



PC-1

Balance Work of Revamping of DHQ Hospital Mianwali

ORIGINAL APPROVED COST	PKR Million. 53.561/-
ORIGINAL APPROVED GESTATION	43 Months Till June 2025
APPROVAL FORUM	DDWP (DDWP)

1. NAME OF THE PROJECT

Balance Work of Revamping of DHQ Hospital Mianwali

2. LOCATION OF THE PROJECT

2.1. DISTRICT(S)

I. MIANWALI

2.2. TEHSIL(S)

I. MIANWALI

3. AUTHORITIES RESPONSIBLE FOR

3.1. SPONSORING AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.2. EXECUTION AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.3. OPERATIONS AND MAINTENANCE AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.4. CONCERNED FEDERAL MINISTRY

- NATIONAL HEALTH SERVICES, REGULATIONS AND COORDINATION

3	AUTHORITIES RESPONSIBLE	
	3.1 Sponsoring	Government of the Punjab, Primary and Secondary Healthcare Department
	3.2 Execution	PMU for Revamping Program of Primary and Secondary Healthcare Department, 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: 5353
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.

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.

Mianwali city is situated at the main road of Karachi to Peshawar and Quetta to Peshawar on which the heavy luggage transport used the same route. CPEC (China Pak Economic Corridor) also passes through Mianwali which is the hope of better future peace, Development and growth of economy of Pakistan. District Mianwali shares its boundaries with eight other Districts, four of Punjab i.e. Attock, Chakwal, Khushab and Bhakkar and four with KPK. Due to the above factors/reasons the upgradation of DHQ Hospital Mianwali will provide state of the art/high quality emergency services as well as inpatient and latest Diagnostic services to the low social economic population, who are always depends on public Medical Facilities.

Infrastructure improvement portfolio was undertaken in DHQ Hospital Mianwali through Infrastructure Development Authority Punjab (IDAP).

A sub-scheme titled, "Revamping of DHQ Hospital, Mianwali" was taken by Primary & Secondary Department to revamp DHQ Hospital, Mianwali, during 2016-17 in which, 137,821 sq. ft area was identified to revamp, out of which 64% area was revamped and the remaining was found structurally unstable to be revamped, and 9000 sq. ft area was demolished / de-scoped, which reduced the scope of the scheme, as well as the total beds strength of the Hospital. Presently, there are 144 number of functional beds in DHQ Hospital Mianwali.

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

Total area of the DHQ Hospital Mianwali:	137,821 SFT
Area completed:	89,497 SFT

Area De-scoped:	9,000 SFT
External Development & Electrification:	Not Executed

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

Accordingly, on the basis of RCE of IDAP and de-scope civil work received 25 sub-schemes of all DHQ and 15 THQ Hospitals have been approved from PDWP in its meeting held on 26-03-2021 and DDSC meeting held on 29-04-2021. Sub-schemes of all DHQ & 15 THQ Hospitals were concluded.

It was decided to complete the balance civil work of revamping through C&W Department. Accordingly, the Rough Cost estimates of balance civil work of DHQ Hospital Mianwali has not been prepared on the ground that in order to improve Health service delivery and provision of better Healthcare facilities it has been decided to upgrade DHQ Hospital Mianwali by constructing 200 bedded Indoor Block. Therefore, the project titled "Upgradation of DHQ Hospital, Mianwali (200 Bedded Indoor Block) has been included in ADP 2021-22 with estimated cost of Rs.2,000 million at G.S.No.1003.

The scheme aims at to establish a 200 bedded Block of DHQ Hospital Mianwali having Specialist / Sub-Specialist Services Unit remained an unaccomplished target since ages. Even in today's world of high tech health care system the same could not be achieved. Although there has been significant reforms in the area of emergency health care facilities but provision of comprehensive health care to cases of various diseases, Specialist/ Sub-Specialist remained an unfulfilled desire. We can glance a large number of patients suffering from / living with morbidity, consequences of lack of treatment because of non-availability of specialized facilities. The influx of such cases is ever increasing alarmingly and posing a challenge for the tertiary health care providers as well as policy makers.

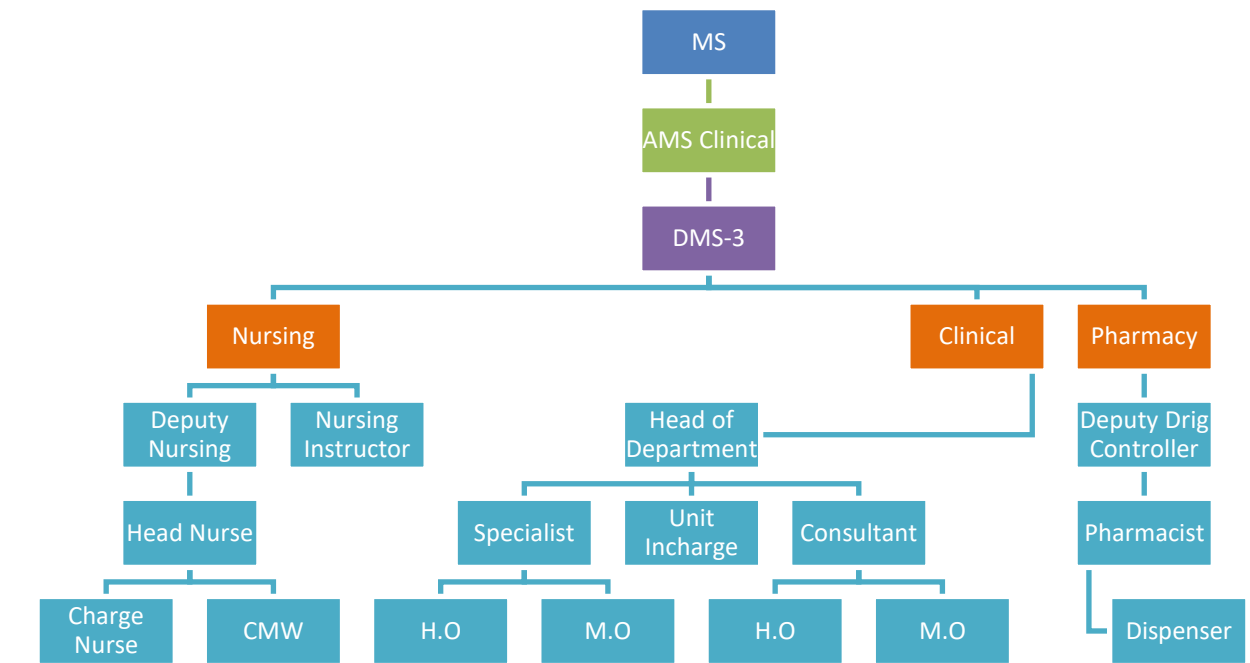
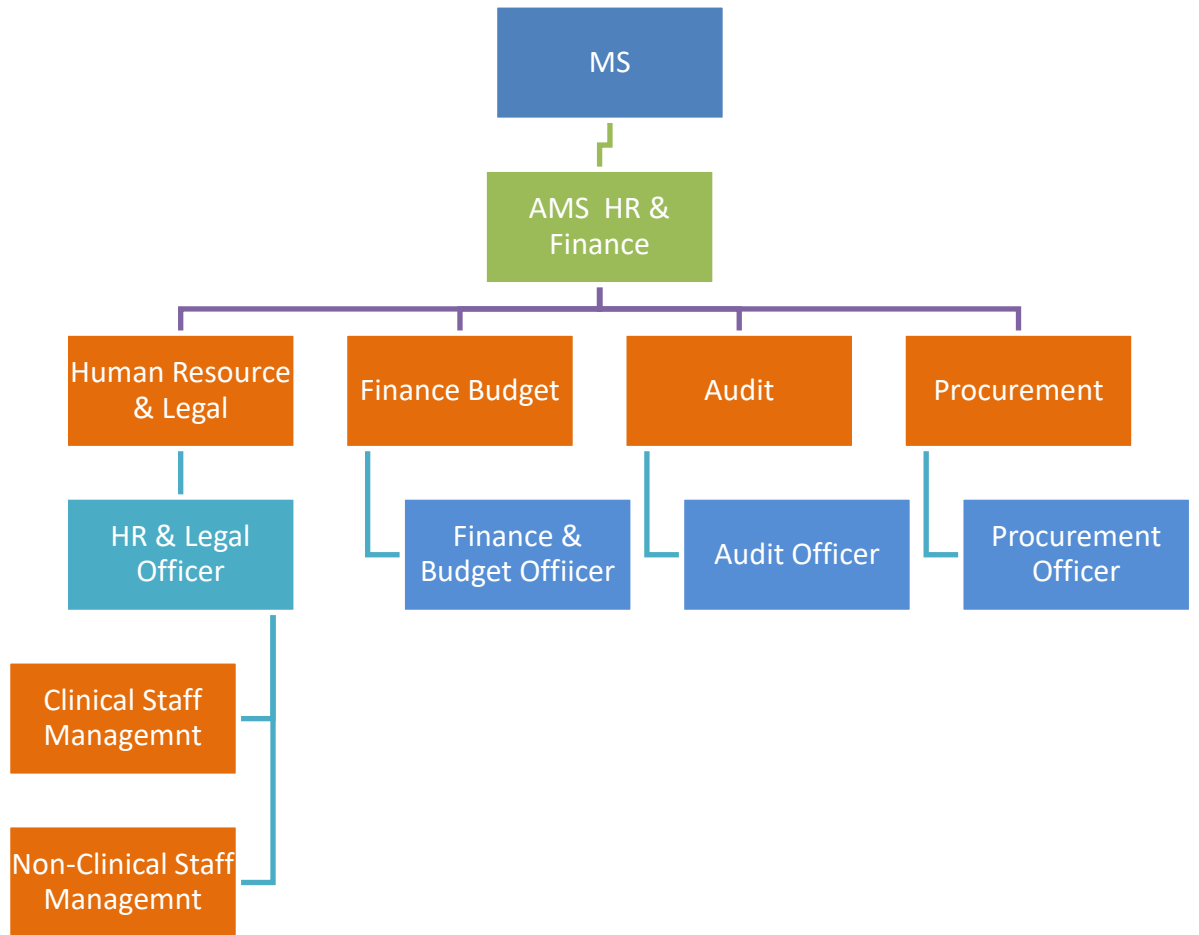
Objectives of this project are;

- To improve in patients' services by increasing ward capacity.
- Provide adequate segregations and facilities for male and female wards. Provide better capacity planning and therefore hospital management. Aim for improving clinical outcomes and service quality standards.
- To deliver routine medical and surgical services to the under privilege communities of the region by well trained and highly qualified staff.
- To achieve optimum health indicators by providing out patients services by specialists and consultants.
- To provide high quality 24/7 emergency services to the low socio-

economic group population who are depended on the public medical services.

- To established advanced OTs, ICUs and HDUs to cater the growing population of the region. State-of-the-art Cath-lab facility will reduce the referral to other teaching hospital.
- To ensure provision of satisfactory diagnostics services through state-of-the-art pathology and radiology labs including MRI and CT Scan facility.
- To provide state of the art ENT & Eye ward.
- To facilitate renal services by providing Dialysis hall 30 bedded which will cover the entire population of the region of Mianwali and adjacent districts.
- To provide infection free, safe and aesthetically pleasing environment.
- To contribute to the advancement of local healthcare & medicine by promoting medical research, training and education.
- To foster development of excellent medical human resource in order to constantly improve future of medicine in the region.

Therefore, the said PC-I comprises of only revenue component whereas the remaining civil work has been covered under the new scheme of DHQ Mianwali.



Financial Implications of New Management Structure

Students

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

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

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

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

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

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

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

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

5.8.2.1 HR / Legal Officer

Shall be responsible for following:

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

Eigibility Criteria

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

5.8.2.2 Finance & Budget Officer

Shall be responsible for following:

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

Eigibility Criteria

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

5.8.2.3 Audit Officer

Shall be responsible for following functions:

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

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

Eligibility Criteria

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

5.8.2.4 Procurement Officer

Shall be responsible for following functions:

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

Eligibility Criteria

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

5.8.2.5 ADMIN OFFICER AND ASSISTANT ADMIN OFFICER

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

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

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

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

Eligibility Criteria (Admin Officer)

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

Eligibility Criteria (Assistant Admin Officer)

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

5.8.2.6 IT/STATISTICAL OFFICER

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

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

Eligibility Criteria

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

5.8.2.7 QUALITY ASSURANCE OFFICER

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

Eligible Criteria

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

OR

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

5.8.2.8 BIO-MEDICAL ENGINEER

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

Eligible Criteria

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

5.8.2.9 LOGISTICS OFFICER

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

Eligible Criteria

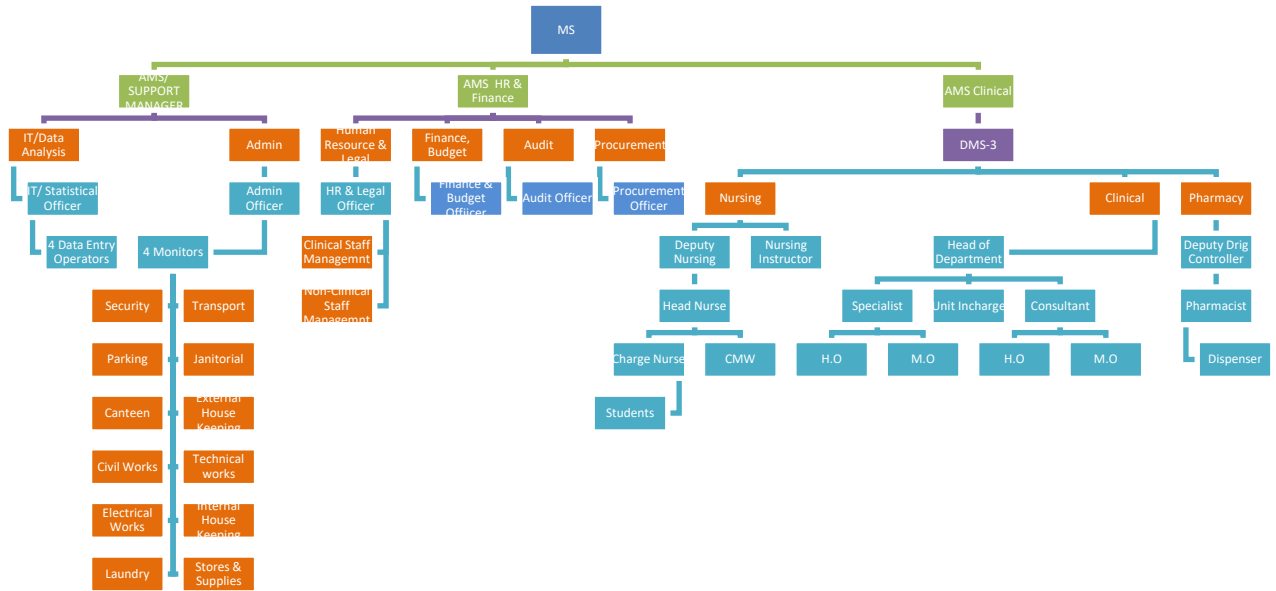
1. M.Sc. Supply Chain Management/ MBA or Equivalent.
2. One year experience in Supply Chain, logistics, fleet, warehousing and inventory management, clearing and forwarding.

5.8.2.10 Data Entry Operators (DEO)

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

Eligible Criteria

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



Financial Implications of New Management Model

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

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

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

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

5.9 RELATIONSHIP WITH SECTORAL OBJECTIVES

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

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

5.10 PATIENT MANAGEMENT PROTOCOL

5.10.1 EMERGENCY:

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

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

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

5.10.2 O.P.D:

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

5.10.3 DEATH OR END OF LIFE MANAGEMENT.

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

modifications are decided in the relevant department for each patient.

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

5.10.4 INVENTORY CONTROL SYSTEM

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

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

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

5.10.5 PROJECT MONITORING COMMITTEE

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

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

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

6. DESCRIPTION AND JUSTIFICATION OF PROJECT

6.1 JUSTIFICATION OF PROJECT

attached

6. DESCRIPTION, JUSTIFICATION AND TECHNICAL PARAMETERS

The scheme has been estimated on face of the factual basic requirements and if needed, alterations and has been quoted in this PC-I. The Population of District Mianwali is more than 1.680 million. The area of the DHQ Hospital Mianwali is 1471500 SFT land.

6.1 DESCRIPTION AND JUSTIFICATION

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

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

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

JUSTIFICATION FOR REVISION OF PC-I

1. In place of the clerical positions, the Department introduced a New Management Structure (NMS), in all District and Tehsil Headquarters Hospitals. The officers/officials recruited as a part of the NMS have a minimum of 16 years of education. Introduction of New Management Structures (NMS) across all secondary hospitals in the Punjab, has allowed for the overall efficiency of District and Tehsil Headquarters Hospitals. In each Tehsil Headquarter Hospital HR under MNS has been provided for smooth running of the health services. Pay Package for NMS Staff was never been revised since 2017-18, therefore it was decided to

approach the P&D Department for revision of Pay package. The PDWP approved revised pay page in its meeting held on 08-02-2022 based on PPS approved in 60th PDWP meeting as under: -

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

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

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

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

given

below

PROJECT MANAGEMENT UNIT
PRIMARY & SECONDARY HEALTHCARE DEPARTMENT



LOCATION OF DHQ AND THQ HOSPITALS IN PUNJAB



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

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

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

6.2 SECTORAL SPECIFIC INFORMATION

Social Sectors, Health Department

7. CAPITAL COST ESTIMATES

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

Grant Number:Development - (PC22036)
LO NO:LO21010537
A/C To be Credited:Assan Assignment

PKR Million

Sr #	Object Code	2021-2022		2022-2023		2023-2024		2024-2025	
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	A05270-To Others	10.000	0.000	10.000	0.000	15.000	0.000	18.561	0.000
Total		10.000	0.000	10.000	0.000	15.000	0.000	18.561	0.000

7.1 COMPONENTS OF THE PROJECT:

1. **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	Mianwali					
Scope of work	Original			1st Revised		
	Capital	Revenue	Total	Capital	Revenue	Total
Capital component						
Internal Development	0.000	0.000	0.000	0.000	0.000	0.000
External Development	0.000	0.000	0.000	0.000	0.000	0.000
Water filtration plant	0.000	0.000	0.000	0.000	0.000	0.000
Total Capital Component	0.000	0.000	0.000	0.000	0.000	0.000
Revenue component						
Human resource (HR) plan	0.000	25.440	25.440	0.000	53.561	53.561
Total Revenue component	0.000	25.440	25.440	0.000	53.561	53.561
Total	0.000	25.440	25.440	0.000	53.561	53.561
Grand Total	0.000	25.440	25.440	0.000	53.561	53.561

Human Resource Model of DHQ Hospital

	Original				1st Revised				
NAME OF POST	No. of Employees	Per Month Salary	Per Month Salary for all Person	Salary for Two Years	No. of Employees	Project Pay Scale	Per Month Salary	Per Month Salary for all Person	Salary for Two Years
ADMIN OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
RESOURCE/LEGAL OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
IT/STATISTICAL OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
FINANCE & BUDGET OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
AUDIT OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
PROCUREMENT OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
DATA ENTRY OPERAOTOR (DEO)	4	35,000	140,000	3,360,000	4	3	44,000	176,000	5,456,000
QUALITY ASSURANCE OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
BIO MEDICAL ENGINEER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
LOGISTICS OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
ASSISTANT ADMIN OFFICER	4	50,000	200,000	4,800,000	4	5	70,000	280,000	8,680,000
Sub Total of HR Model	17		1,060,000	25,440,000			1,059,000	1,401,000	43,431,000
				25.440					43.431
Utilization of HR Component				10.130					
									53.561

8. ANNUAL OPERATING COST (POST COMPLETION)

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

Grant Number:Development - (PC22036)
LO NO:LO21010537
A/C To be Credited:Assan Assignment

PKR Million

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

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

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

9. DEMAND AND SUPPLY ANALYSIS

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

10. FINANCIAL PLAN AND MODE OF FINANCING

10.1 FINANCIAL PLAN EQUITY INFORMATION

10.2 FINANCIAL PLAN DEBT INFORMATION

undefined

10.3 FINANCIAL PLAN GRANT INFORMATION

attached

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	8.520	12.233
Utilization	6.437	2.233

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

Starting date: 01-07-2021

Expected Completion date: 30-06-2025

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12.4 M&E PLAN

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

12.5 RISK MITIGATION PLAN

attached

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

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

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13. MANAGEMENT STRUCTURE AND MANPOWER REQUIREMENTS

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

14. ADDITIONAL PROJECTS / DECISIONS REQUIRED

NA

15. CERTIFICATE

Focal Person Name:Mr. KHIZAR HAYAT

Designation:Project Director, PMU P&SHD

Email:

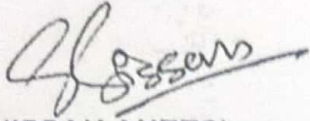
Tel. No.:042-99231206

Fax No:

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

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

Prepared By:

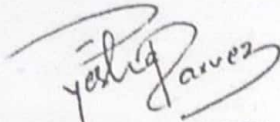


(HISSAN ANEES)
DIRECTOR PLANNING & HR, PMU,
PRIMARY & SECONDARY HEALTHCARE
DEPARTMENT, LAHORE
(042-99231206)
(Oct-2022)



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

Checked By:



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



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

Approved By:



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

17. RELATION WITH OTHER PROJECTS

20. MARGINALISATION OF PC-1

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

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