doctor male	1	x 8	x 13 5/8				=	116 ..			
Stri.	1	x 12	x 9 5/8				=	96 ..			
scurbup	1	x 12	x 8				=	245 ..			
Dilvery	1	x 13 5/8	x 18				=	218 ..			
labour	1	x 16	x 13 5/8								
Emergency block							=	288 ..			
	1	x 16	x 18				=	197 ..			
	1	1 6	x 17 3/4				=	252 ..			
Coridoor	1	x 31 1/2	x 8				=	136 ..			
,,	1	x 17	x 8				=	440 ..			
Waiting area	1	x 20	x 22				=	576 ..			
	2	x 18	x 16				=	448 ..			
	2	x 14	x 16				=	252 ..			
	2	x 14	x 9				=	83 ..			
	1	x 9 3/4	x 8 1/2				=	88 ..			
	1	x 7	x 12 1/2				=	30 ..			
	1	x 7 1/2	x 4				=	38 ..			
	1	x 7 1/2	x 5				=	252 ..			
	2	x 14	x 9				Total	=	9850 Sft @	2335.85 %Sft	230072

14 Dismantling cement concrete plain 1:2:4								
OPD	1	x 7	x 18	x 1/8		=	16 Cft	
	1	x 2	x 12 5/8	x 1/8		=	3 Cft	
	1	x 8	x 12 5/8	x 1/8		=	13 Cft	
OT block						=	52 Cft	
Coridoor	1	x 51 5/8	x 8	x 1/8		=	13 Cft	
N.S	1	x 8	x 12 5/8	x 1/8		=	14 Cft	
Doctor Female	1	x 8	x 13 5/8	x 1/8		=	17 Cft	
Plaster room	1	x 10	x 13 5/8	x 1/8		=	14 Cft	
Doctor male	1	x 8	x 13 5/8	x 1/8		=	14 Cft	
Stri.	1	x 12	x 9 5/8	x 1/8		=	12 Cft	
scurbup	1	x 12	x 8	x 1/8		=	31 Cft	
Dilvery	1	x 13 5/8	x 18	x 1/8		=	27 Cft	
labour	1	x 16	x 13 5/8	x 1/8				
Emergency block						=	36 Cft	
	1	x 16	x 18	x 1/8		=	13 Cft	
	1	1 6	x 17 3/4	x 1/8		=	32 Cft	
Coridoor	1	x 31 1/2	x 8	x 1/8		=	17 Cft	
,,	1	x 17	x 8	x 1/8		=	55 Cft	
Waiting area	1	x 20	x 22	x 1/8		=	72 Cft	
	2	x 18	x 16	x 1/8		=	56 Cft	
	2	x 14	x 16	x 1/8		=	32 Cft	
	2	x 14	x 9	x 1/8				

	1	x	3 3/4	x	6 1/2	x	1/8			=	19 CR	
	1	x	7	x	12 1/2	x	1/8			=	11 CR	
	1	x	7	x	8	x	1/8			=	4 CR	
	1	x	7 1/2	x	8	x	1/8			=	8 CR	
	1	x	7 1/2	x	8	x	1/8			=	33 CR	
	2	x	18	x	9	x	1/8		Total	=	**598 CR**	
										@	111.80 %CR	66823

33 Rendering cellars in lime plaster

OPD	1	x	2	x(	8	x	13 5/8	)x	6	=	260 SR
	1	x	2	x(	21	x	21	)x	6	=	504 ..
	1	x	2	x(	35 5/8	x	46 3/4	)x	6	=	999 ..
Ward Female	1	x	2	x(	18 3/8	x	46 3/4	)x	6	=	794 ..
Opera	1	x	2	x(	19	x	8 1/4	)x	1/2	=	27 ..
OT block											
	1	x	2	x(	51 5/8	x	8	)x	1/2	=	80 ..
Coridoor	1	x	2	x(	8	x	12 5/8	)x	6	=	248 ..
N.S	1	x	2	x(	8	x	13 5/8	)x	1/2	=	22 ..
Doctor Female	1	x	2	x(	8	x	13 5/8	)x	1/2	=	24 ..
Plaster room	1	x	2	x(	10	x	13 5/8	)x	1/2	=	22 ..
Doctor male	1	x	2	x(	8	x	13 5/8	)x	1/2	=	22 ..
Stri.	1	x	2	x(	12	x	8 5/8	)x	6	=	240 ..
scurbup	1	x	2	x(	12	x	8	)x	6	=	360 ..
Dilvery	1	x	2	x(	13 5/8	x	16	)x	6	=	356 ..
labour	1	x	2	x(	16	x	13 5/8	)x	6	=	356 ..
Emergency block	1	x	2	x(	16	x	13 5/8	)x	6	=	34 ..
	1	x	2	x(	16	x	18	)x	1/2	=	24 ..
	1	x	2	x(	6	x	17 3/4	)x	1/2	=	40 ..
	1	x	2	x(	31 1/2	x	8	)x	1/2	=	300 ..
Coridoor	1	x	2	x(	17	x	8	)x	6	=	504 ..
..	1	x	2	x(	20	x	22	)x	6	=	816 ..
Waiting area	2	x	2	x(	18	x	16	)x	6	=	60 ..
	2	x	2	x(	14	x	16	)x	1/2	=	46 ..
	2	x	2	x(	14	x	9	)x	1/2	=	18 ..
	1	x	2	x(	9 3/4	x	8 1/2	)x	1/2	=	20 ..
	1	x	2	x(	7	x	12 1/2	)x	1/2	=	12 ..
	1	x	2	x(	7 1/2	x	4	)x	1/2	=	13 ..
	1	x	2	x(	7 1/2	x	5	)x	1/2	=	46 ..
	1	x	2	x(	14	x	9	)x	1/2	=	**6230 Sft**
									Total		

Door	8	x	3 1/2	x	6	=	168 Sft
	4	x	3 2/3	x	1/2	=	100 ..
	1	x	19	x	1/2	=	162 ..
	3	x	5	x	6	=	128 ..
	11	x	5	x	6	=	128 ..
					Total	=	**686 Sft**

			Net Total	(	6230	- 686)	= **5544 Sft**
							@ 423.30 %Sft 23467

finishing and curing complete (including screening and washing of stone aggregate):
f) Ratio 1 : 2 : 4

OPD	1	x	8	x	12 5/8	x	1/8	=	13 Cft
	1	x	7	x	18	x	1/8	=	16 ..
	1	x	8	x	13 5/8	x	1/8	=	14 ..
	1	x	21	x	21	x	1/8	=	55 ..
	1	x	19	x	8 1/4	x	1/8	=	20 ..
	1	x	35 5/8	x	46 3/4	x	1/8	=	208 ..
Ward									
OT block									
Coridoor	1	x	51 5/8	x	8	x	1/8	=	52 ..
N.S	1	x	8	x	12 5/8	x	1/8	=	13 ..
Doctor Female	1	x	8	x	13 5/8	x	1/8	=	14 ..
Plaster room	1	x	10	x	13 5/8	x	1/8	=	17 ..
Doctor male	1	x	8	x	13 5/8	x	1/8	=	14 ..
Stri.	1	x	12	x	9 5/8	x	1/8	=	14 ..
scurbup	1	x	12	x	8	x	1/8	=	12 ..
Dilvery	1	x	13 5/8	x	18	x	1/8	=	31 ..
labour	1	x	16	x	13 5/8	x	1/8	=	27 ..
Emergency block									
	1	x	16	x	18	x	1/8	=	36 ..
	1	1	6	x	17 3/4	x	1/8	=	13 ..
	1	x	31 1/2	x	8	x	1/8	=	32 ..
Coridoor									

..								=	17 ..
Waiting area	1	x	17	x	8	x	1/8	=	55 ..
	1	x	20	x	22	x	1/8	=	72 ..
	2	x	18	x	16	x	1/8	=	56 ..
	2	x	14	x	16	x	1/8	=	32 ..
	2	x	14	x	9	x	1/8	=	10 ..
	1	x	9 3/4	x	8 1/2	x	1/8	=	11 ..
	1	x	7	x	12 1/2	x	1/8	=	4 ..
	1	x	7 1/2	x	4	x	1/8	=	5 ..
	1	x	7 1/2	x	5	x	1/8	=	32 ..
	2	x	14	x	9	x	1/8		

Total = 891 Cft
@ 38126.10 %Cft 339841

17 Providing and laying super quality Ceramic tile floor s of Master brand of specifiedsize, Glossy / Matt / Texture of approved Color and Shade as per approved design with adhesive bond ,over 3/4" thick (1:2) cement sand plasteri / the cost of sealer for finishing the jointsi / cutting grinding complete in all respect sand as approved and directed by the Engineer Incharge. i) 12"x18"/12"x24"/10"x24" /8"x24"/12"x36"

OPD	Bath Room								=	126 Sft
		1	x	7	x	18			=	58 ..
		1	x	9 5/8	x	6			=	50 ..
		1	x	6	x	8 1/4			=	40 ..
		1	x	8	x	5			=	104 ..
	OT Block	1	x	7 5/8	x	13 5/8			=	175 ..
	Emergency block	5	x	7	x	5			=	19 ..
	Door Cill	10	x	2 1/2	x	3/4				

Total = 571 Sft
@ 239.90 P Sft 137043

18 Providing and laying superb quality Ceramic tiles dado of Master brand of specifiedsize, Glossy/ Matt/ Texture skirting/dado of approved Color and Shadewit had hesive bond over 1/2" thick (1:2) cement plasteri / the cost of sealer for finishing the jointsi /ccutting grinding complete in all respect sas approved and directed by the Engineer Incharge. i) 12"x18"/12"x24"/10"x24" /8"x24"/12"x36"

OPD											=	350 Sft
	1	x	2	x(	7	+	18	)x	7		=	219 ..
	1	x	2	x(	9 5/8	+	6	)x	7		=	308 ..
	2	x	2	x	5	x	6	)x	7		=	200 ..
	1	x	2	x(	6	+	8 1/4	)x	7		=	182 ..
	1	x	2	x(	8	+	5	)x	7		=	298 ..
OT Block	1	x	2	x(	7 5/8	+	13 5/8	)x	7			
Emergency block	5	x	2	x(	7	+	5	)x	7		=	840 ..

Total = 2396 Sft

Deduction							
Door	6	x	2 1/2	x	7	=	105 Sft
Door	3	x	3 1/2	x	7	=	74 Sft
Door	6	x	3 1/2	x	7	=	147 Sft

Total = 326 Sft

Net Total (2396 - 326) = **2070 Sft**
@ 292.65 P Sft 605712

19 1/2" thick cement sand plaster ratio 1:4 upto 20' height

			2	x	21	x	12			=	504 Sft
			2	x	19	x	12			=	456 ..
1	x	2	x(	21	+	21	)x	12		=	1008 ..
1	x	2	x(	21	+	21	)x	2 1/4		=	189 ..
1	x	2	x(	19	+	8 1/4	)x	12		=	654 ..

Total = 2811 Sft
@ 3241.60 %Sft 91121

20 P/F 1-1/2" thick solid flush door comprisingof 2.5 mm thick Commercial ply compressedover 2.5 mm thick commercial ply over 1" thick packing wood instyle and rails under proper pressure i/c the cost of nails, tower bolt , handles, glue, sawing charges, Paintingcharges, sand papering and 3/8" thick matching wooden lipping as approved and directed by the Engineer Incharge

	5	x	3	x	8 7/8	=	103 Sft
					Total	=	**103 Sft**
						@	502.20 P.Sft 51792

21 Providing and fixing sliding bolt to doors:-
ii) Iron sliding bolt, 12" (300 mm) long. = **10 Nos.**
@ 470.00 Each 4700

22 a) Glazing with panes (16 oz to 18 oz) inculiding cost of putty.

12	x	6	x	4	=	288 Sft
10	x	3	x	4	=	120 ,,
				Total	=	**408 Sft**
					@	112.85 P.Sft 46043

23 Providing and fixing auotomatic hydraulic operated door close rimported heavy duty complete in all respect as approved and directed by the Engineer Incharge = **38 Nos.**

1	x	38	@ 2932.00 Each 111416

24 Providing and fitting all types of glazed aluminium windows of anodised/ powder coated partly fixedand partly sliding using delux sections of approved manufacturer having frame size of 100 x 30 mm (4"x1-1/4") and leaf frame sections of 50 x 20 mm (2"x¾"). all of 1.6mm thickness including 5 mm thick imported tinted glass with rubber gasket using approved standard latches, hardwareetc., as approved by the Engineer in-charge

OPD						=	480 Sft
	20	x	4	x	6	=	196 ,,
	4	x	5 3/4	x	8 1/2	=	48 ,,
OT block	4	x	4	x	3	=	18 ,,
	2	x	3	x	3	=	144 ,,
	6	x	4	x	6	=	330 ,,
Emergency block	11	x	5	x	6	=	42 ,,
	2	x	3 1/2	x	6	=	12 ,,
	1	x	2	x	6	=	36 ,,
Cw	6	x	3	x	2		
					Total	=	**1306 Sft**
						@	1348.40 P.Sft 1760336

25 Providing and fixing Aluminum Fly screen comprising of Fiber / Aluminum wire guaze (Malasian) fixed in aluminum frame of approved manufacturer brownze Colour/ powder coated of size1-1/2"x1/2" and 1.6mm thick with rubber gas keti / c cost of Hardwares as approved and directed by theen gineerincharge completeinallrespect.

20	x	2	x	6	=	240 Sft
4	x	2 3/4	x	8 1/2	=	94 ,,
4	x	2	x	3	=	24 ,,
2	x	1 1/2	x	3	=	9 ,,
6	x	2	x	6	=	72 ,,
11	x	2 1/2	x	6	=	165 ,,
2	x	2 3/4	x	6	=	33 ,,
1	x	1	x	6	=	6 ,,
6	x	1 1/2	x	2	=	18 ,,
				Total	=	661 **Sft**

1/2 x 661 = **331 Sft**
@ 493.05 P.Sft 163200

Ward Female	1	x	2	x(	21	+	21	)x	6	= 504 ..
	1	x	2	x(	35 5/8	+	46 3/4	)x	6	=

(24

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

OPD					=	480 Sft
	20	x	4	x 6	=	196 ..
	4	x	5 3/4	x 8 1/2	=	48 ..
OT block	4	x	4	x 3	=	18 ..
	2	x	3	x 3	=	144 ..
	6	x	4	x 5	=	330 ..
Emergency block	11	x	5	x 6	=	42 ..
	2	x	3 1/2	x 6	=	12 ..
	1	x	2	x 6	=	36 ..
Cw	6	x	3	x 2	**Total**	= **1306 Sft**
						@ 854.70 P.Sft 1115811

27 Providing and laying super quality Porcelain glazed tiles of Master brand ,skirting / dadoof specifiedsize. Colorand Shade with adhesive / bond over 1/2" thick (1:2) cement plasteri / the cost of and sealer for finishing the joints, cutting grinding complete in all respect as approved and directed by the Engineer Incharge

a) Full body Glazed tiles

(ii) 600 mm x 600 mm

OPD					=	109 Sft
	1	x	8	x 13 5/8	=	441 ..
	1	x	21	x 21	=	157 ..
	1	x	19	x 8 1/4	=	1665 ..
Ward Female	1	x	35 5/8	x 46 3/4	=	906 ..
Gyane	1	x	19 3/8	x 46 3/4		
OT block					=	413 ..
Coridoor	1	x	51 5/8	x 8	=	101 ..
N.S	1	x	8	x 12 5/8	=	109 ..
Doctor Female	1	x	8	x 13 5/8	=	136 ..
Plaster room	1	x	10	x 13 5/8	=	109 ..
Doctor male	1	x	8	x 13 5/8	=	116 ..
Stri.	1	x	12	x 9 5/8	=	96 ..
scurbup	1	x	12	x 8		
Emergency block						
	1	x	16	x 18	=	288 ..
	1	1	6	x 17 3/4	=	107 ..
Coridoor	1	x	31 1/2	x 8	=	252 ..
,,	1	x	17	x 8	=	136 ..
Waiting area	1	x	20	x 22	=	440 ..
	2	x	18	x 16	=	576 ..
	2	x	14	x 16	=	448 ..
	2	x	14	x 9	=	252 ..
	1	x	9 3/4	x 8 1/2	=	83 ..
	1	x	7	x 12 1/2	=	88 ..
	1	x	7 1/2	x 4	=	30 ..
	1	x	7 1/2	x 5	=	38 ..
	2	x	14	x 9	=	252 ..
					Total	= **7346 Sft**
						@ 340.50 P.Sft 2501357

28 Providing and laying super quality Porcelain glazed tiles of Master brand ,skirting / dadoof specifiedsize. Colorand Shade with adhesive / bond over 1/2" thick (1:2) cement plasteri / the cost of and sealer for finishing the joints, cutting grinding complete in all respect as approved and directed by the Engineer Incharge

a) Full body Glazed tiles

(ii) 600 mm x 600 mm

	1	x	2	x(	8	+	13 5/8	)x	6	= 260 Sft

	1	x	2	x(	21	+	21	)x	6	=	504	..
Ward Female	1	x	2	x(	35 5/8	+	46 3/4	)x	6	=	989	..
Gyane	1	x	2	x(	19 3/8	+	46 3/4	)x	6	=	794	..
	1	x	2	x(	19	+	8 1/4	)x	1/2	=	27	..
	1	x	2	x(	19	+	4 1/2			=	81	..
	4	x	4	x	1 1/8	x	4 1/2			=	243	..
	12	x	4 1/2	x	4 1/2							
OT block												
	1	x	2	x(	51 5/8	+	8	)x	1/2	=	60	..
Coridoor	1	x	2	x(	8	+	12 5/8	)x	6	=	248	..
N.S	1	x	2	x(	8	+	13 5/8	)x	1/2	=	22	..
Doctor Female	1	x	2	x(	10	+	13 5/8	)x	1/2	=	24	..
Plaster room	1	x	2	x(	8	+	13 5/8	)x	1/2	=	22	..
Doctor male	1	x	2	x(	12	+	9 5/8	)x	1/2	=	22	..
Stri.	1	x	2	x(	12	+	8	)x	6	=	240	..
scurbup	1	x	2	x(	13 5/8	+	18	)x	6	=	380	..
Dilvery	1	x	2	x(	16	+	13 5/8	)x	6	=	356	..
labour	1	x	2	x(	16	+	13 5/8	)x	6	=	356	..
Emergency block	1	x	2	x(	16	+	18	)x	1/2	=	34	..
	1	x	2	x(	6	+	17 3/4	)x	1/2	=	24	..
	1	x	2	x(	31 1/2	+	8	)x	1/2	=	40	..
Coridoor	1	x	2	x(	17	+	8	)x	6	=	300	..
,,	1	x	2	x(	20	+	22	)x	6	=	504	..
Waiting area	2	x	2	x(	18	+	16	)x	6	=	816	..
	2	x	2	x(	14	+	16	)x	1/2	=	60	..
	2	x	2	x(	14	+	9	)x	1/2	=	46	..
	1	x	2	x(	9 3/4	+	8 1/2	)x	1/2	=	18	..
	1	x	2	x(	7	+	12 1/2	)x	1/2	=	20	..
	1	x	2	x(	7 1/2	+	4	)x	1/2	=	12	..
	1	x	2	x(	7 1/2	+	5	)x	1/2	=	13	..
	2	x	2	x(	14	+	9	)x	1/2	=	46	..
									Total	=	6554	Sft

Deduction

OPD	5	x	2 1/2	x	6	=	114 Sft
	6	x	3 1/2	x	6	=	280 ,,
	1	x	16 1/2	x	1/2	=	149 ,,
	1	x	9	x	1/2	=	81 ,,
	3	x	2	x	1/2	=	30 ,,
	1	x	4 1/2	x	6	=	23 ,,
	7	x	4	x	6	=	154 ,,
	3	x	6	x	1/2	=	330 ,,
	2	x	4	x	1/2	=	36 ,,
					Total	=	**1197 Sft**

Net Total (6554 - 1197) = **5357 Sft**
@ 340.50 P.Sft 1824016

29 Providing and Fixing False Ceiling of Gypsum Board (Impported) with 01-side laminated consisting of imported Tee 1"x1"x1/16 and 1"x1x1/16" angle on wall sides powder coated on lower exposed side coated with all accessories such as hanging wires, hooks, screws, rowel plugs and cross joints etc complete in all respects and as approved by the Engineer Incharge.

iii) 9 mm thick

Coridor	1	x	104	x	6 3/4	=	702 Sft
waiting	1	x	14	x	15 1/2	=	217 ,,
	4	x	22	x	6 3/4	=	594 ,,
	1	x	24	x	6 3/4	=	162 ,,
	1	x	58	x	6 3/4	=	392 ,,
	1	x	20 1/2	x	6 3/4	=	138 ,,
	1	x	15	x	6 3/4	=	101 ,,
	1	x	56	x	6 3/4	=	378 ,,
						Total =	**2684 Sft**
						@	95.25 P.Sft 255663

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

OT	1	x	20	x	18	=	360 Sft
	1	x	16	x	13 5/8	=	218 ,,

Total = 676 Sft N.S 855457
@ 1134.00 P Sft

31 Supply and installation premium grade [illegible] resistant Gypsum [illegible] [illegible] sheathing of specified thickness duly [illegible] [illegible] conforming to [illegible] and pasted over [illegible] thick gypsum Board with [illegible] over 18 [illegible] of size [illegible] duly screwed on wall i/c the cost of hardwares as approved and directed by the Engineer In charge
(b) 2.5mm thick
GT 1 x 2 x 20 x 16 x 12 = 917
Eye GT 1 x 2 x 18 x 13 5/8 x 12 = 759 ..
Total = 1671 Sft N.S 3156196
@ 1899.00 P Sft

35 Supply and installation of Clip in tile of specified thickness non porous Aluminium false ceiling of specified size fitted with Clip in suspension system hanged on Concealed T/Shiplap edge/runners @ 600 mm/600 mm and Edge Trims fasten on wall with plug and screw @ 600 mm c/c i/c cutting charges of tiles to required size suspension rods and joints sealed with silicon if required of DAMPA/Demark as approved and directed by the Engineer Incharge
(b) Bevelled edges & flange 21.5 mm
GT 1 x 20 x 18 = 360 Sft
Eye GT 1 x 16 x 13 5/8 = 218 ..
Total = 578 Sft N.S 546215
@ 945.00 P Sft

32 Providing and fixing Operable door comprising of 3mm thick UPVC hollow profile chowkat frame of 60mm x 64mm and leaf frame 66 mm x 106 mm both duly reinforced with G.I box frame inside the void with 20 mm wide panel with grooves on both sides i/c the cost of hardwares, hinges, four bolt and cutting charges as approved & directed by the Engineer Incharge
19 x 2 1/2 x 7 = 175 Sft
4 x 3 x 7 = 84 ..
Total = 259 Sft N.S 227920
@ 880.00 P Sft

33 Supply & Installation of Philips, LED Panel Light 24"x24" (RC 091 LED 36S / 865 40 W) in Fasia Ceilign of approved manufacturer i/c cost of all labour & material complete, as approved by the Engineer Incharge
= 57 Nos
Admin Block 1 x 57
Total = 57 Nos. N.S 843600
@ 14800.00 Each

34 Providing and fixing 2"X2" Stainless Steel 14 SWG Corner Guard angle with bevelled corner and 0.5 mm bend at edges duly pasted with premium grade self adhesive glue strips with excellent hold/(double sided Tape) as approved and directed by the Engineer Incharge
91 x 4 1/2 = 410 Rft
100 x 6 = 600 Rft
Total = 1010 Rft N.S 585800
@ 580.00 P Rft

35 Making And Fixing Stainless Steel Clading 20-Swg I/C Fixing With Screws On Columns Complete In All Respects And As Approved By The Engineer Incharge
2 x 8 x 12 = 192 Sft
Total = 192 Sft N.S 203520
@ 1060.00 P Sft

36 Providing and laying 3/4" thick fullwidth Prepolished Marble slab for Vanities / Shelves / Treads / Window Cills ,having Uniformtexture (Spotless) with adhesive bond over 3/4" thick (1:2) cement sand mortor i/c the cost of matching sealer complete in all respects as approved and directed by the Engineer Incharge
i) China Verona
Shelf 6 x 9 x 1 1/2 = 81 Sft
" 6 x 15 1/2 x 2 = 186 ..
" 2 x 15 1/2 x 2 = 62 ..

		3/4	x	8 1/2	=	89 CR	
						33 CR	
					Total	=	329 Sft
						@	412.30 P.Sft 135647

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

(i) 3/4" thick

Ent Steps	6	x	20	x	1	=	120 Sft
	6	x	6	x	1	=	36 ,,
	2	x	4 1/2	x	1	=	9 ,,
	6	x	7	x	1	=	42 ,,
	6	x	12	x	1	=	72 ,,
						Total =	279 Sft
						@	1308.95 P.Sft 365197
(ii) 1/2" thick	6	x	20	x	1/2	=	60 Sft
Riser	6	x	6	x	1/2	=	18 ,,
	2	x	4 1/2	x	1/2	=	5 ,,
	6	x	7	x	1/2	=	21 ,,
	6	x	12	x	1/2	=	36 ,,
						Total =	140 Sft
						@	1182.95 P.Sft 165022

38 Providing And Laying Non-Slippery Porcelain Tiles /Checker Tile For Flooring (12"X12" Size) Light Polished Sb. Laid Over Cement Sand Mortar (Ratio 1:2) 3/4"-Thick I/C Filling Joints With White Cement, Complete In All Respects And As Approved By The Engineer Incharge

Ent Ramps	3	x	15	x	5	=	225 Sft
						Total =	225 Sft N.S
						@	292.00 P.Sft 65700

39 Providing and fixing 6 in(150 mm) wide curved sheet of required shape fixed on face of the construction joint with G.I. screw,1.5 in (40 mm) long to cover construction joints vertically -

i) aluminium sheet 1/16 in(1.5 mm) thick

3	x	60			=	180 Rft
10	x	12 1/2			=	125 ,,
					Total =	305 Rft
					@	149.90 P.Rft 45720

40 Khuras on roof 2'x2'x6" (600x600x100mm)

1	x	3			=	3 Nos.
					@	854.35 Each 2563

41 Khassi parnalas in cement, sand mortar 1:2, 12" (300 mm) outside width finished smooth with a floating coat of neat cement

2	x	11				=	22 Rft
						@	180.65 P.Rft 3974

Pacca brick work in ground floor - 1:6 ratio

1	x	6	x	3/4	x	12	= 54 Cft
2	x	9	x	3/4	x	7	= 95 ,,
3	x	5 5/8	x	.75	x	7 1/4	= 122 ,,
							Total = 271 Cft
							@ 29952.50 %Cft 81123

42 Single layer of tiles 9"x 4½"x1½" aid over 4" earth and 1" mud plaster without Bhoosa, grouted with cement sand 1:3 on top of RCC roof slab, provided with 34 lbs. Per %sft. Or 1.72 Kg/Sq.m itumen coating sand blinded i/c polythene sheet 500 guage

1	x	15	x	6	=	90 Sft
1	x	19	x	7 1/2	=	143 ,,
					Total =	233 Sft

Deduction

Khura 3 x 2 x 2 = 12 Sft (-) 221 Sft

@ 11928.70 %Sft 26303

43 Cement plaster 3/8" (10 mm) thick under soffit of R.C.C. roof slabs only, upto 20' height.

b) 1:3

1	x	21	x	21	=	441 Sft
1	x	19	x	8 1/4	=	157 ,,
					Total =	598 Sft

(20)

Total = [illegible] Sft
@ [illegible] %Sft [illegible]

48 Dismantling brick work in cement or mortar

[illegible]	x	14	x	[illegible]	x	6 1/2	=	[illegible] Cft
[illegible]	x	[illegible]	x	[illegible]	x	[illegible]	=	[illegible] Cft
[illegible]	x	10	x	[illegible]	x	12	=	[illegible] Cft
[illegible]	x	[illegible]	x	[illegible]	x	[illegible]	=	[illegible] Cft
[illegible]	x	[illegible]	x	[illegible]	x	12	=	[illegible] Cft
[illegible]	x	14	x	[illegible]	x	12	=	[illegible] Cft
[illegible]	x	[illegible]	x	[illegible]	x	[illegible]	=	[illegible] Cft

Total = 646 Cft
@ [illegible] %Cft [illegible]

Total Rs = [illegible]

Dist Cost of Old Material
i) Doors and chowkat

1	x	38	=	38 Nos			
				@	3500	Each	133000

ii) Windows

1	x	70	=	70 Nos			
				@	4500	Each	315000

iii) Ventilators

1	x	6	=	6 Nos			
				@	1500	Each	9000

Total Rs 457000 (-) 457000

19324275

NetTotal Rs = ~~[illegible]~~ ~~[illegible]~~

Say Rs = ~~[illegible]~~ ~~[illegible]~~

19320900

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Mian Channu

Executive Engineer
Buildings Division, Khanewal

Public Health Installation — *2nd Bi-Annual 2022*

1 Providing and fitting glazed earthen ware water closet, squatter type (Orca pattern), complete with fush rear
i) white — = 5 Nos. @ 3218.30 Each 19965

2 Providing and fitting glazed earthen ware wash hand basin (vanity Size 20 inch (22"x18") including bracket set, waste pipe and waste coupling, also Under Counter Vanity Basin — = 9 Nos. @ 6603.90 Each 59435

3 Providing and fitting low down plastic made Flushing Cistern 13.63 litre (3 gallons) capacity, including bracket set, copper connection, etc. complete.
ii) colored — = 9 Nos. @ 2649.10 Each 23843

4 Providing and fitting "P" trap
(ii) 10 cm (4") green — = 15 Nos. @ 283.10 Each 4247

5 Providing, fixing, testing and commissioning of µ-PVC (Unplasticized Polyvinyl Chloride ; Nitrasi waste pipe make of Dades /Popular/Betaor equivalent, plain/socket ended conforming to code EN:1329 of specified SDR (Standard Dimension Ratio) including the cost of specials and Solvents completeriat respect as approved and
a) 4" dia — = 300 Rft @ 260.60 P Rft 78180

6 Providing and installing P.V.C. bends,
ii) Class 'B' working pressure:-
i) 4" dia — = 5 Nos. @ 543.55 Each 0

7 Providing and installing P.V.C. Tee,
ii) Class 'B' working pressure:-
i) 4" dia — = 7 Nos. @ 1586.00 Each 0

8 Providing and laying testeing commissioning of POLY PROPYLENE RANDOM COMOPYME (PPRC) WATER SUPPLY PIPE MADE OF (Dads/popular / Beta/ BBJ0 with speicified pressure rating PN (Pressure Nominal) and conforming to Din 8077-8078 code i/c cost of solvent specials, matking jharries complete in all respect as approved and directed by engineer incharge (Internal/Eternal Diametrs mentioned) a) PN-16 Pipe

i) 25 mm dia — = 300 Rft @ 57.95 P Rft 17385

ii) 32 mm dia — = 250 Rft @ 93.65 P Rft 23413

9 Providing and fixing CP heavy duty brass Ball valve with CP handle of specified dia meter made of Faisal / Sonex / Master best quality or equivalent complete in all respect as approved and directed by the Engineer incharge

i) 3/4" dia — = 8 Nos. @ 1434.00 Each 11472

ii) 1" dia — = 6 Nos. @ 1674.00 Each 10044

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

= 8 Nos. @ 19987.90 Each 159903

11 Providing and fixing BATHROOM ACCESSORIES (7-piece set) MASTER BRAND - One Cosmetic Shelf, One Towel rod with bracket, One soap dish, One double hook, One towel ring, brush holder, toilet paper holder & looking glass i/c the cost of hardwares etc complete in all respect as approved and directed by the Engineer incharge

i) Plastic soap dish — = 9 Nos. @ 1200.00 Each 0

ii) Plastic toilet paper holder — = 9 Nos. @ 900.00 Each 0

iii) Plastic tower rail — = 9 Nos.

(22) (30)

@ 1400.00 Each 12600

v) Plastic shelf 60x13 cm (24 x5") with bracket and railing = 9 Nos. @ 900.00 Each 8100

vi) Plastic Brush holder = 9 Nos. @ 900.00 Each 8100

vii) Looking glass with plastic frame = 9 Nos. @ 1700.00 Each 15300

viii) Towel rail = 9 Nos. @ 600.00 Each 5400

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

i) 3-No. Tee stop cock = 5 Nos. @ 2092.00 Each 10460

ii) Lever type Basin Mixer = 5 Nos. @ 6532.00 Each 32660 58789

iii) Double bib cock = 5 Nos. @ 1732.00 Each 8660

(iv) Open Type Wall Shower = 5 Nos. @ 18532.00 Each 92660

v) Muslim shower = 5 Nos. @ 2212.00 Each 11060

vi) Waste Coupling = 5 Nos. @ 592.00 Each 2960

13 Providing and fixing, chromium plated mixing valve, for wash hand basin, sink or shower. = 4 Nos. @ 2228.75 Each 8915

14 Providing and fixing chromium plated tee stop cock 13 mm (½"). = 10 Nos. @ 955.00 Each 9550

15 Providing and fixing chromium plated bib cock:-
ii) 1.5 cm (½") = 9 Nos. @ 775.00 Each 6975

16 Providing and Fixing C.P Elbow Action for use in Scrub in Operation Theathers best quality complete in all respect as approved by the engineer incharge = 4 Nos. N.S @ 18500.00 Each 74000

Total Rs: = 874298 682998

Say Rs: = 874300 683000

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Mian Channu

Executive Engineer
Buildings Division, Khanewal

(36) 13,

DETAILED ESTIMATE FOR THE CONSTRUCTION OF BURIAL PIT & PARKING SHED IN TEHSIL HEADQUARTER MIAN CHANUU DISTRICT KHANEWAL

(ABSTRACT OF COST)

Sr. No.	Description of work	Amount	Remarks
1	**Construction of BURIAL PIT**		
	a) Building Portion	1267700	
	b) Electric Installation	22600	
	TOTAL	**1290300**	
	Add 3% Contigency	38709/-	
	TOTAL	**1329009**	
	SAY RS:	**1329000**	

SUB ENGINEER

SUB DIVISIONAL OFFCER
Buildings Sub Division
Mian Channu

EXECUTIVE ENGINEER
Buildings Division
Khanewal

(31) (32)

DETAILED ESTIMATE FOR THE CONSTRUCTION OF BURIAL PIT & PARKJNG SHED IN TEHSIL HEADQUARTER MIAN CHANUU DISTRICT KHANEWAL

(Burial Pit)

Sr. No	Description	Quantity	Rate	Unit	2nd Bi-Annual 2022 Amount
1	Excavation in foundation of building, bridges and other structures including dagbelling, dressing, refilling around structure with excavated earth, watering and ramming lead upto one chain (30 m) and lift upto 5 ft. (1.5 m). b) in ordinary soil	1756 Cft	10677.75	%0Cft	18750
	ii) -- do -- Above 5' to 10' depth	1243 Cft	335.20	%0Cft	417
2	Mud concrete in foundation including watering and ramming, using brick or stone ballast 1½" (40 mm) gauge	169 Cft	10473.65	%Cft	17700
3	Cement concrete brick or stone ballast 1½ " to 2" gauge, in foundation and plinth :- i) Ratio 1:6:18	234 Cft	19449.25	%Cft	45548
4	Pacca brick work in foundation and plinth in Cement, sand mortar ratio 1:6	271 Cft	27768.70	%Cft	75253
5	Filling, watering, ramming earth in floors:- ii) With new eart excavated from out side lead up to 1-mile	561 Cft	15777.65	%0Cft	8851
6	Providing and laying damp proof course of cement concrete 1: 2: 4 (using cement, sand and shingle), i/c bitmen coating - a) with one coat bitumen and one layer polythene sheet 500 gauge i) 1 ½" thick (40 mm)	123 Sft	8629.95	%Sft	10615
7	Providing and laying reinforced cement concrete (includingprestressed concrete),using coarse sand and screenedgraded and washed aggregate, in required shape and esign, including forms, moulds, shuttering, lifting, ompacting, curing, rendering and finishing exposed surface, complete (but excluding the cost of steel reinforcement, its fabrication and placing in position, etc.) (i) Reinforced cement concrete in roof slab, beams,columns lintels, girders and other structural members laid in situ or precast laid in position, or prestressed members cast situ, complete in all respects :- b) Ratio 1:2:4	342 Cft	556.50	P Cft	190323
8	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) - Grade-40 b) deformed bars	1048 Kg	31411.60	%Kg	329194
9	Pacca brick work in other than building in cement sand mortar ratio 1:5	693 Cft	29571.10	%Cft	204928
10	Supply and filling sand under floor, or plugging in wells	80 Cft	2823.30	%Cft	2261
11	Providing, laying watering and ramming brick ballast 1½" to 2" gauge mixed with 25% sand, for floor foundation, complete in all respects	80 Cft	9164.40	%Cft	7339

(32)

Sr. No	Description	2nd Bi-Annual 2022 Quantity	Rate	Unit	Amount
12	Providing and laying conglomerate flooring (two coat work)with top layer of ½" thick wearing surface, consisting of one partof cement and 2 parts of stone chips passing 3/16" (6 mm) sieve, over bottom layer of cement concrete 1:3:6, including surface finishing and dividing in panels A) 1-1/2" thick	308 Sft	7580.60	%Sft	23348
13	Providing and fixing marble strip of any shade for dividing the mosaic flooring into panels a) Size 1½" x 3/8" (40 x 10 mm)	185 Rft	19.80	P Rft	3659
14	Cement plaster 3/8" (10 mm) thick under soffit of R.C.C. roof slabs only, upto 20' height Ratio 1:3	914 Sft	3705.55	%Sft	33869
15	Cement plaster 1:3 upto 20' (6.00 m) height - a). ½" (13mm) thick	691 Sft	3420.40	%Sft	23635
16	Providing and fixing mild steel chowkat of doors, windows, C.window etc. i/c holdfast, making and threading holes for hinges, etc. complete.-a) M.S. angle iron 1½"x 1½"x ¼" welded with M.S. flat 2"x ¼"	28 Sft	402.85	P Sft	11280
17	P/F Iron door comprising of specified leaves made of 1-1/4"x1-1/4"x3/16" MS angle iron for leaf frame, diagonal and horizontal braces duly welded with MS. sheet 18-SWG i/c the cost of sliding bolt, tower bolt and painting 3-coats but excluding the cost of Chowkat complete in all respect as approved and directed by the Engineer incharge ii) Double Leaf	28 Sft	1393.05	P Sft	39005
18	Cement pointing struck joints, on walls, upto 20' height ratio 1:2 i/c extra cost of red oxide pigment	186 Sft	4168.35	%sft	7753
19	Fabrication of heavy steel work, with angle, tees, flat iron round iron and sheet iron handling, assembling and fixing, but excluding erection in position	200 Kg	32494.70	%Kg	64989
20	Providing & Fixing corrugated galvanized iron sheets with G.I. bolts, nuts, limpet and bitumen washers,wind ties, complete in all respect without valleys and ridges:- a) 20 BWG	315 Sft	42253.30	%Sft	133098
21	Providing and fitting, cast iron soil pipe with:- ii) cement caulked joint:- a) 10 cm (4") dia	18 Rft	329.25	P Rft	5927
22	Providing and fitting cast iron specials, such as tee bend, collar, cross, etc. Plain type -ii) cement caulked joint	5 Kg	316.50	P Kg	1583
23	Borrowpit excavation undressed lead up to 1-mile Ordinary Soil	702 Cft	11929.10	%0Cft	8374
				Total Rs.	**1267699**
				Say Rs:	**1267700**

Sub Engineer

Sub Divisional Officer
Buildings Division
Mian Channu

Executive Engineer
Buildings Division, Khanewal

DETAILED ESTIMATE FOR THE CONSTRUCTION OF BURIAL PIT IN TEHSIL HEADQUARTER HOSPITAL KABIRWALA DISTRICT KHANEWAL.

(Burial Pit Electric Installation)

Sr. No	Description of items	Quantity	2nd Bi-Annual 2022 Rate	Unit	Amount
1	Supply and erection of PVC pipe for wiring recessed in walls including inspection boxes, pull boxes, hooks, cutting jhanries and repairing surface, etc., complete with all specials i) 1" dia	150 Rft	94.60	P Rft	14190
2	Supply and erection of single core PVC insulated copper conductor cables in preiaid PVC pipe/M.S. conduit/G.I pipe/wooden strip batten/wooden casing and capping/G.I. wire/trenches (rate for cables only) : a) 250/440 volts, PVC insulated ii) (7/0.029")	300 Rft	25.70	P Rft	7710
3	Supply and erection of Sahl wood board, 4.5 cm (1¾") thick a) 9"x4" size	1 No	145.70	Each	146
4	Supply and erection of switches 5 Amp. ii) piano type	5 No	72.00	Each	360
5	Supply and erection of 3 pin, 5 Amp wall socket	1 No	90.20	Each	90
6	Supply and erection of button holder i) bakelite large size	2 No	53.75	Each	108
				Total Rs.	**22603**
				Say Rs:	**22600**

Sub Engineer

Sub Divisional Officer
Buildings Division
Mian Channu

Executive Engineer
Buildings Division, Khanewal

(25)

DETAILED ESTIMATE FOR THE CONSTRUCTION OF BURIAL PIT & PARKING SHED IN TEHSIL HEADQUARTER MIAN CHANNU DISTRICT KHANEWAL

(BURIAL PIT)

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

	1	x	17-5/8	x	17-5/8	x	5
Toewall	2	x	23-1/4	x	1-1/2	x	1-1/2
"	2	x	21-3/4	x	1-1/2	x	1-1/2

= 1553 Cft
= 105 Cft
= 98 Cft

Total = 1756 Cft

ii) -- do -- Above 5' depth

	1	x	17-5/8	x	17-5/8	x	4

= 1243 Cft

Total = 1243 Cft

2 Mud concrete in foundation including watering and ramming, using brick or stone ballast 1½" (40 mm) gauge.

	1	x	13	x	13	x	1

= 169 Cft

Total = 169 Cft

3 Cement concrete brick or stone ballast 1½ " to 2" gauge, in foundation and plinth:-

A) Ratio (1:5:10)

2	x(	17-5/8	+	14-1/8	)x	3-1/2	x	3/4	= 167 Cft
2	x(	23-1/4	+	21-3/4	)x	1-1/2	x	1/2	= 68 Cft

Total = 234 Cft

4 Pacca brick work in foundation and plinth cement sand mortar:-

A) Ratio (1:5)

2	x	23-1/4	x	3/4	x	4	= 140 Cft
2	x	21-3/4	x	3/4	x	4	= 131 Cft

Total = 271 Cft

5 Filling, watering, ramming earth in floors:-

iii With new eart excavated from out side lead up to 1-mile.

2	x	21-3/4	x	3-1/4	x	2-1/3	= 330 Cft
2	x	15-1/4	x	3-1/4	x	2-1/3	= 231 Cft

Total = 561 Cft

6 Providing and laying damp proof course of cement concrete 1: 2: 4 (using cement, sand and shingle), including bitmen coating:-

a) with one coat bitumen and one coat polythene sheet 500 gauge.

i) 1 ½" thick (40 mm)

2	x	2	x	14-1/4	x	1-1/8	= 64 Sft
2	x	2	x	13	x	1-1/8	= 59 Sft

Total = 123 Sft

(35) 36

7 R.C.C. work in roof slabs, beams, columns, lintels and other structural members laid in situ or precast laid in position complete in all respects.

Ratio 1:2:4

	1	x	14-1/4	x	14-1/4	x	1/2	= 102 Cft
columns	4	x	3/4	x	3/4	x	10	= 23 Cft
RCC core wall	4	x	12-3/4	x	1/2	x	7	= 179 Cft
Beam	4	x	12-3/4	x	3/4	x	1	= 38 Cft

Total = 342 Cft

8 Fabrication of mild steel reinforcement for cement concrete i/c cutting, bending ,laying in position making joints and fastening i/c cost of binding wire and labour charges for binding of steel (also i/c removal of rust from bars) Deformed bars (40-Grade)

Take qty. item No.10 342 x 6.75 x 0.454 = 1048 Kg

Total = 1048 Kg

9 Pacca brick work in other than building in cement sand mortar

i) Ratio 1:5

2	x	16-1/2	x	2-1/4	x	1/4	= 19 Cft
2	x	16-1/8	x	1-7/8	x	1/4	= 15 Cft
2	x	15-3/4	x	1-1/2	x	1/4	= 12 Cft
2	x	14-1/4	x	1-1/8	x	10	= 321 Cft
2	x	11-3/4	x	2-1/4	x	1/4	= 13 Cft
2	x	12-1/8	x	1-7/8	x	1/4	= 11 Cft
2	x	12-1/2	x	1-1/2	x	1/4	= 9 Cft
2	x	13	x	1-1/8	x	10	= 293 Cft

Total = 693 Cft

10 Supplying and filling sand under floor, or plugging in wells

2 x(21-3/4 + 15-1/4)x 3-1/4 x 1/3 = 80 Cft

Total = 80 Cft

11 Providing, laying watering and ramming brick ballast 1½" to 2" (40 mm to 50 mm) gauge mixed with 25% sand, for floor foundation, complete in all respects

Under Floors

Take same qty. item No.13 = 80 Cft

Total = 80 Cft

12 Providing laying conglomerate flooring (Two coat wotk) with top layer of ½" thick wearing surface consisting of one part of cement and two parts of stone chips passing 3/16" sieve over bottom layer of C.Conc 1:3:6 i/c rubbing and polishing complete with finishing 1-1/2" thick

2 x(23-1/4 + 15-1/4)x 4 = 308 Sft

Total = 308 Sft

13 P/F marble strip of any shade to divide the mosaic flooring into panels.

Take 60% qty. item No.18 = 308 x 60/100 = 185 Rft

Total = 185 Rft

14 Cement plaster 3/8" (10 mm) thick under soffit of R.C.C. roof slabs only, upto 20" height. Ratio (1:3)

1	x	13	x	13			= 169 Sft
4	x	2	x	12-3/4	x	5	= 510 Sft
4	x	12-3/4	x	2-1/4			= 115 Sft
4	x	4	x	3/4	x	10	= 120 Sft

Total = 914 Sft

15 Cement sand plaster 1/2" thick upto 20' height Ratio (1:3)

1	x	2	x(	13	+	13	)x	10	= 520 Sft
1	x	2	x(	14-1/4	+	14-1/4	)x	3	= 171 Sft

Total = 691 Sft

16 Providing and fixing mild steel chowkat of doors, windows C.window, etc. including holdfast, making and threading holes for hinges, etc. complete:-i) M.S. angle iron 1½"x 1½"x ¼" welded with M.S. flat 2"x

1	x	4	x	7	= 28 Sft

Total = 28 Sft

17 P/F Iron door comprising of specified leaves made of 1-1/4"x1-1/4"x3/16" MS angle iron for leaf frame, diagonal and horizontal braces duly welded with MS. sheet 18-SWG i/c the cost of sliding bolt, tower bolt and painting 3-coats but excluding the cost of Chowkat complete in all respect as approved and directed by the Engineer incharge ii) Double

1	x	4	x	7	= 28 Sft

Total = 28 Sft

18 Cement pointing struck joints, on walls, upto 20' height ratio 1:2 i/c extra cost of red oxide pigment

1	x	2	x(	23-1/4	+	23-1/4	)x	2	= 186 Sft

Total = 186 Sft

19 Fabrication of heavy steel work, with angle, tees, flat iron round iron and sheet iron handling, assembling and fixing, but excluding erection in position

= 200 Kg

Total = 200 Kg

20 Providing & Fixing corrugated galvanized iron sheets with G.I. bolts, nuts, limpet and bitumen washers,wind ties, complete in all respect without valleys and ridges:- a) 20 BWG

1	x	17-3/4	x	17-3/4	= 315 Sft

Total = 315 Sft

21 Providing and fitting, cast iron soil pipe with:- ii) cement caulked joint:- a) 10 cm (4") dia

1	x	18	= 18 Rft

Total = 18 Rft

22 Providing and fitting cast iron specials, such as tee bend, collar, cross, etc. Plain type:-ii) cement caulked joint = 5 Kg

Total = 5 Kg

23 Borrowpit excavation undressed lead up to 1-mile Ordinary Soil

1 x 2 x(29-1/4 + 29-1/4)x 3 x 2 = 702 Cft

Total = 702 Cft

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Mian Channu

Executive Engineer
Buildings Division, Khanewal

THQ Main Channu

Provision/Installation of Electrical Equipment.

S.#		Qty:	Unit	Rate	Amount
A	**L.T. (LV) SUB-STATION EQUIPMENT:**				
1	**Construction of ELECTRICAL ROOM**	1		As per requirement	
2	P/F floor mounted Electric Panel board of required depth and size, fabricarted with 14SWG M.S sheet (Indoor/Outdoor Type) derusting, zinc Phosphated, finish with electro static powder coating in approved colour i/c the cost of Lock,Indication lights,thimbles, Copper Comb, Wiring, Netural & Earth Bar, glands,Current Transformers of specified capacity ,Door Earthing, Brass glands,bus bars,controles complete in all respects as approved and directed by the Engineer Incharge (Breakers will be Paid Separately)				
	MDB				
	(i) LT Switchboards				
	(a) 2.50 Ft deep	1	each	3,433.80	154521
	(i) 400A (3.0'x6'x2.5')				
	Incoming From 200KVA Transformer				
	1 Supplying ,Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermal-Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge	1	each	62,433.00	62433
	(a) Tripple Pole 400A(36 KA) 1*1=1	1	each	39,813.00	39813
	(b) Tripple Pole 200A(36 KA) 1*1=1	1	each	17,433.00	17433
	(c) Tripple Pole 100A(36 KA) 1*1=1				
3	P/F floor mounted Electric Panel board of required depth and size, fabricarted with 14SWG M.S sheet (Indoor/Outdoor Type) derusting, zinc Phosphated, finish with electro static powder coating in approved colour i/c the cost of Lock, Indication lights,thimbles, Copper Comb, Wiring, Netural & Earth Bar, glands,Current Transformers of specified capacity ,Door Earthing, Brass glands,bus bars,controles complete in all respects as approved and directed by the Engineer Incharge (Breakers will be Paid Separately)				
	MDB-1(For PDBs)				
	Incoming From Transformers				
	(i) LT Switchboards				
	(b) 12" deep				
	(i) 200A (3'x4'x12")	1	each	4,497.00	53964
	Incoming breakers for MDB-1				
	1 Supplying ,Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermal-Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge				
	(a) Tripple Pole 200A(36 KA) 1*2=2	2	each	39,813.00	79626
	Outgoing breakers for MDB-1				
	(a) Tripple Pole 150A(36 KA) 1*2=2	2	each	17,433.00	34866
	(b) Tripple Pole 150A(36 KA) 1*2=2	2	each	17,433.00	34,866.00
	Outgoing Breakers For ATS (Generator and Transformer)				
	Supplying ,Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermal-Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge				
	(a) Tripple Pole 63A(36 KA) (3* 3=9)	9	each	17,433.00	156897
4	P/F wall mounted DB (Distribution Board) made with 16SWG Sheet (Recessded/Surface mounted Type), Powder coated Paint, i/c the cost of Lock, Indication lights,Thimble, Copper Comb, Wiring, Netural & Earth Bar, Door Earthing, Digital Voltmeter,Digital Ammeter,Volt Selector Switch,Ammeter selector switch,Current Transformers and Controles Complete in all respect as approved and directed by the Engineer Incharge (Breakers will be Paid Separately)				
	PDBs (Indoor & Emergency & Dialysis)				
	(a) 12" deep				
	(ii) 150A (3'x3'x12")	4	each	5,131.05	184717.8
	Incoming Breakers for PDBs (Indoor & Emergency & Dialysis)				
	1 Supplying ,Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermal-Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge				
	(a) Tripple Pole 150A(36 KA) (1*4=4)	4	each	17,433.00	69732
	Outgoing Breakers for PDBs (Indoor & Emergency & Dialysis)				
	2 Suppling,Installation and comissioning of MCB (Miniature Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY /SIEMEN GERMAN/TERASAKI JAPAN/ ABB SWITZERLAND in prelaid DBs and Panels i/c the cost of screwes,necessary wire complete in all respect as approved and directed by the Engineer Incharge				
	(a) Tripple Pole 63A(10 KA) (1*5=5)	5	each	17,433.00	87165
	(b) Single Pole 32A(10 KA) (3*4=12)	12	each	1,298.65	15583.8
	(d) Single Pole 16A(10 KA) (2*4=8)	12	each	1,298.65	15583.8
5	P/F wall mounted DB (Distribution Board) made with 16SWG Sheet (Recessded/Surface mounted Type), Powder coated Paint, i/c the cost of Lock, Indication lights,Thimble, Copper Comb, Wiring, Netural & Earth Bar, Door Earthing, Digital Voltmeter,Digital Ammeter,Volt Selector Switch,Ammeter selector switch,Current Transformers and Controles Complete in all respect as approved and directed by the Engineer Incharge (Breakers will be Paid Separately)				
	PDBs (For OPD & Others)				
	(a) 12" deep				
	(ii) 150A (3'x3'x12")	3	each	5,131.05	138538.35
	Incoming Breakers for PDBs (For Medical Ward & Admin Block & PKLI)				
	Supplying ,Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermal-Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge				
	(a) Tripple Pole 150A(36 KA) (1*3=3)	3	each	17,433.00	52299
	Outgoing Breakers for PDBs (For Medical Ward & Admin Block & PKLI)				
	Suppling,Installation and comissioning of MCB (Miniature Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY /SIEMEN GERMAN/TERASAKI JAPAN/ ABB SWITZERLAND in prelaid DBs and Panels i/c the cost of screwes,necessary wire complete in all respect as approved and directed by the Engineer Incharge				
	(a) Tripple Pole 63A(36 KA) (1*4=4)				
	(b) Single Pole 32A(10 KA) (4*4=16)	4	each	17,433.00	69732
	(c) Single Pole 16A(10 KA) (4*4=16)	16	each	1,298.65	20778.4
9	P/F wall mounted DB (Distribution Board) made with 16SWG Sheet (Recessded/Surface mounted Type), Powder coated Paint, i/c the cost of Lock, Indication lights,Thimble, Copper Comb, Wiring, Netural & Earth Bar, Door Earthing, Digital Voltmeter,Digital Ammeter,Volt Selector Switch,Ammeter selector switch,Current Transformers and Controles Complete in all respect as approved and directed by the Engineer Incharge (Breakers will be Paid Separately)	16	each	1,298.65	20778.4
	LDBs (For Departments)				
	(a) 6" deep				

S.#			Qty.	Unit	Rate	Amount
	(ii)	63A (18"x24"x6")	6	each	1,298.65	7843.925
		Incoming Breakers for LDBs (For Departments)				
		Supplying ,Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermal-Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge.				
	(a)	Tripple Pole 63A(36 KA) (1*6=6)	6	each	17,433.00	104598
		Outgoing Breakers for LDBs (For Departments)				
		Supplng,Installation and comissioning of MCB (Miniature Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY /SIEMEN GERMAN/TERASAKI JAPAN/ ABB SWITZERLAND in prelaid DBs and Panels i/c the cost of screwes,necessary wire complete in all respect as approved and directed by the Engineer Incharge.				
	(a)	Single Pole 32A(10 KA) (4*5=20)	20		1,298.65	25973
	(b)	Single Pole 16A(10 KA) (4*5=20)	20		1,298.65	25973
	(c)	Single Pole 10A(10 KA) (6*5=30)	30		1,298.65	38950.5
10		P/F wall mounted DB (Distribution Board) made with 16SWG Sheet (Recessed/Surface mounted Type). Powder coated Paint, i/c the cost of Lock, Indication lights,Thimble, Copper Comb. Wiring, Netural & Earth Bar, Door Earthing, Digital Voltmeter,Digital Ammeter,Volt Selector Switch,Ammeter selector switch,Current Transformers and Controles Complete in all respect as approved and directed by the Engineer Incharge (Breakers will be Paid Separately).				
		LDBs (For Departments)				
	(a)	6" deep				
	(ii)	63A (18"x24"x6")	4	each	13,765.05	61942.725
		Incoming Breakers for LDBs (For Departments)				
		Supplying ,Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermal-Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge.				
	(a)	Tripple Pole 63A(36 KA) (1*4=4)	4	each	17,433.00	69732
		Outgoing Breakers for LDBs (For Departments)				
		Supplng,Installation and comissioning of MCB (Miniature Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY /SIEMEN GERMAN/TERASAKI JAPAN/ ABB SWITZERLAND in prelaid DBs and Panels i/c the cost of screwes,necessary wire complete in all respect as approved and directed by the Engineer Incharge.				
	(a)	Single Pole 20A(10 KA) (4*4=16)	16		1,298.65	20778.4
	(b)	Single Pole 16A(10 KA) (4*4=16)	16		1,298.65	20778.4
	(c)	Single Pole 10A(10 KA) (6*4=24)	24		1,298.65	31167.6
B		**LT POWER CABLE**				
	1	120 mm sq (37/0.083") PVC insulated, PVC sheathed 4 core, 660/1100 volt non armoured cable (For Transformer)	225	rft	4,633.45	1042526.25
	2	95 mm sq (37/0.072") PVC insulated, PVC sheathed 4 core, 660/1100 volt non armoured cable **(For Transformer)**	235	rft	3,676.05	863871.75
	3	70 mm sq (19/0.083") PVC insulated, PVC sheathed 4 core, 660/1100 volt non armoured cable **(For Transformer and MDB-1)**	270	rft	2,655.80	717066
	4	50 mm sq (19/0.072") PVC insulated, PVC sheathed 4 core, 660/1100 volt non armoured cable **(For PDBs)**	350	rft	1,858.35	650422.5
	5	7/1.12 mm (7/0.044") PVC insulated, PVC sheathed twin core, 250/440 volts, copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc **(For LDBs and ACs)**	300	rft	160.2	48060
	6	7/0.91 mm (7/0.036") PVC insulated, PVC sheathed twin core, 250/440 volts, copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc (for Internal Wiring of Hospital)	300	rft	109.8	32940
	7	7/0.74 mm (7/0.029") PVC insulated, PVC sheathed twin core, 250/440 volts, copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc **(for Internal Wiring of Hospital)**	450	rft	86.55	38947.5
	8	3/0.74 mm (3/0.029") PVC insulated, PVC sheathed twin core, 250/440 volts, copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc **(for Internal Wiring of Hospital)**	300	rft	43.2	12960
		TOTAL				5115741

Detailed Estimate for Improvement / Rehabilitation of Tehsil Head Quarter Hospital at ~~MIAN CHANN~~Kabirwala District Khanewal (Recepition Counter)

2nd I-Annual 2022

Double level.

1 Pacca brick work in other than building in cement sand mortar ratio 1:4

1	x	10	x	3/4	x	4	=	30 Cft	
4	x	2	x	3/4	x	4	=	24 ,,	
						Total	=	**54 Cft**	
								@ 30526 30 %Cft	16484

2 P/L of Reinforced cement concrete in roof slab, beams, columns lintels, girders and other structural members laid in situ or precast laid in position, or prestressed members cast in situ, complete in all respects:-
(c) Type C (Nominal mix 1:2:4

1	x	10	x	2 3/4	x	1/4	=	7 Cft	59435
						Total	=	**7 Cft**	
								@ ~~556 60 P Cft~~ 6603 90	~~3829~~

3 Fabrication of mild steel reinforcement for cement concrete, including cutting, bending, laying in position, making joints and fastenings, i/c cost of binding wire and labour charges for binding of steel reinforcement (also includes removal of rust from bars):-
b) deformed bars

7	x	6.75	x	0.454			=	21 Kg	
						Total	=	**21 Kg**	
								@ 31411 60 %Kg	6622

4 1/2" thick plaster ratio 1:4 upto 20' height

1	x	7	x	4			=	28 Sft	
3	x	2	x	2	x	4	=	48 ,,	
						Total	=	**76 Sft**	
								@ 3241 60 %Sft	2464

5 Providing and laying super bquality Porcela in glazed tiles flooring of MASTER brand of specified size in approved design, Color and Shade withad hesive / bond over 3/4" thick (1:3) cement plasteri / cthe cost of sealer for finishing the jointsi / ccutting grinding complete in allrespect as approved and directed by the Engineer Incharge.
a) Full body Glazed tiles
(ii) 600 mm x 600 mm

1	x	10	x	4 1/4			=	43 Sft	
2	x	2 3/4	x	4 1/4			=	23 ,,	
4	x	3/4	x	4 1/4			=	13 ,,	
1	x	10	x	1/4			=	3 ,,	
						Total	=	**81 Sft**	
								@ 340 50 P Sft	27625

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

1	x	10	x	3			=	30 Sft	
						Total	=	**30 Sft**	
								@ 1308 95 P Sft	39269

7 Providing and fixing aluminium glazed partition of anodized / powder coated using section of M/s. Al-Cop/ Pakistan Cable having 2 mm thick Frame size D48-A , i/c 12 mm tinted TEMPERED glass with sand blasting and edge polishing i/c the cost of tear resistance film,rubber gasket and hardware etc complete in all respect as approved and directed by the Engineer Incharge (Floor hinge will be paid separately)

1	x	10	x	2 1/2			=	**25 Sft**	
								@ 1242 45 P Sft	31061

Providing and ...

(24)

8 Providing and fixing viniboard cabinet ¾" thick with drawers 3" deep in kitchen including termite proofing and polishing or painting with synthetic enamel as specified, with handles, hinges, etc.: complete in all respects

i) 1-1/2" deep, without back

1 x 10 x 2 1/2 = 25 Sft

@ 1077.65 P Sft 26941

Total Rs: = 154294

Add 3% Contingency = 4629

Total Rs: = 158923

Say Rs: = 158900

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Mian Channu

Executive Engineer
Buildings Division, Khanewal

(34) (43

Analysis of Rate:-

Providing and Laying Anti-microbial Floor (Gerflor Flooring), Anti-Bacterial, Anti-Static,Homogeneous, with best abrasion resistance,best indoor air quality, easy maintenance, No wax for life and high stain resistance, High performance homogeneous flooring, Resistant to main chemical products used in healthcare, Installed with Self leveling compound, complete in all respects and as approved by the Engineer Incharge.

Analysis Purpose---------- 10x10 = 100 Sft
Unit ----------P.Sft
2nd Bi-Annual 2022

a Providing and Laying Anti-microbial Floor (Gerflor Flooring), Anti-Bacterial, Anti-Static,Homogeneous, with best abrasion resistance,best indoor air quality, easy maintenance, No wax for life and high stain resistance, High performance homogeneous flooring, Resistant to main chemical products used in healthcare, Installed with Self leveling compound, complete in all respects and as approved by the Engineer Incharge.

Thickness = 2mm

1x10x10	=	100 Sft			
5% wastages	=	5 ,,			
Total		**105 Sft**			
		@	900 P.Sft		94500
			Total	**Rs:**	**94500**
Add 20% contractor's profit and OHC				Rs:	18900
			G.Total	**Rs:**	**113400**

Rate P.Sft 113400 / 100 = 1134 P.Sft

[Say Rs: = 1134 P.Sft]

Sub Engineer

Sub-Divisional Officer
Buildings Sub Division
Mian Channu

Executive Engineer
Buildings Division
Khanewal

Analysis of Rate:-

Providing And Laying Anti-microbial wall panelling/ cladding SPM Walls Panels that Can Resists to heavy impacts, Non-porous & 100% Antibacterial material suitable for high infection risk areas, Welded joints for perfect water tightness between panels or with vinyl flooring, Resists to standard cleaning, disinfection and antiseptic products, Heavy traffic resistant, Sustainable formulation complete in all respects and as approved by the Engineer Incharge.

Analysis Purpose---------- 10x10 = 100 Sft
Unit ----------P.Sft
2nd Bi-Annual 2022

a Providing And Laying Anti-microbial wall panelling/ cladding SPM Walls Panels that Can Resists to heavy impacts, Non-porous & 100% Antibacterial material suitable for high infection risk areas, Welded joints for perfect water tightness between panels or with vinyl flooring, Resists to standard cleaning, disinfection and antiseptic products, Heavy traffic resistant, Sustainable formulation

1x10x10	=	100 Sft			
5% wastages	=	5 ,,			
Total		**105 Sft**			
		@	1500 P.Sft		157500
			Total	**Rs:**	**157500**
Add 20% contractor's profit and OHC				Rs:	31500
			G.Total	**Rs:**	**189000**

Rate P.Sft 189000 / 100 = 1890 P.Sft

Say Rs: = 1890 P.Sft

Sub Engineer

Sub-Divisional Officer
Buildings Sub Division
Mian Channu

Executive Engineer
Buildings Division
Khanewal

Analysis of Rate:-

Providing And Laying Non-porous Ceiling System, Aluminum Dampa Ceiling having Thickness: 0.7mm and Size: 600mm x 600mm in OTs complete in all respects and as approved by the Engineer Incharge.

Analysis Purpose---------- 10x10 = 100 Sft
Unit ----------P.Sft
2nd Bi-Annual 2022

a Providing And Laying Non-porous Ceiling System, Aluminum Dampa Ceiling having Thickness: 0.7mm and Size: 600mm x 600mm.

1x10x10	=	100 Sft			
5% wastages	=	5 ,,			
Total		**105 Sft**			
		@	750 P.Sft		78750
			Total	**Rs:**	**78750**
Add 20% contractor's profit and OHC				Rs:	15750
			G.Total	**Rs:**	**94500**

Rate P.Sft 94500 / 100 = 945 P.Sft

Say Rs: = 945 P.Sft

Sub Engineer

Sub-Divisional Officer
Buildings Sub Division
Mian Channu

Executive Engineer
Buildings Division
Khanewal.

UNIMIX

Quotation

Date: 01-08-2022
Due Date: 15-08-2022
Ref No: UNI-110785

To,
Executive Engineer Buildings,
Khanewal.

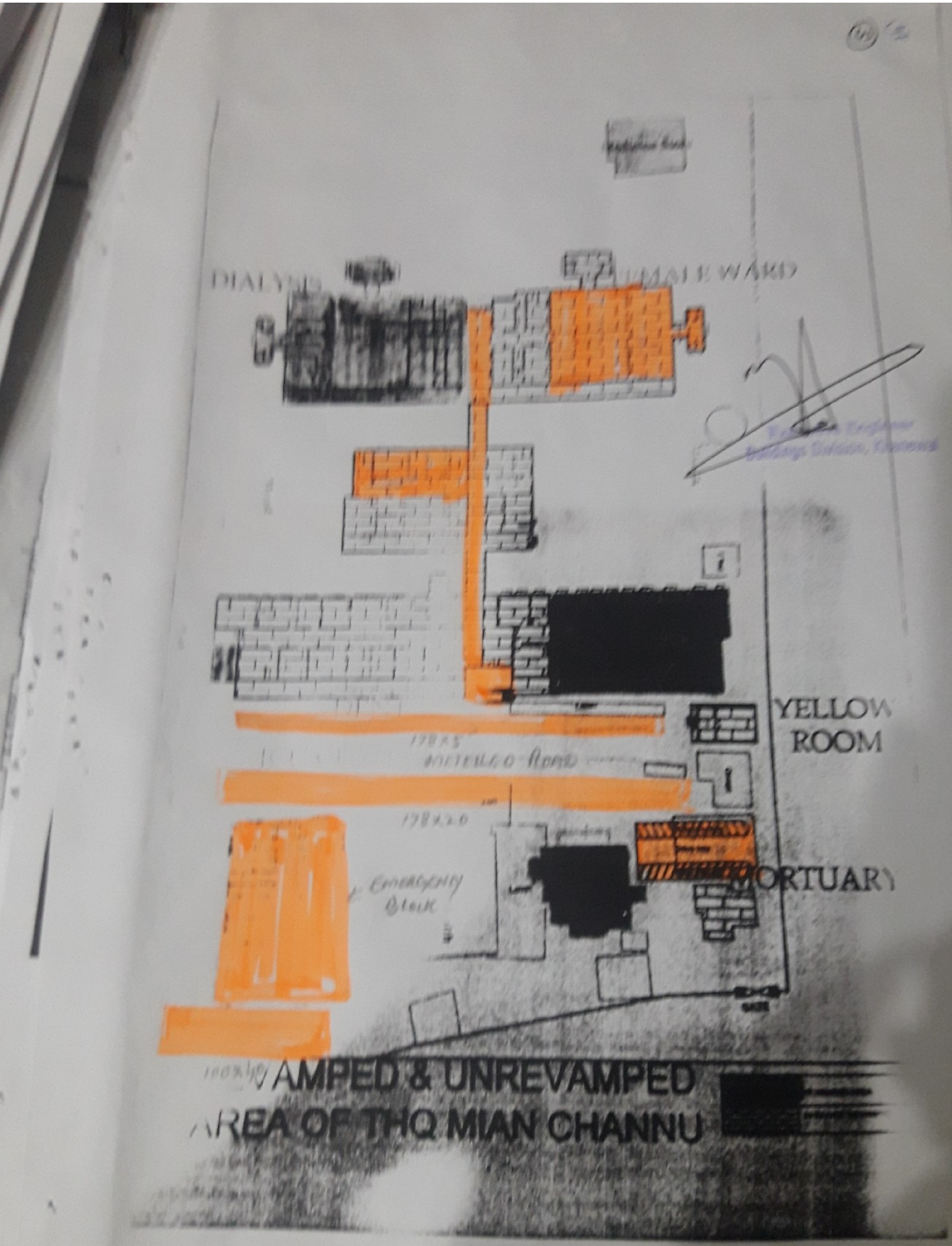
Sr. No.	Description	Qty (Sqft)	Rate	Amount (Rs)
1	**Anti-microbial Floor** **Gerflor Flooring** Ambiance Ultra Anti-Bacterial Anti-Static Homogeneous T Group => best abrasion resistance TVOC after 28 days < 10Âµg/m3 => indoor air quality Exclusive and patented Evercare™ surface treatment => easy maintenance No wax for life and high stain resistance High performance homogeneous flooring Resistant to main chemical products used in healthcare. Installed with Self leveling compound Total Thickness: 2mm Roll Size: 66 x 6.6 = 430sqft	670 Sqft	900	603,000
2	**Anti-microbial wall panelling** **SPM** SPM Walls Panels Resists to 320 kg at 3 km/h impacts Size: 9.8 feet height x 4.3 feet width Non-porous 100% antibacterial material suitable for high infection risk areas Welded joints possible for perfect water tightness between panels or with vinyl flooring Resists to standard cleaning, disinfection and antiseptic products (Anios and Bioquell test reports) Bs2d0 - Heavy traffic 100% antibacterial Sustainable formulation (Without Frame)	1,260 Sqft	1,500	1,890,000
3	**Non-porous Ceiling System** Aluminum Dampa Ceiling Non porus Size: 600mm x 600mm Thickness: 0.7mm	670 Sqft	750	502,500
			Total Amount	**2,995,500.00**

Terms & Conditions

1- 70% advance payment 20% on delivery and balance upon completion of work.
2- Above prices are exclusive of all taxes.
3- All civil work required will be under client's responsibility.
4- Final payment will be made as per actual material delivered at site after job completion.

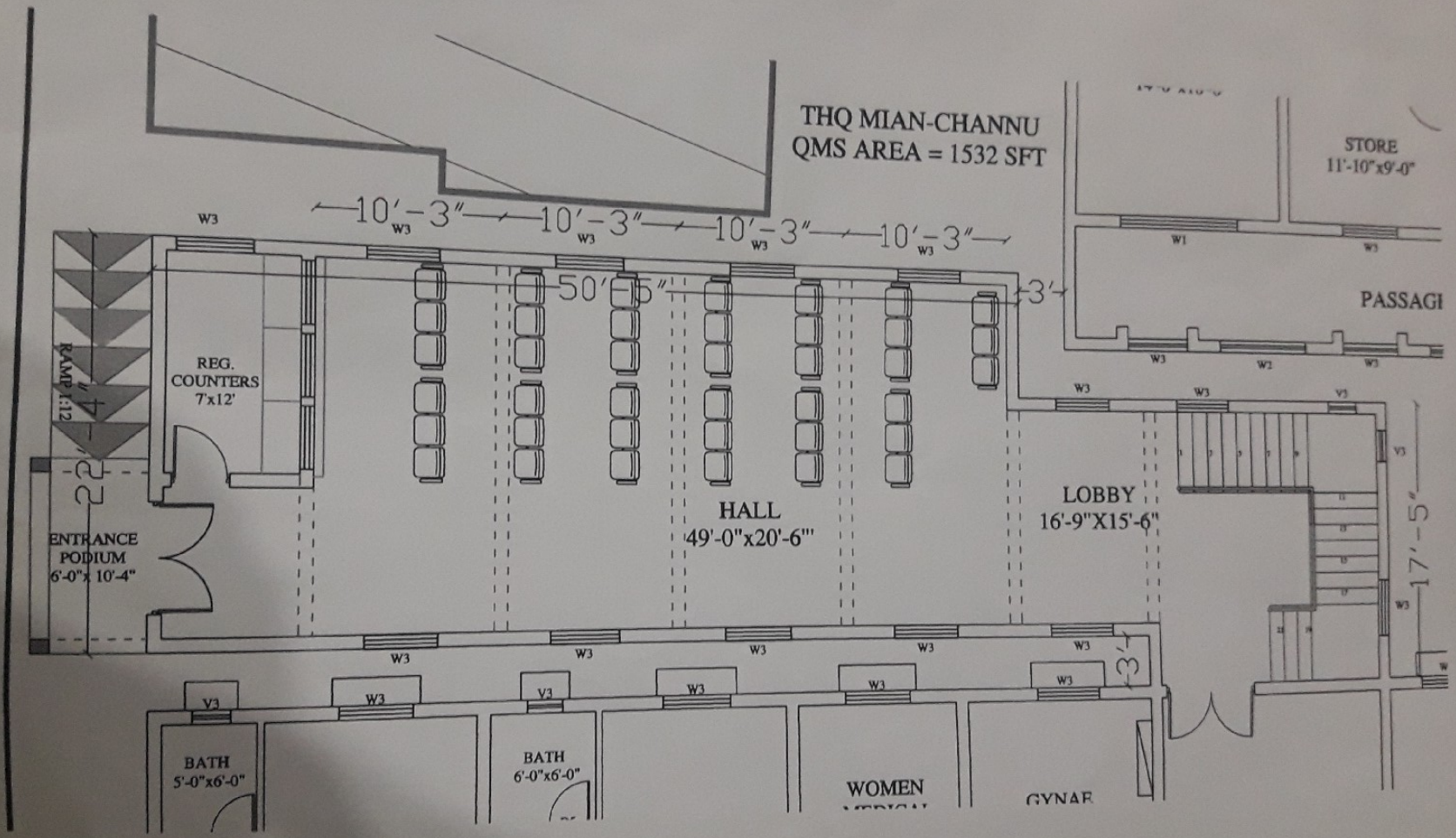
Name: Affan Kaleem
Phone No: 0321-7177794
Email: affan@unimix.com.pk

389-G1, Johar Town Lahore. Ph:0423-5136800, Fax: 0092-42-36364990


DIALYSIS
MALE WARD
YELLOW ROOM
MORTUARY
AMPED & UNREVAMPED
REA OF THQ MIAN CHANNU
Revamped Area


Executive Engineer
Building Division, Khanewal
Scanned with CamScanner

GROUND FLOOR PLAN PART II


THQ MIAN-CHANNU
QMS AREA = 1532 SFT
STORE
11'-10"x9'-0"
PASSAGI
10'-3"
10'-3"
10'-3"
10'-3"
50'-6"
3'
REG.
COUNTERS
7'x12'
RAMP 1:12
4'-2"
ENTRANCE
PODIUM
6'-0"x 10'-4"
HALL
49'-0"x20'-6"'
LOBBY
16'-9"X15'-6"
17'-5"
BATH
5'-0"x6'-0"
BATH
6'-0"x6'-0"
WOMEN
GYNAE

8. ANNUAL OPERATING COST (POST COMPLETION)

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

Grant Number: Government Buildings - (PC12042)
LO NO:LO22010098
A/C To be Credited: Account-I

PKR Million

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

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

Grant Number: Government Buildings - (PC12042)
LO NO:LO22010098
A/C To be Credited: Account-I

PKR Million

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

ANNUAL OPERATING AND MAINTENANCE COST AFTER COMPLETION OF THE PROJECT

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

9. DEMAND AND SUPPLY ANALYSIS

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

10. FINANCIAL PLAN AND MODE OF FINANCING

10.1 FINANCIAL PLAN EQUITY INFORMATION

10.2 FINANCIAL PLAN DEBT INFORMATION

undefined

10.3 FINANCIAL PLAN GRANT INFORMATION

Attached

9. FINANCIAL PLAN AND MODE OF FINANCING

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

Revenue Side:

(Rs.in Million)

	FY 2021-22	FY 2022-23
Funds Released	**10.740**	**8.426**
Utilization	**8.145**	**1.555**

Capital Side:

	FY 2021-22	FY 2022-23
Funds Released	**0.000**	**5.000**
Utilization	**0.000**	**0.000**

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

10.4 WEIGHT COST OF CAPITAL INFORMATION

undefined

11. PROJECT BENEFITS AND ANALYSIS

11.1 PROJECT BENEFIT ANALYSIS INFORMATION

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

11.2 ENVIRONMENTAL IMPACT ANALYSIS

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

11.3 PACT ANALYSIS

undefined

11.4 ECONOMIC ANALYSIS

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

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.

11.5 FINANCIAL ANALYSIS

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

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.

12. IMPLEMENTATION SCHEDULE

12.1 IMPLEMENTATION SCHEDULE/GANTT CHART

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

12.2 RESULT BASED MONITORING (RBM) INDICATORS

undefined

12.3 IMPLEMENTATION PLAN

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

12.4 M&E PLAN

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

12.5 RISK MITIGATION PLAN

Attached

RISK REGISTER

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

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

12.6 PROCUREMENT PLAN

undefined

13. MANAGEMENT STRUCTURE AND MANPOWER REQUIREMENTS

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

14. ADDITIONAL PROJECTS / DECISIONS REQUIRED

NA

15. CERTIFICATE

Focal Person Name: Mr. KHIZAR HAYAT **Designation:**Project Director, PMU P&SHD
Email: **Tel. No.:**042-99231206
Fax No:
Address:31/E1, Shahrah-e-imam Hussain? Road? Block E 1 Gulberg III, Lahore, Punjab

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

Prepared By:

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

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

Checked By:

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

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

Approved By:

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

17. RELATION WITH OTHER PROJECTS