PC-1

Balance Work of Revamping of DHQ Hospital Hafizabad

ORIGINAL APPROVED COST	**PKR Million. 131.219/-**
ORIGINAL APPROVED GESTATION	**43 Months** **Till June 2025**
APPROVAL FORUM	**DDSC (DDSC)**

1. NAME OF THE PROJECT

Balance Work of Revamping of DHQ Hospital Hafizabad

2. LOCATION OF THE PROJECT

2.1. DISTRICT(S)

I. HAFIZABAD

2.2. TEHSIL(S)

I. HAFIZABAD

3. AUTHORITIES RESPONSIBLE FOR

3.1. SPONSORING AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.2. EXECUTION AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.3. OPERATIONS AND MAINTENANCE AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.4. CONCERNED FEDRAL MINISTRY

- NATIONAL HEALTH SERVICES, REGULATIONS AND COORDINATION

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

4. PLAN PROVISION

Sr #	Description
1	**Source of Funding:**Scheme Listed in ADP CFY
2	**GS No:**5344
3	**Total Allocation:**0.000
4	**Comments:** Provision of Rs.1300 M reflected at G.S. No.660 of ADP 2022-23 titled “Balance Work of Revamping of All DHQ & 15 THQ Hospitals in Punjab.

5. PROJECT OBJECTIVES

attached

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

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

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

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

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

5.1. Brief Description / Background

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

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

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

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

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

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

C) External Electrification

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

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

- Emergency
- CT Scan
- Dialysis
- ICU
- CCU
- Physiotherapy
- Mortuary
- Dental Unit

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

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

Total area of the DHQ Hospital Hafizabad:	79,420	SFT
Area completed :	68,660	SFT
Remaining Area/Descoped:	10,760	SFT

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 winards according to the requirement. Moreover, existing wooden doors having shabby and dirty look are proposed to be re-polished and washroom doors are proposed to be replaced with PVC doors to make them resistant against water.

5.3.2.4 Improvement of washroom blocks

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

5.3.2.5 Fire and theft security

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

5.3.3 Medical Infrastructure Development

Includes establishment of new facilities which are as follows:

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

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

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

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

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

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

5.3.3.1 ICU

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

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

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

5.3.3.2 CCU

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

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

5.3.3.3 DIALYSIS UNIT

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

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

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

5.3.3.4 BURN UNIT

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

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

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

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

5.4.1 EMERGENCY DAPARTMENT:

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

5.4.2 General Overview of Emergency Department

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

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

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

5.4.3 Position of Emergency Department

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

5.4.4 Addition of Portico and External Structures

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

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

5.4.5 General Building Interventions:

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

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

5.5 Introduction of IT-based solutions

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

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

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

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

- MLC portal

5.6 MONITORING AND QUALITY ASSURANCE (PROCESS INTERVENTIONS)

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

5.6.1 MSDS (Minimum Service Delivery Standards)

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

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

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

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

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

MSDS implementation is a complex procedure. Because it requires

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

The PDSA cycle

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

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

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

5.6.2 Supply of missing Biomedical and non-biomedical equipment

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

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

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

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

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

5.7. Electronic Medical Record (EMR) and QMS

5.7.1 Queue Management System (QMS)

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

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

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

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

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

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

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

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

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

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

5.7.2 Public Address System

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

5.7.3 CCTV System

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

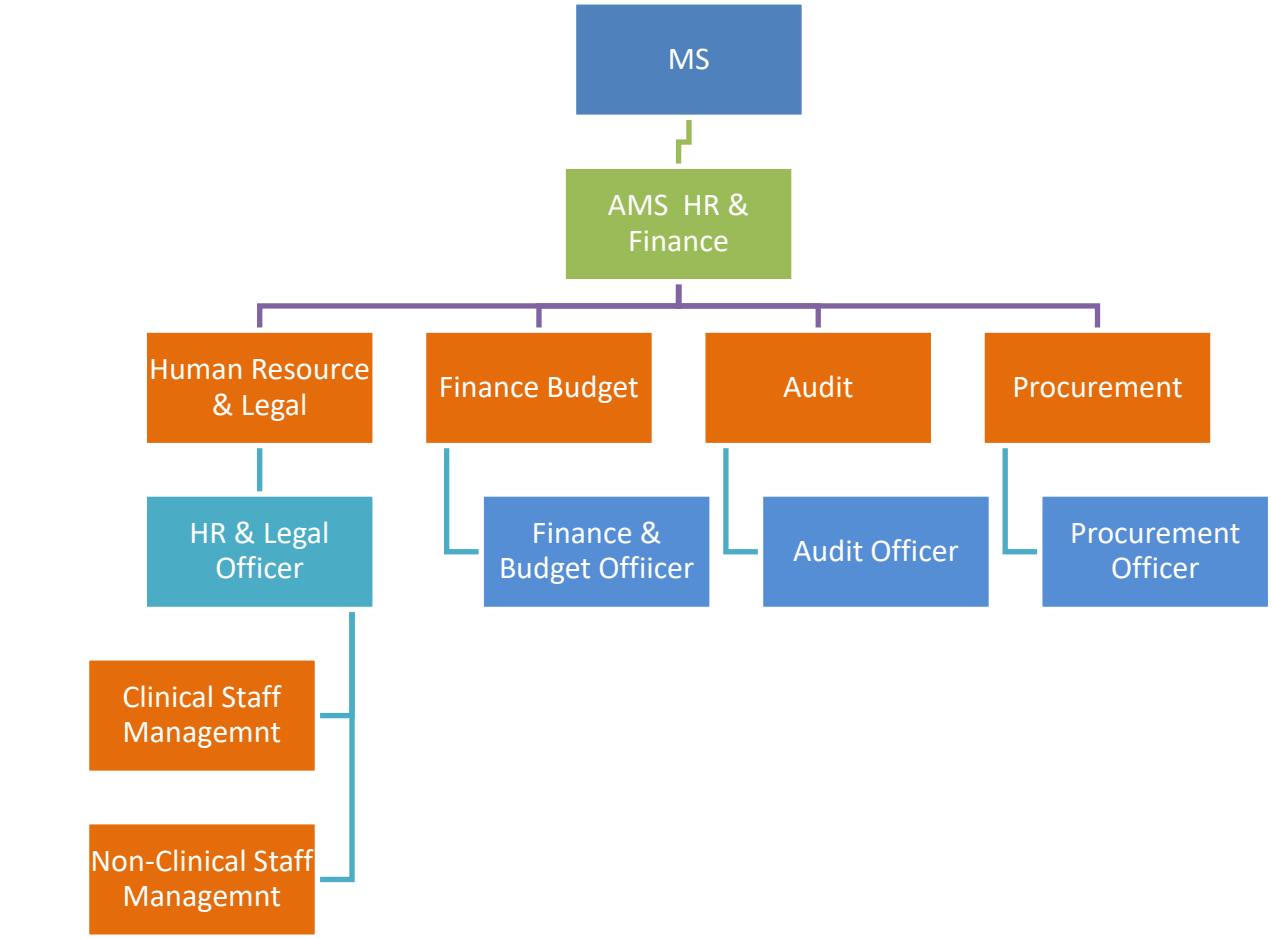
5.7.4 EMR and Networking

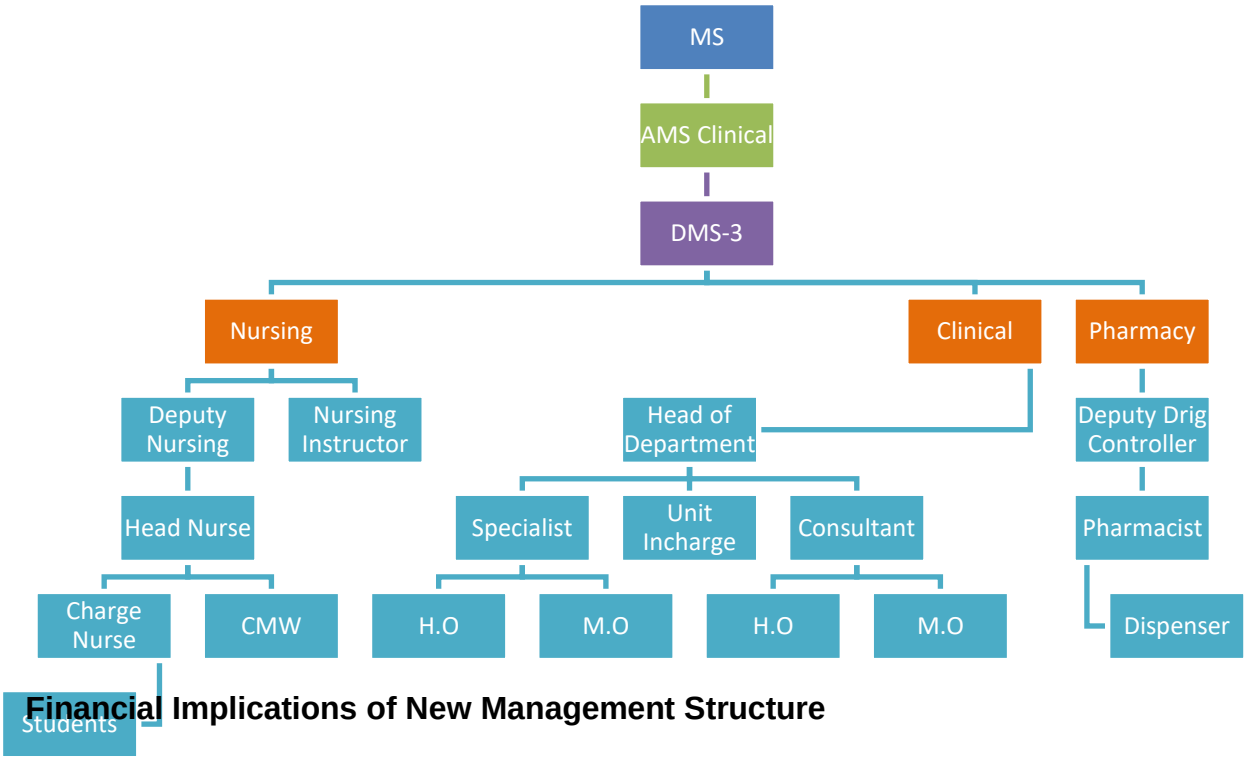
Establishment of network infrastructure, establishing a central data center, connectivity of different building through fiber, are also the major components of the revamping project in terms of ICT. This will including provision of networking point at all nursing stations and important areas where entries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

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

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

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





Financial Implications of New Management Structure

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

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

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

Name of Post	No. of Employees	Original Pay package approved		Revised Pay package	
		Per Month Salary	Salary for One Year	Per Month Salary	Salary for One Year
ADMIN OFFICER	1	80,000	960,000	105,000	1,260,000
HUMAN RESOURCE OFFICER	1	80,000	960,000	105,000	1,260,000
IT/STATISTICAL OFFICER	1	80,000	960,000	105,000	1,260,000
FINANCE & BUDGET OFFICER	1	80,000	960,000	105,000	1,260,000
AUDIT OFFICER	1	80,000	960,000	105,000	1,260,000
PROCUREMENT OFFICER	1	80,000	960,000	105,000	1,260,000
LOGISTICS OFFICER	1	80,000	960,000	105,000	1,260,000
BIOMEDICAL ENGINEER	1	80,000	960,000	105,000	1,260,000
QUALITY ASSURANCE OFFICER	1	80,000	960,000	105,000	1,260,000
DATA ENTRY OPERAOTOR (DEO)	4	35,000	1,680,000	44,000	2,112,000

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

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

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

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

5.8.2.1 HR / Legal Officer

Shall be responsible for following:

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

Eigibility Criteria

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

5.8.2.2 Finance & Budget Officer

Shall be responsible for following:

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

Eigibility Criteria

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

5.8.2.3 Audit Officer

Shall be responsible for following functions:

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

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

Eigibility Criteria

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

5.8.2.4 Procurement Officer

Shall be responsible for following functions:

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

Eigibility Criteria

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

5.8.2.5 ADMIN OFFICER AND ASSISTANT ADMIN OFFICER

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

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

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

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

Eligibility Criteria (Admin Officer)

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

Eligibility Criteria (Assistant Admin Officer)

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

5.8.2.6 IT/STATISTICAL OFFICER

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

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

Eligibility Criteria

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

5.8.2.7 QUALITY ASSURANCE OFFICER

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

Eligible Criteria

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

   OR

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

5.8.2.8 BIO-MEDICAL ENGINEER

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

Eligible Criteria

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

5.8.2.9 LOGISTICS OFFICER

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

Eligible Criteria

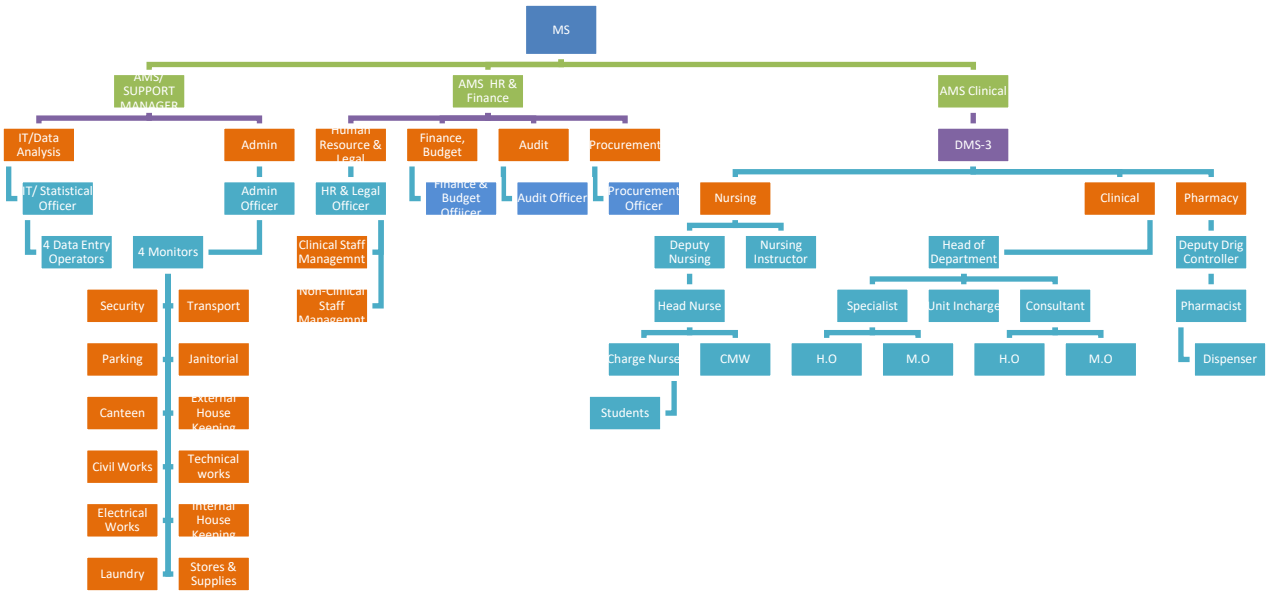
1. M.Sc. Supply Chain Management/ MBA or Equivalent.
2. One year experience in Supply Chain, logistics, fleet, warehousing and inventory management, clearing and forwarding.

5.8.2.10 Data Entry Operators (DEO)

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

Eligible Criteria

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



Financial Implications of New Management Model

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

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

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

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

5.9 RELATIONSHIP WITH SECTORAL OBJECTIVES

The Government of the Punjab, Primary & Secondary Healthcare Department is in the process of undertaking number of initiatives to improve health care delivery system in the province. The Government of the Punjab is firmly committed to provide health care services at the doorstep of the community through integrated approach. A number of projects to improve emergency health care service particularly targeting on the promptness and quality have been initiated. Although major focus is on disease prevention and health promotion strategies by providing specialist health care services to victims of various diseases in the patients is one of the top most priority. The instant project will be a major wing to health department with line departments.

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

5.10 PATIENT MANAGEMENT PROTOCOL

5.10.1 EMERGENCY:

1. Initial reception and computerization of data, issuance of medical record number and preparation of record file.
2. Patients seen by C.M.O. initial assessment (brief history and physical examination) is entered on the emergency slip/file initial treatment is started.
3. C.M.O calls the medical officer / house officer of the relevant department who takes on of the following action:-
    i. Discharges the patient from emergency department after the patient is stabilized (himself or after consultation).
    ii. Returns the patient in emergency department and inform the consultant or call such patient is either discharged after some time i.e. 2 hours of admitted later on
    iii. Patient is straight way admitted by the medical officer himself or in consultation with the consultant
4. A separate record is maintained by each department. Each patient discusses at the morning meeting and any pitfalls are any pitfalls are corrected.

5. The patient who is admitted is again entered into the computer in the ward, complete history and physical examination is carried out and relevant lab & radiological investigations are ordered. (If not already done in the emergency department).
6. The definitive management is either started by the medical officer himself or in consultation with the consultant. (Telephone or physically). The patient is prepared for surgery if required.
7. At the evening round of the ward, the patients admitted throughout the day (Through OPD or emergency) are seen by the specialist. Appropriate changes in the management are carried out.
8. During the night, medical officer & house officer will be on duty and they will remain in contact with consultant.
9. In the morning round all the new admissions and old patients are thoroughly discussed management / treatment changed, surgery ordered or discharge ordered.
10. The discharge certificate is either prepared by the house officer or medical officer. If prepared by the house officer, it is countersigned by the medical officer

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

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

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

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

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

modifications are decided in the relevant department for each patient.

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

5.10.4 INVENTORY CONTROL SYSTEM

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

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

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

5.10.5 PROJECT MONITORING COMMITTEE

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

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

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

6. DESCRIPTION AND JUSTIFICATION OF PROJECT

6.1 JUSTIFICATION OF PROJECT

attached

6. DESCRIPTION, JUSTIFICATION AND TECHNICAL PARAMETERS

The scheme has been estimated on face of the factual basic requirements and if needed, alterations and has been quoted in this PC-I. The Population of District Hafizabad is more than 1.2 million. The area of the DHQ Hospital Hafizabad is 205553 SFT land and Trauma center is 54928 SFT.

6.1 DESCRIPTION AND JUSTIFICATION

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

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

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

Civil work revamping of all DHQ & 15 THQ Hospitals was undertaken during the FY 2016-17 through Infrastructure Development Authority Punjab (IDAP). Later on the IDAP informed that they will not be able to take the next revamping plan of DHQ/THQ Hospitals of Punjab on the grounds that it does not fall in the project role of IDAP specified in the 36th meeting of Principal Cabinet of IDAP held on 06-10-2020. Accordingly, on the basis of revised RCE of IDAP and de-scope civil work for 25 sub-schemes of all DHQ and 15 THQ Hospitals have been approved from PDWP in its meeting held on 36-03-2021 and DDSC meeting held on 29-04-2021. Sub-schemes of all DHQ & 15 THQ Hospitals were concluded.

Thereafter it was decided to complete the balance civil work of revamping through C&W Department and a block scheme titled "Balance Work of Revamping of all DHQ/15 THQ Hospitals in Punjab" was included in ADP 2021-22. Accordingly, the Rough Cost estimates of balance civil work has been got prepared from the Punjab Buildings Department for preparation of PC-Is and were approved from the DDSC.

JUSTIFICATION FOR REVISION OF PC-I

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

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

Now the Planning & Development Board vide letter No.12(24)PO(COORD-II)P&D/2022 dated 14-07-2022 has informed that revised standard pay package were discussed and approved by the 83rd PDWP meeting held on 28-06-2022

under the chairmanship of Chairman P&D Board for all ADP funded Project posts of Department /Organizations working in Government of the Punjab. Therefore, the revised Pay Package has been incorporated in the revised PC-I. Due this the revenue component meant only for salaries of NMS staff has been increased.

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

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

given below

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:

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:LO21010528
A/C To be Credited: Assan Assignment

PKR Million

Sr #	Object Code	2021-2022		2022-2023		2023-2024		2024-2025	
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	**A05270**-To Others	0.000	0.000	22.431	0.000	15.000	0.000	15.000	0.000
Total		**0.000**	**0.000**	**22.431**	**0.000**	**15.000**	**0.000**	**15.000**	**0.000**

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

Grant Number: Government Buildings - (PC12042)
LO NO:LO21010725
A/C To be Credited: Assan Assignment

PKR Million

Sr #	Object Code	2021-2022		2022-2023		2023-2024		2024-2025	
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	**A12403**-Other Buildings	0.000	0.000	38.788	0.000	20.000	0.000	20.000	0.000
Total		**0.000**	**0.000**	**38.788**	**0.000**	**20.000**	**0.000**	**20.000**	**0.000**

Abstract of Cost

Balance work of Revamping of DHQ Hospital Hafizabad

Scope of work	Cost in Million								
	Original cost			Amended Cost			1st Revised		
	Capital	Revenue	Total	Capital	Revenue	Total	Capital	Revenue	Total
Capital component									
Internal Development	3.403	0.000	3.403	15.762	0.000	15.762	4.908	0.000	4.908
External Development	25.193	0.000	25.193	20.753	0.000	20.753	73.880	0.000	73.880
Water filtration plant	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Capital Component	**28.596**	**0.000**	**28.596**	**36.515**	**0.000**	**36.515**	**78.788**	**0.000**	**78.788**
Revenue component									
Human resource (HR) plan	0.000	25.440	25.440	0.000	25.440	25.440	0.000	43.431	43.431
Electrical Component	0.000	0.000	0.000	0.000	0.000	0.000	0.000	9.000	9.000
Total Revenue component	**0.000**	**25.440**	**25.440**	**0.000**	**25.440**	**25.440**	**0.000**	**52.431**	**52.431**
Grand Total	**28.596**	**25.440**	**54.036**	**36.515**	**25.440**	**61.955**	**78.788**	**52.431**	**131.219**

Human Resource Model of DHQ Hospital

	Original				1st Revised				
NAME OF POST	**No. of Emplyees**	**Per Month Salary**	**Per Month Salary for all Person**	**Salary for Two Years**	**No. of Emplyees**	**Project Pay Scale**	**Per Month Salary**	**Per Month Salary for all Person**	**Salary for Two Years**
ADMIN OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
HUMAN RESOURCE/LEGAL OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
IT/STATISTICAL OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
FINANCE & BUDGET OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
AUDIT OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
PROCUREMENT OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
DATA ENTRY OPERAOTOR (DEO)	4	35,000	140,000	3,360,000	4	3	44,000	176,000	5,456,000
QUALITY ASSURANCE OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
BIO MEDICAL ENGINEER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
LOGISTICS OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
ASSISTANT ADMIN OFFICER	4	50,000	200,000	4,800,000	4	5	70,000	280,000	8,680,000
Sub Total of HR Model	**17**		**1,060,000**	**25,440,000**			**1,059,000**	**1,401,000**	**43,431,000**
				25.440					**43.431**
Utilization of HR Component				**5.824**					
									49.255

Electricity

		Orignal			Amended			1st Revised		
Sr. No	**Item Description**	**Qty**	**Unit Cost**	**Total Cost**	**Qty**	**Unit Cost**	**Total Cost**	**Qty**	**Unit Cost**	**Total Cost**
1	200 KVA Generator	0	-	-	0	-	-	1	9,000,000	9,000,000
				-			**-**			**9,000,000.000**
				-			-			9.00

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

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

Office of the
CHIEF ENGINEER
Punjab Buildings Department
(North Zone) Lahore

cebnzdb@gmail.com

No.CEBNZ/ 2043 /D, Dated 30 / 11 /2022

RECEIVED & ENTERED	
Diary No:	To, 66028
Date:	01-12-2022
PM/PO I&C:	
PMU, P&SHD	
Deputy FD	
Finance & Admin	
Procurement	
Outsourcing	
Infrastructure	✓
Planning & HR	
ICT	
Operations	
Health	
Legal	
I & C	
BERC	
MARKING SIGNATURE	

The Director Infrastructure
Project Management Unit (PMU)
Primary & Secondary Healthcare Department
31/E-1, Shahra-e-Imam Hussain Gulberg-III,
Lahore.

SUBJECT: REVISED ROUGH COST ESTIMATE FOR THE WORK "BALANCE WORK OF REVAMPING OF D.H.Q HOSPITAL HAFIZABAD"
A.D.P SCHEME NO.660 FOR THE YEAR (2022-23)

REFERENCE: Superintending Engineer, Building Circle Gujrat office letter No.1962/DB, dated 14.11.2022.

As approved by the competent authority, the revised rough cost estimate for the subject scheme received through above referred communication is sent hereby dully vetted for **Rs.~~81.875~~ 78.788 (M)** for favour of consideration and arranging revised administrative approval under proper head of account.

DA/
Copy of
vetted estimate

Deputy Director-I
For Chief Engineer
Punjab Buildings Deptt. (N.Z),
Lahore

PM-II (EN)
5/12/22

NO. & DATE EVEN

A Copy is forwarded for information & necessary action to the:-

1. Secretary, to Govt. of the Punjab, Primary & Secondary Healthcare Department, Lahore.
2. Superintending Engineer, Building Circle Gujrat, with reference to his office letter referred as above.
3. Chief Executive Officer, District (Health) Authority, Hafizabad.
4. Executive Engineer, Building Division Hafizabad.
5. Chief Draftsman (Local)

Estimated Framed in the office of **Executive Engineer, Building Division, Hafizabad.**

For the Expense of :- **REVISED ROUGH COST ESTIMATE ON DETAIL BASIS FOR THE WORK "Balance Work of Revamping of DHQ Hospitals Hafizabad. (A.D.P. SCHEME NO.660/B-II for the year 2022-23)**

History.

After establishment of Hafizabad as District in 1993, T.H.Q. Hospital Hafizabad was upgraded as District Headquarter Hospital after addition /alteration of exiting structure. Due to flux of population, hospital building is over croweded and insufficient to cater for increasing growth rate. Realizing the suffering of people, Punjab Government decided to provide allied items in DHQ Hafizabad. The scheme is reflected in the ADP 2021-2022 vide serial No.1013. The Project Manager (Civil) Infrastrucure Wing PMU P&SHD, demanded a rough cost estimate of balance work of revamping of DHQ Hafizabad vide letter No. PMU/(P&SHD)/2021 / 1213, Dated 16-07-2021. The scheme was adminstratively approved for amounting to Rs:-28.296 (M). But no contractor took interest in tendering process. Now Govt. of the Punjab Finance department has issued new plinth area rates for 1st bi annual period 2022. The rough cost estimate once again prepared and sent to compitent authority for Administrative Approval. The Secretary, Primary & Secondary Healthcare Department, Govt. of the Punjab, Lahore issued amended Administrative Approval vide letter No.PO(D-II)Revamping/P-I/2021(Vol-1), dated 26-01-2022 for amounting to Rs:-36.515 (M).

After fulfilling all the codal formalities, the work was alloted to Government Contractor. During execution, it was observed that some items of work are necessary required to be executed at site as per site requirements and Electrical design provided/discussed with the PMU Department Lahore. Keeping in view, the rough cost estimate amounting to **Rs.81.875(M)** has been prepared in the office of Executive Engineer, Buildings Hafizabad and submitted for accord of revised administrative approval and balance funds from the competent authority,

Design & Scope:-

1	Provision of Sewerage System	1 Job
2	Provision of power cables & Panel Boards.	1 Job
3	Provision of Street Lights.	1 Job
4	Construction of approached roads	1 Job
5	Provision of general items.	1 Job

Specifications The work will be carried out according to the Building Department specification and to the entire satisfaction of the engineer incharge.

Rates. This estimate is based on MRS circulated by the Finance Department Govt. of the Punjab Lahore. 1st Bi-Annual Period 2022 (1st January, 2022 to 30th June, 2022).

Cost. Rs:- 78.788 ~~81.875~~(M)

Time limit. It will take 24 months to complete the work after approved and funds.

Sub Divisional Officer
Buildings Sub Division
Hafizabad

Executive Engineer
Buildings Division
Hafizabad

The Superintending Engineer,
Buildings Circle No.1
Gujranwala.

To,

The Executive Engineer,
Buildings Division
Hafizabad.

No. 8372 /DB

SUB: -TECHNICAL SANCTION.

Dated 27/01/2022

Under the Punjab Delegation of Financial power rules 2016 (with effect from 01.07.2016), delegated to Communication & Works Department, under ser No.1(a)(iii), **Technical Sanction** is hereby accorded to the following estimate for the amou as mentioned against, subject to strict financial regularities and observance of all cod formalities.

Sr. No.	Name of work	Amount
1.	Detailed estimate for the work "Balance work of Revamping of HQ Hospital Hafizabad."	Rs.36.152 (M) (Rupees Thirty Six point one tow five only)

The above noted scheme is administratively approved for Rs.36.515 million b Primary & Secondary Health Care Department vide memo No.PO(D-III)Revamping /F I/2021(Vol-I) dated 26-01-2022.

This technical sanction is subject to the following conditions: -

1. The estimate is based on MRS rates of 1st Bi-Annual 2022 for District Hafizabad. I any error / ambiguity is found in estimate, the same may be corrected accordingly.
2. The rates of Non Standardized items are for estimation purpose only. However it is clearly directed the rates for all non- standardized items should be approved before execution of items of work (as per description required at site) as per approved estimate / TS estimate. The payment of non-standardized items should not be made without approval of rates by the Superintending Engineer.
3. The responsibility of all types of Designs i.e structure as well as Foundation Design (as per geotechnical investigation report) etc lie with the Executive Engineer-in-Charge as laid down in Para No.1.58 of B&R Cod.
4. Foundation should be design for triple storey Building.
5. The rates proved for Non Standardized Items are for estimation purpose and should not be considered as approval of Non Standardized rates. The Non Standardized rates should be approved separately in the light of F.D letter No.RO(TECH)FD18-23/2004 dated 21-09-2004.
6. The lead of new earth if taken in the estimate is for estimation purpose only. The payment of the same shall be made keeping in view the instruction issued by the Government of the Punjab C&W Department Lahore vide memo No. F&C(C&W) [illegible] dated 06-07-1998 / after approval by the competent authority.

DETAILED ESTIMATE FOR THE WORK
"Balance Work of Revamping of DHQ Hospitals Hafizabad.
(A.D.P. SCHEME NO.1013 FOR THE YEAR 2021-22).
Comperative Statement.

Sr.	Description	As Per Amended Approved Estimate	As Per Detailed Estimate 1st Biannual 2022	Excess	Saving	Remarks
1	Provision of Sewerage System	5102900	5102900	0	0	
2	Provision of power cables & Panel Boards.	15761300	15761300	0	0	
3	Provision of Street Lights.	2019800	2019800	0	0	
4	Construction of approached roads	5677000	5677000	0	0	
5	Provision of general items.	4441200	4441200	0	0	
	Total:	33002200	33002200	*0*	*0*	
	Add 5% P.S.T	1650110	1650110	0	0	
	Add 3% contigency	0	990066	990066	0	
	Add 1% harticulture charges	330022	330022	0	0	
	WAPDA Charges.(Transformer 400 KVA).	1532452	1532452	0	0	
	Total:	36514784	37504850	990066	0	
	Say	36.515 (M)	37.505 (M)			
	Excess	0.990 (M)	2.71%	Above		

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Hafizabad.

Executive Engineer
Buildings Division
Hafizabad.

Primary & Secondary
Healthcare Department

GOVERNMENT OF THE PUNJAB
Daled Lahore the 26-01-, 2022

ORDER

No.PO(D-II)Revamping/P-I/2021(Vol-I): Consequent upon the decision of Departmental Development Sub Committee (DDSC), in its 6th meeting during FY 2021-22 held on 18.01.2022, the Governor of the Punjab is pleased to accord amended Administrative Approval of sub-scheme titled "Balance Work of **Revamping of DHQ Hospital Hafizabad"** under the block scheme titled **"Balance Work of Revamping** of all DHQ / 15 THQ Hospitals in Punjab" at a total cost of Rs.61.955 million (Rupees Sixty One Million and Nine Hundred Fifty Five Thousand Only) with already approved scope and gestation period from 01.07.2021 to 30.06.2023.

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

Capital Component (Rs. 36.515-million)	*Grant No.12042 (042) Government Buildings 04-Economic Affairs-045 Construction and Transport -0457 Construction (Works) 045702-Buildings and structures*
Revenue Component (Rs. 25.440-million)	*Grant No. PC22036(036)-Development-07-Health 073-Hospital Services 0731-General Hospital Services 073101-General Hospital Services*

(IMRAN SIKANDAR BALOCH)
SECRETARY P&SH DEPARTMENT

NO. & DATE EVEN:
A copy is forwarded for information and necessary action to the.-

1. Accountant General, Punjab, Lahore.
2. Chief (Health-II), Planning & Development Board, Lahore.
3. Director General Health Services, Punjab, Lahore.
4. Chief Engineer (North Zone), Buildings Department.
5. Project Director, Project Management Unit, P&SH Department.
6. District Accounts Officer, Hafizabad.
7. Chief Executive Officer, District Health Authority, Hafizabad.
8. Section Officer (Health-I), Finance Department.
9. Budget Officer-I & III, Finance Department.
10. Planning Officer (D-IV), P&SH Department.
11. PS to Secretary, P&SH Department
12. PA to Special Secretary (Development), P&SH Department
13. PA to Additional Secretary (Dev. & Fin.), P&SH Department
14. PA to Deputy Secretary (Dev. & Coord.), P&SH Department

PLANNING OFFICER (D-II)

REVISDED DETAILED ROUGH COST ESTIMATE FOR THE WORK
"Balance Work of Revamping of DHQ Hospitals Hafizabad "
(A.D.P. SCHEME NO.660/2022-23)
Comperative Statement.

Sr	Description	As Per Amended Approved Estimate	As per Revised detailed Est	Excess	Saving	Remarks
1	Provision of Sewerage System	5102900	13660355	8557455	0	As per site requirements
2	Provision of power cables & Panel Boards.	15761300	~~34481600~~ 36770394	~~18720300~~ 19009094	0	ASPM Electrical Recomended.
3	Provision of Street Lights.	2019800	~~3410000~~ 900620	~~1390200~~ 0	1119780	
4	Construction of approach roads	5677000	~~14140847~~ 12101328	8463847	0	As Per Site
5	Provision of general items.	4441200	4908600	467400	0	As Per Site
	Total:	33002200	~~70601402~~ 66348694	~~37599202~~ 37888000	*0*	
	Add Price variation	0	~~7060140~~ 3903923			Detail Attached
	Total:	33002200	~~77661542~~ 70244620			
	Add 5% P.S.T	1650110	~~3883077~~ 3512231			
	Add harticulture charges	330022	~~330022~~ 708902/-			
	WAPDA Charges.(Transformer 400 KVA).	1532452	1632000			As decided DHU
	Total:	36514784	~~81874641~~ 78788851			
	Say	36.515 (M)	~~81.875~~ (M) 78.788 (M)			

TECHNICALLY VETTED
78.788
For Rs. ~~81.875~~ (M) (Million)

Sub Engineer
Buildings Deptt; Lahore

Deputy Director-1
Punjab Buildings Deptt, North Zone, Lahore

Chief Draftsman
Punjab Buildings Deptt, North Zone, Lahore

Sub Divisional Officer
Buildings Sub Division
Hafizabad

Executive Engineer
Buildings Division
Hafizabad

REVISDED DETAILED ESTIMATE FOR THE WORK "Balance Work of Revamping of DHQ Hospitals Hafizabad. (A.D.P. SCHEME NO.660/2022-23).

Provision of Sewrage System

S.No	Descriptions of Items.	Unit	As per Approved Detail Estimate			As per Revised Detailed Estimate			Excess	Saving	Remarks
			Qty.	Rate.	Amount.	Qty.	Rate.	Amount.			
1	2	3	4	5	6	7	8	9	10	11	12
1	Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and timbering, dressing to correct section and dimensions according to templates and levels, and removing surface water, in all types of soil except shingle, gravel and rock:- i) 0	%0Cft	53023	7272.55	385612	78138	7272.55	568263	182650	0	As per site requirement
2	Providing and laying R.C.C. pipe sewers, moulded with cement concrete 1:1½:3 conforming to ASTM Specification C-76-79, Class II. Wall B, including carriage of pipe from factory to site of work, lowering in trenches to correct alignment and grade, jointing with rubber ring, cutting pipes where necessary,										
i	12" dia	P.Rft	220	637.05	140151	3184	637.05	2028367	1888216	0	As per site requirement
ii	15" dia	P.Rft	635	807.10	512509	100	807.10	80710	0	431799	As per site requirement
iii	18" dia	P.Rft	510	1035.35	528029				0	528029	As per site requirement
iv	24" dia	P.Rft	585	1488.45	870743				0	870743	As per site requirement
v	30" dia	P.Rft	250	2371.60	592900				0	592900	As per site requirement
vi	9" dia	P.Rft				886	436.70	386916	386916	0	As per site requirement
vii	6" dia	P.Rft				3373	226.95	765502	765502	0	As per site requirement
viii	Providing and fixing Upvc pipe 4" dia BSS Class D	P.Rft				1609	657.40	1057757	1057757	0	As per site requirement
ix	Providing and fixing Upvc pipe 6" dia BSS Class D	P.Rft				1060	1432.43	1518376	1518376	0	As per site requirement
x	Providing and fixing Upvc Tee 4" dia BSS Class D	Each				146	1355.50	197903	197903	0	As per site requirement
xi	Providing and fixing Upvc Bend 4" dia BSS Class D	Each				146	676.85	98820	98820	0	As per site requirement
3	Construction of Man Hole(Detail attached).	Each	44	44333.00	1950652	107	40730.88	4358205	2407553	0	As per site requirement
b	Construction of gully grating (Analysis attached) (Type-I)	Each				83	11006.50	913540	913540	0	As per site requirement
c	Construction of gully grating (Analysis attached) (Type-II)	Each				153	9842.04	1505832	1505832	0	As per site requirement
4	Rehandling of earthwork Upto a lead of 50 ft.	%0Cft	42418	2882.90	122287	62511	2882.90	180213	57926	0	As per site requirement
				Total	5102883		Total	13660403	10980991	2423470	

Sub Divisional Officer
Buildings Sub Division
Hafizabad

Executive Engineer
Buildings Division
Hafizabad

(Provision of Sewerage System)

S.No	Description	No	Length	Breadth	Depth	Contents	Amount
1	Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and timbering, dressing to correct section and dimensions according to templates and levels, and removing surface water, in all types of soil except shingle, gravel and rock:- i) 0 ft. to 5.0 ft. depth						
a	*15" dia*	*1*	*x 100*	*x 3*	*x 4*	*= 1200 Cft*	
b	*12" dia*	*1*	*x 3184*	*x 3*	*x 4*	*= 38208 Cft*	
c	***9" dia***	***1***	***x 886***	***x 3***	***x 4***	***= 10632 Cft***	
d	*6" dia*	*1*	*x 3373*	*x 2*	*x 3*	*= 20238 Cft*	
e	*4" dia*	*1*	*x 1609*	*x 1.5*	*x 1.5*	*= 3620 Cft*	
	6" dia	*1*	*x 1060*	*x 2*	*x 2*	*= 4240 Cft*	
					Total:	*= 78138 Cft*	
					@ 7,272.55	*%oCft*	*568264*
2	Providing and laying R.C.C. pipe sewers, moulded with cement concrete 1:1½:3 conforming to ASTM Specification C-76-79, Class II. Wall B, including carriage of pipe from factory to site of work, lowering in trenches to correct alignment and grade, jointing with rubber ring, cutting pipes where necessary, testing, etc., complete.						
ii	*15" dia*	*1*	*x 100*			*= 100 Rft*	
					Total	*= **100 Rft***	
					@ 807.10	*PRft*	*80710*
i	*12" dia*	*1*	*x 3184*			*= 3184 Rft*	
					Total	*= **3184 Rft***	
					@ 637.05	*PRft*	*2028367*
vi	*9" dia*	*1*	*x 886*			*= 886 Rft*	
					@ 436.70	*PRft*	*386916*
vii	*6" dia*	*1*	*x 3373*			*= 3373 Rft*	
					Total	*= **3373 Rft***	
					@ 226.95	*PRft*	*765502*
viii	*Providing and fixing Upvc pipe 4" dia BSS Class D*	*1*	*x 1609*			*= 1609 Rft*	
					Total:	*= 1609 Rft*	
					@ 657.40	*PRft*	*1057757*
ix	*Providing and fixing Upvc pipe 6" dia BSS Class D*	*1*	*x 1060*			*= 1060 Rft*	
					Total:	*= 1060 Rft*	
					@ 1,432.43	*PRft*	*1518376*
x	*Providing and fixing Upvc Tee 4" dia BSS Class D*	*1*	*x 146*			*= 146 Nos*	
					Total:	*= **146 Nos***	
					@ 1,355.50	*PRft*	*197903*
xi	*Providing and fixing Upvc Bend 4" dia BSS Class D*	*1*	*x 146*			*= 146 Nos*	
					Total:	*= **146 Nos***	
					@ 676.85	*PRft*	*98820*

3	*Construction of Man Hole(Detail attached).*	-	-	=	107		
		@	40730.88	Each			4358204
4	*Construction of gully grating Type-I (Detail attached).*	-	-	=	83		
		@	11006.00	Each			913498
4	*Construction of gully grating Type-II (Detail attached).*	-	-	=	153		
		@	9842.00	Each			1505826
5	*Rehandling of earthwork Upto a lead of 50 ft.*						
	78138 x	80	/ 100	=	62511		
		@	2,882.90	%oCft			180212
					Total:-		13660355

Sub Divisional Officer
Buildings Sub Division
Hafizabad

Executive Engineer
Buildings Division
Hafizabad

REVISDED DETAILED ESTIMATE FOR THE WORK "Balance Work of Revamping of DHQ Hospitals Hafizabad. (A.D.P. SCHEME NO.660/2022-23).

PROVISION OF POWER CABLES & PANEL BOARDS

S.No		Descriptions of Items.	Unit	As per Approved Detailed Estimate			As per Revised Detailed Estimate			Excess	Saving	Remarks
				Qty.	Rate.	Amount.	Qty.	Rate.	Amount.			
1		2	3	4	5	6	7	8	9	10	11	12
(A)		L.T. (LV) SUB-STATION EQUIPMENT										
		P/F floor mounted ATS (Auto Transfer Switch) panel board , fabricarted with 14S WG M.S sheet (Indoor Type) duly painted with 100 microns powder coated paint in approved colour , front access ,extendable,insulation class of 600 volts IP-44, incomimg & outgoing connections from bottom with flexible copper cable suitable for 415 VAC, 3-phase 4 wire, 50 HZ TPN& E system having rated service, short circuit breaking capacity at 400VAC conformimg to IEC-947-2 to accomodate given no of circuit components, instruments & accessories,assembled & wired with Electrolitic Copper bus bars at 50 deg and cables duly cleaned down to bare shining metal phosphate, manual change Over i/c the cost of Lock, Indication lights,thimbles, Copper Comb, Wiring, Netural & Earth Bar,CTs,Contactors,Relays, Door Earthing, Brass glands complete in all respects as approved and directed by the Engineer Incharge. (Breakers wil be paid additionally)										As per PM electrical directions
		MAIN CHANGE OVER PANEL-1 (FOR DUAL SUPPLY) (Incoming from 200/400kVA Transformers)										
	a)	2.00/2.5 Ft deep										
		i) 200 KVA	Each	0	1509448.37	0	1	1509448.37	1509448	1509448	0	
		Incoming Breakers for MAIN CHANGE OVER PANEL-1 (FOR DUAL SUPPLY) (Incoming from 200/400kVA Transformers)										
	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/ABB SWITZERL(with adjustable 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 With Adjustable Thermal-Magnetic Trip / Electronic Trip (60-100%)										
	(a)	Tripple Pole 800A(36 KA)		0	102437.80	0	2	102437.80	204876	204876	0	
		Outgoing Breakers for MAIN CHANGE OVER PANEL-1 (FOR DUAL SUPPLY) (Incoming from 200/400kVA Transformers)										
	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/ABB SWITZERL(with adjustable 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 With Adjustable Thermal-Magnetic Trip /Electronic Trip (60-100%)**										
	(a)	Tripple Pole 800A(36 KA)		0	102437.8	0	2	102437.8	204876	204876	0	
	100KVar PFI											
	P/F PFI PLANT (Power Factor Improvement Plant) comprising of components of required ratitngs, in MS box of 14 SWG i/c the cost of 3mm thick Backlite sheet(Safety Sheet)Lock, thimbles, Copper Comb, Wiring, Netural & Earth Bar, Door Earthing, brass glands,Indication lights,Push buttons,CTs, Contactors,Controle MCB,Surge Suppressors,Auto/Manual Switches,Exhaust Fan,Temp regulators as per WAPDA standards complete in all respects as approved and directed by the Engineer Incharge.											
	(ii)	100KVar		0	274980.65	0	1	274980.65	274981	274981	0	
	P/F floor mounted ATS (Auto Transfer Switch) panel board , fabricarted with 14S WG M.S sheet (Indoor Type) duly painted with 100 microns powder coated paint in approved colour , front access ,extendable,insulation class of 600 volts IP-44, incomimg & outgoing connections from bottom with flexible copper cable suitable for 415 VAC, 3-phase 4 wire, 50 HZ TPN& E system having rated service, short circuit breaking capacity at 400VAC conformimg to IEC-947-2 to accomodate given no of circuit components, instruments & accessories,assembled & wired with Electrolitic Copper bus bars at 50 deg and cables duly cleaned down to bare shining metal phosphate, manual change Over i/c the cost of Lock, Indication lights,thimbles, Copper Comb, Wiring, Netural & Earth Bar,CTs,Contactors,Relays, Door Earthing, Brass glands complete in all respects as approved and directed by the Engineer Incharge. (Breakers wil be paid additionally)											
	MAIN CHANGE OVER PANEL-2 (FOR DUAL SUPPLY) (Incoming from 630kVA Transformer & 400kVA Transformer)											
	a)	**2.50 Ft deep**										
		(i) 630 KVA		0	3618074.68	0	1	3618074.68	3618075	3618075	0	
		Incoming Breakers for MAIN CHANGE OVER PANEL-2 (FOR DUAL SUPPLY) (Incoming from 630kVA Transformer & 400kVA Traansformer)										
	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/ABB SWITZERL(with adjustable 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 With Adjustable Thermal-Magnetic Trip /Electronic Trip (60-100%)**										
	(a)	Tripple Pole 1250A(50 KA)		0	102437.8	0	2	102437.8	204876	204876	0	
		Outgoing Breakers for MAIN CHANGE OVER PANEL-2 (FOR DUAL SUPPLY) (Incoming from 630kVA Transformer & 400kVA Traansformer)										

	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/ABB SWITZERL(with adjustable 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 With Adjustable Thermal-Magnetic Trip /Electronic Trip (60-100%)**										
	(a)	Tripple Pole 800A(36 KA)		0	102437.8	0	2	102437.8	204876	204876	0	
	2	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 630A(36 KA)		0	62417.8	0	2	62417.8	124836	124836	0	
	(a)	Tripple Pole 200A(36 KA)		0	23477.8	0	2	23477.8	46956	46956	0	
	100KVar PFI											
	P/F PFI PLANT (Power Factor Improvement Plant) comprising of components of required ratitngs, in MS box of 14 SWG i/c the cost of 3mm thick Backlite sheet(Safety Sheet)Lock, thimbles, Copper Comb, Wiring, Netural & Earth Bar, Door Earthing, brass glands,Indication lights,Push buttons,CTs, Contactors,Controle MCB,Surge Suppressors,Auto/Manual Switches,Exhaust Fan,Temp regulators as per WAPDA standards complete in all respects as approved and directed by the Engineer Incharge.											
	(ii)	100KVar		0	274980.65	0	1	274980.65	274981	274981	0	
	P/F floor mounted ATS (Auto Transfer Switch) panel board , fabricarted with 14S WG M.S sheet (Indoor Type) duly painted with 100 microns powder coated paint in approved colour , front access ,extendable,insulation class of 600 volts IP-44, incomimg & outgoing connections from bottom with flexible copper cable suitable for 415 VAC, 3-phase 4 wire, 50 HZ TPN& E system having rated service, short circuit breaking capacity at 400VAC conformimg to IEC-947-2 to accomodate given no of circuit components, instruments & accessories,assembled & wired with Electrolitic Copper bus bars at 50 deg and cables duly cleaned down to bare shining metal phosphate, manual change Over i/c the cost of Lock, Indication lights,thimbles, Copper Comb, Wiring, Netural & Earth Bar,CTs,Contactors,Relays, Door Earthing, Brass glands complete in all respects as approved and directed by the Engineer Incharge. (Breakers wil be paid additionally)											
	ATS 200A PANEL (Incoming from MAIN CHANGE OVER PANEL-1 & 100kVA Generator)											
	a)	1.00 Ft deep										
		(ii) 100 KVA		0	799341.74	0	1	799341.74	799342	799342	0	
		Incoming Breakers for ATS 200A PANEL (Incoming from MAIN CHANGE OVER PANEL-1 & 100kVA Generator)				0			0	0	0	
	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/ABB SWITZERL(with adjustable 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.				0			0	0	0	

	(a)	Tripple Pole 200A(36 KA)		0	23477.8	0	2	23477.8	46956	46956	0	
		Outgoing Breakers for ATS 200A PANEL (Incoming from MAIN CHANGE OVER PANEL-1 & 100kVA Generator)										
	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 400A(36 KA)		0	62433	0	2	62433	124866	124866	0	
		Outgoing Breakers for ATS 400A PANEL (Existing) (Incoming from MAIN CHANGE OVER PANEL-2 & 200kVA Generator)										
	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 630A(36 KA)		0	62417.8	0	2	62417.8	124836	124836	0	
		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).										
		Power Main DB-1 (FOR NON GENERATOR LOAD) (Incoming from MAIN CHANGE OVER PANEL-1)										
	i)	**LT Switchboards**										
		a) 2.50 Ft deep										
		(i) 600A (3.0'x6'x2.5') (01 No)		0	3492.7	0	45	3492.7	157172	157172	0	
		Incoming Breakers for Power Main DB-1 (FOR NON GENERATOR LOAD) (Incoming from MAIN CHANGE OVER PANEL-1)										
	1	Supplying ,Installation and commissioning of MCCB (Moulded Case										
	(a)	Tripple Pole 630A(36 KA)		0	62417.8	0	1	62417.8	62418	62418	0	
		Outgoing Breakers for Power Main DB-1 (FOR NON GENERATOR LOAD) (Incoming from MAIN CHANGE OVER PANEL-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)		0	23477.8	0	9	23477.8	211300	211300	0	

6	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).											
	Power Main DB-2 (FOR NON GENERATOR LOAD) (Incoming from MAIN CHANGE OVER PANEL-2)											
	i)	**LT Switchboards**										
		a) 2.50 Ft deep										
		(i) 600A (3.0'x6'x2.5') (01 No)		0	3492.7	0	45	3492.7	157172	157172	0	
		Incoming Breakers for Power Main DB-2 (FOR NON GENERATOR LOAD) (Incoming from MAIN CHANGE OVER PANEL-2)										
	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 630A(36 KA)		0	62417.8	0	1	62417.8	62418	62418	0	
		Outgoing Breakers for Power Main DB-2 (FOR NON GENERATOR LOAD) (Incoming from MAIN CHANGE OVER PANEL-2)										
	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)		0	23477.8	0	12	23477.8	281734	281734	0	
7	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).											
	Lighting Main DB-1 (FOR GENERATOR LOAD) (Incoming from ATS 200A PANEL)											
	i)	**LT Switchboards**										
		a) 2.50 Ft deep										
		(i) 600A (3.0'x6'x2.5') (01 No)		0	3492.7	0	45	3492.7	157172	157172	0	
		Incoming Breakers for Lighting Main DB-1 (FOR GENERATOR LOAD) (Incoming from ATS 200A PANEL)										

	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 630A(36 KA)		0	62417.8	0	1	62417.8	62418	62418	0	
		Outgoing Breakers for Lighting Main DB-1 (FOR GENERATOR LOAD) (Incoming from ATS 200A PANEL)										
	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)		0	13217.8	0	9	13217.8	118960	118960	0	
8	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).											
	Lighting Main DB-2 (FOR GENERATOR LOAD) (Incoming from ATS 400A PANEL (Exisiting))											
	i)	**LT Switchboards**										
		a) 2.50 Ft deep										
		(i) 600A (3.0'x6'x2.5') (01 No)		0	3492.7	0	45	3492.7	157172	157172	0	
		Incoming Breakers for Lighting Main DB-2 (FOR GENERATOR LOAD) (Incoming from ATS 200A PANEL (Exisiting))										
	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 630A(36 KA)		0	62417.8	0	1	62417.8	62418	62418	0	
		Outgoing Breakers for Lighting Main DB-1 (FOR GENERATOR LOAD) (Incoming from ATS 200A PANEL)										
	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)		0	13217.8	0	12	13217.8	158614	158614	0	

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).											
	PDB - (1 for Medicine Store, 1 for Mortuary, 1 for COVID Vaccination Centre, 1 for Nursury Ward, 1 for HR Office & 1 for Stores & NCD Clinic)											
		Incoming from Power Main DB-1 (1 for Medicine Store, 1 for Mortuary, 1 for COVID Vaccination Centre) & Power Main DB-2 (1 for Nursury Ward, 1 for HR Office & 1 for Stores & NCD Clinic)										
	(b)	**12" deep**										
		(ii) 200A (3.0'x4'x1') (06 No)		0	12442.8	0	72	12442.8	895882	895882	0	
		Incoming Breakers for PDB - (1 for Medicine Store, 1 for Mortuary,										
	1	Supplying ,Installation and commissioning of MCCB (Moulded Case										
	(a)	Tripple Pole 200A(36 KA) (6*1=6)		0	37457.8	0	6	37457.8	224747	224747	0	
		Outgoing Breakers for PDB - (1 for Medicine Store, 1 for Mortuary,										
	1	Suppling,Installation and comissioning of MCB (Miniature Circuit										
	(a)	Tripple Pole 63A(10 KA) (6*2=12)		0	7997.8	0	12	7997.8	95974	95974	0	
	(b)	Single Pole 32A(10 KA) (6*3=18)		0	1136.4	0	18	1136.4	20455	20455	0	
	(c)	Single Pole 20A(10 KA) (6*4=24)		0	1136.4	0	24	1136.4	27274	27274	0	
10	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).											
	LDB - (1 for Medicine Store, 1 for Masjid, 1 for COVID Vaccination Centre, 1 for Nursury Ward, 1 for HR Office & 1 for Stores & NCD Clinic)											
		Incoming from Lighting Main DB-1 (1 for Medicine Store, 1 for Masjid, 1 for COVID Vaccination Centre) & Lighting Main DB-2 (1 for Nursury Ward, 1 for HR Office & 1 for Stores & NCD Clinic)										
	(b)	**12" deep**										
		(ii) 150A (3.0'x3'x1') (06 No)		0	12224.5	0	54	12224.5	660123	660123	0	
		Incoming Breakers for LDB - (1 for Medicine Store, 1 for Masjid, 1 for COVID Vaccination Centre, 1 for Nursury Ward, 1 for HR Office & 1 for Stores & NCD Clinic)										
	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) (6*1=6)		0	13217.8	0	6	13217.8	79307	79307	0	
		Outgoing Breakers for LDB - (1 for Medicine Store, 1 for Masjid, 1 for COVID Vaccination Centre, 1 for Nursury Ward, 1 for HR Office & 1 for Stores & NCD Clinic)										

	1	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) (6*1=6)		0	7997.8	0	6	7997.8	47987	47987	0	
	(b)	Tripple Pole 32A(10 KA) (6*1=6)		0	7997.8	0	6	7997.8	47987	47987	0	
	(c)	Single Pole 32A(10 KA) (6*2=12)		0	1136.4	0	12	1136.4	13637	13637	0	
	(d)	Single Pole 20A(10 KA) (6*2=12)		0	1136.4	0	12	1136.4	13637	13637	0	
	(e)	Single Pole 20A(10 KA) (6*3=12)		0	1136.4	0	36	1136.4	40910	40910	0	
		Providing and fixing screwless cable tray cover fabricated with 18 SWG G.I. Sheet of required size i/c the cost of hardware as approved and directed by the Engineer Incharge.										
	(vi)	12" wide		0	187	0	1500	187	280500	280500	0	
11		Earthing of iron clad/aluminum switches, etc. with G.I. wire No.8 SWG in G.I. pipe 15 mm (½") dia, recessed or on surface of wall and floor, complete with 1.5 metre long G.I. pipe, 50 mm (2") dia with reducing socket 4 to 5 metre below ground level, and 2 metre away from building plinth.		0	8020.25	0	8	8020.25	64162	64162	0	
B		LT POWER CABLE										
		Supply and erection of non armoured copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc. (rate for cable only):-										
	1	Supply and erection of copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc. (rate for cable only), pvc insulated pvc insulated pvc sheated copper conductor armand Single core 630 mm.		840	5843.00	4908120	0	14651	0	0	4908120	
	1	400 mm sq (61/0.114") PVC insulated, PVC sheathed 4 core, 600/1000 volts. copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc **(for Transformers for Indoor Portion (from 630kVA Transformer-1 & 400kVA Transformer-1 to MAIN CHANGE OVER PANEL-2))**		0	14651	0	210	14651	3076710	3076710	0	
	2	240 mm sq (37/0.114") PVC insulated, PVC sheathed 4 core, 600/1000 volts. copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc **(for Transformers for Outdoor Portion (from 200/400kVA Transformer-1 & 200/400kVA Transformer-2 to MAIN CHANGE OVER PANEL-2))(for Power Main DB-1 (For Outdoor Portion) & for Power Main DB-2 (For Indoor Portion))**		0	9173	0	900	9173	8255700	8255700	0	
	3	Supply and erection of copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc. (rate for cable only), pvc insulated pvc insulated pvc sheated copper conductor armand 4- core 185mm		1840	1733	3188720	0	5585	0	0	3188720	
	3	150 mm sq (37/0.093") PVC insulated, PVC sheathed 4 core, 600/1000 volts. copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc **(from MAIN CHANGE OVER PANEL-1 to ATS 200A PANEL & from ATS 200A PANEL to Lighting Main DB-1 and from MAIN CHANGE OVER PANEL-2 to ATS 400A PANEL & from ATS 400A PANEL to Lighting Main DB-2 & for 200 kVA Generator-1)**		0	5585	0	950	5585	5305750	5305750	0	

	4	Supply and erection of copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc. (rate for cable only), pvc insulated pvc insulated pvc sheated copper conductor armand 4- core 120 mm		300	4541.35	1362405	0	3605.35	0	0	1362405	
	4	95 mm sq (37/0.072") PVC insulated, PVC sheathed 4 core, 600/1000 volts. copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc (from Power Main DB to PDBs & for 100 kVA Generator-1)		150	3605.35	540803	~~1350~~ ~~800~~ 850	3605.35	~~4867223~~ ~~2884280~~ 3064547.5	4326420	0	
	4	Supply and erection of copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc. (rate for cable only), pvc insulated pvc insulated pvc sheated copper conductor armand 4- core 50 mm		450	1823.35	820508	0	3605.35	0	0	820508	
	5	35 mm sq (19/0.064") PVC insulated, PVC sheathed 4 core, 600/1000 volts. copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc (from Lighting Main DB to		0	1673.35	0	800	1673.35	1338680	1338680	0	
	4	Supply and erection of copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc. (rate for cable only), pvc insulated pvc insulated pvc sheated copper conductor armand 4- core 25 mm		250	995.35	248838	0	3605.35	0	0	248838	
2		Supply installation of main panel board in sub station 1650 amps (ACB Bus Bars) etc complete as per specification complete as approved by the Engineer in-charge.	Each	1	2800000	2800000	0	2800000	0	0	2800000	
3		Supply installation of main panel board for sub station (Gf. 1000 amoere) etc complete as per specification complete	Each	1	1850000	1850000	0	1850000	0	0	1850000	
4		Excavation in open cutting for sewer and manhole.	%0Cft	675	7272.55	4909	0	7272.55	0	0	4909	
5		Supply and filling sand under floor plugging in wells.	%Cft	405	2863.2	11596	0	2863.20	0	0	11596	
6		Pucca Brick work 1:4 OTB.	%Cft	68	25675.3	17459	0	25675.30	0	0	17459	
7		Rehandling of Earth lead upto 50'.	%0Cft	270	2882.9	778	0	2882.90	0	0	778	
		Electrical Rooms + Shifting of Generator for Outdoor Portion (including Base of Generator)			Total	15761283		1802675 Total	1802675 34770394	34229591	15220480	

Sub Divisional Officer
Buildings Sub Division
Hafizabad

Executive Engineer
Buildings Division
Hafizabad

DHQ HOSPITAL HAFIZABAD
Provision/Installation of Electrical Equipment.

S.#		Description	Qty	Unit	Rate	Amount
A		L.T. (LV) SUB-STATION EQUIPMENT				
1		P/F floor mounted ATS (Auto Transfer Switch) panel board , fabricarted with 14S WG M.S sheet (Indoor Type) duly painted with 100 microns powder coated paint in approved colour , front access ,extendable,Insulation class of 600 volts IP-44, incomimg & outgoing connections from bottom with flexible copper cable suitable for 415 VAC, 3-phase 4 wire, 50 HZ TPN& E system having rated service, short circuit breaking capacity at 400VAC conformimg to IEC-947-2 to accomodate given no of circuit components, instruments & accessories,assembled & wired with Electrolitic Copper bus bars at 50 deg and cables duly cleaned down to bare shining metal phosphate, manual change Over i/c the cost of Lock, Indication lights,thimbles, Copper Comb, Wiring, Netural & Earth Bar,CTs,Contactors,Relays, Door Earthing, Brass glands complete in all respects as approved and directed by the Engineer Incharge. (Breakers wil be paid additionally)				
		MAIN CHANGE OVER PANEL-1 (FOR DUAL SUPPLY) (Incoming from				
	a)	2.00/2.50 Ft deep				
		(i) 200 KVA	1	each	1509448.37	1509448
		Incoming Breakers for MAIN CHANGE OVER PANEL-1 (FOR DUAL SUPPLY) (Incoming from 200/400kVA Transformers)				
	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/ABB SWITZERL(with adjustable 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 With Adjustable Thermal-Magnetic Trip /Electronic				
	(a)	Tripple Pole 800A(36 KA)	2	each	102437.8	204876
		Outgoing Breakers for MAIN CHANGE OVER PANEL-1 (FOR DUAL SUPPLY) (Incoming from 200/400kVA Transformers)				
	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/ABB SWITZERL(with adjustable 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 With Adjustable Thermal-Magnetic Trip /Electronic				
	(a)	Tripple Pole 800A(36 KA)	2	each	102437.8	204876
		100KVar PFI				
		P/F PFI PLANT (Power Factor Improvement Plant) comprising of components of required ratitngs, in MS box of 14 SWG i/c the cost of 3mm thick Backlite sheet(Safety Sheet)Lock, thimbles, Copper Comb, Wiring, Netural & Earth Bar, Door Earthing, brass glands,Indication lights,Push buttons,CTs, Contactors,Controle MCB,Surge Suppressors,Auto/Manual Switches,Exhaust Fan,Temp regulators as per WAPDA standards complete in all respects as approved and directed by the Engineer Incharge.				
	(ii)	100KVar	1	each	274980.65	274981

S.#		Description	Qty	Unit	Rate	Amount
2		P/F floor mounted ATS (Auto Transfer Switch) panel board , fabricarted with 14S WG M.S sheet (Indoor Type) duly painted with 100 microns powder coated paint in approved colour , front access ,extendable,insulation class of 600 volts IP-44, incomimg & outgoing connections from bottom with flexible copper cable suitable for 415 VAC, 3-phase 4 wire, 50 HZ TPN& E system having rated service, short circuit breaking capacity at 400VAC conformimg to IEC-947-2 to accomodate given no of circuit components, instruments & accessories,assembled & wired with Electrolitic Copper bus bars at 50 deg and cables duly cleaned down to bare shining metal phosphate, manual change Over I/c the cost of Lock, Indication lights,thimbles, Copper Comb, Wiring, Netural & Earth Bar,CTs,Contactors,Relays, Door Earthing, Brass glands complete in all respects as approved and directed by the Engineer Incharge. (Breakers wil be paid additionally)				
		MAIN CHANGE OVER PANEL-2 (FOR DUAL SUPPLY) (Incoming from 630kVA Transformer & 400kVA Transformer)				
	a)	**2.50 Ft deep**				
		(i) 630 KVA	1	each	3618074.68	3618075
		Incoming Breakers for MAIN CHANGE OVER PANEL-2 (FOR DUAL SUPPLY) (Incoming from 630kVA Transformer & 400kVA				
	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/ABB SWITZERL(with adjustable 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 With Adjustable Thermal-Magnetic Trip /Electronic Trip (60-100%)**				
	(a)	Tripple Pole 1250A(50 KA)	2	each	102437.8	204876
		Outgoing Breakers for MAIN CHANGE OVER PANEL-2 (FOR DUAL SUPPLY) (Incoming from 630kVA Transformer & 400kVA Traansformer)				
	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/ABB SWITZERL(with adjustable 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 With Adjustable Thermal-Magnetic Trip /Electronic Trip (60-100%)**				
	(a)	Tripple Pole 800A(36 KA)	2	each	102437.8	204876
	2	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 630A(36 KA)	2	each	62417.8	124836
	(a)	Tripple Pole 200A(36 KA)	2	each	23477.8	46956
		100KVar PFI				

S.#		Description	Qty	Unit	Rate	Amount
		P/F PFI PLANT (Power Factor Improvement Plant) comprising of components of required ratitngs, in MS box of 14 SWG i/c the cost of 3mm thick Backlite sheet(Safety Sheet)Lock, thimbles, Copper Comb, Wiring, Netural & Earth Bar, Door Earthing, brass glands,Indication lights,Push buttons,CTs, Contactors,Controle MCB,Surge Suppressors,Auto/Manual Switches,Exhaust Fan,Temp regulators as per WAPDA standards complete in all respects as approved and directed by the Engineer Incharge.				
	(ii)	100KVar	1	each	274980.65	274981
3		P/F floor mounted ATS (Auto Transfer Switch) panel board , fabricarted with 14S WG M.S sheet (Indoor Type) duly painted with 100 microns powder coated paint in approved colour , front access ,extendable,insulation class of 600 volts IP-44, incomimg & outgoing connections from bottom with flexible copper cable suitable for 415 VAC, 3-phase 4 wire, 50 HZ TPN& E system having rated service, short circuit breaking capacity at 400VAC conformimg to IEC-947-2 to accomodate given no of circuit components, instruments & accessories,assembled & wired with Electrolitic Copper bus bars at 50 deg and cables duly cleaned down to bare shining metal phosphate, manual change Over i/c the cost of Lock, Indication lights,thimbles, Copper Comb, Wiring, Netural & Earth Bar,CTs,Contactors,Relays, Door Earthing, Brass glands complete in all respects as approved and directed by the Engineer Incharge. (Breakers wil be paid additionally)				
		ATS 200A PANEL (Incoming from MAIN CHANGE OVER PANEL-1 & 100kVA Generator)				
	a)	**1.00 Ft deep**				
		(ii) 100 KVA	1	each	799341.74	799342
		Incoming Breakers for ATS 200A PANEL (Incoming from MAIN CHANGE OVER PANEL-1 & 100kVA Generator)				
	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/ABB SWITZERL(with adjustable 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)	2	each	23477.8	46956
		Outgoing Breakers for ATS 200A PANEL (Incoming from MAIN CHANGE OVER PANEL-1 & 100kVA Generator)				
	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 400A(36 KA)	2	each	62433	124866
4		**Outgoing Breakers for ATS 400A PANEL (Existing) (Incoming from MAIN CHANGE OVER PANEL-2 & 200kVA Generator)**				
	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.				

S.#	Description	Qty	Unit	Rate	Amount
	(a) Tripple Pole 630A(36 KA)	2	each	62417.8	124836
5	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).				
	Power Main DB-1 (FOR NON GENERATOR LOAD) (Incoming from MAIN CHANGE OVER PANEL-1)				
	I) **LT Switchboards**				
	a) 2.50 Ft deep				
	(i) 600A (3.0'x6'x2.5') (01 No)	45	cft	3492.7	157172
	Incoming Breakers for Power Main DB-1 (FOR NON GENERATOR LOAD) (Incoming from MAIN CHANGE OVER PANEL-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 630A(36 KA)	1	each	62417.8	62418
	Outgoing Breakers for Power Main DB-1 (FOR NON GENERATOR LOAD) (Incoming from MAIN CHANGE OVER PANEL-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)	9	each	23477.8	211300
6	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).				
	Power Main DB-2 (FOR NON GENERATOR LOAD) (Incoming from MAIN CHANGE OVER PANEL-2)				
	i) **LT Switchboards**				
	a) 2.50 Ft deep				
	(i) 600A (3.0'x6'x2.5') (01 No)	45	cft	3492.7	157172
	Incoming Breakers for Power Main DB-2 (FOR NON GENERATOR LOAD) (Incoming from MAIN CHANGE OVER PANEL-2)				
	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 630A(36 KA)	1	each	62417.8	62418

S.#		Description	Qty	Unit	Rate	Amount
		Outgoing Breakers for Power Main DB-2 (FOR NON GENERATOR LOAD) (Incoming from MAIN CHANGE OVER PANEL-2)				
	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)	12	each	23477.8	281734
7		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).				
		Lighting Main DB-1 (FOR GENERATOR LOAD) (Incoming from ATS 200A PANEL)				
	i)	**LT Switchboards**				
		a) 2.50 Ft deep				
		(i) 600A (3.0'x6'x2.5') (01 No)	45	cft	3492.7	157172
		Incoming Breakers for Lighting Main DB-1 (FOR GENERATOR LOAD) (Incoming from ATS 200A PANEL)				
	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 630A(36 KA)	1	each	62417.8	62418
		Outgoing Breakers for Lighting Main DB-1 (FOR GENERATOR LOAD) (Incoming from ATS 200A PANEL)				
	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)	9	each	13217.8	118960
8		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).				
		Lighting Main DB-2 (FOR GENERATOR LOAD) (Incoming from ATS 400A PANEL (Exisiting))				
	i)	**LT Switchboards**				
		a) 2.50 Ft deep				
		(i) 600A (3.0'x6'x2.5') (01 No)	45	cft	3492.7	157172

S.#		Description	Qty	Unit	Rate	Amount
		Incoming Breakers for Lighting Main DB-2 (FOR GENERATOR LOAD) (Incoming from ATS 200A PANEL (Exisiting))				
	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 630A(36 KA)	1	each	62417.8	62418
		Outgoing Breakers for Lighting Main DB-1 (FOR GENERATOR LOAD) (Incoming from ATS 200A PANEL)				
	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)	12	each	13217.8	158614
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).				
		PDB - (1 for Medicine Store, 1 for Mortuary, 1 for COVID Vaccination Centre, 1 for Nursury Ward, 1 for HR Office & 1 for Stores & NCD Clinic)				
		Incoming from Power Main DB-1 (1 for Medicine Store, 1 for Mortuary, 1 for COVID Vaccination Centre) & Power Main DB-2 (1 for Nursury Ward, 1 for HR Office & 1 for Stores & NCD Clinic)				
	(b)	**12" deep**				
		(ii) 200A (3.0'x4'x1') (06 No)	72	cft	12442.8	895882
		Incoming Breakers for PDB - (1 for Medicine Store, 1 for Mortuary, 1 for COVID Vaccination Centre, 1 for Nursury Ward, 1 for HR Office & 1 for Stores & NCD Clinic)				
	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) (6*1=6)	6	each	37457.8	224747
		Outgoing Breakers for PDB - (1 for Medicine Store, 1 for Mortuary, 1 for COVID Vaccination Centre, 1 for Nursury Ward, 1 for HR Office & 1 for Stores & NCD Clinic)				
	1	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) (6*2=12)	12	each	7997.8	95974
	(b)	Single Pole 32A(10 KA) (6*3=18)	18	each	1136.4	20455

S.#	Description	Qty	Unit	Rate	Amount
	(c) Single Pole 20A(10 KA) (6*4=24)	24	each	1136.4	27274
10	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).				
	LDB - (1 for Medicine Store, 1 for Masjid, 1 for COVID Vaccination Centre, 1 for Nursury Ward, 1 for HR Office & 1 for Stores & NCD Clinic)				
	Incoming from Lighting Main DB-1 (1 for Medicine Store, 1 for Masjid, 1 for COVID Vaccination Centre) & Lighting Main DB-2 (1 for Nursury Ward, 1 for HR Office & 1 for Stores & NCD Clinic)				
	(b) **12" deep**				
	(ii) 150A (3.0'x3'x1') (06 No)	54	cft	12224.5	660123
	Incoming Breakers for LDB - (1 for Medicine Store, 1 for Masjid, 1 for COVID Vaccination Centre, 1 for Nursury Ward, 1 for HR Office & 1 for Stores & NCD Clinic)				
	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) (6*1=6)	6	each	13217.8	79307
	Outgoing Breakers for LDB - (1 for Medicine Store, 1 for Masjid, 1 for COVID Vaccination Centre, 1 for Nursury Ward, 1 for HR Office & 1 for Stores & NCD Clinic)				
	1 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) (6*1=6)	6	each	7997.8	47987
	(b) Tripple Pole 32A(10 KA) (6*1=6)	6	each	7997.8	47987
	(c) Single Pole 32A(10 KA) (6*2=12)	12	each	1136.4	13637
	(d) Single Pole 20A(10 KA) (6*2=12)	12	each	1136.4	13637
	(e) Single Pole 20A(10 KA) (6*3=12)	36	each	1136.4	40910
	Providing and fixing screwless cable tray cover fabricated with 18 SWG G.I. Sheet of required size i/c the cost of hardware as approved and directed by the Engineer Incharge.				
	(vi) 12" wide	1500	rft	187	280500
11	Earthing of iron clad/aluminum switches, etc. with G.I. wire No.8 SWG in G.I. pipe 15 mm (½") dia, recessed or on surface of wall and floor, complete with 1.5 metre long G.I. pipe, 50 mm (2") dia with reducing socket 4 to 5 metre below ground level, and 2 metre away from building plinth.	8	each	8020.25	64162
B	**LT POWER CABLE**				
	Supply and erection of non armoured copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc. (rate for cable only):-				

S.#		Description	Qty	Unit	Rate	Amount
	1	400 mm sq (61/0.114") PVC insulated, PVC sheathed 4 core, 600/1000 volts. copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc **(for Transformers for Indoor Portion (from 630kVA Transformer-1 & 400kVA Transformer-1 to MAIN CHANGE OVER PANEL-2))**	**210**	rft	14651	3076710
	2	240 mm sq (37/0.114") PVC insulated, PVC sheathed 4 core, 600/1000 volts. copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc **(for Transformers for Outdoor Portion (from 200/400kVA Transformer-1 & 200/400kVA Transformer-2 to MAIN CHANGE OVER PANEL-2))(for Power Main DB-1 (For Outdoor Portion) & for Power Main DB-2 (For Indoor Portion))**	**900**	rft	9173	8255700
	3	150 mm sq (37/0.093") PVC insulated, PVC sheathed 4 core, 600/1000 volts. copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc **(from MAIN CHANGE OVER PANEL-1 to ATS 200A PANEL & from ATS 200A PANEL to Lighting Main DB-1 and from MAIN CHANGE OVER PANEL-2 to ATS 400A PANEL & from ATS 400A PANEL to Lighting Main DB-2 & for 200 kVA Generator-1)**	**950**	rft	5585	5305750
	4	95 mm sq (37/0.072") PVC insulated, PVC sheathed 4 core, 600/1000 volts. copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc **(from Power Main DB to PDBs & for 100 kVA Generator-1)**	~~1350~~ ~~800~~ 850	rft	3605.35	~~4867223~~ ~~2884280~~ 3061547.5
	5	35 mm sq (19/0.064") PVC insulated, PVC sheathed 4 core, 600/1000 volts. copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc **(from Lighting Main DB to LDBs)**	**800**	rft	1673.35	1338680
		~~Electrical~~ Rooms + Shifting of Generator for Outdoor Portion (Including Base of Generator)				1802675
					Total;-	**34770384**

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PROVISION OF STREET LIGHTS

S.No	Descriptions of Items.	Unit	As per Approved Detailed Estimate			As per Revised Detailed Estimate			Excess	Saving	Remarks
			Qty.	Rate.	Amount.	Qty.	Rate.	Amount.			
1	2	3	4	5	6	7	8	9	10	11	12
1	P/F LED flood light 80 watts having input voltage AC 85-285 with following specifications (i) Working frequency 50-60 HZ (ii) Power fector 0.9 (iii) LED chip USA chip USA orgin Cree Bridgeeluz (iv) Colour white & wharam white (v) LED lifespan..... 70000 Hrs (Made of GET Technology as approved by the Engineer Incharge	Each	30	40000.00	1200000	~~40~~ 0	40000.00	~~1600000~~ 0	~~400000~~	0	As per site requirement
2	Supply and erection of single core PVC insulated copper conductor cables, in prelaid PVC pipe/M.S. conduit/G.I pipe/wooden strip batten/wooden casing an capping/G.I.wire/trenches (rate for cables only):- 250/440 volts PVC insulated: 7/1.63 mm (7/0.064")	P.Rft	5000	141.05	705250	3200	141.05	451360	0	253890	As per site requirement
3	Supply and erection of single core PVC insulated copper conductor cables, in prelaid PVC pipe/M.S. conduit/G.I pipe/wooden strip batten/wooden casing an capping/G.I.wire/trenches (rate for cables only):- 250/440 volts PVC insulated: 3/0.74 mm (3/0.029")	P.Rft	2100	20.95	43995	2800	20.95	58660	14665	0	As per site requirement
4	S/E of Panel Board Consisting of 16 SWG M/S sheet box (18"x24"x6") duly powder coated i/c cost of 3 Nos volt Meter,1 No Ampair Meter, selector switch, , L.E.D Neon lights, bus bars (1-1/2"x1/8") 14", Thimbling at connections having glass front with rubber gas kit along with locking arrangement complete in all respect. Upto 100 Amp P/F 1 No 63 Amp Model DH 10 KA (Legrand France, Terrasaki Japan) Outgoing P/F 10 Nos 16-20Amp SP CB 5KA Legrand France, Terrasaki	Each	1	38500.00	38500	0	38500.00	0	0	38500	As per site requirement
5	Earthing of iron clad/aluminum switches, etc. with G.I. wire No.8 SWG in G.I. pipe 15 mm (½") dia, recessed or on surface of wall and floor, complete with 1.5 metre long G.I. pipe, 50 mm (2") dia with reducing socket 4 to 5 metre below ground level, and 2 metre away from building plinth	Each	4	8020.25	32081	0	8020.25	0	0	32081	As per site requirement
6	S/E of street light 50 watt along with pole	Each	0	26000.00	0	~~50~~ 15	26000.00	~~1300000~~ 390,000	1300000	0	As per site requirement
				Total	2019826		Total	~~3410020~~ 1690020	1714665	324471	

Say RS.

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Provision of Street Lights.

S.No	Description	No	Length	Breadth	Depth	Contents	Amount
1	P/F LED flood light 80 watts having input voltage AC 85-285 with following specifications (i) Working frequency 50-60 HZ (ii) Power fector 0.9 (iii) LED chip USA chip USA orgin Cree Bridgeeluz (iv) Colour white & wharam white (v) LED lifespn..... 70000 Hrs Made of GET Technology as approved by the Engineer-Incharge						
		1 x	40			= 40 Nos	
					@ 40,000.00	Each	1600000
2	Supply and erection of single core PVC insulated copper conductor cables, in prelaid PVC pipe/M.S. conduit/G.I pipe/wooden strip batten/wooden casing an capping/G.I.wire/trenches (rate for cables only):- 250/440 volts, PVC insulated: 7/1.63 mm (7/0.064")						
		2 x	1600	-	-	= 3200 Rft	
					@ 141.05	P.Rft	451360
3	Supply and erection of single core PVC insulated copper conductor cables, in prelaid PVC pipe/M.S. conduit/G.I pipe/wooden strip batten/wooden casing an capping/G.I.wire/trenches (rate for cables only):- 250/440 volts, PVC insulated: 3/0.74 mm (3/0.029").						
		40 x	2 x	35	-	= 2800 Rft	
					@ 20.95	P.Rft	58660
4	S/E of street light 50 watt	15 50			-	= 50 No	
					@ 26000.00	Each	1300000
						Total:	3410020
						Say Rs:	3410000
							900020

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REVISDED DETAILED ESTIMATE FOR THE WORK "Balance Work of Revamping of DHQ Hospitals Hafizabad.
(A.D.P. SCHEME NO.660/2022-23).
Construction of Approch Roads

S.No	Descriptions of Items.	Unit	As per Approved Detailed Estimate			As per Revised Detailed Estimate			Excess	Saving	Remarks
			Qty.	Rate.	Amount.	Qty.	Rate.	Amount.			
1	2	3	4	5	6	7	8	9	10	11	12
1	Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and timbering, dressing to correct section and dimensions according to templates and levels, and removing surface water, in all types of soil except shingle, gravel and rock:-	%0Cft	4500	7272.35	32726	0	7272.35	0	0	32726	As per site requirement
2	Cement concrete brick or stone ballast 1½" to 2" gauge in foundation and plinth 1 : 6 : 12.	%Cft	1125	15186.30	170846	0	15186.30	0	0	170846	As per site requirement
b	Cement concrete brick or stone ballast 1½" to 2" gauge in foundation and plinth 1 : 7 : 20.	%Cft				27736	13388.10	3713323	3713323	0	As per site requirement
3	Dry rammed brick or stone balalst 1-1/2" to 2" gauge.	%Cft	12375	5662.80	700772	0	5662.80	0	0	700772	As per site requirement
4	Pacca brick work 1:4 cement sand mortar OTB	%Cft	2250	27456.95	617781	2796	27456.95	767696	149915	0	As per site requirement
5	P/L Cement concrete plain 1 : 2 : 4 i/c finishing	%Cft	13500	28971.35	3911132	9179	28971.35	2659280	0	1251852	As per site requirement
6	Filling joints of expension with bitumen.	P.Rft	2700	90.10	243270	0	90.10	0	0	243270	As per site requirement
7	Relaying Tuff Pavers 60 mm thick							2160860	2160860		
i	Old Tuff pavers (Labour only)	P.Sft	0	65.00	0	33244	65.00	~~4200379~~	~~4200379~~	0	As per site requirement
ii	New Tuff pavers	P.Sft	0	126.35	0	22162	126.35	2800169	2800169	0	As per site requirement
				Total	5676526		Total	~~14140848~~ 12701528	10863786	2399465	

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CONSTRUCTION OF APPROACH ROAD.

Sr.	Description	No	Length	Breadth	Depth	Contents	Amount
1	Cement concrete brick or stone ballast 1½" to 2" gauge in foundation and plinth 1 : 7 : 20.						
		1	56	25-1/4	1/3	467	
		1	53	38	1/3	665	
		1	42	41-1/2	1/3	575	
		1	40	24	1/3	317	
		1	46	28-2/3	1/3	435	
		1	50	56	1/3	924	
		1	100	28-2/3	1/3	946	
		1	100	14	1/3	462	
		1	39	20-1/2	1/3	264	
		1	21	20	1/3	139	
		1	65	34	1/3	729	
		1	37	27	1/3	330	
		1	73	27-1/6	1/3	654	
		1	115	20-1/2	1/3	778	
		1	80	16-3/4	1/3	442	
		1	27	27	1/3	241	
		26	5	5	1/3	-215	
		1	56	8-1/2	1/3	159	
		1	9	8	1/3	24	
		1	42	5-1/2	1/3	77	
		1	14	8	1/3	37	
		1	77	13-1/2	1/3	346	
		1	4	10	1/3	13	
		2	27	10	1/3	180	
		1	23	7-1/2	1/3	57	
		1	14	3	1/3	14	
		1	28	26	1/3	243	
		1	15	18	1/3	90	
		1	65	9-3/4	1/3	211	
		1	23	19	1/3	146	
		1	42	8	1/3	112	
		1	44	15	1/3	220	
		1	69	9	1/3	207	
		1	42	15	1/3	210	
		1	66	34	1/3	748	
		1	50	35	1/3	583	
		1	46	5	1/3	77	
		1	42	15	1/3	210	
		1	61	34	1/3	691	
		1	27	8-1/2	1/3	76	
		1	48	28	1/3	448	
		1	51	11	1/3	187	
		1	34	16-1/2	1/3	187	
		1	65	20	1/3	433	
		1	21	9-1/2	1/3	66	
		1	66	34	1/3	748	

1	x	21	x	20	x	1/3	=	139	
1	x	51		13-3/4	x	1/3	=	234	
1	x	50		32	x	1/3	=	533	
1	x	61		34	x	1/3	=	691	
1	x	49		30	x	1/3	=	490	
1	x	87		16	x	1/3	=	464	
1	x	220		70	x	1/3	=	5133	
2	x	85		90	x	1/3	=	5099	
						Total	=	27736 Cft	
							@ 13388	%Cft	3713323

Pacca brick work 1:4 cement sand mortar other than building 10' height.

1	x	203	x	5/8	x	3/4	=	95	
1	x	211	x	5/8	x	3/4	=	99	
1	x	136	x	3/4	x	3/4	=	77	
1	x	158	x	3/4	x	3/4	=	89	
2	x	282	x	3/4	x	3/4	=	317	
2	x	96	x	3/4	x	3/4	=	108	
2	x	115	x	3/4	x	1	=	173	
2	x	87	x	3/4	x	3/4	=	98	
4	x	3	x	3/4	x	3/4	=	7	
6	x	220	x	3/4	x	1-3/4	=	1733	
						Total	=	2796 Cft	
							@ 27457	%Cft	767696

P/L Cement concrete plain 1 : 2 : 4 i/c finishing

1	x	56	x	8-1/2	x	1/3	=	159
1	x	9	x	8	x	1/3	=	24
1	x	42	x	5-1/2	x	1/3	=	77
1	x	14	x	8	x	1/3	=	37
1	x	77	x	13-1/2	x	1/3	=	346
1	x	4	x	10	x	1/3	=	13
2	x	27	x	10	x	1/3	=	180
1	x	23	x	7-1/2	x	1/3	=	57
1	x	14	x	3	x	1/3	=	14
1	x	28	x	26	x	1/3	=	243
1	x	15	x	18	x	1/3	=	90
1	x	65	x	9-3/4	x	1/3	=	211
1	x	23	x	19	x	1/3	=	146
1	x	42	x	8	x	1/3	=	112
1	x	44	x	15	x	1/3	=	220
1	x	69	x	9	x	1/3	=	207
1	x	42	x	15	x	1/3	=	210
1	x	66	x	34	x	1/3	=	748
1	x	50	x	35	x	1/3	=	583
1	x	46	x	5	x	1/3	=	77
1	x	42	x	15	x	1/3	=	210
1	x	27	x	8-1/2	x	1/3	=	76
1	x	48	x	28	x	1/3	=	448
1	x	51	x	11	x	1/3	=	187
1	x	34	x	16-1/2	x	1/3	=	187
1	x	65	x	20	x	1/2	=	650

	1	x	21	x	9-1/2	x	1/3	=	66	
	1	x	51	x	13-3/4	x	1/3	=	234	
	1	x	50	x	32	x	1/3	=	533	
	1	x	61	x	34	x	1/3	=	691	
	1	x	49	x	30	x	1/3	=	490	
	1	x	87	x	16	x	1/3	=	464	
Along with sewer line	1	x	294	x	7	x	1/3	=	685	
	1	x	504	x	1	x	1	=	504	
							Total	=	9179 Cft	
							@ 28971		%Cft	2659280

2 Relaying of tuff tile paver 60mm thick

	1	x	56	x	25-1/4	x		=	1414	
	1	x	53	x	38	x		=	2014	
	1	x	42	x	41-1/2	x		=	1743	
	1	x	40	x	24	x		=	960	
	1	x	46	x	28-2/3	x		=	1319	
	1	x	50	x	56	x		=	2800	
	1	x	100	x	28-2/3	x		=	2867	
	1	x	100	x	14	x		=	1400	
	1	x	39	x	20-1/2	x		=	800	
	1	x	21	x	20	x		=	420	
	1	x	65	x	34	x		=	2210	
	1	x	37	x	27	x		=	999	
	1	x	73	x	27-1/6	x		=	1983	
	1	x	115	x	20-1/2	x		=	2358	
	1	x	80	x	16-3/4	x		=	1340	
	1	x	220	x	70	x		=	15400	
	2	x	85	x	90	x		=	15300	
	1	x	27	x	27	x		=	729	
D/d MH	26	x	5	x	5	x		=	-650	
							Total	=	55406 Sft	

Old tile	55406	x	60%	= 65	33244 Sft	2160860
				@ ~~126~~	PSft	~~4200379~~
New tile	55406	x	40%	=	22162 Sft	
				@ 126	PSft	2800169
					Total:-	~~14140847~~ 1210328/-

Sub Divisional Officer
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Hafizabad

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Buildings Division
Hafizabad

GENERAL ITEMS

S.No	Descriptions	Unit	As per Approved Detailed Estimate			As per Revised Detailed Estimate			Excess	Saving	Remarks
			Qty.	Rate.	Amount.	Qty.	Rate.	Amount.			
1	2	3	4	5	6	7	8	9	10	11	12
1	Sand filling under floor	%Cft	367	2863.20	10515	0	2863.20	0	0	10515	Due to IDAP Scope
2	Dry rammed brick or stone ballast 1-1/2" to 2"gauge.	%Cft	447	5662.80	25324	0	5662.80	0	0	25324	Due to IDAP Scope
3	Providing and laying superb quality Porcelain glazed tiles flooring of MASTER brand of specified size in approved design, Color and Shade with adhesive/bond over 3/4" thick (1:3) cement plasteri / cthecost of sealer for finishing the jointsi / ccutting grinding complete in all respect as approved and directed by the Engineer Incharge. Full body Glazed tiles (i) 400 mm x 400 mm	PSft	1423	260.75	370982	0	260.75	0	0	370982	Due to IDAP Scope
4	Providing and laying superb quality Porcelain glazed tiles Dado /Skirting of MASTER brand of specified size in approved design, Color and Shade with adhesive/bond over 3/4" thick (1:3) cement plasteri / cthecost of sealer for finishing the jointsi / ccutting grinding complete in all respect as approved and directed by the Engineer Incharge. Full body Glazed tiles (i) 400 mm x 400 mm	PSft	330	260.75	86048	0	260.75	0	0	86048	Due to IDAP Scope
5	Plain cement concrete (1:2:4) i/c finishing.	%Cft	178	28971.35	51526	0	28971.35	0	0	51526	Due to IDAP Scope
6	Glazing wth pan (18 oz to 26 oz i/c cost of putty.	PSft	192	151.15	29021	0	151.15	0	0	29021	Due to IDAP Scope
7	P/F class room almirah consiting of 1"thick solid flush shutter with deodar wood lipping ¼"thick all around (Approved Factory Manufactured) fixed in deodar wood frame 3"x1" i/c full hinges C.P. fittings with RCC (1:1½:3) shelves 1½" thick including 3 coats of painting.	PSft	1680	672.85	1130388	1260	672.85	847791	0	282597	As per site requirement/design issued by PMU
8	Providing and fixing wooden box type wardrobe 22" deep including ¾" (20 mm) thick boxing and shelves hanger rods, hard board back drawers, brass fittings, locking arrangements, handles, internal bolts, shoe rods,etc. including three coats of enamel paint Deodar wood boxing, and deodar wood shelves and leaves, etc.	PSft	35	2103.5	73623	0	2103.5	0	0	73623	Due to IDAP Scope
9	Providing and fixing Copper winded Exhaust fan with louver and shutter made of Pak/Younas/G.F.C. i/c the cost of necessary cable and hardware for connection from ceiling rose complete as approved and directed by Engineer Incharge 12" sweep complete	Each	20	2201.85	44037	0	2201.85	0	0	44037	Due to IDAP Scope
10	Plain GI sheet iron spouts fixed in position i/c painting.	PRft	30	659.85	19796	0	659.85	0	0	19796	Due to IDAP Scope
11	P/L checkered tile on ramp complete in all repsect	PSft	766	225	172350	0	225	0	0	172350	Due to IDAP Scope
12	P/F door with grill 3/8" dia fixed with wire gauze.	PSft	160	800	128000	0	800	0	0	128000	Due to IDAP Scope
13	P/F vanity with granite marble counter 3/4" thick (2-1/2'x3-1/2') complete in all respect.	Each	1	26000	26000	0	26000	0	0	26000	Due to IDAP Scope
14	Distempering two coats on old surface	%Sft	28832	616.90	177865	0	616.90	0	0	177865	Due to IDAP Scope

15	Painting to doors and windows on old surface two coats.	%Sft	4200	1346.70	56561	0	1346.70	0	0	56561	Due to IDAP Scope
16	Providing and applying weather shield paint of approved quality on external surface of building including preparation of surface, application of primer complete old surface	%Sft	93752	1723.15	1615488	93836	1723.15	1616935	1447	0	As per site requirement/design issued by PMU
17	Providing and fixing CP bath Room Set made of Sonex/ Master/ Faisal comprising of 3No 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 by the Engineer incharge	Each	0	25750.00	0	33	25750	849750	849750	0	As per site requirement/design issued by PMU
18	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	Each	0	15000	0	50	15000	750000	750000	0	As per site requirement/design issued by PMU
17	Providing, laying, cutting, jointing, testing and disinfecting G.I. pipeline in trenches, with socket joints, using G.I.pipes of B.S.S. 1387-1967 complete in all respects, withspecials and valves (Medium quality) 1" dia	PRft	500	281.65	140825	0	281.65	0	0	140825	Due to IDAP Scope
18	Providing, laying, cutting, jointing, testing and disinfecting G.I. pipeline in trenches, with socket joints, using G.I.pipes of B.S.S. 1387-1967 complete in all respects, withspecials and valves (Medium quality) 3/4" dia	PRft	1500	188.55	282825	0	188.55	0	0	282825	Due to IDAP Scope
19	Construction of DP rooms	PSft	0	2931	0	288	2931	844128	844128	0	As recommended by PM Electrical of PMU
				Total	4441172	0	Total	4908604	2445325	1977893	

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DETAIL OF GENERAL ITEMS

S.No	Description	No	Length	Breadth	Depth	Contents	Amount
1	P/F class room almirah consiting of 1"thick solid flush shutter with deodar wood lipping ¼"thick all around (Approved Factory Manufactured) fixed in deodar wood frame 3"x1" i/c full hinges C.P. fittings with RCC (1:1½:3) shelves 1½" thick including 3 coats of painting.						
	OPD	30	x 6	x 7		= 1260	
					Total:	= 1260 Sft	
				@	672.85	P.Sft	847791
2	Providing and applying weather shield paint of approved quality on external surface of building including preparation of surface, application of primer complete in all respect:on old surface.						
	B/Wall	2	x 2972	x 8		= 47552	
	OPD	2	x(400	+ 426.5	)x 28.00	= 46284	
					Total	= 93836 Sft	
				@	1723.15	% Sft	1616935
3	Providing and fixing CP bath Room Set made of Sonex/ Master/ Faisal comprising of 3No 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 by the Engineerincharge.						
		33				= 33	
					Total	= 33 No	
				@	25750.00	Each	849750
4	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.						
		50				= 50	
					Total	= 50 No	
				@	15000.00	Each	750000
5	Construction of DP rooms (12'x12') based on plinth area rates 1st bi-annual 2022 (Hafizabad Distt)						
	DP Room	2	x 12	x 12		= 288	
					Total:	= 288 Sft	
	(2771 Bldg + 160 E.I)			@	2,931.00	P.Sft	844128
						Total:	4908604
						Say Rs:	4908600

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PRICE VARIATION STATEMENT

BALANCE WORK OF REVAMPING OF DHQ HOSPITAL DISTRICT HAFIZABAD.

DATE OF TENDER 21-02-2022.

General Abstract of Cost

Sr: No.	Description	Amount	
		Recovered	Paid
1	Cement.	-	495930
2	Bricks.	-	8910
3	Bajri / Agreegate	-	13100
4	Steel Grade-40.	-	54405
5	Labour.	-	1002220
6	Diesel.	-	2329358
	Total	0	3903923

Total Amount 3903923

Sub Divisional Officer
Buildings Sub Division
Hafizabad

Executive Engineer
Building Division
Hafizabad

PRICE VARIATION STATEMENT(Cement)

BALANCE WORK OF REVAMPING OF DHQ HOSPITAL DISTRICT HAFIZABAD.

DATE OF TENDER 21-02-2022.

Sr. No.	Description of item	M.B/ Page		Date	Month of year	Qty:	Kg / Sft/ Cft/ Conversion	Qty used Cement in Bags	Base rate	Decreased rate	Increased rate	Diff:in rate	Amount		
									Cement			Cement	Recovered	Paid	Remarks
1	Cement Concrete 1:6:12	8836	9	30/03/2022	03/2022	787	6.50	51	720	-	800	80	-	4080	Above 5%
2	Cement Concrete 1:6:12	8836	28	28/04/2022	04/2022	720	6.50	47	720	-	850	130	-	6110	Above 5%
3	Cement Concrete 1:6:12	8836	69	17/05/2022	05/2022	216	6.50	14	720	-	850	130	-	1820	Above 5%
4	Cement Concrete 1:6:12	8836	100	09-01-22	09/2022	56	6.50	4	720	-	1010	290	-	1160	Above 5%
					Total	**1779**									
1	Pucca Brick work 1:4 OTB.	8836	10	30/03/2022	03/2022	2877	4.80	138	720	-	800	80	-	11040	Above 5%
2	Pucca Brick work 1:4 OTB.	8836	31	28/04/2022	04/2022	4111	4.80	197	720	-	850	130	-	25610	Above 5%
3	Pucca Brick work 1:4 OTB.	8836	71	17/05/2022	05/2022	1145	4.80	55	720	-	850	130	-	7150	Above 5%
4	Pucca Brick work 1:4 OTB.	8836	101	09-01-22	09/2022	440	4.80	21	720	-	1010	290	-	6090	Above 5%
					Total	**8573**									
1	1/2" thick cement plaster 1:4 .	8836	10	30/03/2022	03/2022	4689	0.73	34	720	-	800	80	-	2720	Above 5%
2	1/2" thick cement plaster 1:4 .	8836	33	28/04/2022	04/2022	4252	0.73	31	720	-	850	130	-	4030	Above 5%
3	1/2" thick cement plaster 1:4 .	8836	72	17/05/2022	05/2022	2070	0.73	15	720	-	850	130	-	1950	Above 5%
4	1/2" thick cement plaster 1:4 .	8836	102	09-01-22	09/2022	540	0.73	4	720	-	1010	290	-	1160	Above 5%
					Total	**11551**									
1	1/2" thick cement plaster 1:3 i/c nero coat	8836	11	30/03/2022	03/2022	2982	1.26	38	720	-	800	80	-	3040	Above 5%
2	1/2" thick cement plaster 1:3 i/c nero coat	8836	33	28/04/2022	04/2022	2920	1.26	37	720	-	850	130	-	4810	Above 5%
3	1/2" thick cement plaster 1:3 i/c nero coat	8836	73	17/05/2022	05/2022	1433	1.26	18	720	-	850	130	-	2340	Above 5%
4	1/2" thick cement plaster 1:3 i/c nero coat	8836	102	09-01-22	09/2022	378	1.26	5	720	-	1010	290	-	1450	Above 5%
					Total	**7713**									
1	Plain cement concrete 1:2:4.	8836	11	30/03/2022	03/2022	266	17.60	47	720	-	800	80	-	3760	Above 5%
2	Plain cement concrete 1:2:4.	8836	34	28/04/2022	04/2022	786	17.60	138	720	-	850	130	-	17940	Above 5%
3	Plain cement concrete 1:2:4.	8836	45	28/04/2022	04/2022	5244	17.60	923	720	-	850	130	-	119990	Above 5%
4	Plain cement concrete 1:2:4.	8836	77	19/05/2022	05/2022	3952	17.60	696	720	-	850	130	-	90480	Above 5%
5	Plain cement concrete 1:2:4.	8836	104	09-01-22	09/2022	950	17.60	167	720	-	1010	290	-	48430	Above 5%
					Total	**11198**									
1	RCC in roof slab beam column 1:2:4.	8836	13	30/03/2022	03/2022	596	17.60	105	720	-	800	80	-	8400	Above 5%
2	RCC in roof slab beam column 1:2:4.	8836	37	28/04/2022	04/2022	520	17.60	92	720	-	850	130	-	11960	Above 5%

3	RCC in roof slab beam column 1:2:4.	8836	106	09-01-22	09/2022	136	17.60	24	720	-	1010	290	-	6960	Above 5%
					Total	**1252**									
1	Cement Concrete 1:7:20	8836	41	28/04/2022	04/2022	11773	4.40	518	720	-	850	130	-	67340	Above 5%
2	Cement Concrete 1:7:20	8836	75	19/05/2022	05/2022	5715	4.40	251	720	-	850	130	-	32630	Above 5%
3	Cement Concrete 1:7:20	8836	103	09-01-22	09/2022	272	4.40	12	720	-	1010	290	-	3480	Above 5%
					Total	**17760**									
												Total	**0**	**495930**	

Sub Divisional Officer
Buildings Sub Division
Hafizabad

PRICE VARIATION STATEMENT(Bricks)

BALANCE WORK OF REVAMPING OF DHQ HOSPITAL DISTRICT HAFIZABAD.

DATE OF TENDER 21-02-2022.

Sr. No.	Description of item	M.B/ Page		Date	Month of year	Qty:	Kg / Sft/ Cft/ Conversion	NOS. OF BRICKS	Qty Secored Adwance	Base rate	Decreased rate	Increased rate	Diff:in rate	Amount		
										Bricks			Bricks	Recovered	Paid	Remarks
1	Pucca Brick work 1:4 OTB.	8836	10	30/03/2022	03/2022	2877	13.5	38840	-	10000	-	10000	0	-	-	With in 5%
2	Pucca Brick work 1:4 OTB.	8836	31	28/04/2022	04/2022	4111	13.5	55499	-	10000	-	10000	0	-	-	With in 5%
3	Pucca Brick work 1:4 OTB.	8836	71	17/05/2022	05/2022	1145	13.5	15458	-	10000	-	10000	0	-	-	With in 5%
4	Pucca Brick work 1:4 OTB.	8836	101	09-01-22	09/2022	440	13.5	5940	-	10000	-	11500	1500	-	8910	Above 5%
					Total	8573										
													Total	0	8910	

Sub Divisional Officer
Buildings Sub Division
Hafizabad

PRICE VARIATION STATEMENT(Bajri)

BALANCE WORK OF REVAMPING OF DHQ HOSPITAL DISTRICT HAFIZABAD.

DATE OF TENDER 21-02-2022.

Sr. No.	Description of item	M.B/ Page		Date	Month of year	Qty:	Kg / Sft/ Cft/ Conversion	Qty of Bajri	Qty Secored Adwance	Base rate Bajri	Decreased rate	Increased rate	Diff:in rate Bajri	Amount Recovered	Amount Paid	Remarks
1	Cement Concrete 1:6:12	8836	9	30/03/2022	03/2022	787	0.98	771	-	4200	-	4200	0	-	-	With in 5%
2	Cement Concrete 1:6:12	8836	28	28/04/2022	04/2022	720	0.98	706	-	4200	-	4200	0	-	-	With in 5%
3	Cement Concrete 1:6:12	8836	69	17/05/2022	05/2022	216	0.98	212	-	4200	-	4200	0	-	-	With in 5%
4	Cement Concrete 1:6:12	8836	100	09-01-22	09/2022	56	0.98	55	-	4200	-	5200	1000	-	550	Above 5%
					Total	**1779**										
1	Plain cement concrete 1:2:4.	8836	11	30/03/2022	03/2022	266	0.88	234	-	4200	-	4200	0	-	-	With in 5%
2	Plain cement concrete 1:2:4.	8836	34	28/04/2022	04/2022	786	0.88	692	-	4200	-	4200	0	-	-	With in 5%
3	Plain cement concrete 1:2:4.	8836	45	28/04/2022	04/2022	5244	0.88	4615	-	4200	-	4200	0	-	-	With in 5%
4	Plain cement concrete 1:2:4.	8836	77	19/05/2022	05/2022	3952	0.88	3478	-	4200	-	4200	0	-	-	With in 5%
5	Plain cement concrete 1:2:4.	8836	104	09-01-22	09/2022	950	0.88	836	-	4200	-	5200	1000	-	8360	Above 5%
					Total	**11198**										
1	RCC in roof slab beam column 1:2:4.	8836	13	30/03/2022	03/2022	596	0.88	524	-	4200	-	4200	0	-	-	With in 5%
2	RCC in roof slab beam column 1:2:4.	8836	37	28/04/2022	04/2022	520	0.88	458	-	4200	-	4200	0	-	-	With in 5%
3	RCC in roof slab beam column 1:2:4.	8836	106	09-01-22	09/2022	136	0.88	120	-	4200	-	5200	1000	-	1200	Above 5%
					Total	**1252**										
1	Cement Concrete 1:7:20	8836	41	28/04/2022	04/2022	11773	1.10	12950	-	4200	-	4200	0	-	-	With in 5%
2	Cement Concrete 1:7:20	8836	75	19/05/2022	05/2022	5715	1.10	6287	-	4200	-	4200	0	-	-	With in 5%
3	Cement Concrete 1:7:20	8836	103	09-01-22	09/2022	272	1.10	299	-	4200	-	5200	1000	-	2990	Above 5%
					Total	**17760**										
													Total	**0**	**13100**	

Sub Divisional Officer
Buildings Sub Division
Hafizabad

PRICE VARIATION STATEMENT(Steel)

BALANCE WORK OF REVAMPING OF DHQ HOSPITAL DISTRICT HAFIZABAD.

DATE OF TENDER 21-02-2022.

Sr. No.	Description of item	M.B/ Page		Date	Qty:	Base rate Steel 40 Grade	Decreased rate	Increased rate	Diff: Steel	Amount Recovered	Amount Paid	Remarks
1	Steel Grade 40	8836	13	30/03/2022	1755	185045	-	192045	7000	-	-	With in 5%
2	Steel Grade 40	8836	36	28/04/2022	1650	185045	-	200045	15000	-	24750	Above 5%
3	Steel Grade 40	8836	105	09-01-22	659	185045	-	230045	45000	-	29655	Above 5%
				Total	**4064**				**Total**	**0**	**54405**	

Sub Divisional Officer
Buildings Sub Division
Hafizabad

PRICE VARIATION STATEMENT(Labour)

BALANCE WORK OF REVAMPING OF DHQ HOSPITAL DISTRICT HAFIZABAD.

DATE OF TENDER 21-02-2022.

(Formula 0.15xValue of Work Done(Current Rate-Base Rate)/Base Rate))

Sr No	Bill No.	M.B No.	Page No.	Date of Billing	Amount	Base Rate	Current Rate	Difference	Recovered	Paid	Remarks
1	CC 1st and Running Bill	8836	4	03-08-22	1200000	780	780	0.00	-	-	With in 5%
2	CC 2nd and Running Bill	8836	20	30/03/2022	4122307	780	780	0.00	-	-	With in 5%
3	CC 3rd and Running Bill	8836	60	28/04/2022	9291668	780	780	0.00	-	-	With in 5%
4	CC 4th and Running Bill	8836	94	19/05/2022	4294148	780	780	0.00	-	-	With in 5%
5	CC 5th and Running Bill	8836	132	09-01-22	8206048	780	962	182	-	287212	Above 5%
6	To be paid in next bills	-	-	09-11-22	43776029	780	962.00	182.00	-	715008	Above 5%
				Total	**70890200**			**Total**	**0**	**1002220**	

Sub Divisional Officer
Buildings Sub Division
Hafizabad

PRICE VARIATION STATEMENT(Hi Speed Diesel)

BALANCE WORK OF REVAMPING OF DHQ HOSPITAL DISTRICT HAFIZABAD.

DATE OF TENDER 21-02-2022.

(Formula 0.07xValue of Work Done(Current Rate-Base Rate)/Base Rate))

Sr No	Bill No.	M.B No.	Page No.	Date of Billing	Amount	Base Rate	Current Rate	Difference	Recovered	Paid	Remarks
1	CC 1st and Running Bill	8836	4	03-08-22	1200000	144.62	144.15	-0.47	-	-	With in 5%
2	CC 2nd and Running Bill	8836	20	30/03/2022	4122307	144.62	144.15	-0.47	-	-	With in 5%
3	CC 3rd and Running Bill	8836	60	28/04/2022	9291668	144.62	144.15	-0.47	-	-	With in 5%
4	CC 4th and Running Bill	8836	94	19/05/2022	4294148	144.62	144.15	-0.47	-	-	With in 5%
5	CC 5th and Running Bill	8836	132	09-01-22	8206048	144.62	247.33	102.71	-	407959	Above 5%
6	To be paid in next bills	-	-	09-11-22	43776029	144.62	235.30	90.68	-	1921399	Above 5%
				Total	**7.1E+07**			**Total**	**0**	**2329358**	

Sub Divisional Officer
Buildings Sub Division
Hafizabad

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

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

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:LO21010725
A/C To be Credited: Assan Assignment

PKR Million

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

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

Grant Number: Government Buildings - (PC12042)
LO NO:LO21010725
A/C To be Credited: Assan Assignment

PKR Million

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

9. DEMAND AND SUPPLY ANALYSIS

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

10. FINANCIAL PLAN AND MODE OF FINANCING

10.1 FINANCIAL PLAN EQUITY INFORMATION

10.2 FINANCIAL PLAN DEBT INFORMATION

undefined

10.3 FINANCIAL PLAN GRANT INFORMATION

attached

10. FINANCIAL PLAN AND MODE OF FINANCING

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

Revenue Side:

(Rs.in Million)

	FY 2021-22	FY 2022-23
Funds Released	**4.080**	**11.148**
Utilization	**3.733**	**1.264**

Capital Side:

	FY 2021-22	FY 2022-23
Funds Released	**28.596**	**7.919**
Utilization	**28.596**	**0.000**

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

10.4 WEIGHT COST OF CAPITAL INFORMATION

undefined

11. PROJECT BENEFITS AND ANALYSIS

11.1 PROJECT BENEFIT ANALYSIS INFORMATION

SOCIAL BENEFITS WITH INDICATORS

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

SOCIAL IMPACT:

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

EMPLOYMENT GENERATION (DIRECTOR AND INDIRECT)

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

11.2 ENVIRONMENTAL IMPACT ANALYSIS

ENVIRONMENTAL IMPACT

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

11.3 PACT ANALYSIS

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11.4 ECONOMIC ANALYSIS

IMPACT OF DELAYS ON PROJECT COST AND VIABILITY

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

11.5 FINANCIAL ANALYSIS

FINANCIAL BENEFITS & ANALYSIS

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

The Targets of Sustainable Development Goals (SDGs) will be achieved
The Human Development Index of Pakistan (HDI) will improve
Infant Mortality Rate will decrease
Mother Mortality rate will be decreased
The international commitments of Pakistan will be accomplished
Health standard of public will
Better Health Facilities to mother and
Prompt and scientific facility for operation
Rehabilitation of disables and injured
Blindness in this area will be decreased and controlled
Better social and mental health to addict
Provision of better health facilities at doorsteps
Awareness and control for communicable
Survival of heart failure
Social indicators of Pakistan will improve

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

11.1.1 FINANCIAL IMPACT:

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

11.2 REVENUE GENERATION

Revenue will be generated from:

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

12. IMPLEMENTATION SCHEDULE

12.1 IMPLEMENTATION SCHEDULE/GANTT CHART

IMPLEMENTATION SCHEDULE

Starting date: 01-07-2021

Expected Completion date: 30-06-2025

12.2 RESULT BASED MONITORING (RBM) INDICATORS

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12.3 IMPLEMENTATION PLAN

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12.4 M&E PLAN

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

12.5 RISK MITIGATION PLAN

attached

RISK REGISTER

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

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

12.6 PROCUREMENT PLAN

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13. MANAGEMENT STRUCTURE AND MANPOWER REQUIREMENTS

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

14. ADDITIONAL PROJECTS / DECISIONS REQUIRED

NA

15. CERTIFICATE

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

15. It is certified that the project titled "**Balance work of Revamping of DHQ, Hafizabad (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

Scheme ID	Scheme Name
	Balance Work of Revamping of DHQ Hospital Hafizabad

20. MARGINALISATION OF PC-1

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

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