PC-1

Balance Work of Revamping of DHQ Hospital Jhelum

ORIGINAL APPROVED COST	**PKR Million. 125.901/-**
ORIGINAL APPROVED GESTATION	**49 Months** **Till December 2025**
APPROVAL FORUM	**DDSC (DDSC)**

1. NAME OF THE PROJECT

Balance Work of Revamping of DHQ Hospital Jhelum

2. LOCATION OF THE PROJECT

2.1. DISTRICT(S)

I. JHELUM

2.2. TEHSIL(S)

I. JHELUM

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, District Health Councils and C&W Department.
	3.3 Operation & Maintenance	PMU for Revamping Program of Primary and Secondary Healthcare Department and District Health Authority
	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:**5346
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 Jhelum:	127,719 SFT
Area completed :	117,694 SFT
Remaining Area:	3,025 SFT
External Development & Electrification:	Not taken up

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.

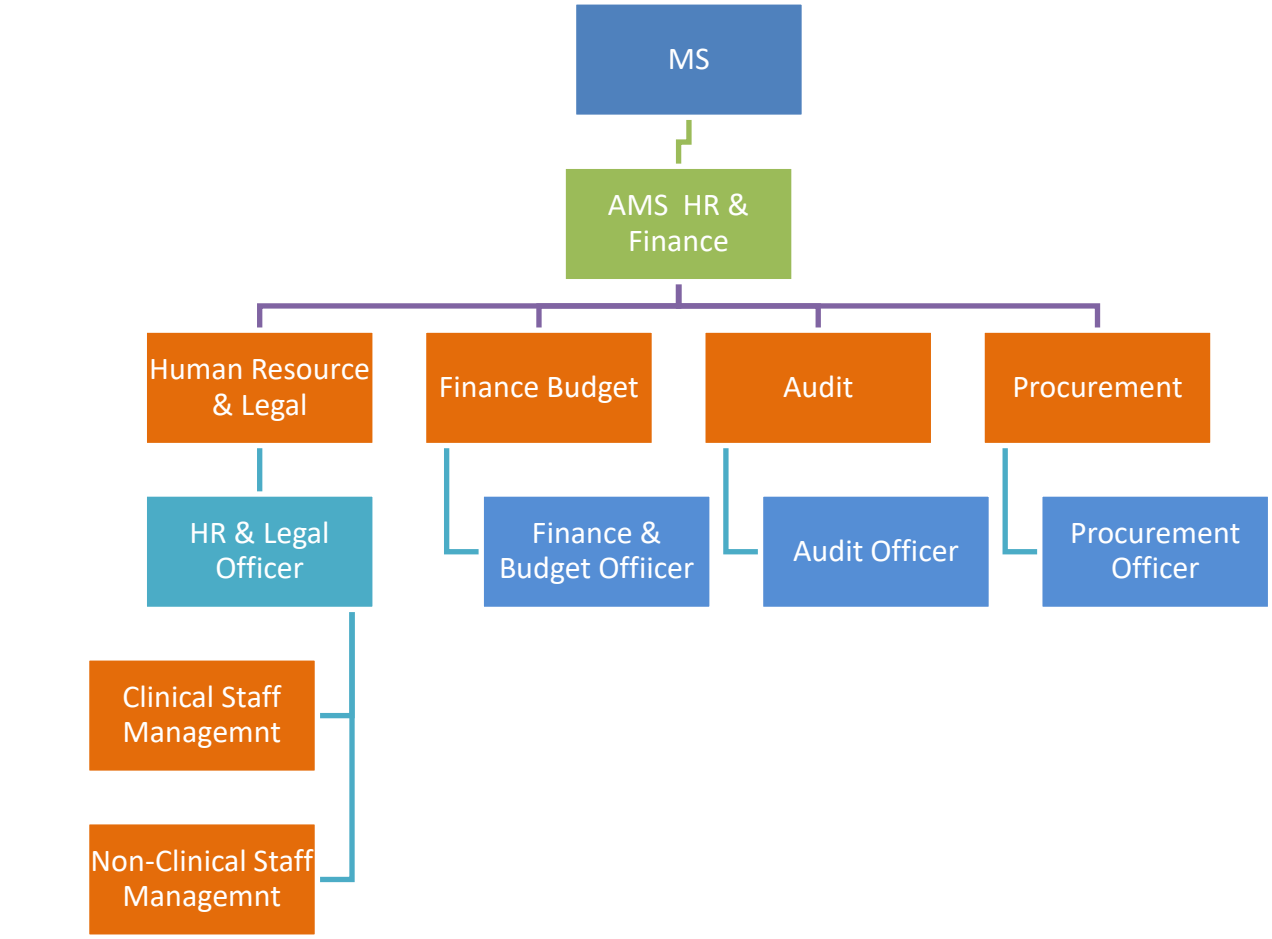
5.7.4 EMR and Networking

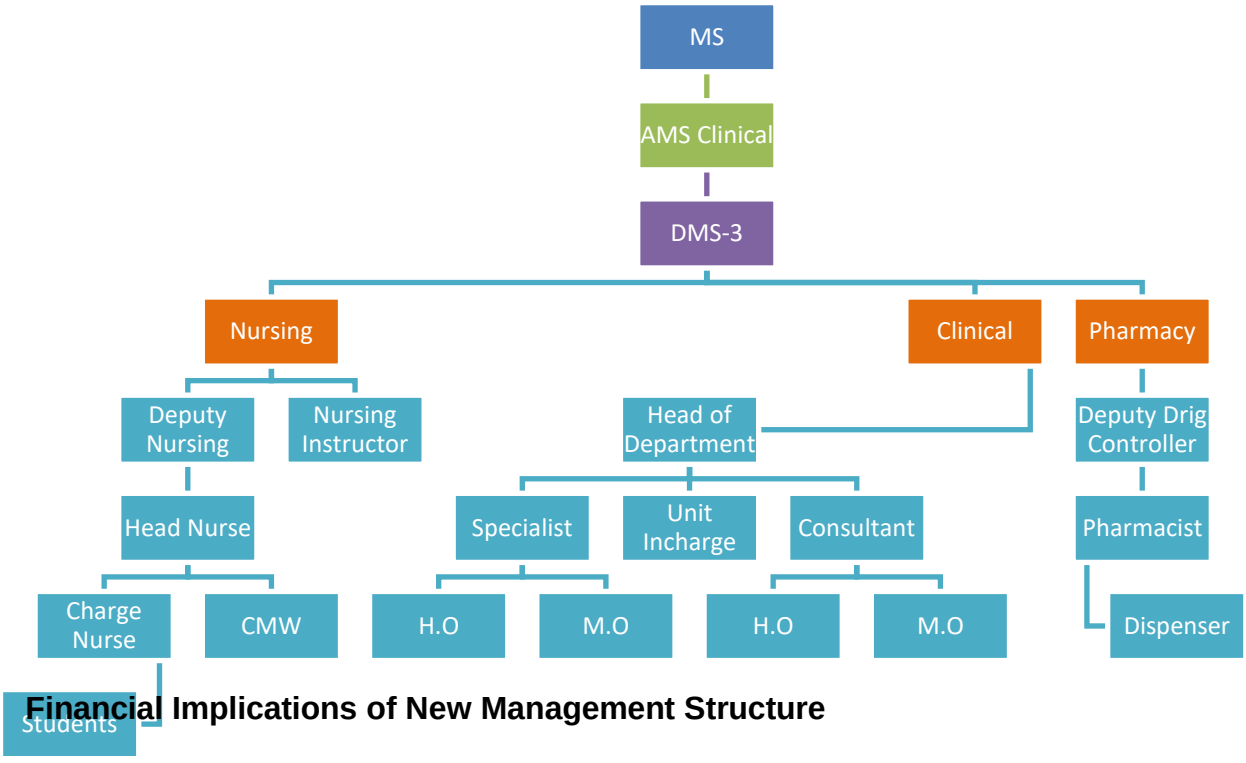
Establishment of network infrastructure, establishing a central data center, connectivity of different building through fiber, are also the major components of the revamping project in terms of ICT. This will including provision of networking point at all nursing stations and important areas where entries 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

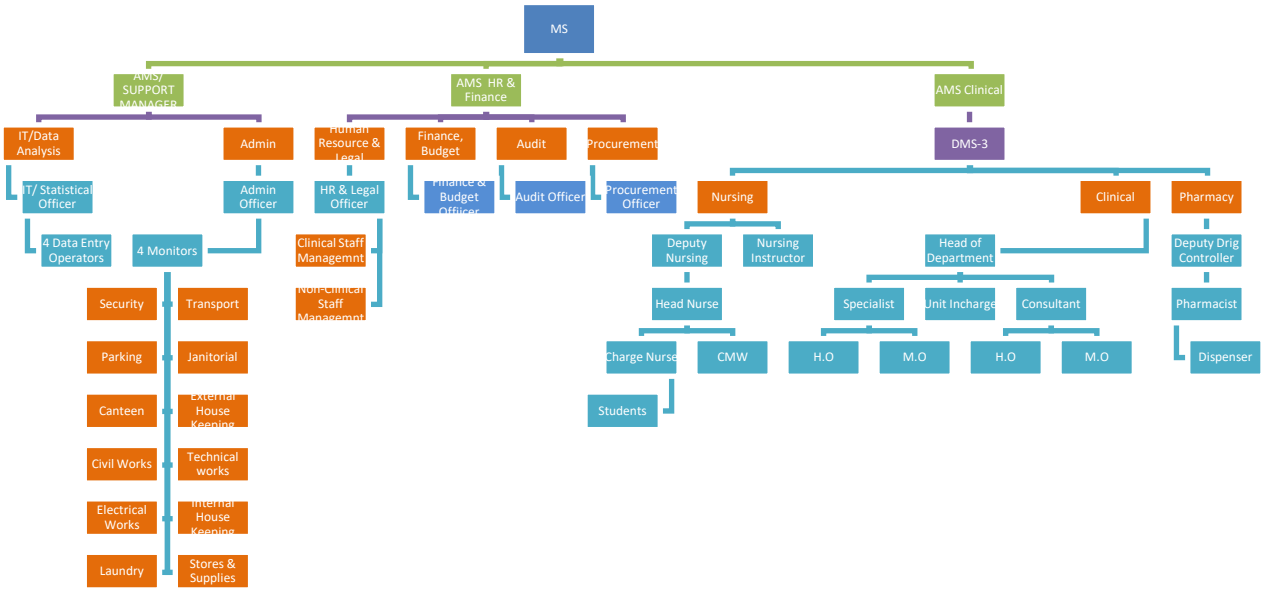
1. M.Sc. Supply Chain Management/ MBA or Equivalent.
2. One year experience in Supply Chain, logistics, fleet, warehousing and inventory management, clearing and forwarding.

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 Jhelum is more than 1.23 million. The area of the DHQ Hospital Jhelum is 1131520 SFT land.

6.1 DESCRIPTION AND JUSTIFICATION

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

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

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

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

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

JUSTIFICATION FOR REVISION OF PC-I

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

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

Now the Planning & Development Board vide letter No.12(24)PO(COORD-II)P&D/2022 dated 14-07-2022 has informed that revised standard pay package

were discussed and approved by the 83rd PDWP meeting held on 28-06-2022 under the chairmanship of Chairman P&D Board for all ADP funded Project posts of Department /Organizations working in Government of the Punjab. Therefore, the revised Pay Package has been incorporated in the revised PC-I. Due this the revenue component meant only for salaries of NMS staff has been increased.

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

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

given below

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

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

Grant Number: Government Buildings - (PC12042)
LO NO:LO21010515
A/C To be Credited: Account-I

PKR Million

Sr #	Object Code	2021-2022		2022-2023		2023-2024		2024-2025		2025-2026	
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	**A12403**-Other Buildings	0.000	0.000	34.345	0.000	30.000	0.000	0.000	0.000	0.000	0.000
Total		**0.000**	**0.000**	**34.345**	**0.000**	**30.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**

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

Grant Number: Development - (PC22036)
LO NO:LO21010530
A/C To be Credited: Assan Assignment

PKR Million

Sr #	Object Code	2021-2022		2022-2023		2023-2024		2024-2025		2025-2026	
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	**A05270**-To Others	0.000	0.000	31.556	0.000	15.000	0.000	15.000	0.000	0.000	0.000
Total		**0.000**	**0.000**	**31.556**	**0.000**	**15.000**	**0.000**	**15.000**	**0.000**	**0.000**	**0.000**

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

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

Abstract of Cost

Name of DHQ Hospital	Balance work of revamping of DHQ Jehlum					
Scope of work	Orignal			1st Revised		
	Capital	Revenue	Total	Capital	Revenue	Total
Capital component						
Internal Development	18.679	0.000	18.679	18.679	0.000	18.679
External Development	45.666	0.000	45.666	45.666	0.000	45.666
Water filtration plant	0.000	0.000	0.000	0.000	0.000	0.000
Total Capital Component	**64.345**	**0.000**	**64.345**	**64.345**	**0.000**	**64.345**
Revenue component						
Human resource (HR) plan	0.000	25.440	25.440	0.000	54.556	54.556
Electrical Component	0.000	0.000	0.000	0.000	7.000	7.000
Total Revenue component	**0.000**	**25.440**	**25.440**	**0.000**	**61.556**	**61.556**
Total	**64.345**	**25.440**	**89.785**	**64.345**	**61.556**	**125.901**
Grand Total	**64.345**	**25.440**	**89.785**	**64.345**	**61.556**	**125.901**

Electricity							
		Orignal			1st Revised		
Sr. No	**Item Description**	**Qty**	**Unit Cost**	**Total Cost**	**Qty**	**Unit Cost**	**Total Cost**
1	Transformer (200KVA)	0	-	-	1	2,000,000	2,000,000
1	Express Line/ Extention of Load	0	-	-	1	5,000,000	5,000,000
		-	**-**	**-**	**-**	**-**	**7,000,000.000**
				-			7.00

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**	**17**		**1,059,000**	**1,401,000**	**43,431,000**
				25.440					**43.431**
Utilization of HR Component				**11.125**					
									54.556

2nd BI-Annual 2021 Phase #01

DHQ (11)

From

The Chief Engineer,
Punjab Buildings Department (NZ),
(BRS) Near New Campus UOP,
Lahore.

To

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

No.CEBNZ / 1384 /D, Dated 29 /07 /2021

SUBJECT: **ROUGH COST ESTIMATE FOR THE WORK "REVAMPING OF ALL 15 D.H.Q HOSPITAL IN PUNJAB ONE AT JHELUM". ADP SCHEME NO.1013 FOR THE YEAR (2021-22).**

REFERENCE: Superintending Engineer Building Circle No.2 Rawalpindi office letter No.2117/D, dated 28.07.2021 (received on 29.07.2021).

As approved by the competent authority, the rough cost estimate received through above referred communication is sent hereby dully vetted for **Rs.64.435 (M)** for favour of consideration and arranging administrative approval under proper head of account.

DESIGN OFFICER 29/7/2021
For Chief Engineer
Punjab Buildings Deptt. (N.Z),
Lahore

DA/
Copy of
vetted estimate

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

1. Secretary, to Govt. of the Punjab, Primary & Secondary Healthcare Department, Lahore.
2. Commissioner, Rawalpindi Division Rawalpindi.
3. Superintending Engineer, Building Circle No.2 Rawalpindi with reference to his office letter referred as above.
4. Chief Executive Officer District (Health) Authority Jhelum.
5. Executive Engineer, Building Division Jhelum.
6. Chief Draftsman (Local).

GOVERNMENT OF PUNJAB

2nd BI-Annual
2021
Phase # 01
DHQ
(11)

EXECUTIVE ENGINEER
BUILDINGS DIVISION
JHELUM

Name of Work	**ROUGH COST ESTIMATE FOR THE WORK "REVAMPING OF DISTRICT HEADQUARTER HOSPITAL JHELUM" DISTRICT JHELUM**
Estimated Cost	**Rs. 64.435 Million**

ROUGH COST ESTIMATE FOR THE WORK "REVAMPING OF DISTRICT HEADQUARTER HOSPITAL JHELUM" DISTRICT JHELUM.

HISTORY:-

The Government of Punjab is determined to enhance the service delivery of its secondary healthcare facilities through revamping program. In this context the scheme "Balance work of Revamping of all DHQ / 15 THQ Hospital in Punjab" One at Jhelum included in ADP 2021-22 at Gen. Sr. No. 1013 with block allocation of Rs. 300.000 (M).

Accordingly, Rough Cost Estimate has been framed for ***Rs. 64.435 (M)*** and forwarded to client department for arranging administrative approval / allocation of funds, so that work could be taken in hand.

SCOPE OF WORK:-

The following provisions are being made in this estimate.

1.	Construction of UGWT	20000	Gln
2.	Construction of O.H.R	10000	Gln
3.	Provision of boring with Turbine	01	Job
4.	Provision of P.CC Road	01	Job
5.	Replacement of Sewerage System	01	Job
6.	Improvement / Renovation of Emergency Block	01	Job
7.	Improvement / Renovation of Dialysis Unit	01	Job
8.	Improvement / Renovation of N.C.C Unit	01	Job

SPECIFICATIONS:-

The work shall be carried out according to Buildings Department specifications.

CARRYING OUT OF WORK:-

The work shall be got executed through approved contractor of buildings department after completion of all codal formalities.

RATES:-

Rates adopted in this estimate are based on Plinth Area Rates for the period

1st Bi-Annual 2021 (1st January, 2021 to 30th June, 2021) for District Jhelum.

LAND:-

Provision of clear land is sole responsibility of client department.

COST:-

Total cost of scheme worked out to ***Rs. 64.435 (M).***

TIME LIMIT:-

It will take about 12 months to complete the work.

Sub Divisional Officer
Buildings Sub Division
Jhelum

DISTRICT HEADQUARTERS HOSPITAL
JHELUM

OFFICE OF THE
MEDICAL SUPERINTENDENT
DHQ HOSPITAL, JHELUM
Tel. 0544-9270262, Fax. 0544-9270271, Email: msdhqjlm@gmail.com

No. 6475 /MSJ, Dated 19/7/2021.

To,

Executive Engineer
Building Department ,C & W
Opposite Govt College for Boys G.T Road Dina
District Jhelum

Subject. **Clarification Regarding Scope of Remaining Revamping Work at DHQH Jhelum**

With reference to letter no PMU/P&SHD)/2021/1301 dated July 19,2021 (copy attached

As Revamping in DHQ hospital Jhelum was done by IDAP but some portion of the Hospital still not revamped ,Department is pleased to informed you that balance work of revamping Phase 1 DHQ Hospitals have been reflected in Current ADP financial Year 2021-2022.Letter has already been sent to C&W department in form of Design document through letter no PMU/(P&SHD)2021/1234 Dated 03-6-2021 .So you are requested for the Provision of Estimate of balance of work for revamping in DHQ Hospital Jhelum so that these schemes can be presented before respective forum for approval and work on these can be executed promptly in best public interest.

Your cooperation in this regard will be highly appreciated.

Medical Superintendent
DHQ Hospital Jhelum

CC.

1. Chief Executive Officer ,DHA Jhelum
2. Project Director ,PMU,P&SHD ,Lahore
3. Deputy Project Director ,PMU,P&SHD ,Lahore
4. Director Infrastructure , PMU,P&SHD ,Lahore
5. Director Operations, PMU,P&SHD ,Lahore
6. Project Manager Operations PMU,P&SHD ,Lahore
7. Office copy

No. PMU/(P&SHD)/2021/1301
PROJECT MANAGEMENT UNIT
P&S HEALTHCARE DEPARTMENT
(31-E/1, Shahrah-e-Hazrat Imam Hussain
Gulberg-III, Lahore, Ph: 042-99231208)
Dated: July 19, 2021

To

Medical Superintendent,
DHQ Hospital Jhelum.

SUBJECT: CLARIFICATION REGARDING SCOPE OF REMAINING REVAMPING AT DHQH JHELUM

Please refer letter no. 6125-30/MSJ dated 06-07-2021 on the subject noted above

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

As Revamping in DHQ Hospital Jhelum was done by IDAP but some portions as mentioned in above referred letter were still not revamped. In this regard, it is stated that a letter has already been sent to C&W Department, in form of design document through letter no. PMU/(P&SHD)/2021/1234 dated 03-06-2021 and as built drawings were also shared with C & W Department. The scope of work shared with C & W Department in non-revamped area is consisting on following three points:

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

It is therefore, requested to please follow-up the Building Department, C&W for provision of estimate of balance work for revamping in DHQ Hospital Jhelum at earliest, so that these schemes can be presented before respective forum for approval (which is expected to be held in this month) and work on these schemes can be executed promptly in best public interest.

Project Manager (Civil)
PMU, P&SHD

CC:

1. Project Director, PMU, P&SH Department
2. Deputy Project Director, PMU, P&SH Department
3. Director Infrastructure, PMU, P&SH Department
4. Chief Executive Officer, District Health Authority, Jhelum
5. Executive Engineer, Building Department, C & W with request to provide estimate of balance work in DHQ Hospital Jhelum at earliest
6. File (I & C, Wing)

ROUGH COST ESTIMATE FOR THE WORK "REVAMPING OF DISTRICT HEADQUARTER HOSPITAL JHELUM" DISTRICT JHELUM

ABSTRACT OF COST

S.No	Description	Plinth Area Rates									Remarks
		Plinth Area	Unit	Building Portion	Strip found:	P.H	E.I	S.G	Total Rates	Amount	
1	2	3	4	5	6	7	8	9	10	11	12
1	Construction of U.G.W.T	20000	P.Gln	(Detail Attached)					96	1920000	This Rough Cost Estimate has been framed as per Plinth area rates notified vide the Chief Engineer Building Department Lahore (NZ) based on MRS 1st Bi-Annual 2021 for the period (1st Jan to 30th June 2021) for District Jhelum.
2	Construction of O.H.R	10000	P.Gln	(Detail Attached)					305	3050000	
3	Provision of boring with Turbine	1	Job	(Detail Attached)						5908500	
4	Provision of P.C.C Road	1	Job	(Detail Attached)						11745700	
5	Replacement of Sewerage System	1	Job	(Detail Attached)						13731500	
6	Improvement / Renovation of Emergency Block	1	Job	(Detail Attached)						12458500	
7	Improvement / Renovation of Dialysis Unit	1	Job	(Detail Attached)						3010800	
8	Improvement / Renovation of N.C.C Unit	1	Job	(Detail Attached)						1909400	
									Total	**53734400**	
	Add 5% External Development									2686720	
									Total	**56421120**	
	Add 5% P.R.A. Tax									2821056	
	Add 3% Contingency									1692634	
	Add Wapda Charges									3500000	
									Total	**64434810**	
									Say	**64.435 M**	

ELECTRONICALLY VETTED
For Rs. 64.435 (M)
(Million)
Chief Engineer, Punjab Buildings Deptt; North Zone, Lahore.
Design Officer, Punjab Buildings Deptt; North Zone, Lahore.
Chief Draftsman, Punjab Buildings Deptt. North Zone, Lahore.

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Jhelum

Executive Engineer
Buildings Division
Jhelum

Superintending Engineer
Building Circle No.2
Rawalpindi

IMPROVEMENT / RENOVATION OF EMERGENCY BLOCK

S.No	Description	No	L	B	H	Qty	Unit	Amount
1	Dismantling glazed or encaustic tiles, etc							
	As per Qty of Floor Tile	1	7537			7537	Sft	
	As per Qty of Bath Floor Tile	1	286			286	Sft	
	As per Qty of Bath Wall Tile	1	1610			1610	Sft	
					Total	**9433**	**Sft**	
					@	1768.8	%Sft	**166846**
2	Dismantling cement concrete 1:2:4 plain.							
	As per Qty of Floor Tile	1	7537		0.25	1884	Cft	
	As per Qty of Bath Floor Tile	1	286		0.25	72	Cft	
					Total	**1956**	**Cft**	
					@	8421.6	%Cft	**164699**
3	Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate): Ratio 1:2:4							
	As per Qty of Floor Tile	1	7537		0.25	1884	Cft	
	As per Qty of Bath Floor Tile	1	286		0.25	72	Cft	
					Total	**1956**	**Cft**	
					@	24538.8	%Cft	**479900**
4	P/L Prepolished Porcelain Tile "Master Made" With Dry / Wet / Venied Application, DWV Series (Light Color) Class SB, 24"x24" Size laid over a bed of 3/4" thick C/S Mortar 1:2, i/c filling joints with white cement mixed with matching pigment complete in all respect as Approved By The Engineer Incharge (For Floors)							
	Emergency Block							
	Main O.T	1	20	20		400	Sft	
	Passage	1	5	20		100	Sft	
	Store	1	13	20		260	Sft	
	Entrance	1	10	10		100	Sft	
		1	24	6		144	Sft	
	Lobby	1	10	11.125		111	Sft	
	Emergency Room	1	19	20		380	Sft	
	Emergency Room	1	12	20		240	Sft	
	Store	1	7	9.67		68	Sft	
		1	7	9.58		67	Sft	
		1	4	3		12	Sft	
	Doctor Room	1	14	11		154	Sft	
	Store	1	11	12		132	Sft	
		1	12	16.75		201	Sft	
	Lobby	1	9.25	4		37	Sft	
		1	15	13.125		197	Sft	
	Corridor	1	120.25	8		962	Sft	
		1	94.625	8		757	Sft	
		1	58	19		1102	Sft	
	ICU	1	11	16.75		184	Sft	
		1	6	6		36	Sft	
	Doctor Room	1	17	10		170	Sft	
	Female Ward	1	19	20		380	Sft	
	Female Counter	1	8.375	10.5		88	Sft	
		1	4	5.375		22	Sft	
	Male Ward	1	19	20		380	Sft	
	Blood Bank	1	16.42	20		328	Sft	
	LMO	1	10	20		200	Sft	
		1	13	20		260	Sft	
		1	7	9.25		65	Sft	
					Total	**7537**	**Sft**	
					@	270	P.Sft	**2034912**
5	---do---- (For Skirting).							
	Main O.T	2	20		4	160	Sft	
		2	20		4	160	Sft	

S.No	Description	No	L	B	H	Qty	Unit	Amount
	Passage	2	5		4	40	Sft	
		2	20		4	160	Sft	
	Store	2	13		4	104	Sft	
		2	20		4	160	Sft	
	Entrance	2	10		4	80	Sft	
		2	10		4	80	Sft	
		2	24		4	192	Sft	
		2	6		4	48	Sft	
	Lobby	2	10		4	80	Sft	
		2	11.125		4	89	Sft	
	Emergency Room	2	19		4	152	Sft	
		2	20		4	160	Sft	
	Emergency Room	2	12		4	96	Sft	
		2	20		4	160	Sft	
	Store	2	7		4	56	Sft	
		2	9.67		4	77	Sft	
		2	7		4	56	Sft	
		2	9.58		4	77	Sft	
		2	4		4	32	Sft	
		2	3		4	24	Sft	
	Doctor Room	2	14		4	112	Sft	
		2	11		4	88	Sft	
	Store	2	11		4	88	Sft	
		2	12		4	96	Sft	
		2	12		4	96	Sft	
		2	16.75		4	134	Sft	
	Lobby	2	9.25		4	74	Sft	
		2	4		4	32	Sft	
		2	15		4	120	Sft	
		2	13.125		4	105	Sft	
	Corridor	2	120.25		4	962	Sft	
		2	8		4	64	Sft	
		2	94.625		4	757	Sft	
		2	8		4	64	Sft	
		2	58		4	464	Sft	
		2	19		4	152	Sft	
	ICU	2	11		4	88	Sft	
		2	16.75		4	134	Sft	
		2	6		4	48	Sft	
		2	6		4	48	Sft	
	Doctor Room	2	17		4	136	Sft	
		2	10		4	80	Sft	
	Female Ward	2	19		4	152	Sft	
		2	20		4	160	Sft	
	Female Counter	2	8.375		4	67	Sft	
		2	10.5		4	84	Sft	
		2	4		4	32	Sft	
		2	5.375		4	43	Sft	
	Male Ward	2	19		4	152	Sft	
		2	20		4	160	Sft	
	Blood Bank	2	16.42		4	131	Sft	
		2	20		4	160	Sft	
	LMO	2	10		4	80	Sft	
		2	20		4	160	Sft	
		2	13		4	104	Sft	
		2	20		4	160	Sft	
		2	7		4	56	Sft	
		2	9.25		4	74	Sft	
					Total	7960	Sft	
					@	285	P.Sft	2268703

S.No	Description	No	L	B	H	Qty	Unit	Amount
6	P/L Ceramic Tile Size 12"x18" approved manufactured Laid Over 1:2 Cement Sand Mortar I/C Filling Of Joint With Matching Pigment Complete In All Respect As Approved/ Directed By The Engineer Incharge (For Flooring)							
		2	4	7		56	Sft	
		4	4	5		80	Sft	
		2	3	4		24	Sft	
		1	7	10		70	Sft	
		2	4	4		32	Sft	
		1	6	4		24	Sft	
					Total	**286**	**Sft**	
					@	200	P.Sft	**57200**
7	---do--- Skirting 12"x18"							
		4	4		7	112	Sft	
		4	7		7	196	Sft	
		8	4		7	224	Sft	
		8	5		7	280	Sft	
		4	3		7	84	Sft	
		4	4		7	112	Sft	
		2	7		7	98	Sft	
		2	10		7	140	Sft	
		4	4		7	112	Sft	
		4	4		7	112	Sft	
		2	6		7	84	Sft	
		2	4		7	56	Sft	
					Total	**1610**	**Sft**	
					@	200	P.Sft	**322000**
8	P/L 3/4" thick prepolished marble slab of full width China verona random, laid over a bed of 3/4" thick cement sand mortar 1:2 i/c cutting and making nozing on one side upto 4 Sft size for stair steps filling joints with matching pigment complete in all respect & as approved by the Engineer Incharge.							
	1st Step	1	24.25	1		24	Sft	
		1	24.25	0.5		12	Sft	
	2nd Step	1	25.625	1		26	Sft	
		1	25.625	0.5		13	Sft	
	3rd Step	1	27	1		27	Sft	
		1	27	0.5		14	Sft	
	4th Step	1	28.5	1		29	Sft	
		1	28.5	0.5		14	Sft	
	5th Step	1	29.25	1		29	Sft	
		1	29.25	0.5		15	Sft	
	6th Step	1	31	1		31	Sft	
		1	31	0.5		16	Sft	
	Counter	1	8	2.5		20	Sft	
					Total	**268**	**Sft**	
					@	400	P.Sft	**107375**
9	P/F False Ceiling (DAMPA) sheet 2'x2' imported fixed with Aluminum frame (TEE & L) hanged with 10 No Wire with RCC roof slab i/c cost of hook & Scaffolding, carriage charges complete in all respect as approved & directed by the Engineer Incharge.							
	Corridor	1	120.25	8		962	Sft	
		1	94.625	8		757	Sft	
	Hall	1	58	19		1102	Sft	
					Total	**2821**	**Sft**	
					@	350	P.Sft	**987350**

S.No	Description	No	L	B	H	Qty	Unit	Amount
10	P/F U.P.V.C wall paneling polyvinyl imported sheet approved design with steel channel washable termite proof complete as approved & directed by the Engineer Incharge.							
	Corridor	1	120.25		10.5	1263	Sft	
		1	36		10.5	378	Sft	
		1	26.25		10.5	276	Sft	
		2	8		10.5	168	Sft	
		1	94.625		10.5	994	Sft	
		1	10.25		10.5	108	Sft	
		1	22.82		10.5	240	Sft	
		2	8		10.5	168	Sft	
	Hall	2	19		10.5	399	Sft	
					Total	**3992**	**Sft**	
					@	165	P.Sft	**658688**
11	S/E of Fancy LED Pannell Light 2'x2' i/c LED Light & Driver 36 (W) (Philips / Alpha LED Ultra Slim) or Equivelant i/c fixing in False Ceiling and Electric Connection complete in all respect as approved by the Engineer Incharge.							
		34				34	No	
					Total	**34**	**No**	
					@	9120	Each	**310080**
12	Single layer of tiles 9"x4½"x1½" (225x113x40 mm) laid over 4"(100 mm) earth and 1" (25 mm) mud plaster without Bhoosa, grouted with cement sand 1:3 on top of RCC roof slab, provided with 34 lbs. per %Sft. or 1.72 Kg/Sq.m bitumen coating sand blinded.							
		1	9522			9522	Sft	
					Total	**9522**	**Sft**	
					@	8306.15	%Sft	**790912**
13	Dismantling 2nd class tile roofing.							
	As per Above Qty					9522	Sft	
					Total	**9522**	**Sft**	
					@	957	%Sft	**91126**
14	Water Proofing Treatment with Torch applied bitumen Aluminum Foiled membrane sheet 3mm thick i/c cleaning of surface & applying primer coat complete in all respect as approved and directed by the Engineer incharge.							
	As per Above Qty No. 12	1	9522			9522	Sft	
					Total	**9522**	**Sft**	
					@	78	P.Sft	**742716**
15	Removing windows and sky lights with chowkat.							
		30				30	No	
					Total	**30**	**No**	
					@	258.7	Each	**7761**

S.No	Description	No	L	B	H	Qty	Unit	Amount
16	Providing and fixing all types of glazed aluminium windows of anodized champagne colour partly fixed and party sliding using deluxe section of approved manufacturer having Frame of size 100mm x 30mm using frame at bottom, at top and side leaf leaf frame sections of 60mm x 23mm at top & bottom and size 45mm x 25mm at center and size 45mm x 25mm at sides, Jali leaf frame size 43mm x 13mm i/c fine quality aluminum jali, 5mm thick imported tinted glass with rubber gasket using approved standard latches, wheel, stopper, brush chennel angle joint and hard ware etc.complete in all respect. 2 mm thick							
		22	6		6	792	Sft	
		6	3		4	72	Sft	
		2	3		3	18	Sft	
					Total	**882**	**Sft**	
	498.50+330.05				@	828.55	P.Sft	**730781**
17	Removing door with chowkat							
		31				31	No	
					Total	**31**	**No**	
					@	331.65	Each	**10281**
18	Providing and fixing all types of partly fixed and partly openable glazed anodised bronze colour aluminium doors, using delux section of M/s Al-Cop or Pakistan Cables, having chowkat frame of size 40 x 100 mm (1½" x 4") and leaf frame of 60x40mm (2½"x1½") wide sections including the cost of ¼" (5 mm) thick imported tinted glass with aluminium triangular gola and rubber gasket to support the glass and leaf edging, using approved standard fittings, locks, 3" (75 mm) wide long handles etc., and hardware any required as approved by the engineer in-charge.							
		2	5		8.5	85	Sft	
		9	3.5		8.5	268	Sft	
		8	4		8.5	272	Sft	
	Bath	12	2.5		7	210	Sft	
					Total	**835**	**Sft**	
					@	586.45	P.Sft	**489539**
19	Distempering old surface 2 coats.							
	Emergency Block							
	Main O.T	1	20	20		400	Sft	
	Passage	1	5	20		100	Sft	
	Store	1	13	20		260	Sft	
	Entrance	1	10	10		100	Sft	
		1	24	6		144	Sft	
	Lobby	1	10	11.125		111	Sft	
	Emergency Room	1	19	20		380	Sft	
	Emergency Room	1	12	20		240	Sft	
	Store	1	7	9.67		68	Sft	
		1	7	9.58		67	Sft	
		1	4	3		12	Sft	
	Doctor Room	1	14	11		154	Sft	
	Store	1	11	12		132	Sft	
		1	12	16.75		201	Sft	
	Lobby	1	9.25	4		37	Sft	
		1	15	13.125		197	Sft	
	Corridor	1	120.25	8		962	Sft	
		1	94.625	8		757	Sft	
		1	58	19		1102	Sft	
	ICU	1	11	16.75		184	Sft	

S.No	Description	No	L	B	H	Qty	Unit	Amount
		1	6	6		36	Sft	
	Doctor Room	1	17	10		170	Sft	
	Female Ward	1	19	20		380	Sft	
	Female Counter	1	8.375	10.5		88	Sft	
		1	4	5.375		22	Sft	
	Male Ward	1	19	20		380	Sft	
	Blood Bank	1	16.42	20		328	Sft	
	LMO	1	10	20		200	Sft	
		1	13	20		260	Sft	
		1	7	9.25		65	Sft	
	Bath	2	4	7		56	Sft	
		4	4	5		80	Sft	
		2	3	4		24	Sft	
		1	7	10		70	Sft	
		2	4	4		32	Sft	
		1	6	4		24	Sft	
	Main O.T	2	20		8	320	Sft	
		2	20		8	320	Sft	
	Passage	2	5		8	80	Sft	
		2	20		8	320	Sft	
	Store	2	13		8	208	Sft	
		2	20		8	320	Sft	
	Entrance	2	10		8	160	Sft	
		2	10		8	160	Sft	
		2	24		8	384	Sft	
		2	6		8	96	Sft	
	Lobby	2	10		8	160	Sft	
		2	11.125		8	178	Sft	
	Emergency Room	2	19		8	304	Sft	
		2	20		8	320	Sft	
	Emergency Room	2	12		8	192	Sft	
		2	20		8	320	Sft	
	Store	2	7		8	112	Sft	
		2	9.67		8	155	Sft	
		2	7		8	112	Sft	
		2	9.58		8	153	Sft	
		2	4		8	64	Sft	
		2	3		8	48	Sft	
	Doctor Room	2	14		8	224	Sft	
		2	11		8	176	Sft	
	Store	2	11		8	176	Sft	
		2	12		8	192	Sft	
		2	12		8	192	Sft	
		2	16.75		8	268	Sft	
	Lobby	2	9.25		8	148	Sft	
		2	4		8	64	Sft	
		2	15		8	240	Sft	
		2	13.125		8	210	Sft	
	ICU	2	11		8	176	Sft	
		2	16.75		8	268	Sft	
		2	6		8	96	Sft	
		2	6		8	96	Sft	
	Doctor Room	2	17		8	272	Sft	
		2	10		8	160	Sft	
	Female Ward	2	19		8	304	Sft	
		2	20		8	320	Sft	
	Female Counter	2	8.375		8	134	Sft	
		2	10.5		8	168	Sft	
		2	4		8	64	Sft	
		2	5.375		8	86	Sft	
	Male Ward	2	19		8	304	Sft	
		2	20		8	320	Sft	
	Blood Bank	2	16.42		8	263	Sft	
		2	20		8	320	Sft	
	LMO	2	10		8	160	Sft	

S.No	Description	No	L	B	H	Qty	Unit	Amount
		2	20		8	320	Sft	
		2	13		8	208	Sft	
		2	20		8	320	Sft	
		2	7		8	112	Sft	
		2	9.25		8	148	Sft	
					Total	**18817**	**Sft**	
					@	434.2	%Sft	**81705**
13	Electric Installation (L.S)	9522	Sft	@	118			**1123596**
14	Sanitary Installation (L.S)	9522	Sft	@	92			**876024**
15	Providing / Fixing stainless steel non magnetic stair railing 2-3/4" height consisting of 2" dia 18 SWG pipe top hand rail welded over vertical balustrade, of 1-1/2" wide 3/8" thick stainless steel double strip with stainless stud welded to fancy reducer 2"x1/2" at top and M.S tikki 3" dia 1/4" thick at bottom fixed on steps with holding down rawel bolts 3"x3/8" M.S tikki covered with architectural multi offset shape stainless steel cap 3" dia at bottom and reduced to 1-1/2" dia at top in 2" height in horizantal steel cap 3" dia at bottom and reduced to 1-1/2" dia at top in 2" height in horizantal stainless steel pipe 3/4" dia 18 SWG 3 No fixed with vertical balustrades i/c steel polishing fixed at site complete in all respect and as approved by the Engineer Incharge (All stainless steel member, shell be of non magnetic) code No 304.							
		1	30			30	Rft	
					Total	**30**	**Rft**	
					@	2100	P.Rft	**63000**
16	Providing and applying weather shield paint of approved quality on external surface of building including preparation of surface, application of primer complete in all respect old surface:							
		2	79.5		14	2226	Sft	
		2	130		14	3640	Sft	
					Total	**5866**	**Sft**	
					@	1034	%Sft	**60654**
							Total	**12625848**
							Say	**12625800**
	D/d Cost of Old material							
1	Tile Servicable 65%							
		6189	x	350	=	21663	Nos	
				100	@	4000	%0Nos	86650
2	Tile Bats							
		1190	x	35	=	417	Cft	
				100	@	1000	%Cft	4166
3	Doors with chowkat (rusted)							
						31	Nos	
					@	1500	Each	46500
4	Windows unservicable / rusted							
						30	Nos	
					@	1000	Each	30000
							Total	**167316**
						N.Total		**12458484**
						Say		**12458500**

Sub ~~Divisional Officer~~
Buildings Sub Division
Jhelum

Executive Engineer
Buildings Division
Jhelum

IMPROVEMENT / RENOVATION OF DIALYSIS UNIT

S.No	Description	No	L	B	H	Qty	Unit	Amount
1	Dismantling glazed or encaustic tiles, etc							
	As per Qty of Bath Floor Tile	1	316			316	Sft	
	As per Qty of Bath Wall Tile	1	1097			1097	Sft	
	As per Qty of Floor Tile	1	1617			1617	Cft	
					Total	**3031**	**Sft**	
					@	1768.8	%Sft	**53605**
2	Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate): Ratio 1:2:4							
	As per Qty of Floor Tile	1	1617		0.25	404	Cft	
	As per Qty of Bath Floor Tile	1	316		0.25	79	Cft	
					Total	**483**	**Cft**	
					@	24538.8	%Cft	**118606**
3	P/L Prepolished Porcelain Tile "Master Made" With Dry / Wet / Venied Application, DWV Series (Light Color) Class SB, 24"x24" Size laid over a bed of 3/4" thick C/S Mortar 1:2, i/c filling joints with white cement mixed with matching pigment complete in all respect as Approved By The Engineer Incharge (For Floors)							
		1	16	9.625		154	Sft	
		1	19.5	14		273	Sft	
		1	12	14		168	Sft	
		1	16	14		224	Sft	
		1	100.625	7.375		742	Sft	
		1	7	8		56	Sft	
					Total	**1617**	**Sft**	
					@	270	P.Sft	**436620**
4	---do---- (For Skirting).							
		2	16		4	128	Sft	
		2	9.625		4	77	Sft	
		2	19.5		4	156	Sft	
		2	14		4	112	Sft	
		2	12		4	96	Sft	
		2	14		4	112	Sft	
		2	16		4	128	Sft	
		2	14		4	112	Sft	
		2	100.625		4	805	Sft	
		2	7.375		4	59	Sft	
		2	7		4	56	Sft	
		2	8		4	64	Sft	
					Total	**1905**	**Sft**	
					@	285	P.Sft	**542925**
5	P/L Ceramic Tile Size 12"x18" approved manufactured Laid Over 1:2 Cement Sand Mortar I/C Filling Of Joint With Matching Pigment Complete In All Respect As Approved/ Directed By The Engineer Incharge (For Flooring)							
		2	7.625	4		61	Sft	
		2	6	4		48	Sft	
		1	9.75	7.75		76	Sft	
		1	12.25	10.75		132	Sft	
					Total	**316**	**Sft**	
					@	200	P.Sft	**63250**
6	---do--- Skirting 12"x18"							
		4	7.625		7	214	Sft	
		4	4		7	112	Sft	
		4	6		7	168	Sft	
		4	4		7	112	Sft	
		2	9.75		7	137	Sft	

S.No	Description	No	L	B	H	Qty	Unit	Amount
		2	7.75		7	109	Sft	
		2	12.25		7	172	Sft	
		1	10.75		7	75	Sft	
					Total	**1097**	**Sft**	
					@	200	P.Sft	**219450**
7	Single layer of tiles 9"x4½"x1½" (225x113x40 mm) laid over 4"(100 mm) earth and 1" (25 mm) mud plaster without Bhoosa, grouted with cement sand 1:3 on top of RCC roof slab, provided with 34 lbs. per %Sft. or 1.72 Kg/Sq.m bitumen coating sand blinded.							
		1	2528			2528	Sft	
					Total	**2528**	**Sft**	
					@	8306.15	%Sft	**209979**
8	Dismantling 2nd class tile roofing.							
	As per Above Qty					2528	Sft	
					Total	**2528**	**Sft**	
					@	957	%Sft	**24193**
9	Water Proofing Treatment with Torch applied bitumen Aluminum Foiled membrane sheet 3mm thick i/c cleaning of surface & applying primer coat complete in all respect as approved and directed by the Engineer Incharge.							
	As per Above Qty No. 12	1	2528			2528	Sft	
					Total	**2528**	**Sft**	
					@	78	P.Sft	**197184**
10	Removing windows and sky lights with chowkat.							
		12				12	No	
					Total	**12**	**No**	
					@	258.7	Each	**3104**
11	Providing and fixing all types of glazed aluminium windows of anodized champagne colour partly fixed and party sliding using deluxe section of approved manufacturer having Frame of size 100mm x 30mm using frame at bottom, at top and side leaf leaf frame sections of 60mm x 23mm at top & bottom and size 45mm x 25mm at center and size 45mm x 25mm at sides, Jali leaf frame size 43mm x 13mm i/c fine quality aluminum jali, 5mm thick imported tinted glass with rubber gasket using approved standard latches, wheel, stopper, brush chennel angle joint and hard ware etc.complete in all respect. 2 mm thick							
		6	9		6	324	Sft	
		6	4		6	144	Sft	
					Total	**468**	**Sft**	
	498.50+330.05				@	828.55	P.Sft	**387761**
12	Removing door with chowkat							
		12				12	No	
					Total	**12**	**No**	
					@	331.65	Each	**3980**

S.No	Description	No	L	B	H	Qty	Unit	Amount
13	Providing and fixing all types of partly fixed and partly openable glazed anodised bronze colour aluminium doors, using delux section of M/s Al-Cop or Pakistan Cables, having chowkat frame of size 40 x 100 mm (1½" x 4") and leaf frame of 60x40mm (2½"x1½") wide sections including the cost of ¼" (5 mm) thick imported tinted glass with aluminium triangular gola and rubber gasket to support the glass and leaf edging, using approved standard fittings, locks, 3" (75 mm) wide long handles etc., and hardware any required as approved by the engineer in-charge.							
		7	4.5		8.5	268	Sft	
		5	2.5		7	88	Sft	
					Total	**355**	**Sft**	
					@	586.45	P.Sft	**208336**
14	Distempering old surface 2 coats.							
		1	16	9.625		154	Sft	
		1	19.5	14		273	Sft	
		1	12	14		168	Sft	
		1	16	14		224	Sft	
		1	100.625	7.375		742	Sft	
		1	7	8		56	Sft	
		2	16		8	256	Sft	
		2	9.625		8	154	Sft	
		2	19.5		8	312	Sft	
		2	14		8	224	Sft	
		2	12		8	192	Sft	
		2	14		8	224	Sft	
		2	16		8	256	Sft	
		2	14		8	224	Sft	
		2	100.625		8	1610	Sft	
		2	7.375		8	118	Sft	
		2	7		8	112	Sft	
		2	8		8	128	Sft	
	Bath	2	7.625	4		61	Sft	
		2	6	4		48	Sft	
		1	9.75	7.75		76	Sft	
		1	12.25	10.75		132	Sft	
		4	7.625		5	153	Sft	
		4	4		5	80	Sft	
		4	6		5	120	Sft	
		4	4		5	80	Sft	
		2	9.75		5	98	Sft	
		2	7.75		5	78	Sft	
		2	12.25		5	123	Sft	
		1	10.75		5	54	Sft	
					Total	**6527**	**Sft**	
					@	434.2	%Sft	**28341**
8	Electric Installation (L.S)	2528	Sft	@	118			**298304**
9	Sanitary Installation (L.S)	2528	Sft	@	92			**232576**
10	Providing and applying weather shield paint of approved quality on external surface of building including preparation of surface, application of primer complete in all respect old surface:							
		2	102.13		14	2860	Sft	
		2	24.75		14	693	Sft	
					Total	**3553**	**Sft**	
					@	1034	%Sft	**36733**
							Total	**3064948**
							Say	**3064900**

S.No	Description	No	L	B	H	Qty	Unit	Amount
	D/d Cost of Old material							
1	Tile Servicable 65%							
		1643	x	350	=	5751	Nos	
				100	@	4000	%0Nos	23005
2	Tile Bats							
		316	x	35	=	111	Cft	
				100	@	1000	%Cft	1106
3	Doors with chowkat (rusted)							
						12	Nos	
					@	1500	Each	18000
4	Windows unservicable / rusted							
						12	Nos	
					@	1000	Each	12000
							Total	**54111**
						N.Total		**3010789**
						Say		**3010800**

Sub ~~Divisional Officer~~
Buildings Sub Division
Jhelum

Executive Engineer
Buildings Division
Jhelum

IMPROVEMENT / RENOVATION OF N.C.C UNIT

S.No	Description	No	L	B	H	Qty	Unit	Amount
1	Dismantling glazed or encaustic tiles, etc							
	As per Qty of Floor Tile	1	1300			1300	Cft	
					Total	**1300**	**Sft**	
					@	1768.8	%Sft	**22996**
2	Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate): Ratio 1:2:4							
	As per Qty of Floor Tile	1	1300		0.25	325	Cft	
					Total	**325**	**Cft**	
					@	24538.8	%Cft	**79755**
3	P/L Prepolished Porcelain Tile "Master Made" With Dry / Wet / Venied Application, DWV Series (Light Color) Class SB, 24"x24" Size laid over a bed of 3/4" thick C/S Mortar 1:2, i/c filling joints with white cement mixed with matching pigment complete in all respect as Approved By The Engineer Incharge (For Floors)							
		1	45.25	15.25		690	Sft	
		1	40	15.25		610	Sft	
					Total	**1300**	**Sft**	
					@	270	P.Sft	**351017**
4	---do---- (For Skirting).							
		2	45.25		4	362	Sft	
		2	15.25		4	122	Sft	
		2	40		4	320	Sft	
		2	15.25		4	122	Sft	
					Total	**926**	**Sft**	
					@	285	P.Sft	**263910**
5	Single layer of tiles 9"x4½"x1½" (225x113x40 mm) laid over 4"(100 mm) earth and 1" (25 mm) mud plaster without Bhoosa, grouted with cement sand 1:3 on top of RCC roof slab, provided with 34 lbs. per %Sft. or 1.72 Kg/Sq.m bitumen coating sand blinded.							
		1	1560			1560	Sft	
					Total	**1560**	**Sft**	
					@	8306.15	%Sft	**129576**
6	Dismantling 2nd class tile roofing.							
	As per Above Qty					1560	Sft	
					Total	**1560**	**Sft**	
					@	957	%Sft	**14929**
7	Water Proofing Treatment with Torch applied bitumen Aluminum Foiled membrane sheet 3mm thick i/c cleaning of surface & applying primer coat complete in all respect as approved and directed by the Engineer Incharge.							
	As per Above Qty No. 12	1	1560			1560	Sft	
					Total	**1560**	**Sft**	
					@	78	P.Sft	**121680**
8	Removing windows and sky lights with chowkat.							
		4				4	No	
					Total	**4**	**No**	
					@	258.7	Each	**1035**

S.No	Description	No	L	B	H	Qty	Unit	Amount
9	Providing and fixing all types of glazed aluminium windows of anodized champagne colour partly fixed and party sliding using deluxe section of approved manufacturer having Frame of size 100mm x 30mm using frame at bottom, at top and side leaf leaf frame sections of 60mm x 23mm at top & bottom and size 45mm x 25mm at center and size 45mm x 25mm at sides, Jali leaf frame size 43mm x 13mm i/c fine quality aluminum jali, 5mm thick imported tinted glass with rubber gasket using approved standard latches, wheel, stopper, brush chennel angle joint and hard ware etc.complete in all respect. 2 mm thick							
		4	4		6	96	Sft	
					Total	**96**	**Sft**	
	498.50+330.05				@	828.55	P.Sft	**79541**
10	Removing door with chowkat							
		2				2	No	
					Total	**2**	**No**	
					@	331.65	Each	**663**
11	Providing and fixing all types of partly fixed and partly openable glazed anodised bronze colour aluminium doors, using delux section of M/s Al-Cop or Pakistan Cables, having chowkat frame of size 40 x 100 mm (1½" x 4") and leaf frame of 60x40mm (2½"x1½") wide sections including the cost of ¼" (5 mm) thick imported tinted glass with aluminium triangular gola and rubber gasket to support the glass and leaf edging, using approved standard fittings, locks, 3" (75 mm) wide long handles etc., and hardware any required as approved by the engineer in-charge.							
		2	**4.5**		8.5	77	Sft	
					Total	**77**	**Sft**	
					@	586.45	P.Sft	**44863**
12	P/F False Ceiling (DAMPA) sheet 2'x2' imported fixed with Aluminum frame (TEE & L) hanged with 10 No Wire with RCC roof slab i/c cost of hook & Scaffolding, carriage charges complete in all respect as approved & directed by the Engineer Incharge.							
		1	45.25	15.25		690	**Sft**	
		1	40	15.25		610	**Sft**	
					Total	**1300**	**Sft**	
					@	350	P.Sft	**455022**
13	Distempering old surface 2 coats.							
		2	45.25		8	724	Sft	
		2	15.25		8	244	Sft	
		2	40		8	640	Sft	
		2	15.25		8	244	Sft	
					Total	**1852**	**Sft**	
					@	434.2	%Sft	**8041**
6	Electric Installation (L.S)	1560	Sft	@	118			**184080**
7	Sanitary Installation (L.S)	1560	Sft	@	92			**143520**

S.No	Description	No	L	B	H	Qty	Unit	Amount
8	Providing and applying weather shield paint of approved quality on external surface of building including preparation of surface, application of primer complete in all respect old surface:							
		2	88.25		14	2471	Sft	
		2	17.67		14	495	Sft	
					Total	**2966**	**Sft**	
					@	1034	%Sft	**30666**
							Total	**1931294**
							Say	**1931300**
	D/d Cost of Old material							
1	Tile Servicable 65%							
		1014	x	350	=	3549	Nos	
				100	@	4000	%0Nos	14196
2	Tile Bats							
		195	x	35	=	68	Cft	
				100	@	1000	%Cft	683
3	Doors with chowkat (rusted)							
						2	Nos	
					@	1500	Each	3000
4	Windows unservicable / rusted							
						4	Nos	
					@	1000	Each	4000
							Total	**21879**
						N.Total		**1909422**
						Say		**1909400**

Sub Divisional Officer
Buildings Sub Division
Jhelum

Executive Engineer
Buildings Division
Jhelum

PROVISION OF "UNDER GROUND WATER TANK" (20000 GALLON CAPACITY).

S.No	Description	No	L	B	H	QTY	Unit	Amount
1	Excavation in foundation of building, bridges and other structures, including dagbelling, dressing, refilling around structure with excavated earth, watering and rammiing lead upto one chain (30 m) and lift upto 5 ft. (1.5 m) in ordinary soil.							
		1	38.5	16.5	8	5082	Cft	
					Total	5082	Cft	
					@	8078.40	%0Cft	41054
2	Cement concrete (1:4:8) using brick stone ballast 1 1/2" -2" gauge.							
		1	38.5	14	1/3	178	Cft	
					Total	178	Cft	
					@	15212.70	%Cft	27059
3	Cement concrete plain i/c placing compacting finishing curing ratio (1:4:8)							
		1	38.5	16.5	3/4	476	Cft	
					Total	476	Cft	
					@	19167.60	%Cft	91322
4	Reinforced cement concrete in slab of rafts / strip foundation, base slab of column and retaining walls; etc and other structural members other than those mentioned in 5(a) (i) above not requiring form work (i.e. horizental shuttering) complete in all respects Type C (nominal mix 1: 2: 4)							
		1	36.5	11.25	1	411	Cft	
		2	36.5	0.75	9	493	Cft	
		2	9.75	0.75	9	132	Cft	
					Total	1035	Cft	
					@	291.35	P.Cft	301547
5	RCC roof slab beam column lintel girder and other structural members laid in situ or precast laid in position type "C" (1:2:4)							
	V/Wall	1	36.5	11.25	0.5	205	Cft	
					Total	205	Cft	
	D/d	1	3	3	0.5	5	Cft	
					N.Total	201	Cft	
					@	402.40	P.Cft	80807
6	Fabrication of mild steel reinforcement for cement concrete, including cutting, bending, laying in position, making joints and chairs, etc. and fastenings, including cost of binding wire and labour charges for binding of steel reinforcement (also includes removal of rust from bars) Deformed bars (Grade-40)							
	Item No.(3+4)	1236	6.75	0.454		3787	Kgs	
					@	19974.40	%Kgs	756460

S.No	Description	No	L	B	H	QTY	Unit	Amount
7	Mosaic dado or skirting with one part of cement and marble powder in the ratio of 3:1 and two parts of marble chips, laid over ½"(13 mm) thick cement plaster 1:3, including rubbing and polishing, complete with finishing using grey cement ½"(13 mm) thick							
		1	34.25	9 3/4		334	Sft	
		1	2(34.25+9.75)9			792	Sft	
					Total	1126	Sft	
					@	14701.65	%Sft	165531
8	P/F centrifugal pump 2"x1-1/2" KSB made with 7.5 HP electric motor Siemen made i/c box type cover 3'x3' MS sheet of 16 SWG welded with angle iron 1-1/4"x1-1/4"x1/8" i/c pointing locking arrangement.	1				1	No	
					@	400000	Each	400000
9	Providing, laying, cutting, jointing, testing and disinfecting G.I. pipeline in trenches, with socket joints, using G.I pipes of B.S.S. 1387-1967 complete in all respects, with specials and valves Medium Quality 4" dia.	10				10	Rft	
					@	1082.70	Each	10827
10	P/F of MS angle iron door made of 1-1/4" x 1-1/4" x 3/16" frame 18 SWG MS sheet welded with frame 1" x 1/8" MS flat bracing and 1-1/2" x 3/8" flat on front Painting 3 coat complete as approved and directed by the Engineer Incharge.							
		1	3	3		9	Sft	
					Total	9	Sft	
					@	450	P.Sft	4050
11	Making connection with new water supply pipe line upto 6" dia complete in all respect.							
		2				2	Nos	
					@	2227.50	Each	4455
12	Providing and fixing sluice valve of B.S.S. quality and weight, Class `B', for cast iron pipe line, and Asbestos cement pipe line (including cost of jointing material) 4" dia							
		1				1	No	
					@	9491.95	Each	9492
13	P/L non Return valve Ist quality 4" dia							
						2	No	
					@	8000.00	Each	16000
14	P/L 3" thick RCC manhole cover with 3'x3'x1/4" angle iron frame 22" i/d as per standared drawing STD /D No. 1977 Complete in all respect.							
						1	No	
					@	9139.85	Each	9140

S.No	Description	No	L	B	H	QTY	Unit	Amount
15	P/L ladder as approved by the Engineer Incharge comprising of double angle iron size 2"x2" x 1/4" 2 Nos and steps of M.S bar 3/4" dia of 12 c/c i/e fixing with floor with angle iron brass of size.							
						1	No	
					@	5000.00	Each	5000
16	P/F of check valve 4" dia Ist quality complete as approved and directed by the Engineer Incharge.							
		1				1	No	
					@	750.00	Each	750
							TOTAL	**1923494**
							SAY	**1923500**

Rate P.Gln $\frac{\textbf{1923500}}{\textbf{20000}}$ = **96.175**

Say 96 P.Gln

Sub Divisional Officer
Buildings Sub Division
Jhelum

Executive Engineer
Buildings Division
Jhelum

ANALYSIS OF RATE OF R.C.C OVER HEAD RESERVOIR 50' HIGH BASE SLAB 10000 GALLON CAPACITY.

S.No	Description	No	L	B	H	Qty	Unit	Amount
1	Excavation in foundation of building, bridges and other structures, including dagbelling, dressing, refilling around structure with excavated earth, watering and rammiing lead upto one chain (30 m) and lift upto 5 ft. (1.5 m) in ordinary soil.							
		1	16	16	5	1280	Cft	
		1	30	1.25	1	38	Cft	
		2	121	1.25	1	303	Cft	
		1	90	1.25	1	113	Cft	
		1	75	1.25	1	94	Cft	
					Total	1826	Cft	
					@	8078.40	%0Cft	14753
2	Pacca brick work in F&P cement sand mortar ratio 1:6							
		4	21.25	0.75	4	255	Cft	
					Total	255	Cft	
					@	23450.45	% Cft	59799
3	Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate) Ratio 1: 4: 8							
		1	20	20	0.33	132	Cft	
	T.Wall	4	22	1.125	0.5	50	Cft	
					Total	182	Cft	
					@	19167.60	% Cft	34789
4	Reinforced cement concrete in slab of rafts / strip foundation, base slab of column and retaining walls; etc and other structural members other than those mentioned in 5(a) (i) above not requiring form work (i.e. horizental shuttering) complete in all respects Type C (nominal mix 1: 2: 4)							
	Footing	1	20	20	1.5	600	Cft	
	Footing Beam	1	1.5	2	62.67	192	Cft	
					Total	792	Cft	
					@	291.35	P.Cft	230749
5	Reinforced cement concrete in roof slab, beams, columns lintels, girders and other structural members laid in situ or precast laid in position, or prestressed members cast in situ, complete in all respects Type B (nominal mix 1: 1½: 3)							
	Column	4	1.25	1.25	15	94	Cft	
	Braces	8	15	1	1	120	Cft	
					Total	214	Cft	
					@	435.35	P.Cft	93056

S.No	Description	No	L	B	H	Qty	Unit	Amount
6	Reinforced cement concrete in roof slab, beams, columns lintels, girders and other structural members laid in situ or precast laid in position, or prestressed members cast in situ, complete in all respects Type B (nominal mix 1: 1½: 3) 2nd Floor							
	Column	4	1.25	1.25	10	63	Cft	
	Braces	4	15	1	1	60	Cft	
					Total	123	Cft	
	(435.35+28.70)				@	464.05	P.Cft	56846
7	Reinforced cement concrete in roof slab, beams, columns lintels, girders and other structural members laid in situ or precast laid in position, or prestressed members cast in situ, complete in all respects Type B (nominal mix 1: 1½: 3) 3rd Floor							
	Column	4	1.25	1.25	10	63	Cft	
	Braces	4	15	1	1	60	Cft	
					Total	123	Cft	
	(435.35+28.70+28.70)				@	492.75	P.Cft	60362
8	Reinforced cement concrete in roof slab, beams, columns lintels, girders and other structural members laid in situ or precast laid in position, or prestressed members cast in situ, complete in all respects Type B (nominal mix 1: 1½: 3) 4th Floor.							
		4	1.25	1.25	13	81	Cft	
		4	15	1	1	60	Cft	
		5	4	4	0.33	26	Cft	
		1	17	17	0.67	194	Cft	
		4	15	0.67	9	362	Cft	
		1	15	15	0.42	95	Cft	
					Total	818	Cft	
	(435.35+28.70+28.70+28.70)				@	521.45	P.Cft	426327
9	Fabrication of mild steel reinforcement for cement concrete, including cutting, bending, laying in position, making joints and chairs, etc. and fastenings, including cost of binding wire and labour charges for binding of steel reinforcement (also includes removal of rust from bars) Deformed bars (Grade-60)							
	Take qty as per item No. 4	792						
	Take qty as per item No. 5	214						
	Take qty as per item No. 6	123						
	Take qty as per item No. 7	123						
	Take qty as per item No. 8	818						
	Total	**2068**	9	0.4536		8444	Kg	
					Total	8444	Kg	
					@	20234.25	% Kg	1708530
10	Cement plaster 1:4 on walls							
		4	21.25	4		340	Sft	
					Total	340	Sft	
					@	2306.40	%Sft	7842

S.No	Description	No	L	B	H	Qty	Unit	Amount
11	Mosaic dado or skirting with one part of cement and marble powder in the ratio of 3:1 and two parts of marble chips, laid over ½"(13 mm) thick cement plaster 1:3, including rubbing and polishing, complete with finishing using grey cement ½"(13 mm) thick							
	Base	1	13.625		13.625	186	Sft	
	Walls	4	13.625		9	491	Sft	
					Total	676	Sft	
					@	14701.65	% Sft	99404
12	Filling, watering and ramming earth under floors with new earth excavated from outside, lead upto one chain (30 m).							
		1878		2		1252.00	Cft	
				3				
					@	7509.20	%0Cft	9402
13	Supplying and filling sand under floor; or plugging in wells.							
		1	20	20	0.33	132.00	Cft	
					@	2119.00	%Cft	2797
14	Providing, laying, watering and ramming brick ballast 1½" to 2"(40 mm to 50 mm) gauge mixed with 25% sand, for floor foundation, complete in all respects.							
		1	20	20	0.33	132.00	Cft	
					@	5435.70	%Cft	7175
15	Providing and laying topping of cement concrete 1:2:4, including surface finishing and dividing in panels 1½"(40 mm) thick							
		1	20	20		400.00	Sft	
					@	4685.45	%Sft	18742
16	Providing and fixing marble strip of any shade for dividing the mosaic flooring into panels sSize 1½" x 3/8" (40 x 10 mm)							
		50	4			200.00	Rft	
					@	9.25	P.Rft	1850
17	Providing and fixing terrace railing of 2" (50 mm) i/d doconduit pipe 16 SWG, welded with 5/8"x5/8" (16x16 mm) square bar 2.75 ft. (838 mm) high fixed at 5" (125 mm) centre to centre, in reinforced cement concrete slab with suitable arrangement, complete in all respects, as per design and drawing.							
		2	(16+16)			64	Rft	
					@	981.00	P.Rft	62784
18	P/L guage complete in all respect as approved / directed by the Engineer incharge.							
						1	No.	
					@	12000	Each	12000

S.No	Description	No	L	B	H	Qty	Unit	Amount
19	Providing and fixing sluice valve of B.S.S. quality and weight, Class `B', for cast iron pipe line, and Asbestos cement pipe line (including cost of jointing material) 4" dia							
						2	Nos.	
					@	9491.95	Each	18984
20	P/F Stair with angle iron 1.5"x1.5"x1/4"x3/4" guage 1.5" wide G.I pipe railing 1"x3/4" dia							
						48	Rft	
					@	700	P.Rft	33600
21	P/F Cost iron bell mouth placed at time of slab.							
						4	Nos.	
					@	1850.00	Each	7400
22	Providing/fixing stair railing consisting of M.S. Box section size 1-1/2"x3" of 16 SWG welded with M.S. flat 1"x1/8" continuously and welded over M.S. square bars 5/8"x5/8" punched in M.S. flat 2 ¾' high @ 5½" c/c fixed in steps of stair I/C painting 3 coats complete.							
		48	+	48		96	Rft	
					@	906.45	P.Rft	87019
							Total	**3054209**
							Say	**3054200**

Rate P.Gln $\frac{3054200}{10000}$ = **305.42**

Say 305 P.Gln

Sub Divisional Officer
Buildings Sub Division
Jhelum

Executive Engineer
Buildings Division
Jhelum

BORING WITH SUBMERSIBLE PUMP

MRS, 2nd BI-ANNUAL-2021 (01.07.2021 to 31.12.2021) DISTRICT JEHLUM

S. No	Description of items	No	L	B	H	Qty	Unit	Amount
1	Boring for tubewell in shingle, gravel and rock, including sinking and withdrawing of casing pipe from ground level to 200 ft. (60 m) below ground level 12" to 18" (300 to 450 mm) i/d							
		1	200			200	Rft	
					@	1300.75	P.Rft	260150
	exceeding 200 ft. (60 m) depth below ground level							
		1	150			150	Rft	
					@	1300.75	P.Rft	195112.5
2	Providing and installing M.S. blind pipe socketed/welded joint, M.S. reducer (where necessary), in tubewell bore hole, including jointing/welding with strainer, etc complete:- 10" dia							
		1	150	--	--	150	Rft	
					Total	**150**	**Rft**	
					@	2822.35	P.Rft	423353
3	Providing and installing, Brass strainer B.S.S. Class 'B', in tubewell bore hole, including sockets and solvents, etc. complete 10" dia							
		1	200	--	--	200	Rft	
					Total	**200**	**Rft**	
					@	5842.75	P.Rft	1168550
4	Shrouding with graded pea gravel 3/8" to 1/8" (10 to 3 mm), around tubewell in bore hole.							
	Deduct	3.14/4	(1)2	x	350	550	Cft	
		3.14/4	(.83)2	x	350	228	Cft	
					Total	**321**	**Cft**	
					@	103.90	P.Cft	33399
5	**S/E of copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc. (rate for cable only) PVC insulated, PVC sheathed twin core 7/.064"**							
		1	100	--	--	100	Mtr	
					Total	**100**	**Mtr**	
					@	457.75	P.Mtr	45775
6	**S/E of PPRC pipe complete in all respect.**							
i	90 mm dia	600				600	Rft	
					Total	**600**	**Rft**	
					@	900.00	P.Rft	540000
ii	50 mm dia	1200				1200	Rft	
					Total	**1200**	**Rft**	
					@	476.00	P.Rft	571200
iii	40 mm dia	1000				1000	Rft	
					Total	**1000**	**Rft**	
					@	303.00	P.Rft	303000
iv	32 mm dia	1500				1500	Rft	
					Total	**1500**	**Rft**	
	KSB				@	218.00	P.Rft	327000
7	S/E of ~~KS~~ Deep well turbine pump 0.50 Cusic with motor 30 HP + MS Column pipe + Top set + Erection Clamps + Sluice + Reflex valve complete in all respect as approved by the Engineer Incharge.							
	(Quotation Attached)					1	No	
					@	1822484	Each	1822484
							Total	**5690023**
	Pumping Chamber							**218500**
							Total	**5908523**
							Say	**5908500**

Sub Divisional Officer
Buildings Sub Division
Jhelum

Executive Engineer
Buildings Division
Jhelum

PUMPING CHAMBER 12' x 10'

MRS, 2nd BI-ANNUAL-2021 (01.07.2021 to 31.12.2021) DISTRICT JEHLUM

S. No.	Description of items	No	L	B	H	Qty	Unit	Amount
1	Pacca brick work in ground floor cement, sand mortar Ratio 1:6							
		2	12	0.75	10	180	Cft	
		2	10	0.75	10	150	Cft	
					Total	**330**	Cft	
	D/d	1	3	0.75	7	16	Cft	
		1	3	0.75	4	9	Cft	
					Total	**305**	Cft	
					@	25100.45	%Cft	76619
2	Reinforced cement concrete in roof slab, beams, columns lintels, girders and other structural members laid in situ or precast laid in position, or prestressed members cast in situ, complete in all respects Type C (nominal mix 1: 2: 4)							
		1	13.5	11.5	0.42	65	Cft	
		2	4	0.75	0.5	3	Cft	
					Total	**68**	Cft	
					@	402.40	P.Cft	27446
3	Fabrication of mild steel reinforcement for cement concrete, including cutting, bending, laying in position, making joints and fastenings, including cost of binding wire and labour charges for binding of steel reinforcement (also includes removal of rust from bars) Deformed bars (Grade-40)							
		68	6.75	0.4536		209	Kg	
					Total	**209**	**Kg**	
					@	19974.40	%Kg	41713
4	Single layer of tiles 9"x4½"x1½" (225x113x40 mm) laid over 4"(100 mm) earth and 1" (25 mm) mud plaster without Bhoosa, grouted with cement sand 1:3 on top of RCC roof slab, provided with 34 lbs. per %Sft. or 1.72 Kg/Sq.m bitumen coating sand blinded.							
		1	12	10		120	Sft	
					Total	**120**	Sft	
					@	8306.15	%Sft	9967
5	Cement plaster 3/8" (10 mm) thick under soffit of R.C.C. roof slabs only, upto 20' height. 1:3							
		1	12	10		120	Sft	
					Total	**120**	Sft	
					@	2631.90	%Sft	3158
6	Cement plaster 1:4 upto 20' (6.00 m) height ½" (13 mm) thick							
		2	(12+10)		10	440	Sft	
					Total	**440**	Sft	
					@	2306.40	%Sft	10148
7	Cement concrete plain including placing, compacting, finishing and curing complete: Ratio 1: 2: 4							
		2	18.25	2	0.25	18	Cft	
		2	14.25	2	0.25	14	Cft	
					Total	**33**	Cft	
					@	24538.80	%Cft	7975

S. No.	Description of items	No	L	B	H	Qty	Unit	Amount
8	Cement pointing struck joints, on walls, upto 20' (6.00 m) hiehgt ratio 1:2 i/c red oxide pigment.							
		2	(12+10)		10	440	Sft	
					Total	**440**	Sft	
	(2517.60+493.50)				@	3011.10	%Sft	13249
9	Providing, laying, watering and ramming brick ballast 1½" to 2"(40 mm to 50 mm) gauge mixed with 25% sand, for floor foundation, complete in all respects.							
		1	12	10	0.125	15	Cft	
					Total	**15**	Cft	
					@	5435.70	%Cft	815
10	Providing and laying conglomerate flooring (two coat work) with top layer of ½"(13mm) thick wearing surface, consisting of one part of cement and 2 parts of stone chips passing 3/16"(6 mm) sieve, over bottom layer of cement concrete 1:3:6, including surface finishing and dividing in panels 1½"(40 mm) thick							
		1	12	10		120	Sft	
					Total	**120**	Sft	
					@	5152.95	%Sft	6184
11	White wash 3 coats on new surface.							
		2	(12+10)		10	440	Sft	
					Total	**440**	Sft	
					@	449.90	%Sft	1980
12	Providing and fixing windows consisting of M.S. box section frame 2"x1½", (50x40mm) leaves frame 1½"x1" (40x25mm) box section frame for glazing 3/8"x3/8" (10x10mm) using 16 SWG sheet 'U' shaped rubber supported with 1"x1/8" (25x3mm) M.S. flat for fixing 3/16" (5 mm) thick glass panes M.S. box section ½"x½" (13x13mm) of 16 SWG for fixing 24 SWG wire gauze on outer side by means of ¾"x1/8" (20x3mm) M.S. flat and screws including grill of M.S. flat ½"x1/8" (13x3mm) or ¼"x¼" (6x6mm) square bar with independent frame of ½"x½" (13x13mm) box section of 16 SWG i/c all C.P. fitting and painting 3 coats complete in all respect.							
		1	3		4	12	**Sft**	
					Total	**12**	**Sft**	
					@	**598.75**	**P.Sft**	**7185**
13	Providing and fixing M.S. Sheet hollow pressed 'frame of doors, windows, CW ,etc.(Chowkhat only) of 16 SWG welded with M.S.flat ,6"x1"x1/8 (225x25x3mm) welded/screwed 4", (100mm) long iron hinges including fitting, chokhat with cement sand mortar 1:8 and 'embedding hold fast in cement in all respect and as approved / directed by the Engineer Incharge.(single Rebate)							
		1	4		7	28	Sft	
					Total	**28**	Sft	
					@	170.00	P.Sft	4760

S. No.	Description of items	No	L	B	H	Qty	Unit	Amount
14	P/F steel door leave comprising of M.S angle 1-1/4x1-1/4x3/16" for leave welded with 18 SWG M.S sheet i/c bering 1"x1"x1/8" locking arrangment and painting complete in all respect							
		1	3		7	21	Sft	
					Total	**21**	Sft	
					@	350.00	P.Sft	7350
							Total:	**218549**
							Say Rs:	**218500**

Sub Divisional Officer
Buildings Sub Division
Jhelum

Executive Engineer
Buildings Division
Jhelum

PROVISION OF ROADS

S.No	Description	No	L	B	H	Qty	Unit	Amount
1	Cement concrete brick or stone ballast 1½ " to 2" gauge, in foundation and plinth Ratio 1: 4:8							
		2	500	3	0.33	990	Cft	
					Total	**990**	**Cft**	
					@	15212.7	%Cft	**150606**
2	Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate): 1:2:4							
		2	500	12	0.5	6000	Cft	
		1	92	22	0.5	1012	Cft	
		1	22	15	0.5	165	Cft	
		1	100	185	0.5	9250	Cft	
		1	195	95	0.5	9263	Cft	
		1	178	16	0.5	1424	Cft	
		1	178	24	0.5	2136	Cft	
		1	610	12	0.5	3660	Cft	
		1	43	96	0.5	2064	Cft	
		1	97	65	0.5	3153	Cft	
		1	150	12	0.5	900	Cft	
		1	420	12	0.5	2520	Cft	
		1	451	12	0.5	2706	Cft	
		1	500	12	0.5	3000	Cft	
					Total	**47252**	**Cft**	
					@	24538.8	%Cft	**11595074**
							Total	**11745680**
							Say	**11745700**

Sub Divisional Officer
Buildings Sub Division
Jhelum

Executive Engineer
Buildings Division
Jhelum

REPLACEMENT OF SEWERAGE SYSTEM AT D.H.Q. HOSPITAL JHELUM

MRS, 1st BI-ANNUAL-2021 (1st JANUARY-2021 to 30th JUNE -2021) DISTRICT JEHLUM

S.No	Description	No	L	B	H	Qty	Unit	Amount
1	Dismantling cement concrete 1:2:4 plain.							
	18" Line (4355-320)	1	4035	3	0.33	3995	Cft	
	12" Line	1	2105	2.5	0.33	1737	Cft	
					Total	**5731**	**Cft**	
					@	7817.55	%Cft	**448045**
2	Dismantling and removing road metalling							
		1	320	3	0.33	317	Cft	
					Total	**317**	**Cft**	
					@	1421.40	%Cft	**4503**
3	Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and timbering, dressing to correct section and dimensions separately according to templates and levels, and removing surface water, in all types of soil except shingle, gravel and rock. 0 ft. to 7.0 ft. (0 to 2.10 m) depth							
	For Sewerline 18" Dia							
	Hospital Portion							
	Backside TB Ward (20+227+70)	1	317	3	7	6657	Cft	
	Frontside TB Ward (220+10+10)	1	240	3	7	5040	Cft	
	From Mosque to TB Ward	1	100	3	7	2100	Cft	
	Backside MS Office (118+176+60+10)	1	364	3	7	7644	Cft	
	Front OPD Building	1	345	3	7	7245	Cft	
	Gyne Ward	1	104	3	7	2184	Cft	
	Labour Room & Family Planning (100+72)	1	172	3	7	3612	Cft	
	Backside Labour Room (61+95+152)	1	308	3	7	6468	Cft	
	Backside Dylasis	1	225	3	7	4725	Cft	
	Private room (120+95+135)	1	350	3	7	7350	Cft	
	Backside Ortho	1	365	3	7	7665	Cft	
	Residential Colony							
	Main Road	1	320	3	7	6720	Cft	
	Street 1	1	285	3	7	5985	Cft	
	Street 2	1	202	3	7	4242	Cft	
	Street 3	1	306	3	7	6426	Cft	
	Street 4	1	285	3	7	5985	Cft	
	M.O Resi 1	1	67	3	7	1407	Cft	
		Total	**4355**	**Rft**				
	For Sewerline 12" Dia							
	Hospital Portion							
	Backside TB Ward	1	30	2.5	5	375	Cft	
	Frontside TB Ward	1	50	2.5	5	625	Cft	
	From Mosque to TB Ward	1	20	2.5	5	250	Cft	
	Backside MS Office	1	50	2.5	5	625	Cft	
	Front OPD Building (25+31+32)	1	88	2.5	5	1100	Cft	
	Gyne Ward	1	18	2.5	5	225	Cft	
	Labour Room & Family Planning	1	30	2.5	5	375	Cft	
	Backside Labour Room	1	10	2.5	5	125	Cft	
	Backside Dylasis	1	50	2.5	5	625	Cft	
	Private room	1	40	2.5	5	500	Cft	
	Backside Ortho	1	75	2.5	5	938	Cft	

S.No	Description	No	L	B	H	Qty	Unit	Amount
	Residential Colony							
	Staff Qtr 1 (112+30)	1	142	2.5	5	1775	Cft	
	Staff Qtr 2	1	30	2.5	5	375	Cft	
	Staff Qtr 3 (165+30)	1	195	2.5	5	2438	Cft	
	Staff Qtr 4&5 (30+30)	1	60	2.5	5	750	Cft	
	Staff Qtr 6,7&8	1	30	2.5	5	375	Cft	
	Residence 1&2	1	60	2.5	5	750	Cft	
	M.O Resi 1 (65+15)	1	80	2.5	5	1000	Cft	
	M.O Resi 3,4,5,6 (40+40+40+70)	1	190	2.5	5	2375	Cft	
	Staff Qtr 10	1	95	2.5	5	1188	Cft	
	Resi 1,2 (180+25+25)	1	230	2.5	5	2875	Cft	
	Staff Qtr 11,12,13	1	30	2.5	5	375	Cft	
	M.S Resi	1	52	2.5	5	650	Cft	
	Nursing Hostel	1	50	2.5	5	625	Cft	
	Staff Qtr 14	1	100	2.5	5	1250	Cft	
	Medical Training Hostel	1	100	2.5	5	1250	Cft	
	Nursing School	1	100	2.5	5	1250	Cft	
	Paramedical Hostel	1	100	2.5	5	1250	Cft	
		Total	**2105**	**Rft**				
					Total	**117768**	**Cft**	
					@	6221.15	%0Cft	**732649**
4	Dry rammed brick or stone ballast, 1½" to 2"(40 mm to 50 mm) gauge.							
	For 18" Sewer	1	4355	3	1.5	19598	Cft	
	For 12" Sewer	1	2105	2.5	1	5263	Cft	
						24860	**Cft**	
	D/d	1	4355	$\frac{3.14x1.83x1.83}{8}$		5724	Cft	
		1	2105	$\frac{3.14x1.33x1.33}{8}$		1461	Cft	
						7186	**Cft**	
					Total	**17674**	**Cft**	
					@	4777.10	%Cft	**844310**
5	Providing and laying R.C.C. pipe, moulded with cement concrete 1:1½:3, with spigot socket or collar joint, etc. including cost of reinforcement, conforming to B.S. 5911: Part I: 1981, Class "L" including carriage of pipe from factory to site of work, lowering in trenches to correct alignment and grade, jointing, cutting pipes where necessary, finishing and testing, etc., complete.							
i	18" dia	4355				4355	Rft	
					Total	**4355**	**Rft**	
					@	713.25	P.Rft	**3106204**
ii	12" dia	2105				2105	Rft	
					Total	**2105**	**Rft**	
					@	459.55	P.Rft	**967353**
6	Rehandling of earthwork Lead upto a single throw of Kassi, phaorah or shovel							
		117768		x	2/3	78551	Cft	
					@	1776.7	%0Cft	**139561**
7	Construction of Manhole							
i	5' Deep	60				60	No	
					Total	**60**	**No**	

S.No	Description	No	L	B	H	Qty	Unit	Amount
					@	26160	Each	**1569600**
ii	7' Deep	100				100	No	
					Total	**100**	**No**	
					@	31340	Each	**3134000**
iii	10' Deep	15				15	No	
					Total	**15**	**No**	
					@	42420	Each	**636300**
8	Cement concrete brick or stone ballast 1½ " to 2" (40 mm to 50 mm) gauge, in foundation and plinth Ratio 1: 6:12							
	18" dia Sewer	1	4355	3	0.33	4311	Cft	
	12" dia Sewer	1	2105	3	0.33	2084	Cft	
					Total	**6395**	**Cft**	
					@	12153.95	%Cft	**777294**
8	Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate): Ratio 1:2:4							
	18" dia Sewer	1	4355	3	0.33	4311	Cft	
	12" dia Sewer	1	2105	2.5	0.33	1737	Cft	
					Total	**6048**	**Cft**	
					@	22679.2	%Cft	**1371655**
							Total	**13731474**
							Say Rs	**13731500**

Sub Divisional Officer
Buildings Sub Division
Jhelum

Executive Engineer
Buildings Division
Jhelum

Manhole 5' Deep

S.No	Descrpition	No	L	B	H	Qty	Unit	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 separately according to templates and levels, and removing surface water, in all types of soil except shingle, gravel and rock.							
	Manhole (3.14x5.5x5.5)/4 = 24	1	24		3	72	Cft	
					Total	**72**	**Cft**	
					@	6221.15	%0Cft	448
2	Cement concrete using brick or stone ballast 1-1/2" to 2" gauge in F & P (1:6:12)							
		1	24		0.5	12	Cft	
					Total	**12**	**Cft**	
					@	12153.95	%Cft	1458
3	P.C.C 1:2:4 Plain							
	(3.14x3.5x3.5)/4 = 9.61	1	9.61		0.25	2	Cft	
					Total	**2**	**Cft**	
					@	22679.20	%Cft	545
4	Pacca brick work in (1:4) cement sand mortor in other than building							
	Manhole from Bottom 3.14x4.25 = 13.345							
	Manhole from Top 3.14x2.75 = 8.635							
	Mean Length = (13.345+8.635)/2 = 11.005	1	11	0.75	5	41	Cft	
					Total	**41**	**Cft**	
	24703.25+2073.85				@	26777.10	%Cft	11046
6	RCC in roof slab beam lintel type "C" nominal mixture (1:2:4)							
	3.14x2.75 = 8.635	1	8.635		0.75	6	Cft	
					Total	**6**	**Cft**	
					@	372.20	P.Cft	2410
7	Fabrication of M.S reinforcement i/c cutting bending binding laying in postion making joints and fastenings inculding cost of binding wire and labour charges for binding of steel reinforcement (also includes removal of rust from bars):- deformad bars Grade-40.							
		6	6.75	0.454		**20**	**Kg**	
					@	15917.60	%Kg	3159
8	1/2" thick cement plaster (1:4) cement sand mortar							
	Manhole	1	11		5	55	Sft	
					Total	**55**	**Sft**	
					@	2102.85	%Sft	1157
9	Providing and fixing, 6" (150 mm) thick R.C.C. manhole cover with 3"x3"x¼" (75x75x6mm) angle iron frame, 22" (550 mm) i/d as per standard drawing STD/PD No. 7 of 1977, complete in all respects.							
		1				1	No	
					Total	**1**	**No**	
					@	5939.65	Each	5940
						Total		**26163**
						Say		**26160**

Sub Divisional Officer
Buildings Sub Division
Jhelum

Executive Engineer
Buildings Division
Jhelum

Manhole 7' Deep

S.No	Descrpition	No	L	B	H	Qty	Unit	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 separately according to templates and levels, and removing surface water, in all types of soil except shingle, gravel and rock.							
	Manhole (3.14x5.5x5.5)/4 = 24	1	24		5	120	Cft	
					Total	**120**	**Cft**	
					@	6221.15	%0Cft	747
2	Cement concrete using brick or stone ballast 1-1/2" to 2" gauge in F & P (1:6:12)							
		1	24		0.5	12	Cft	
					Total	**12**	**Cft**	
					@	12153.95	%Cft	1458
3	P.C.C 1:2:4 Plain							
	(3.14x3.5x3.5)/4 = 9.61	1	9.61		0.25	2	Cft	
					Total	**2**	**Cft**	
					@	22679.20	%Cft	545
4	Pacca brick work in (1:4) cement sand mortor in other than building							
	Manhole from Bottom 3.14x4.25 = 13.345							
	Manhole from Top 3.14x2.75 = 8.635							
	Mean Length = (13.345+8.635)/2 = 11.005	1	11	0.75	7	58	Cft	
					Total	**58**	**Cft**	
	24703.25+2073.85				@	26777.10	%Cft	15464
6	RCC in roof slab beam lintel type "C" nominal mixture (1:2:4)							
	3.14x2.75 = 8.635	1	8.635		0.75	6	Cft	
					Total	**6**	**Cft**	
					@	372.20	P.Cft	2410
7	Fabrication of M.S reinforcement i/c cutting bending binding laying in postion making joints and fastenings inculding cost of binding wire and labour charges for binding of steel reinforcement (also includes removal of rust from bars):- deformad bars Grade-40.							
		6	6.75	0.454		**20**	**Kg**	
					@	15917.60	%Kg	3159
8	1/2" thick cement plaster (1:4) cement sand mortar							
	Manhole	1	11		7	77	Sft	
					Total	**77**	**Sft**	
					@	2102.85	%Sft	1619
9	Providing and fixing, 6" (150 mm) thick R.C.C. manhole cover with 3"x3"x¼" (75x75x6mm) angle iron frame, 22" (550 mm) i/d as per standard drawing STD/PD No. 7 of 1977, complete in all respects.							
		1				1	No	
					Total	**1**	**No**	
					@	5939.65	Each	5940
						Total		**31342**
						Say		**31340**

Sub ~~Divisional Officer~~
Buildings Sub Division
Jhelum

Executive Engineer
Buildings Division
Jhelum

Manhole 10' Deep

S.No	Descrpition	No	L	B	H	Qty	Unit	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 separately according to templates and levels, and removing surface water, in all types of soil except shingle, gravel and rock.							
	Manhole (3.14x5.5x5.5)/4 = 24	1	24		8	192	Cft	
					Total	**192**	**Cft**	
					@	6221.15	%0Cft	1194
2	Cement concrete using brick or stone ballast 1-1/2" to 2" gauge in F & P (1:6:12)							
		1	24		0.5	12	Cft	
					Total	**12**	**Cft**	
					@	12153.95	%Cft	1458
3	P.C.C 1:2:4 Plain							
	(3.14x3.5x3.5)/4 = 9.61	1	9.61		0.25	2	Cft	
					Total	**2**	**Cft**	
					@	22679.20	%Cft	545
4	Pacca brick work in (1:4) cement sand mortor in other than building							
	Manhole from Bottom 3.14x4.25 = 13.345							
	Manhole from Top 3.14x2.75 = 8.635							
	Mean Length = (13.345+8.635)/2 = 11.005	1	11	1.125	3	37	Cft	
		1	11	0.75	7	58	Cft	
					Total	**95**	**Cft**	
	24703.25+2073.85				@	26777.10	%Cft	25405
6	RCC in roof slab beam lintel type "C" nominal mixture (1:2:4)							
	3.14x2.75 = 8.635	1	8.635		0.75	6	Cft	
					Total	**6**	**Cft**	
					@	372.20	P.Cft	2410
7	Fabrication of M.S reinforcement i/c cutting bending binding laying in postion making joints and fastenings inculding cost of binding wire and labour charges for binding of steel reinforcement (also includes removal of rust from bars):- deformad bars Grade-40.							
		6	6.75	0.454		**20**	**Kg**	
					@	15917.60	%Kg	3159
8	1/2" thick cement plaster (1:4) cement sand mortar							
	Manhole	1	11		10	110	Sft	
					Total	**110**	**Sft**	
					@	2102.85	%Sft	2313
9	Providing and fixing, 6" (150 mm) thick R.C.C. manhole cover with 3"x3"x¼" (75x75x6mm) angle iron frame, 22" (550 mm) i/d as per standard drawing STD/PD No. 7 of 1977, complete in all respects.							
		1				1	No	
					Total	**1**	**No**	
					@	5939.65	Each	5940
						Total		**42425**
						Say		**42420**

Sub Divisional Officer
Buildings Sub Division
Jhelum

Executive Engineer
Buildings Division
Jhelum

ANALYSIS OF RATE

P/L Prepolished Porcelain Tile "Master Made" With Dry / Wet / Venied Application, DWV Series (Light Color) Class SB, 24"x24" Size laid over a bed of 3/4" thick C/S Mortar 1:2, i/c filling joints with white cement mixed with matching pigment complete in all respect as Approved By The Engineer Incharge (For Floors)

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

Unit Rate P.Sft

For Analysis purpose (100.00 Sft)

Sr.#	Detail	Quantity		Rate per unit (Rs)		Amount
	MATERIAL					
	Prepolished Porcelain tile with dry / wet / venied application, DWW series (light colour) class SB, 24"x24" size i/c wastage. Input P.53/CA(4)7 1595/ P.mtr	105	Sft	148.37	P.Sft	15579
	ii). White Cement (06.009)	0.1	Bag	1100	P.Bag	110
	iii). Grey Cement (06.008)	2.16	Bag	600	P.Bag	1296.00
	vi). Pigment (10.015)	0.45	Kg	82	P.Kg	36.9
	v). Sand (06.007)	5.2	Cft	1500	%Cft	78.00
	Total					**17099.75**
	20%Contractor's profit and over head charges					3419.95
	Total					**20519.7**
	Labour					
	i). Mason (LB-040)	2	Nos	950	P.Day	1900
	ii).Un skilled Coolies (LB-015)	4	Nos	725	P.Day	2900
	iii). Bahlshti (LB-017)	0.5	No	750	P.Day	375
	Total					5175
	Sundries 10%					517.5
	Total					**5692.5**
	20% Contractor's profit and over head charges					1138.5
	Total					**6831**
	Item Rate					
	Composite Rate per % P.sft					27350.7
	Composite Rate per P.Sft					273.51
			Say Rs.		**P.Sft**	**270.00**

Sub Divisional Officer
Buildings Sub Division
Jhelum

Executive Engineeer
Buildings Division
Jhelum

ANALYSIS OF RATE

P/L Prepolished Porcelain Tile "Master Or Eq" With Dry / Wet / Venied Application, DWV Series (Light Color) Class SB, 24"x24" Size laid over a bed of 3/4" thick C/S Mortar 1:2, i/c filling joints with white cement mixed with matching pigment complete in all respect as Approved By The Engineer Incharge (For Skirting)

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

Unit Rate P.Sft

For Analysis purpose (100.00 Sft)

Sr.#	Detail	Quantity		Rate per unit (Rs)		Amount
	MATERIAL					
	Prepolished Porcelain tile with dry / wet / venied application, DWW series (light colour) class SB, 24"x24" size i/c wastage. Input P.53/CA(4)7 1595/ P.mtr	105	Sft	148.37	P.Sft	15579
	ii). White Cement (06.009)	0.1	Bag	1100	P.Bag	110
	iii). Grey Cement (06.008)	2.16	Bag	600	P.Bag	1296.00
	vi). Pigment (10.015)	0.45	Kg	82	P.Kg	36.9
	v). Sand (06.007)	5.2	Cft	1500	%Cft	78.00
	Total					**17099.75**
	20%Contractor's profit and over head charges					3419.95
	Total					**20519.70**
	Labour					
	i). Mason (LB-040)	3	Nos	950	P.Day	2850
	ii).Un skilled Coolies (LB-015)	4	Nos	725	P.Day	2900
	iii). Bahishti (LB-017)	0.5	No	750	P.Day	375
	Total					6125
	Sundries 10%					612.5
	Total					**6737.5**
	20% Contractor's profit and over head charges					1347.5
	Total					**8085**
	Item Rate					
	Composite Rate per % P.sft					28604.70
	Composite Rate per P.Sft					286.05
			Say Rs.		**P.Sft**	**285**

Sub Divisional Officer
Buildings Sub Division
Jhelum

Executive Engineeer
Buildings Division
Jhelum

ANALYSIS OF RATE

P/L Ceramic Tile Size 12"X18" Master Or Equivelent Laid Over 1:2 Cement Sand Mortar I/C Filling Of Joint With Matching Pigment Complete In All Respect As Approved/ Directed By The Engineer Incharge

Unit of Rate Per Sft

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

S.No.	Description	N	L	B	H	Qty	Rate	Unit	Amount
A	**GSP SERIES PLAN MATCHING DARK COLOUR (GLOSSY/ MAT) GSP-SB (ITEM NO. 3 PAGE NO.53)**								
1	Total = 105 Sft					105.00	92.56	P.Sft	9719
3	White cement (06.009)					0.10	1100	P.Bag	110
4	Grey Cement (06.008)					2.16	600	P.Bag	1296
5	Pigment (10.015)					0.45	82	P.Kgs	37
6	Sand (06.007)					5.20	15	P.Cft	78
							Total Rs.		**11240**
	Add 20% Contractor profit.								2248
							Total Rs "A"		**13488**
B	**Labour**								
1	Mason (L.B 040)					2.50	950	P.Day	2375
2	Coolies (L.B 015)					4.00	725	P.Day	2900
3	Bahishti (L.B 017)					0.50	750	P.Day	375
							Total Rs.		**5650**
	Add 10 % Sundries								565
							Total Rs.		**6215**
	Add 20% Contractor profit								1243
							Total Rs.		**7458**
							Total Rs A + B		**20946**
	Rate P.Sft		20946	/	100	=			**209.46**
							Total Rs.		**200**

Sub Divisional Officer
Buildings Sub Division
Jhelum

Executive Engineeer
Buildings Division
Jhelum

ANALYSIS OF RATE

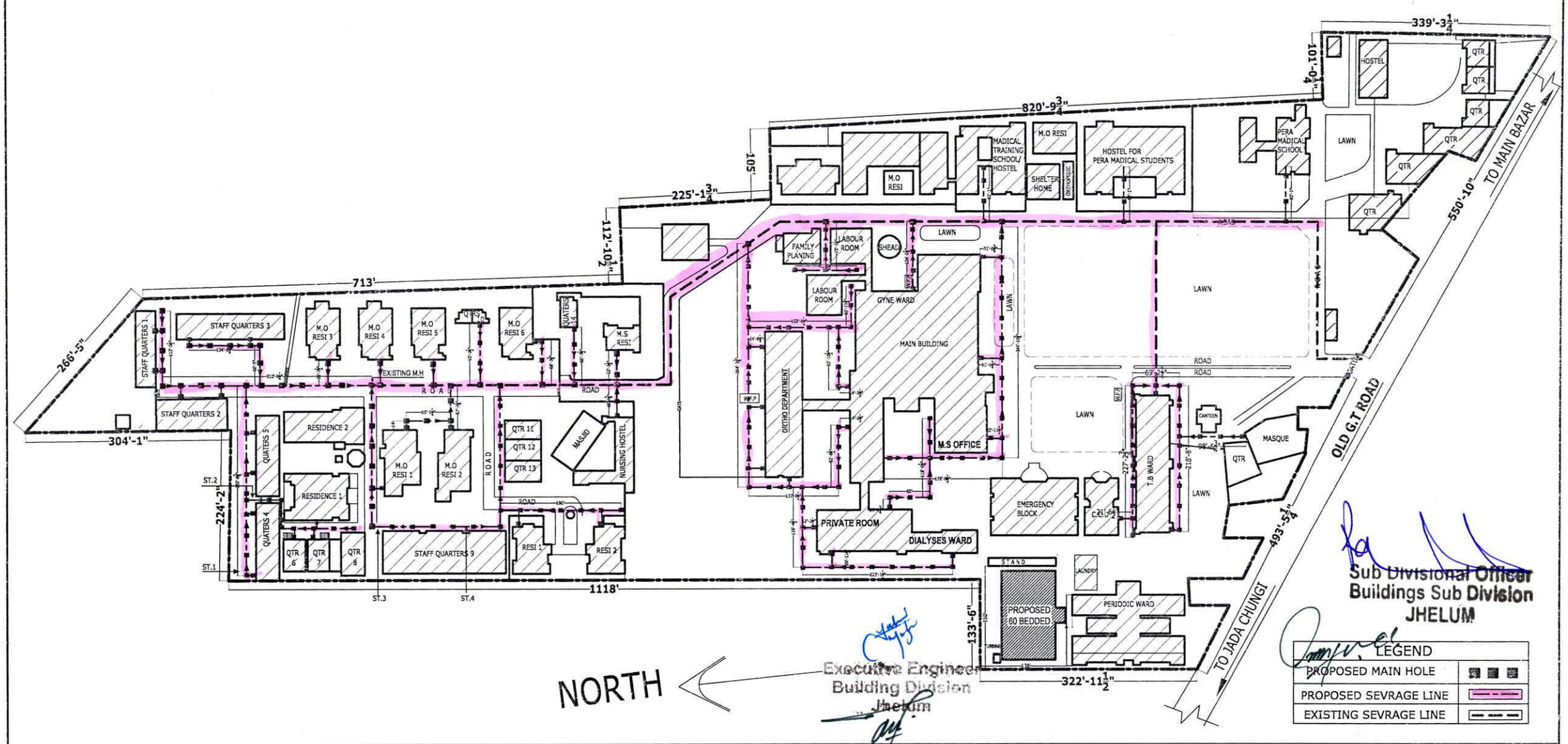
Providing/Laying 3/4" thick Prepolihsed Marble slab of China Verona Random laid in white cement filling with matching pigment over a bed of 3/4" thick cment sand mortar 1:2 i/c cuttin, rubbing and making nozing on one side upto 4-Sft stair steps complete in all respect as approved and directed by the Engineer Incharge.

Unit = 100 Sft

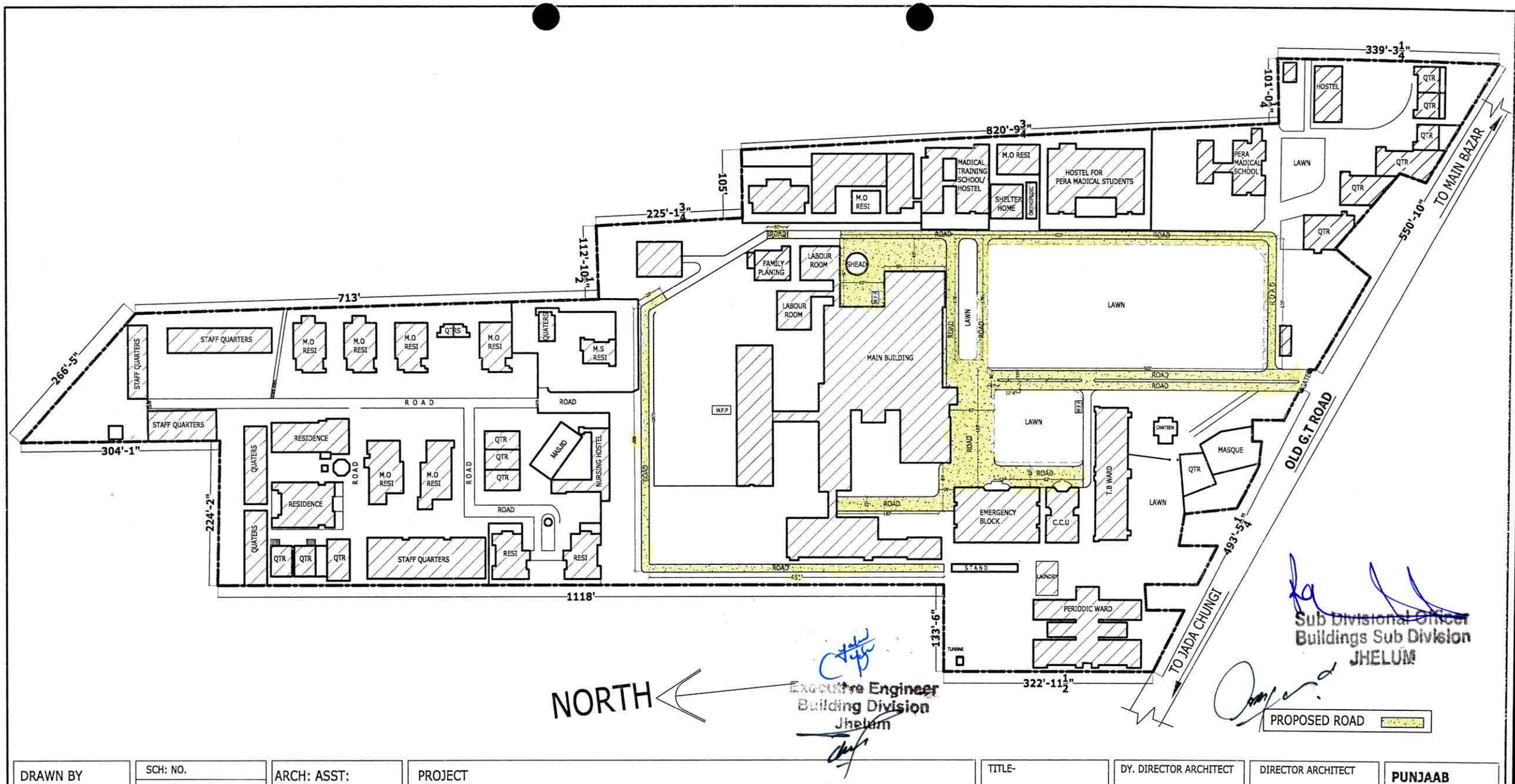
S.No	Description	Quantity		Rate	Unit	Amount
A	**Material**					
1	China Verona Randum i/c 5% wastage 4 Sft to stair steps.	105	Sft	240	P Sft	25200
2	White cement (06.009)	0.10	Bag	1100	P Bag	110
3	Grey cement (06.008)	2.16	Bag	600	P Bag	1296
4	Pigment (10.015)	0.500	Kg	82	P Kg	41.0
5	Sand (06.007)	5.20	Cft	1500	P Cft	78
		Total:- A			Rs.	26725
		Add 20 % contractor profit			Rs.	5345
		Total:- A			**Rs.**	**32070**
B	**Labour**					
1	Mason (LB-040)	2	No	950	P.Day	1900
2	Un-skilled Cooly (LB-015)	4	No	725	P.Day	2900
3	Bahishti (LB-017)	0.5	No	750	P.Day	375
4	Making front gola	100.0	Sft	20	P Sft	2000
		Total:-			Rs.	7175
		Sunderies 10%				718
		Total:-			Rs.	7893
		Add 20 % contractor profit			Rs.	1579
		Total:- B			**Rs.**	**9471**
	Total of A + B (32070 + 9471)				**Rs.**	**41541**
	Rate P.Sft 41541 /100					**415.41**
		Say:-			**Rs.**	**400**

Sub Divisional Officer
Buildings Sub Division
Jhelum

Executive Engineer
Buildings Division
Jhelum



DRAWN BY AGHA WASEEM	SCH: NO. DRG. NO. SCALE -- 1"= DATE -	ARCH: ASST: MUHAMMAD SALEEM	PROJECT **LAY OUT PLAN OF DISTRICT HEAD QUARTER HOSPITAL JHELUM.**	TITLE- REIVISED LAY OUT PLAN	DY. DIRECTOR ARCHITECT S. TANVEER ALI BOKHARI	DIRECTOR ARCHITECT SOHAIL ISMAIL	**PUNJAAB ARCHITECT DEPARTMENT RAWAL PINDI**



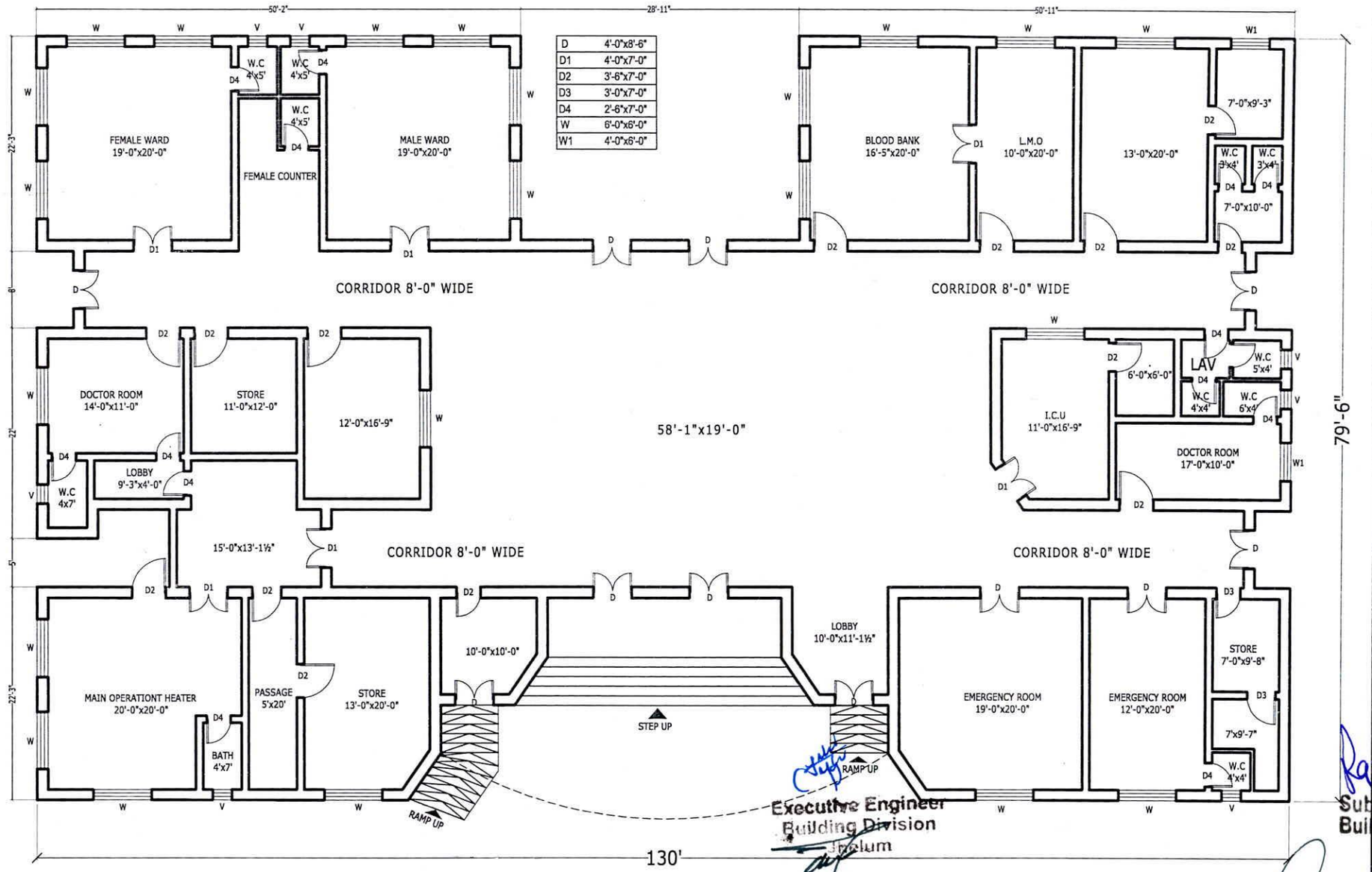
Executive Engineer
Building Division
Jhelum

Sub Divisional Officer
Buildings Sub Division
JHELUM

DRAWN BY AGHA WASEEM	SCH: NO. DRG. NO. SCALE -- 1"= DATE -	ARCH: ASST: MUHAMMAD SALEEM	PROJECT **LAY OUT PLAN OF DISTRICT HEAD QUARTER HOSPITAL JHELUM.**	TITLE- REIVISED LAY OUT PLAN	DY. DIRECTOR ARCHITECT S. TANVEER ALI BOKHARI	DIRECTOR ARCHITECT SOHAIL ISMAIL	**PUNJAAB ARCHITECT DEPARTMENT RAWAL PINDI**

PLAN OF EMERGENCY BLOCK AT D.H.Q HOSPITAL JHELUM

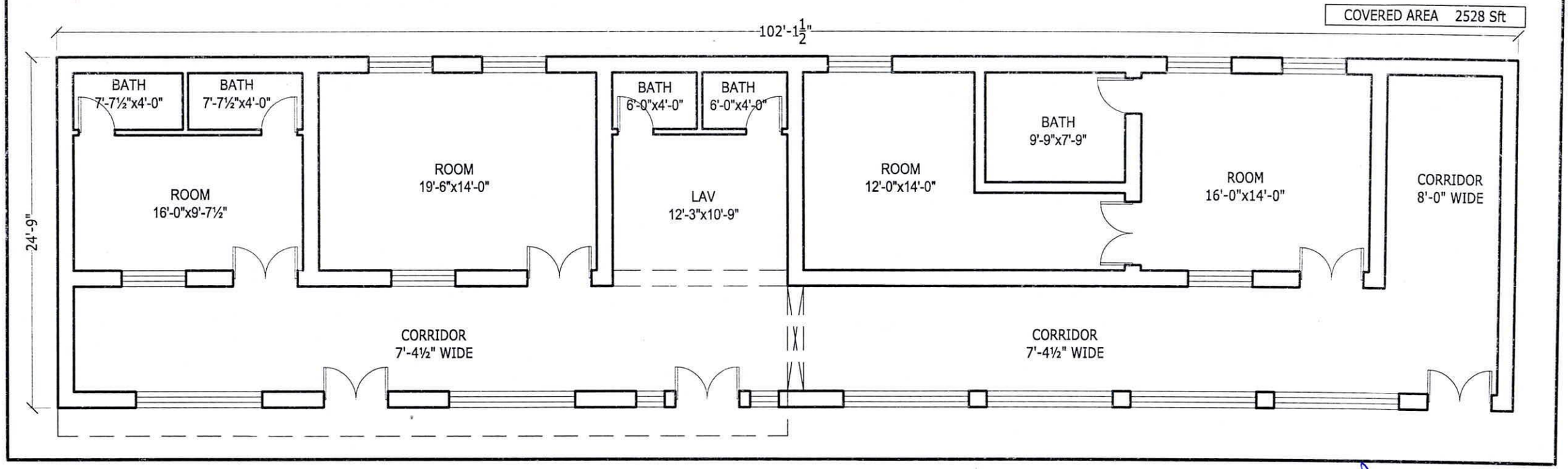
COVERED AREA 9522 Sft



Executive Engineer
Building Division
Jhelum

Sub Divisional Officer
Buildings Sub Division
JHELUM

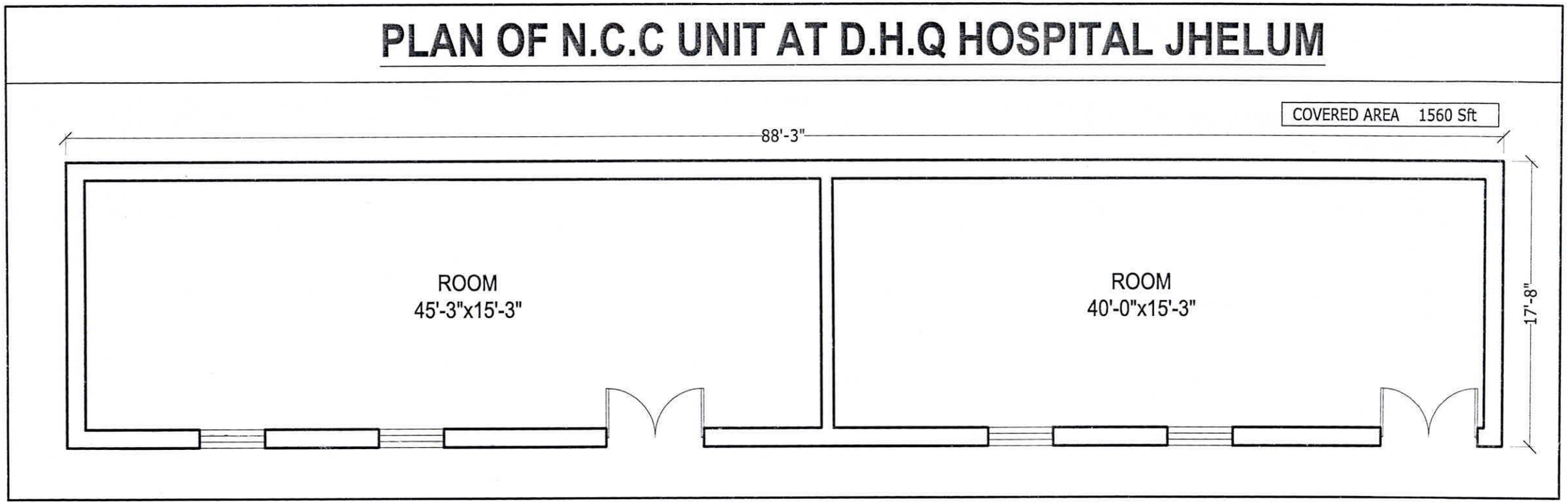
PLAN OF DIALYSIS UNIT AT D.H.Q HOSPITAL JHELUM



Executive Engineer
Building Division
Jhelum

Sub Divisional Officer
Buildings Sub Division
JHELUM

PLAN OF N.C.C UNIT AT D.H.Q HOSPITAL JHELUM



Executive Engineer
Building Division
Jhelum

Sub Divisional Officer
Buildings Sub Division
JHELUM

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

Grant Number: Development - (PC22036)
LO NO:LO21010530
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: Revenue
Cost Center:OTHERS- (OTHERS)
Fund Center (Controlling):N/A

Grant Number: Development - (PC22036)
LO NO:LO21010530
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	**6.960**	**12.530**
Utilization	**6.249**	**2.536**

Capital Side:

	FY 2021-22	FY 2022-23
Funds Released	**33.161**	**31.184**
Utilization	**33.161**	**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

.

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

.

12.3 IMPLEMENTATION PLAN

.

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

.

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, Sheikhupura (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 Jhelum

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	