PC-1

Revamping of THQ Hospital, Khushab District Khushab

ORIGINAL APPROVED COST	**PKR Million. 372.283/-**
ORIGINAL APPROVED GESTATION	**72 Months** **Till June 2025**
APPROVAL FORUM	**DDSC (DDSC)**

1. NAME OF THE PROJECT

Revamping of THQ Hospital, Khushab District Khushab

2. LOCATION OF THE PROJECT

2.1. DISTRICT(S)

I. KHUSHAB

2.2. TEHSIL(S)

I. KHUSHAB

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	**Proposed Allocation:**0.000
3	**GS No:**5282
4	**Total Allocation:**0.000
5	**Funds Diverted:**0.000
6	**Balance Funds:**0.000
7	**Comments:** Funded out of block provision reflected at G.S No.658 with an allocation of Rs. 1,800 million (Capital = Rs. 1.300 Million & Revenue = Rs. 500 Million).

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 Government of the Punjab has decided to launch massive revamping of 40 THQ & DHQ Hospitals in the financial year 2016-17 along with revamping of emergencies of 15 selected THQs and emergencies of all Hospitals. In addition to that, Government has assigned the task of revamping of all remaining 85 THQ Hospitals of Punjab during 2017-18. The Project Management Unit, Revamping Program, Primary and Secondary Healthcare Department has started the 2nd Phase of the said revamping program in September, 2017.

5.1 Background of Primary & Secondary Healthcare Department

Effective primary and secondary healthcare is particularly important in resource-poor countries. Effective delivery of vaccinations, maternal and child care (MCH) and treatment of common pathologies (such as malaria, gastroenteritis, respiratory tract infections and other vector borne diseases) is essential for the achievement of Sustainable Development Goals (SDGs). Effective diagnostic triage, an organized system of prescription and queue management, an effective and stringent sterilization regime, quality nursing and consultant care, implementation of minimum service delivery standards (MSDS) and delivery of care for chronic pathologies lie at the center for the provision of universal health care at a cost that the community can afford as envisaged in domains established by the 1978 Alma-Ata Declaration of WHO. Primary care serves as the cornerstone for building a strong healthcare system that ensures positive health outcomes and health equity. The deficiencies in quality of care represent neither the failure of professional compassion nor necessarily a lack of resources rather, they result from gaps in knowledge, inappropriate applications of available technology and unstructured planning. Local health care systems in our setup have practically not been able to implement department's objectives. Result is continuous lack of quality improvement to lower health outcomes.

Quality health care is actually provision of health care by timely, 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 (system wide microscopy for diagnosing tuberculosis, for example); stopping overuse of some care (prenatal ultrasonography or unnecessary injections, for example); and ending misuse of unneeded services (such as unnecessary hysterectomies or antibiotics for viral infections). 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 health care, The Government of Punjab is dedicated in making strenuous efforts for ensuring 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, a separate department was created by bifurcating the Health department into two departments Specialized Health Care & Medical Education Department and Primary & Secondary Health Care (P&SH) Department. The principle reason for bifurcation has been to improve governance and service delivery in the spheres of health care across the province. Primary and Secondary Health Care Department has been entrusted the responsibility of primary and secondary level health facilities including preventive health services and Vertical Programs. P&SH Department accordingly has its functional responsibility in respect of 26 District Headquarter Hospitals (DHQs), 129 Tehsil Headquarter Hospitals (THQs), 322 Rural Health Centers (RHCs) and 2,504 Basic Health Units (BHUs). Moreover, specialized programs like Expanded Program for Immunization (EPI), TB Control (DOTS), Hepatitis Control Programs as well as special campaigns such as Dengue Campaign, Polio Eradication Campaigns also fall in purview of the department. The establishments like Director General Health Services (DGHS), Drug Testing Labs (DTLs) and Bio-medical Engineering Workshops also assist the department in discharge of its functions efficiently. Establishment of Internal delivery Unit at Primary and Secondary Health Care Department has been aimed for institutional strengthening and capacity building of Primary and Secondary Health Care Department. Monitoring and follow up remains one of key ingredients for good governance and is at heart of all management models. Therefore, an Internal Delivery Unit, comprising well qualified and experienced persons, is being established within P&SH Department. Internal Delivery Unit shall be manned with qualified and experienced consultants. Internal Delivery Unit shall be responsible for every such task needed to strengthen the PSHD which may range from operational matters to monitoring e.g. tracking pace of all initiatives of the Department through the process such as tracking procurement of medicines by districts, procurement of vaccine by Director EPI, pace of various development schemes and performance of Drug Testing & Bio-mechanical Labs etc.

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.

Due to lack of structured planning and monitoring, previous efforts did not materialize into an integrated health care regime, rather these have resulted in

haphazard construction, poor repair and maintenance, lack of basic amenities, absence of waiting areas, substandard diagnostics and therapeutics, shabby outlook and suboptimal level of patient care over all. Such state of affairs has severely jolted level of trust in health care system by common man and hence the patients prefer to visit tertiary level hospitals or even private health facilities for treatment of even very common pathologies. This subsequently has a cascade effect on socioeconomics of common man who has to spend more in shape of travelling from villages to district headquarters and then bearing costs of private treatment, secondly, this has also increased disease load on our tertiary health care establishments.

Keeping in view this importance of primary and secondary health care, the department decided to launch massive revamping program for all DHQs and THQs all over the Punjab.

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

In order to successfully complete the program objectives in the given timeframe, it is imperative to establish a dedicated Program Management Unit (PMU) having technical and administrative expertise and autonomy, as the regular machinery of the department is too busy with the routine work and cannot successfully steer the program. The PMU is responsible for the successful implementation of the Revamping Program through completion of all related projects. After the implementation of all these projects, the Primary & Secondary Healthcare network will be improved. The PMU shall ensure that the DHQ & THQ hospitals have a well-constructed physical infrastructure with vibrant management model for efficient service delivery and improved processes to focus on patient distress in prompt manner. It adheres to Minimum Service Delivery Standards (MSDS) to address the patients' needs in the most efficient and systematic manner.

In this regard, a dedicated team of Project Management Unit (PMU) has been established to execute the project. PMU's office is located at 31-E/1, Shahrah-e-Imam Hussain, Gulberg-III, near Qaddaffi stadium, Lahore. It is headed by a Project Director with a committed team comprising of Deputy Project Director, Finance and Administration, ICT), Project Managers, Project Officers, Engineers, supporting administrative and technical staff, experienced and qualified Health consultants., Directors (Operations, Human Resource & Planning and infrastructure, Outsourcing) as well as Procurement Specialist.

5.3 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 four categories

5.3.1 External Development

5.3.2 Internal Development

5.3.3 Medical Infrastructure Development

5.3.4 Emergencies Development

5.3.1 External Development

5.3.1.1 External Platforms

In order to improve the communication between blocks, necessary interventions are taken to improve the existing internal metaled road network. Moreover, new internal metaled road network is also designed and proposed to access the blocks of hospital accordingly. Despite the improvement in metaled road network, external platforms except metaled road is also designed and proposed for patients to access the blocks by simply walking among the blocks.

5.3.1.2 Façade Improvement

In order to improve the aesthetics of hospital, façade uplift with aluminum composite panels with aluminum cladding, false steel structures, façade aluminum windows and aluminum doors are designed in order to give the feel of modern architectural era.

5.3.1.3 Sewerage System

The most important entity of a hospital lies in its cleanliness. Infrastructural interventions to keep the hospital clean were taken in the form of improvement of sewerage system of the hospital. 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 Landscaping (Horticulture)

Landscaping in hospital adds aesthetic & beauty to the built environment as well as improves in reducing the pollution. Soft & hard landscape reduces dust particles moment in air, hence contributes in a clean environment. The hours spent

in a hospital can be stressful for patients, staff and visitors. According to research easy access to a natural environment can contribute to stress management and potentially improve health outcomes: physiological studies indicate that 3-5 minutes spent in such Hospital Outdoor Landscape Design environments reduces anger, anxiety and pain and induces relaxation. Research also shows that “positive distractions” can reduce stress and their visual forms include gardens, scenic views and artwork, which play a critical role in modern hospital design: gardens, fountains, and water features provide patients, staff and visitors with restorative experiences of nature. In this regard complete lawns development, placement of benches, dust bins, playing equipment, fruit trees, flower plants, fruit trees and gazebos are proposed in all hospitals under revamping program

5.3.1.5 Water Filtration Plant

In the modern era, the access to clean water for everyone is becoming rare day by day. Especially in hospitals, the supply of water free from any harmful impurity is one of the most basic needs. To cope up with this problem water filtration system according to the existing nature of water is designed and water filtration plant is proposed accordingly. For ease of patients, drinking water supply network was designed to provide filtered water in wards and in various drinking stations within the hospital building

5.3.1.6 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.

5.3.1.7 Parking and Waiting area

Non-clinical facilitation of patients and attendants were specially considered in the revamping program. One such facilitation step is designing the parking and waiting areas on basis of daily influx of vehicles and patients/attendants during the

peak hours. Parking and waiting areas on several places of hospital were then proposed according to the design.

5.3.1.8 External Signage

Eexternal signage system is designed including various signage types for complete guidance of patient attendants and to search concerned facility promptly.

5.3.2 Internal development

5.3.2.1 Aesthetic improvement

In order to improve the aesthetics of hospital wards, corridors, rooms and toilet blocks, flooring and dado design of suitable material in these areas is proposed. Despite of aesthetics, the material of flooring and dado design were chosen to provide ease in cleaning process. For further improvement in aesthetics, paint on exterior and interior part of the hospital, poly-vinyl chloride paneling to conceal the dampness damaged areas and steel cladding of columns are proposed.

5.3.2.2 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.

5.3.2.3 Seamless flooring and Lead Lining

To keep high risk areas like Operation theaters, I.C.U, C.C.U, 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 X-Ray rooms radio-resistant and to keep the patients away from the harm of rays, interventions are taken in X-ray rooms 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 X-Ray rooms.

5.3.2.4 Aluminum doors and windows

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

5.3.2.5 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.

5.3.2.6 Facilitation of attendants and patients

The facilitation of attendants is also one of the most basic things to be provided in the hospital. The facilitation of attendants contributes towards the facilitation of patients. In order to facilitate the attendants, pantries are designed at that location of hospital where attendants can be effectively facilitated. These pantries include stoves and washing machines. Moreover, it is also very important to educate the patients and attendants regarding the seasonal and general diseases along with its cure and prevention. Installation of LED televisions in various locations of hospitals especially in wards and waiting areas is also proposed in the design in this regard.

5.3.2.7 Furniture and Fixtures

One more step towards the facilitation of attendants or patients is placement of benches in waiting areas. The most rush positions of hospital are chosen in this regard and placement of benches is designed according to the patient number and flow. In order to improve the efficiency of consultants or doctors, interventions regarding the renovations of doctor or consultant office are designed in this regard. The doctor room furniture is designed for this purpose keeping in view the existing area of room and necessary required equipment. To carry and dispose of the medical and general waste material of hospital, waste bin sets are designed to place at various positions of the hospital. These positions are marked by keeping in view the general circulation of the public and sensitivity of the area.

5.3.2.8 Air Conditioners, Refrigerators and LEDs

According to the different standards, there is a separate requirement of temperature to control the environment of particular place with respect to the nature of facility. In this regard, air conditioners are proposed according to the required tonnage of the specific area. For better efficiency and performance delivery, cabinet air conditioners are proposed in the wards and other facilities having larger areas. The maintenance and repair services of these air conditioners are outsourced so that uninterrupted performance can be delivered. For further facilitation of patients and attendants, placement of refrigerator is proposed on each nursing counter. These refrigerators are proposed for items requiring specific temperature for storage purposes. LEDs will also be placed at various points to facilitate the patients and attendants.

5.3.2.9 Internal Signage and Paintings

As described earlier, the information regarding the positions of major health facility especially emergency and labor room etc. is very much essential for any person entering inside the covered area of hospital. For these purposes, different types of signage are proposed including corridor hanging signage, floor map boards, room numbers and room names plaques. For general information duty rooster boards, janitorial station signage, waste bin set signage, emergency exit signage.

Different kinds of paintings are designed according to the nature of area where it is desired to be fixed. These paintings are beneficial in a sense that it improves the aesthetics of hospital and moreover, such painting patterns are designed so that it give the relaxation and soothing feelings to aid in the healing of patients. Moreover, in order to create a healthy, positive, entertaining and friendly environment for interest of children, paintings on children wards is proposed.

5.3.3 Medical Infrastructure Development

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.

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 Emergency Department:

All THQS and DHQs are already providing emergency services to critical ill patients. As far 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.

5.3.3.1.1 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:

5.3.3.1.2 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. The far positioning of emergency department will result the lost in time for patient during its travelling which can be crucial.

5.3.3.1.3 Access towards the Emergency Department

The route leading towards the emergency department is important in this aspect that a smooth track and a widened path will be feasible for the movement of vehicle or stretcher. Initiatives are taken in this program for construction of new pathways or renovation of existing ones leading towards the emergency department. Such material of the external platform is selected so that a smooth movement should be observed over it rather than jerks bumps. Moreover, the width of the passage from entrance gate up to emergency department is designed by keeping in view the flux of the vehicles rushing towards the emergency block.

5.3.3.1.4 Medical Infrastructure Emergency:

The existing emergency department or other block of the hospital according to its access from entrance gate, is designed and re planned according to the above described emergency facilities. The changings or amendments in the existing covered area of the hospital are proposed according space availability. Due to the rush of patients and increased number of minor surgeries performed in the emergency department make it one of the dirtiest department of the hospital. Hence, in this regards it is very much essential to keep the floors of certain area of emergency department bacteria free. Seamless flooring is proposed in this regard to avoid the groves so that the cleaning process can be made easy. Low epoxy paint is designed and proposed in this regard on Minor OT, Gurney area and specialized healthcare unit.

Provision of medical gasses is essential to facilitate the patients suffering from breathing issue due to some disease and ailment. The filling process of oxygen in the cylinders is outsourced to ensure the continuous supply of the oxygen among the beds. The oxygen system comprises on copper pipe, central oxygen supply system for pressure maintenance, oxygen cylinders and flow meter with bed head units.

5.3.3.1.5 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

5.3.3.2 Monitoring and Quality Assurance (Process Interventions)

During construction phase, “Construction Supervision” will be carried out by the Procuring Agency (Director Infrastructure) along with Punjab Buildings department (C&W D) who will certify construction activity.

5.3.3.2.1 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 Secondary HealthCare 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 THQ hospital provides promotive, preventive, curative, advance diagnostics, inpatient services, advance specialist and referral services. 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. 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 Strengths, Weaknesses, Opportunities, and Threats **(**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.

5.3.3.3 Laboratory

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the Laboratory in THQ hospitals. Majority of patients are suffering problems some time life threatening phases due to delay in diagnosis and treatment according to diagnosis in case of lack of laboratory in vicinity.

5.3.3.4 X-Ray

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the Radiology unit in THQ hospitals. Majority of patients are suffering problems some time life threatening phases due to delay in diagnosis and treatment according to diagnosis in case of lack of Radiology unit in vicinity. A healthy human being enables not only nutrition of the physical body but also enhances social interaction and promotes self-esteem and feelings of self-esteem and feelings of wellbeing. The radiology equipment serves as a “window “to the patient treatment regarding the body.

5.3.3.5 CCU

Understanding these ground realities Primary and Secondary Healthcare Department, Government of the Punjab has decided to establish coronary care units (CCU) in THQ 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.

5.3.3.6 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.

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 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.

5.3.3.7 Labor Rooms/Nurseries

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the Labor Rooms/Nursery unit in THQ hospitals.

5.3.3.8 Operation Theater

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the Operation Theater in THQ hospitals. Majority of patients are suffering problems some time life threatening phases due to delay in treatment according to diagnosis in case of lack of Operation Theater in vicinity.

5.3.3.9 Orthopedic unit

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the orthopedic unit in THQ

hospitals. Majority of patients are suffering problems some time life threatening phases due to delay in diagnosis and treatment according to diagnosis in case of lack of orthopedic unit in vicinity.

5.3.3.10 Gynecology Department

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the gynecology unit in THQ hospitals. Majority of patients are suffering problems some time life threatening phases due to delay in diagnosis and treatment according to diagnosis in case of lack of gynecology unit in vicinity.

5.3.3.11 Surgical Unit

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the surgical unit in THQ hospitals. Majority of patients are suffering problems some time life threatening phases due to delay in diagnosis and treatment according to diagnosis in case of lack of surgical unit in vicinity.

5.3.3.12 Intensive Care Unit (ICU)

Tehsil Headquarter Hospitals (THQ) serve catchment populations of the whole Tehsil (0.5-1 million) and provide a range of specialist care in addition to basic outpatient and inpatient services. They typically have about 80 to 150 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 THQ 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 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.

5.3.3.13 Mortuary Unit

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the mortuary unit in THQ hospitals. Postmortem or autopsy is a part of medico legal investigation into a death which is conducted by a judicial medical officer. Realizing the problems countered medico legal process focusing on following important areas;

1. Improving quality and motivation levels of human resource conducting medico legal Examination.
2. Improve methods to collect and preserve samples so that so that these may best be available for further forensic analysis.
3. Improving physical infrastructure at tehsil level to provide enabling environment for better conduct of medico legal cases including improvement in state of mortuaries at tehsil level.
4. Improvement in legal framework including improved forms.

5.3.3.14 Dental Unit

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the dental unit in THQ hospitals. Majority of patients are suffering problems some time life threatening phases due to delay in diagnosis and treatment according to diagnosis in case of lack of dental unit in vicinity.

5.3.3.15 Physiotherapy Unit (33 THQ Hospitals)

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the physiotherapy unit in all THQ hospitals. Majority of patients are suffering problems some time life threatening

phases due to delay in diagnosis and treatment according to diagnosis in case of lack of physiotherapy unit in vicinity.

1. Physiotherapy is a “science of healing and art of caring”. It pertains to the clinical examination, evaluation, assessment, diagnosis and treatment of musculoskeletal, Neurological, Cardio-Vascular and Respiratory systems ‘functional disorders including symptoms of pain, edema, and physiological, structural and psychosomatic ailments. It deals with methods of treatment based on movement, manual therapy, physical agents, and therapeutics modalities to relieve the pain and other complications. Hence, Physical therapy covers basic parameters of healing sciences i.e. preventive, promotive, diagnostic, rehabilitative, and curative.

2. Physiotherapy practice has a very long history and a modern clinical practice is heavily reliant on research and evidence based practice. The Primary and Secondary Healthcare Department Government of Punjab attests to this commitment by adopting and promoting the Standards of Practice for Physiotherapy.

Importance of Physiotherapy and Rehabilitation department

1. Physiotherapy provides services to individuals and populations to develop maintain and restore maximum movement and functional ability throughout the lifespan. This includes providing services in circumstances where movement and function are threatened by aging, injury, disease or environmental factors. Functional movement is central to what it means to be healthy.
2. Physiotherapy is concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation. This encompasses physical, psychological, emotional, and social wellbeing. Physiotherapy involves the interaction between physical therapist, patients/clients, other health professionals, families, care givers, and communities in a process where movement potential is assessed and goals are agreed upon, using knowledge and skills unique to physical therapists.
3. The proposed project entails setting up a Physiotherapy and Rehabilitation Department. Being one of the major players in human service sector, rehabilitation Departments provide a wide range of services relating to physical impairments and disabilities of all age groups. These services range from assessment, evaluation, diagnosis, treatment and plan of care of individuals, from newborns to the very oldest, who have medical problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives. These services will be provided by qualified Physiotherapists Consultants. Our consultants

examine each individual and develop a plan using treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability. In addition, our doctor work with individuals to prevent the loss of mobility before it occurs by developing fitness- and wellness-oriented programs for healthier and more active lifestyles. The proposed Physiotherapy and Rehabilitation Department will provide all these services under one roof.

Opportunity Rationale

Due to vast media exposure over past few years, women, as well as men, have become more conscious about their health especially youngsters. In Pakistan, Rehabilitation Clinics and Fitness Centers have grown over the years. It is easy to open GP clinic as space and skill requirement is very basic. But a Rehabilitation clinic provides more professional services with qualified staff including Physiotherapy doctors and experienced support staff and therefore, requires more planning and arrangement. Quite a few Physiotherapy and Rehabilitation Departments have opened in Lahore, Islamabad, Karachi and other relatively larger cities of Pakistan, which are catering to the demand of the people, but still there is a lot of unfulfilled demand as can be judged from excessive rush at the existing Physiotherapy Departments. The patient's ratio and problems with musculoskeletal disorders and neurological disorders are same in the tehsils and districts levels of Punjab. The business is service-oriented and carries large potential for serving poor people due to its unique nature and uncontrolled spreading of joints and muscles, and neurological problems, especially in the areas where our THQ Hospitals are located. There is lot of potential in this domain, especially for those who are committed to providing quality service.

5.3.3.16 Queue Management System (QMS)

OPD in THQ has enormous patient load, due to the only big public sector serving hospital in 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 THQ is given as follows:

There are 25 counters at THQ 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. Detail of equipment is attached.

The process described above for THQ will be implemented. 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.

5.3.3.17 Electronic Medical Record (EMR)

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. Detail of equipment is attached.

5.3.3.18 Video Surveillance through CCTVs

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 by Outsourced Security Company in the 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 THQ 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 85 public sector healthcare facilities. Detail of equipment is attached.

5.3.3.19 Medicine Store

To improve the quality of medical care of patients, primary and secondary Healthcare Department has decided to improve the medicine store in THQ hospitals.

5.3.3.20 Day Care Center

On-site (or near-site) child care would lead to improve workplace satisfaction by allowing employers more frequent contact with their children,

reducing stress and anxiety over scheduling, and potentially providing financial benefit to the hospital. Therefore, P&SH Department has decided to establish the Day Care Center at every THQ Hospital. The Medical Superintendent of the concerned hospital will be the overall in-charge of the Day Care Center.

5.4 Out Sourcing of Non Clinical Services

It was planned to provide Outsourcing of following Non-clinical services through development Budget later on decided to shift to non-development Budget as per the decision of progress review meeting chaired by the Chairman P&D Board dated 01-01-2018 w.e.f. 30-06-2018:-

1. Janitorial services
2. Laundry services (On hold)
3. MEPG Services
4. CT scan
5. Security

5.4.1 Janitorial services

These services include cleaning of hospitals and its roads and ROW areas. Internal cleaning comprises of complete cleaning along with washrooms cleanliness and material for these services such as hand wash/sanitizer. The Outsourcing is hereby designed keeping in view the sizes of areas assigned to each sanitary worker along with condition and nature of service. Human resources are planned after measuring the total area of hospital, built up area excluding the areas of horticultural land and residential buildings. The workers shall work in three shifts in a day. Half of the total strength of sanitary workers shall work in morning shift due to patients load in OPD. The concerned sanitary work company is bound to provide cleaning services materials and their refilling as and when required.

The companies providing janitorial services will be required to provide quality janitorial services, complete their personnel strength on daily basis which will be ensured through biometric attendance. Also, the companies will be subject to pecuniary penalties by hospital authorities if services provided are not according to the contracts.

5.4.2 Laundry Services

Different models were being applied by the hospital administrations individually which were not properly catering the basic requirement of washing and disinfection of different items used for hospitals. This model includes the initial procurement of different daily use items such as three different colors bed sheets and pillow covers and are to be changed thrice a day. Moreover, the concerned company must provide washing and cleaning services of bed sheets, pillow covers, blankets along with covers, apparels/OT clothes.

5.4.3 MEPG Services

The service of the hospitals is suffering badly due to improper functionality of the existing electrical and mechanical equipment which arises due to lack of maintenance. This model satisfies the need of proper maintenance plan which comprises of regular visits of technicians for looking after of electrical and mechanical equipment and accessories. Outsourcing company will be responsible for immediate response and above mentioned services.

5.4.4 CT Scan Services

CT Scan Services in selected Hospitals of Punjab are also being undertaken as a component of Government's decision to revamp all Secondary Healthcare. The objective of this initiative is to provide high quality CT Scan Services to widely scattered population of low socio-economic groups at their door steps. It will ensure provision of satisfactory diagnose infections, muscle disorders, and bone fractures. The imaging technique of CT Scan can help doctor to study the blood vessels and other internal structures and assess the extent of internal injuries and internal bleeding.

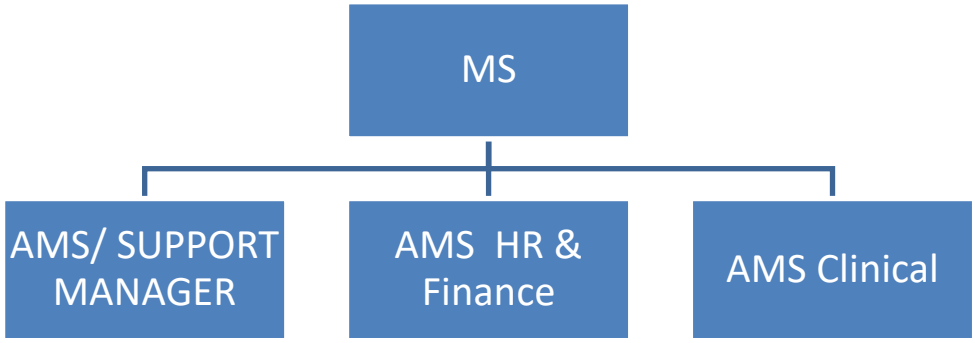
5.4.5 Security

The outsourcing model is designed due to non-provision of security arrangements and improper parking in different areas of premises of hospital. This model consists of guards who shall work in two shifts to provide security and surveillance for complete premises of hospital excluding residential areas. The devices required for this service to operate are arms, walkie talkie, Base set per unit and torch etc.

5.6 HR & Management Interventions Structure

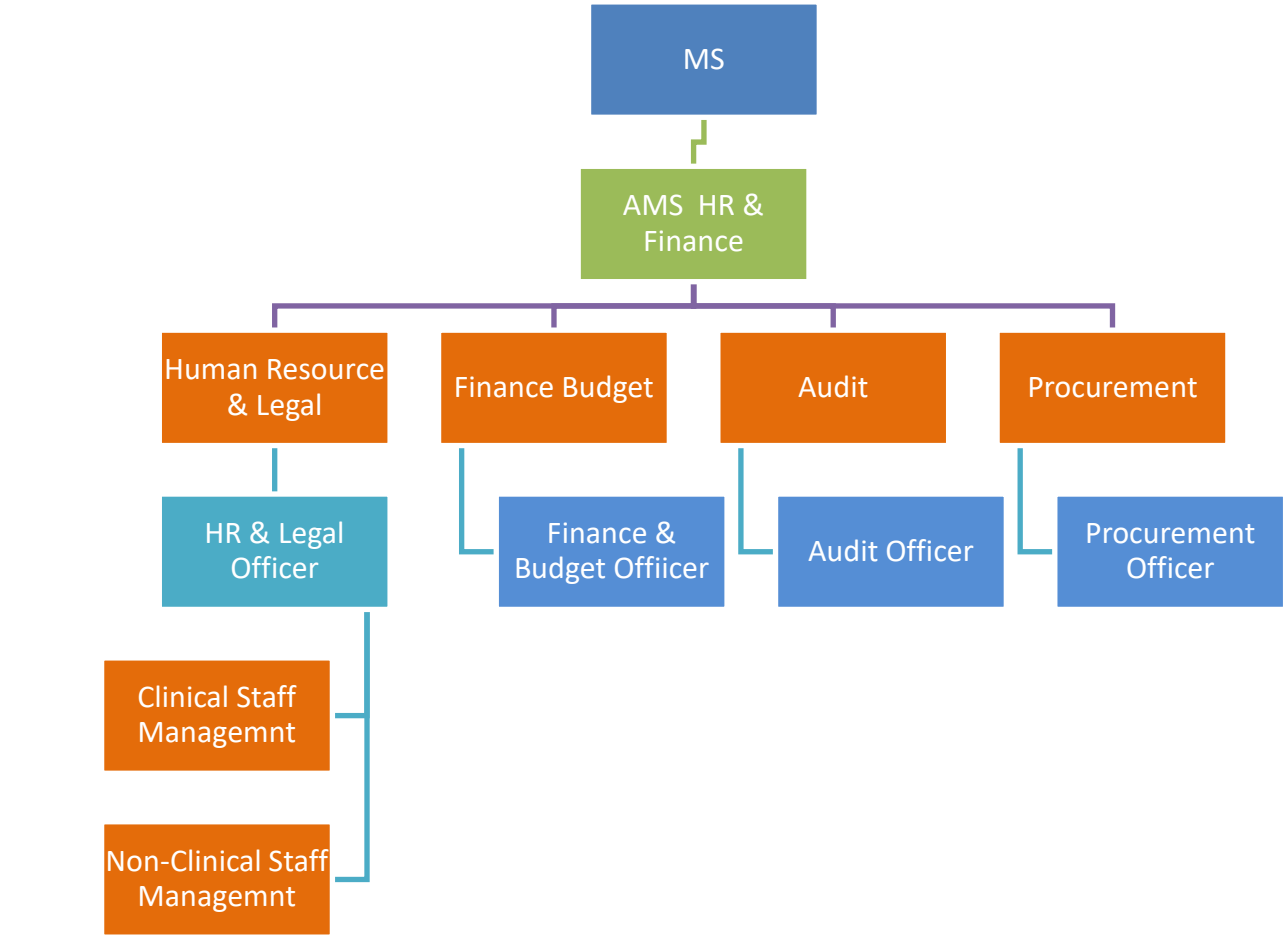
HR Interventions can be broadly classified into introduction of New Management Structure (NMS) staff.

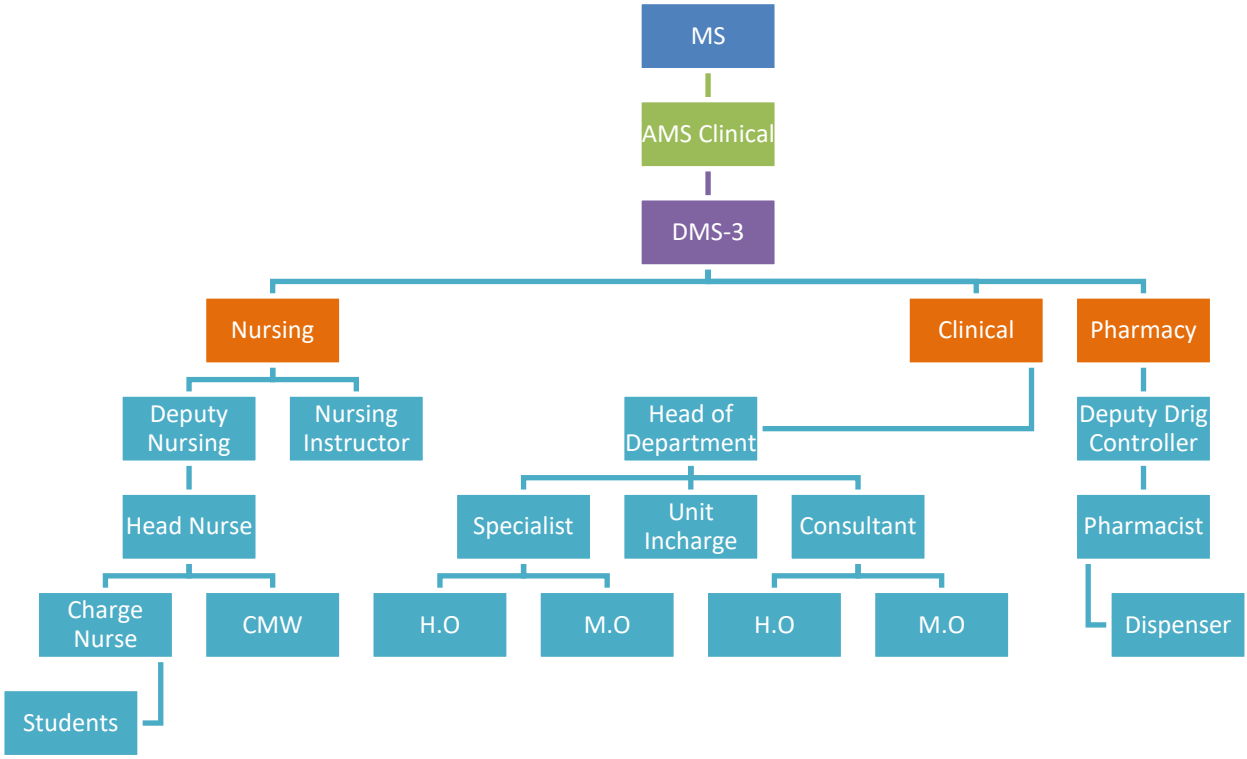
New Organogram of Hospital



MS

- AMS/ SUPPORT MANAGER
  - IT/Data Analysis
    - IT/ Statistical Officer
      - 4 Data Entry Operators
  - Admin
    - Admin Officer
      - 4 Monitors
        - Security
        - Transport
        - Parking
        - Janitorial
        - Canteen
        - External House Keeping
        - Civil Works
        - Technical works
        - Electrical Works
        - Internal House Keeping
        - Laundry
        - Stores & Supplies


MS
AMS HR & Finance
Human Resource & Legal
Finance Budget
Audit
Procurement
HR & Legal Officer
Finance & Budget Offiicer
Audit Officer
Procurement Officer
Clinical Staff Managemnt
Non-Clinical Staff Managemnt


MS
AMS Clinical
DMS-3
Nursing
Clinical
Pharmacy
Deputy Nursing
Nursing Instructor
Head of Department
Deputy Drig Controller
Head Nurse
Specialist
Unit Incharge
Consultant
Pharmacist
Charge Nurse
CMW
H.O
M.O
H.O
M.O
Dispenser
Students

5.6.1 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

5.6.2.1 Medical Superintendent

Shall be overall responsible for all the affairs of the Hospital

5.6.2.2 AMS Admin.

Shall be responsible for following functions in addition to his own duties:

1. General administration
2. IT/Data analysis/statistics keeping (biometric machines, etc.).
3. In case of outsourced interventions like QMS/EMR he shall be responsible for enforcement of contract and in case of violation shall ensure action has been taken as envisaged in the contract.
4. He shall be responsible for entry of data on Citizen Feedback Model.
5. He shall be responsible for ensuring collection of report of actions taken on CFM reports and entry of that on CFM.
6. He shall be responsible for implementation of any IT related initiative in the hospital.
7. He shall be responsible for better record keeping of hospital
8. He shall devise and implement systems for better record keeping of hospital

9. He shall ensure generation of all types of reports/information required of hospital by District Government/P&SHD/any other authorized Public agency

New Management Structure (NMS)

In place of the clerical positions, the P&SH Department has introduced a New Management Structure (NMS), in all District and Tehsil Headquarters Hospitals. The officers recruited as a part of the NMS have a minimum of 16 years of education. Their minimum qualification is MBA / B.Sc. Engineering / M.Com / Pharm-D / M.Cs / LLB / MPA / CA Inter / ACCA / ACMA / Master Degree or equivalent in relevant field etc. Their recruitments were undertaken through a competitive process by a third party testing service.

5.6.2.3 Admin Officer

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

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

1. Minimum qualification Masters' degree in Economics/ Public Administration/ Finance/ MBA Finance/Administration or equivalent from HEC recognized University

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

5.6.2.4 Human Resource 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 Economics/ Public Administration/ Finance/ MBA HR/Management/ Finance/Administration or equivalent from HEC recognized University
2. Minimum 1 year post degree experience of administration (Additional credit may be given for hospital administration/Public sector experience of similar nature)

5.6.2.5 IT/Statistical Officer

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

He shall be in liaison with HISDU, P&SHD for proper reflection of hospital record on HISDU 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 or equivalent from HEC recognized University
2. 2 years post degree experience of IT/Data analysis(Additional credit may be given for similar assignment experience)

5.6.2.6 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 & Finance/MS/P&SHD

Eigibility Criteria

1. Minimum qualification Masters' degree in Finance/ MBA Finance or equivalent from HEC recognized University (Additional credit may be given to Charter accountant/ACCA)
2. Minimum 2 years post degree experience of Finance, Accounts & Budget (Additional credit may be given for Public sector experience of similar nature)

5.6.2.7 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 or equivalent from HEC recognized University
2. 2 years post degree experience of procurement (Additional credit may be given for public sector experience of procurement)

5.6.2.8 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 experience.

5.6.2.9 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.

5.6.2.10 Data Entry Operators (DEO)

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

Eligible Criteria

1. Minimum qualification BA / B.Sc / B.COM / BCS or equivalent from HEC recognized University. In case of BA/B.COM candidate must have six months computer course / Diploma.

2. Proficient in MS Word/ MS Excel/ MS Power point (additional credit may be given for additional relevant certified computer courses)
3. 1 years post degree relevant experience

5.6.2.11 Assistant Admin Officer

Shall be responsible for general administrative affairs of hospital and assist the admin officer.

Eligibility Criteria

1. Minimum qualification Masters' degree in Social Sciences/Economics/ Public Administration/ Finance/ MBA Finance/Administration or equivalent from HEC recognized University
2. Minimum 2 years post degree experience of administration (Additional credit may be given for hospital administration/ Public sector administration of similar nature).

5.7 HR for QMS and MSDS and Day Care Center.

5.7.1.1 QMS Supervisor / Information Desk Officer

Shall be responsible whole QMS networking

Eligible Criteria

1. M.Sc. (Comp. Engineering, Electronics, Electrical Engineering, IT, Telecommunication, Com. Science, Software Engineering, MCS), BCS (Comp. Engineering, Electronics, Electrical Engineering, IT, Telecommunication, Com. Science, Software Engineering, MBA, BBA, MPA, IT related 16 years Education.
2. Experience in the field of Software/Hardware/Network/DATA Quality Assurance, IT projects, IT enabled organizations, CCTV Control Room monitoring, Call Centre, Networking, Software Development will be considered as an added advantage during interview process.
3. Excellent communication Skill (Urdu, English) and IQ level
4. Age Limit of 21-28 years for Male & 21-30 years for Female
5. Typing Speed: 30WPM.

5.7.1.2 Computer Operators

Eight Computer operators shall help QMS Supervisor in dispensation of his responsibilities.

Eligible Criteria

1. Minimum qualification 14 year or Masters' degree from HEC recognized University
2. Proficient in MS Word/ MS Excel/ MS Power point (additional credit may be given for additional relevant certified computer courses)
3. 35 Word per Minute. Excellent communication in English and Urdu.

5.7.2 Consultants (MSDS) Implementation & Clinical Audit

Eligible Criteria

1. MBBS & Masters in Public Health, or equivalent qualification.
2. The consultant must have 10 years of hands on experience of third party validation, clinical audit of hospitals, Minimum Service Delivery Standards (MSDSs) implementation / hand holding; Report Writing; working knowledge of international best practices in hospital management will be preferred. Proficiency in MS Office is must. Must have strong communication skills.

5.7.2.1 Terms of Reference (TORs) for Consultants Minimum Service Delivery Standards (MSDS) Implementation & Clinical Audit

Government of the Punjab, Primary and Secondary Healthcare Department (P&SHD) is implementing multiple initiatives to improve the quality of healthcare at DHQ/THQ level across the province. One of the initiatives is Primary and Secondary Healthcare Revamping program which is being implemented by the Project Management Unit (PMU). Currently PMU is also involved in the standardization of quality of care at facility level through uniform set of Standard Operating Procedures (SOPs) & Standard Medical Protocols (SMPs) for compliance. The department intends to make all DHQs and THQ hospitals of Punjab as MSDS compliant which have been devised by Punjab Healthcare Commission.

Punjab Healthcare Commission was established under the PHC Act 2010 as an autonomous regulatory body for health sector; with the purpose of improving the quality, safety and efficiency of healthcare service delivery for all Public and Private Healthcare Establishments (including Allopaths, Homeopaths and Tibbs) in the province of Punjab. The Punjab Healthcare Commission has developed

Minimum Service Delivery Standards (MSDS) for all hospitals to improve the quality of healthcare services all over the Punjab. All Healthcare Establishments are required to implement MSDS to acquire a License to deliver healthcare services in Punjab.

This standardization effort will not only ensure availability of minimum services delivery standards (MSDS), SOPs, SMPs at all levels, but also the other essential inputs for functioning of systems and processes to ensure the smooth and safe delivery of quality healthcare services. These will also create conducive working environment for healthcare providers.

5.7.2.2 Objectives

The objective of this assignment is to implement & check all SOPs, SMPs, Minimum Service Delivery Standards (MSDS) & conduct clinical audit for 125 DHQ/THQ hospitals. Furthermore, the consultant will also monitor ongoing multiple trainings at DHQ/THQ hospitals.

5.7.2.3 Scope of Work

1. Develop policy & strategy for clinical audit of 125 hospitals.
2. Develop detailed clinical audit plan, with expected deliverables from hospitals. 360 degrees clinical audit.
3. Visit DHQ/THQ hospitals, to assess MSDS implementation and detailed report generation with short coming & highlight areas of improvement.
4. Review SOPs, SMPs & ISO Standards in hospitals to identify non-compliance.
5. Visit DHQ/THQ hospitals to implement clinical audit as per devised strategy, as well as monitoring and implementing MSDS standards.
6. Prepare detailed visit reports of clinical short comings; and suggest, and implement improvement plan.
7. Monitoring & auditing of patient referral system, detailed report on error and recommendations on rectification of errors.
8. Visit DHQ/THQ hospitals to implement clinical audit as per devised strategy, as well as monitoring and implementing MSDS standards.
9. Prepare detailed visit reports of clinical short comings; and suggest, and implement improvement plan.
10. Monitoring & auditing of patient referral system, detailed report on error and recommendations on rectification of errors.
11. Monitoring and evaluation of multiple trainings imparted at DHQ/THQ hospitals.
12. Any other relevant task assigned by Project Director/Director Quality Assurance / Project Manager.

5.7.2.4 Reporting Arrangements

- The Consultant (MSDS & Clinical Audit) will report to the Project Director/Director Quality Assurance/Senior Project Manager, P&SHD

5.7.2.5 Duration of Assignment

- The duration of assignment will initially be for THREE MONTHS / 120 DAYS which will be extendable subject to satisfactory performance.

5.7.2.6 Outputs / Key Deliverables

- Study/desk review the relevant Minimum Service Delivery Standards (MSDS) prescribed by PHC & ISO Standards, train the hospital staff/monitor/facilitate their implementation.
- Study/desk review the existing Standard Operating Procedures (SOPs), train the hospital staff/monitor/facilitate their implementation and suggest improvements where necessary.
- Study/desk review the existing SMPs, train the hospital staff/monitor/facilitate their implementation and suggest improvements where necessary.
- Conduct hospital visits of 125 DHQ/THQ hospitals (each DHQ hospital to be visited monthly & each THQ hospital every three months).
- Conduct formal hospital survey for confirming the implementation of MSDS on the relevant Scoring Matrix.
- Submit detailed report of each hospital visit on a standard format prescribed for the purpose.
- Conduct a system, process analysis with special emphasis on clinical audit and submission of detailed report accordingly.

5.7.2.7 Remunerations

- The consultant will be paid amount of Rs. **4500-6500/- per day** with no other benefits.
- All logistics will be arranged/reimbursed by PMU for field visits (accommodation, refreshments etc).

5.7.2.8 Terms of Payment

- Consultant will be paid on monthly basis throughout the contract period.

5.7.3 HR for Day Care Center

5.7.3.1 Manager Day Care Center (DCC)

Shall be responsible for general administrative affairs of DCC.

Eligibility Criteria

1. Minimum qualification Masters' degree in Economics/ Public Administration/ Finance/ MBA Finance/Administration or equivalent from HEC recognized University
2. Minimum 2 years post degree experience of administration (Additional credit may be given for hospital administration/ Public sector administration of similar nature)

5.7.3.2 Montessori Trained Teacher

Shall be responsible for basic education of children.

Eligibility Criteria

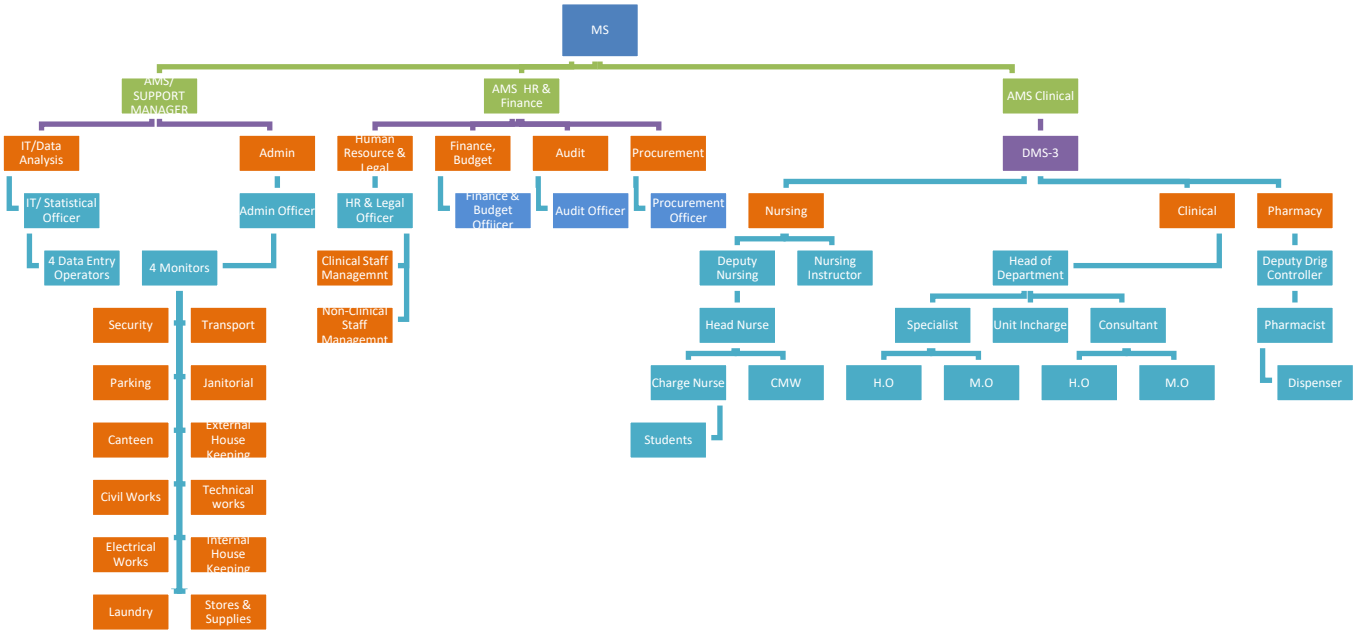
1. Minimum qualification BA/BSC or equivalent from HEC recognized University along with B.Ed.
2. Minimum 1 years post degree experience of teaching (Additional credit may be given for Public sector teaching of similar nature)

5.7.3.3 Attendant / Care Giver

Shall be responsible for special care of the children.

Eligibility Criteria

Minimum qualification Matric or equivalent alongwith diploma in relevant field



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

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

PPS-10	437,500--700,000	5
PPS-11	612,500-- 980,000	5
PPS-12	875,000 --1,400,000	5

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

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

5.8 Other Initiatives:

There are many other initiatives which government plans to undertake in order to improve healthcare services in the province. These include:

- Rehabilitation of Emergency Ward
- Fixture of Benches
- Addition of Bracket Fans/Water Coolers/LCDs with signage
- Supply of Laboratory/ Equipment/USG/ECG etc.
- CCU Improvement
- Installation of Water filtration plants
- Replacement of Bed sheets/Pillows/Matrasses
- Installation of Transformers/Dual Connection
- Improvement of Labor rooms/Nurseries

- Maintenance and replacement of Air-conditioners through Outsourcing
- Blood Bank improvement
- Installation of CCTV Cameras
- Installation of Basic Fire-fighting Equipment
- Up gradation of Pharmacy and medicine Store
- Improvement of Internal Roads and laying of Tough pavers
- External Development
- Rehabilitation of Hepatitis/T.B Control

The PMU is essential to deliver the project end-item within budget and time limitations, in accordance with technical specifications, and, when specified, in fulfillment of project objectives.

5.9 Patient Management Protocol

5.9.1 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.

5.9.2 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.

5.9.3 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.

5.9.4 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.

5.9.5 Project Monitoring Committee

A Project Monitoring Committee is proposed hereby as under to monitor the project regarding Revamping of THQ Hospital:

1.	Deputy Commissioner	(Chairman)
2.	District Monitoring Officer	(Member)
3.	Executive Engineer Buildings	(Member)
4.	Assistant Commissioner Concerned	(Member)
5.	MS THQ Hospital	(Secretary/Member)

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

5.10 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.

6. DESCRIPTION AND JUSTIFICATION OF PROJECT

6.1 JUSTIFICATION OF PROJECT

attached

1. 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 Khushab District Khushab is more than 0.554 million. The area of the THQ Hospital Khushab District Khushab is 390,319 SFT land.

6.1 Description and Justification

The Project Management Unit, Revamping Program, Primary and Secondary Healthcare Department planned to start the 2nd Phase of the said revamping program. The instant PC-I is also meant for provision of requisite biomedical and non-biomedical equipment, Electricity, Furniture & Fixture, Signage, HR and outsourcing of services for THQ Khushab District Khushab

Revamping of THQ Khushab District Khushab constitutes of value addition in all major domains of the hospital including improvement of Civil infrastructure, addition of water filtration plant facility, value addition in Emergency ward and making the health facility more equipped with modern bio-medical equipment. State of the art furniture and fixtures complemented by interior and exterior decors are also part of this revamping project backed by the thought of dedicated express line of electricity to ensure smooth operations of hospitals will bring the modern health facilities in healthy and comfortable environment at the door step of masses. Introduction of new model of outsourcing of laundry services to ensure provision of neat and clean bed sheets, pillow covers, blankets etc. round the clock is also a part of this project. Fool proof security and adequate cleanliness measures of whole health facility are also proposed in this PC-I.

Civil work component will be carried out through C&W Department instead of District Health Authority for this hospital. Value addition in Emergency block is proposed in four domains i.e. Triage, Minor O.T, Specialized care room and emergency ward. Addition of Water Filtration Plant facility where it is not available as unclean or polluted water is devastating for human health. A key consideration was made while selecting furniture and its compatibility with hospital grade cleaners, detergents and disinfectants. Signage is an effective interface between the user and intended facility. Effective signage promotes the healthcare facility in a patient friendly manner. Access is an important part of quality of care. A crucial aspect for patient satisfaction is their comfort levels with the facility itself i.e. a person's ease in navigating a facility, and the timeliness in receiving care. Clear and proper signage at strategic points helps patients in reaching their destination without losing much of their valuable time and saves lot of their efforts in unnecessary enquiring from persons. In this regard, the Equipment of Emergency, Bio-Medical, Non-Bio-Medical, Electricity, Signage, Janitorial, Security, Laundry, Maintenance of Generator and Horticulture have been added as per actual requirement of the Hospital. The Equipment of MSDS, IT, Furniture Fixture, Day Care Center, HR, Medical Gases, Cafeteria are fixed in all hospitals as per yardstick

established by P& SH Department. Prior to initiation of this exercise standardization of required facilities was done by committee of experts in P & SH Department and on the basis of it, gaps were identified which would be covered under this PC-I.

Justification for 3rd Revision of PC-I

1. Originally the Civil work component of the scheme was planned to be executed by the Health Council of the concerned District Health Authority based on cost estimates prepared by the Infrastructure Wing of PMU and approved by the DDSC. Accordingly, funds of Rs.3, Rs.5 and Rs.10 million were provided during FY 2017-18 for the execution of work as per parameters provided to these THQ Hospitals. However, no reasonable revamping civil work was carried out and hence did not fulfil the requirement and the objectives of the Revamping Program. Now P&SHD has decided to carry out further revamping of Civil work through Communication and Works Department Punjab to accomplish the uniformity of THQ Hospitals with already revamped hospitals of Phase-I. Hence the Rough Cost Estimates of the Punjab Buildings Department has been included in the civil work cost of this scheme.

2. Primary & Secondary Healthcare Department (P&SHD) made a decision to shift all the clerical posts in DHQ / THQ hospitals of Punjab to District Health Authorities as per notification dated 24th October, 2017. This administrative decision was taken due to a multiplicity of reasons which were adversely affecting healthcare service delivery in the hospitals. Primarily, these clerical posts were not specialized in any particular field, and therefore, the HR hired against these posts were generalized to the extent that they were not able to perform functions of Hospitals and Health Specific tasks that any medical administration should ideally perform. Additionally, public complaints against the clerical staff on issues such as behavior, performance created an environment of malfeasance in all hospitals. 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.

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

4. Infrastructure team has conducted the Joint visits with the team of C&W Department. During the field visits, few alterations were recommended by the technical teams which have been incorporated in the Revised Rough Cost Estimates of the subject scheme and have been attached with the PC-I along with comparative statement. Therefore, Civil works component cost has been decreased from Rs. 87.683 million to Rs. 79.182 million due to few changes in the scope and MRS rates (2nd Bi-annual 2022).

85 THQ Hospitals covered under the Program:

The location map of the 85 THQ hospitals that will be taken up for rehabilitation in this program is given below:

PROJECT MANAGEMENT UNIT
PRIMARY & SECONDARY HEALTHCARE DEPARTMENT

LOCATION OF DHQ AND THQ HOSPITALS IN PUNJAB

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:LO17011159
A/C To be Credited: Assan Assignment

PKR Million

Sr #	Object Code	2019-2020		2020-2021		2021-2022		2022-2023		2023-2024		2024-2025	
		Local	Foreign	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	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	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**	**0.000**	**0.000**

Financial Components: Capital
Cost Center:OTHERS- (OTHERS)
Fund Center (Controlling):LE4203

Grant Number: Government Buildings - (PC12042)
LO NO:LO22010068
A/C To be Credited: Account-I

PKR Million

Sr #	Object Code	2019-2020		2020-2021		2021-2022		2022-2023		2023-2024		2024-2025	
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	**A12403**-Other Buildings	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
2	**A05270**-To Others	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	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**	**0.000**	**0.000**

Abstract of Cost

Name of THQ Hospital	THQ KHUSHAB											
	Original			1st Revised			2nd Revised			3rd Revised		
Scope of work	Cost in million											
	Capital	Revenue	Total	Capital	Revenue	Total	Capital	Revenue	Total	Capital	Revenue	Total
Capital component												
Internal development	0.000	25.929	25.929	0.000	25.929	25.929	67.250	10.000	77.250	60.048	10.000	70.048
External development	0.000	3.077	3.077	0.000	3.077	3.077	16.179	0.000	16.179	19.134	0.000	19.134
Water filtration plant	0.000	5.600	5.600	0.000	5.600	5.600	4.254	0.000	4.254	0.000	0.000	0.000
Total Capital Component	**0.000**	**34.606**	**34.606**	**0.000**	**34.606**	**34.606**	**87.683**	**10.000**	**97.683**	**79.182**	**10.000**	**89.182**
Revenue component												
Emergency	0.000	17.716	17.716	0.000	17.716	17.716	0.000	23.823	23.823	0.000	40.955	40.955
MSDS	0.000	8.647	8.647	0.000	8.647	8.647	0.000	9.654	9.654	0.000	13.438	13.438
Med. Machinery and Equipment	0.000	54.769	54.769	0.000	54.769	54.769	0.000	66.233	66.233	0.000	113.660	113.660
Electricity	0.000	12.935	12.935	0.000	12.935	12.935	0.000	12.485	12.485	0.000	15.985	15.985
IT & QMS & Surveillance	0.000	14.515	14.515	0.000	14.515	14.515	0.000	16.715	16.715	0.000	20.120	20.120
Furniture and Fixtures	0.000	13.504	13.504	0.000	13.504	13.504	0.000	13.504	13.504	0.000	18.788	18.788
Interior and Exterior decorations/ Signage	0.000	3.371	3.371	0.000	3.371	3.371	0.000	4.695	4.695	0.000	4.695	4.695
Day Care Center	0.000	1.600	1.600	0.000	1.600	1.600	0.000	1.600	1.600	0.000	1.600	1.600
Human resource (HR) plan	0.000	17.220	17.220	0.000	17.220	17.220	0.000	34.610	34.610	0.000	50.841	50.841
LC Deficit during procurement (currency fluctuation)								2.971	2.971		2.971	2.971
Total Revenue component	**0.000**	**144.276**	**144.276**	**0.000**	**144.276**	**144.276**	**0.000**	**186.290**	**186.290**	**0.000**	**283.053**	**283.053**
Outsourcing component												
Janitorial Services	0.000	15.728	15.728	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Security and Parking services	0.000	7.232	7.232	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Laundry Services	0.000	4.200	4.200	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Maintenance (Generator)	0.000	1.920	1.920	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
MEP	0.000	4.686	4.686	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Medical Gases	0.000	1.304	1.304	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Cafeteria	0.000	6.743	6.743	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Horticulture services	0.000	6.902	6.902	0.000	0.048	0.048	0.000	0.048	0.048	0.000	0.048	0.048
Total outsourcing cost	**0.000**	**48.715**	**48.715**	**0.000**	**0.048**	**0.048**	**0.000**	**0.048**	**0.048**	**0.000**	**0.048**	**0.048**
Total	**0.000**	**227.597**	**227.597**	**0.000**	**178.930**	**178.930**	**87.683**	**196.338**	**284.021**	**79.182**	**293.101**	**372.283**
Contingency (1%) only on Civil Component	0.000	0.347	0.347	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Third Party Monitoring (TPM) (1%)	0.000	2.276	2.276	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Third Party Validation (TPV) (1%)	0.000	2.276	2.276	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Grand Total	**0.000**	**232.496**	**232.496**	**0.000**	**178.930**	**178.930**	**87.683**	**196.338**	**284.021**	**79.182**	**293.101**	**372.283**

GOVERNMENT OF PUNJAB

PROVINCE	PUNJAB
STATION	JAUHARABAD
DIVISION	BUILDINGS DIVISION KHUSHAB
SUB DIVISION	BUILDINGS SUB DIVISION KHUSHAB
NAME OF WORK	ROUGH COST ESTIMATE FOR THE WORK REVAMPING OF 60 BEDED TEHSIL HEAD QUARTER HOSPITAL KHUSHAB AT KHUSHAB (ADP NO.658 FOR THE YEAR 2022-23)
MINOR HEAD	
MAJOR HEAD	
ESTIMATED COST	79.182 Rs ~~96.612 (M)~~/-

DETAILED ESTIMATE FRAMED IN THE OFFICE OF EXECUTIVE ENGINEER BUILDINGS DIVISION, KHUSHAB

NAME OF WORK. **ROUGH COST ESTIMATE FOR THE WORK "REVAMPING OF 60 BEDED TEHSIL HEAD QUARTER HOSPITAL KHUSHAB (ADP NO.658 FOR THE YEAR 2022-23) DISTRICT KHUSHAB:-**

HISTORY

The Tehsil Head Quarter Hospital Khushab has been constructed about 40 year ago. The sad building not full fill the Present requirement. The Chief Executive Officer Health Authority Khushab / M.S THQ Khushab has requested to provide rough cost Estimate of Revamping of sad building. So rough cost estimate has been prepared with the consultation of M.S Khushab amounting to Rs.~~96.612~~ 79.182 (M) and submitted for Administrative approval & funds from the Competent Authority, please.

SCOPE OF WORK

1. **Main Building 60 Beded Hospital**
2. **External Water Supply**
3. **External Sewerage**
4. **Septic Tank**
5. **External Street Light.**
6. **Boundary Wall.**
7. **Under Ground Sweet Water Tank 2000 Gln Capacity.**
8. **Walk way /Path**
9. **Drug Store.**
10. **Burial Pit**
11. **External Service Cable**

SPECIFICATIONS The work will be got executed according to the standard specifications of Punjab Building Department.

RATES This estimate has been prepared on the basis of rates for the 2nd Bi-Annual 2022 (1st July 2022 to 31st December 2022 (Plain Area) of District Khushab.

LAND The construction will be done within the existing premises.

TIME LIMIT The work will be completed in approximate (2) Year provided the full funds are placed at the disposal of Executive Engineer.

COST The cost of this estimate is **Rs.~~96.612 (M).~~** 79.182

Sub Divisional Officer,
Buildings Sub Division,
Khushab

Executive Engineer,
Buildings Division Khushab

CHECK LIST FOR IDENTIFICATION OF SCOPE FOR REVAMPING OF HEALTH FACILITY THQ KHUSHAB

Sr No	Item	OPD Block GF+FF	Operation Theatre	Indoor Wards (male+female)	Laboratory	X-ray Room	Remarks
1	Porcelain Floor Tile replacement	Full Body Porcelain tiles needs to be fixed on floor of ground floor & First Floor by dismantling existing terrazo and providing new PCC layer of specified thickness.	----	Full Body Porcelain tiles needs to be fixed on floor by dismantling existing terrazo and providing new PCC layer of specified thickness.	Full Body Porcelain tiles needs to be fixed on floor by dismantling existing terrazo and providing new PCC layer of specified thickness.	---	Tiles specifications, brand, size and Installation specification will be as per specified C&W standards.
2	Porcelain Wall Tile replacement	Full Body Porcelain tiles needs to be fixed on walls up to height of 6ft. Or height as per C&W Standards (for corridors, wards, waiting areas) and 6" skirting (inside rooms/offices) after dismantling of existing surface terrazoo surface.	----	Full Body Porcelain tiles needs to be fixed on walls up to height of 6ft. (for corridors, wards, waiting areas) and 6" skirting (inside rooms/offices) after dismantling of existing surface.	Full Body Porcelain tiles needs to be fixed on walls up to height of 6ft. (for corridors, wards, waiting areas) and 6" skirting (inside rooms/offices) after dismantling of existing surface.		Tiles specifications, brand, size and Installation will be as per specified C&W standards.

3	Wooden Doors flush or Solid/ Main Doors	Doors need to be replaced with wooden doors of similar existing design.	Main entrance door of OT should be provided of Aluminium	Doors need to be replaced with wooden doors of similar existing design.	Doors need to be replaced with wooden doors of similar existing design.	Doors need to be replaced with wooden doors of similar existing design.	Specifications, wood/type of door, polish, door locks and handles will be as per specified C&W standards.
4	Verandah opening (opening to open area)/ MS Windows on Façade	Verandah openings are already having aluminium windows. Therefore, no need to change it.	----	----			Specifications will be as per C&W standards.
5	Existing Internal Windows	All Existing internal MS windows need to be replaced with Aluminum Windows.	All Existing internal MS windows need to be replaced with Aluminum Windows.	All Existing internal MS windows need to be replaced with Aluminum Windows.	All old MS internal windows need to be replaced with Aluminum Windows.	All old MS internal windows need to be replaced with Aluminum Windows.	Specifications, Aluminum and glass color will be as per specified C&W Standards
6	Internal Corridors.	Wall Panelling to be removed from walls and seepage issues to be addressed rectified.	----	Wall Panelling to be removed from walls and seepage issues to be addressed rectified.			

7	Internal Electrification including fittings	All Electric fittings including switch boards, plates, sockets, wires & DBs should be replaced and installed at standard height from Finish Floor level and all must be identical. Internal wiring should be replaced with new wiring if existing wiring is damaged.	All Electric fittings including switch boards, plates, sockets, wires & DBs should be replaced and installed at standard height from Finish Floor level and all must be identical.	All Electric fittings including switch boards, plates, sockets, wires & DBs should be replaced and installed at standard height from Finish Floor level and all must be identical.	All Electric fittings including switch boards, plates, sockets, wires & DBs should be replaced and installed at standard height from Finish Floor level and all must be identical.	Model Specifications/ Brands, should be as per specified C&W Standards.
8	Internal Lighting Fixtures	All corridors and rooms should lit with SMD's with concealed wiring.	SMDs need to be installed.	SMDs need to be installed.	Remove ceiling & install SMD lights.	SMDs need to be installed.	Model Specifications/ Brands and distance should be as per specified C&W Standards.

9	Revamping of Public Toilets	All washrooms need to be revamped completely by fixing full body porcelain tiles on floor and full body porcelain tiles on wall up to a minimum height of 7 ft. All existing fixtures should be replaced with new fixtures along with complete repair of existing water supply and sewerage connections.	All washrooms need to be revamped completely by fixing full body porcelain tiles on floor and full body porcelain tiles on wall up to a minimum height of 7 ft. All existing fixtures should be replaced with new fixtures along with new water supply and sewerage connections.	All washrooms need to be revamped completely by fixing full body porcelain tiles on floor and full body porcelain tiles on wall up to a minimum height of 7 ft. All existing fixtures should be replaced with new fixtures along with new water supply and sewerage connections.	All washrooms need to be revamped completely by fixing full body porcelain tiles on floor and full body porcelain tiles on wall up to a minimum height of 7 ft. All existing fixtures should be replaced with new fixtures along with new water supply and sewerage connections.	Vanity, wash basin, water closets, bath room accessories, tile size and color will be as per specified C&W standards. All Washroom doors should be replaced with UPVC doors having specified C&W Standards.
10	Wall Paint	All Walls should be painted after complete scrapping of existing paint and surface of walls should be prepared after plastering in patches (where required only) and wall Putty prior to paint works.	All Walls should be painted after complete scrapping of existing paint and surface of walls should be prepared after plastering in patches (where required only) and wall Putty prior to paint works.	All Walls should be painted after complete scrapping of existing paint and surface of walls should be prepared after plastering in patches (where required only) and wall Putty prior to paint works.	All Walls should be painted after complete scrapping of existing paint and surface of walls should be prepared after plastering in patches (where required only) and wall Putty prior to paint works.	Plaster Cement Ratio, wall putty brand specifications, paint specifications, brand and color will be as per C&W standards.
11	Roof Treatment	---	---	---	---	---

12	Nursing Counter	---	---	Nursing counter will be provided upto 2.5' height with granite marble on top. Change tile on counter front with full body porcelain tile.	---		
13	Stairs - Marble and Railing	All stairs with terrazo on steps need to be replaced with Marble/Granite on steps. Stair railing needs to be replace with SS stair rail.	---	---	---	---	Marble/Granite type and installation technique will be as per C&W Standards
14	Ramps - Tile and Railing	Chequered tile & SS hand railing will be fixed on ramps.	---	---	---	---	
15	Façade Uplifting	Façade treatment should be executed on front elevation.	---	---	---	---	
16	Lead linning Walls (X-Ray)	---	---	---	---	Lead lining of x-ray room needs to be done.	
17	Antimicrobial Treatment (OTs)	---	Anti-microbial treatment is required in operation theatre. (Dampa Ceiling, Anti-microbial wall panelling, anti-static flooring).	---	---	---	

18	External Weather Shield	Weather shield to be done on all external walls other than façade	----	Weather shield to be done on all external walls other than façade	Weather shield to be done on all external walls other than façade	Weather shield to be done on all external walls other than façade	
19	Edge Protection/Aluminium Cladding	SS Edge Protection needs to be fixed on all corners up to Dado height	----	SS Edge Protection needs to be fixed on all corners up to height of 5 ft. till the height of Wall/Dado tiles.	SS Edge Protection needs to be fixed on all corners up to height of 5 ft. till the height of Wall/Dado tiles.	----	
20	Columns SS	----	----	----	----	----	
21	Plumbing Works	Damaged Water supply & sewerage pipes causing seepage to be repaired & rectified.	Damaged Water supply & sewerage pipes causing seepage to be repaired & rectified.	Damaged Water supply & sewerage pipes causing seepage to be repaired & rectified.	Damaged Water supply & sewerage pipes causing seepage to be repaired & rectified.	Damaged Water supply & sewerage pipes causing seepage to be repaired & rectified.	
22	Fire Alarm System	Required	Required	Required	Required	Required	
23	Roof Treatment	----	----	----	----	----	
24	Expansion joint of Building	All expansion joints of building should be properly filled, sealed & covered SS strip. Joint must not be covered with Tile/Flooring	Treat expansion joint of building properly & cover it with SS patti	Treat expansion joint of building properly & cover it with SS patti	Treat expansion joint of building properly & cover it with SS patti	----	

25	Any Other item	---	---	---	Marble will be provided on counter top. Wooden shelves should be made under counter.	---	
26	External Electrification	All external main cables of hospital which are hanging in Air should be concealed in all respects along with provision of proper Earthing system and lightning arresters. Similarly, existing DB's need to be replace as per site condition if required.					

ROUGH COST ESTIMATE FOR THE WORK REVAMPING OF 60 BEDED TEHSIL HEAD QUARTER HOSPITAL KHUSHAB AT KHUSHAB (ADP NO.658 FOR THE YEAR 2022-23)

Sr.No.	Description of Item.	Amount As Per R/Cost Estimate	Amount As Per Revised R/C Estimate	Excess	Saving	Remarks
1	Main Building 60 Beded Hospital	54050200	~~70200206~~ 54200154	~~16150006~~	0	
2	Car Parking	1397000	0	0	1397000	
3	Waiting Area (2x335500)	671000	0	0	671000	
4	External Water Supply	405700	~~515206~~ 1456194	~~109506~~	0	
5	External Sewrege	599700	1056142	456442	0	
6	Collecting Tank	1374000	0	0	1374000	
7	Chamber (14-1/4x14-1/4) i.c 10% Development.	525648	0	0	525648	
8	Septic Tank	166100	237330	71230	0	
9	Water Filteration Plant	3832200	0	0	3832200	
10	Street Light (External)	1318000	3642024	2324024	0	
11	Boundary Wall	655582	575213	80369	0	
12	Under Ground Sweet Water Tank 20000 Gallon Capacity	2072700	3131116 3566880	1058416	0	
13	Walk Way /Path	1121400	~~1509403~~	~~388003~~	0	
14	Water Supply & Disposal Pump	1821000	0	0	1821000	
15	Martoury	1918900	0	0	1918900	
~~16~~	~~Drug Store~~	~~4451300~~	~~5205080~~	~~753780~~	~~0~~	
17	Burial Pit	508798	748066	239268	0	
18	Façade	165521	0	0	165521	
19	External Service Cable	427635	1124820	697185	0	
20	Fountain	610700	0	0	610700	

	Total	**78093085**	~~87944606~~	**22328229**	**12315969**
	Add 3% contingency charges.	2342793	~~2638338~~	295546	0
	Add 1% Tree Plantation	780931	0	0	780931
	Add 2% Residence Supervision	1561862	0	0	1561862
	Add 5% PRA.	3904654	~~4629147~~	624493	0
	Add External Sui Gas Pipe Line & Connection Charges.	1000000	1500000	500000	0
	Total	**87683324**	~~96612091~~	**23748267**	**14658762**
	SAY:	**87683300**	~~96612100~~	**23748300**	**14658800**
	OR:	**87.683 (M)**	~~96.612 (M)~~	**(23748300-14658800=9089500)**	

Amount as per A.A **87.683(M)**

Amount as per Revised R/C Estimate. **96.612(M)**

Difference:- **8.929(M)**

OR Excess over A.A **10.18%**

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Khushab

Executive Engineer,
Buildings Division
Khushab

ROUGH COST ESTIMATE FOR THE WORK REVAMPING OF 60 BEDED TEHSIL HEAD QUARTER HOSPITAL KHUSHAB AT KHUSHAB (ADP NO.658 FOR THE YEAR 2022-23)

(ABSTRACT OF COST)

Sr. No	Description	Amount
1	Main Building 60 Beded Hospital	~~Rs.70200206/-~~ 59360154
2	External Water Supply	~~Rs.515206/-~~ 1456194
3	External Sewrege	Rs.1056142/-
4	Septic Tank	Rs.237330/-
5	External Street Light.	Rs.3642024/-
6	Boundary Wall	Rs.575213/-
7	Under Ground Sweet Water Tank 20000 Gallon Capacity	Rs.3131116/-
8	walk way & Path	~~Rs.1509403/-~~ 656880
~~9~~	~~Drug Store~~	~~Rs.5205080/-~~
10	Burial Pit	Rs.748066/-
11	External Service Cable	Rs.1124820/-
	Total: -	~~Rs.87944606/-~~ 71927939
	Add 3% Contigency	~~Rs.2638338/-~~ 2157838
	Total: -	~~Rs.90582944/-~~ 74085777
	Add 5% PRA	~~Rs.4529147/-~~ 3596397
	Add External Sui Gas Pipe Line & Connection Charges	Rs.1500000/-
	Total: -	~~Rs.96612091/-~~ 79182174
	say.	~~Rs.96612100/-~~ 79182200
	In Million	~~Rs.96.612/-~~ 79.182

96.612

Chief Engineer
Punjab Buildings Deptt
North Zone Lahore

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Khushab

Executive Engineer
Buildings Division
Khushab

Superintendent Engineer
Building Circle
Sargodha

DETAILED ESTIMATE FOR THE WORK REVAMPING OF 60 BEDED TEHSIL HEAD QUARTER HOSPITAL KHUSHAB AT KHUSHAB

Based on MRS 2nd Bi Annual 2022 (1st July 2022 to 31st December 2022 Plain Area)

MAIN BUILDING

Sr. No	Description	Amount
1	Building Portion 60 Beded Hospital	5725637 Rs.~~64807476/-~~
2	Electric Installation	1223151 Rs.~~3759141/-~~
3	Sanitary Installation	Rs.820629/-
~~4~~	~~Sui Gas~~	~~Rs.812960/-~~
	Total: -	5493001 Rs.~~70200206/-~~

Sub Divisional Officer
Buildings Sub Division
Khushab

Executive Engineer
Buildings Division
Khushab

ROUGH COST ESTIMATE FOR THE WORK REVAMPING OF 60 BEDED TEHSIL HEAD QUARTER HOSPITAL KHUSHAB AT KHUSHAB

Based on MRS 2nd Bi Annual 2022 (1st July 2022 to 31st December 2022 Plain Area)

1 Dismantling C.C plain (1:2:4)

OPD

Office	1	x1	x15-5/8	x15-1/2	=	242 Sft
	1	x2	x9-1/8	x15-1/2	=	283 Sft
	1	x1	x12-5/8	x15-1/2	=	196 Sft
	1	x1	x6-7/8	x9-1/4	=	64 Sft
	1	x1	x9-1/4	x9-1/4	=	86 Sft
	1	x1	x12-1/2	x15-1/2	=	194 Sft
	1	x1	x5-7/8	x9-1/4	=	54 Sft
	1	x1	x15-7/8	x15-1/2	=	246 Sft
	1	x1	x12-1/2	x15-1/2	=	194 Sft
	1	x1	x9-1/4	x15-1/2	=	143 Sft
	1	x1	x18-7/8	x15-3/4	=	297 Sft
	1	x1	x18-7/8	x9-1/8	=	172 Sft
	1	x1	x29-1/8	x8-7/8	=	258 Sft
	1	x1	x31-1/8	x8-7/8	=	276 Sft
	1	x1	x8-7/8	x15-1/2	=	138 Sft
	1	x1	x12-7/8	x15-1/2	=	200 Sft
	1	x1	x5-7/8	x9-1/4	=	54 Sft
	1	x1	x12-1/2	x15-1/2	=	194 Sft
	1	x1	x12-7/8	x15-1/2	=	200 Sft
	1	x1	x15-7/8	x15-1/2	=	246 Sft
	1	x1	x9-1/4	x9-1/4	=	86 Sft
	1	x1	x9-1/4	x5-7/8	=	54 Sft
	1	x1	x15-7/8	x15-1/2	=	246 Sft
	1	x1	x15-1/2	x12-1/3	=	191 Sft
	1	x1	x15-1/2	x12-1/2	=	194 Sft
	1	x1	x15-1/2	x22-1/3	=	346 Sft
	1	x10	x3-1/2	x1-1/8	=	39 Sft
	1	x2	x3-1/2	x1-1/8	=	8 Sft
	1	x4	x3	x1-1/8	=	14 Sft
				A Total.	=	**4915 Sft**

IN DOOR BLOCK

	1	x1	x20-3/4	x10-1/8	=	210 Sft
	1	x1	x11-3/4	x14-1/8	=	166 Sft
dilevry	1	x1	x15-1/4	x20-1/8	=	307 Sft
corrri door	1	x1	x53-1/2	x7-3/4	=	415 Sft
scrub up	1	x1	x16-1/4	x20-1/8	=	327 Sft
	1	x1	x20-1/2	x20-1/8	=	413 Sft
	1	x1	x15-1/4	x11-5/8	=	177 Sft
	1	x1	x10-7/8	x20-1/8	=	219 Sft
	1	x1	x7-1/2	x11-5/8	=	87 Sft
	1	x1	x6-3/4	x11-5/8	=	78 Sft
	1	x1	x16-1/4	x11-5/8	=	189 Sft
	1	x1	x16-1/8	x20-1/8	=	325 Sft
	1	x1	x7-3/8	x9-3/4	=	72 Sft
	1	x1	x7-3/8	x9-3/4	=	72 Sft
	1	x1	x24-1/2	x20-1/8	=	493 Sft
	1	x1	x7-1/2	x8	=	60 Sft
	1	x1	x7-3/4	x11-5/6	=	92 Sft
	1	x1	x7-1/2	x11-5/8	=	87 Sft
	1	x1	x20-1/2	x11-5/8	=	238 Sft
	1	x1	x12	x11-5/8	=	140 Sft
	1	x6	x4	x1-1/8	=	27 Sft
	1	x2	x3-1/2	x1-1/8	=	8 Sft
	1	x2	x2-1/2	x1-1/8	=	6 Sft
	1	x3	x14-3/4	x16-3/4	=	741 Sft
	1	x2	x14	x11-1/2	=	322 Sft
	1	x2	x13	x14-3/4	=	384 Sft
				B Total.	=	**5655 Sft**

WARD BLOCK

1	x1	x9-3/4	x15-1/2	=	151 Sft
1	x1	x10-1/4	x19-3/8	=	199 Sft
1	x1	x10-1/8	x15-1/2	=	157 Sft
1	x1	x10-1/4	x6-7/8	=	70 Sft
1	x1	x10-1/4	x6-7/8	=	70 Sft
1	x1	x10-1/4	x14-1/2	=	149 Sft
1	x1	x10-1/4	x14-1/2	=	149 Sft
1	x1	x13-3/8	x15-1/2	=	207 Sft

1	x1	x7-1/4	x9-1/8		=	66 Sft			
1	x1	x10-1/8	x14-1/2		=	147 Sft			
1	x1	x10-1/8	x15-1/2		=	157 Sft			
1	x2	x20-7/8	x15-7/8		=	663 Sft			
2	x2	x59-7/8	x9		=	2156 Sft			
1	x2	x97-3/8	x4-1/2		=	876 Sft			
1	x2	x65-1/4	x9-1/8		=	1191 Sft			
1	x1	x10-1/4	x8-1/2		=	87 Sft			
1	x1	x10-1/4	x19-3/8		=	199 Sft			
1	x1	x10-1/4	x14-1/2		=	149 Sft			
1	x1	x10-1/4	x15-1/2		=	159 Sft			
1	x8	x4	x1-1/8		=	36 Sft			
1	x8	x3-1/2	x1-1/8		=	32 Sft			
			C	**Total.**	=	**7070 Sft**			
				BATH					
1	x1	x8-1/4	x6		=	50 Sft			
1	x3	x5-7/8	x5-7/8		=	104 Sft			
1	x1	x6	x7-1/8		=	43 Sft			
1	x2	x9-1/8	x15-1/2		=	283 Sft			
1	x1	x6-1/2	x5-3/4		=	37 Sft			
1	x1	x7-3/8	x9-3/4		=	72 Sft			
1	x1	x7-3/8	x8		=	59 Sft			
1	x1	x7	x5-5/8		=	39 Sft			
1	x1	x6	x7		=	42 Sft			
1	x1	x6-1/2	x6		=	39 Sft			
1	x4	x6	x7-1/8		=	171 Sft			
1	x3	x7	x6-5/8		=	139 Sft			
				WARD BLOCK					
1	x1	x5	x6		=	30 Sft			
1	x1	x4-7/8	x9		=	44 Sft			
1	x1	x4-1/8	x9		=	37 Sft			
1	x1	x5	x6		=	30 Sft			
1	x1	x7-1/4	x4-1/2		=	33 Sft			
1	x3	x7	x7		=	147 Sft			
1	x2	x5-1/8	x7-1/8		=	73 Sft			
1	x2	x5-3/4	x6-1/8		=	70 Sft			
			D	**Total.**	=	**1542 Sft**			
(A+B+C+D)=	**4915**	**+5655**	**+7070**	**+1542**	=	**19182 Sft**			
			19182	x 1/8	=	2398 Cft			
				Total.	=	**2398 Cft**	**@Rs.11174.60%Cft**	**Rs. 267939/-**	

2 Dismantling cc with bricks Aggrigates.

2 x2398		4796 Cft		
		4796 Cft	**@Rs.3047.60%Cft**	**Rs. 146163/-**

3 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.

4796		4796 Cft		
		4796 Cft	**@Rs.9314.40%Cft**	**Rs. 446719/-**

4 Removing o c/s Plaster from walls

1	x(15-5/8	+1..-1/2)	x2	x5	=	311 Sft
2	x(9-1/8	+15 !/2)	x2	x5	=	493 Sft
1	x(12-5/8	+15-. '2)	x2	x5	=	281 Sft
1	x(6-7/8	+9-1/4,	x2	x5	=	161 Sft
1	x(9-1/4	+9-1/4)	x2	x5	=	185 Sft
1	x(12-1/2	+15-1/2)	x2	x5	=	280 Sft
1	x(15-7/8	+9-1/4)	x.	x5	=	251 Sft
1	x(18-7/8	+15-3/4)	x2	x5	=	346 Sft
1	x(29-1/8	+8-7/8)	x2	x5	=	380 Sft
1	x(31-1/8	+8-7/8)	x2	. 5	=	400 Sft
1	x(8-7/8	+15-1/2)	x2	x5	=	244 Sft
1	x(15-1/2	+25-1/2)	x2	x5	=	410 Sft
1	. 8-7/8	+25-1/2)	x2	x5	·	344 Sft
1	x(.?-7/8	+15-1/2)	x2	x5	=	284 Sft
1	x(5-, '8	+9-1/4)	x2	x5	=	151 Sft
1	x(12-1/ '	+15-1/2)	x2	x5	=	'80 Sft
1	x(9-1/4	+9-1/4)	x2	x5	=	1 Sft
1	x(9-1/4	+5-7/8)	x2	x5	=	151 . 't
1	x(15-7/8	+15-1/2)	x2	x5	=	314 Sft
1	x(15-1/2	+.?-1/3)	x2	x5	=	278 Sft
1	x(15-1/2	+12-'/2)	x2	x5	=	280 Sft
1	x(15-1/2	+22-1/3	x2	x5	=	378 Sft
1	x(20-3/4	+10-1/8)	x2	x5	=	309 Sft
1	x(11-3/4	+14-1/8)	.?	x5	=	259 Sft

	1	x(15-1/4	+11-5/8)	x2	x5	=	269 Sft		
	1	x(10-7/8	+20-1/8)	x2	x5	=	310 Sft		
	1	x(7-1/2	+11-5/8)	x2	x5	=	191 Sft		
	1	x(16-1/4	+11-5/8)	x2	x5	=	279 Sft		
	1	x(16-1/8	+20-1/8)	x2	x5	=	363 Sft		
	1	x(7-3/8	+9-3/4)	x2	x5	=	171 Sft		
	1	x(24-1/2	+20-1/8)	x2	x5	=	446 Sft		
	1	x(7-1/2	+8)	x2	x5	=	155 Sft		
	1	x(7-3/4	+11-5/8)	x2	x5	=	194 Sft		
	1	x(7-1/2	+11-5/8)	x2	x5	=	191 Sft		
	1	x(20-1/2	+11-5/8)	x2	x5	=	321 Sft		
	1	x(12	+11-5/8)	x2	x5	=	236 Sft		
	3	x(14-3/4	+16-3/4)	x2	x5	=	945 Sft		
	2	x(14	+11-1/2)	x2	x5	=	510 Sft		
	2	x(13	+14-3/4)	x2	x5	=	555 Sft		
WARD BLOCK									
	1	x(9-3/4	+15-1/2)	x2	x5	=	253 Sft		
	1	x(10-1/4	+19-3/8)	x2	x5	=	296 Sft		
	1	x(10-1/8	+15-1/2)	x2	x5	=	256 Sft		
	1	x(10-1/4	+6-7/8)	x2	x5	=	171 Sft		
	1	x(10-1/4	+6-7/8)	x2	x5	=	171 Sft		
	1	x(10-1/4	+14-1/2)	x2	x5	=	248 Sft		
	1	x(10-1/4	+14-1/2)	x2	x5	=	248 Sft		
	1	x(13-5/8	+15-1/2)	x2	x5	=	291 Sft		
	1	x(7-1/4	+9-1/8)	x2	x5	=	164 Sft		
	1	x(10-1/8	+14-1/2)	x2	x5	=	246 Sft		
	1	x(10-1/8	+15-1/2)	x2	x5	=	256 Sft		
	2	x(20-7/8	+15-7/8)	x2	x5	=	735 Sft		
	4	x(59-7/8	+9)	x2	x5	=	2755 Sft		
	2	x(97-3/8	+4-1/2)	x2	x5	=	2038 Sft		
	2	x(65-1/4	+9-1/8)	x2	x5	=	1488 Sft		
	1	x(10-1/4	+8-1/2)	x2	x5	=	188 Sft		
	1	x(10-1/4	+8-1/2)	x2	x5	=	188 Sft		
	1	x(10-1/4	+19-3/8)	x2	x5	=	296 Sft		
	1	x(10-1/4	+14-1/2)	x2	x5	=	248 Sft		
	1	x(15-1/4	+20-1/8)	x2	x5	=	354 Sft		
	1	x(53-1/2	+7-3/8)	x2	x5	=	609 Sft		
	1	x(16-1/4	+20-1/8)	x2	x5	=	364 Sft		
	1	x(20-1/2	+20-1/8)	x2	x5	=	406 Sft		
	1	x(10-1/4	+15-1/2)	x2	x5	=	258 Sft		
					Total.	=	**24615 Sft**	**@Rs.423.30%Sft**	**Rs. 104197/-**
5 Removing Window with chowkat									
	1	+11				=	12 No		
	24	+9				=	33 No		
	(4)					=	4 No		
	1	+1				=	2 No		
	16	+20				=	36 No		
	(6)					=	6 No		
	(43)					=	43 No		
	(2)					=	2 No		
					Total.	=	**138 No**	**@Rs.341.50/E**	**Rs. 47127/-**
6 Removing CW with chowkat									
	22	+11	+10			=	43 No		
	1	+1	+19	+19		=	40 No		
	3	+1	+1	+2		=	7 No		
	2	+4				=	6 No		
					Total.	=	**96 No**	**@Rs.179.00/E**	**Rs. 17184/-**
7 Removing door with chowkat									
D-1	2	+1				=	3 No		
D-2	2	+1	+9	+2		=	14 No		
D-3	16	+3	+4	+4		=	27 No		
D-4	5	+3	+4	+2	+2	=	16 No		
D-5	6	+1	+1			=	8 No		
D-6	8					=	8 No		
D-7	8	+13				=	21 No		
D-8	4	+1				=	5 No		
D-9	18	+18	+4			=	40 No		
D-7A	1	+2	+3-1/2			=	7 No		
					Total.	=	**149 No**	**@Rs.438.00/E**	**Rs. 65043/-**
8 Excavation in foundation of building, bridges and other structures, induding dagbelling, dressing, refilling around structure with excavated earth, watering and ramming lead upto one chain (30m) and lift upto 5 ft.(1.5 m) b) in ordinary soil									
	1	x2	x60	x16		=	1920 Cft		

	1	x24	x4	x4	=	384 Cft			
	2	x17-1/8	x4	x4	=	548 Cft			
	3	x15-1/2	x3	x2	=	279 Cft			
	2	x263-3/8	x1-1/2	x1-1/2	=	1185 Cft		2714	
	2	x277-7/8	x1-1/2	x1-1/2	=	1250 Cft			
				Total.	=	**5566 Cft**	**@Rs.10677.75%OCft**	**Rs. 59432/-**	

9 P/L Dry rammed brick or stone ballast 1-1/2" to 2" gauge in F& P

				2714 x 1/3	=	904 Cft			
				Total.	=	**904 Cft**	**@Rs.8891.50%Cft**	**Rs. 80358/-**	

10 P/L CC (1:6:12) in F&P

	1	x24	x4	x 1/3	=	32 Cft			
	2	x17-1/8	x4	x 1/3	=	46 Cft			
	2	x60	x4	x 1/3	=	160 Cft			
				Total.	=	**238 Cft**	**@Rs.21119.65%Cft**	**Rs. 50265/-**	

11 RCC 1:2:4 in slab of raft strips foundation etc. complete in all respect

	1	x23-1/2	x3-1/2	x 3/4	=	62 Cft			
	2	x23-1/2	x(3-1/2	1.25 / 4 x 1/4	=	14 Cft			
	1	x21-1/2	x1-1/4	x1	=	27 Cft			
	2	x17-1/8	x3-1/2	x 3/4	=	90 Cft			
	2	x17-1/8	x(3-1/2	1.25 / 2 x 1/4	=	20 Cft			
	2	x20-1/8	x1-1/4	x1	=	50 Cft			
	2	x60	x3-1/2	x 3/4	=	315 Cft			
	2	x60	x(3-1/2	1.25 / 2 x 1/4	=	71 Cft			
	2	x60	x1-1/4	x1	=	150 Cft			
				Total.	=	**800 Cft**	**@Rs.457.75 P.Cft**	**Rs. 365989/-**	

12 Pacca brick work in (1:6) c/s mortar in F&P

	1	x21-1/8	x1-1/8	x4-1/2	=	107 Cft			
	2	x18-7/8	x1-1/8	x4-1/2	=	191 Cft			
	2	x60	x1-1/8	x4-1/2	=	608 Cft			
	2	x263-3/8	x1-1/8	x 1/4	=	148 Cft			
	2	x277-7/8	x1-1/8	x 1/4	=	156 Cft			
	2	x263-3/8	x 3/4	x2	=	790 Cft			
	2	x277-7/8	x 3/4	x2	=	834 Cft			
SKP	1	x26	x3	x 1/2	=	39 Cft			
	1	x26	x2	x 1/2	=	26 Cft			
	1	x26	x1	x 1/2	=	13 Cft			
	2	x18-7/8	x3	x 1/2	=	57 Cft			
	2	x18-7/8	x2	x 1/2	=	38 Cft			
	2	x18-7/8	x1	x 1/2	=	19 Cft			
	2	x14-3/8	x 3/4	x3	=	65 Cft			
				Total.	=	**3091 Cft**	**@Rs.28609.55%Cft**	**Rs. 884321/-**	

13 P/L C.C (1:2:4) plain

	Same qty item no-1				=	2398 Cft			
	1	x60	x7-3/8	x 1/8	=	55 Cft			
	1	x18-7/8	x21-1/8	x 1/8	=	50 Cft			
	3	x6	x9-5/8	x 1/8	=	22 Cft			
				Total.	=	**2525 Cft**	**@Rs.38178.90%Cft**	**Rs. 963922/-**	

14 Providing and laying superb quality Porcelain glazed tiles flooring of MASTER brand of specified size in approved design, Color and Shade with adhesive/ bond over 3/4" thick (1:3) cement plaster i/c the cost of sealer for finishing the joints i/c cutting grinding complete in all respect as approved and directed by the Engineer Incharge. **a)Full body Glazed tiles (ii) 600mmx 600 mm.**

	Qty item no-1 (A+B+C)				=	17640 Sft			
	1	x60	x7-3/8		=	443 Sft			
	1	x18-7/8	x20		=	378 Sft			
				Total	=	**18461 Sft**	**@Rs.340.55/P.Sft**	**Rs. 6286894/-**	

B Providing and laying superb quality Porcelain glazed tiles of Master brand ,skirting /dado of specified size ,Color and Shade with adhesive /bond over 1/2" thick (1:2) cement plaster i/c the cost of and sealer for finishing the joints, cutting grinding complete in all respectas approved and directed by the Engineer Incharge.a) **Full body Glazed tiles (ii) 600mmx 600 mm.**
Qty item no-4

					=	24615 Sft			
				Total.	=	**24615 Sft**	**@Rs.340.55/P.Sft**	**Rs. 8382779/-**	

15 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 framesectionsof 60mm x 23mm at top & bottom and size45mm x 25mm at center and size45mm x 25mm at sides, Jali leaf framesize 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 hardware etc. complete in all respect (1.6mm) thick

W-1	1	x8-7/8	x6-1/2		=	58 Sft			

W-4	3	x8-7/8	x1-1/2				=	40 Sft	
W-5	2	x4	x1-1/2				=	12 Sft	
Ward									
W-7	33	x3-1/2	x4				=	462 Sft	
W-1	1	x15	x8-1/2				=	128 Sft	
W-6	(6	+5)	x4	x2-1/2			=	110 Sft	
W-2	1	x12	x8-1/2				=	102 Sft	
W-4	2	x16	x2-1/2				=	80 Sft	
W-3	37	x6	x4-1/2				=	999 Sft	
V.W	43	x11	x6-1/2				=	3075 Sft	
CW -2	(3	+36)	x6	x1-1/2			=	351 Sft	
CW -3	4	x5	x1-1/2				=	30 Sft	
CW -4	(5	+4	+2)	x4	x1-1/2		=	66 Sft	
CW -5	(6	+22	+17)	x3-1/2	x1-1/2		=	236 Sft	
W-3A	2	x6	x2-1/2				=	30 Sft	
	6	x4	x6-1/2				=	156 Sft	
	3	x3	x1-1/2				=	14 Sft	
	2	x4	x5				=	40 Sft	
					Total		=	**5989 Sft**	**@Rs.1348.40/P.Sft** **Rs. 8075905/-**

B Providing and fixing Aluminum Fly screen comprising of Fiber /Aluminum wire guaze (Malasian) fixed in aluminum frame of approved manufacturer /powder coated of size1-1/2"x1/2"and1.6mm thick with rubber gas ket i/c cost of Hardwares as approved and directed by the engineer incharge. complete in all respect.

Take qty above item 1/2

							=	2995 Sft	
					Total		=	**2995 Sft**	**@Rs.493.05/P.Sft** **Rs. 1476500/-**

16 Providing and fixing M.S. grill fabricated with MS Square polished Vertical/horizontal Bars of specified size @ 4" c/c ' passed through punched holes in MS Patti of 1-1/4"x1/8" i/c the cost of 1-1/4"x1/8" MS patti for Frame of windows and painting 3 coat complete in all respect as approved and directed by the Engineer Incharge.**(ii) 1/2" Squar Bars**

Qty item no-15

							=	5989 Sft	
W-1	21	x8-7/8	x5-1/2				=	1025 Sft	
W-5	4	x4	x1-1/2				=	24 Sft	
W-4	2	x8-7/8	x1-1/2				=	27 Sft	
					Total		=	**7065 Sft**	**@Rs.988.00/P.Sft** **Rs. 6980467/-**

17 P/F 1-1/2" thick solid flush door comprising of 2.5 mm thick Deodar/Ash/Oak ply with grooves , compressed over 2.5 mm thickcommercial ply over 1" thick packing wood in style and rails under proper pressure i/c the cost of nails, tower bolt , handles, glue, sawing charges and lacquar polishing to show the grains of ply properly, sand papering and 3/8" thick matching wooden lipping as approved and directed by the Engineer Incharge.

D-1	3	x18-7/8	x8-1/2				=	481 Sft	
D-2	14	x8-7/8	x8-1/2				=	1056 Sft	
D-3	27	x4	x7				=	756 Sft	
D-4	16	x3-1/2	x7				=	392 Sft	
D-5	7	x3	x7				=	147 Sft	
D-7	23	x3-1/2	x7				=	564 Sft	
D-8	8	x3	x7				=	168 Sft	
D-7A	2	x3-1/2	x7				=	49 Sft	
	2	x4	x8-1/2				=	68 Sft	
~~Al~~	~~20~~	~~x18~~	~~x6-1/2~~				=	~~2340 Sft~~ 3691	
					Total		=	~~6021 Sft~~ 3681	~~@Rs.1437.66/P.Sft~~ ~~Rs. 8655790/-~~ 5291866/-

18 ~~P/F UPVC door complete in all respect as approved by the Engineer Incharge~~

D-6	8	x2-1/2	x7				=	140 Sft	
D-9	36	x2-1/2	x7				=	630 Sft	
					Total		=	**770 Sft**	**@Rs.950.00/P.Sft** **Rs. 731500/-**

19 Dismantling brick or flagged flooring without concrete foundation.

	1	x261-7/8	x47-5/8				=	12472 Sft	
	2	x23-1/8	x6-7/8				=	318 Sft	
	1	x36-1/2	x7-3/8				=	269 Sft	
	1	x141	x42-1/8				=	5940 Sft	
	1	x20-7/8	x32-5/8				=	681 Sft	
	1	x60	x7-3/8				=	443 Sft	
	1	x162-7/8	x53-5/8				=	8734 Sft	
	2	x20-7/8	x15-7/8				=	663 Sft	
	2	x59-7/8	x9				=	1078 Sft	
	1	x97-3/8	x7-3/8				=	718 Sft	
	2	x23-1/8	x41-1/8				=	1902 Sft	
					Total.		=	**33218 Sft**	
D/d	40	x2	x2				=	160 Sft	
					Net Total.		=	**33058 Sft**	**@Rs.863.50%Sft Rs. 285456/-**

b Dismenteling brick work in c/s mortar

1	x2	x(269-3/8	+272-5/8)	x 3/4	x1-1/2	=	1220 Cft	

	1	x2	x(66	+16-3/4)	x 3/4	x1-1/2	=	186 Cft		
	1	x2	x3-1/2	x 3/4	x7		=	37 Cft		
	1	x2	x16-1/2	x 3/4	x10		=	248 Cft		
					Total.		=	**1690 Cft**	**@Rs.4317.45%Cft**	**Rs. 72976/-**

c Dismantling 2nd class tile roofing

	1	x1	x66	x16-3/4			=	1106 Sft		
					Total.		=	**1106 Sft**		
D/d	1	x3	x2	x2			=	12 Sft		
					Total.		=	**12 Sft**		
					Net Total.			**1094 Sft**	**@Rs.1269.85%Sft**	**Rs. 13892/-**

d Rehandeling of earth lead upt single throw of Kassi

	Qty item No. 44		1094	x 1/3			=	364 Cft		
	Qty item No 41		36472	x 1/3			=	12145 Cft		
					Total.		=	**12509 Cft**		
D/d	43	x2	x2	x 1/3			=	57 Sft		
					Total.		=	**57 Sft**		
					Net Total.			**12452 Sft**	**@Rs.2539.70%oCft**	**Rs. 31626/-**

20 Khuras on roof 2'x2'x6" (600 x 600 x 150 mm)

	1	x40					=	40 No		
					Total		=	**40 No**	**@Rs.855.00/E**	**Rs. 34200/-**

21 P/F PVC pipe BSS class B" 4" dia

	40	x14					=	560 Rft		
					Total		=	**560 Rft**	**@Rs.440.65/P.Rft**	**Rs. 246764/-**

22 P/F PVC Bend BSS class B" 4" dia

	1	x40					=	40 No		
					Total		=	**40 No**	**@Rs.543.55/E**	**Rs. 21742/-**

23 P/F PVC TEE BSS class B" 4" dia

	1	x40					=	40 No		
					Total		=	**40 No**	**@Rs.1586.00/E**	**Rs. 63440/-**

24 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.i/c polythene sheet 500 gauge

Qty item no-21							=	33058		
	3	x6	x9-5/8				=	173 Sft		
	1	x60	x7-3/8				=	443 Sft		
	1	x18-7/8	x21				=	396 Sft		
					Total		=	**34070**	**@Rs.12121.75%Sft**	**Rs. 4129880/-**

25 P/L DPC of C.C(1:2:4) 1-1/2" thick with bitumen cutting & polythene sheet 500 gauge.

	2	x2	x18-7/8	x1-1/8			=	85 Sft		
	2	x2	x21-1/8	x1-1/8			=	95 Sft		
	2	x2	x60	x1-1/8			=	270 Sft		
	2	x2	x14	x 3/4			=	42 Sft		
					Total.		=	**492 Sft**		
D/d	2	x4	x1-1/8	x1-1/8			=	9 Sft		
	3	x2-1/2	x1-1/8				=	8 Sft		
	2	x2	x6	x1-1/8	x1-1/8		=	24 Sft		
					Total.		=	**41 Sft**		
					Net Total.		=	**451 Sft**	**@Rs.8650.50%Sft**	**Rs. 38976/-**

26 P/L vertical DPC of cement sand plaster (1:3) 1/2" thick i/c bitument coating & polythene sheet 500 gauge.

	2	x2	x18-7/8	x1-1/8			=	85 Sft		
	2	x20	x1-1/2				=	60 Sft		
	2	x60	x1-1/2				=	180 Sft		
					Total.		=	**325 Sft**	**@Rs.5673.50%Sft**	**Rs. 18439/-**

27 RCC 1:2:4 in roof slab beam columns etc. complete in all respect

	4	x1-1/8	x1-1/8	x4-1/2			=	23 Cft		
	4	x1-1/8	x1-1/8	x11			=	56 Cft		
	2	x21-1/8	x1-1/8	x1-1/8			=	53 Cft		
	2	x20	x1-1/8	x1-1/8			=	51 Cft		
	12	x1-1/8	x1-1/8	x4-1/2			=	68 Cft		
	12	x1-1/8	x1-1/8	x11			=	167 Cft		
	2	x60	x1-1/8	x1			=	135 Cft		
	1	x60	x9-5/8	x 3/7			=	241 Cft		
Shelf	20	x10	x2	x 1/4			=	100 Cft		
	1	x21-1/8	x21-1/8	x 3/7			=	186 Cft		
	15	x12	x2	x 1/4			=	90 Cft		
RCC Roof	1	x21-1/8	x21-1/8	x 3/7			=	186 Cft		
	1	x66	x16-3/4	x 3/7			=	461 Cft		
	2	x6	x9-5/8	x 1/3			=	38 Cft		
	20	x10	x5	x 1/3			=	333 Cft		
					Total.		=	**2188 Cft**	**@Rs.556.50/P.Cft**	**Rs. 1217622/-**

28 Fabrication of mild steel reinforcement i/c cutting bending and laying in position i/c cost fo binding wire (use in deformed bars)

2987	x67.75	x0.454		=	9154 Kg		
			Total.	=	**9154 Kg**	**@Rs.31407.85%kg**	**Rs. 2874968/-**

29 3/8" thick c/s (1:3) under sofit of R.C.C slab i/c 3/4" thc c/s plaster 1:2 i/c removing old plaster.

	1	x66	x16-3/4	=	1106 Sft		
	1	x60	x7-3/8	=	443 Sft		
	1	x18-7/8	x20	=	378 Sft		
	3	x6	x8	=	144 Sft		
			Total.	=	**2070 Sft**	**@Rs.3708.60%Sft**	**Rs. 76749/-**

30 S/F Sand under floor or plugging in walls

2	x182	x3-1/4	x 1/4	=	296 Cft		
2	x65-5/8	x3-1/4	x 1/4	=	107 Cft		
2	x54-1/4	x3-1/4	x 1/4	=	88 Cft		
2	x52	x3-1/4	x 1/4	=	85 Cft		
2	x184-1/4	x3-1/4	x 1/4	=	299 Cft		
2	x50-1/8	x3-1/4	x 1/4	=	81 Cft		
2	x33-1/2	x3-1/4	x 1/4	=	54 Cft		
2	x268-3/8	x3-1/4	x 1/4	=	436 Cft		
2	x82-7/8	x3-1/4	x 1/4	=	135 Cft		
2	x83-3/4	x3-1/4	x 1/4	=	136 Cft		
			Total.		**1717 Cft**	**@Rs.2943.30%Cft**	**Rs. 50536/-**

31 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.

same qty item no 32				=	1717 Cft		
			Total	=	**1717 Cft**	**@Rs.9314.40%Cft**	**Rs. 159928/-**

32 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 ofcement concrete 1:3:6, including surface finishing anddividing in panels **(1-1/2" thick)** i/c rubbing :-

2	x1	x183-1/2	x4	=	1468 Sft		
2	x1	x65	x4	=	520 Sft		
2	x1	x54-1/4	x4	=	434 Sft		
2	x1	x52	x4	=	416 Sft		
2	x1	x185-3/4	x4	=	1486 Sft		
2	x1	x50-1/8	x4	=	401 Sft		
2	x1	x33-1/2	x4	=	268 Sft		
2	x1	x269-7/8	x4	=	2159 Sft		
2	x1	x82-7/8	x4	=	663 Sft		
2	x1	x83-3/4	x4	=	670 Sft		
			Total.	=	**8485 Sft**	**@Rs.10433.90%Sft**	**Rs. 885316/-**

33 Providing and fixing marble strip of any shade for dividing the mosaic flooring into panels. Size 1½" x 3/8" (40 x 10 mm)

same qty item no 34	x8485	x 60%		=	5091 Rft		
			Total	=	**5091 Rft**	**@Rs.19.80/Rft**	**Rs. 100802/-**

34 Pacca brick work in (1:6) c/s mortar in G.F

2	x14-3/8	x 3/4	x11	=	237 Cft		
20	x10	x2	x 1/2	=	200 Cft		
80	x2	x 1/4	x2	=	80 Cft		
Parpit 542	x2-1/2	x 3/5	x1-1/2	=	1220 Cft		
			Total.	=	**1737 Cft**	**@Rs.30793.35%Cft**	**Rs. 534880/-**

35 1/2" thick c/s (1:4) plaster up to 20' ht.

	2	x14-3/8	x10	=	288 Sft		
	20	x10	x2	=	400 Sft		
	80	x4	x2	=	640 Sft		
Patches	30	x4	x4-3/4	=	570 Sft		
	20	x3-3/4	x3-1/4	=	244 Sft		
	15	x2-1/2	x5	=	188 Sft		
	14	x2	x5	=	140 Sft		
	542	x2	x2-1/4	=	2439 Sft		
			Total.	=	**4908 Sft**	**@Rs.3245.95%Sft**	**Rs. 159303/-**

36 Providing and laying superb quality Ceramic tile floors of Master brand of specified size, Glossy /Matt/ Texture of approved Color and Shade as per approved design with adhesive bond, over 3/4" thick (1;2) cement sand plaster i/c the cost of sealer for finishing the joints i/c cutting grinding complete in all respects and as approved and directed by the Engineer Incharge. **Size 12"x18" /12"x24" /10"x24" /8"x24"/12"x36"**

Qty item no-1 **(D)**				=	1542 Sft		
2	x1	x6	x8	=	96 Sft		
			Total.	=	**1638 Sft**	**@Rs.240.00/P.Sft**	**Rs. 393120/-**

B Providing and laying superb quality Ceramic tiles dado of Master brand of specified size, Glossy/ Matt/ Texture skirting/ dado of approved Color and Shade with adhesive bond over 1/2" thick (1:2) cement plaster i/c the cost of sealer for finishing the joints i/c cutting grinding complete in all respects as approved and directed by the Engineer Incharge.Size **12"x18"/12"x24" /10"x24" /8"x24"/12"x36"**

	1	x10	x12	x6		=	720 Sft	
	2	x14	x2	x6		=	336 Sft	
					Total.	=	1056 Sft	@Rs.292.75/P.Sft Rs. 309144/-

37 Providing and fitting curtain railing to doors and windows, comprising of TOSO-elite Japan made superior type of railing or equivalent, fixed over 4"x¾" (100mmx20mm) deodar wood strip, including painting.

44	+10	+148-1/2	+150		=	353 Rft
66	+14	+36	+259		=	375 Rft
516	+273	+24			=	813 Rft
55	+215	+14			=	284 Rft
30	+12	+10			=	52 Rft
210	+20	+20			=	250 Rft
				Total	=	2127 Rft @Rs.294.10/P.Rft Rs. 625404/-

38 P/F window blinder best quality as approved by the Engineer Incharge

Qty item no 16					=	7065 Sft
				Total	=	7065 Sft @Rs.400.00/P.Sft Rs. 2826100/-

39 Distempering on old surface 2-coat

Qty item no-1					=	17640 Sft
Exem	1	x5-3/4	x5-7/8		=	34 Sft
	1	x15-1/2	x15-1/2		=	240 Sft
	1	x19-1/4	x15-1/2		=	298 Sft
Com	2	x182	x8-7/8		=	3231 Sft
	1	x70	x7-3/8		=	516 Sft
	1	x140	x7-3/8		=	1033 Sft
	1	x43-5/8	x7-3/8		=	322 Sft
	1	x33-1/2	x7-3/8		=	247 Sft
Ward	4	x65-1/2	x19-1/2		=	5109 Sft
	1	x97-3/8	x7		=	682 Sft
	1	x18-7/8	x42-1/4		=	797 Sft
	1	x40	x8-7/8		=	355 Sft
	4	x12-3/4	x14-3/4		=	752 Sft
	3	x10-1/4	x15-1/2		=	477 Sft
	3	x11-3/4	x15-1/2		=	546 Sft
	4	x14	x12-3/4		=	714 Sft
	3	x12	x13-3/4		=	495 Sft
	1	x15-1/4	x20-1/8		=	307 Sft
	1	x16-1/4	x7-5/8		=	124 Sft
	1	x16-1/4	x7-1/2		=	122 Sft
	1	x20-1/2	x20-1/8		=	413 Sft
	1	x18-7/8	x20-1/8		=	380 Sft
dilevry	1	x1	x15-1/4	x20-1/8	=	307 Sft
corrri door	1	x1	x53-1/2	x7-3/4	=	415 Sft
scrub up	1	x1	x16-1/4	x20-1/8	=	327 Sft
	1	x1	x20-1/2	x20-1/8	=	413 Sft
	1	x15-1/8	x11-5/8		=	176 Sft
				Total	=	36472 Sft @Rs.705.15%Sft Rs. 257182/-

B Distempering on New surface 3-cost

1	x20	x18-7/8	=	378 Sft	
2	x6	x9-5/8	=	116 Sft	
1	x60	x7-3/8	=	443 Sft	
		Total	=	937 Sft	@Rs.1295.00%Sft Rs. 12134/-

C Distempering on old surface 2-coat after scraping

Qty item no-4 =22883/5x7					=	32036 Sft
1	x2	x(5-3/4	+5-7/8)	x7	=	163 Sft
1	x2	x(15-1/2	+15-1/2)	x7	=	434 Sft
1	x2	x(19-1/4	+15-1/2)	x7	=	487 Sft
2	x2	x(182	+8-7/8)	x7	=	5345 Sft
1	x2	x(70	+7-3/8)	x7	=	1083 Sft
1	x2	x(140	+7-3/8)	x7	=	2063 Sft
1	x2	x(43-5/8	+7-3/8)	x7	=	714 Sft
1	x2	x(33-1/2	+7-3/8)	x7	=	572 Sft
4	x2	x(65-1/4	+19-1/2)	x7	=	4746 Sft
1	x2	x(97-3/8	+7)	x7	=	1461 Sft
1	x2	x(18-3/8	+42-1/4)	x7	=	849 Sft
1	x2	x(40	+8-7/8)	x7	=	684 Sft
4	x2	x(12-3/4	+14-3/4)	x7	=	1540 Sft
3	x2	x(10-1/4	+15-1/2)	x7	=	1082 Sft
3	x2	x(11-3/4	+15-1/2)	x7	=	1145 Sft
4	x2	x(14	+12-3/4)	x7	=	1498 Sft
3	x2	x(12	+13-3/4)	x7	=	1082 Sft
1	x2	x(15-1/4	+20-1/8)	x7	=	495 Sft
1	x2	x(16-1/4	+7-5/8)	x7	=	334 Sft
1	x2	x(20-1/2	+20-1/8)	x7	=	569 Sft
1	x2	x(18-7/8	+20-1/8)	x7	=	546 Sft

	1	x2	x(15-1/4	+20-1/8)	x7	=	495 Sft	
	1	x2	x(53-1/2	+7-3/8)	x7	=	852 Sft	
	1	x2	x(16-1/4	+20-1/8)	x7	=	509 Sft	
	1	x2	x(20-1/2	+20-1/8)	x7	=	569 Sft	
	1	x2	x(15-1/8	+11-5/8)	x7	=	375 Sft	
Qty item no-1						=	17640 Sft	
Exem	1	x5-3/4	x5-7/8			=	34 Sft	
	1	x15-1/2	x15-1/2			=	240 Sft	
	1	x19-1/4	x15-1/2			=	298 Sft	
Com	2	x182	x8-7/8			=	3231 Sft	
	1	x70	x7-3/8			=	516 Sft	
	1	x140	x7-3/8			=	1033 Sft	
	1	x43-5/8	x7-3/8			=	322 Sft	
	1	x33-1/2	x7-3/8			=	247 Sft	
Ward	4	x65-1/2	x19-1/2			=	5109 Sft	
	1	x97-3/8	x7			=	682 Sft	
	1	x18-7/8	x42-1/4			=	797 Sft	
	1	x40	x8-7/8			=	355 Sft	
	4	x12-3/4	x14-3/4			=	752 Sft	
	3	x10-1/4	x15-1/2			=	477 Sft	
	3	x11-3/4	x15-1/2			=	546 Sft	
	4	x14	x12-3/4			=	714 Sft	
	3	x12	x13-3/4			=	495 Sft	
	1	x15-1/4	x20-1/8			=	307 Sft	
	1	x16-1/4	x7-5/8			=	124 Sft	
	1	x16-1/4	x7-1/2			=	122 Sft	
	1	x20-1/2	x20-1/8			=	413 Sft	
	1	x18-7/8	x20-1/8			=	380 Sft	
dilevry	1	x1	x15-1/4	x20-1/8		=	307 Sft	
corrri door	1	x1	x53-1/2	x7-3/4		=	415 Sft	
scrub up	1	x1	x16-1/4	x20-1/8		=	327 Sft	
	1	x1	x20-1/2	x20-1/8		=	413 Sft	
	1	x15-1/8	x11-5/8			=	176 Sft	
					Total	=	**61729 Sft**	**@Rs.1467.05%Sft Rs. ~~985591/-~~ 763732/-**

D/d openings
Doors = 3681
windows = 5989
9670

9670 = 52059 Sft

40 Weather shield paint on external old surface 2-coat

1	x2	x(197-1/8	+43-5/8)	x15-1/2	=	7463 Sft	
1	x2	x(197-1/8	+55-1/8)	x15-1/2	=	7820 Sft	
	2	x60		x15-1/2	=	1860 Sft	
	2	x33-1/2		x15-1/2	=	1039 Sft	
1	x2	x(263-3/8	+76-3/8)	x15-1/2	=	10532 Sft	
				Total.	=	**28714 Sft**	**@Rs.1925.45%Sft Rs. 552864/-**

D/d windows

41 Providing and laying high density single profiles panish glazed tappered barreltype of 4"-51/2"dia Terra Cotta Khaprail Tile dipped or ealed with a water repellent, with Terra Cotta baseplate (10"x16"), resistant tosaltattack laid with lapsand duly in terlocked on slopping roof over 1/2" thick(1:3) cement sand mortar i/c cost of all material and labour complete in all respect as approved and directed by the Engineer Incharge.

16	x2	x10	x2	=	640 Sft	
16	x2	x10	x6	=	1920 Sft	
			Total	=	**2560 Sft**	**@Rs.116.75/P.Sft Rs. 298880/-**

42 Supply and installation of Clip-in tile of specified thickness non-porous Alumnium false ceiling of specified size fitted with 'Clip-in' suspension system hanged on Concealed T/Shiplap edge/runners @ 600 mmX600 mm grid,Edge Trims fasten on wall with plug and screw @ 500 mm c/c i/c cutting charges of tiles to required size,suspension rods and joints sealed with silicon if required of DAMPA/Demark, as approved and directed by the Engineer Incharge.**Non-porous false ceiling (A) 0.6 mm thick (a) Sharp edges & flange 19.5 mm (i)300 mmX 300 mm (ii)400 mmX 400 mm (iii)600 mmX 600 mm (b) Bevelled edges & flange 21.5 mm i)300 mmX 300 mm (ii)400 mmX 400 mm (iii)600 mmX 600 mm If 0.7 mm thick used increase composite rate by 5 %.**

1	x20	x18	-	=	360 Sft	
1	x13	x18	-	=	234 Sft	
1	x14	x18	-	=	252 Sft	
			Total	=	**846 Sft**	**@Rs.400.00/P.Sft Rs. 338400/-**

43 Supply and installation premimum graded/scratch-resistant Hygienic anti-microbial Pvc wall cladding of specified thickness duly thermoplastic welded conforming to (ISO:22196) and pasted over 12mm thick gypsum board with adhesive/solvent fixed over 14-SWG G.I Channael of size 3.5"X 2"X3.5" duly screwed on wall i/c the cost of hardwares as approved and directed by the Engineer In-charge **Anti-microbial wall panelling (a) 2mm thick (b) 2.5mm thick**

	(20+18)					
2	x38	x11-1/2	x2	=	1748 Sft	
	(13+18)					
2	x31	x11-1/2	-	=	713 Sft	
	(14+18)					
2	x32	x11-1/2	-	=	736 Sft	
			Total	=	3197 Sft	@Rs.650.00/P.Sft Rs. 2078050/-

44 P/F imported Anti static floor sheet poly floor colour chemical resistant ESD, silver/gry 2mm thick UK. i/c griding preparation of floor surface by laying epoxy dam proof i/c all labour camping stip carriage complete as approced by the engineer incharge.

1	x20	x18	-		=	360 Sft		
1	x13	x18	-		=	234 Sft		
1	x14	x18	-		=	252 Sft		
				Total	=	**846 Sft**	**@Rs.516.00/P.Sft**	**Rs. 436536/-**

45 Providing and laying 3/4" thick full width Prepolished Marble slab for Vanities /Shelves /Treads/ Window Cills, having Uniform texture (Spotless) with adhesive bond over 3/4" thick (1:2) cement sand mortor i/c the cost of matching sealer complete in all respects as approved and directed by the Engineer Incharge.**i)China Verona**

1	x8-7/8	x1-1/4			=	11 Sft		
3	x8-7/8	x1-1/4			=	33 Sft		
2	x4	x1-1/4			=	10 Sft		
Ward								
33	x3-1/2	x1-1/4			=	144 Sft		
1	x15	x1-1/4			=	19 Sft		
(6	+5)	x1-1/4	-		=	38 Sft		
1	x12	x1-1/4			=	15 Sft		
2	x16	x1-1/4			=	40 Sft		
37	x6	x1-1/4			=	278 Sft		
43	x11	x1-1/4			=	591 Sft		
(3	+36)	x1-1/4	-		=	135 Sft		
4	x5	x1-1/2			=	30 Sft		
1	x11	x1-1/4			=	14 Sft		
1	x45	x3-1/2	x1-1/4		=	197 Sft		
2	x6	x1-1/4			=	15 Sft		
6	x4	x1-1/4			=	30 Sft		
3	x3	x1-1/4			=	11 Sft		
2	x4	x1-1/4			=	10 Sft		
				Total	=	**1621 Sft**	**@Rs.412.35/P.Sft**	**Rs. 668419/-**

Total(A) ~~Rs. 65580253/-~~ 58029151

D/D cost of old material

1 **Bricks (9"x4-1/2x3")**
1690x1350/100x60/100

		= 13689 No		
Total.	=	**13689 No**	**@Rs.4500.00/%o Nos**	**Rs. 61601/-**

2 **Tiles (9"x4-1/2x1-1/2")**
33058x288/100x60/100

		= 57124 No		
Total.	=	**57124 No**	**@Rs.5000.00/%o Nos**	**Rs. 285621/-**

3 **Bats brick**
1690x40/100

		= 676 Cft		
Total.	=	**676 Cft**	**@Rs.2000.00%Cft**	**Rs. 13520/-**

4 **Tiles Bats**
33058x1/8x40/100

		= 1653 Cft		
Total.	=	**1653 Cft**	**@Rs.2000.00%Cft**	**Rs. 1635/-**

5 **Door**

		= 139 No		
Total.	=	**139 No**	**@Rs.1200.00/E**	**Rs. 166800/-**

6 **Window**

		= 136 No		
Total.	=	**136 No**	**@Rs.1000.00/E**	**Rs. 136000/-**

7 **C . Window**

		= 96 No		
Total.	=	**96 No**	**@Rs.600.00/E**	**Rs. 57600/-**

b) Mis L.S **Rs. 50000/-**

Total(B) **Rs. 772777/-**

57256374

Net Total (A-B) ~~Rs. 64807476/-~~

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Based on MRS 2nd Bi Annual 2022 (1st July 2022 to 31st December 2022 Plain Area)

1	S/E of PVC pipe for wiring recessed in wall I/c inspection boxes pull boxes hooks cutting jharries and repairing surface etc complete in all respect.				
	i) 3/4" PVC Pipe.		Total: -	2000 Rft	
		@	*Rs. 81.70 Per Rft*		**Rs. 163400/-**
	ii) 1" PVC Pipe.		Total: -	1000 Rft	
		@	*Rs. 94.60 Per Rft*		**Rs. 94600/-**
	iii) 2" PVC Pipe.		Total: -	500 Rft	
		@	*Rs. 183.45 Per Rft*		**Rs. 91725/-**
2	S/E of single core PVC insulated PVC sheathed copper conductor cable 250/440 volts grade cable (BS-2204) in prelaid PVC pipe M.S conduite G.I pipe/ wooden strip. ***(Rate for cable only).***				
	i) 3/0.029"			5000 Rft	
			Total: -	5000 Rft	
		@	*Rs. 25.70 Per Rft*		**Rs. 128500/-**
	ii) 7/0.029"			3000 Rft	
			Total: -	3000 Rft	
		@	*Rs. 40.75 Per Rft*		**Rs. 122250/-**
	iii) 7/0.044"			500 Rft	
			Total: -	500 Rft	
		@	*Rs. 75.10 Per Rft*		**Rs. 37550/-**
	iv) 7/0.064"			500 Rft	
			Total: -	500 Rft	
		@	*Rs. 175.50 Per Rft*		**Rs. 87750/-**
	~~v) 19/0.052" (4-core)~~			~~500 Rft~~	
			~~Total:~~	~~500 Rft~~	
		~~@~~	~~*Rs. 1204.55 Per Rft*~~		~~**Rs. 602275/-**~~
3	P/F PVC double layer Switch kit Face plate with specified switch holes i/c the cost of switches / sockets / dimmer made of Hi-Life / Bush / Schenider, screws complete as approved and directed by the Engineer Incharge **Large (iii) 06 Gange**				
				30 Nos	
			Total: -	30 Nos	
		@	*Rs. 1162.50 Each*		**Rs. 34875/-**
	(i) 04 Gange			20 Nos	
			Total: -	20 Nos	
		@	*Rs. 802.50 Each*		**Rs. 16050/-**
4	S/E of Energy saver best quality etc complete in all respect.25 watt				
				60 Nos	
			Total: -	60 Nos	
		@	*Rs. 350.00 Each*		**Rs. 21000/-**
b)	45 watt			40 Nos	
			Total: -	40 Nos	
		@	*Rs. 1000.00 Each*		**Rs. 40000/-**
5	S/E of Ceiling rose bakelite.			40 Nos	
			Total: -	40 Nos	
		@	*Rs. 66.30 Each*		**Rs. 2652/-**
6	S/E of button holder bakelite large size.				
				80 Nos	
			Total: -	80 Nos	
		@	*Rs. 104.15 Each*		**Rs. 8332/-**
7	Earthing of iron clad/aluminium switches, etc., with G.I wire No.8 SWG in G.I pipe 15 mm (½" dia) recessed or on surface of wall and floor, complete with 1.5 metre long G.I pipe, 50 mm (2" dia) with reducing socket 4 to 5 metre below ground level, and 2 metre away from building plinth.				
				3 Job	
			Total: -	3 Job	
		@	*Rs. 9592.65 P-Job*		**Rs. 28778/-**
8	Bonding to earth with wire on surface i/c cost of wire, clamps,thimbles,etc 8 SWG				
				300 Rft	
			Total: -	300 Rft	
		@	*Rs. 23.25 P-Rft*		**Rs. 6975/-**

metre long, complete with 2 No. pole clamp. i/c street pole mounted street holder, shade&glass with mercury lamp 125 watt (Philps design)

5 Nos

Total: - **5 Nos**

@ *Rs.* *5070.10 Each* **Rs. 25351/-**

10 P/F Exhaust Fan 12" dia plastic body (Double action) (GFC/Pak Fan/Royal Fan or equivlant) i/c louvered shutter i/c making E.I connection upto 1-meter length with existing point complete in all respect..

12 ~~20 Nos~~

Total: - 12 ~~**20 Nos**~~

@ *Rs.* *3133.00 Each* **Rs. ~~62660~~/-37596/-**

11 S/E Ceiling fan 56" sweep complete in all respect as approved by the Engineer Incharge.

20 ~~30 Nos~~

Total: - 20 ~~**30 Nos**~~

@ *Rs.* *7500.00 Each* ~~**Rs. 225000/-**~~ 150,000/-

12 S/E call bell i/c bell push complete in all respect as approved by the Engineer Incharge.

10 Nos

Total: - **10 Nos**

@ *Rs.* *521.10 Each* **Rs. 5211/-**

13 S/E of ms.bar fan hook 3/8"dia placed at the time of costing of Rcc slab

8 Nos

Total: - **8 Nos**

@ *Rs.* *67.80 Each* **Rs. 542/-**

14 Erection of ceiling fan alogwith regulator (all sizes i/c carriage from local railway station store to site of work electric wire cable for suspension rod and board connection and cutting threading on the rod where necessary

11 Nos

Total: - **11 Nos**

@ *Rs.* *462.50 Each* **Rs. 8315/-**

15 Supplying,Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/ABB SWITZERL(with adjustable Thermal-Magnetic Trip) in prefaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge.**Tripple Pole With Adjustable Thermal-Magnetic Trip /Electronic Trip (60-100%)**

3 No

Total: - **3 No**

@ *Rs.* *37233.00 Each* **Rs. 111699/-**

16 P/F floor mounted ATS (Auto Transfer Switch) panel board , fabricarted with 14S WG M.S sheet (Indoor Type) duly painted with 100 microns powder coated paint in approved colour , front access ,extendable,insulation class of 600 volts IP-44, incomimg & outgoing connections from bottom with flexible copper cable suitable for 415 VAC, 3-phase 4 wire, 50 HZ TPN&E system having rated service, short circuit breaking capacity at 400VAC conforming to IEC-947-2 to accomodate given no of circuit components, instruments & accessories,assembled & wired with Electrolitic Copper bus bars at 50 deg and cables duly cleaned down to bare shining metal phosphate, manual change Over i/c the cost of Lock, Indication lights,thimbles, Copper Comb, Wiring, Netural & Earth Bar,CTs,Contactors,Relays, Door Earthing, Brass glands complete in all respects as approved and directed by the Engineer Incharge. (Breakers wil be paid additionally) b)**2.00 Ft deep.**

~~1 No~~

~~**Total:** 1 No~~

~~@ *Rs.* *1833651.55 Each*~~ ~~**Rs. 1833652/-**~~

Total ~~**Rs. 3759141/-**~~ Rs. 122315 1/-

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	II) 110mm dia type "B" make					
		@	Rs.	[illegible] Per Rft		Rs. [illegible]
			Total: -		50 Rft 50 Rft	
		@	Rs.	260.60 Per Rft		Rs. 13030/-
17	Providing,laying,testingandcommissioningofPOLYPROPYLENERANDOMCOPOLYMER(PPRC)watersupply pipe(Dadex/Popular/Betaorequivalent)withspecifiedpressureratingPN(PRESSURENOMINAL)andconforming toDIN8077-8078codei/ccostofsolvent,specials,makingjharriescompleteinallrespectasapprovedanddirectedby Engineer Incharge.(Internal/External c) PN-25 pipeDiameters mentioned)					
	(i) 32mm dia					
			Total: -		50 Rft 50 Rft	
		@	Rs.	123.60 Per Rft		Rs. 6180/-
	(ii) 25mm dia					
			Total: -		50 Rft 50 Rft	
		@	Rs.	75.90 Per Rft		Rs. 3795/-
18	P/F Polypropylene Random Copolymer (PPRC) specials socket (Dadex/Beta/BBJ) complete in all respect.					
	(i) 25mm dia					
			Total: -		8 No 8 No	
		@	Rs.	33.00 Each		Rs. 264/-
	(ii) 32mm dia					
			Total: -		12 No 12 No	
		@	Rs.	43.00 Each		Rs. 516/-
19	Providing and fixing Bathroom Accessories (7-piece set) Master brand - One Cosmetic Shelf, One Towel rod with bracket, One soap dish, One double hook, One towel ring, brush holder, toilet paper holder & looking glass i/c the cost of hardwares etc complete in all respect as approved and directed by the Engineer incharge.					
			Total: -		1 No 1 No	
		@	Rs.	7600.00 Each		Rs. 7600/-
20	ProvidingandfixingCPheavydutybrass BallvalvewithCPhandleofspecifieddiametermadeofFaisal/Sonex/MasterbestqualityorequivalentcompleteinallrespectasapprovedanddirectedbytheEngineer incharge					
			Total: -		1 No 1 No	
		@	Rs.	990.00 Each		Rs. 990/-
21	Providing and fixing stainless steel sink with drain board, size 120x60 cm (48"x24") including bracket set, waste pipe and waste coupling.					
			Total: -		1 No 1 No	
		@	Rs.	6405.30 Each		Rs. 6405/-
					Total	Rs. 87405/-

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1	P/Fixing W.C (orisa Pattern) connected with foot rest.				
	I) Coloured			10 Nos	
		Total: -		10 Nos	
		@	*Rs. 2458.35 Each*		**Rs. 24584/-**
b	P/fitting glazed earthen were water closet european type excluding seat and cover				
	I) Coloured			10 Nos	
		Total: -		10 Nos	
		@	*Rs. 9165.05 Each*		**Rs. 91651/-**
2	P/F plastic made low down flushhng cistern 3 gallon capacity I/c bracket set rubber set rubber connection etc.				
				10 No	
		Total: -		10 No	
		@	*Rs. 2649.35 Each*		**Rs. 26494/-**
b	Providing and fitting glazed earthen ware low down flushing cistern 13.63 litters (3 gallons) capacity , I/c bracket set, copper connection etcl				
				10 No	
		Total: -		10 No	
		@	*Rs. 4629.35 Each*		**Rs. 46294/-**
3	P/fixing earthen ware wash hand basin 22x16" size I/c breaket set waste pipe and waste coupling. (I) Coloured with Padestial				
				10 No	
		Total: -		10 No	
		@	*Rs. 4329.95 Each*		**Rs. 43300/-**
4	Providing and fixing , double seat and cover only plastic				
				10 No	
		Total: -		10 No	
		@	*Rs. 428.60 Each*		**Rs. 4286/-**
5	P/Fixing chromium plated bib cock 1/2" dia.				
				20 Nos	
		Total: -		20 Nos	
		@	*Rs. 775.00 Each*		**Rs. 15500/-**
6	P/Fixing chromium plated tee stop cock 1/2" dia.				
				20 Nos	
		Total: -		20 Nos	
		@	*Rs. 955.00 Each*		**Rs. 19100/-**
7	P/Fitting of "P" trap glazed 4" dia				
				20 Nos	
		Total: -		20 Nos	
		@	*Rs. 283.15 Each*		**Rs. 5663/-**
8	Providing and fitting 10 cm (4") gully trap, including cement cncrete, costof PVC grating 15 x 15 cm (6" x 6") and Masonry chamber 30 x 30 cm(12" x 12").				
				10 Nos	
		Total: -		10 Nos	
		@	*Rs. 1096.85 Each*		**Rs. 10969/-**
9	P/F steel sink complete in all respect as approved by the Engineer Incharge				
				2 Nos	
		Total: -		2 Nos	
		@	*Rs. 6405.30 Each*		**Rs. 12811/-**
10	Providing and fixing floor trap of Cast Iron including concrete chamber all-round and C.I grating. Floor trap size 10 x 7.5 cm (4" x 3").				
				10 Nos	
		Total: -		10 Nos	
		@	*Rs. 603.95 Each*		**Rs. 6040/-**
11	Providing and fixing Muslim Shower best quality as approved by the Engineer Incharge				
				10 Nos	
		Total: -		10 Nos	
		@	*Rs. 2212.00 Each*		**Rs. 22120/-**
12	Providing and fixing Double Head bib cock best quality as approved by the Engineer Incharge				
				10 Nos	
		Total: -		10 Nos	

13	Providing, fixing, testing and commissioning of µ-PVC (Unplasticized Poly vinyl Chloride Nikasi/ waste pipe make of Dadex/ Popular /Beta or equivalent, plain/ socket end edcon for mingto code EN-1329 of specified SDR (Standard Dimension Ratio) including the cost of special sand Solvents complete in all respectas approved and directed by the Engineer Incharge.**Type (SDR 32.5/SN-8)** (iv)3"(85 mm)				
				500 Rft	
	Total: -			**500 Rft**	
	@ *Rs.*	*163.75 Per Rft*			**Rs. 81875/-**
	II) 110mm dia type "B" make				
				400 Rft	
	Total: -			**400 Rft**	
	@ *Rs.*	*260.60 Per Rft*			**Rs. 104240/-**
14	Providing ,fixing, testing and commissioning of µ-PVC (Unplasticized Poly vinyl Chloride) Nikasi/ waste pipe make of Dadex/ Popular/ Beta or equivalent, plain/ socket end edconformingto code EN-1329 of specified SDR (Standard Dimension Ratio) including the cost of specials and Solvents complete in all respectas approved and directed by the Engineer Incharge .**Type (SDR 32.5/SN-8)** (iv)3"(85 mm)				
				18 No	
	Total: -			**18 No**	
	@ *Rs.*	*163.75 Each*			**Rs. 2948/-**
	II) 110mm dia type "B" make				
				20 No	
	Total: -			**20 NO**	
	@ *Rs.*	*260.60 Per Rft*			**Rs. 5212/-**
19	Providing, laying ,testing and commissioning of POLYPRO PYLENER ND OMCO POLYMER (PPRC) water supply pipe (Dadex/ Popular/ Beta or equivalent) with specified ressurerating PN (PRESSURE NOMINAL) and conforming to DIN 8077-8078 code i/c cost of solvent, specials, making jharries complete in all respect as approved and directed by Engineer Incharge. (Internal/ External c) **PN-25 pipeDiameters mentioned).** (i) 32mm dia				
				400 Rft	
	Total: -			**400 Rft**	
	@ *Rs.*	*123.60 Per Rft*			**Rs. 49440/-**
	(ii) 25mm dia				
				300 Rft	
	Total: -			**300 Rft**	
	@ *Rs.*	*75.90 Per Rft*			**Rs. 22770/-**
26	Providing and fixing Bathroom Accessories (7-piece set) Master brand - One Cosmetic Shelf, One Towel rod with bracket, One soap dish, One double hook, One towel ring, brush holder, toilet paper holder & looking glass i/c the cost of hardwares etc complete in all respect as approved and directed by the Engineer incharge.				
				10 No	
	Total: -			**10 No**	
	@ *Rs.*	*7600.00 Each*			**Rs. 76000/-**

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

4 No

Total: - 4 No

@ *Rs. 33004.00 Each* **Rs. 132016/-**

Total **Rs. 820629/-**

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(SUIGAS INSTALLATION)

1 P/L cutting jointing and testing G.I pipe i/c all specials and valves etc

a) **1-1/2" dia**

200 Rft

Total: - 200 Rft

@ *Rs. 469.70 P.Rft* **Rs. 93940/-**

b) **1" dia**

500 Rft

Total: - 500 Rft

@ *Rs. 324.20 P.Rft* **Rs. 162100/-**

c) **3/4" dia**

500 Rft

Total: - 500 Rft

@ *Rs. 216.00 P.Rft* **Rs. 108000/-**

d) **1/2" dia**

200 Rft

Total: - 200 Rft

@ *Rs. 168.30 P.Rft* **Rs. 33660/-**

2 Supply & Fixing gas room heater of required plates of approved quality made by Crona /Ambessed or/ Canon i/c cost of fittings & pipe etc.complete in all respect as directed and approved by the Engineer Incharge.**(i) Double plate**

15 Nos

Total: - 15 Nos

@ *Rs. 14025.95 Each* **Rs. 210389/-**

4 P/F sui gas geyser 30/35 gallon capacity i/c thermostat temperature gauge i/c fixing and making connection at site comprising of internal tank of G.I sheet 14 SWG and external M.S sheet 22 SWG covering with proper foot rests dully enamel painted, 4" thick height density glass wool insulation with proper warranty complete in all respect as approved and directed by the Engineer Incharge. (Ambassador/ Firex/ Exquire).

5 No

Total: - 5 No

@ *Rs. 40974.15 Each* **Rs. 204871/-**

Total **Rs. 812960/-**

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ROUGH COST ESTIMATE FOR THE WORK REVAMPING OF 60 BEDED TEHSIL HEAD QUARTER HOSPITAL KHUSHAB AT KHUSHAB

External Water Supply

1	Excavation of trenches in all kinds of soil, except cutting rock, for watersupply pipelines upto 5 ft. from ground level, including trimming, dressing sides,levelling the beds of trenches to correct grade and cutting pits for joints, etc. complete in all respects.			
	4x80x1-1/2x1-1/2	720 Cft		
	15x5x1-1/2x1-1/2	338 Cft		
	4x170x1-1/2x1-1/2	1530 Cft		
	1x10x1-1/2x1-1/2	225 Cft		
	Total	**2813 Cft**	7622.75 %0Cft	**21443**
2	Rehanding of earth lead upto single throw of kassi.			
	Take qty as per item No.1	2813 Cft		
		@	2539.70 %0Cft	**7144**
3	Providing, laying, cutting, jointing, testing and disinfecting High Density Polyethylene Pipe (HDPE-100) working presure pipe, Beta/ Dadex/ Popular/ IIL or equivalent, in trenches, as approved & directed by the engineer incharge, complete in all respects			
	f) PN-20 (SDR-9)			
	ii) 110 mm			
	110 ~~40~~ mm dia			
	1x1000	1000 Rft		
	(4x80)+(150)	470 Rft		
	(4x170)+(100)	780 Rft		
	Total	**2250** Rft	628.50	141425
		@	~~102.55~~ P.Rft	~~433238~~
	~~32 mm dia~~	200 Rft		
		@	123.60 P.Rft	~~24720~~
	~~25 mm dia~~	200 Rft		
		@	~~75.90 P.Rft~~	~~15180~~
7	Providing and fixing CP heavy duty brass Ball valve with CP handle of specified diameter made of Faisal /Sonex /Master best quality or equivalent complete in all respect as approved and directed by the Engineer incharge.**1/2" dia**			
		3 Nos		
		@	990.00 Each	**2970**
	1-1/4" dia			
		3 Nos		
		@	1830.00 Each	**5490**
	1" dia			
		3 Nos		
		@	1674.00 Each	**5022**
			Total	~~515206~~ 145194

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EXTERNAL SEWERAGE SYSTEM

1	Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and timbering, dressing to correct section and dimensions according to templates and levels, and removing surface water, in all types of soil except shingle, gravel and rock:-0-7' Depth								
		1	x35	x2-1/2	x2	=	175 Cft		
		1	x110	x2-1/2	x2	=	550 Cft		
		1	x80	x2-1/2	x2	=	400 Cft		
		1	x30	x2-1/2	x2	=	150 Cft		
		1	x400	x2-1/2	x2	=	2000 Cft		
		4	x10	x2	x2	=	160 Cft		
			Total			=	**3435** Cft	@Rs.11740.40%0Cft	**Rs. 40328/-**
2	Rehanding of earth lead upto single throw of kassi.								
	Take same qty as above					=	3435 Cft		
			Total			=	**3435** Cft	@Rs.2539.70%0Cft	**Rs. 8724/-**
3	R/O 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.								
a)	12" Dia								
		1	x1	x655		=	655 Rft		
			Total			=	**655** Rft	@Rs.695.60/Rft	**Rs. 455618/-**
b)	9" Dia								
		4	x1	x10		=	40 Rft		
			Total			=	**40** Rft	@Rs.528.30/Rft	**Rs. 21132/-**
4	Reconstruction of Man Holes (Analysis Attached)								
		1	x12			=	15 Nos		
			Total			=	**15** Nos	@Rs.35356.00/E	**Rs. 530340/-**
								Total	**Rs. 1056142/-**

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ROUGH COST ESTIMATE FOR THE WORK REVAMPING OF 60 BEDED TEHSIL HEAD QUARTER HOSPITAL KHUSHAB AT KHUSHAB

MAN HOLE

1	Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and timbering, dressing to correct section and dimensions according to templates and levels, and removing surface water, in all types of soil except shingle, gravel and rock:-0-7' Depth									
	1	x1	x5-1/2	x6	x2-1/2	=	83 Cft			
			Total			=	**83 Cft**	@Rs.11740.4%oCft	**Rs.**	**974/-**
2	P/Laying dry rammed brick or stone ballast 1-1/2" to 2"gauge in foundation and									
	1	x1	x5-1/2	x6	x 1/2	=	17 Cft			
			Total			=	**17 Cft**	@Rs.8891.50%Cft	**Rs.**	**1512/-**
3	Pacca brick work in cement sand mortar (1:4) other than building.									
	1	x2	x(4	+3	) x 3/4 x3	=	32 Cft			
				Total		=	**32 Cft**	@Rs.31365.10%Cft	**Rs.**	**10037/-**
4	1/2" thick cement plaster 1:4 upto 20' (6.00 mm) height(G.F):-									
	1	x2	x(2-1/2	+3	) x3	=	33 Sft.			
	1	x2	x(4	+3	) x 3/4	=	11 Sft.			
	1	x2	x(4	+5-1/2)	x2	=	38 Sft.			
				Total		=	**82 Sft.**	@Rs.3245.95%Sft	**Rs.**	**2662/-**
5	Providing and laying reinforced cement concrete (including prestressed concrete), using coarse sand and screened graded and washed aggregate, in required shape and design,including forms, moulds, shuttering, lifting, compacting,curing, rendering and finishing exposed surface, complete (but excluding the cost of steel reinforcement, its fabrication and placing in position, etc.):- (a) (i) **Reinforced cement concrete in roof slab, beams,columns lintels, girders and other structural members** laid in situ or precast laid in position, or prestressed members cast in situ, complete in all respects:- Type C (nominal mix 1:2:4)									
	1	x1	x4	x5-1/2	x 5/12	=	9 Cft			
				Total(A)		=	**9 Cft**			
	D/d 1	x1	x1-5/6	x1-5/6	x 5/12	=	1 Cft			
				Total(B)		=	**1 Cft**			
				NET(A-B)		=	**8 Cft**	@Rs.556.50/Cft	**Rs.**	**4452/-**
6	Fabrication of mild steel reinforcement for cement concrete including cutting bending laying in position making joints and charis etc and fastenings including cost of binding wire and labour charges for binding of steel reinforcement.									
			8	x6-3/4	x 4/9	=	25 Kgs			
			Total			=	**25** Kgs	@Rs.31407.85%Kgs	**Rs.**	**7852/-**
7	P/L c conc plain (1:2:4) l/c placing mixing finishing curing etc complete (G.F)									
	1	x1	x2-1/2	x3	x 1/4	=	2 Cft			
				Total		=	**2 Cft**	@Rs.38178.90%Cft	**Rs.**	**764/-**
8	P/L 6"thick RCC man hole cover with tee shaped CI frame 22"dia drawings STD/PD NO.6 of 1977 complete in all respect									
			1		x1	=	1 No			
				Total		=	1 No	@Rs.6867.75/E	**Rs.**	**6868/-**
9	Extra labour for benching of floor in work in man hole									
			1	x2-1/2	x3	=	8 Sft			
				Total		=	8 Sft	@Rs.2934.10%Sft	**Rs.**	**235/-**
								Total	**Rs.**	**35356/-**

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SEPTIC TANK (12'x6'x7')

1	Excavation in open cutting for sewer line man hole etc in ordinary soil complete.					
	1*15*8*7	840	Cft			
			@	11740.40	%0Cft	**9862**
2	P/L brick or stone ballast 1-1/2" to 2" gauge in F&P ratio (1:612)					
	1*15*8*1/2	60	Cft			
			@	21119.65	%Cft	**12672**
3	Pacca brick work in 1:6 cement sand other than building upto 10' height.					
	1*2(13-1/2+6-1/4)3/4*8-1/2	252	Cft			
	2*6-1/4*3/8*8	38	Cft			
	Total	**290**	**Cft**			
			@	29694.35	%Cft	**86114**
4	1/2" thick cement plaster 1:4 c/s upto 20' height.					
	1*2(3-1/2+6-1/4)*8-1/2	336	Sft			
	2*2*6-1/4*8	200	Sft			
	Total	**536**	**Sft**			
			@	3295.45	%Sft	**17664**
5	P.C.C plain (1:2:4) complete item					
	1*13-1/2*6-1/4*1/2	42	Cft			
			@	38178.90	%Cft	**16035**
6	RCC (1:2:4) for roof slab beam columns lintel etc i/c curing finishing complete item.					
	1*15*7-3/4*5/12	49	Cft			
			@	556.50	P.Cft	**27269**
7	Fabrication of M.S reinforcement i/c cutting bending binding laying in position D-bar					
	49*6.75*0.454	150	Kgs			
			@	31407.85	%Kgs	**47112**
8	Providing and fixing, 6" (150 mm) thick R.C.C. manhole 512.05 6,867.75 ditto cover for 22" as per standard drawing STD/PD No. 6 of set 1977, complete in all respects.					
		3	Nos			
			@	6867.75	Each	**20603**
					Total	**237330**

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STREET LIGHT

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

1	x	600	x	1 1/2	x	2 1/2	=	2250	Cft	
3	x	100	x	1 1/2	x	2 1/2	=	1125	Cft	
2	x	500	x	1 1/2	x	2 1/2	=	1875	Cft	
						Total	=	5250	Cft	
								@	10677.75	%0Cft 56058 /-

2. S/E of PVC pipe for wiring on surface including clamps inspection boxes, pull boxes, bends, tees, repairing surface, etc., complete with all specials:- 2"dia.

1	x	600	=	600	Cft	
1	x	(3x100) + (200)+(600)	=	1400	Cft	
		Total	=	2000	Rft	
				@	157.90	P Rft 315800 /-

3. Supply and erection of copper conductor cables for service connection, in prelaid pipe/G.I. wire/trenches, etc. (rate for cable only):- twin core 7/0.064"

=	4000	Rft			
	@	306.30	Each	1225200 /-	

4. Supplying,installation and commissioning of LED Cobra-head Luminaries of specified wattage and lumens conforming tol P66 & IK08 or above Philips /Osram /Thornore quivalent with corrosionre sistantd iecasted Aluminum housing, silicon gas ketin special groove, UV stable & scratchresistant synthetic materials, thermally hard ened glass complete with LED Chip (Philips Lumiled/ Cree/ Nichia/ Osram make or equivalent) ,programmable LED driver Harvard/ CI/ Lumotech /Philips/ VOSSLOHS chwabe/ Light echmake or equivalent), minimum 10 kV surge protectionrating i/c the cost of all accessories/ component srequired for properoperation ,fully flexible for futureup gradation ande asyreplacements for maintenanc epurposes, bucketelevator charges as approved and directed by the Engineer Incharge. c)120 Lm/Watt

(ix) 180 Watt with 21600 Lumens

=	12	No.			
	@	63379.50	Each	760554 /-	

5. Supplying, installation testing and commissioning o Octagonal shape electric street light pole ,made of hot dipped 4.5 mm thick (7SWG) galvanized steel, tappered from 225 mm atbottomto 100mm attop, with1500 mm x 60 mm x 4 mm thick dia. arm forluminaire installation ,duly G.I. welded with 470 x470 x20 mm base plate with the help of 4 notriangular stiffeners 100 x 350 x 20 mm of Glsheet, with builtinjunction box with shutter ,i/c the cost of nuts & J-ragbolts, duly fixed in prelaid concrete foundation, foundation will be paid additionally as approved and directed by the Engineer In charge.a)
Single Arm

i 10 mtr height

=	12	No.			
	@	106234.90	Each	1274819 /-	

6. Earthing of Aluminum switch etc. with G.I wire No.8-SWG in G.I pipe 1/2" dia recessed on surface wall and floor complete with 1.5 meter long G.I pipe with reducing socket 4 to 5 meter below to Ground level and 2 meter away from building plinth.

=	1	No.			
	@	9592.65	Each	9593 /-	

Total = 3642024 /-

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DETAILED ESTIMATE FOR THE WORK REVAMPING OF 60 BEDED TEHSIL HEAD QUARTER HOSPITAL KHUSHAB AT KHUSHAB
BOUNDARY WALL

1 Dismantling brick work in c/s mortar

1	x100	x 3/4	x8		=	600 Cft	
1	x16	x1-1/8	x 3/8	x8	=	54 Cft	
1	x100	x1-1/8	x3		=	338 Cft	
1	x100	x1-1/2	x 1/4		=	38 Cft	
				Total.	=	**1029 Cft**	**@Rs.4317.45%Cft Rs. 44427/-**

2 Dismenteling mud concrete

1	x100	x2-1/2	x 1/2		=	125 Cft	
				Total.	=	**125 Cft**	**@Rs.2031.75%Cft Rs. 2540/-**

3 Providing and fixing M.S. grill fabricated with MS Square polished Vertical/horizontal Bars of specified size @ 4" c/c ' passed through punched holes in MS Patti of 1-1/4"x1/8" i/c the cost of 1-1/4"x1/8" MS patti for Frame of windows and painting 3 coat complete in all respect as approved and directed by the Engineer Incharge.(ii) 1/2" Squar Bars

2	x2	x5	x9		=	180 Sft	
				Total	=	**180 Sft**	**@Rs.988.00/P.Sft Rs. 177840/-**

4 Re-Construction of Boundary Wall

					=	100 Rft	
				Total	=	**100 Rft**	**@Rs.3420.00/P.Rft Rs. 342000/-**

5 Providing and fixing anti climb high security galvanized razor cut wire having double sharp four U-shaped pointed 0.5 mm thick (22mmx15 mm barbs) spaced @ 33 mm c/c cladded over 2.5 mm dia high tensile Core wire making coil fencing of specified diameter @ 4" c/c fixed on 2'-3" high M/S angle iron post 1½"x1½"x3/16"embeded in base of PCC (1:2:4) (4"x4"x9") @ 4' apart i/c the cost of 2 No. bars 3/8" dia welded horizantally with angle iron posts , binding wire, painting of posts, etc. complete in all respects as pproved and directed by the Engineer incharge.**(i) 24 " diameter**

=	100 Rft			
Total	=	**100 Rft**	**@Rs.541.45/P.Rft**	**Rs. 54145/-**
		Total(A)		**Rs. 620952/-**

D/D cost of old material

1 **Bricks (9"x4-1/2x3")**

1029x1350/100x60/100

=	8335 No			
Total.	=	**8335 No**	**@Rs.4500.00/%o Nos**	**Rs. 37507/-**

2 **Bats brick**

1029x40/100

=	412 Cft			
Total.	=	**412 Cft**	**@Rs.2000.00%Cft**	**Rs. 8232/-**
		Total(B)		**Rs. 45739/-**

Net Total (A-B) **Rs. 575213/-**

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UNDERGROUND STORAGE TANK 20000 GALLONS

1 Excavation of well in dry below ground level 0-5' depth

5' depth	1	x26	x26	x5		=	3380 Cft	
					Total.	=	**3380 Cft**	**@Rs.7547.95%OCft Rs. 25512/-**
8' depth	1	x26	x26	x3		=	2028 Cft	
					Total.	=	**2028 Cft**	**@Rs.7883.15%OCft Rs. 15987/-**

2 Cement concrete (1:4:8) brick or stone ballast 1-1/2" to 2" gauge in F & P

1	x26	x26	x1	=	676 Cft	
			Total.	=	**676 Cft**	**@Rs.24796.45%Cft Rs. 167624/-**

3 P/L RCC (1:2:4) in slab of raft strip foundation etc complete

1	x23	x23	x1	=	529 Cft	
			Total.	=	**529 Cft**	**@Rs.457.75/P.Cft Rs. 242150/-**

4 P/L RCC (1:2:4) in roof slab beam column lintel etc complete

1	x2	x41-1/2	x 3/4	x9	=	560 Cft
2	x22	x1-1/2	x 3/4	x1	=	34 Cft
1	x24	x24	x 3/7		=	240 Cft
				Total.	=	**834 Cft** **@Rs.556.50/P.Cft Rs. 464121/-**

5 Fabrication of mild steel reinforcement i/c cutting bending and laying in position i/c cost fo binding wire (use in deformed bars)

529+834	1363	x67.75	x0.454	=	4177 Kg	
			Total.	=	**4177 Kg**	**@Rs.31407.85%kg Rs. 1311879/-**

6 Pacca brick work (1:4) other then building upto 10' height

2	x23	x 3/4	x9	=	311 Cft
2	x21-1/2	x 3/4	x9	=	290 Cft
			Total.	=	**601 Cft** **@Rs.31365.10%Cft Rs. 188504/-**

7 1/2" thick cement sand plaster (1:4) upto 20' height

1	x2	x46	x9	=	828 Cft
			Total.	=	**828 Cft** **@Rs.3245.95%Cft Rs. 26876/-**

8 Mosaic dado or skirting with one part of cement and marble powder in the ration of (3:1) and two part of marble chips over 1/2" thick cement sand plaster (1:2) w/o rubbing and polishing 1/2" thick

Total.	=	**1120 Sft**	**@Rs.18154.35%Sft Rs. 203329/-**

9 P/L cutting jointing and testing G.I pipe i/c all specials and valves etc

4" dia

4	x40		=	160 Rft	
1	x150		=	150 Rft	
		Total.	=	**310** Rft	**@Rs.1564.95/Rft Rs. 485135/-**

Total **Rs. 3131116/-**

Sub Divisional Officer
Buildings Sub Division
Khushab

Executive Engineer
Buildings Division
Khushab

ROUGH COST ESTIMATE FOR THE WORK REVAMPING OF 60 BEDED TEHSIL HEAD QUARTER HOSPITAL KHUSHAB AT KHUSHAB (ADP NO.658 FOR THE YEAR [illegible])

(ABSTRACT OF COST)

Sr. No	Description	Amount
1	Construction of Tuff tile Road 6' wide **(420x10) 4200 Sft** **@Rs.~~359.38~~/P.Sft** 156/40	656880 **Rs.~~1509403/-~~**
	Total: -	656880 **Rs.~~1509403/-~~**

Sub Divisional Officer
Buildings Sub Division
Khushab

Executive Engineer
Buildings Division
Khushab

ANALYSIS OF ROAD 6' WIDE

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

2	x100	x1-1/2	x 3/4	=	225 Cft	
			Total.	=	**225 Cft**	**@Rs.10677.75%OCft Rs. 2402/-**

2 P/L Dry rammed brick or stone ballast 1-1/2" to 2" gauge in F & P

1	x100	x6	x 1/2	=	300 Cft	
2	x100	x1-1/2	x 1/4	=	75 Cft	
			Total.	=	**375 Cft**	**@Rs.8891.50%Cft Rs. 33343/-**

3 Pacca brick work in (1:6) c/s mortar in F&P

2	x100	x1-1/8	x 1/4	=	56 Cft	
2	x100	x 3/4	x1-1/4	=	188 Cft	
			Total.	=	**244 Cft**	**@Rs.28609.55%Cft Rs. 55142/-**

4 P/L tuff paver 60mm thick 7000PSI manufactured by (Izhar Builders/ Tuff Paver Ltd./ Concrete Concept or equivalent) over 2" to 3" sand cushion i/c grouting with sand in joints i/c finishing complete as approved/ directed by the engineer incharge.

1	x100	x6		=	600 Sft	
			Total	=	**600 Sft**	**@Rs.156.40/P.Sft Rs. 93840/-**

5 P/L C.C (1:2:4) plain

2	x100	x 3/4	x 1/8	=	19 Cft	
			Total.	=	**19 Cft**	**@Rs.31178.90%Cft Rs. 5924/-**

6 Cement pointing (1:2) deep struck joint on walls upto 20' height mix with red oxide pigment to match the colour of brick (1:3).

2	x100	x1		=	200 Sft	
			Total	=	**200 Sft**	**@Rs.4170.85%Sft Rs. 8342/-**

7 With new earth excavated from outside lead up to 3-miles.

2	x100	x5	x1	=	1000 Cft	
			Total.	=	**1000 Cft**	
D/d				=	100 Cft	
			Net Total.	=	**900 Cft**	**@Rs.18484.85%OCft Rs. 16636/-**

Total **Rs. 215629/-**

$$\frac{215629}{600} = \mathbf{359.38}$$

Sub Divisional Officer
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Buildings Division
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ROUGH COST ESTIMATE FOR THE WORK REVAMPING OF 60 BEDED TEHSIL HEAD QUARTER HOSPITAL KHUSHAB AT KHUSHAB (ADP NO.658 FOR THE YEAR 2022-2023)

Baed ON MRS 2nd Bi Annual 2022 (1st July 2022 to 31st December 2022 Plain Area)

DRUG STORE

Sr. No	Description	Amount
1	Building Portion	Rs.4715838/-
2	Electric Installation	Rs.270251/-
3	Sanitary Installation	Rs.87405/-
4	Sui Gas	Rs.131586/-
	Total: -	Rs.5205080/-

Sub Divisional Officer
Buildings Sub Division
Khushab

Executive Engineer
Buildings Division
Khushab

ROUGH COST ESTIMATE FOR THE WORK REVAMPING OF 60 BEDED TEHSIL HEAD QUARTER HOSPITAL KHUSHAB AT KHUSHAB (ADP NO.658 FOR THE YEAR 2022-2023)

BASED ON MRS 2ND BI ANNUAL 2022 (1ST JULY 2022 TO 31ST DECEMBER 2022 PLAIN AREA)

DRUG STORE

1 Dismantling C.C plain (1:2:4)

Main Store	1	x29-1/2 x20-3/4	=	612 Sft	
Ver.	1	x6-1/2 x7-1/2	=	49 Sft	
Store	2	x7-3/4 x7-1/2	=	116 Sft	
	1	x8-1/2 x7-1/2	=	64 Sft	
	1	x8-1/2 x5	=	43 Sft	
	1	x8-1/2 x11-1/2	=	98 Sft	
MO. Room	1	x16-1/4 x11-1/2	=	187 Sft	
Ver.	1	x7 x5	=	35 Sft	
	1	x10 x8	=	80 Sft	
D1	1	x4 x1-1/8	=	5 Sft	
D2	5	x3 x 3/4	=	11 Sft	
	2	x3 x 3/8	=	2 Sft	
		Total.	=	**1302 Sft**	
		A 1302 x 1/8	=	**163 Cft**	
B Appron	2	x65-3/4 x3	=	395 Sft	
	2	x32-3/4 x3	=	197 Sft	
		Total.	=	**592 Sft**	
		B 592 x 1/8	=	**74 Cft**	
		(A+B) (163+74)	=	**237 Cft @Rs.11174.60%Cft Rs. 26484/-**	

2 Dismantling Cement Concerete with Bricks Aggrigates

237 x2 = 474 Cft

474 Cft @Rs.3047.60%Cft Rs. 14446/-

3 Removing Window with chowkat

12 = 12 No

Total. = 12 No @Rs.341.50/E Rs. 4098/-

4 Removing door with chowkat

10 = 10 No

Total. = 10 No @Rs.438.00/E Rs. 4380/-

5 Dismantling brick or flagged flooring without concrete foundation.

	1	x60-1/4 x32-1/4	=	1943 Sft
	1	x11-1/2 x5	=	58 Sft
		Total.		**2001 Sft**
D/d	1	x25-1/4 x6-1/2	=	164 Sft
	5	x2 x2	=	20 Sft
		Total.		**184 Sft**
		Net		**1817 Cft @Rs.863.50%Cft Rs. 15690/-**

6 Rehandeling of earth lead upt single throw of Kassi

1817 x 1/3 = 605 Sft

Total. 112 Sft @Rs.2539.70%Cft Rs. 284/-

7 Dismantling of Rcc i/c Cleaning of Site

1	x(1817	+20) 3/7	=	766 Cft
3	x22-3/4	x1-1/2 x1	=	102 Cft
		Total.	=	**868 Cft @Rs.18285.70%Cft Rs. 158725/-**

8 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.

Same qty item no-2 = 474 Cft

474 Cft @Rs.9314.40%Cft Rs. 44150/-

9 P/L C.C (1:2:4) plain

Same qty item no-1 = 163 Cft

	1	x6	x7-1/4 x 1/8	=	5 Cft	
			Total.	=	**168 Cft @Rs.38178.90%Cft**	**Rs. 64141/-**

10 ProvidingandlayingsuperbqualityPorcelainglazedtilesflooringofMASTERbrandofspecifiedsizeinapproveddesign,ColorandShadewithadhesive/bondover3/4"thick(1:3)cementplasteri/cthecostofsealerforfinishingthejointsi/ccuttinggrindingcompleteinallrespect as approved and directed by the Engineer Incharge. **a)Full body Glazed tiles (ii) 600mmx 600 mm**

A	Same qty item no-1		=	1302 Cft	
		Total	=	**1302 Sft @Rs.340.55/P.Sft**	**Rs. 443396/-**

B ProvidingandlayingsuperbqualityPorcelainglazedtilesofMasterbrand,skirting/dadoofspecifiedsize,ColorandShadewithadhesive/bondover1/2" thick(1:2)cementplasteri/cthecostofandsealerforfinishingthejoints,cuttinggrindingcompleteinallrespectasapproved and directed by the Engineer Incharge.a)Full body Glazed tiles **(ii) 600mmx 600 mm**

1	x(29-3/4 +20-3/4)	x2	x5	=	505 Sft
1	x(6-1/2 +7-1/2)	x2	x5	=	140 Sft
1	x(16-1/4 +11-1/2)	x2	x5	=	278 Sft
1	x(10 +8)	x2	x5	=	180 Sft
1	x(8-1/2 +7-1/2)	x2	x5	=	160 Sft
2	x(7-3/4 +7-1/2)	x2	x5	=	305 Sft
1	x(8-1/2 +5)	x2	x5	=	135 Sft
1	x(8-1/2 +11-1/2)	x2	x5	=	200 Sft
1	x(7 +5)	x2	x5	=	120 Sft
	Total.			=	**2023 Sft @Rs.340.55/P.Sft Rs. 688762/-**

11 Providing and fitting all types of glazed aluminium door of anodised bronze colour partly fixed and partly sliding using delux sections of M/s Al-Cop or Pakistan Cables having frame size of 100 x 20 mm (4"x¾") and leaf frame sections of 50 x 20 mm (2"x¾"), all of 1.6mm thickness including 5 mm thick imported tinted glass with rubber gasket using approved standard latches, hardware etc., as approved by the Engineer in-charge.

DOOR	3	x4	x7	=	84 Sft	
	7	x3	x7	=	147 Sft	
			Total	=	**231 Sft @Rs.1437.60/P.Sft**	**Rs. 332086/-**

12 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 framesectionsof 60mm x 23mm at top & bottom and size45mm x 25mm at center and size45mm x 25mm at sides, Jali leaf framesize 43mm x 18mm 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 hardware etc. complete in all respect.(1.6mm) thick

7	x6	x4	=	168 Sft	
3	x4	x4	=	48 Sft	
1	x4	x6	=	24 Sft	
1	x3	x4	=	12 Sft	
		Total	=	**252 Sft @Rs.1348.40/P.Sft**	**Rs. 339797/-**

ii ProvidingandfixingAluminumFlyscreencomprisingofFiber/Aluminumwi reguaze(Malasian)fixedinaluminumframeofapprovedmanufacturer/po wdercoatedofsize1-1/2"x1/2"and1.6mmthickwithrubbergasketi/ccostofHardwaresasappr ovedand directed by the engineer incharge. complete in all respect.

Take Quanty abvoe item 1/2 = 126 Sft

Total = 126 Sft @Rs.493.05/P.Sft Rs. 62124/-

13 Providing and fixing M.S. grill fabricated with MS Square polished Vertical/horizontal Bars of specified size @ 4" c/c ' passed through punched holes in MS Patti of 1-1/4"x1/8" i/c the cost of 1-1/4"x1/8" MS patti for Frame of windows and painting 3 coat complete in all respect as approved and directed by the Engineer Incharge.(ii) 1/2" Squar Bars

Qty item no-12 = 252 Sft

Total = 252 Sft @Rs.988.00/P.Sft Rs. 248976/-

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

Room	1	x14-3/4	x2-1/2	x1-1/2	=	55 Cft
Appron	1	x17-3/4	x1-1/2	x1	=	27 Cft
	2	x60	x1-1/2	x1	=	180 Cft

Total. = 262 Cft @Rs.10677.75%OCft Rs. 2798/-

15 P/L CC (1:6:12) in F&P

1	x14-3/4	x2-1/2	x 1/2	=	18 Cft
1	x17-3/4	x1-1/2	x 1/2	=	13 Cft

Total. = 31 Cft @Rs.21119.65%Cft Rs. 6547/-

16 Pacca brick work in (1:6) c/s mortar in F&P

1	x14-3/4	x 3/4	x4	=	44 Cft
1	x17-3/4	x1-1/8	x 1/4	=	5 Cft
1	x17-3/4	x 3/4	x2-1/2	=	33 Cft
1	x6	x2-1/4	x 1/2	=	7 Cft
1	x6	x1-1/8	x 1/2	=	3 Cft

Total. = 92 Cft @Rs.28609.55%Cft Rs. 26321/-

17 RCC 1:2:4 in slab of raft strips foundation etc. complete in all respect

1	x14-3/4	x2	x 1/2	=	15 Cft
1	x14-3/4	x(2 1/2)	x 1/4	=	6 Cft
1	x14-3/4	x 3/4	x 3/4	=	8 Cft

Total. = 29 Cft @Rs.457.75 P.Cft Rs. 13275/-

18 RCC 1:2:4 in roof slab beam columns etc. complete in all respect

Same qty item no-2 = 868 Cft

1 x6-3/4 x8-1/2 x 3/7 = 24 Cft

Total. = 892 Cft @Rs.556.50/P.Cft Rs. 496398/-

19 Fabrication of mild steel reinforcement i/c cutting bending and laying in position i/c cost fo binding wire (use in deformed bars)

929 x6.75 x0.454 = 2847 Kg

Total. = 2847 Kg @Rs.31407.85%kg Rs. 894157/-

20 Providing and laying damp proof course of cement concrete 1:2: 4(using cement, sand and shingle), with one coat bitumen and one coat polythene sheet 500gauge {1½" thick (40 mm)}

		Total.	=	**22** Cft	**@Rs.8650.50%Sft Rs. 1903/-**

21 Pacca brick work in (1:6) c/s mortar in G.F

	1 x14-3/4 x 3/4 x2-1/2		=	28 Cft	
	1 x14-3/4 x 3/4 x12		=	133 Cft	
	1 x92-1/2 x2 x2-1/2		=	463 Cft	
		Total.	=	**624** Sft	
D/d	1 x2-1/2 x 3/4 x7		=	13 Sft	
	1 x3 x1-1/2 x 3/4		=	3 Sft	
	2 x4 x 3/4 x 1/2		=	3 Sft	
		Total.	=	**19** Cft	
		Net Total.	=	**605** Cft	**@Rs.30793.35%Cft Rs. 186300/-**

22 Filling watering & ramming earth under floor with surplus earth from foundation

Take Quanty item no-14 262x 2/3	=	175 Cft		
Total.	=	**175** Cft	**@Rs.5090.45%OCft**	**Rs. 891/-**

B New earth excavated for out side lead upto three miles

1 x6 x7-1/4 x1-1/2	=	65 Cft		
1 x17-3/4 x2-1/4 x1	=	40 Cft		
Total.	=	**105** Cft	**@Rs.18484.85%OCft**	**Rs. 1941/-**

23 S/F Sand under floor or plugging in walls

1 x6 x7-1/4 x 1/4	=	11 Cft		
1 x17-1/4 x2-1/4 x 1/4	=	10 Cft		
Total.		**21** Cft	**@Rs.2943.30%Cft**	**Rs. 618/-**

24 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.

Same qty item no-23	=	21 Cft		
		21 Cft	**@Rs.9314.40%Cft**	**Rs. 1956/-**

25 1/2" thick c/s (1:4) plaster up to 20' ht.

2 x14-3/4 x7	=	207 Sft		
15 x4 x4-3/4	=	285 Sft		
10 x3-3/4 x4-1/4	=	159 Sft		
8 x3 x3-1/2	=	84 Sft		
1 x(58-3/4 +32-3/4) x2 x3-1/4	=	595 Sft		
1 x14-3/4 x3-1/4	=	48 Sft		
Total.	=	**1378** Sft	**@Rs.3245.45%Sft**	**Rs. 44714/-**

26 Removing of c/s Plaster from walls

Qty item no-**10 B**	=	2023 Sft		
Total.	=	**2023** Sft	**@Rs.423.30%Sft**	**Rs. 8563/-**

27 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 ofcement concrete 1:3:6, including surface finishing anddividing in panels

2 x1 x65-3/4 x3	=	395 Sft		
2 x1 x32-3/4 x3	=	197 Sft		
1 x1 x17-3/4 x3	=	53 Sft		
Total.	=	**645** Sft	**@Rs.10792.85%Sft**	**Rs. 69614/-**

30 Racking jionts from bricks Moasanry old work

1 x2 x(58-3/4 +32-3/4) x14-1/2	=	2654 Sft		
Total.	=	**2654** Sft	**@Rs.660.00%Sft**	**Rs. 17516/-**

31 Distempering on New surface 3-cost

Qty item no-1(A)	=	1302 Sft		
1 x6 x7-1/4	=	44 Sft		
	=	**1346** Sft	**@Rs.1295.00%Sft**	**Rs. 17424/-**

b Distempering on old surface 2-coat after scraping

1 x2 x(20-3/4 +29-3/4) x12	=	1212 Sft		

1	x2	x(16-1/4 +11-1/2)	x12	=	666 Sft	
1	x2	x(10 +8)	x12	=	432 Sft	
1	x2	x(6 +7-1/4)	x12	=	318 Sft	
1	x20-3/4	x29-3/4		=	617 Sft	
1	x16-1/4	x11-1/2		=	187 Sft	
1	x10	x8		=	80 Sft	
1	x6	x7-1/4		=	44 Sft	
		Total		=	**3556 Sft**	**@Rs.1467.05%Sft Rs. 52168/-**

32 P/F UPVC door complete in all respect as approved by the Engineer Incharge

1	x2-1/2	x7		=	18 Sft	
		Total		=	**18 Sft**	**@Rs.950.00/P.Sft Rs. 17100/-**

33 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.i/c polythene sheet 500 gauge

Qty item no-5

				=	1817 Sft	
1	x6	x7-1/4		=	44 Sft	
		Total.		=	**1861 Sft**	
1	x2	x2		=	4 Sft	
		Total		=	**1857**	**@Rs.12121.75%Sft Rs. 225101/-**

34 Khuras on roof 2'x2'x6" (600 x 600 x 150 mm)

1	x6			=	6 No	
		Total		=	**6 No**	**@Rs.855.00/E Rs. 5130/-**

35 P/F PVC pipe BSS class B" 4" dia

6	x14			=	84 Rft	
		Total		=	**84 Rft**	**@Rs.440.65/P.Rft Rs. 37015/-**

36 P/F PVC Bend BSS class B" 4" dia

1	x6			=	6 No	
		Total		=	**6 No**	**@Rs.543.55/E Rs. 3261/-**

37 P/F PVC TEE BSS class B" 4" dia

1	x6			=	6 No	
		Total		=	**6 No**	**@Rs.1586.00/E Rs. 9516/-**

38 Weather shield paint on external old surface 2-coat

1	x2	x(58-3/4 +32-3/4)	x14-1/2	=	2654 Sft	
		Total.		=	**2654 Sft**	**@Rs.1925.45%Sft Rs. 51101/-**

39 P/L Dry rammed brick or stone ballast 1-1/2" to 2" gauge in F& P

2	x60	x1-1/2	x 1/2	=	90 Cft	
1	x60	x10	x 1/4	=	150 Cft	
		Total.		=	**240 Cft**	**@Rs.8891.50%Cft Rs. 21340/-**

40 P/L tuff paver 60mm thick 7000PSI manufactured by (Izhar Builders/ Tuff Paver Ltd./ Concrete Concept or equivalent) over 2" to 3" sand cushion i/c grouting with sand in joints i/c finishing complete as approved/ directed by the engineer incharge.

1	x60	x10		=	600 Sft	
		Total		=	**600 Sft**	**@Rs.156.40/P.Sft Rs. 93840/-**

B Dismentling of Bricks work in Cement Sand Morter

1	x2	x(58-1/4 +32-1/4)	x 3/4 x2-1/2	=	339 Sft	
		Total.		=	**339 Sft**	**@Rs.4317.45%Cft Rs. 14636/-**

41 ProvidingandlayingsuperbqualityCeramictilefloorsofMasterbrandofspecifiedsize,Glossy/Matt/TextureofapprovedColorandShadeasperapprovedesignwithadhesivebond,over3/4"thick(1;2)cementsandplasteri/cthecostofsealerforfinishingthejointsi/ccuttinggrindingcompleteinallrespectsandasapprovedanddirected by the Engineer Incharge.i) 12"x18"/12"x24"/10"x24" /8"x24"/12"x36"

1	x6	x7	=	42 Sft	
1	x2-1/2	x 3/4	=	2 Sft	

		Total.	=	**44 Sft @Rs.240.00/P.Sft**	**Rs. 10560/-**

42 Cement pointing (1:2) deep struck joint on walls upto 20' height mix with red oxide pigment to match the colour of brick (1:3).

2	x60	x1-1/2	=	180 Sft	
1	x14-3/4	x14-1/2	=	214 Sft	
Same qty item no-30			=	2654 Sft	
		Total	=	3048 **Sft @Rs.4170.85%Sft**	**Rs. 127128/-**

43 Providing and fixing marble strip of any shade for dividing the mosaic flooring into panels. Size 1½" x 3/8" (40 x 10 mm)

same qty item no 34	x645	x 60%	=	387 Rft	
		Total	=	**387 Rft @Rs.19.80/Rft**	**Rs. 7663/-**
				Total(A)	**Rs. 4914034/-**

D/D cost of old material

1 **Bricks (9"x4-1/2x3")**
338x1350/100x60/100

	=	2738 No	
Total.	=	**2738 No @Rs.4500.00/%o Nos**	**Rs. 12321/-**

2 **Tiles (9"x4-1/2x1-1/2")**
1837x288/100x60/100

	=	3174 No	
Total.	=	**3174 No @Rs.5000.00/%o Nos**	**Rs. 15870/-**

3 **Bats brick**
338x40/100

	=	227 Cft	
Total.	=	**227 Cft @Rs.2000.00%Cft**	**Rs. 4540/-**

4 **Tiles Bats**
1837x1/8x40/100

	=	92 Cft	
Total.	=	**92 Cft @Rs.2000.00%Cft**	**Rs. 1635/-**

5 **Door**

	=	10 No	
Total.	=	**10 No @Rs.1200.00/E**	**Rs. 12000/-**

6 **Window**

	=	12 No	
Total.	=	**12 No @Rs.1000.00/E**	**Rs. 12000/-**

7 **Steel Ruster**
876x 1.50

	=	1314 Kgs	
Total.	=	**1314 Kgs @Rs.95.00/Pkg**	**Rs. 124830/-**

8 **Mis L.S**

=		**Rs. 15000/-**
	Total(B)	**Rs. 198196/-**
	Net Total (A-B)	**Rs. 4715838/-**

Sub Divisional Officer
Buildings Sub Division
Khushab

Executive Engineer
Buildings Division
Khushab

ROUGH COST ESTIMATE FOR THE WORK REVAMPING OF 60 BEDED TEHSIL HEAD QUARTER HOSPITAL KHUSHAB AT KHUSHAB (ADP NO.658 FOR THE YEAR 2022-23)

(BURIAL PIT)

(BUILDINGS PORTION)

S.No	Description	Nos	Length	Breadth	Depth	Qty
1	Excavation in foundation for buildings bridges and other structure, i/c dag-belling dressing refilling around structure with excavated earth, watering and ramming lead					
	BURIAL PIT					
		1	16	8	8	1024 Cft
					Total	**1024 Cft**
2	Cement concrete brick or stone ballast 1½ " to 2" (40 mm to50 mm) gauge, in foundation and plinth (1:6:18)					
		1	16	8	0.5	64 Cft
					Total	**64 Cft**
3	Cement concrete plain including placing,compacting, finishing and curing complete (including screening and washing					
		1	16	8	0.33	42 Cft
					Total	**42 Cft**
4	Pacca brick work (1:6) cement mortor in foundation and plinth.					
	Burial Pit					
	H.Walls	2	17.5	1.125	0.25	10 Cft
	2nd step	2	17.5	0.75	10	263 Cft
	V.Walls	2	8	1.125	0.25	5 Cft
	2nd step	2	8	0.75	10	120 Cft
	Partition	7	8	0.75	0.25	11 Cft
	Partition	7	8	0.375	10	210 Cft
	Partition	3	16	0.75	0.25	9 Cft
	Partition	3	16	0.375	10	180 Cft
					Total	**806 Cft**
5	1/2" thick cement sand plaster (1:4) upto 20' height					
	Burial Pit					
	Back Side	8	16		10	1280 Sft
	Back Side	16	8		10	1280 Sft
					Total	**2560 Sft**

6	Cement concrete plain including placing,compacting, finishing and curing complete (including screening and washing					
	Top	2	17.5	0.75	0.125	3 Cft
		2	8	0.75	0.125	2 Cft
		8	8	0.375	0.125	3 Cft
		3	16	0.375	0.125	2 Cft
					Total	**10** Cft
7	Providing and fixing M.S. flat ½"x1/8" (13mm x 3mm) grill including ¾" x 1/8" (20 mmx3 mm) M.S. flat frame, in windows of approved design, including painting three					
	Covers	24	2	2		96 Sft
					Total	**96 Sft**
8	Cement pointing deep struck joints on walls ratio 1:2 with red oxide pigment upto 20'					
	Above Gro	2	17.5		2	70 Sft
	Above Gro	2	9.5		2	38 Sft
					Total	**108 Sft**
9	Providing and fixing mild steel chowkat of doors, windows, C.window, etc. including holdfast, making and threading holes for hinges, etc. complete M.S. angle					
	Covers	24	2	2		96 Sft
					Total	**96 Sft**
10	P/F fiber glass canopy comprising of vetical posts of M.S pipe 4" dia 16-SWG at 14' c/c in both directions 8-6" above floor level and 1-6" embeded in cement concrete 1:2:4 belows floor level provided with top frame of M.S pipe 1-1/2"x1-1/2" 18-SWG and M.S pipe 1-1/2"x1-1/2" 18-SWG laid in curvature with 2' rise from center point of main horizental frame, strengthended with vertical sports of same size pipe i/c fixing of approved colours sheet 3mm (2-ply) thick by making holes in					
	Top	1	25	16		400 Sft
					Total	**400 Sft**

Sub Engineer

Sub Divisional Officer
Buildings Sub Divison
Khushab

ROUGH COST ESTIMATE FOR THE WORK REVAMPING OF 60 BEDED TEHSIL HEAD QUARTER HOSPITAL KHUSHAB AT KHUSHAB (ADP NO.658 FOR THE YEAR 2022-23)

(Burial Pit)

S.No	Description		Unit	Qty	Rate	Amount	Remarks
1	Excavation in foundation for buildings bridges and other structure, i/c dag-belling dressing refilling around structure with excavated earth, watering and ramming lead upto one chain and lift upto 5ft in ordinary soil.	1000	%0 Cft	1024	10677.75	10934	
2	Cement concrete brick or stone ballast 1¼ " to 2" (40 mm to50 mm) gauge, in foundation and plinth (1:6:18)	100	% Cft	64	19628.05	12562	
3	Cement concrete plain including placing,compacting, finishing and curing complete (including screening and washing of stone aggregate): (1:2:4)	100	% Cft	42	3817&.90	16127	
4	Pacca brick work (1:6) cement mortor in foundation and plinth.	100	% Cft	806	28609.55	230691	
5	1/2" thick cement sand plaster (1:4) upto 20' height	100	% Sft	2560	3295.45	84364	
6	Cement concrete plain including placing,compacting, finishing and curing complete (including screening and washing of stone aggregate): (1:2:4)	100	% Cft	10	3817&.90	3818	
7	Providing and fixing M.S. flat ¼"x1/8" (13mm x 3mm) grill including ¾" x 1/8" (20 mmx3 mm) M.S. flat frame, in windows of approved design, including painting three coats, complete in all respects.	1	P. Sft	96	492.05	47237	
8	Cement pointing deep struck joints on walls ratio 1:2 with red oxide pigment upto 20'	100	% Sft	108	417O.85	4505	
9	Providing and fixing mild steel chowkat of doors, windows, C.window, etc. including holdfast, making and threading holes for hinges, etc. complete M.S. angle iron 1½"x 1½"x ¼" (40x40x6 mm) welded with M.S. flat 2"x ¼" (50 mm x 6 mm)	1	P. Sft	96	402.8	38669	
10	P/F fiber glass canopy comprising of veticaI posts of M.S pipe 4" dia 16-SWG at 14' c/c in both directions 8-6" above floor level and 1-6" embeded in cement concrete 1:2:4 below floor level provided with top frame of M.S pipe 1-1/2"x1-1/2" 18-SWG and M.S pipe 1-1/2"x1-1/2" 18-SWG laid in curvature with 2' rise from center point of main horizental frame, strengthended with vertical sports of same size pipe i/c fixing of approved colours sheet 3mm (2-ply) thick by making holes in pipes and using rivots of appropriate size i/c painting as as approved by the Engineer Incharge.	1	P. Sft	400	747.9	299160	
					Total	748066	

Sub Engineer

Sub Divisional Officer Buildings
Sub Division Khushab

Executive Engineer
Buildings Division Khushab

1	S/E of PVC pipe for wiring on surface in wall I/c inspection boxes pull boxes hooks cutting jharries and repairing surface etc complete in all respect.				
	i) 3/4" PVC Pipe.		Total: -	200 Rft	
		@	*Rs. 81.70 Per Rft*		**Rs. 16340/-**
	ii) 1" PVC Pipe.		Total: -	200 Rft	
		@	*Rs. 94.60 Per Rft*		**Rs. 18920/-**
2	S/E of single core PVC insulated PVC sheathed copper conductor cable 250/440 volts grade cable (BS-2204) in prelaid PVC pipe M.S conduite G.I pipe/ wooden strip. ***(Rate for cable only).***				
	i) 3/0.029"			500 Rft	
			Total: -	**500 Rft**	
		@	*Rs. 25.70 Per Rft*		**Rs. 12850/-**
	ii) 7/0.029"			300 Rft	
			Total: -	**300 Rft**	
		@	*Rs. 40.75 Per Rft*		**Rs. 12225/-**
	iii) 7/0.044"			100 Rft	
			Total: -	**100 Rft**	
		@	*Rs. 75.10 Per Rft*		**Rs. 7510/-**
	iv) 7/0.064"			50 Rft	
			Total: -	**50 Rft**	
		@	*Rs. 175.50 Per Rft*		**Rs. 8775/-**
	v) 19/0.052" (4-core)			100 Rft	
			Total: -	**100 Rft**	
		@	*Rs. 1204.55 Per Rft*		**Rs. 120455/-**
3	P/F PVC double layer Switch kit Face plate with specified switch holes i/c the cost of switches / sockets / dimmer made of Hi-Life / Bush / Schenider, screws complete as approved and directed by the Engineer Incharge Large (iii) 04 Gange				
				10 Nos	
			Total: -	**10 Nos**	
		@	*Rs. 802.50 Each*		**Rs. 8025/-**
4	S/E of L.E.D. Bulb best quality etc complete in all respect.25 watt				
				8 Nos	
			Total: -	**8 Nos**	
b)	45 watt	@	*Rs. 350.00 Each*		**Rs. 2800/-**
				10 Nos	
			Total: -	**10 Nos**	
8	S/E of Ceiling rose bakelite.	@	*Rs. 1000.00 Each*		**Rs. 10000/-**
				5 Nos	
		Total: -		**5 Nos**	
		@	*Rs. 66.30 Each*		**Rs. 332/-**
9	S/E of button holder bakelite large size.				
				5 Nos	
		Total: -		**5 Nos**	
		@	*Rs. 104.15 Each*		**Rs. 521/-**
10	P/F Exhaust Fan 12" dia plastic body (Double action) (GFC/Pak Fan/Royal Fan or equivlant) i/c louvered shutter i/c making E.I connection upto 1-meter length with existing point complete in all respect..				
				2 Nos	
			Total: -	**2 Nos**	
		@	*Rs. 3133.00 Each*		**Rs. 6266/-**

1	P/Fixing W.C (orisa Pattern) connected with foot rest. I) Coloured	Total: - @ Rs.	2458.35 Each	1 Nos 1 Nos	Rs. 2458/-
2	P/F plastic made low down flushhng cistern 3 gallon capacity I/c bracket set rubber set rubber connection etc.	Total: - @ Rs.	2649.35 Each	1 No 1 No	Rs. 2649/-
3	P/fixing earthen ware wash hand basin 22x16" size I/c breaket set waste pipe and waste coupling. (I) Coloured with Padestial(IFO)	Total: - @ Rs.	4329.95 Each	2 No 2 No	Rs. 8660/-
4	P/Fixing chromium plated bib cock 1/2" dia.	Total: - @ Rs.	775.00 Each	3 Nos 3 Nos	Rs. 2325/-
5	P/Fixing chromium plated tee stop cock 1/2" dia.	Total: - @ Rs.	955.00 Each	10 Nos 10 Nos	Rs. 9550/-
6	P/Fitting of "P" trap glazed 4" dia	Total: - @ Rs.	283.15 Each	2 Nos 2 Nos	Rs. 566/-
7	Providing and fitting 10 cm (4") gully trap, including cement cncrete, costof PVC grating 15 x 15 cm (6" x 6") and Masonry chamber 30 x 30 cm(12" x 12").	Total: - @ Rs.	1096.85 Each	2 Nos 2 Nos	Rs. 2194/-
8	Providing and fixing floor trap of Cast Iron including concrete chamber all-round and C.I grating. Floor trap size 10 x 7.5 cm (4" x 3").	Total: - @ Rs.	603.95 Each	2 Nos 2 Nos	Rs. 1207/-
9	Providing and fixing Muslim Shower best quality as approved by the Engineer Incharge	Total: - @ Rs.	2212.00 Each	1 Nos 1 Nos	Rs. 2212/-
10	Providing and fixing Double Head bib cock best quality as approved by the Engineer Incharge	Total: - @ Rs.	428.60 Each	1 Nos 1 Nos	Rs. 429/-
11	Providing,fixing,testingandcommissioningofμ-PVC(UnplasticizedPolyvinylChloride)Nikasi/wastepipemakeofDadex/Popular/Betaorequivalent,plain/socketendedconformingtocodeEN-1329ofspecifiedSDR(StandardDimensionRatio)includingthecostofspecialsandSolventscompleteinallrespectasapprovedanddirectedbytheEngineerIncharge.Type (SDR 32.5/SN-8) (iv)3"(85 mm)			100 Rft	

complete in all respect.

1 Nos
1 Nos

Total:

12 @ *Rs.* *8000.00 Each* **Rs. 8000/-**

Supplying,Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/ABB SWITZERL(with adjustable Thermal-Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge.Tripple Pole With Adjustable Thermal-Magnetic Trip /Electronic Trip (60-100%)

1 No
1 No

Total: -

@ *Rs.* *37233.00 Each* **Rs. 37233/-**

Total **Rs. 270251/-**

Sub Divisional Officer
Buildings Sub Division
Khushab

Executive Engineer
Buildings Division
Khushab

(SUIGAS INSTALLATION)

1	Providing, laying, cutting, jointing, testing and disinfecting Cost of sockets, tees, elbows, G.I. pipeline in trenches, with socket joints, using G.I. bends, valves, crosses, unions and pipes of B.S.S. 1387-1967 complete in all respects, with plugs, etc. is included in the rates. specials and valves.ii) Medium Quality				
i	1" dia			100 Rft	
		Total: -		100 Rft	
		@ Rs.	324.20 P.Rft		Rs. 32419/-
ii	3/4" dia			50 Rft	
		Total: -		50 Rft	
		@ Rs.	216.00 P.Rft		Rs. 10800/-
iii	1/2" dia			50 Rft	
		Total: -		50 Rft	
		@ Rs.	168.30 P.Rft		Rs. 8415/-
2	ProvidingandfixingCPheavydutybrass BallvalvewithCPhandleofspecifieddiametermadeofFaisal/Sonex/MasterbestqualityorequivalentcompleteinallrespectasapprovedanddirectedbytheEngineerIncharge				
i	1" dia			1 Nos	
		Total: -		1 Nos	
		@ Rs.	1674.00 Each		Rs. 1674/-
ii	3/4" dia			3 Nos	
		Total: -		3 Nos	
		@ Rs.	1434.00 Each		Rs. 4302/-
iii	1/2" dia			5 Nos	
		Total: -		5 Nos	
		@ Rs.	990.00 Each		Rs. 4950/-
3	P/fixing Suigas heater double Plate best quality				
				2 Nos	
		Total: -		2 Nos	
		@ Rs.	14025.95 Each		Rs. 28052/-
4	P/F sui gas geyser 30/35 gallon capacity i/c thermostat temperature gauge i/c fixing and making connection at site comprising of internal tank of G.I sheet 14 SWG and external M.S sheet 22 SWG covering with proper foot rests dully enamel painted, 4" thick height density glass wool insulation with proper warranty complete in all respect as approved and directed by the Engineer Incharge. (Ambassador/				
				1 No	
		Total: -		1 No	
		@ Rs.	40974.15 Each		Rs. 40974/-
				Total	Rs. 131586/-

Sub Divisional Officer
Buildings Sub Division
Khushab

Executive Engineer
Buildings Division
Khushab

ROUGH COST ESTIMATE FOR THE WORK REVAMPING OF 60 BEDED TEHSIL HEAD QUARTER HOSPITAL KHUSHAB AT KHUSHAB

(EXTERNAL SERVICE CABLE)

S.No.	DESCRIPTION	DETAIL	UNIT	AMOUNT
	S/E of copper conductor cable for services connection in prelaid PVC pipe/ G.I wire tinches etc (Rate for cable only) PVC insulated.			
	i) PVC sheathed 4 core 19/0.083.			
		= 300 Rft		
	Total	= **300** Rft	**@Rs.3749.40/Rft**	**Rs. 1124820/-**
			Total	**Rs.1124820/-**

Sub Engineer

Sub Divisional Officer
Buildings Sub Division Khushab

Executive Engineer
Buildings Division Khushab

8. ANNUAL OPERATING COST (POST COMPLETION)

Financial Components: Capital
Cost Center:OTHERS- (OTHERS)
Fund Center (Controlling):LE4203
Grant Number: Government Buildings - (PC12042)
LO NO:LO22010068
A/C To be Credited: Account-I

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	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
2	**A12403**-Other Buildings	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total		**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**

Financial Components: Capital
Cost Center:OTHERS- (OTHERS)
Fund Center (Controlling):LE4203
Grant Number: Government Buildings - (PC12042)
LO NO:LO22010068
A/C To be Credited: Account-I

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	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**

8. Annual Operating and Maintenance Cost after Completion of the Project

The Annual operating and maintenance cost after completion of the project will be borne by the concerned District Health Authority (DHA) as well as Primary and secondary healthcare Department, Lahore.

9. DEMAND AND SUPPLY ANALYSIS

Semi modern health facilities and scientific diagnostics are presently available in this Hospital. This initiative of revamping Hospital will cover all departments and components of healthcare including Medical, Surgical, psychiatric, Cardiac, ENT, Ophthalmic and Pediatrician components. Moreover, women health components i.e. Gynecology 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 sector Primary and Secondary Healthcare Department, the Government of Punjab. Year wise financial utilization is as under:

Revenue Side

(Rs.in Million)

Year	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	Total
Funds Released	60.000	25.051	3.030	2.928	3.270	6.914	101.193
Utilization	29.052	24.481	2.644	1.586	3.204	0.502	61.459

Capital Side:

Year	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	Total
Funds Released	0	0	0	0	0	5.000	5.000
Utilization	0	0	0	0	0	0	0

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.

11.3.1 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 gazette and non-gazette 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

undefined

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, 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:

Indoor fee
Laboratory fees
Diagnostic facility fees
Dental fee
ECG fee
Private room charges

Ambulance charges

From other fees prescribed by Government

12. IMPLEMENTATION SCHEDULE

12.1 IMPLEMENTATION SCHEDULE/GANTT CHART

Original Gestation period (From September, 2017 to June, 2019)

Extension in Gestation period for one year with no change in cost & Scope till June 2020.

1st Revised gestation period till June, 2021

2nd Revised gestation period till June, 2023.

3rd Revised gestation period till June, 2025

12.2 RESULT BASED MONITORING (RBM) INDICATORS

undefined

12.3 IMPLEMENTATION PLAN

undefined

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

Programme for Revamping of all THQ Hospitals in Punjab

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

12.6 PROCUREMENT PLAN

undefined

13. MANAGEMENT STRUCTURE AND MANPOWER REQUIREMENTS

The Organogram of New 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.:**
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 "**Revamping of THQ Hospital Khushab (3rd Revised)**" has been prepared on the basis of instruction provided by the Planning Commission for the preparation of PC-I for Social Sector projects.

Prepared By:

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(Oct-2022)

(RIZWAN SHOUKAT)
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(Oct-2022)

(HAMZA NASEEM)
PROJECT MANAGER CIVIL, PMU,
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(Oct-2022)

Checked By:

(Dr. AYESHA PARVEZ)
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(Oct-2022)

(KHIZAR HAYAT)
PROJECT DIRECTOR (PMU),
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(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