PC-1

Revamping of THQ Hospital, Tandilianwala District Faisalabad

ORIGINAL APPROVED COST	**PKR Million. 283.857/-**
ORIGINAL APPROVED GESTATION	**72 Months** **Till June 2025**
APPROVAL FORUM	**DDSC (DDSC)**

1. NAME OF THE PROJECT

Revamping of THQ Hospital, Tandilianwala District Faisalabad

2. LOCATION OF THE PROJECT

2.1. DISTRICT(S)

I. FAISALABAD

2.2. TEHSIL(S)

I. TANDLIANWALA

3. AUTHORITIES RESPONSIBLE FOR

3.1. SPONSORING AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.2. EXECUTION AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.3. OPERATIONS AND MAINTENANCE AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.4. CONCERNED FEDRAL MINISTRY

- NATIONAL HEALTH SERVICES, REGULATIONS AND COORDINATION

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

4. PLAN PROVISION

Sr #	Description
1	**Source of Funding:**Scheme Listed in ADP CFY
2	**Proposed Allocation:**0.000
3	**GS No:**5260
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.

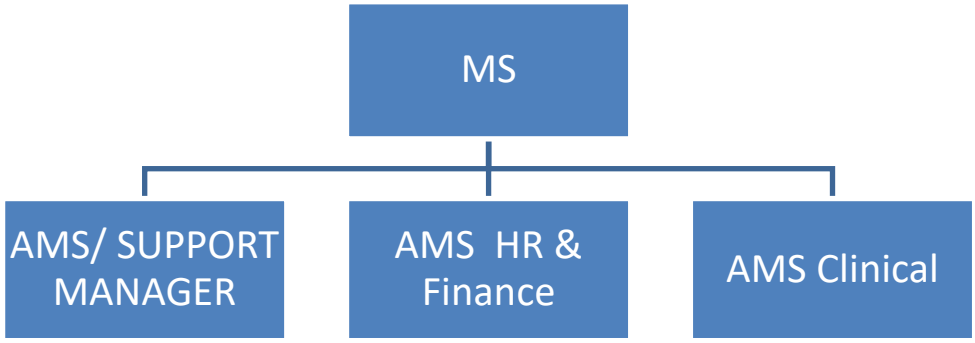
5.4.5 Security

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

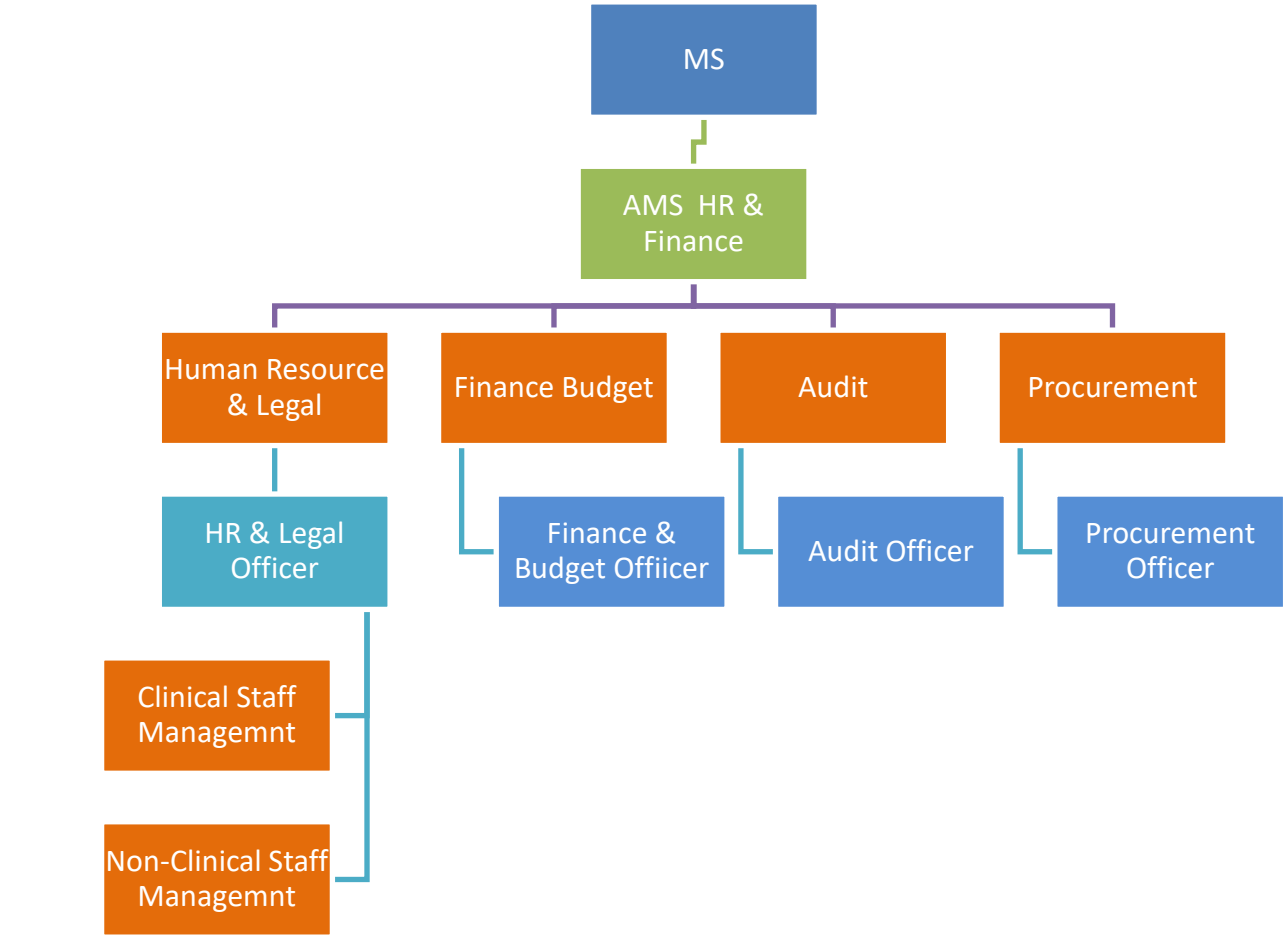
HR Interventions can be broadly classified into introduction of New Management Structure (NMS) staff.

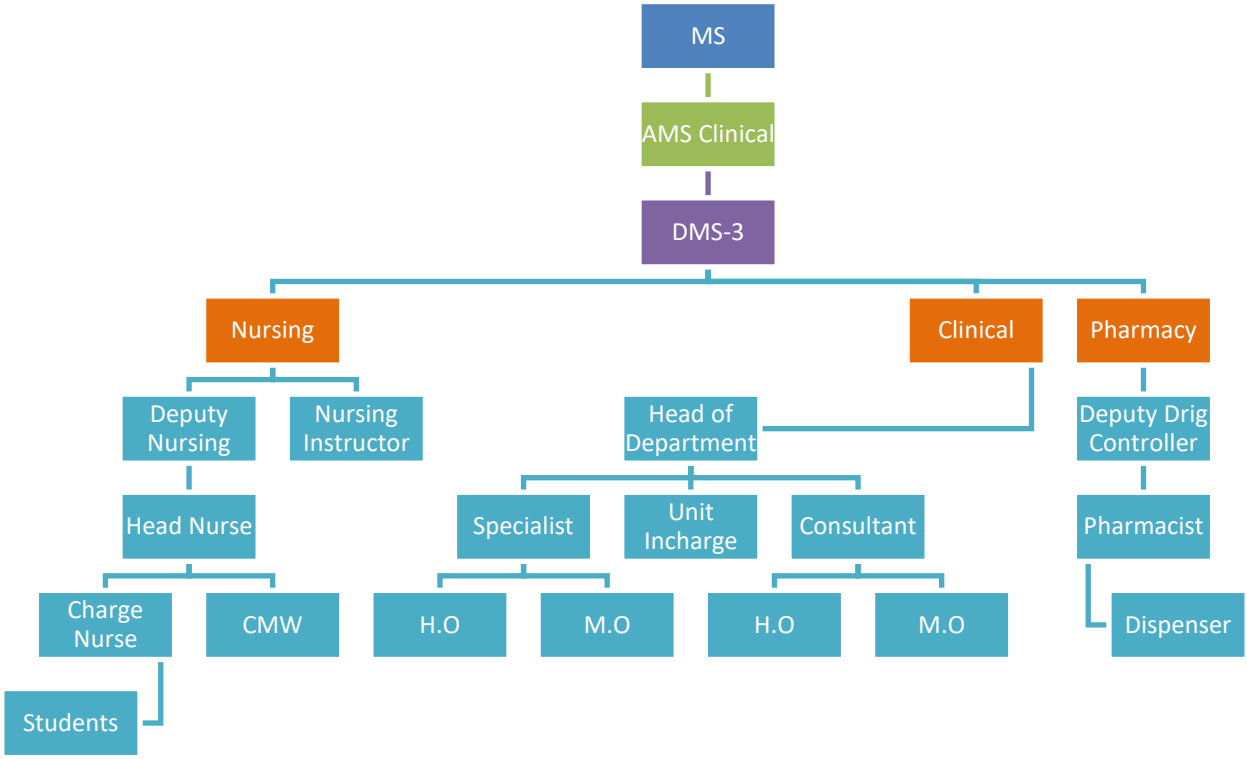
New Organogram of Hospital



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

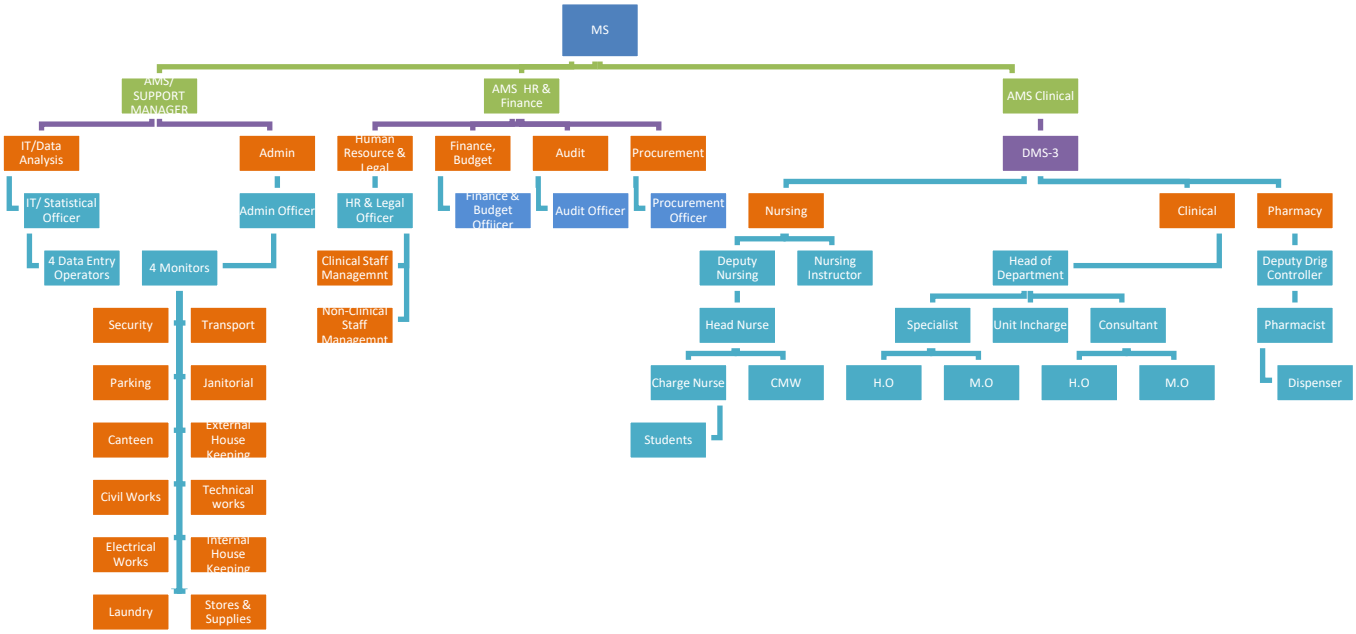
1. Minimum qualification BA/BSC or equivalent from HEC recognized University along with B.Ed.
2. Minimum 1 years post degree experience of teaching (Additional credit may be given for Public sector teaching of similar nature)

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

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.

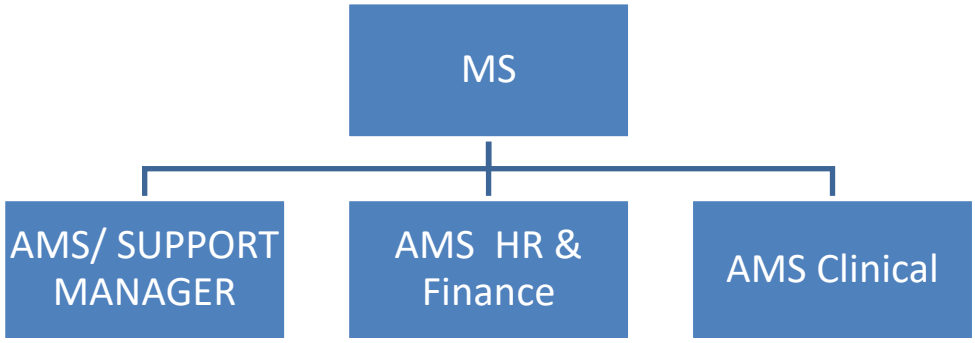
5.4.5 Security

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

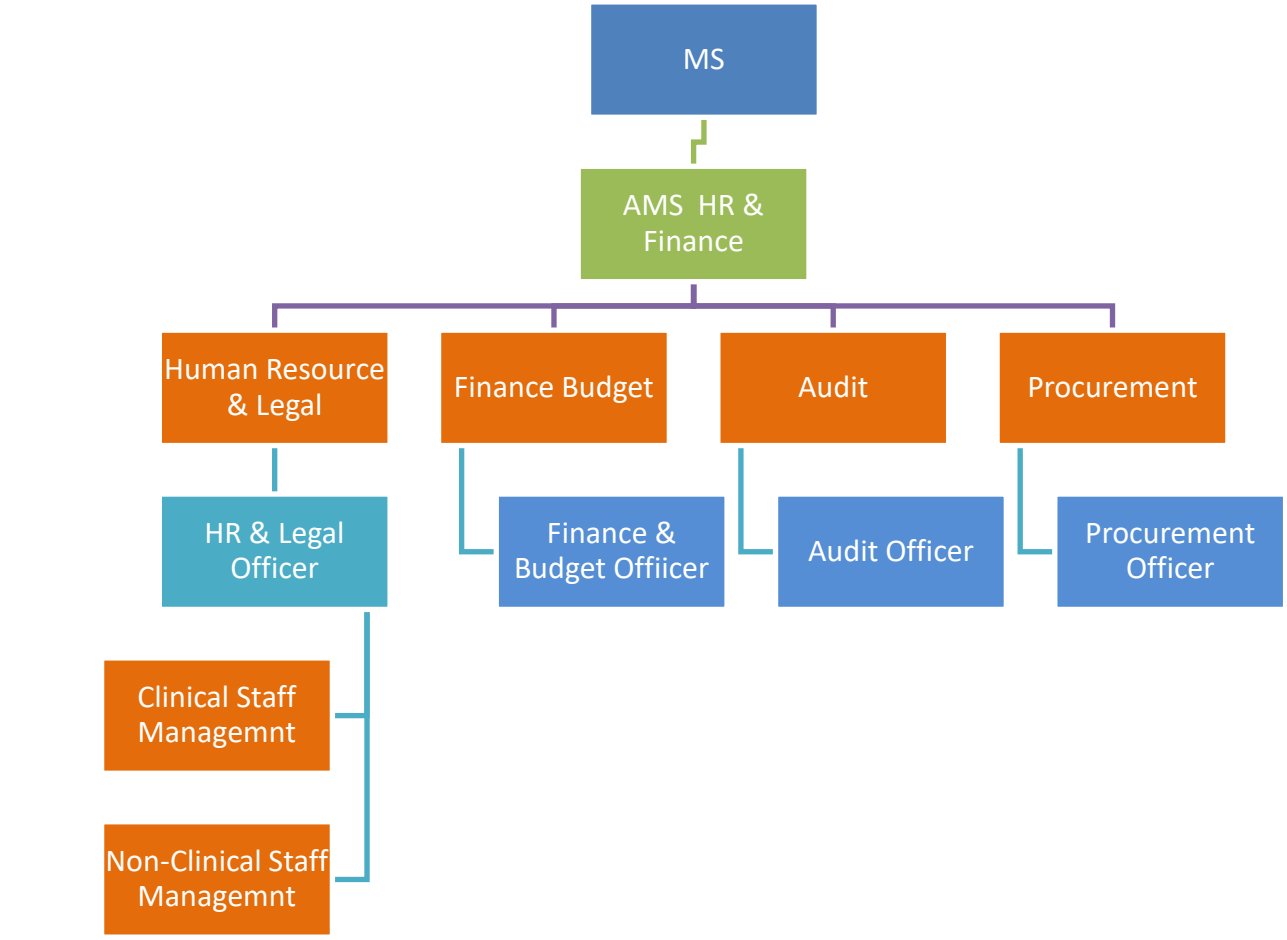
HR Interventions can be broadly classified into introduction of New Management Structure (NMS) staff.

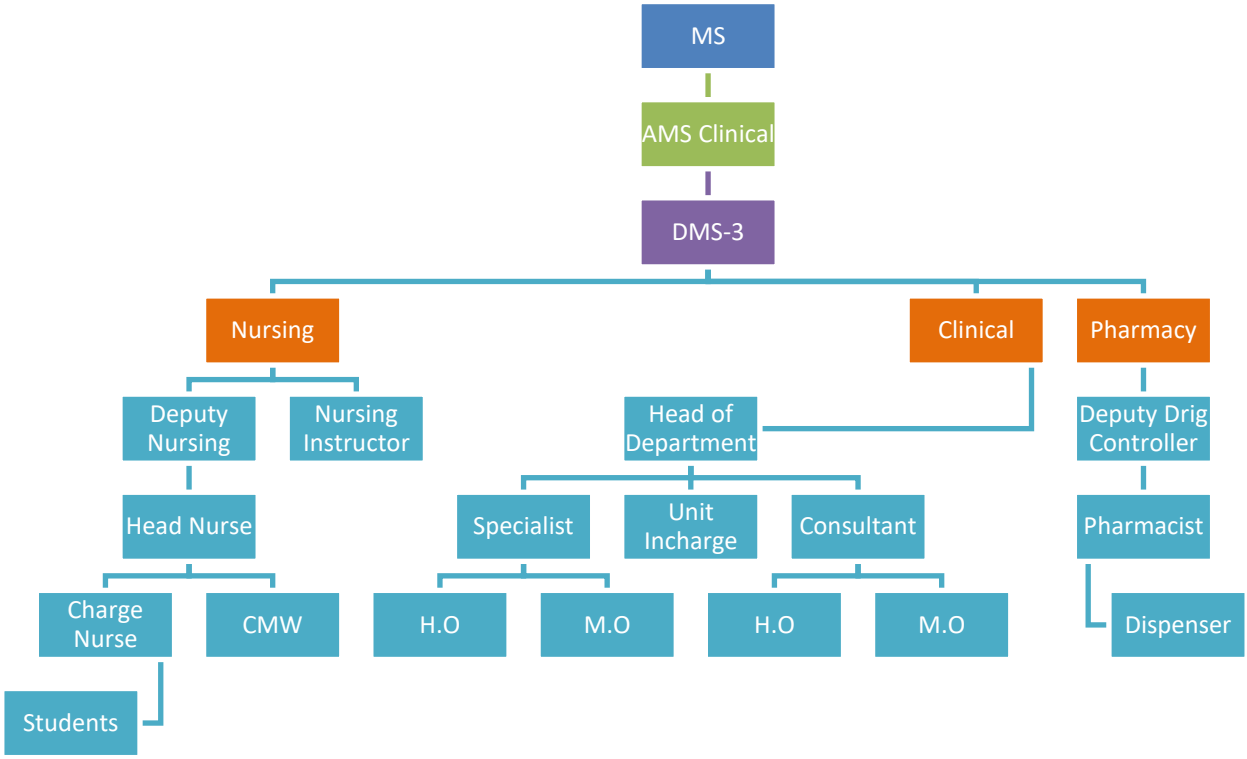
New Organogram of Hospital



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

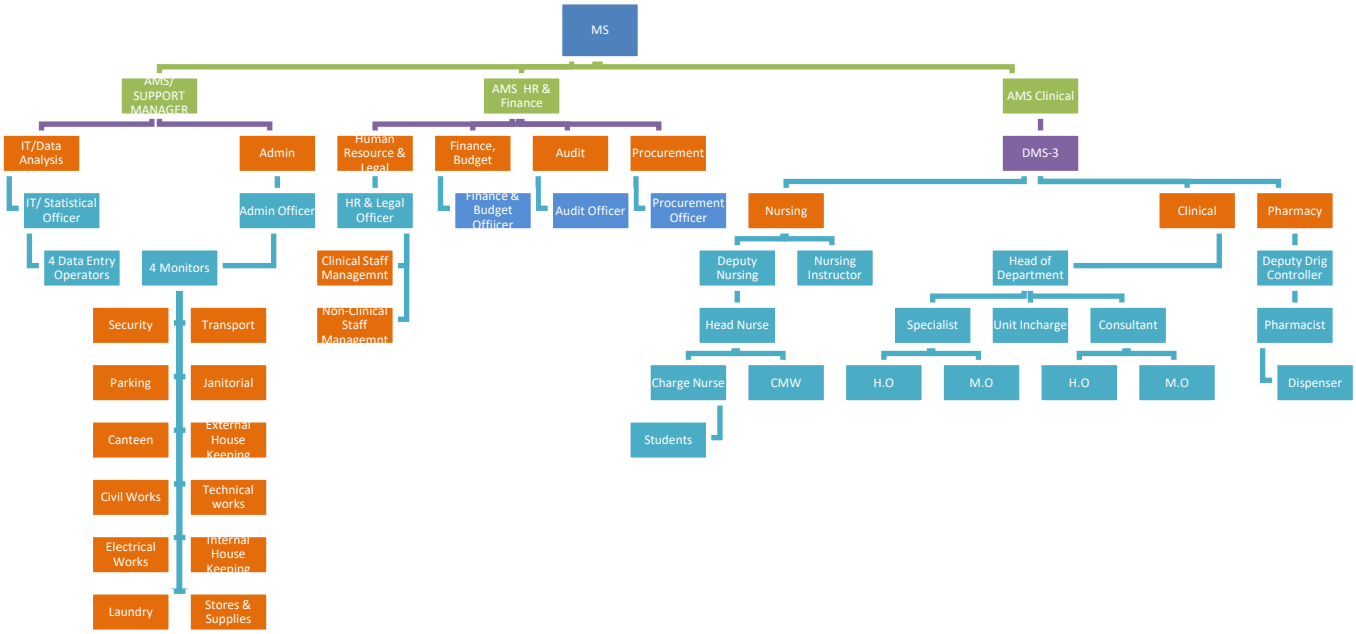
1. Minimum qualification BA/BSC or equivalent from HEC recognized University along with B.Ed.
2. Minimum 1 years post degree experience of teaching (Additional credit may be given for Public sector teaching of similar nature)

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

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

5.9.3 <u>Death or End of Life Management</u>.

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

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

5.9.4 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.

6.2 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:LO17011137
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	**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**

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

Grant Number: Government Buildings - (PC12042)
LO NO:LO22010056
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	**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**

Cafeteria

Pre-Fabrication Cateen (Procurement)

		Original				From 1st Revised to onward
Sr. No.	Description of work	Unit	Qty	Rate (Rs)	Amount (Rs)	In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; it was inter alia decided as under: **"It would be made sure by the P&SH Department that the outsourcing would be shifted to the non-development side from 1st July 2018 next FY".** In view of above, Outsourcing cost has been excluded from this PC-I.
1	Excavation in foundation of building, bridges and other structures, including dagbelling, dressing, refilling around structure with excavated earth, watering and ramming lead upto one chain (30 m) and lift upto 5 ft. (1.5 m) for ordinary soil	Cft	2545	6.13	15,602	
2	Spraying anti-termite liquid mixed with water in the ratio of 1:40.	Sft	4305	2.21	9,514	
3	Supplying and filling sand of approved quality from outside sources under floors etc complete in all respects.	Cft	2268	15.62	35,426	
4	Providing, laying, watering and ramming brick ballast 1½" to 2"(40 mm to 50 mm) gauge mixed with 25% sand, for floor and foundation, complete in all respects.	Cft	998	39.15	39,069	
5	Providing and laying damp proof course (1½" thick (40 mm)) of cement concrete 1:2:4, with one coat bitumen and one coat polythene sheet 500gauge	Sft	318	43.34	13,789	
6	Brick work with cement, sand mortar ratio 1:5	Cft	1792	180.25	323,071	
7	Cement concrete plain Ratio 1: 4: 8 including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate)	Cft	427	170.72	72,893	
8	Cement concrete plain Ratio 1: 2 : 4 including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate)	Cft	1043	190.48	198,746	
9	Placing Granite tiles (24"x24"x0.5") using white cement over a bed of ¾" (20 mm) thick cement mortar 1:6.	Sft	2160	200.00	432,000	
10	Providing and laying Tuff pavers, having 7000 PSI, crushing strength of approved manufacturer, over 2" to 3" sand cushion i/c grouting with sand in joints i/c finishing to require slope . complete in all respect.	Sft	720	118.00	84,960	
Total Amount of Platform Construction					**1,225,070**	
Pre-Fabrication of Canteen Structure						
11	Providing and fixing aluminium frame window with double glazzed glass 6mm+6mm thick complete in all respect as approved by engineer	Sft	48	1100.00	52,800	
12	Providing and fixing aluminium frame door with single glazzed glass 6mm thick complete in all respect as approved by engineer	Sft	56	700.00	39,200	
13	Fixing of frameless Glass wall of approved quality and design as approved by engineer	Sft	550	1500.00	825,000	

Cafeteria

Pre-Fabrication Cateen (Procurement)

		Original				From 1st Revised to onward
14	Providing Granite skirting or dado 4/8"(13 mm) thick including rounding of corner and straight ening of top edge and finishing to smooth surface afterplastering	Sft	491	212.00	104,177	
15	Placing & erection of pre-painted Box section tube Columns of M.S sheet 4mm thick of size 4" x4" complete in all respect.	Kg	693	150.00	103,950	
16	Placing & erection of pre-painted Box section tube Rafters of M.S sheet 4mm thick of size 3" x3" with all fittings, complete in all respect.	Kg	1040	150.00	155,925	
17	Placing & erection of pre-painted Box section tube Purlins of M.S sheet 1.6 mm thick (16 Gauge) of size 2" x2", with all fittings, complete in all respect.	Rft	676	120.00	81,144	
18	Placing & erection of pre-painted, Galvanized Sandwitched board of 0.5 mm thick M.S sheet with 50mm PU insulation with all fittings, complete in all respect.	Sft	2640	400.00	1,055,800	
19	Placing & fixing glass wool complete in all respect.	Sft	3024	50.00	151,200	
20	Placing & fixing Gypsum False Ceiling, complete in all respect.	Sft	3024	70.00	211,680	
21	Providing & Fixing corrugated galvanized iron sheets 22 gauge with EPDM screw fittings, complete in all respect.	Sft	3629	145.00	526,176	
	Total Cost of Pre-Fabrication of Canteen Structure				**3,307,052**	
	Total Amount (Rs)				**4,532,121**	
22	Electrification				998,735	
23	Plumbing and Sanitory				410,000	
24	Kitching Fixtures				802,000	
	Grand Total Amount (Rs)				**6,742,856**	

6.743

PROVINCE	PUNJAB
DIVISION	EXECUTIVE ENGINEER BUILDINGSDIVISION, NO.2 FAISALABAD
SUB DIVISION	BUILDINGS SUB DIVISION TANDLIANWALA
NAME OF WORK	REVISED **ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL T.H.Q. HOSPITALS IN PUNJAB " ON AT TEHSIL HEAD QUARTER HOSPITAL TANDLIANWALA DISTRICT FAISALABAD ADP NO.658 FOR THE YEAR 2022-23 .**
ESTIMATED COST	**Rs.** 47.240 ~~48.930 (M)~~

REVISED

ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL T.H.Q. HOSPITALS IN PUNJAB " ON AT TEHSIL HEAD QUARTER HOSPITAL TANDLIANWALA DISTRICT FAISALABAD ADP NO.658 FOR THE YEAR 2022-2023.

(2)

HISTORY:

The scheme cited above was reflected in A.D.P for the year 2022-2023 as G.S No 658 "Program for revamping of all T.H.Q Hospitals in Punjab" 01371700456/12-02-2019 Punjab.

The Administrative Approval was issued from the Primary & Secondary Health Care Department vide letter No. PO(D-II)1-237/2021 Dated 30-09-2021 amounting Rs.38.500 millions on Mrs 1st Bi Annual 2021. Project Director of P.MU Primary & Secondary Health Unit visited the TH.Q Hospital Tandlianwala along with M.S and representative of C and W department on 28-06-2022 and directed to prepare the revised rough cost estimate due to change in scope of work. The new scope of work has been provided by the office of director P.M.U in the light of his visit of TH.Q hospital Tandlianwala.

Hence the revised Rough cost Estimate amounting to Rs 48.930 (M) has been prepared on MRS 2nd bi annual 2022 and submitted for arranging Administrative Approval Funds from the competent Authority.

SCOPE OF Work:

The following scope is provided in this rough cost estimate:-

1. Main Building (Repair/Renovation)	1 Job
2. Construction of Q.M.S Hall Front of O.P.D	(2550-Sft)
3. Boundary wall 9" thick 6' Height	(699-Rft)
4. External Sewerage Line	(450-Rft)
5. External Water Supply	(2050-Rft)

SPECIFICATION: The work will be carried out according to Building Specification of latest edition and entire Satisfaction of Engineer In charge.

EXECUTION OF WORK: The work will be carried out through approved Govt. Contractor after calling competitive tenders.

RATES: This estimate Based on MRS 2nd Bi-annual 2022.

TIME : It will take about 18 Months to complete the work from the actual Date of commencement within stipulated period.

COST : The total cost comes to ~~Rs 48.930(M).~~ 47.240

LAND : There is no cost of land in this estimate: land is available by Client Department.

Executive Engineer
Buildings Division No. 2
Faisalabad

(3)

Primary & Secondary Healthcare Department

GOVERNMENT OF THE PUNJAB
Dated Lahore the 30-07-2021

ORDER

No.PO(D-II)1-237/2021: Consequent upon the decision of Departmental Development Sub Committee (DDSC), held on 30.07.2020, the Governor of the Punjab is pleased to accord a 2nd Revised Administrative Approval of 15 sub-schemes under block scheme titled "**Programme for Revamping of all THQ Hospitals in Punjab**" at a cost mentioned against each scheme, with gestation period upto 30-06-2023.

Sr. No.	Hospital	Capital Component	Revenue Component	Total Cost
1.	Revamping of THQ Hospital Jaranwala District Faisalabad	40.494	227.555	268.049
2.	Revamping of THQ Hospital Samundri District Faisalabad	39.531	199.048	238.579
3.	Revamping of THQ Hospital Tandlianwala District Faisalabad	38.500	165.394	203.894
4.	Revamping of THQ Hospital Wazirabad District Gujranwala	31.882	208.283	240.166
5.	Revamping of THQ Hospital Mankera District Bhakkar	29.664	200.293	229.957
6.	Revamping of THQ Hospital Kalurkot District Bhakkar	45.004	164.078	209.082
7.	Revamping of THQ Hospital Jand District Attock	50.854	204.420	255.274
8.	Revamping of THQ Hospital Piplan District Mianwali	39.296	197.057	236.353
9.	Revamping of THQ Hospital Raynala District Okara	37.334	210.727	248.062
10.	Revamping of THQ Hospital Haveli Lakha District Okara	41.435	195.974	237.409
11.	Revamping of THQ Hospital Malakwal District Mandi Baha-ud-Din	18.420	203.788	222.207
12.	Revamping of THQ Hospital Phalia District Mandi Baha-ud-Din	60.909	230.001	290.910
13.	Revamping of THQ Hospital Sangla Hill District Nankana	39.913	196.133	236.046
14.	Revamping of THQ Hospital Pattoki District Kasur	47.834	208.618	256.452
15.	Revamping of THQ Hospital Chunnian District Kasur	29.650	208.074	237.724

4

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

Capital Component — Grant No.12042 (042) Government Building04-Economic Affairs-045 Construction and Transport - 0457 Construction (Work)0457-02 Building and structure.

Revenue Component — Grant No. PC-22035 (035) Development -07Health - 073 –Hospital Services-0731-General Hospital Services -073101 General Hospital Services.

(IMRAN SIKANDAR BALOCH)
SECRETARY P&SH DEPARTMENT

ENDST. DATE EVEN:
A copy is forwarded for information and necessary action to the:-

1. Accountant General, Punjab, Lahore.
2. Chief (Health-II), Planning & Development Department, Lahore.
3. Director General Health Services, Punjab, 24-Cooper Road, Lahore.
4. Chief Engineer (North, Central, South Zones), Buildings Department.
5. Project Director, Project Management Unit, P&SH Department.
6. Section Officer (Health-I), Finance Department.
7. Budget Officer-I & III, Finance Department.
8. AB Planning Officer, P&SHC Department.
9. PSO to Secretary, P&SH Department.
10. PA to Additional Secretary (Dev & Fin), P&SH Department.
11. PA to Additional Secretary (Admin), P&SH Department.

(M. ASIF RASHEED)
PLANNING OFFICER (D-II)

REVISED

ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL T.H.Q. HOSPITALS IN PUNJAB " ON AT TEHSIL HEAD QUARTER HOSPITAL TANDLIANWALA DISTRICT FAISALABAD ADP NO.658 FOR THE YEAR 2022-23 .

COMPARATIVE STATEMENT

Based on M.R.S 2ND Bi Annual 2022

Sr. No.	Description of items	As Per A.A (1st Biannaul 2021)				As per Rough Cost Estimate (2nd Biannaul 2022)				Excess / Saving	Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount		
1.	Main Building THQ.				23691200 /-				~~22397000 /-~~	-1294200	
2.	Provision of E.I & P.H				1722130 /-	22592	Sft P-Sft	348	7862016 /-	6139886	
3.	[redacted] Q.M.S Hall Front of O.P.D					2550	Sft P-Sft	3902	9950100 /-	9950100	
4.	Re-Construction of Boundry wall 9"Thick 6' Height				1875000	699	Rft P-Rft		2486500 /-	611500	
5.	Provision of External E.I								2395478 /-	2395478	
6.	Provision of External Sewerage Line.				1910000 /-				885000 /-	-1025000	
7.	Provision of external water supply				783000 /-				624300 /-	-158700	
8.	Walking path and parking (Tuff Paver)				1491000 /-					-1491000	
9.	Waiting Sheds (50' x 35')+(60' x 30')				2300000 /-					-2300000	
10.	Provision of Sui Gas pipe wiring				244000 /-					-244000	
11.	Provision of Toilet Block (02 Nos)				745600 /-					-745600	
				Total =	34761930 /-			Total =	~~46600394 /-~~ 43085594	11838464	
	ADD 5% PRA Tax				1738097 /-				~~2330020 /-~~ 2154280		
				Total =	36500027 /-			Total =	~~48930414 /-~~		
	Provision of Sui Gas Connection				2000000 /-				~~48930164~~ 47239874		
				Total =	38500027 /-			Say =	~~48930000 /-~~		
				OR.	38.500 (M)			OR.	~~48.930 (M)~~		

~~48.820(M)~~ 47.240

Superintending Engineer
Buildings Circle No-1,
~~Faisalabad~~

Executive Engineer,
Buildings Division No.2,
Faisalabad.

S.E

Sub Divisional Officer,
Buildings Sub Division,
Tandlianwala

comp. all in one

REVISED **ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL T.H.Q. HOSPITALS IN PUNJAB " ON AT TEHSIL HEAD QUARTER HOSPITAL TANDLIANWALA DISTRICT FAISALABAD ADP NO.658 FOR THE YEAR 2022-23 .**

ABSTRACT OF COST (REPAIR / RENOVATION OF MAIN BUIDLING) BUILDING PORTION

Based on M.R.S 2ND BI Annual 2022

Sr. No.	Description of Items	As Per A.A (1st Biannaul 2021)				As per Rough Cost Estimate (2nd Biannaul 2022)				Excess / Saving	Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount		
A	**MAIN BUILDING T.H.Q**										
1.	Removing door with chowkat.	53	No	each	307.4	16292	18	No	each	448.45	8072	-8220	
2.	Removing Window with Chowkat	69	No	each	235.95	16281	51	No	each	350.45	17873	-1592	
3.	Dismantling glazed or encaustic tiles, etc.	3801	Sft	%Sft	1659	64445	2685	Sft	%Sft	2391.85	64219	-226	
4.	Dismantling cement concrete 1:2:4 plain.	735	Cft	%Cft	8003.4	58825	2619	Cft	%Cft	11209.45	293580	234755	
5.	Dismantling mud concrete.	3690	Cft	%Cft	1455.15	53695						-53695	
6.	Dismantling brickwork in lime or cement mortor.						137	Cft	%Cft	4330.9	5933	5933	
7.	Dismantling brick or flagged flooring without concrete foundation.	22592	Sft	%Sft	618.45	139720	22368	Sft	%Sft	866.20	193750	54030	
8.	Rehandling of earthwork upto lead of 50 ft.	7523	Cft	%oCft	2546.55	19158	7448	Cft	%oCft	3566.65	26566	7408	
9.	S/ F sand under floor or plugging into wells	1476	Cft	%Cft	2223.15	32814						-32814	
10.	Dry rammed brick or stone ballast 1 1/2" to 2" guage	1476	Cft	%Cft	4840.45	71445						-71445	
11.	Cement concrete plain including placing,compacting, finishing and curing complete (including screening and washing of stone aggregate): 1:2:4.	738	Cft	%Cft	23030.55	169965	15187	Cft	%Cft	38271.8	968723	798758	
12.	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. Full body Glazed tiles 600mmx 600 mm.	14538	Sft	P-Sft	268	3896184	14538	Sft	P-Sft	341.95	4971269	1075085	

Sr. No.	Description of items	As Per A.A (1st Biannaul 2021)				As per Rough Cost Estimate (2nd Biannaul 2022)				Excess / Saving	Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount		
A	**MAIN BUILDING T.H.Q**										
20.	Providing and fixing all types of partly fixed and partly openable glazed anodised bronze colour aluminium doors, using delux section of M/s Al-Cop or Pakistan Cables, having chowkat frame of size 40 x 100 mm (1½" x 4") and leaf frame of 60x40mm (2½"x1½") wide sections including the cost of ¼" (5 mm) thick imported tinted glass with aluminium triangular gola and rubber gasket to support the glass and leaf edging, using approved standard fittings, locks, 3" (75 mm) wide long handles etc., and hardware any required as approved by the engineer in-charge.	1769	Sft	P-Sft	572.05	1011956	122	Sft	P-Sft	1441.2	175106	-836851	
21.	Providing and fixing all types of glazed aluminium windows of anodized champagne colour partly fixed and party sliding using deluxe section of approved manufacturer having Frame of size 100mm x 30mm using frame at bottom, at top and side leaf leaf frame sections of 60mm x 23mm at top & bottom and size 45mm x 25mm at center and size 45mm x 25mm at sides, Jali leaf frame size 43mm x 13mm i/c fine quality aluminum jali, 5mm thick imported tinted glass with rubber gasket using approved standard latches, wheel, stopper, brush chennel angle joint and hardware etc. complete 1.6 mm thick.	1683	Sft	P-Sft	692.5	1165478	1209	Sft	P-Sft	1353.75	1636684	471206	
22.	Providing and fixing Openable door comprising of 3mm thick UPVC hollow profile ,chowkat frame of 60mmx64mm and leaf frame 60 mmx106 mm both duly reinforced with G.I box frame inside the void with 20 mm wide panel with grooves on both sides i/c the cost of hardwares, hinges, four bolt and cutting changes on approved & directed by the Engineer Incharge	280	Sft	P-Sft	650	182000	175	Sft	P-Sft	1000	175000	-7000	
23.	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 20mm using frame at bottom, at top and side leaf leaf frame sections of 50mm x 20mm at top & bottom etc. complete 1.6 mm thick.	2246	Sft	P-Sft	477.2	1071791						-1071791	

Sr. No.	Description of items	As Per A.A (1st Biannaul 2021)				As per Rough Cost Estimate (2nd Biannaul 2022)				Excess / Saving	Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount		
A	**MAIN BUILDING T.H.Q**										
31.	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 2mm thick	3828	Sft	P-Sft	690	2641320	1647	Sft	P-Sft	433.00	713151	-1928169	
32.	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.(A) 0.6 mm thick 600 mmX 600 mm	809	Sft	P-Sft	516	417444	578	Sft	P-Sft	620.00	358360	-59084	
33.	Providing and fixing high quality LED SMD Panel Light 2 ft×2 ft of specified wattage anf Luminous flux with Polystyrene bowl/prismatic cover made of Philips as approved and direced by the Engineer Incharge.						2	No	Each	9000.00	18000	18000	
34.	Providing and fixing 2"X2" Stainless Steel 14 SWG Corner Guard angle with bevelled corner and 0.8 mm bend at edges duly pasted with premium grade self-adhesive glue strips with excellent hold/(double sided Tape) as approved and directed by the Engineer Incharge.	750.00	Rft	P-Rft	150.00	112500	750	Rft	P-Rft	225.00	168750	56250	
35.	P/F Lead sheet for X-Ray room 2mm thick for protection against radiation ,caping i/c cutting to required size providing 4" for laps where necessary i/c cost of screws nails , rowal bolts and drilling holes in walls complete as approved by The Engineer Incharge	735	Sft	P-Sft	850.00	624750	735	Sft	P-Sft	1110.00	815850	191100	
36.	Providing and applying weather shield paint of approved quality on external surface of building including preparation of surface, application of primer complete in all respect: old surfce.						24062	Sft	%Sft	1943.5	467645	467645	
37.	Preparing surface and painting with emulsion paint.												
	Take 50 % one coat without scraping.						32012.03	Sft	%Sft	1169.2	374285	374285	
	Take 50 % TWO coat with scraping.						32012.03	Sft	%Sft	2829.95	905924	905924	
38.	Distempering 02 coats old surface i/c scraping												
	Take 60 % one coat without scraping.	44138	Sft	%Sft	438.3	193457						-193457	
	Take 40 % Two coat with scraping.	29425	Sft	%Sft	984	289542						-289542	
39.	Painting to door and windows any type 02 coats old surface	7168	Sft	%Sft	1086.15	77855	2890	Sft	%Sft	1694.65	48975	-28880	
40.	Painting to door and windows any type 03 coats new surface						245	Sft	%Sft	2770.7	6788	6788	

Sr. No.	Description of items	As Per A:A (1st Biannaul 2021) Qty	Unit	Rate	Amount	As per Rough Cost Estimate (2nd Biannaul 2022) Qty	Unit	Rate	Amount	Excess / Saving	Remarks
A	**MAIN BUILDING T.H.Q**										
41.	Providing and fixing fair face Gutka Cladding upto required height using special gutka of size 9"x2¼"x2¼" i/c cutting gutka where necessary . laying in 1:2 cement sand motor mixed with red oxide pigment with 1/4" thick recessed joints and nominal filling the gap complete i/c cost of G.I wire 8-SWG iron hoops and loops at every 2 ft center to center horizontally and in every 4th course vertically of cladding, hoops / loops embedded half in the wall and half embedded in cladding i/c 1/2" thick cement plaster (1:4) on back side prior to laying cladding complete in all respect and as approved and directed by the Engineer Incharge.	23262	Sft	P-Sft	152	3535824					-3535824.	
				Total (A)=	23605954 /-			Total (A)=	22585686 /-		-1020268
	D/d cost of old material										
	Wooden Doors				147000				102500		
	Wooden Windows				172500				287500		
	old tile				192484				336847		
	Tile Bats				31640				50832		
	old Bricks								8323		
	Bricks Bats								2466		
				Total (B) =	543624 /-			Total (B) =	788467		
				Net Total (A-B)	**23062330 /-**			**Net Total (A-B)**	**21797219**		
	Add 3% Contingency				628870 /-				600116		
				Total =	**23691200 /-**			**Total =**	**22397335 /-**		**-1293865**
				Say =	**23691200 /-**			**Say =**	~~**22387000 /-**~~ 1888200		**-1294200**

Executive Engineer,
Buildings Division No.2,
Faisalabad.

S.E

Sub Divisional Officer,
Buildings Sub Division,
Tandlianwala

REVISED ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL T.H.Q. HOSPITALS IN PUNJAB " ON AT TEHSIL HEAD QUARTER HOSPITAL TANDLIANWALA DISTRICT FAISALABAD ADP NO.658 FOR THE YEAR 2022-23 .

COMPARATIVE STATEMENT (PROVISION OF EXTERNAL SEWERAGE LINE AND MAN HOLES)

Based on M.R.S 2ND Bi Annual 2022

Sr. No.	Description of items	As Per A.A (1st Biannaul 2021)				As per Rough Cost Estimate (2nd Biannaul 2022)				Excess / Saving	Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount		
1.	Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and imbering, 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:-	12688 Cft	%o Cft	6370.5	80826	3938 Cft	%o Cft	11770.40	46346	-34480	
2.	Providing and laying R.C.C. pipe sewers, moulded with cement concrete 1:1½:3 conforming to ASTM Specification C-76-79, Class II. Wall B, including carriage of pipe from factory to site of work, lowering in trenches to correct alignment and grade, jointing with rubber ring, cutting pipes where necessary, testing, etc., complete.12" dia.	1450 Rft	P-Rft	461.15	668668	450 Rft	P-Rft	697.25	313763	-354906	
3.	Rehandling of earthwork Upto a lead of single throw kassi.	1969 Cft	%o Cft	2546.55	16616	611 Cft	%o Cft	2547.60	1557	-15059	
4	Construction of circular manhole size 3' dia.	32 No	P-No	32362	1035584	9 No	P-No	50378.00	453402	-582182	
5	Providing, laying, cutting, jointing, testing and disinfecting P.V.C. pipe line with `B' Class working pressure pipe, in trenches, complete in all respects:- 4" dia.	200 Rft	P-Rft	263.4	52680	100 Rft	P-Rft	440.95	44095	-8585	
				Total =	1854374 /-			Total =	859162 /-	-995212	
	Add 3% Contingency				55631				25775		
				Total =	**1910005** /-			**Total =**	**884937** /-	-1025068	
					1910000 /-			**Say =**	**885000** /-	-1025000	

Executive Engineer,
Buildings Division No.2,
Faisalabad.

S.E

Sub Divisional Officer,
Buildings Sub Division,
Tandlianwala

REVISED ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL T.H.Q. HOSPITALS IN PUNJAB " ON AT TEHSIL HEAD QUARTER HOSPITAL TANDLIANWALA DISTRICT FAISALABAD ADP NO.658 FOR THE YEAR 2022-23 .

COMPARATIVE STATEMENT.(PROVISION OF EXTERNAL WATER SUPPLY LINE)

Based on M.R.S 2ND Bi Annual 2022

Sr. No.	Description of items	As Per A.A (1st Biannaul 2021)				As per Rough Cost Estimate (2nd Biannaul 2022)				Excess / Saving	Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount		
1.	Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and imbering, 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:-					7175	Cft %o Cft	11770.40	84453	84453	
2.	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 d) PN-12.5 (SDR-13.6) i) 90 mm dia					1450	Rft P-Rft	291.75	423038	423038	
3.	Providing, laying, testing and commissioning of POLYPROPYLENE RANDOM COPOLYMER (PPRC) water supply pipe made of (Dadex/Popular/ Beta / BBJ) with specified pressure rating 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 Diameters mentioned). PN-20 pipe 32 mm dia.					600	Rft P-Rft	107.05	64230	64230	
4	Rehandling of earthwork Upto a lead of single throw kassi					5865	Cft %o Cft	2547.60	14942	14942	
5	Providing and fixing handle cock 3/4 " dia brass best quality i/c carriage and fixing at site complete in all respect as approved by Engineer Incharge.	30	No Each	498	14940	30	No Each	650.00	19500	4560	

Sr. No.	Description of items	As Per A.A (1st Biannaul 2021)				As per Rough Cost Estimate (2nd Biannaul 2022)				Excess / Saving	Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount		
6	Providing and Laying, Cutting, Jointing, testing and disinfection G.I pipeline in trenches with socket joints, using G.I Pipe B.S.S 1387-1976 complete in all respect with medium quality 3" dia	1450	Rft	P-Rft	629.2	912340				-912340	
7	Providing & Laying cutting jointing testing and disinfection PPRC pipe or any approved firm in trenches, cost of socket, tees, elbow, bands, valves, coreeses, inion and plugs or include in all rate except for internal PPRC piping and threaded special for bath rooms (32mm dia)	600	Rft	P-Rft	126	75600				-75600	
				Total =	1002880 /-			Total =	606162 /-	-396718	
	Add 3% Contingency				30086				18185		
				Total =	**1032966** /-			**Total =**	**624347** /-	-408619	
				Say =	**1033000** /-			**Say =**	**624300** /-	-408700	

Executive Engineer,
Buildings Division No.2,
Faisalabad.

S.E

Sub Divisional Officer,
Buildings Sub Division,
Tandlianwala

REVISED -ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL T.H.Q. HOSPITALS IN PUNJAB " ON AT TEHSIL HEAD QUARTER HOSPITAL TANDLIANWALA DISTRICT FAISALABAD ADP NO.658 FOR THE YEAR 2022-23 .

ABSTRACT OF COST.

Sr:No.	Description of items.	(Based on Plinth Area Rate 2nd Bi-Annual Period From 1st July: 2022 to 31th Dec 2022									Remarks
		Qty:		Unit.	B.P.	P.H	E.I.	S.G.	Total.	Amount.	
1	Main Building THQ.									22397000/-	Detailed Attached
2	Provision of internal E.I & P.H	22592	Sft	P-Sft		120/-	228/-		348/-	7862016/-	
3	Construction of Q.M.S Hall Front of O.P.D	2550	Sft	P-Sft	3674/-		228/-		3902/-	9950100/-	
4	Re-Construction of Boundry wall 9"Thick 6' Height	699	Rft	P-Rft						2486500/-	Detailed Attached
5	Provision of External E.I									2395478/-	Detailed Attached
6	Provision of External Sewerage Line.									885000/-	Detailed Attached
7	Provision of External water supply									624300/-	Detailed Attached
									Total:	**46600394/-**	

Add 5% PRA on Rs. 46600394/- 2330020/-

G.Total:- **48930414/-**

Say:Rs. **48930000/-**

OR. **48.930 (M)**

EXECUTIVE ENGINEER
Buildings Division No. 2 Faisalabad.

S.E

SUB DIVISIONAL OFFICER
Buildings Sub Division Tandlianwala

REVISED ROUGH COST ESTIMATE FOR THE WORK REVAMPING OF ALL T.H.Q. HOSPITALS IN PUNJAB ON AT TEHSIL HEAD QUARTER HOSPITAL TANDLIANWALA DISTRICT FAISALABAD ADP NO.658 FOR THE YEAR 2022-23 .

MAIN BUILDING (ABSTRACT OF COST)

1 Removing door with chowkat.

	18				= 18	No.	
				Total	= 18	No.	
		@	448.45		each		8072 /-

2 Removing Window with chowkat.

	51				= 51	No.	
				Total	= 51	No.	
		@	350.45		each		17873 /-

3. Dismantling glazed or encaustic tiles, etc.

surgical ward washrooms

6	2	x	(	4-1/4	+	2-1/2	)	x	5	=	405	Sft
"		6	x	4-1/4	x	2-1/2				=	~~64~~	~~Sft~~
4	2	x	(	4-1/4	+	4-2/5	)	x	5	=	347	Sft
"		4	x	4-1/4	x	4-2/5				=	~~75~~	~~Sft~~
2	2	x	(	10-1/2	+	9-1/4	)	x	5	=	395	Sft
"		2	x	10-1/2	x	9-1/4				=	~~184~~	~~Sft~~
"		2	x	8-5/8	x	6				=	104	Sft
D.Cill		10	x	2-1/2	x	3/8				=	9	Sft
D.Cill		2	x	4	x	1-1/8				=	9	Sft

Labour room washrooms

2	2	x	(	3-5/8	+	5	)	x	5	=	173	Sft
1	2	x	(	7-5/8	+	8-1/4	)	x	5	=	159	Sft
"		1	x	7-5/8	x	8-1/4				=	63	Sft
		2	x	3-1/2	x	5				=	35	Sft
D.Cill		2	x	2-1/2	x	3/8				=	2	Sft
D.Cill		1	x	4	x	1-1/8				=	5	Sft

OPD Wash room

4	2	x	(	3	+	4-1/4	)	x	5	=	290	Sft
"		4	x	3	x	4-1/4				=	51	Sft
2	2	x	(	6-3/8	+	13-5/8	)	x	5	=	400	Sft
"		2	x	6-3/8	x	13-5/8				=	174	Sft
D.Cill		4	x	2-1/2	x	3/8				=	4	Sft
D.Cill		2	x	4	x	1-1/8				=	9	Sft
							Total			=	~~2966~~	~~Sft~~ 2634
deduction door		1	x	6	x	2-1/2		x	5	=	75	Sft
"		1	x	4	x	3		x	5	=	60	Sft
		1	x	4	x	2-3/4		x	5	=	55	Sft
		1	x	2	x	2-3/4		x	5	=	28	Sft
"		5	x	1	x	2-1/2		x	5	=	63	Sft
							Total			=	281	Sft
Net	=	2966	-	281						=	~~2685~~	~~Sft~~ 5629
				@	Rs.	2391.9	%Sft				2353	~~64219 /-~~

4. Dismantling cement concrete 1:2:4 plain.

Flooring

Medical & Surgical wards.	2	x	35-5/8	x	47-1/2	=	3384 Sft
D.cill	2	x	8	x	1-1/8	=	18 Sft
OPD Corridor.	1	x	82-3/4	x	7-1/4	=	600 Sft
OPD Corridor.	1	x	97-1/2	x	7-1/4	=	707 Sft
OT & Labour room Corridor.	1	x	73-1/2	x	7	=	515 Sft
Room No. 5	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.6	1	x	12	x	13-5/8	=	164 Sft
Exam Room	1	x	5	x	7-1/4	=	36 Sft
Room No.7	1	x	12-3/4	x	13-5/8	=	174 Sft
Room No.8	1	x	10	x	13-5/8	=	136 Sft
Room No.9	1	x	8	x	13-5/8	=	109 Sft
Room No.10	1	x	14	x	13-5/8	=	191 Sft
Room No.11	1	x	16	x	13-5/8	=	218 Sft
Room No.12	1	x	12	x	13-5/8	=	164 Sft
Room No.13	1	x	12	x	13-5/8	=	164 Sft
Room No.14	1	x	17-3/4	x	13-5/8	=	242 Sft
T.B Room.	1	x	18	x	13-5/8	=	245 Sft
Child specialist room	1	x	11	x	13-5/8	=	150 Sft
Room No.15	1	x	11	x	13-5/8	=	150 Sft
Room No.16	1	x	13-3/4	x	13-5/8	=	187 Sft
Room No.17	1	x	15	x	14	=	210 Sft
Exam Room	1	x	7-1/4	x	7-5/8	=	55 Sft
Room No.18	1	x	10	x	14	=	140 Sft
Room No.19	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.20	1	x	10	x	14	=	140 Sft
Room No.21	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.22	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.23	1	x	13-3/8	x	17-1/4	=	231 Sft
Room No.24	1	x	13-3/4	x	13-5/8	=	187 Sft
Room No.25	1	x	8	x	13-5/8	=	109 Sft
Room No.26	1	x	10	x	13-5/8	=	136 Sft
Room No.27	1	x	8	x	13-5/8	=	109 Sft
Room No.28	1	x	16	x	13-5/8	=	218 Sft
Room No.29	1	x	8-1/2	x	13-5/8	=	116 Sft
Room No.30	1	x	12	x	13-5/8	=	164 Sft
Room No.31	1	x	13	x	18	=	234 Sft
Record room	1	x	7	x	6	=	42 Sft
Room No.32	1	x	13-5/8	x	18	=	245 Sft
Room No.33	1	x	20	x	18	=	360 Sft
Room No.34	1	x	10	x	15-5/8	=	156 Sft
Room No.35	1	x	10	x	15-5/8	=	156 Sft
Room No.36	1	x	12	x	19	=	228 Sft
Room No.37	1	x	9	x	19	=	171 Sft
yellow room	1	x	12	x	12	=	144 Sft

Medicine Store.	1	x	30	x	60			=	1800 Sft
Medicine Store. Ver.	1	x	62-1/4	x	13			=	809 Sft
Bath									
surgical ward washrooms	6	x	4-1/4	x	2-1/2			=	64 Sft
	4	x	4-1/4	x	4-2/5			=	75 Sft
	1	x	10-1/2	x	9-1/4			=	97 Sft
	1	x	8-5/8	x	6			=	52 Sft
D.Cill	10	x	2-1/2	x	3/8			=	9 Sft
D.Cill	2	x	4	x	1-1/8			=	9 Sft
Labour room washrooms	1	x	7-5/8	x	8-1/4			=	63 Sft
	2	x	3-1/2	x	5			=	35 Sft
D.Cill	2	x	2-1/2	x	3/8			=	2 Sft
D.Cill	1	x	4	x	1-1/8			=	5 Sft
OPD Wash room	4	x	3	x	4-1/4			=	51 Sft
"	2	x	6-3/8	x	13-5/8			=	174 Sft
D.Cill	4	x	2-1/2	x	3/8			=	4 Sft
D.Cill	2	x	4	x	1-1/8			=	9 Sft
							Total	=	15187 Sft
	15187		Sft	x	1/6			=	2521 Cft
Nursing counter	6	x	8	x	2	x	1/2	=	48 Cft
Sitting Benches	5	x	10	x	2	x	1/2	=	50 Cft
							Total	=	2619 Cft

@ Rs. 11209 %Cft 293580 /-

5. Dismantling brickwork in lime or cement mortor.

1	6	x	8	x	3/4	x	2	=	72 Cft
2	6	x	2	x	3/4	x	2	=	36 Cft
2	6	x	2	x	3/8	x	2	=	18 Cft
4	5	x	3/4	x	3/8	x	2	=	11 Cft
							Total	=	137 Cft

@ Rs. 4331 %Cft 5933 /-

6 Dismantling brick or flagged flooring without concrete foundation.

O.P.D	1	x	233 7/8	x	47 1/8	=	11021 Sft
Dignostic	1	x	92	x	36 5/8	=	3370 Sft
Indoor	1	x	142 5/8	x	57 1/2	=	8201 Sft
						=	22592 Sft
D/d Khuras							
	56	x	2	x	2	=	224 Sft
						=	22368 Sft

@ 866.20 %Sft Rs 193750 /-

7 Rehandling of earthwork upto lead of 50 ft.

O.P.D	1	x	233 7/8	x	47 1/8	x	1/3	=	3670 Cft
Dignostic	1	x	92	x	36 5/8	x	1/3	=	1122 Cft
Indoor	1	x	142 5/8	x	57 1/2	x	1/3	=	2731 Cft
								=	7523 Cft
D/d Khuras									
	56	x	2	x	2	x	1/3	=	75 Cft
								=	7448 Cft

@ 3566.65 %0Cft Rs 26566 /-

8. Cement concrete plain including placing,compacting, finishing and curing complete (including screening and washing of stone aggregate): 1:2:4.

Medical & Surgical wards.	2	x	35-5/8	x	47-1/2	=	3384 Sft
D cill	2	x	8	x	1-1/8	=	18 Sft
OPD Corridor.	1	x	82-3/4	x	7-1/4	=	600 Sft
OPD Corridor.	1	x	97-1/2	x	7-1/4	=	707 Sft

OT & Labour room Corridor	1	x	73-1/2	x	7	=	515 Sft
Room No. 5	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.6	1	x	12	x	13-5/8	=	164 Sft
Exam Room	1	x	5	x	7-1/4	=	36 Sft
Room No.7	1	x	12-3/4	x	13-5/8	=	174 Sft
Room No.8	1	x	10	x	13-5/8	=	136 Sft
Room No.9	1	x	8	x	13-5/8	=	109 Sft
Room No.10	1	x	14	x	13-5/8	=	191 Sft
Room No.11	1	x	16	x	13-5/8	=	218 Sft
Room No.12	1	x	12	x	13-5/8	=	164 Sft
Room No.13	1	x	12	x	13-5/8	=	164 Sft
Room No.14	1	x	17-3/4	x	13-5/8	=	242 Sft
T.B Room.	1	x	18	x	13-5/8	=	245 Sft
Child specialist room	1	x	11	x	13-5/8	=	150 Sft
Room No.15	1	x	11	x	13-5/8	=	150 Sft
Room No.16	1	x	13-3/4	x	13-5/8	=	187 Sft
Room No.17	1	x	15	x	14	=	210 Sft
Exam Room	1	x	7-1/4	x	7-5/8	=	55 Sft
Room No.18	1	x	10	x	14	=	140 Sft
Room No.19	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No 20	1	x	10	x	14	=	140 Sft
Room No.21	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.22	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.23	1	x	13-3/8	x	17-1/4	=	231 Sft
Room No.24	1	x	13-3/4	x	13-5/8	=	187 Sft
Room No.25	1	x	8	x	13-5/8	=	109 Sft
Room No.26	1	x	10	x	13-5/8	=	136 Sft
Room No.27	1	x	8	x	13-5/8	=	109 Sft
Room No.28	1	x	16	x	13-5/8	=	218 Sft
Room No.29	1	x	8-1/2	x	13-5/8	=	116 Sft
Room No.30	1	x	12	x	13-5/8	=	164 Sft
Room No.31	1	x	13	x	18	=	234 Sft
Record room	1	x	7	x	6	=	42 Sft
Room No.32	1	x	13-5/8	x	18	=	245 Sft
Room No.33	1	x	20	x	18	=	360 Sft
Room No.34	1	x	10	x	15-5/8	=	156 Sft
Room No.35	1	x	10	x	15-5/8	=	156 Sft
Room No.36	1	x	12	x	19	=	228 Sft
Room No.37	1	x	9	x	19	=	171 Sft
yellow room	1	x	12	x	12	=	144 Sft
Medicine Store.	1	x	30	x	60	=	1800 Sft
Medicine Store. Ver.	1	x	62-1/4	x	13	=	809 Sft
surgical ward washrooms	6	x	4-1/4	x	2-1/2	=	64 Sft
	4	x	4-1/4	x	4-2/5	=	75 Sft

	1	x	10-1/2	x	9-1/4	=	97 Sft
	1	x	8-5/8	x	6	=	52 Sft
D.Cill	10	x	2-1/2	x	3/8	=	9 Sft
D.Cill	2	x	4	x	1-1/8	=	9 Sft
Labour room washrooms	1	x	7-5/8	x	8-1/4	=	63 Sft
	2	x	3-1/2	x	5	=	35 Sft
D.Cill	2	x	2-1/2	x	3/8	=	2 Sft
D.Cill	1	x	4	x	1-1/8	=	5 Sft
OPD Wash room	4	x	3	x	4-1/4	=	51 Sft
	2	x	6-3/8	x	13-5/8	=	174 Sft
D.Cill	4	x	2-1/2	x	3/8	=	4 Sft
D.Cill	2	x	4	x	1-1/8	=	9 Sft
					Total	=	**15187 Sft**
	15187		Sft	x	~~16~~ 1/8	=	1898 ~~2531~~ Cft
				@	Rs. 38272		%Cft

726402/-
~~968723/-~~

9. 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. Full body Glazed tiles 600mmx 600 mm:

Medical & Surgical wards.	2	x	35-5/8	x	47-1/2	=	3384 Sft
D.cill	2	x	8	x	1-1/8	=	18 Sft
OPD Corridor.	1	x	82-3/4	x	7-1/4	=	600 Sft
OPD Corridor.	1	x	97-1/2	x	7-1/4	=	707 Sft
OT & Labour room Corridor.	1	x	73-1/2	x	7	=	515 Sft
Room No. 5	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.6	1	x	12	x	13-5/8	=	164 Sft
Exam Room	1	x	5	x	7-1/4	=	36 Sft
Room No.7	1	x	12-3/4	x	13-5/8	=	174 Sft
Room No.8	1	x	10	x	13-5/8	=	136 Sft
Room No.9	1	x	8	x	13-5/8	=	109 Sft
Room No.10	1	x	14	x	13-5/8	=	191 Sft
Room No.11	1	x	16	x	13-5/8	=	218 Sft
Room No.12	1	x	12	x	13-5/8	=	164 Sft
Room No.13	1	x	12	x	13-5/8	=	164 Sft
Room No.14	1	x	17-3/4	x	13-5/8	=	242 Sft
T.B Room	1	x	18	x	13-5/8	=	245 Sft
Child specialist room	1	x	11	x	13-5/8	=	150 Sft
Room No.15	1	x	11	x	13-5/8	=	150 Sft
Room No.16	1	x	13-3/4	x	13-5/8	=	187 Sft
Room No.17	1	x	15	x	14	=	210 Sft
Exam Room	1	x	7-1/4	x	7-5/8	=	55 Sft
Room No.18	1	x	10	x	14	=	140 Sft
Room No.19	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.20	1	x	10	x	14	=	140 Sft
Room No.21	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.22	1	x	12	x	14	=	168 Sft

Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.23	1	x	13-3/8	x	17-1/4	=	231 Sft
Room No.24	1	x	13-3/4	x	13-5/8	=	187 Sft
Room No.25	1	x	8	x	13-5/8	=	109 Sft
Room No.26	1	x	10	x	13-5/8	=	136 Sft
Room No.27	1	x	8	x	13-5/8	=	109 Sft
Room No 28	1	x	16	x	13-5/8	=	218 Sft
Room No.29	1	x	8-1/2	x	13-5/8	=	116 Sft
Room No.30	1	x	12	x	13-5/8	=	164 Sft
Room No.31	1	x	13	x	18	=	234 Sft
Record room	1	x	7	x	6	=	42 Sft
Room No.32	1	x	13-5/8	x	18	=	245 Sft
Room No.33	1	x	20	x	18	=	360 Sft
Room No.34	1	x	10	x	15-5/8	=	156 Sft
Room No.35	1	x	10	x	15-5/8	=	156 Sft
Room No.36	1	x	12	x	19	=	228 Sft
Room No.37	1	x	9	x	19	=	171 Sft
yellow room	1	x	12	x	12	=	144 Sft
Medicine Store.	1	x	30	x	60	=	1800 Sft
Medicine Store. Ver.	1	x	62-1/4	x	13	=	809 Sft
					Total	=	**14538 Sft**
				@	Rs. 341.95	P-Sft	4971269 /-

10. 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 respect as approved and directed by the Engineer Incharge. Full body Glazed tiles 600mmx 600 mm.

Room No. 5	2	x	(12	+	14	)	x	5	=	260 Sft
Exam Room	2	x	(5	+	7-5/8	)	x	5	=	126 Sft
Room No. 6	2	x	(12	+	13-5/8	)	x	5	=	256 Sft
Exam Room	2	x	(5	+	7-1/4	)	x	5	=	123 Sft
Room No. 7	2	x	(12-3/4	+	13-5/8	)	x	5	=	264 Sft
Room No. 8	2	x	(10	+	13-5/8	)	x	5	=	236 Sft
Room No.9	2	x	(8	+	13-5/8	)	x	5	=	216 Sft
Room No.10	2	x	(14	+	13-5/8	)	x	5	=	276 Sft
Room No.11	2	x	(16	+	13-5/8	)	x	5	=	296 Sft
Room No.12	2	x	(12	+	13-5/8	)	x	5	=	256 Sft
Room No.13	2	x	(12	+	13-5/8	)	x	5	=	256 Sft
Room No.14	2	x	(17-3/4	+	13-5/8	)	x	5	=	314 Sft
T.B Room.	2	x	(18	+	13-5/8	)	x	5	=	316 Sft
Child specialist	2	x	(11	+	13-5/8	)	x	5	=	246 Sft
Room No.15	2	x	(11	+	13-5/8	)	x	5	=	246 Sft
Room No.16	2	x	(13-3/4	+	13-5/8	)	x	5	=	274 Sft
Room No.17	2	x	(15	+	14	)	x	5	=	290 Sft
Exam Room	2	x	(7-1/4	+	7-5/8	)	x	5	=	149 Sft
Room No.18	2	x	(10	+	14	)	x	5	=	240 Sft
Room No.19	2	x	(12	+	14	)	x	5	=	260 Sft
Exam Room	2	x	(5	+	7-5/8	)	x	5	=	126 Sft
Room No.20	2	x	(10	+	14	)	x	5	=	240 Sft
Room No.21	2	x	(12	+	14	)	x	5	=	260 Sft
Exam Room	2	x	(5	+	7-5/8	)	x	5	=	126 Sft
Room No.22	2	x	(12	+	14	)	x	5	=	260 Sft
Exam Room	2	x	(5	+	7-5/8	)	x	5	=	126 Sft
Room No.23	2	x	(13-3/8	+	17-1/4	)	x	5	=	306 Sft
Room No.24	2	x	(13-3/4	+	13-5/8	)	x	5	=	274 Sft
Room No.25	2	x	(8	+	13-5/8	)	x	5	=	216 Sft
Room No.26	2	x	(10	+	13-5/8	)	x	5	=	236 Sft
Room No.27	2	x	(8	+	13-5/8	)	x	5	=	216 Sft
Room No.28	2	x	(16	+	13-5/8	)	x	5	=	296 Sft
Room No.29	2	x	(8-1/2	+	13-5/8	)	x	5	=	221 Sft
Room No.30	2	x	(12	+	13-5/8	)	x	5	=	256 Sft
Room No.31	2	x	(13	+	18	)	x	5	=	310 Sft
Record room	2	x	(7	+	6	)	x	5	=	130 Sft

Room No.32	2	x	(	13-5/8	+	18	)	x	5	=	316 Sft
Room No.33	2	x	(	20	+	18	)	x	5	=	380 Sft
Room No.34	2	x	(	10	+	15-5/8	)	x	5	=	256 Sft
Room No.35	2	x	(	10	+	15-5/8	)	x	5	=	256 Sft
Room No.36	2	x	(	12	+	19	)	x	5	=	310 Sft
Room No.37	2	x	(	9	+	19	)	x	5	=	280 Sft
yellow room	2	x	(	12	+	12	)	x	5	=	240 Sft
Medicine Store	2	x	(	30	+	60	)	x	5	=	900 Sft
Medicine Store Ver.		2	x	62-1/4	x	5				=	623 Sft
Nursing counter		6	x	8	x	2-1/2				=	120 Sft
Nursing counter		12	x	2	x	2-1/2				=	60 Sft
Nursing counter		6	x	2	x	2-1/2				=	30 Sft
Sitting Benches		10	x	1-1/2	x	1-1/2				=	23 Sft
								Total		=	12297 Sft

DD Ops. 44 a 3.5 x 5 =

-770

11527

@ Rs. 341.95 P-Sft

3941658/-

~~4205045/-~~

11. 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 asapproved and directed by the Engineer Incharge.12"x36".

surgical ward washrooms	6	x	4-1/4	x	2-1/2	=	64 Sft	
	4	x	4-1/4	x	4-2/5	=	75 Sft	
	1	x	10-1/2	x	9-1/4	=	97 Sft	
	1	x	8-5/8	x	6	=	52 Sft	
D.Cill	10	x	2-1/2	x	3/8	=	9 Sft	
D.Cill	2	x	4	x	1-1/8	=	9 Sft	
Labour room washrooms	1	x	7-5/8	x	8-1/4	=	63 Sft	
	2	x	3-1/2	x	5	=	35 Sft	
D.Cill	2	x	2-1/2	x	3/8	=	2 Sft	
D.Cill	1	x	4	x	1-1/8	=	5 Sft	
OPD Wash room	4	x	3	x	4-1/4	=	51 Sft	
"	2	x	6-3/8	x	13-5/8	=	174 Sft	
D.Cill	4	x	2-1/2	x	3/8	=	4 Sft	
D.Cill	2	x	4	x	1-1/8	=	9 Sft	
					Total	=	**649 Sft**	

@ Rs. 241.40 P-Sft **156669** /-

12. 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 sand plaster i/c the cost of sealer for finishing the joints i/c cutting grinding complete in all respects and asapproved and directed by the Engineer Incharge.12"x36".

6	2	x	(	4-1/4	+	2-1/2	)	x	5	=	405 Sft
4	2	x	(	4-1/4	+	4-2/5	)	x	5	=	347 Sft
2	2	x	(	10-1/2	+	9-1/4	)	x	5	=	395 Sft
2	2	x	(	3-5/8	+	5	)	x	5	=	173 Sft
1	2	x	(	7-5/8	+	8-1/4	)	x	5	=	159 Sft
4	2	x	(	3	+	4-1/4	)	x	5	=	290 Sft
2	2	x	(	6-3/8	+	13-5/8	)	x	5	=	400 Sft
								Total		=	**2168 Sft**

deduction door	1	x	6	x	2-1/2	x	5	=	75	Sft
"	1	x	4	x	3	x	5	=	60	Sft
	1	x	4	x	2-3/4	x	5	=	55	Sft
	1	x	2	x	2-3/4	x	5	=	28	Sft
	5	x	1	x	2-1/2	x	5	=	63	Sft
						Total		=	281	Sft

Net	=	2168	-	281		=	1887 Sft
					Total	=	**1887 Sft**

@ Rs. 294.15 P-Sft **555029** /-

13 P/F, 1 1/2" thick solid flush door comprising of 2.5 mm thick Commercial play compressed over 2.5 mm thick commercial ply 1" thick packing wood inn style and rails under proper pressure inncluding the cost of nails, tower bolt, handle, Grlew , saving charges, painting Charges, and papering and 3/8" thick matching wooden lipping as approved and directed by the engineer incharge

	5	x	3 1/2	x	7	= 123 sft
					Total	= 123 sft
			@	506.8	P-Sft	62083 /-

14 Providing and fixing all types of partly fixed and partly openable glazed anodised bronze colour aluminium doors, using delux section of M/s Al-Cop or Pakistan Cables, having chowkat frame of size 40 x 100 mm (1½" x 4") and leaf frame of 60x40mm (2½"x1½") wide sections including the cost of ¼" (5 mm) thick imported tinted glass with aluminium triangular gola and rubber gasket to support the glass and leaf edging, using approved standard fittings, locks, 3" (75 mm) wide long handles etc., and hardware any required as approved by the engineer in-charge.

OPD Block

	3	x	4 1/2	x	9	= 122 sft
					Total	= 122 sft
			@	1441.2	P-Sft	175106 /-

15 Providing and fixing Openable door comprising of 3mm thick UPVC hollow profile ,chowkat frame of 60mmx64mm and leaf frame 60 mmx106 mm both duly reinforced with G.I box frame inside the void with 20 mm wide panel with grooves on both sides i/c the cost of hardwares, hinges, four bolt and cutting changes on approved & directed by the Engineer Incharge

	10	x	2 1/2	x	7	= 175 sft
					Total	= 175 sft
			@	~~1000~~ 725	P-Sft	~~175000 /-~~ 126875 /-

16 Providing and fixing all types of glazed aluminium windows of anodized champagne colour partly fixed and party sliding using deluxe section of approved manufacturer having Frame of size 100mm x 30mm using frame at bottom, at top and side leaf leaf frame sections of 60mm x 23mm at top & bottom and size 45mm x 25mm at center and size 45mm x 25mm at sides, Jali leaf frame size 43mm x 13mm i/c fine quality aluminum jali, 5mm thick imported tinted glass with rubber gasket using approved standard latches, wheel, stopper, brush chennel angle joint and hardware etc. complete 1.6 mm thick.

OPD Block

W-2	10	x	4	x	5-1/2	=	220 sft
W-4	8	x	6	x	5-1/2	=	264 sft
H.W-1	3	x	4	x	3	=	36 sft
H.W-2	2	x	2	x	2	=	8 sft

Diagnostic Block

W-1	1	x	10	x	5-1/2	=	55 sft
W-2	1	x	8	x	11	=	88 sft
W-3	2	x	6	x	5-1/2	=	66 sft
W-4	10	x	4	x	5-1/2	=	220 sft

Indoor Block

W3	4	x	6	x	5-1/2	=	132 sft
H.W-1	10	x	4	x	3	=	120 sft
					Total	= 1209	sft
			@	1354	P-Sft		1636684 /-

17 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. 3/8" Square bar.

OPD Block

W-2	10	x	4	x	5-1/2	=	220 sft

W-4	8	x	6	x	5-1/2	=	264 sft	
H.W-1	3	x	4	x	3	=	36 sft	
H.W-2	2	x	2	x	2	=	8 sft	
Diagnostic Block							sft	
W-1	1	x	10	x	5-1/2	=	55 sft	
W-2	1	x	8	x	11	=	88 sft	
W-3	2	x	6	x	5-1/2	=	66 sft	
W-4	10	x	4	x	5-1/2	=	220 sft	
Indoor Block								
W3	4	x	6	x	5-1/2	=	132 sft	
H.W-1	10	x	4	x	3	=	120 sft	
						Total	= 1209 sft	
				@	863.35	P-Sft		1043790 /-

18 Providing and laying 3/4" thick full width Pre polished 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. China verona.

OPD Block								
W-2	10		x	4	x	1-1/8	=	45 sft
W-4	8		x	6	x	1-1/8	=	54 sft
Diagnostic Block								
W-1	1		x	10	x	1-1/8	=	11 sft
W-2	1		x	8	x	1-1/8	=	9 sft
W-3	2		x	6	x	1-1/8	=	14 sft
W-4	10		x	4	x	1-1/8	=	45 sft
Indoor Block								
W3	4		x	6	x	1-1/8	=	27 sft
Nursing counter	6	x 8-1/2	x	2-1/2			=	128 Sft
Sitting Benches	5	x 10	x	1-1/2			=	75 Sft
							Total =	408 sft
				@		413.75 P-Sft		168707 /-

19. Reinforced cement concrete in roof slab, beams, column, lintels girder & other structural member laid in situ / precast laid in position in prestressed member complete in all respect type 'C' nominal mixture (1:2:4). Ground floor

Nursing counter	6	x 8	x	2	x	1/2	=	48 Cft
Sitting Benches	5	x 10	x	1-1/2	x	1/2	=	38 Cft
For Roof	6	x 8	x	2	x	1/2	=	48 Cft
	5	x 10	x	1 1/2	x	1/2	=	38 Cft
						Total	=	172 Cft
				@	Rs.	559.2	P-Cft	95903 /-

20. Providing and fixing Vin board cabinet 3/4" thick with drawers 3"deep in 'Kitchen including termite proofing and polishing with synthetic enamel as specified, with handles hinges,screws etc., complete in all respects. 1-1/2' deep,without back.

Nursing counter	6	x 8	x	2-1/2			=	120 Sft
						Total	=	120 Sft
				@	Rs.	1092	P-Sft	130980 /-

21 Providing and laying roof insulation, comprising of single layer of tiles 9"x4½"x1½" (225x113x40 mm) grouted with cement sand mortar 1:3 laid over 2" (50 mm) thick earth (including mud plaster) over thermopore sheet, over polythene sheet 300 gauge over a layer of bitumen,complete in all respects 3/4" thick thermopore.

O.P.D	1	x 233 7/8	x	47 1/8		=	11021 Sft
Dignostic	1	x 92	x	36 5/8		=	3370 Sft
Indoor	1	x 142 5/8	x	57 1/2		=	8201 Sft
						=	22592 Sft

D/d Khuras

	56 x	2	x	2		=	224	Sft	
					Total	=	22368	Sft	
			@	14871.65	%Sft			Rs.	3326460 /-

22 Making Khuras on Roof 2' x 2'x 6"

	56		Nos			=	56	No	
					Total	=	56	No	
			@	866.40	Each			Rs.	48516 /-

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

O.T	1 X	20	X	18		=	360	Sft	
					Total	=	360	Sft	
			@	1050	P-Sft			Rs.	378000 /-

24 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 2mm thick

O.T	2 X	20	X	12		=	480	Sft	
	2 x	18	x	12		=	432	Sft	
1 x	2 (	13 3/8	+	17 1/4)	12	=	735	Sft	
					Total	=	1647	Sft	
			@	433	P-Sft			Rs.	713151 /-

25 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.(A) 0.6 mm thick 600 mmX 600 mm

O.T	1 X	20	X	18		=	360	Sft	
	1 x	16	x	13 5/8		=	218	Sft	
					Total	=	578	Sft	26/00/
			@	~~620~~ 450	P-Sft			Rs.	358360 /-

26 Providing and fixing high quality LED SMD Panel Light 2 ft×2 ft of specified wattage anf Luminous flux with Polystyrene bowl/prismatic cover made of Philips as approved and direced by the Engineer Incharge.

	2		Nos			=	2	No	
					Total	=	2	No	11/00/
			@	~~9000.00~~ 5900	Each			Rs.	~~18000 /-~~

27 Providing and fixing 2"X2" Stainless Steel 14 SWG Corner Guard angle with bevelled corner and 0.8 mm bend at edges duly pasted with premium grade self-adhesive glue strips with excellent hold/(double sided Tape) as approved and directed by the Engineer Incharge.

	1 x	150	x	5		=	750	Rft	
					Total	=	750	Rft	
			@	225.00	P-Rft			Rs.	168750 /-

28 P/F Lead sheet for X-Ray room 2mm thick for protection against radiation ,caping i/c cutting to required size providing 4" for laps where necessary i/c cost of screws nails , rowal bolts and drilling holes in walls complete as approved by The Engineer Incharge

1 x	2 (	13 3/8	+	17 1/4)	12	=	735	Sft	
					Total	=	735	Sft	
			@	1110	P-Sft			Rs.	815850 /-

29. Providing and applying weather shield paint of approved quality on external surface of building including preparation of surface, application of primer complete in all respect: old surfce.

1	x	233	x	15-1/2	=	3612 Sft
2	x	47-1/2	x	15-1/2	=	1473 Sft
4	x	2-1/2	x	15-1/2	=	155 Sft
2	x	25	x	15-1/2	=	775 Sft
2	x	92	x	15-1/2	=	2852 Sft
2	x	51-1/2	x	15-1/2	=	1597 Sft
4	x	2-1/2	x	15-1/2	=	155 Sft

	2	x	22	x	15-1/2	=	682	Sft
	2	x	142-5/8	x	15-1/2	=	4421	Sft
	2	x	57-3/4	x	15-1/2	=	1790	Sft
	2	x	3-3/8	x	15-1/2	=	105	Sft
	4	x	11-1/2	x	15-1/2	=	713	Sft
	4	x	21-1/2	x	15-1/2	=	1333	Sft
emergency	2	x	45	x	15-1/2	=	1395	Sft
emergency	2	x	30	x	15-1/2	=	930	Sft
Cardiac Block	2	x	56	x	15-1/2	=	1736	Sft
Cardiac Block	2	x	29-3/4	x	15-1/2	=	922	Sft
					total		24646	Sft
Deducation								
w4	20	x	4	x	5-1/2	=	440	Sft
hw1	12	x	4	x	3	=	144	Sft
					total		584	Sft
Net =			24646	-	584	Total =	24062	Sft

@ Rs. 1944 %Sft 467645 /-

30. Preparing surface and painting with emulsion paint.

Walls.

OPD Block

Room No. 2	2	x	(	12-1/2	+	14	)	x	8	=	424	Sft
Room No. 3	2	x	(	25-3/4	+	14	)	x	8	=	636	Sft
Room No. 4	2	x	(	12	+	14	)	x	8	=	416	Sft
ECG	2	x	(	5-1/2	+	7	)	x	8	=	200	Sft
BATH	2	x	(	5-1/2	+	6-1/2	)	x	8	=	192	Sft
Room No. 5	2	x	(	12	+	14	)	x	8	=	416	Sft
Exam Room	2	x	(	5	+	7-5/8	)	x	8	=	202	Sft
Room No. 6	2	x	(	12	+	13-5/8	)	x	8	=	410	Sft
Exam Room	2	x	(	5	+	7-1/4	)	x	8	=	196	Sft
Room No. 7	2	x	(	12-3/4	+	13-5/8	)	x	8	=	422	Sft
Room No. 8	2	x	(	10	+	13-5/8	)	x	8	=	378	Sft
Room No.9	2	x	(	8	+	13-5/8	)	x	8	=	346	Sft
Room No.10	2	x	(	14	+	13-5/8	)	x	8	=	442	Sft
Room No.11	2	x	(	16	+	13-5/8	)	x	8	=	474	Sft
Room No.12	2	x	(	12	+	13-5/8	)	x	8	=	410	Sft
Room No.13	2	x	(	12	+	13-5/8	)	x	8	=	410	Sft
Room No.14	2	x	(	17-3/4	+	13-5/8	)	x	8	=	502	Sft
T.B Room	2	x	(	18	+	13-5/8	)	x	8	=	506	Sft
Child specialist room	2	x	(	11	+	13-5/8	)	x	8	=	394	Sft
Room No.15	2	x	(	11	+	13-5/8	)	x	8	=	394	Sft
Room No.16	2	x	(	13-3/4	+	13-5/8	)	x	8	=	438	Sft
Room No.17	2	x	(	15	+	14	)	x	8	=	464	Sft
Exam Room	2	x	(	7-1/4	+	7-5/8	)	x	8	=	238	Sft
Room No.18	2	x	(	10	+	14	)	x	8	=	384	Sft
Room No.19	2	x	(	12	+	14	)	x	8	=	416	Sft
Exam Room	2	x	(	5	+	7-5/8	)	x	8	=	202	Sft
Room No.20	2	x	(	10	+	14	)	x	8	=	384	Sft
Room No.21	2	x	(	12	+	14	)	x	8	=	416	Sft
Exam Room	2	x	(	5	+	7-5/8	)	x	8	=	202	Sft

Room No.22		2	x	(	12	+	14	)	x	8	=	416 Sft
Exam Room		2	x	(	5	+	7-5/8	)	x	8	=	202 Sft
Room No.23		2	x	(	13-3/8	+	17-1/4	)	x	8	=	490 Sft
Room No.24		2	x	(	13-3/4	+	13-5/8	)	x	8	=	438 Sft
Room No.25		2	x	(	8	+	13-5/8	)	x	8	=	346 Sft
Room No.26		2	x	(	10	+	13-5/8	)	x	8	=	378 Sft
Room No.27		2	x	(	8	+	13-5/8	)	x	8	=	346 Sft
Room No.28		2	x	(	16	+	13-5/8	)	x	8	=	474 Sft
Room No.29		2	x	(	8-1/2	+	13-5/8	)	x	8	=	354 Sft
Room No.30		2	x	(	12	+	13-5/8	)	x	8	=	410 Sft
Room No.31		2	x	(	13	+	18	)	x	8	=	496 Sft
Record room		2	x	(	7	+	6	)	x	8	=	208 Sft
Room No.32		2	x	(	13-5/8	+	18	)	x	8	=	506 Sft
Room No.33		2	x	(	20	+	18	)	x	8	=	608 Sft
Room No.34		2	x	(	10	+	15-5/8	)	x	8	=	410 Sft
Room No.35		2	x	(	10	+	15-5/8	)	x	8	=	410 Sft
Room No.36		2	x	(	12	+	19	)	x	8	=	496 Sft
Room No.37		2	x	(	9	+	19	)	x	8	=	448 Sft
BATH	7	2	x	(	5	+	6	)	x	7	=	1078 Sft
BATH	1	2	x	(	7-1/4	+	6	)	x	7	=	186 Sft
BATH	2	2	x	(	3	+	4-1/4	)	x	7	=	203 Sft
BATH	1	2	x	(	6-3/8	+	9	)	x	7	=	215 Sft
coridor		2	X		216	X	11-1/2				=	4968 Sft
coridor		2	X		227-3/8	X	7				=	3183 Sft
waiting hall	1	2	x	(	19	+	14	)	x	7	=	462 Sft
Diagnostic Block												
	1	2	x	(	12	+	6	)	x	11 1/2	=	414 Sft
	1	2	x	(	12	+	9-5/8	)	x	11 1/2	=	497 Sft
	1	2	x	(	8	+	12-5/8	)	x	11 1/2	=	474 Sft
	1	2	x	(	8	+	5	)	x	11 1/2	=	299 Sft
	1	2	x	(	8	+	8-5/8	)	x	11 1/2	=	382 Sft
	1	2	x	(	8	+	9	)	x	11 1/2	=	391 Sft
	2	2	x	(	8	+	13-5/8	)	x	7	=	606 Sft
	2	2	x	(	3-5/8	+	5	)	x	7	=	242 Sft
	2	2	x	(	3-5/8	+	5	)	x	7	=	242 Sft
		2			80		x			7	=	1120 sft
		2			84		x			7	=	1176 sft
		2			15-7/8		x			7	=	222 sft
		2			19		x			7	=	266 sft
		2			7		x			7	=	98 sft
		2			8		x			7	=	112 sft
		1			13		x			7	=	91 sft
		1			9		x			7	=	63 sft

			1		28		x				58 =	1624 sft
Indoor Block													
ward	2	2	x	(	12	+	19	)	x		11.5 =	1426 Sft
pantry	2	2	x	(	9	+	19	)	x		11.5 =	1288 Sft
store	2	2	x	(	5	+	12	)	x		11.5 =	782 Sft
toilet	5	2	x	(	5	+	6-5/8	)	x		7 =	814 Sft
toilet		2	x	(	30	+	60	)	x		15 =	2700 Sft
toilet		2	x	(	12	+	60	)	x		15 =	2160 Sft
	1	2	x	(	11	+	19	)	x		11.5 =	690 Sft
	1	2	x	(	11	+	10	)	x		7 =	294 Sft
	2	2	x	(	11	+	12	)	x		11.5 =	1058 Sft
	2	2	x	(	5-5/8	+	6-2/5	)	x		7 =	337 Sft
	2	2	x	(	5	+	12	)	x		11.5 =	782 Sft
	2	x	2		x		7-1/2	x			7 =	210 sft
	1	x	2		x		6	x			7 =	84 sft
	1	2	x	(	20	+	10	)	x		7 =	420 Sft
	6	x	2		x		4-1/4	x			7 =	357 sft
	4	x	2		x		9-1/4	x			7 =	518 sft
coridoor	1	x	2		x		132-5/8	x			7 =	1857 sft
coridoor	1	x	2		x		25	x			7 =	350 sft
coridoor	1	x	2		x		22	x			7 =	308 sft

Roofs.

1	x	12-1/2	x	14		=	175 sft
1	x	25-3/4	x	14		=	361 sft
1	x	12	x	14		=	168 sft
1	x	5-1/2	x	7		=	39 sft
1	x	5-1/2	x	6-1/2		=	36 sft
1	x	12	x	14		=	168 sft
1	x	5	x	7-5/8		=	38 sft
1	x	12	x	13-5/8		=	164 sft
1	x	5	x	7-1/4		=	36 sft
1	x	12-3/4	x	13-5/8		=	174 sft
1	x	10	x	13-5/8		=	136 sft
1	x	8	x	13-5/8		=	109 sft
1	x	14	x	13-5/8		=	191 sft
1	x	16	x	13-5/8		=	218 sft
1	x	12	x	13-5/8		=	164 sft
1	x	12	x	13-5/8		=	164 sft
1	x	17-3/4	x	13-5/8		=	242 sft
1	x	18	x	13-5/8		=	245 sft
1	x	11	x	13-5/8		=	150 sft
1	x	11	x	13-5/8		=	150 sft
1	x	13-3/4	x	13-5/8		=	187 sft
1	x	15	x	14		=	210 sft
1	x	7-1/4	x	7-5/8		=	55 sft
1	x	10	x	14		=	140 sft
1	x	12	x	14		=	168 sft

1	x	5	x	7-5/8	=	38 sft
1	x	10	x	14	=	140 sft
1	x	12	x	14	=	168 sft
1	x	5	x	7-5/8	=	38 sft
1	x	12	x	14	=	168 sft
1	x	5	x	7-5/8	=	38 sft
1	x	13-3/8	x	17-1/4	=	231 sft
1	x	13-3/4	x	13-5/8	=	187 sft
1	x	8	x	13-5/8	=	109 sft
1	x	10	x	13-5/8	=	136 sft
1	x	8	x	13-5/8	=	109 sft
1	x	16	x	13-5/8	=	218 sft
1	x	8-1/2	x	13-5/8	=	116 sft
1	x	12	x	13-5/8	=	164 sft
1	x	13	x	18	=	234 sft
1	x	7	x	6	=	42 sft
1	x	13-5/8	x	18	=	245 sft
1	x	20	x	18	=	360 sft
1	x	10	x	15-5/8	=	156 sft
1	x	10	x	15-5/8	=	156 sft
1	x	12	x	19	=	228 sft
1	x	9	x	19	=	171 sft
1	x	5	x	6	=	30 sft
1	x	7-1/4	x	6	=	44 sft
1	x	3	x	4-1/4	=	13 sft
1	x	6-3/8	x	9	=	57 sft
1	x	19	x	14	=	266 sft
1	x	12	x	6	=	72 sft
1	x	12	x	9-5/8	=	116 sft
1	x	8	x	12-5/8	=	101 sft
1	x	8	x	5	=	40 sft
1	x	8	x	8-5/8	=	69 sft
1	x	8	x	9	=	72 sft
1	x	8	x	13-5/8	=	109 sft
1	x	3-5/8	x	5	=	18 sft
1	x	3-5/8	x	5	=	18 sft
1	x	15-7/8	x	8	=	127 sft
1	x	19	x	8	=	152 sft
1	x	7	x	8	=	56 sft
1	x	8	x	8	=	64 sft
1	x	13	x	8	=	104 sft
1	x	9	x	8	=	72 sft
1	x	12	x	19	=	228 sft
1	x	9	x	19	=	171 sft
1	x	5	x	12	=	60 sft
1	x	5	x	6-5/8	=	33 sft
1	x	11	x	19	=	209 sft
1	x	11	x	10	=	110 sft
1	x	11	x	12	=	132 sft
1	x	5-5/8	x	6-2/5	=	36 sft
1	x	5	x	12	=	60 sft

30

	1	x	7-1/2	x	7-1/2		=	56 sft	
	1	x	6	x	6		=	36 sft	
	1	x	10	x	10		=	100 sft	
	1	x	4-1/4	x	4-1/4		=	18 sft	
	1	x	9-1/4	x	9-1/4		=	86 sft	
	1	x	25	x	7-1/2		=	188 sft	
	1	x	22	x	7-1/2		=	165 sft	
						Total	=	64024	

Take 50 % one coat without scraping.

64024	x	50%			= 32012.03		
		@		1169	%Sft		374285 /-

Take 50 % TWO coat with scraping.

64024	x	50%			= 32012.03		
		@		2830	%Sft		905924 /-

31. Painting to door and windows any type 02 coats old surface

30	x	2	x	3-1/2	x	8 1/2	=	1785	Sft	
5	x	2	x	4	x	8 1/2	=	340	Sft	
10	x	2	x	3	x	8 1/2	=	510	Sft	
3	x	2	x	5	x	8 1/2	=	255	Sft	
						total		2890	Sft	
				@	Rs.	1695	%Sft			48975 /-

32. Painting to door and windows any type 03 coats new surface

5	x	2	x	3-1/2	x	7	=	245	Sft	
						total		245	Sft	
				@	Rs.	2771	%Sft			6788 /-

Total (A) = ~~22585686 /-~~ 204 80 628

Credit of old material

1. wooden doors

(3.5' x7')	5	No.s	@	6000	=	30000 /-
(4.5' x9')	3	No.s	@	7500	=	22500 /-
(2.5' x7') Steel Door	10	No.s	@	5000	=	50000 /-

1. wooden Windows

(4' x5.5')	20	No.s	@	6000	=	120000 /-
(6' x5.5')	14	No.s	@	7000	=	98000 /-
(4' x3')	13	No.s	@	3500	=	45500 /-
(2' x2')	2	No.s	@	3000	=	6000 /-
(10' x5.5')	1	No.s	@	8000	=	8000 /-
(8' x11')	1	No.s	@	10000	=	10000 /-

2 Roof Tile

Old Tiles.

22592	x	60% x	3.55	= 48121	No.s		
			@	7000	%0No		336847 /-

Tile Bats.

22592	x	40% x	1/8	= 1130	Cft		
			@	4500	%Cft		50832 /-

BOUNDRY WALL 9 " THICK 6' HEIGHT

BASED ON 2nd BI ANNUAL 2022

1 Dismantling brick work in lime or cement mortor

	699	X	3/4	5	=	2621	Cft		
ADD F & P 25 %						655	Cft		
				TOTAL	=	3277	Cft @	4330.9 %Cft	141905 /-

2 CONSTRUCTION OF BOUNDRY WALL 9 " THICK 6' HEIGHT

	B.P				
699	Rft	@	3657		2556243 /-
				Total	2698148

3 D/d cost of old material

BRICKS

3277	X	13 1/2	X	60%	=	26544	No. @	6000 No	159262 /-

BALLAST

3277			X	40%	=	1311	Cft @	4000 %CfT.	52432 /-
								Total	211694
								Net Total	2486453
								Say	**2486500** /-

,Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Tandlianwala

Executive Engineer
Buildings Division No. 2
Faisalabad

THQ HOSPITAL TANDLIANWALA
Provision/Installation of Electrical Equipment.

S.#	Description	Qty	Unit	Rate	Amount
A	**L.T. (LV) SUB-STATION EQUIPMENT:**				
1	P/F floor mounted Electric Panel board of required depth and size, fabricarted with 14SWG M.S sheet (Indoor/Outdoor Type),derusting, zinc Phosphated, finish with electro static powder coating in approved colour i/c the cost of Lock, Indication lights,thimbles, Copper Comb, Wiring, Netural & Earth Bar, glands,Current Transformers of specified capacity ,Door Earthing, Brass glands,bus bars,controles complete in all respects as approved and directed by the Engineer Incharge (Breakers will be Paid Separately).				
	Main DB for ACs of Wards, OPD, New Building (ground floor) and New Building (first floor)				
	Incoming from LT pole				
	i) **LT Switchboards**				
	a) 2.50 Ft deep				
	(i) 300A (3.0x6'x2.5')	180	cft	3,438.40	618912
	4 No. Panel Boards=4*(3.0*6*2.5)=4*45=180 cft				
	Breakers for Main DB for ACs of Wards, OPD, New Building (first floor) and New Building (second floor)				
1	Supplying ,Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermal-Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge.	4	each	62,434.30	249737.2
(a)	Tripple Pole 300A(36 KA)				
2	Suppling,Installation and comissioning of MCB (Miniature Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY /SIEMEN GERMAN/TERASAKI JAPAN/ ABB SWITZERLAND in prelaid DBs and Panels i/c the cost of screwes,necessary wire complete in all respect as approved and directed by the Engineer Incharge.	8	each	8,434.30	67474.4
(a)	Tripple Pole 63A(10 KA)(4*2=8)	12	each	8,434.30	101211.6
(b)	Tripple Pole 32A(10 KA)(4*3=12)	32	each	1,299.95	41598.4
(c)	Single Pole 32A(10 KA)(4*8=32)	32	each	1,299.95	41598.4
(d)	Single Pole 16A(10 KA)(4*8=32)				
2	P/F wall mounted DB (Distribution Board) made with 16SWG Sheet (Recessded/Surface mounted Type), Powder coated Paint, i/c the cost of Lock, Indication lights,Thimble, Copper Comb, Wiring, Netural & Earth Bar, Door Earthing, Digital Voltmeter,Digital Ammeter,Volt Selector Switch,Ammeter selector switch,Current Transformers and Controles Complete in all respect as approved and directed by the Engineer Incharge (Breakers will be Paid Separately).				
	Main DB for Medicine Store				
	a) 12" deep	12	cft	4512.8	54153.6
	(ii) 200A (3'x4'x12")				
	Breakers for Main DB for Medicine Store				

S.#		Description	Qty	Unit	Rate	Amount
	1	Supplying .Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermal-Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge.				
		(a) Tripple Pole 200A(36 KA)	1	each	39,814.30	39814.3
	2	Suppling.Installation and comissioning of MCB (Miniature Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY /SIEMEN GERMAN/TERASAKI JAPAN/ ABB SWITZERLAND in prelaid DBs and Panels i/c the cost of screwes,necessary wire complete in all respect as approved and directed by the Engineer Incharge.				
		(a) Tripple Pole 63A(10 KA)	2	each	8,434.30	16868.6
		(b) Tripple Pole 32A(10 KA)	2	each	8,434.30	16868.6
		(c) Single Pole 32A(10 KA)	4	each	1,299.95	5199.8
		(d) Single Pole 16A(10 KA)	4	each	1,299.95	5199.8
		(d) Single Pole 10A(10 KA)	6	each	1,299.95	7799.7
B		LT POWER CABLE.				
	1	120 mm sq (37/0.083") PVC insulated, PVC sheathed 4 core, 660/1100 volt non armoured cable (from LT pole to DBs for ACs of Wards, OPD, New Building (ground floor) and New Building (first floor))	150	rft	4,634.45	695167.5
	2	95 mm sq (37/0.072") PVC insulated, PVC sheathed 4 core, 660/1100 volt non armoured cable (from LT pole to Generator Room)	100	rft	3,676.95	367695
	3	7/0.91 mm (7/0.036") PVC insulated, PVC sheathed twin core, 250/440 volt non armoured cable (for ACs of Wards, OPD, New Building (first floor) and New Building (second floor))	600	rft	110.3	66180
		Total				2395478.9

9 Providing and fixing 6" thick R.C.C. manhole cover with tee shaped C.I. frame of 22" I/d (frame weighing 37.324 Kg. or one maund as per Standard Drawing STD/PD No. 6, of 1977, complete in all respect.

1 = 1 No
1 No
@ 15121.60 Each RS 15122 /-

10 Applying floating coat of cement 1/32" (0.8 mm) thick.

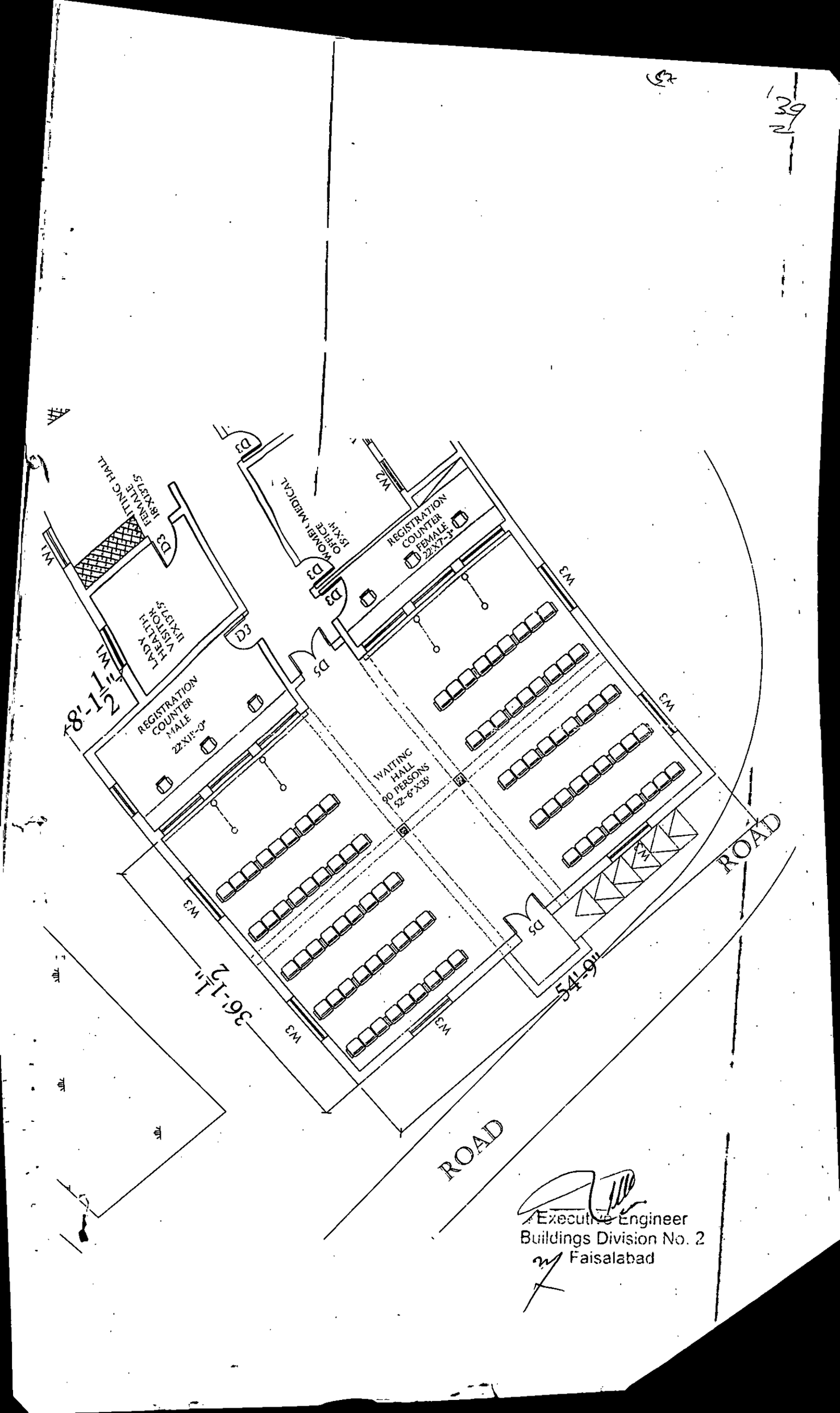
22 /7 X 3 X 6 = 57 Sft
Total = 57 **Sft**
@ 1876.70 %Sft Rs. 1061 /-

Total = 50378

Sub Engineer

Sub Divisional Officer,
Buildings Sub Division
Tandlianwala

Executive Engineer
Buildings Division No. 2
Faisalabad



Executive Engineer
Buildings Division No. 2
Faisalabad

Abstract of Cost

Name of THQ Hospital	Revamping of THQ Hospital Tandlianwala								
Scope of work	Cost in million								
	1st Revised			2nd Revised			3rd Revised		
	Capital	Revenue	Total	Capital	Revenue	Total	Capital	Revenue	Total
Capital component									
Internal Development	0.000	17.313	17.313	26.937	5.000	31.937	36.694	5.000	41.694
External Development	0.000	1.990	1.990	11.562	0.000	11.562	10.546	0.000	10.546
Water filtration plant	0.000	5.600	5.600	0.000	0.000	0.000	0.000	0.000	0.000
Total Capital Component	**0.000**	**24.903**	**24.903**	**38.500**	**5.000**	**43.500**	**47.240**	**5.000**	**52.240**
Emergency	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
MSDS	0.000	8.647	8.647	0.000	9.654	9.654	0.000	13.438	13.438
Med. Machinery and Equipment	0.000	47.340	47.340	0.000	62.119	62.119	0.000	91.975	91.975
Electricity	0.000	8.800	8.800	0.000	8.777	8.777	0.000	18.277	18.277
IT & QMS & Surveillance	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	18.788	18.788
Interior and Exterior decorations/ Signage	0.000	3.051	3.051	0.000	4.271	4.271	0.000	4.271	4.271
Day Care Center	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	41.910	41.910	0.000	61.305	61.305
LC Deficit during procurement (currency fluctuation)					1.797	1.797		1.797	1.797
Total Revenue component	**0.000**	**114.676**	**114.676**	**0.000**	**160.346**	**160.346**	**0.000**	**231.569**	**231.569**
Outsourcing component									
Janitorial Services	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Security and Parking services	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Laundry Services	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Maintenance (Generator)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
MEP	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Medical Gases	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Cafeteria	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Horticulture services	0.000	0.048	0.048	0.000	0.048	0.048	0.000	0.048	0.048
Total outsourcing cost	**0.000**	**0.048**	**0.048**	**0.000**	**0.048**	**0.048**	**0.000**	**0.048**	**0.048**
Total	**0.000**	**139.627**	**139.627**	**38.500**	**165.394**	**203.894**	**47.240**	**236.617**	**283.857**
Contingency (1%) only on Civil Component	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	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Third Party Validation (TPV) (1%)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Grand Total	**0.000**	**139.627**	**139.627**	**38.500**	**165.394**	**203.894**	**47.240**	**236.617**	**283.857**

MSDS

		Original			1st Revised			2nd Revised			3rd Revised		
Sr. No.	ITEM DESCRIPTION	Quantity Required	Actual Unit Price	Actual Total Cost(Rs)	Quantity Required	Actual Unit Price	Actual Total Cost(Rs)	Quantity Required	Actual Unit Price	Actual Total Cost(Rs)	Quantity Required	Actual Unit Price	Actual Total Cost(Rs)
1	Histology slide boxes	3	3,100	9,299	3	3,100	9,299	3	4,500	13,500	3	4,500	13,500
2	Labeling Device connected with Computer	3	60,000	180,000	3	60,000	180,000	3	80,000	240,000	3	80,000	240,000
3	Safe Transportation Boxes	2	15,750	31,500	2	15,750	31,500	2	18,000	36,000	2	18,000	36,000
4	Portable Safety Exhaust Hood	1	160,000	160,000	1	160,000	160,000	1	250,000	250,000	1	450,000	450,000
5	Centrifuge Machine	0	149,336	-	0	149,336	-	0	250,000	-	0	325,000	-
6	Hot plates	2	26,250	52,500	2	26,250	52,500	2	45,000	90,000	2	55,000	110,000
7	Water bath	1	157,500	157,500	1	157,500	157,500	1	157,500	157,500	1	300,000	300,000
8	Complaint boxes	10	3,150	31,500	10	3,150	31,500	10	3,150	31,500	10	3,150	31,500
9	Spine boards with Neck holders	4	31,080	124,320	4	31,080	124,320	4	31,080	124,320	4	31,080	124,320
10	Sensitometer	1	137,325	137,325	1	137,325	137,325	1	137,325	137,325	1	137,325	137,325
11	Densitometer personal	2	191,391	382,782	2	191,391	382,782	2	191,391	382,782	2	191,391	382,782
12	Box of Films	2	26,250	52,500	2	26,250	52,500	2	30,000	60,000	2	30,000	60,000
13	Aluminium Step Wedge	1	26,250	26,250	1	26,250	26,250	1	26,250	26,250	1	26,250	26,250
14	Non-Mercury thermometer	10	305	3,045	10	305	3,045	10	350	3,500	10	750	7,500
15	Brass or copper mesh screen	2	5,250	10,500	2	5,250	10,500	2	5,250	10,500	2	5,250	10,500
16	Wheel Chairs	0	31,500	-	0	31,500	-	0	35,000	-	0	35,000	-
17	Statures	0	67,830	-	0	67,830	-	0	75,000	-	0	75,000	-
18	Blood Warmer	3	246,750	740,250	3	246,750	740,250	3	275,000	825,000	3	275,000	825,000
19	Sequence Compression Device	2	210,000	420,000	2	210,000	420,000	2	230,000	460,000	2	600,000	1,200,000
20	Blood Bank Refrigerators with	0	682,500	-	0	682,500	-	0	700,000	-	0	1,469,900	-
21	Data Coder	1	84,000	84,000	1	84,000	84,000	1	100,000	100,000	1	-	-
22	Plasma Separator 1	0	4,200,000	-	0	4,200,000	-	0	4,500,000	-	0	4,500,000	-
23	Blood Storage Cabinet	1	682,500	682,500	1	682,500	682,500	1	700,000	700,000	1	1,469,900	1,469,900
24	Resuscitation Trolley	0	244,733	-	0	244,733	-	0	400,000	-	0	491,350	-
25	Ultra sound machine gyne	0	1,403,325	-	0	1,403,325	-	0	1,700,000	-	0	2,150,000	-
26	Delivery Table	0	47,250	-	0	47,250	-	0	47,250	-	0	48,500	-
27	Height and weight scale	4	8,400	33,600	4	8,400	33,600	4	10,000	40,000	4	31,500	126,000
28	Suction Electronic	0	259,350	-	0	259,350	-	0	275,000	-	0	275,000	-
29	Fetal Heart Rate Detector	1	144,375	144,375	1	144,375	144,375	1	175,000	175,000	1	275,000	275,000
30	Ambo bag	0	17,325	-	0	17,325	-	0	19,000	-	0	19,000	-
31	Neonatal size face mask	4	578	2,310	4	578	2,310	4	1,200	4,800	4	1,500	6,000
32	Exchange transfusion trays	2	10,000	20,000	2	10,000	20,000	2	10,000	20,000	2	12,000	24,000
33	Shoe racks SS	4	39,900	159,600	4	39,900	159,600	4	39,900	159,600	4	39,900	159,600
34	Sterilizer	0	2,940,000	-	0	2,940,000	-	0	3,500,000	-	0	7,800,000	-
35	Washer disinfector	0	-	-	0	-	-	0	-	-	0	-	-
36	Packing table	0	-	-	0	-	-	0	-	-	0	-	-
37	Digital Sealer Printer	1	420,000	420,000	1	420,000	420,000	1	480,000	480,000	1	520,000	520,000
38	Backup Auto Clave	0	441,000	-	0	441,000	-	0	550,000	-	0	789,625	-
39	Racks for Manual	10	21,000	210,000	10	21,000	210,000	10	37,500	375,000	10	56,160	561,600
40	Locked Racks for MSDS Data	2	21,000	42,000	2	21,000	42,000	2	37,500	75,000	2	56,160	112,320
41	Eye Wash Station with shower	3	300,000	900,000	3	300,000	900,000	3	350,000	1,050,000	3	350,000	1,050,000
42	Air Curtain	4	50,190	200,760	4	50,190	200,760	4	60,000	240,000	4	60,000	240,000
43	Fire Sand Buckets with stand	5	15,000	75,000	5	15,000	75,000	5	20,000	100,000	5	20,000	100,000
44	Smoke Detectors	10	7,350	73,500	10	7,350	73,500	10	8,500	85,000	10	8,500	85,000
45	Heat Detector	5	8,400	42,000	5	8,400	42,000	5	10,000	50,000	5	10,000	50,000
46	Gas Detector	5	6,300	31,500	5	6,300	31,500	5	7,500	37,500	5	7,500	37,500
47	Fire Blankets	10	2,783	27,825	10	2,783	27,825	10	3,200	32,000	10	3,200	32,000
48	Fire Alarms	10	5,250	52,500	10	5,250	52,500	10	6,500	65,000	10	6,500	65,000

MSDS

		Original			1st Revised			2nd Revised			3rd Revised		
Sr. No.	**ITEM DESCRIPTION**	**Quantity Required**	**Actual Unit Price**	**Actual Total Cost(Rs)**	**Quantity Required**	**Actual Unit Price**	**Actual Total Cost(Rs)**	**Quantity Required**	**Actual Unit Price**	**Actual Total Cost(Rs)**	**Quantity Required**	**Actual Unit Price**	**Actual Total Cost(Rs)**
49	Identification Bands	100	3	315	100	3	315	100	3	300	100	3	300
50	Wet Flooring Signages	0	431	-	0	431	-	0	550	-	0	750	-
51	Key Box	6	8,190	49,140	6	8,190	49,140	6	10,000	60,000	6	10,000	60,000
52	Dehumidifier	0	58,800	-	0	58,800	-	0	70,000	-	0	100,000	-
53	Tourniquet	4	840	3,360	4	840	3,360	4	850	3,400	4	1,500	6,000
54	LAB SAFETY BOX	2	3,150	6,300	2	3,150	6,300	2	4,000	8,000	2	4,000	8,000
55	densitometer	0	210,000	-	0	210,000	-	0	210,000	-	0	210,000	-
56	vending machine	0	630,000	-	0	630,000	-	0	630,000	-	0	630,000	-
57	Automatic shoe cover machine	2	296,100	592,200	2	296,100	592,200	2	332,500	665,000	2	332,500	665,000
58	Vein Finder	2	630,000	1,260,000	2	630,000	1,260,000	2	630,000	1,260,000	2	630,000	1,260,000
59	Blood Sample Vials (BOXES)	3	13	38	3	13	38	3	15	45	3	15	45
60	Bassinets	5	21,000	105,000	5	21,000	105,000	5	22,000	110,000	5	22,000	110,000
61	Chemical Spill Cleanup kit	2	100,000	200,000	2	100,000	200,000	2	100,000	200,000	2	100,000	200,000
62	Digital Tempurature Humidity Guage	4	15,000	60,000	4	15,000	60,000	4	15,000	60,000	4	15,000	60,000
63	Bio Cleaning and Disinfection System	1	650,000	650,000	1	650,000	650,000	1	650,000	650,000	1	2,200,000	2,200,000
	Total			**8,647,094**			**8,647,094**			**9,653,822**			**13,437,942**
				8.647			8.647			9.654			13.438

Medical Equipment

			Original					1st Revised				2nd Revised				3rd Revised			
Sr. No.	Area	Name of Equipment	Yard Stick	Available Quantity	Required Quantity	Cost per Unit	Total Cost	Available Quantity	Required Quantity	Cost per Unit	Total Cost	Available Quantity	Required Quantity	Cost per Unit	Total Cost	Available Quantity	Required Quantity	Cost per Unit	Total Cost
1		Semi Auto Clinical Chemistry Analyzer	1	1	0	449,295	-	1	0	449,295	-	1	0	550,000	-	1	0	550,000	-
2		Hematology Analyzer	1	2	0	427,350	-	2	0	427,350	-	2	0	550,000	-	2	0	750,000	-
3		Electrolyte Analyzer	1	0	1	427,350	427,350	0	1	427,350	427,350	0	1	550,000	550,000	0	1	550,000	550,000
4		Blood Gas Analyzer	0	0	0	2,744,858	-	0	0	2,744,858	-	0	0	3,200,000	-	0	0	1,400,000	-
5		Clinical Microscope	1	2	0	132,825	-	2	0	132,825	-	2	0	180,000	-	2	0	250,000	-
6	Laboratory	Water Bath	1	1	0	60,000	-	1	0	60,000	-	1	0	157,500	-	1	0	325,000	-
7		Hot air Oven	1	0	1	210,000	210,000	0	1	210,000	210,000	0	1	385,000	385,000	0	1	450,000	450,000
8		Distilled water plant	1	0	1	52,500	52,500	0	1	52,500	52,500	0	1	75,000	75,000	0	1	125,000	125,000
9		Auto pipettes	10	4	6	31,500	189,000	4	6	31,500	189,000	4	6	40,500	243,000	4	6	45,000	270,000
10		glass wares	0	1000	0	105,000	-	1000	0	105,000	-	1000	0	105,000	-	1000	0	105,000	-
11		Centrifuge Machine	2	1	1	149,336	149,336	1	1	149,336	149,336	1	1	250,000	250,000	1	1	400,000	400,000
12		Static X-ray Machine	1	1	0	4,200,000	-	1	0	4,200,000	-	1	0	6,000,000	-	1	0	12,000,000	-
13		Mobile X-Ray Machine	0	0	0	3,850,524	-	0	0	3,850,524	-	0	0	4,300,000	-	0	0	9,800,000	-
14		Computerized Radiography System	0	0	0	4,018,245	-	0	0	4,018,245	-	0	0	4,500,000	-	0	0	4,500,000	-
15	X-Rays	Dental X-Ray	0	0	0	282,975	-	0	0	282,975	-	0	0	350,000	-	0	0	525,000	-
16		Lead apron and PPE	2	0	2	52,500	105,000	0	2	52,500	105,000	0	2	60,000	120,000	0	2	85,000	170,000
17		Density meter personal (Add)	0	0	0	210,000	-	0	0	210,000	-	0	0	210,000	-	0	0	250,000	-
18		Lead glass /shield	0	0	0	105,000	-	0	0	105,000	-	0	0	105,000	-	0	0	150,000	-
19		Lead Walls	0	0	0	525,000	-	0	0	525,000	-	0	0	525,000	-	0	0	525,000	-
20	Ultrasound	Portable/Mobile Ultrasound	0	1	0	1,371,331	-	1	0	1,371,331	-	1	0	1,500,000	-	1	0	2,400,000	-
21		Color Doppler RADIOLOGY	1	0	1	3,698,310	3,698,310	0	1	3,698,310	3,698,310	0	1	4,500,000	4,500,000	0	1	5,500,000	5,500,000
22		ICU MONITOR	2	0	2	301,665	603,330	0	2	301,665	603,330	0	2	900,000	1,800,000	0	2	1,250,000	2,500,000
23		Temporary pace maker	0	0	0	315,000	-	0	0	315,000	-	0	0	315,000	-	0	0	550,000	-
24		Defibrillator	1	0	1	299,153	299,153	0	1	299,153	299,153	0	1	650,000	650,000	0	1	800,000	800,000
25	CCU	ECG Machine Three Channel	2	3	0	169,785	-	3	0	169,785	-	3	0	169,785	-	3	0	300,000	-
26		ETT Machine	0	0	0	2,021,838	-	0	0	2,021,838	-	0	0	2,200,000	-	0	0	3,000,000	-
27		Color doplor CARDIOLOGY	0	0	0	4,681,790	-	0	0	4,681,790	-	0	0	4,800,000	-	0	0	6,000,000	-
28		Suction Pump	2	5	0	259,350	-	5	0	259,350	-	5	0	275,000	-	5	0	300,000	-
29		Blood Cabinet	1	0	1	690,539	690,539	0	1	690,539	690,539	0	1	700,000	700,000	0	1	1,500,000	1,500,000
30	Blood Bank	Centrifuge Machine	2	0	2	149,336	298,673	0	2	149,336	298,673	0	2	250,000	500,000	0	2	400,000	800,000
31		Slide viewer	1	0	1	42,000	42,000	0	1	42,000	42,000	0	1	55,000	55,000	0	1	55,000	55,000
32		Clinical Microscope	1	0	1	132,825	132,825	0	1	132,825	132,825	0	1	180,000	180,000	0	1	250,000	250,000
33	Dialysis Unit (10 beds)	Computerized Hemo Dialysis Machine	5	0	5	1,050,000	5,250,000	0	5	1,050,000	5,250,000	0	5	1,600,000	8,000,000	0	5	3,200,000	16,000,000
34		Baby Cot	10	8	2	14,669	29,337	8	2	14,669	29,337	8	2	16,000	32,000	8	2	16,000	32,000
35		Phototherapy Unit	2	1	1	130,200	130,200	1	1	130,200	130,200	1	1	655,000	655,000	1	1	850,000	850,000
36		Infant Warmer	2	1	1	335,638	335,638	1	1	335,638	335,638	1	1	985,000	985,000	1	1	1,050,000	1,050,000
37	Nursery	Pulse Oximeter	6	1	5	104,500	522,500	1	5	104,500	522,500	1	5	160,000	800,000	1	5	225,000	1,125,000
38		Infant Incubator	2	1	1	858,932	858,932	1	1	858,932	858,932	1	1	900,000	900,000	1	1	1,750,000	1,750,000
39		Suction Pump	1		1	259,350	259,350		1	259,350	259,350		1	275,000	275,000		1	300,000	300,000
40		Hospital Grade Nebulizer Heavy Duty	2	0	2	125,265	250,530	0	2	125,265	250,530	0	2	215,000	430,000	0	2	300,000	600,000
41		Anesthesia Machine with Ventilator	1	1	0	2,509,554	-	1	0	2,509,554	-	1	0	3,000,000	-	1	0	7,000,000	-
42		BED SIDE PATIENT MONITOR	2	0	2	441,000	882,000	0	2	441,000	882,000	0	2	550,000	1,100,000	0	2	1,200,000	2,400,000
43		Defibrillator	2	0	2	308,713	617,425	0	2	308,713	617,425	0	2	650,000	1,300,000	0	2	800,000	1,600,000
44		Electrosurgical Unit	1	1	0	507,530	-	1	0	507,530	-	1	0	700,000	-	1	0	900,000	-
45		Operation Table	1	2	0	1,426,215	-	2	0	1,426,215	-	2	0	2,000,000	-	2	0	2,500,000	-
46	O.T (04)	Ceiling Operating Light	1	2	0	413,013	-	2	0	413,013	-	2	0	800,000	-	2	0	950,000	-
47		STEAM STERILIZER	1	1	0	3,465,000	-	1	0	3,465,000	-	1	0	4,000,000	-	1	0	7,800,000	-
48		Suction Pump	2		2	259,350	518,700		2	259,350	518,700		2	275,000	550,000		2	300,000	600,000
49		Resuscitation trolley With Crash Cart	2	0	2	244,733	489,466	0	2	244,733	489,466	0	2	400,000	800,000	0	2	600,000	1,200,000
50		mayo table	4	0	4	21,000	84,000	0	4	21,000	84,000	0	4	23,000	92,000	0	4	23,000	92,000
51		MOBILE OPERATING LIGHT	1	2	0	304,220	-	2	0	304,220	-	2	0	400,000	-	2	0	900,000	-
52		Operation Table	0	0	0	1,426,215	-	0	0	1,426,215	-	0	0	2,000,000	-	0	0	5,000,000	-
53		ORTHOPEDIC DRILL	0	0	0	1,108,740	-	0	0	1,108,740	-	0	0	1,500,000	-	0	0	4,000,000	-
54	Orthopedic	Plaster Cutting Pneumatic	1	0	1	276,250	276,250	0	1	276,250	276,250	0	1	450,000	450,000	0	1	1,500,000	1,500,000
55		Pneumatic Tourniquets	0	0	0	262,500	-	0	0	262,500	-	0	0	262,500	-	0	0	300,000	-
56		Orthopedic Instruments	0	0	0	432,623	-	0	0	432,623	-	0	0	550,000	-	0	0	550,000	-
57		Portable/Mobile Ultrasound	1	0	1	1,418,958	1,418,958	0	1	1,418,958	1,418,958	0	1	1,500,000	1,500,000	0	1	2,400,000	2,400,000
58		Autoclave	1	1	0	441,000	-	1	0	441,000	-	1	0	550,000	-	1	0	850,000	-
59		Delivery Set	10	4	6	31,500	189,000	4	6	31,500	189,000	4	6	40,000	240,000	4	6	65,000	390,000
60		Delivery Table	2	3	0	47,250	-	3	0	47,250	-	3	0	47,250	-	3	0	55,000	-
61		BED SIDE PATIENT MONITOR	2	0	2	294,000	588,000	0	2	294,000	588,000	0	2	550,000	1,100,000	0	2	1,200,000	2,400,000
62		D & C Set	2	4	0	34,650	-	4	0	34,650	-	4	0	40,000	-	4	0	60,000	-
63	Gynea (20 beds)	Vaccume Extractor	1	1	0	259,350	-	1	0	259,350	-	1	0	300,000	-	1	0	350,000	-
64		CTG Machine	1	2	0	628,049	-	2	0	628,049	-	2	0	725,000	-	2	0	900,000	-
65		ECG Machine Three Channel	1	0	1	169,785	169,785	0	1	169,785	169,785	0	1	180,000	180,000	0	1	300,000	300,000
66		Portable O.T Light	2	0	2	304,220	608,440	0	2	304,220	608,440	0	2	400,000	800,000	0	2	900,000	1,800,000
67		Baby Cot	2	2	0	14,669	-	2	0	14,669	-	2	0	16,000	-	2	0	16,000	-
68		Delivery trolly	2	0	2	47,250	94,500	0	2	47,250	94,500	0	2	47,250	94,500	0	2	47,250	94,500
69		Desktop Fetal Heart Rate Detector	1	1	0	144,375	-	1	0	144,375	-	1	0	175,000	-	1	0	200,000	-
70		Steam Sterilizer	0	1	0	3,355,849	-	1	0	3,355,849	-	1	0	4,000,000	-	1	0	7,800,000	-
71		Operation Table	0	0	0	1,426,215	-	0	0	1,426,215	-	0	0	2,000,000	-	0	0	2,500,000	-
72	Surgical Emergency (10 beds)	MOBILE OPERATING LIGHT	0	0	0	285,466	-	0	0	285,466	-	0	0	400,000	-	0	0	900,000	-
73		Suction Pump	0	0	0	259,350	-	0	0	259,350	-	0	0	275,000	-	0	0	300,000	-
74		Laryngoscope	0	2	0	9,744	-	2	0	9,744	-	2	0	12,000	-	2	0	20,000	-
75		Set of Surgical Instruments	0	4	0	141,750	-	4	0	141,750	-	4	0	160,000	-	4	0	220,000	-
76		Stretcher	10	0	10	68,250	682,500	0	10	68,250	682,500	0	10	69,300	693,000	0	10	69,300	693,000
77		wheel chair	10	0	10	31,500	315,000	0	10	31,500	315,000	0	10	35,000	350,000	0	10	35,000	350,000
78		foot support	6	0	6	4,200	25,200	0	6	4,200	25,200	0	6	4,500	27,000	0	6	5,148	30,888
79		Resuscitation trolly With Crash Cart	5	1	4	237,618	950,473	1	4	237,618	950,473	1	4	400,000	1,600,000	1	4	600,000	2,400,000
80		BP Appratus	15	2	13	15,750	204,750	2	13	15,750	204,750	2	13	16,000	208,000	2	13	16,000	208,000
81	Others	Ventilator	0	0	0	2,195,080	-	0	0	2,195,080	-	0	0	3,500,000	-	0	0	5,500,000	-
82		CPAP	1	0	1	1,098,510	1,098,510	0	1	1,098,510	1,098,510	0	1	2,100,000	2,100,000	0	1	2,800,000	2,800,000
83		X-RAY PROCESSOR	1	0	1	858,440	858,440	0	1	858,440	858,440	0	1	925,000	925,000	0	1	1,200,000	1,200,000
84		Hand wash Scrub Double Bay	2	0	2	94,500	189,000	0	2	94,500	189,000	0	2	100,000	200,000	0	2	140,000	280,000
85		Image Inensifier	0	0	0	4,667,460	-	0	0	4,667,460	-	0	0	4,667,460	-	0	0	12,000,000	-
86		Central Medical Gass Pipe Line System	7	0	7	850,000	5,950,000	0	7	850,000	5,950,000	0	7	-	-	0	7	-	-
87		Motorized Patient bed with bed side,Mattress,IV stand, Attendant Bench	4	0	4	210,000	840,000	0	4	210,000	840,000	0	4	400,000	1,600,000	0	4	600,000	2,400,000
88		Sphygmomanometer wall mtd	4	0	4	15,750	63,000	0	4	15,750	63,000	0	4	30,000	120,000	0	4	35,000	140,000
89		Resuscitation trolly With Crash Cart	2	0	2	244,733	489,466	0	2	244,733	489,466	0	2	400,000	800,000	0	2	600,000	1,200,000
90		Defibrilator	1	0	1	299,153	299,153	0	1	299,153	299,153	0	1	650,000	650,000	0	1	800,000	800,000
91		Defibrillator with Monitor	0	0	0	330,750	-	0	0	330,750	-	0	0	650,000	-	0	0	800,000	-
92		ECG Machine Three Channel	0	0	0	169,785	-	0	0	169,785	-	0	0	180,000	-	0	0	300,000	-
93		Syringe pump	1	0	1	108,780	108,780	0	1	108,780	108,780	0	1	125,000	125,000	0	1	200,000	200,000
94	ICU	Suction Pump	0	0	0	259,350	-	0	0	259,350	-	0	0	275,000	-	0	0	300,000	-
95		ICU Monitor	0	0	0	298,200	-	0	0	298,200	-	0	0	900,000	-	0	0	1,250,000	-
96		Instrument Trolley	1	0	1	55,000	55,000	0	1	55,000	55,000	0	1	55,000	55,000	0	1	55,000	55,000
97		Ward instruments	0	0	0	-	-	0	0	-	-	0	0	-	-	0	0	-	-

Medical Equipment

			Original					1st Revised				2nd Revised				3rd Revised			
Sr. No.	Area	Name of Equipment	Yard Stick	Available Quantity	Required Quantity	Cost per Unit	Total Cost	Available Quantity	Required Quantity	Cost per Unit	Total Cost	Available Quantity	Required Quantity	Cost per Unit	Total Cost	Available Quantity	Required Quantity	Cost per Unit	Total Cost
98		Ventilator intensive care	2	0	2	1,600,000	3,200,000	0	2	1,600,000	3,200,000	0	2	3,500,000	7,000,000	0	2	5,500,000	11,000,000
99		CPAP with humidifier	0	0	0	1,098,510	-	0	0	1,098,510	-	0	0	2,100,000	-	0	0	2,800,000	-
100		DELIVERY TROLLY STAINLESS STEEL	1	0	1	23,835	23,835	0	1	23,835	23,835	0	1	47,250	47,250	0	1	47,250	47,250
101		Ambu-Bag, adult	4	0	4	17,325	69,300	0	4	17,325	69,300	0	4	19,000	76,000	0	4	19,000	76,000
102		Ambu-Bag, paeds	4	0	4	17,325	69,300	0	4	17,325	69,300	0	4	19,000	76,000	0	4	19,000	76,000
103	**MORTUERY**	TWO BODY REFRIGERATOR WITH CASTERS 220v 50Hz Along with Atopsy Table & Lifter Trolley	1	0	1	2,470,546	2,470,546	0	1	2,470,546	2,470,546	0	1	3,000,000	3,000,000	0	1	3,500,000	3,500,000
104		Dental Unit	2	0	2	2,190,000	4,380,000	0	2	2,190,000	4,380,000	0	2	2,820,000	5,640,000	0	2	2,820,000	5,640,000
105		Autoclave	1	0	1	441,000	441,000	0	1	441,000	441,000	0	1	550,000	550,000	0	1	850,000	850,000
106		Dental X-RAY Machine	1	0	1	282,975	282,975	0	1	282,975	282,975	0	1	350,000	350,000	0	1	525,000	525,000
107		Digital Intra Oral Camera	0	0	0	94,500	-	0	0	94,500	-	0	0	150,000	-	0	0	600,000	-
108		DENTAL CAUTERY	0	0	0	84,000	-	0	0	84,000	-	0	0	160,000	-	0	0	900,000	-
109	**Dental Unit**	Ultrasonic scaling	1	0	1	120,750	120,750	0	1	120,750	120,750	0	1	175,000	175,000	0	1	300,000	300,000
110		Curing lights	1	0	1	52,500	52,500	0	1	52,500	52,500	0	1	95,000	95,000	0	1	150,000	150,000
111		Endo motor system	1	0	1	199,601	199,601	0	1	199,601	199,601	0	1	265,000	265,000	0	1	500,000	500,000
112		Dental cabinet	0	0	0	42,000	-	0	0	42,000	-	0	0	70,000	-	0	0	160,000	-
113		Dental examination/surgical instrument sets	4	0	4	157,500	630,000	0	4	157,500	630,000	0	4	175,000	700,000	0	4	175,000	700,000
114	**Beds**	Fowler beds with Mattress	40	0	40	70,000	2,800,000	0	40	70,000	2,800,000	0	40	110,000	4,400,000	0	40	150,000	6,000,000
		Total					**47,340,106**				**47,340,106**				**62,118,750**				**91,974,638**
							47.340				**47.340**				**62.119**				**91.975**

Electricity

		Original			1st Revised			2nd Revised			3rd Revised		
Sr. No.	**Item Name**	**Quantity**	**Per Unit Cost**	**Total Cost**	**Quantity**	**Per Unit Cost**	**Total Cost**	**Quantity**	**Per Unit Cost**	**Total Cost**	**Quantity**	**Per Unit Cost**	**Total Cost**
1	Transformers (630 KVA)	**0**	**0**	**-**	**0**	**0**	**-**	**0**	**0**	**-**	**1**	5,000,000	5,000,000
2	Transformers (200 KVA)	1	600,000	600,000	1	600,000	600,000	1	600,000	600,000	1	600,000	600,000
3	Transformers (100 KVA)	0	450,000	-	0	450,000	-	0	450,000	-	0	450,000	-
4	Transformers (50 KVA)	0	300,000	-	0	300,000	-	0	300,000	-	0	300,000	-
5	Generator (200 KVA)	0	4,000,000	-	0	4,000,000	-	0	4,000,000	-	0	4,000,000	-
6	Generator (100 KVA)	0	2,300,000	-	0	2,300,000	-	0	2,300,000	-	1	4,500,000	4,500,000
7	2 Ton air conditioners (split)	15	55,500	832,500	15	55,500	832,500	15	55,500	832,500	15	55,500	832,500
8	2 Ton air conditioners (Cabinet)	15	78,000	1,170,000	15	78,000	1,170,000	15	78,000	1,170,000	15	78,000	1,170,000
9	4 Ton air conditioners (Cabinet)	5	120,000	600,000	5	120,000	600,000	5	120,000	600,000	5	120,000	600,000
10	Ceiling Fans 56"	100	3,090	309,000	100	3,090	309,000	100	3,090	309,000	100	3,090	309,000
11	Exhaust Fans	36	3,000	108,000	36	3,000	108,000	36	3,000	108,000	36	3,000	108,000
12	Bracket Fans 18"	48	3,280	157,440	48	3,280	157,440	48	3,280	157,440	48	3,280	157,440
13	Dual Connection of Electricity / Express Line	1	5,022,710	5,022,710	1	5,022,710	5,022,710	1	5,000,000	5,000,000	1	5,000,000	5,000,000
	Total			**8,799,650**			**8,799,650**			**8,776,940**			**18,276,940**
				8.800			**8.800**			**8.777**			**18.277**

IT & QMS & Surveillance

		Original			1st Revised			2nd Revised			3rd Revised		
Sr. No.	**Item Name**	**Quantity**	**Per Unit Cost**	**Total Cost**	**Quantity**	**Per Unit Cost**	**Total Cost**	**Quantity**	**Per Unit Cost**	**Total Cost**	**Quantity**	**Per Unit Cost**	**Total Cost**
1	Desktop, UPS, LED	30	75,000	2,250,000	30	75,000	2,250,000	30	130,000	3,900,000	30	216,000	6,480,000
2	MS Windows License	30	20,000	600,000	30	20,000	600,000	30	20,000	600,000	30	20,000	600,000
3	Scanner Flatbed with ADF	3	90,000	270,000	3	90,000	270,000	3	150,000	450,000	3	150,000	450,000
4	Heavy duty Printer	7	40,000	280,000	7	40,000	280,000	7	50,000	350,000	7	110,000	770,000
5	Multimedia Projector with Screen	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000
6	Tabs	4	50,000	200,000	4	50,000	200,000	4	50,000	200,000	4	50,000	200,000
7	Laptop	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000
8	MS Windows License	1	20,000	20,000	1	20,000	20,000	1	20,000	20,000	1	20,000	20,000
9	QMS System	1	3,700,000	3,700,000	1	3,700,000	3,700,000	1	4,000,000	4,000,000	1	4,000,000	4,000,000
10	Networking	1	995,000	995,000	1	995,000	995,000	1	995,000	995,000	1	1,200,000	1,200,000
11	Monitoring & Surveillance (CCTV)	1	5,000,000	5,000,000	1	5,000,000	5,000,000	1	5,000,000	5,000,000	1	5,000,000	5,000,000
12	Public Address System	1	1,000,000	1,000,000	1	1,000,000	1,000,000	1	1,000,000	1,000,000	1	1,200,000	1,200,000
	Total			**14,515,000**			**14,515,000**			**16,715,000**			**20,120,000**
				14.515			**14.515**			**16.715**			**20.120**

Furniture and Fixtures

		Original			1st Revised			2nd Revised			3rd Revised		
Sr. No.	Item Name	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total	Quantity	Unit Price	Total
1	Benches (internal)	60	30,000	1,800,000	60	30,000	1,800,000	60	30,000	1,800,000	60	40000	2,400,000
2	Benches (external)	10	10,000	100,000	10	10,000	100,000	10	10,000	100,000	10	40000	400,000
3	Electric Water Cooler	8	45,000	360,000	8	45,000	360,000	8	45,000	360,000	8	60000	480,000
4	Doctors rooms Furniture	30	70,000	2,100,000	30	70,000	2,100,000	30	70,000	2,100,000	30	125000	3,750,000
5	Examination couches	10	35,000	350,000	10	35,000	350,000	10	35,000	350,000	10	35000	350,000
6	Fire Blanket	5	2,500	12,500	5	2,500	12,500	5	2,500	12,500	5	3000	15,000
7	Fire Extinguisher (Water Based)	30	8,000	240,000	30	8,000	240,000	30	8,000	240,000	30	2500	75,000
8	Acrylic Board	150	2,200	330,000	150	2,200	330,000	150	2,200	330,000	150	2000	300,000
9	Rostrum	2	18,000	36,000	2	18,000	36,000	2	18,000	36,000	2	20000	40,000
10	Blinds for windows	6000	150	900,000	6000	150	900,000	6000	150	900,000	6000	200	1,200,000
11	Paintings	100	6,000	600,000	100	6,000	600,000	100	6,000	600,000	100	5000	500,000
12	Waste Bin Sets (3 bin)	40	6,000	240,000	40	6,000	240,000	40	6,000	240,000	40	9000	360,000
13	Printing			1,000,000			1,000,000			1,000,000			1,000,000
	Machinery and Equipment's												
14	Refrigerator(Domestic) front glass double door	2	160,000	320,000	2	160,000	320,000	2	160,000	320,000	2	150000	300,000
15	Refrigerator glass single door	5	80,000	400,000	5	80,000	400,000	5	80,000	400,000	5	90000	450,000
16	Refrigerator 16 cft	5	36,000	180,000	5	36,000	180,000	5	36,000	180,000	5	50000	250,000
17	Air Curtain On Door	5	50,000	250,000	5	50,000	250,000	5	50,000	250,000	5	75000	375,000
18	Washing machines for pantries	3	13,000	39,000	3	13,000	39,000	3	13,000	39,000	3	11000	33,000
19	Gas Burner for pantries	10	4,800	48,000	10	4,800	48,000	10	4,800	48,000	10	80000	800,000
20	Fire Extinguishers DCP	30	4,800	144,000	30	4,800	144,000	30	4,800	144,000	30	6500	195,000
21	LED TV	15	55,000	825,000	15	55,000	825,000	15	55,000	825,000	15	140000	2,100,000
22	Industrial Exhaust	5	50,000	250,000	5	50,000	250,000	5	50,000	250,000	5	60000	300,000
23	Acrylic Display Board	4	20,000	80,000	4	20,000	80,000	4	20,000	80,000	4	20000	80,000
	Laundry & Washing												
24	Bed Sheets and pillow covers	300	1,250	375,000	300	1,250	375,000	300	1,250	375,000	300	2500	750,000
25	Pillows	150	400	60,000	150	400	60,000	150	400	60,000	150	500	75,000
26	Blankets with covers	100	5,000	500,000	100	5,000	500,000	100	5,000	500,000	100	4000	400,000
	Medicine Store												
27	Medicine (Iron Racks) 8x6x2 (Required)	20	50,000	1,000,000	20	50,000	1,000,000	20	50,000	1,000,000	20	60000	1,200,000
28	Moveable Iron Stairs (Required)	2	15,000	30,000	2	15,000	30,000	2	15,000	30,000	2	20000	40,000
29	Lifters (Required)	2	37,000	74,000	2	37,000	74,000	2	37,000	74,000	2	35000	70,000
30	Pallets 3x4 (Plastic) (Required)	20	12,000	240,000	20	12,000	240,000	20	12,000	240,000	20	10000	200,000
31	Dehumidifier (Required)	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000	1	125000	125,000
32	Insect Killer (Required)	25	8,000	200,000	25	8,000	200,000	25	8,000	200,000	25	6500	162,500
33	Thermometer (Required)	20	16,000	320,000	20	16,000	320,000	20	16,000	320,000	20	600	12,000
	Total			**13,503,500**			**13,503,500**			**13,503,500**			**18,787,500**
				13.504			**13.504**			**13.504**			**18.788**

Signage and plaques

			Original			1st Revised			2nd Revised			3rd Revised		
Sr No	**Type**	**Kinds of Sign Boards**	**Quantity**	**Rates**	**Cost**	**Quantity**	**Rates**	**Cost**	**Quantity**	**Rates**	**Cost**	**Quantity**	**Rates**	**Cost**
		External Sign Boards												
1	A1	External Platform/Road Signage (Circular)	6	9,965	59,790	6	9,965	59,790	6	13,951	83,706	6	13,951	83,706
2	A2	External Platform/Road Signage (Triangular)	6	9,116	54,696	6	9,116	54,696	6	12,762	76,574	6	12,762	76,574
3	B1	Main Directional Board	1	110,791	110,791	1	110,791	110,791	1	155,107	155,107	1	155,107	155,107
4	C1	Directional Board (Single Sheet)	10	14,235	142,350	10	14,235	142,350	10	19,929	199,290	10	19,929	199,290
5	C2	Directional Board (Two Sheets)	1	22,154	22,154	1	22,154	22,154	1	31,016	31,016	1	31,016	31,016
6	C3	Directional Board (Three Sheets)	1	29,701	29,701	1	29,701	29,701	1	41,581	41,581	1	41,581	41,581
7	C4	Directional Board (Four Sheets)	1	36,679	36,679	1	36,679	36,679	1	51,351	51,351	1	51,351	51,351
8	C5	Directional Board (Five Sheets)	1	44,543	44,543	1	44,543	44,543	1	62,360	62,360	1	62,360	62,360
9	C6	Directional Board (Six Sheets)	1	52,007	52,007	1	52,007	52,007	1	72,810	72,810	1	72,810	72,810
10	C7	Additional Panel (For Fixation on existing Foundation & Posts)	3	7,823	23,469	3	7,823	23,469	3	10,952	32,857	3	10,952	32,857
11	D1	Departmental Signage on Building	6	46,491	278,946	6	46,491	278,946	6	65,087	390,524	6	65,087	390,524
12	E1	External Map Boards	2	40,563	81,126	2	40,563	81,126	2	56,788	113,576	2	56,788	113,576
		Internal Signage	0		-	0		-	0	-	-	0	-	-
1	F1	Internal Hanging Signage (Main Entrance)	5	89,496	447,480	5	89,496	447,480	5	125,294	626,472	5	125,294	626,472
2	F2	Internal Hanging Signage (Main Entrance 2)	5	68,140	340,700	5	68,140	340,700	5	95,396	476,980	5	95,396	476,980
3	F3	Internal Hanging Signage (Corridor)	4	50,465	201,860	4	50,465	201,860	4	70,651	282,604	4	70,651	282,604
4	F4	Internal Hanging Signage (Corridor 2)	4	51,050	204,200	4	51,050	204,200	4	71,470	285,880	4	71,470	285,880
5	G1	Internal Department Signage on wall	7	12,908	90,356	7	12,908	90,356	7	18,071	126,498	7	18,071	126,498
6	H1	Specialist Name Plaques fixed on wall	20	3,710	74,200	20	3,710	74,200	20	5,194	103,880	20	5,194	103,880
7	J1	Room Name Plaques and Numbers fixed on wall	100	853	85,300	100	853	85,300	100	1,194	119,420	100	1,194	119,420
8	K1	Internal Wall Signage	100	1,401	140,100	100	1,401	140,100	100	1,961	196,140	100	1,961	196,140
9	L1	Room Numbers Fixed on Wall	50	3,556	177,800	50	3,556	177,800	50	4,978	248,920	50	4,978	248,920
10	M1	Advance Fire Exit Sign	10	1,810	18,100	10	1,810	18,100	10	2,534	25,340	10	2,534	25,340
11	M2	Fire Exit Sign Mounted Above the Door	10	1,252	12,520	10	1,252	12,520	10	1,753	17,528	10	1,753	17,528
12	N1	Fire Safety/Equipment Signage	20	2,398	47,960	20	2,398	47,960	20	3,357	67,144	20	3,357	67,144
13	P1	Floor Map Board	5	20,768	103,840	5	20,768	103,840	5	29,075	145,376	5	29,075	145,376
14	Q1	Caution Signage	25	2,140	53,500	25	2,140	53,500	25	2,996	74,900	25	2,996	74,900
15	Q2	Caution Signage	5	644	3,220	5	644	3,220	5	902	4,508	5	902	4,508
16	Q3	Caution Signage	10	1,126	11,260	10	1,126	11,260	10	1,576	15,764	10	1,576	15,764
17	Q4	Caution Signage	15	875	13,125	15	875	13,125	15	1,225	18,375	15	1,225	18,375
		Total			**2,961,773**			**2,961,773**			**4,146,482**			**4,146,482**
		Designing and Site Supervision			88,853			88,853			124,394			124,394
		Grand Total			**3,050,626**			**3,050,626**			**4,270,877**			**4,270,877**
					3.051			3.051			4.271			4.271

DAY CARE CENTER

Yard Stick as per Women Dvelopment Department

		Original			1st Revised			2nd Revised			3rd Revised		
Sr. No.	ITEMS	Yard Stick (DCC of 25 Kids)	Unit Cost	Total	Yard Stick (DCC of 25 Kids)	Unit Cost	Total	Yard Stick (DCC of 25 Kids)	Unit Cost	Total	Yard Stick (DCC of 25 Kids)	Unit Cost	Total
1	Cylinder Block	1	3,000	3,000	1	3,000	3,000	1	3,000	3,000	1	3,000	3,000
2	Geometrical Cabinet (36 pcs)	1	4,000	4,000	1	4,000	4,000	1	4,000	4,000	1	4,000	4,000
3	Geometrical Solids (10 pcs)	1	2,200	2,200	1	2,200	2,200	1	2,200	2,200	1	2,200	2,200
4	Base for Geometrical Solids (14 pcs)	1	2,000	2,000	1	2,000	2,000	1	2,000	2,000	1	2,000	2,000
5	Constructive Triangles (4 box)	1	400	400	1	400	400	1	400	400	1	400	400
6	Metal Insets (10 - shape)	1	1,000	1,000	1	1,000	1,000	1	1,000	1,000	1	1,000	1,000
7	Stand for metal insets	1	2,000	2,000	1	2,000	2,000	1	2,000	2,000	1	2,000	2,000
8	Paper Board for metal insets (10 Boards)	1	5,000	5,000	1	5,000	5,000	1	5,000	5,000	1	5,000	5,000
9	Sandpaper Alphabets (English)	3	2,000	6,000	3	2,000	6,000	3	2,000	6,000	3	2,000	6,000
10	Sandpaper Alphabets (Urdu)	3	3,500	10,500	3	3,500	10,500	3	3,500	10,500	3	3,500	10,500
11	Sandpaper Number	3	2,000	6,000	3	2,000	6,000	3	2,000	6,000	3	2,000	6,000
12	Hammer Case	2	1,000	2,000	2	1,000	2,000	2	1,000	2,000	2	1,000	2,000
13	Soft Reading Book	15	200	3,000	15	200	3,000	15	200	3,000	15	200	3,000
14	Shape Sorting Case	2	500	1,000	2	500	1,000	2	500	1,000	2	500	1,000
15	Transport Set (Model)	2	700	1,400	2	700	1,400	2	700	1,400	2	700	1,400
16	Model Puzzles (S)	7	300	2,100	7	300	2,100	7	300	2,100	7	300	2,100
17	Model Puzzles (B)	7	500	3,500	7	500	3,500	7	500	3,500	7	500	3,500
18	Storybook	20	100	2,000	20	100	2,000	20	100	2,000	20	100	2,000
19	Information Book (Large)	20	350	7,000	20	350	7,000	20	350	7,000	20	350	7,000
20	Basket (L)	10	1,000	10,000	10	1,000	10,000	10	1,000	10,000	10	1,000	10,000
21	Basket (S)	10	600	6,000	10	600	6,000	10	600	6,000	10	600	6,000
22	Color table Box	2	1,000	2,000	2	1,000	2,000	2	1,000	2,000	2	1,000	2,000
23	ABC Block	4	500	2,000	4	500	2,000	4	500	2,000	4	500	2,000
24	Number Block	4	500	2,000	4	500	2,000	4	500	2,000	4	500	2,000
25	Color Pensils (Large)	5	450	2,250	5	450	2,250	5	450	2,250	5	450	2,250
26	Color Crayons (Large)	5	300	1,500	5	300	1,500	5	300	1,500	5	300	1,500
27	Marker Color (Board and Permanent)	15	395	5,925	15	395	5,925	15	395	5,925	15	395	5,925
28	Fruits Basket (Model Set)	2	1,000	2,000	2	1,000	2,000	2	1,000	2,000	2	1,000	2,000
29	Vegetables Basket (Model Set)	2	1,000	2,000	2	1,000	2,000	2	1,000	2,000	2	1,000	2,000
30	Animal Sets	2	600	1,200	2	600	1,200	2	600	1,200	2	600	1,200
31	Insects sets	2	400	800	2	400	800	2	400	800	2	400	800
32	Shape Sorting House	2	1,500	3,000	2	1,500	3,000	2	1,500	3,000	2	1,500	3,000
33	Flash card (Small)	10	120	1,200	10	120	1,200	10	120	1,200	10	120	1,200
34	Flash card (Big)	10	325	3,250	10	325	3,250	10	325	3,250	10	325	3,250
35	Sand Play	2	1,000	4,000	2	1,000	4,000	2	1,000	4,000	2	1,000	4,000
36	Gym Play	2	2,000	3,000	2	2,000	3,000	2	2,000	3,000	2	2,000	3,000
37	Straight Mats	20	1,500	40,000	20	1,500	40,000	20	1,500	40,000	20	1,500	40,000
38	Folding Mats	20	2,000	6,000	20	2,000	6,000	20	2,000	6,000	20	2,000	6,000
39	Diaper Changing Mats	3	300	1,500	3	300	1,500	3	300	1,500	3	300	1,500
40	Cube Cushion	2	500	1,000	2	500	1,000	2	500	1,000	2	500	1,000
41	Square Cushion	2	500	600	2	500	600	2	500	600	2	500	600
42	Baby Mirror	3	300	2,400	3	300	2,400	3	300	2,400	3	300	2,400
43	Pink Tower With Stand	1	800	500	1	800	500	1	800	500	1	800	500
44	Dressing Frames	10	500	8,000	10	500	8,000	10	500	8,000	10	500	8,000
45	Monkey Stuffed	2	800	2,400	2	800	2,400	2	800	2,400	2	800	2,400
46	Lion Stuffed	2	1,200	3,400	2	1,200	3,400	2	1,200	3,400	2	1,200	3,400
47	Cater Pillar Stuffed	2	1,700	3,000	2	1,700	3,000	2	1,700	3,000	2	1,700	3,000
48	Stuffed toys (Animal shaped i.e. Moneky, lion, caterpillar etc)	6	1,500	9,000	6	1,500	9,000	6	1,500	9,000	6	1,500	9,000
49	Long Roads with Stands	1	1,500	1,500	1	1,500	1,500	1	1,500	1,500	1	1,500	1,500
50	Number Rods	1	500	500	1	500	500	1	500	500	1	500	500
51	Stand Number Rods	1	800	800	1	800	800	1	800	800	1	800	800

DAY CARE CENTER

Yard Stick as per Women Dvelopment Department

		Original			1st Revised			2nd Revised			3rd Revised		
Sr. No.	ITEMS	Yard Stick (DCC of 25 Kids)	Unit Cost	Total	Yard Stick (DCC of 25 Kids)	Unit Cost	Total	Yard Stick (DCC of 25 Kids)	Unit Cost	Total	Yard Stick (DCC of 25 Kids)	Unit Cost	Total
52	Soft toys	2	700	1,400	2	700	1,400	2	700	1,400	2	700	1,400
53	Infants Manual Weight Machine	1	1,000	1,000	1	1,000	1,000	1	1,000	1,000	1	1,000	1,000
54	Toddlers Manual Weight Machine	1	1,000	1,000	1	1,000	1,000	1	1,000	1,000	1	1,000	1,000
55	Tri Cycles	4	3,500	14,000	4	3,500	14,000	4	3,500	14,000	4	3,500	14,000
56	Wooden Cots	10	10,000	100,000	10	10,000	100,000	10	10,000	100,000	10	10,000	100,000
57	Mattresses for Cots	10	1,200	12,000	10	1,200	12,000	10	1,200	12,000	10	1,200	12,000
58	Pillows	10	300	3,000	10	300	3,000	10	300	3,000	10	300	3,000
59	Bed Sheets and pillow covers	20	400	8,000	20	400	8,000	20	400	8,000	20	400	8,000
60	Nets	10	600	6,000	10	600	6,000	10	600	6,000	10	600	6,000
61	High Chairs for feeding	15	3,000	45,000	15	3,000	45,000	15	3,000	45,000	15	3,000	45,000
62	Rockers Cum Bouncer	8	2,500	20,000	8	2,500	20,000	8	2,500	20,000	8	2,500	20,000
63	Cot Mobile	10	1,500	15,000	10	1,500	15,000	10	1,500	15,000	10	1,500	15,000
64	Plastic Chairs (Round edges Animal Shapes)	7	600	4,200	7	600	4,200	7	600	4,200	7	600	4,200
65	Multi-Purpose Table	2	3,000	6,000	2	3,000	6,000	2	3,000	6,000	2	3,000	6,000
66	Writing Board	1	500	500	1	500	500	1	500	500	1	500	500
67	Electric Sterilizer	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000
68	Electric Warmer	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000
69	Table sets	2	4,000	8,000	2	4,000	8,000	2	4,000	8,000	2	4,000	8,000
70	Rocker	6	3,200	19,200	6	3,200	19,200	6	3,200	19,200	6	3,200	19,200
71	Activity Gym (Infants)	5	2,000	10,000	5	2,000	10,000	5	2,000	10,000	5	2,000	10,000
72	Play Gym	5	2,700	13,500	5	2,700	13,500	5	2,700	13,500	5	2,700	13,500
73	Activity Gym (Toddlers)	5	2,000	10,000	5	2,000	10,000	5	2,000	10,000	5	2,000	10,000
74	Toiler Training Seat	10	3,000	30,000	10	3,000	30,000	10	3,000	30,000	10	3,000	30,000
75	Infant Toys	30	4,000	120,000	30	4,000	120,000	30	4,000	120,000	30	4,000	120,000
76	Bath Toys	15	1,000	15,000	15	1,000	15,000	15	1,000	15,000	15	1,000	15,000
77	Fun Links Teether	15	300	4,500	15	300	4,500	15	300	4,500	15	300	4,500
78	Fun Pal Teether	15	500	7,500	15	500	7,500	15	500	7,500	15	500	7,500
79	Fun Rattle	15	400	6,000	15	400	6,000	15	400	6,000	15	400	6,000
80	Mother feeding Chair	1	3,000	3,000	1	3,000	3,000	1	3,000	3,000	1	3,000	3,000
81	Soft Books (duplication)	20	500	10,000	20	500	10,000	20	500	10,000	20	500	10,000
82	Bottle Brushes	3	300	900	3	300	900	3	300	900	3	300	900
List of others Items i.e. Kitchen, Office, Electric items				-			-			-			-
1	Water Dispenser	1	14,000	14,000	1	14,000	14,000	1	14,000	14,000	1	14,000	14,000
2	Microwave Oven	1	12,400	12,400	1	12,400	12,400	1	12,400	12,400	1	12,400	12,400
3	Fridge	1	34,000	34,000	1	34,000	34,000	1	34,000	34,000	1	34,000	34,000
4	Kitchen Accessories / Cutleries etc.	24	200	4,800	24	200	4,800	24	200	4,800	24	200	4,800
5	Sofa Set	1	40,000	40,000	1	40,000	40,000	1	40,000	40,000	1	40,000	40,000
6	Office Table	1	5,000	5,000	1	5,000	5,000	1	5,000	5,000	1	5,000	5,000
7	Office Chairs	5	10,000	50,000	5	10,000	50,000	5	10,000	50,000	5	10,000	50,000
8	Air Conditioner	2	42,000	84,000	2	42,000	84,000	2	42,000	84,000	2	42,000	84,000
9	LCD	1	27,000	27,000	1	27,000	27,000	1	27,000	27,000	1	27,000	27,000
10	DVD player	1	5,000	5,000	1	5,000	5,000	1	5,000	5,000	1	5,000	5,000
11	CCTV Cameras	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000
12	Fire Alarms	3	5,000	15,000	3	5,000	15,000	3	5,000	15,000	3	5,000	15,000
13	UPS	1	10,000	10,000	1	10,000	10,000	1	10,000	10,000	1	10,000	10,000
14	Vacuum Cleaner	1	7,000	7,000	1	7,000	7,000	1	7,000	7,000	1	7,000	7,000
15	Fire Extinguishers (Large)	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000
16	Electric Insect Killer	2	7,800	15,600	2	7,800	15,600	2	7,800	15,600	2	7,800	15,600
17	Electric Hand Dryer	1	4,000	4,000	1	4,000	4,000	1	4,000	4,000	1	4,000	4,000
18	Electric Heater	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000	2	5,000	10,000
19	Ceiling/bracket Fans	4	8,000	32,000	4	8,000	32,000	4	8,000	32,000	4	8,000	32,000
20	Curtains	2	45,000	90,000	2	45,000	90,000	2	45,000	90,000	2	45,000	90,000
21	Carpets	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000	1	100,000	100,000
22	Other miscellaneous items	1	218,675	218,675	1	218,675	218,675	1	218,675	218,675	1	218,675	218,675
	TOTAL			**1,600,000**			**1,600,000**			**1,600,000**			**1,600,000**
				1.600			1.600			1.600			1.600

Human Resource Model of THQ Hospital

		Original				1st Revised				2nd Revised				3rd Revised				
Sr. No.	NAME OF POST	No. of Employees	Per Month Salary	Per Month Salary for Person	Salary for One Year	No. of Employees	Per Month Salary	Per Month Salary for Person	Salary for One Year	No. of Employees	Per Month Salary	Per Month Salary for Person	Salary for Two Years	No. of Emplyees	Project Pay Scale	Per Month Salary	Per Month Salary for all Person	Salary for Two Years
1	ADMIN OFFICER	1	60,000	60,000	720,000	1	60,000	60,000	720,000	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
2	HUMAN RESOURCE & LEGAL OFFICER	1	60,000	60,000	720,000	1	60,000	60,000	720,000	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
3	IT/STATISTICAL OFFICER	1	60,000	60,000	720,000	1	60,000	60,000	720,000	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
4	FINANCE, BUDGET & AUDIT OFFICER	1	60,000	60,000	720,000	1	60,000	60,000	720,000	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
5	PROCUREMENT OFFICER	1	60,000	60,000	720,000	1	60,000	60,000	720,000	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
6	QUALITY ASSURANCE OFFICER	1	60,000	60,000	720,000	1	60,000	60,000	720,000	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
7	LOGISTICS OFFICER	1	60,000	60,000	720,000	1	60,000	60,000	720,000	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
8	DATA ENTRY OPERAOTOR (DEO)	2	25,000	50,000	600,000	2	25,000	50,000	600,000	2	35,000	70,000	1,680,000	2	3	44,000	88,000	2,728,000
9	ASSISTANT ADMIN OFFICER	2	40,000	80,000	960,000	2	40,000	80,000	960,000	2	50,000	100,000	2,400,000	2	5	70,000	140,000	4,340,000
10	**HR FOR QMS and MSDS and Day Care Center**																	
11	QMS Supervisor / Information Desk Officer	2	25,000	50,000	600,000	2	25,000	50,000	600,000	2	25,000	50,000	600,000	2		25,000	50,000	600,000
12	Computer Operator	8	20,000	160,000	1,920,000	8	20,000	160,000	1,920,000	8	20,000	160,000	1,920,000	8		20,000	160,000	1,920,000
13	Consultants (MSDS) Implementation & Clinical Audit	1	100,000	100,000	1,200,000	1	100,000	100,000	1,200,000	1	100,000	100,000	1,200,000	1		100,000	100,000	1,200,000
14	Training on MSDS Compliance for Staff of THQ Hospital	1000	4,000	4,000,000	4,000,000	1000	4,000	4,000,000	4,000,000	1000	4,000	4,000,000	4,000,000	1000		4,000	4,000,000	4,000,000
15	Rent for Vehicle				500,000				500,000				500,000				0	500,000
16	Manager Day Care Center	1	45,000	45,000	540,000	1	45,000	45,000	540,000	1	45,000	45,000	540,000	1		45,000	45,000	540,000
17	Montessori Trained Teacher	1	35,000	35,000	420,000	1	35,000	35,000	420,000	1	35,000	35,000	420,000	1		35,000	35,000	420,000
18	Attendant / Care Giver	4	25,000	100,000	1,200,000	4	25,000	100,000	1,200,000	4	25,000	100,000	1,200,000	4		25,000	100,000	1,200,000
19	Office Boy	1	20,000	20,000	240,000	1	20,000	20,000	240,000	1	20,000	20,000	240,000	1		20,000	20,000	240,000
	Sub Total of HR Model			**4,860,000**	**17,220,000**			**4,860,000**	**17,220,000**			**5,040,000**	**28,140,000**				**5,273,000**	40,473,000
					17.220				**17.220**				**28.140**					**40.473**
	Utilization of HR Component								**13.770**				**20.83**					
	Total of HR Component												**41.91**					**61.305**

Janitorial Services

	Original			From 1st Revised to onward
Assumptions				In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; it was inter alia decided as under: **"It would be made sure by the P&SH Department that the outsourcing would be shifted to the non-development side from 1st July 2018 next FY".** In view of above, Outsourcing cost has been excluded from this PC-I.
Covered area excluding residential area	27,425	sft		
Covered area assigned to one sweeper	7,500	sft		
Number of sweepers required for covered area	4	Persons		
Road and ROW area	61,083	sft		
Road and ROW assigned to one sweeper	15,000	sft		
Number of sweepers required for road and ROW area	4	Persons		
Number of washroom blocks	10	blocks		
Number of washroom block assigned to one sweeper	3	Persons		
Number of sweepers required for total washroom blocks	3	Persons		
Total sweeper in morning shift	11	Persons		
Total number of sweepers in evening shift	4	Persons		
Total number of sweepers in night shift	5	Persons		
Total number of sweepers in all shifts	23	Persons		
Number of sewer men required	3	Persons		
Number of supervisors	3	Persons		
Salary component				
Type of worker	**No of workers**	**Salary per month**	**Salary for One Year**	
Sweepers / Janitors	23	22,000	6,200,040	
Sewer men	3	22,000	792,000	
Supervisors	3	26,000	936,000	
Cost of Supply per Month		400,000	4,800,000	
Sub Total (Salary component)			**12,728,040**	

12.728

Security and Parking

Original

Assumptions	
Covered area excluding residences	27,425
Covered Area per guard	15,000
Number of guards	**2**
Open area excluding parking area	61,083
Area covered per guard per shift for open area excluding parking	15,000
Number of guards for total area excluding parking area	**4**
Number of gates	3
Number of guards at gates	**6**
Total No of Guard	**12**
Total number of all guards for second shift	**6**
Lady Searcher	**2**
Number of parking areas	1
Number of guards for parking lot per shift (Morning+ Evening)	**9**
Total no. of Supervisors	**2**

Type of worker	No of workers	Salary per month	Salary per Month for all Person	Salary for One year
Supervisors	2	24,675	49,350	592,200
Ex-Army	6	21,525	129,150	1,549,800
Civilian	9	21,000	189,000	2,268,000
Lady Searcher	2	21,525	43,050	516,600
Parking	2	21,525	43,050	516,600
Sub total				**5,443,200**
Equipment cost				
Lump sum Provision (Walk Through Gate=1, Metal Detector=4, Walkies Talkies=8, Base Set=1)				400,000
Sub total				**400,000**
Subtracting Parking Fees				500,000
Total Security and Parking Services				**5,343,200**
				5.343

From 1st Revised to onward

In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; it was inter alia decided as under:

"It would be made sure by the P&SH Department that the outsourcing would be shifted to the non-development side from 1st July 2018 next FY".

In view of above, Outsourcing cost has been excluded from this PC-I.

Laundry Services

	Original			From 1st Revised to onward
Number of beds	40			In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; it was inter alia decided as under: **"It would be made sure by the P&SH Department that the outsourcing would be shifted to the non-development side from 1st July 2018 next FY".** In view of above, Outsourcing cost has been excluded from this PC-I.
Type of Item	**No of Beds**	**Per bed cost per year**	**Total Cost**	
No of Bed	40	30,000	1,200,000	
Transport Charges			1,200,000	
Total for laundry items			**2,400,000**	
Total			**2.400**	

Maintenance of Generator

	Original			From 1st Revised to onward
Item Name	**Quantity**	**Cost per year**	**Total Cost**	In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; it was inter alia decided as under: **"It would be made sure by the P&SH Department that the outsourcing would be shifted to the non-development side from 1st July 2018 next FY".** In view of above, Outsourcing cost has been excluded from this PC-I.
Periodical Maintenance Cost				
Number of Generators (200 KVA)	-	500,000	-	
Number of Generators (100 KVA)	2	300,000	600,000	
Number of Generators (50 KVA)	-	175,000	-	
Repairs Cost	1	300,000	300,000	
HR Cost				
Supervisor	1	40,000	240,000	
Generator Operator	3	30,000	1,080,000	
Technical Staff/Mechanic	-	30,000	-	
Total			**2,220,000**	
			2.220	

MEP

Original

Type of worker / Component	No of workers	Salary per month	Salary per Month for all persons	Salary for One Year
Supervisors	1	56,420	56,420	677,040
Plumber	1	32,550	32,550	390,600
AC/ Technician	1	34,720	34,720	416,640
Electrician	2	31,465	62,930	755,160
Car painter	1	30,380	30,380	364,560
Total (Salary component)			**217,000**	**2,604,000**
	No.	**Per Unit Cost per Year**	**Cost per Year for all Items**	**Cost for One Year**
A/C	66	6,665	439,890	439,890
Fridge	11	4,000	44,000	44,000
UPS	12	8,000	96,000	96,000
Water Cooler	15	4,000	60,000	60,000
Exhaust	7	3,000	21,000	21,000
Geyser	15	4,000	60,000	60,000
Water Pump	3	3,000	9,000	9,000
Carpentry Work		-	180,000	180,000
Electrical Work		-	120,000	120,000
Plumbing Work		-	75,000	75,000
Sub Total				**1,104,890**
General Total				**3,708,890**
				3.709

From 1st Revised to onward

In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; it was inter alia decided as under:

"It would be made sure by the P&SH Department that the outsourcing would be shifted to the non-development side from 1st July 2018 next FY".

In view of above, Outsourcing cost has been excluded from this PC-I.

Medical Gases

		Original				From 1st Revised to onward
Scope of Work		**Monthly Consumption per THQ Hospital**	**Annual Consumption per THQ Hospital**	**Rate per Cylinder**	**Total Annual Cost per THQs**	In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; it was inter alia decided as under: **"It would be made sure by the P&SH Department that the outsourcing would be shifted to the non-development side from 1st July 2018 next FY".** In view of above, Outsourcing cost has been excluded from this PC-I.
Oxygen	Medical Oxygen Gas in 240 CFTCylinder (MM)	12	144	1850	266,400	
	Medical Oxygen Gas in 48 CFTCylinder (MF)	30	360	1,000	360,000	
	Medical Oxygen Gas in 24 CFTCylinder (ME)	40	480	800	384,000	
Nitrous Oxide	Nitrous Oxide in 1,620 Liter (XE)	2	24	5,000	120,000	
	Nitrous Oxide in 16,200 Liter (XM)	1	12	12,500	150,000	
Nitrogen Gas	Nitrogen Gas	1	12	2,000	24,000	
Total					**1,304,400**	

1.304

Cafeteria

Pre-Fabrication Cateen (Procurement)

		Original				From 1st Revised to onward
Sr. No.	Description of work	Unit	Qty	Rate (Rs)	Amount (Rs)	In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; it was inter alia decided as under: **"It would be made sure by the P&SH Department that the outsourcing would be shifted to the non-development side from 1st July 2018 next FY".** In view of above, Outsourcing cost has been excluded from this PC-I.
1	Excavation in foundation of building, bridges and other structures, including dagbelling, dressing, refilling around structure with excavated earth, watering and ramming lead upto one chain (30 m) and lift upto 5 ft. (1.5 m) for ordinary soil	Cft	2545	6.13	15,602	
2	Spraying anti-termite liquid mixed with water in the ratio of 1:40.	Sft	4305	2.21	9,514	
3	Supplying and filling sand of approved quality from outside sources under floors etc complete in all respects.	Cft	2268	15.62	35,426	
4	Providing, laying, watering and ramming brick ballast 1½" to 2"(40 mm to 50 mm) gauge mixed with 25% sand, for floor and foundation, complete in all respects.	Cft	998	39.15	39,069	
5	Providing and laying damp proof course (1½" thick (40 mm)) of cement concrete 1:2:4, with one coat bitumen and one coat polythene sheet 500gauge	Sft	318	43.34	13,789	
6	Brick work with cement, sand mortar ratio 1:5	Cft	1792	180.25	323,071	
7	Cement concrete plain Ratio 1: 4: 8 including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate)	Cft	427	170.72	72,893	
8	Cement concrete plain Ratio 1: 2 : 4 including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate)	Cft	1043	190.48	198,746	
9	Placing Granite tiles (24"x24"x0.5") using white cement over a bed of ¾" (20 mm) thick cement mortar 1:6.	Sft	2160	200.00	432,000	
10	Providing and laying Tuff pavers, having 7000 PSI, crushing strength of approved manufacturer, over 2" to 3" sand cushion i/c grouting with sand in joints i/c finishing to require slope . complete in all respect.	Sft	720	118.00	84,960	
Total Amount of Platform Construction					**1,225,070**	
Pre-Fabrication of Canteen Structure						
11	Providing and fixing aluminium frame window with double glazzed glass 6mm+6mm thick complete in all respect as approved by engineer	Sft	48	1100.00	52,800	
12	Providing and fixing aluminium frame door with single glazzed glass 6mm thick complete in all respect as approved by engineer	Sft	56	700.00	39,200	
13	Fixing of frameless Glass wall of approved quality and design as approved by engineer	Sft	550	1500.00	825,000	

Cafeteria

Pre-Fabrication Cateen (Procurement)

		Original				From 1st Revised to onward
14	Providing Granite skirting or dado 4/8"(13 mm) thick including rounding of corner and straight ening of top edge and finishing to smooth surface afterplastering	Sft	491	212.00	104,177	
15	Placing & erection of pre-painted Box section tube Columns of M.S sheet 4mm thick of size 4" x4" complete in all respect.	Kg	693	150.00	103,950	
16	Placing & erection of pre-painted Box section tube Rafters of M.S sheet 4mm thick of size 3" x3" with all fittings, complete in all respect.	Kg	1040	150.00	155,925	
17	Placing & erection of pre-painted Box section tube Purlins of M.S sheet 1.6 mm thick (16 Gauge) of size 2" x2", with all fittings, complete in all respect.	Rft	676	120.00	81,144	
18	Placing & erection of pre-painted, Galvanized Sandwitched board of 0.5 mm thick M.S sheet with 50mm PU insulation with all fittings, complete in all respect.	Sft	2640	400.00	1,055,800	
19	Placing & fixing glass wool complete in all respect.	Sft	3024	50.00	151,200	
20	Placing & fixing Gypsum False Ceiling, complete in all respect.	Sft	3024	70.00	211,680	
21	Providing & Fixing corrugated galvanized iron sheets 22 gauge with EPDM screw fittings, complete in all respect.	Sft	3629	145.00	526,176	
	Total Cost of Pre-Fabrication of Canteen Structure				**3,307,052**	
	Total Amount (Rs)				**4,532,121**	
22	Electrification				998,735	
23	Plumbing and Sanitory				410,000	
24	Kitching Fixtures				802,000	
	Grand Total Amount (Rs)				**6,742,856**	

6.743

LANDSCAPE DEVELOPMENT WORKS

COST ESTIMATE

		Original				From 1st Revised to onward
Sr. No.	Description	Unit	Quantity	Unit Rate Rs.	Amount Rs.	In the light of decision made during the Progress Review Meeting of Revamping of DHQ/THQ Hospitals held on 01-01-2018 under the Chairmanship of Chairman, P&D Board; it was inter alia decided as under: **"It would be made sure by the P&SH Department that the outsourcing would be shifted to the non-development side from 1st July 2018 next FY".** In view of above, Outsourcing cost has been excluded from this PC-I whereas Rs. 0.048 million has been charged in this scheme against Design Consultancy from development side before the above said decision, hence it is reflected in this PC-I.
1	**SOFT LANDSCAPE**					
1.1	**TOP SOIL**					
	Providing, spreading and leveling of topsoil (sweet soil including manure and fertilizers) as required complete in all respects as per Drawings, Specifications and as approved by the Engineer.	Cft	15,614	20	312,280	
1.2	**STONE / PEBBLES**					
	Supply and laying a layer of pebbles/stone at specified locations with Landscape base as in Landscape Design approved by the Engineer.	Truck	1	31,375	31,375	
1.3	**GRASSING**					
a	**GRASSING (EXISTING NON MAINTANE LAWNS)**					
	Providing and dibbing of Fine Dacca grass where required, including mud filling/leveling and contour shape preparation confirming to the criteria outlined in the Specifications, complete in all respects as per Drawings , Specifications and as approved by the Engineer.	Sft	21,413	7	149,891	
b	**GRASSING (NEW LAWNS)**					
	Providing and dibbing of Fine Dacca grass , including mud filling/leveling and contour shape preparation confirming to the criteria outlined in the Specifications, complete in all respects as per Drawings, Specifications and as approved by the Engineer.	Sft	26,766	10.00	267,660	
1.4	**TREE / SHRUBS (SPREADING)**					
	Providing and planting tree / shrub as listed and as arrangement and type shown in the Drawings, in pits of size 305mm x 305mm x 305mm. Dug in improved soil 610mm. deep filled by adding 10% cow dung manure and confirming to the criteria outlined in the Specifications, complete in all respects and to the satisfaction of Engineer .					
a	Trees 18" pot 6'-7' - Terminally, Cassia Fistula, Bauhinia Variegated, Alstonia Choirs, Ficus Yellow, Ficus Black, Jacaranda, Pilken, Mangifera etc.	No's	109	1,400	152,600	
b	Trees 12" pot 3'-4' - Polyalthia Long folia, Terminally, Cassia Fistula, Bauhinia Variegated, Latonia Choirs, Delonix Regia, Ficus Yellow, Focus Black, fichus Starlight, Melaluca, Mimuspps, Pine, Ficus Amestal, Pilken, Palms etc.	No's	25	260	6,500	
c	Plantation of Fruit Plants in the vacant area 12" pot 3'-4' - Am rood, Jaman, Berri, Mango, Citrus. Including site preparation, plantation, watering and maintenance for six months.	No's	15	600	9,000	

LANDSCAPE DEVELOPMENT WORKS						
COST ESTIMATE						
		Original				From 1st Revised to onward
1.5	Shrubs and Ornamental Plants 10" pot Pittosporum Variegated, Murray Small, Ixora Coccinea, Juniper Varigated, Hibiscus Varigated, Carronda Dwarf Spp, Jasmine Sambac(Mottya), Leucophyllum Frutescens(Silvery), Rose, Nerium, Lantana, Canna, Asparagrass, Conocarpus, Acalypha, Callistemon Dwarf, Cestrum, Thabernaemontara Variegated etc.	No's	9,733	65	632,645	
a	Shrubs and Ornamental Plants 12" pot Pittosporum Varigated, Ixora Cochineal, Juniper Variegated, Carronade Dwarf, Jasmine Thai, Plumier Robar, Cassia Malacca, Largest mea, Euphorbia, Jestropha Thai etc	No's	1,529	185	282,865	
1.6	**GROUND COVERS**					
	Providing and planting ground covers as listed and as arrangement and type shown in the Drawings, in pits of size 150mm x 150mm x 150mm. Dug in improved soil 610mm deep filled by adding 10% cow dung manure and confirming to the criteria outlined in the Specifications, complete in all respects and to the satisfaction of Engineer .					
	Ground Cover Plastic Bag Plants Alternant Hera, Dianella, Iresine (Red), Hemercollis(Daylily), Duranta etc	No's	10,395	11	114,345	
1.7	**PALMS**					
	Providing and planting palms as per Drawings, specifications and to the satisfaction of Engineer .					
a	Palm 18" pot - Queen Palm, Wodyetia Bifurcate, Washingtonian Palm, Biskarkia etc.	No's	12	3,575	42,900	
b	Palm 18" pot - Phoenix Palm, Cyrus Palm	No's	17	1,700	28,900	
1.8	**CREEPERS**					
	Providing and planting Creepers as listed and as arrangement and type shown in the Drawings, in pits of size 305mm x 305mm x 305mm. Dug in improved soil 610mm. deep filled by adding 10% cow dung manure and confirming to the criteria outlined in the Specifications, complete in all respects and to the satisfaction of Engineer .					
	Creepers 12" Pot - Bougainvillea, Bonsai, Qusqualus, Bombay Creeper etc.	No's	52	185	9,620	
2	**HARD LANDSCAPE**					
2.1	**WALK WAYS**					
a	Excavation of walkways and edging including brick ballast under 12"X14" curb stones fixing with1:2:4 PCC, supply of 7000PSI tuff tiles 60mmas per approved design fixing on 4" brick ballast compacted and grouting with sand.	Sft	2141	150	321,150	
2.2	**BENCHES**					
	Concrete Bench 5' wide complete in all respects and to the satisfaction of Engineer as per approved design.	No's	10	14,698	146,980	
2.3	**DUSTBINS**					
	Complete in all respects and to the satisfaction of Engineer as per approved design.	No's	7	27,700	193,900	
2.4	**PLAYING EQUIPMENTS**					

LANDSCAPE DEVELOPMENT WORKS						
COST ESTIMATE						
		Original				From 1st Revised to onward
	Complete in all respects and to the satisfaction of Engineer as per approved design.	No's	1	544,939	544,939	
2.5	**PLANTERS**					
	Concrete planters 2' X 2-1/2' complete in all respects and to the satisfaction of Engineer as per approved design.	No's	9	3,700	33,300	
2.6	**WATER POINTS (Injector Pump 1HP)**	No's	1	45,000	45,000	
3	**SOFT LANDSCAPE MAINTENANCE** (Including maintenance and up keeping of site for 6 months) after development as per specifications and to the satisfaction of Engineer.	Sft	53,532	7.50	401,490	
4	**CONSTRUCTION OF PLANTERS**					
4.1	**Large Size** with keystones fixed with cement with top concrete slab as per design and to the satisfaction of Engineer.	No's	208	550	114,400	
4.2	**Medium Size** with keystones fixed with cement with top concrete slab as per design and to the satisfaction of Engineer.	No's	27	550	14,850	
4.3	**Small Size** with keystones fixed with cement with top concrete slab as per design and to the satisfaction of Engineer.	No's	50	550	27,500	
5	**GAZEEBO** Construction of Gazebo 12' X 12' with top fiberglass 3 layer canopy as per approved design and to the satisfaction of Engineer.	No's	1	200,000	200,000	
	Total Amount of - Landscaping				**4,084,090**	
	PRA(16%)				653,454	
	Design Consultancy				100,000	
	Grand Total				**4,837,544**	
					4.838	

PROVINCE	PUNJAB
DIVISION	EXECUTIVE ENGINEER BUILDINGSDIVISION, NO.2 FAISALABAD
SUB DIVISION	BUILDINGS SUB DIVISION TANDLIANWALA
NAME OF WORK	REVISED **ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL T.H.Q. HOSPITALS IN PUNJAB " ON AT TEHSIL HEAD QUARTER HOSPITAL TANDLIANWALA DISTRICT FAISALABAD ADP NO.658 FOR THE YEAR 2022-23 .**
ESTIMATED COST	**Rs.** 47.240 ~~48.930 (M)~~

REVISED

ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL T.H.Q. HOSPITALS IN PUNJAB " ON AT TEHSIL HEAD QUARTER HOSPITAL TANDLIANWALA DISTRICT FAISALABAD ADP NO.658 FOR THE YEAR 2022-2023.

(2)

HISTORY:

The scheme cited above was reflected in A.D.P for the year 2022-2023 as G.S No 658 "Program for revamping of all T.H.Q Hospitals in Punjab" 01371700456/12-02-2019 Punjab.

The Administrative Approval was issued from the Primary & Secondary Health Care Department vide letter No. PO(D-II)1-237/2021 Dated 30-09-2021 amounting Rs.38.500 millions on Mrs 1st Bi Annual 2021. Project Director of P.MU Primary & Secondary Health Unit visited the TH.Q Hospital Tandlianwala along with M.S and representative of C and W department on 28-06-2022 and directed to prepare the revised rough cost estimate due to change in scope of work. The new scope of work has been provided by the office of director P.M.U in the light of his visit of TH.Q hospital Tandlianwala.

Hence the revised Rough cost Estimate amounting to Rs 48.930 (M) has been prepared on MRS 2nd bi annual 2022 and submitted for arranging Administrative Approval Funds from the competent Authority.

SCOPE OF Work:

The following scope is provided in this rough cost estimate:-

1. Main Building (Repair/Renovation)	1 Job
2. Construction of Q.M.S Hall Front of O.P.D	(2550-Sft)
3. Boundary wall 9" thick 6' Height	(699-Rft)
4. External Sewerage Line	(450-Rft)
5. External Water Supply	(2050-Rft)

SPECIFICATION: The work will be carried out according to Building Specification of latest edition and entire Satisfaction of Engineer In charge.

EXECUTION OF WORK: The work will be carried out through approved Govt. Contractor after calling competitive tenders.

RATES: This estimate Based on MRS 2nd Bi-annual 2022.

TIME : It will take about 18 Months to complete the work from the actual Date of commencement within stipulated period.

COST : The total cost comes to ~~Rs 48.930(M).~~ 47.240

LAND : There is no cost of land in this estimate: land is available by Client Department.

Executive Engineer
Buildings Division No. 2
Faisalabad

(3)

Primary & Secondary Healthcare Department

GOVERNMENT OF THE PUNJAB
Dated Lahore the 30-07-2021

ORDER

No.PO(D-II)1-237/2021: Consequent upon the decision of Departmental Development Sub Committee (DDSC), held on 30.07.2020, the Governor of the Punjab is pleased to accord a 2nd Revised Administrative Approval of 15 sub-schemes under block scheme titled "**Programme for Revamping of all THQ Hospitals in Punjab**" at a cost mentioned against each scheme, with gestation period upto 30-06-2023.

Sr. No.	Hospital	Capital Component	Revenue Component	Total Cost
1.	Revamping of THQ Hospital Jaranwala District Faisalabad	40.494	227.555	268.049
2.	Revamping of THQ Hospital Samundri District Faisalabad	39.531	199.048	238.579
3.	Revamping of THQ Hospital Tandlianwala District Faisalabad	38.500	165.394	203.894
4.	Revamping of THQ Hospital Wazirabad District Gujranwala	31.882	208.283	240.166
5.	Revamping of THQ Hospital Mankera District Bhakkar	29.664	200.293	229.957
6.	Revamping of THQ Hospital Kalurkot District Bhakkar	45.004	164.078	209.082
7.	Revamping of THQ Hospital Jand District Attock	50.854	204.420	255.274
8.	Revamping of THQ Hospital Piplan District Mianwali	39.296	197.057	236.353
9.	Revamping of THQ Hospital Raynala District Okara	37.334	210.727	248.062
10.	Revamping of THQ Hospital Haveli Lakha District Okara	41.435	195.974	237.409
11.	Revamping of THQ Hospital Malakwal District Mandi Baha-ud-Din	18.420	203.788	222.207
12.	Revamping of THQ Hospital Phalia District Mandi Baha-ud-Din	60.909	230.001	290.910
13.	Revamping of THQ Hospital Sangla Hill District Nankana	39.913	196.133	236.046
14.	Revamping of THQ Hospital Pattoki District Kasur	47.834	208.618	256.452
15.	Revamping of THQ Hospital Chunnian District Kasur	29.650	208.074	237.724

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

Capital Component — Grant No.12042 (042) Government Building04-Economic Affairs-045 Construction and Transport - 0457 Construction (Work)0457-02 Building and structure.

Revenue Component — Grant No. PC-22035 (035) Development -07Health - 073 –Hospital Services-0731-General Hospital Services -073101 General Hospital Services.

(IMRAN SIKANDAR BALOCH)
SECRETARY P&SH DEPARTMENT

ENDST. DATE EVEN:

A copy is forwarded for information and necessary action to the:-

1. Accountant General, Punjab, Lahore.
2. Chief (Health-II), Planning & Development Department, Lahore.
3. Director General Health Services, Punjab, 24-Cooper Road, Lahore.
4. Chief Engineer (North, Central, South Zones), Buildings Department.
5. Project Director, Project Management Unit, P&SH Department.
6. Section Officer (Health-I), Finance Department.
7. Budget Officer-I & III, Finance Department.
8. AB Planning Officer, P&SHC Department.
9. PSO to Secretary, P&SH Department.
10. PA to Additional Secretary (Dev & Fin), P&SH Department.
11. PA to Additional Secretary (Admin), P&SH Department.

(M. ASIF RASHEED)
PLANNING OFFICER (D-II)

REVISED

ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL T.H.Q. HOSPITALS IN PUNJAB " ON AT TEHSIL HEAD QUARTER HOSPITAL TANDLIANWALA DISTRICT FAISALABAD ADP NO.658 FOR THE YEAR 2022-23 .

COMPARATIVE STATEMENT

Based on M.R.S 2ND Bi Annual 2022

Sr. No.	Description of items	As Per A.A (1st Biannaul 2021)				As per Rough Cost Estimate (2nd Biannaul 2022)				Excess / Saving	Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount		
1.	Main Building THQ.				23691200 /-				~~22397000 /-~~	-1294200	
2.	Provision of E.I & P.H				1722130 /-	22592	Sft P-Sft	348	7862016 /-	6139886	
3.	[redacted] Q.M.S Hall Front of O.P.D					2550	Sft P-Sft	3902	9950100 /-	9950100	
4.	Re-Construction of Boundry wall 9"Thick 6' Height				1875000	699	Rft P-Rft		2486500 /-	611500	
5.	Provision of External E.I								2395478 /-	2395478	
6.	Provision of External Sewerage Line.				1910000 /-				885000 /-	-1025000	
7.	Provision of external water supply				783000 /-				624300 /-	-158700	
8.	Walking path and parking (Tuff Paver)				1491000 /-					-1491000	
9.	Waiting Sheds (50' x 35')+(60' x 30')				2300000 /-					-2300000	
10.	Provision of Sui Gas pipe wiring				244000 /-					-244000	
11.	Provision of Toilet Block (02 Nos)				745600 /-					-745600	
				Total =	34761930 /-			Total =	~~46600394 /-~~ 43085594	11838464	
	ADD 5% PRA Tax				1738097 /-				~~2330020 /-~~ 2154280		
				Total =	36500027 /-			Total =	~~48930414 /-~~		
	Provision of Sui Gas Connection				2000000 /-				~~48250164~~ 47239874		
				Total =	38500027 /-			Say =	~~48930000 /-~~		
				OR.	38.500 (M)			OR.	~~48.930~~ (M)		

~~48.820(M)~~ 47.240

Superintending Engineer
Buildings Circle No-1,
~~Faisalabad~~

Executive Engineer,
Buildings Division No.2,
Faisalabad.

S.E

Sub Divisional Officer,
Buildings Sub Division,
Tandlianwala

comp. all in one

REVISED **ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL T.H.Q. HOSPITALS IN PUNJAB " ON AT TEHSIL HEAD QUARTER HOSPITAL TANDLIANWALA DISTRICT FAISALABAD ADP NO.658 FOR THE YEAR 2022-23 .**

ABSTRACT OF COST (REPAIR / RENOVATION OF MAIN BUIDLING) BUILDING PORTION

Based on M.R.S 2ND BI Annual 2022

Sr. No.	Description of Items	As Per A.A (1st Biannaul 2021)				As per Rough Cost Estimate (2nd Biannaul 2022)				Excess / Saving	Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount		
A	**MAIN BUILDING T.H.Q**										
1.	Removing door with chowkat.	53	No each	307.4	16292	18	No each	448.45	8072	-8220	
2.	Removing Window with Chowkat	69	No each	235.95	16281	51	No each	350.45	17873	1592	
3.	Dismantling glazed or encaustic tiles, etc.	3801	Sft %Sft	1659	64445	2685	Sft %Sft	2391.85	64219	-226	
4.	Dismantling cement concrete 1:2:4 plain.	735	Cft %Cft	8003.4	58825	2619	Cft %Cft	11209.45	293580	234755	
5.	Dismantling mud concrete.	3690	Cft %Cft	1455.15	53695					-53695	
6.	Dismantling brickwork in lime or cement mortor.					137	Cft %Cft	4330.9	5933	5933	
7.	Dismantling brick or flagged flooring without concrete foundation.	22592	Sft %Sft	618.45	139720	22368	Sft %Sft	866.20	193750	54030	
8.	Rehandling of earthwork upto lead of 50 ft.	7523	Cft %oCft	2546.55	19158	7448	Cft %oCft	3566.65	26566	7408	
9.	S/ F sand under floor or plugging into wells	1476	Cft %Cft	2223.15	32814					-32814	
10.	Dry rammed brick or stone ballast 1 1/2" to 2" guage	1476	Cft %Cft	4840.45	71445					-71445	
11.	Cement concrete plain including placing,compacting, finishing and curing complete (including screening and washing of stone aggregate): 1:2:4.	738	Cft %Cft	23030.55	169965	15187	Cft %Cft	38271.8	968723	798758	
12.	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. Full body Glazed tiles 600mmx 600 mm.	14538	Sft P-Sft	268	3896184	14538	Sft P-Sft	341.95	4971269	1075085	

Sr. No.	Description of items	As Per A.A (1st Biannaul 2021)				As per Rough Cost Estimate (2nd Biannaul 2022)				Excess / Saving	Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount		
A	**MAIN BUILDING T.H.Q**										
20.	Providing and fixing all types of partly fixed and partly openable glazed anodised bronze colour aluminium doors, using delux section of M/s Al-Cop or Pakistan Cables, having chowkat frame of size 40 x 100 mm (1½" x 4") and leaf frame of 60x40mm (2½"x1½") wide sections including the cost of ¼" (5 mm) thick imported tinted glass with aluminium triangular gola and rubber gasket to support the glass and leaf edging, using approved standard fittings, locks, 3" (75 mm) wide long handles etc., and hardware any required as approved by the engineer in-charge.	1769	Sft	P-Sft	572.05	1011956	122	Sft	P-Sft	1441.2	175106	-836851	
21.	Providing and fixing all types of glazed aluminium windows of anodized champagne colour partly fixed and party sliding using deluxe section of approved manufacturer having Frame of size 100mm x 30mm using frame at bottom, at top and side leaf leaf frame sections of 60mm x 23mm at top & bottom and size 45mm x 25mm at center and size 45mm x 25mm at sides, Jali leaf frame size 43mm x 13mm i/c fine quality aluminum jali, 5mm thick imported tinted glass with rubber gasket using approved standard latches, wheel, stopper, brush chennel angle joint and hardware etc. complete 1.6 mm thick.	1683	Sft	P-Sft	692.5	1165478	1209	Sft	P-Sft	1353.75	1636684	471206	
22.	Providing and fixing Openable door comprising of 3mm thick UPVC hollow profile ,chowkat frame of 60mmx64mm and leaf frame 60 mmx106 mm both duly reinforced with G.I box frame inside the void with 20 mm wide panel with grooves on both sides i/c the cost of hardwares, hinges, four bolt and cutting changes on approved & directed by the Engineer Incharge	280	Sft	P-Sft	650	182000	175	Sft	P-Sft	1000	175000	-7000	
23.	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 20mm using frame at bottom, at top and side leaf leaf frame sections of 50mm x 20mm at top & bottom etc. complete 1.6 mm thick.	2246	Sft	P-Sft	477.2	1071791						-1071791	

Sr. No.	Description of items	As Per A.A (1st Biannaul 2021)				As per Rough Cost Estimate (2nd Biannaul 2022)				Excess / Saving	Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount		
A	**MAIN BUILDING T.H.Q**										
31.	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 2mm thick	3828	Sft	P-Sft	690	2641320	1647	Sft	P-Sft	433.00	713151	-1928169	
32.	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.(A) 0.6 mm thick 600 mmX 600 mm	809	Sft	P-Sft	516	417444	578	Sft	P-Sft	620.00	358360	-59084	
33.	Providing and fixing high quality LED SMD Panel Light 2 ft×2 ft of specified wattage anf Luminous flux with Polystyrene bowl/prismatic cover made of Philips as approved and direced by the Engineer Incharge.						2	No	Each	9000.00	18000	18000	
34.	Providing and fixing 2"X2" Stainless Steel 14 SWG Corner Guard angle with bevelled corner and 0.8 mm bend at edges duly pasted with premium grade self-adhesive glue strips with excellent hold/(double sided Tape) as approved and directed by the Engineer Incharge.	750.00	Rft	P-Rft	150.00	112500	750	Rft	P-Rft	225.00	168750	56250	
35.	P/F Lead sheet for X-Ray room 2mm thick for protection against radiation ,caping i/c cutting to required size providing 4" for laps where necessary i/c cost of screws nails , rowal bolts and drilling holes in walls complete as approved by The Engineer Incharge	735	Sft	P-Sft	850.00	624750	735	Sft	P-Sft	1110.00	815850	191100	
36.	Providing and applying weather shield paint of approved quality on external surface of building including preparation of surface, application of primer complete in all respect: old surfce.						24062	Sft	%Sft	1943.5	467645	467645	
37.	Preparing surface and painting with emulsion paint.												
	Take 50 % one coat without scraping.						32012.03	Sft	%Sft	1169.2	374285	374285	
	Take 50 % TWO coat with scraping.						32012.03	Sft	%Sft	2829.95	905924	905924	
38.	Distempering 02 coats old surface i/c scraping												
	Take 60 % one coat without scraping.	44138	Sft	%Sft	438.3	193457						-193457	
	Take 40 % Two coat with scraping.	29425	Sft	%Sft	984	289542						-289542	
39.	Painting to door and windows any type 02 coats old surface	7168	Sft	%Sft	1086.15	77855	2890	Sft	%Sft	1694.65	48975	-28880	
40.	Painting to door and windows any type 03 coats new surface						245	Sft	%Sft	2770.7	6788	6788	

Sr. No.	Description of items	As Per A:A (1st Biannaul 2021) Qty	Unit	Rate	Amount	As per Rough Cost Estimate (2nd Biannaul 2022) Qty	Unit	Rate	Amount	Excess / Saving	Remarks
A	**MAIN BUILDING T.H.Q**										
41.	Providing and fixing fair face Gutka Cladding upto required height using special gutka of size 9"x2¼"x2¼" i/c cutting gutka where necessary . laying in 1:2 cement sand motor mixed with red oxide pigment with 1/4" thick recessed joints and nominal filling the gap complete i/c cost of G.I wire 8-SWG iron hoops and loops at every 2 ft center to center horizontally and in every 4th course vertically of cladding, hoops / loops embedded half in the wall and half embedded in cladding i/c 1/2" thick cement plaster (1:4) on back side prior to laying cladding complete in all respect and as approved and directed by the Engineer Incharge.	23262	Sft	P-Sft	152	3535824					-3535824.	
				Total (A)=	23605954 /-			Total (A)=	22585686 /-		-1020268
	D/d cost of old material										
	Wooden Doors				147000				102500		
	Wooden Windows				172500				287500		
	old tile				192484				336847		
	Tile Bats				31640				50832		
	old Bricks								8323		
	Bricks Bats								2466		
				Total (B) =	543624 /-			Total (B) =	788467		
		Net Total (A-B)			**23062330 /-**	**Net Total (A-B)**			**21797219**		
	Add 3% Contingency				628870 /-				600116		
				Total =	**23691200 /-**			**Total =**	**22397335 /-**		**-1293865**
				Say =	**23691200 /-**			**Say =**	~~**22387000 /-**~~ 18882 00		**-1294200**

Executive Engineer,
Buildings Division No.2,
Faisalabad.

S.E

Sub Divisional Officer,
Buildings Sub Division,
Tandlianwala

REVISED ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL T.H.Q. HOSPITALS IN PUNJAB " ON AT TEHSIL HEAD QUARTER HOSPITAL TANDLIANWALA DISTRICT FAISALABAD ADP NO.658 FOR THE YEAR 2022-23 .

COMPARATIVE STATEMENT (PROVISION OF EXTERNAL SEWERAGE LINE AND MAN HOLES)

Based on M.R.S 2ND Bi Annual 2022

Sr. No.	Description of items	As Per A.A (1st Biannaul 2021)				As per Rough Cost Estimate (2nd Biannaul 2022)				Excess / Saving	Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount		
1.	Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and imbering, 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:-	12688 Cft	%o Cft	6370.5	80826	3938 Cft	%o Cft	11770.40	46346	-34480	
2.	Providing and laying R.C.C. pipe sewers, moulded with cement concrete 1:1½:3 conforming to ASTM Specification C-76-79, Class II. Wall B, including carriage of pipe from factory to site of work, lowering in trenches to correct alignment and grade, jointing with rubber ring, cutting pipes where necessary, testing, etc., complete.12" dia.	1450 Rft	P-Rft	461.15	668668	450 Rft	P-Rft	697.25	313763	-354906	
3.	Rehandling of earthwork Upto a lead of single throw kassi.	1969 Cft	%o Cft	2546.55	16616	611 Cft	%o Cft	2547.60	1557	-15059	
4	Construction of circular manhole size 3' dia.	32 No	P-No	32362	1035584	9 No	P-No	50378.00	453402	-582182	
5	Providing, laying, cutting, jointing, testing and disinfecting P.V.C. pipe line with `B' Class working pressure pipe, in trenches, complete in all respects:- 4" dia.	200 Rft	P-Rft	263.4	52680	100 Rft	P-Rft	440.95	44095	-8585	
				Total =	1854374 /-			Total =	859162 /-	-995212	
	Add 3% Contingency				55631				25775		
				Total =	**1910005** /-			**Total =**	**884937** /-	-1025068	
					1910000 /-			**Say =**	**885000** /-	-1025000	

Executive Engineer,
Buildings Division No.2,
Faisalabad.

S.E

Sub Divisional Officer,
Buildings Sub Division,
Tandlianwala

REVISED ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL T.H.Q. HOSPITALS IN PUNJAB " ON AT TEHSIL HEAD QUARTER HOSPITAL TANDLIANWALA DISTRICT FAISALABAD ADP NO.658 FOR THE YEAR 2022-23 .

COMPARATIVE STATEMENT.(PROVISION OF EXTERNAL WATER SUPPLY LINE)

Based on M.R.S 2ND Bi Annual 2022

Sr. No.	Description of items	As Per A.A (1st Biannaul 2021)				As per Rough Cost Estimate (2nd Biannaul 2022)				Excess / Saving	Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount		
1.	Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and imbering, 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:-					7175	Cft %o Cft	11770.40	84453	84453	
2.	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 d) PN-12.5 (SDR-13.6) i) 90 mm dia					1450	Rft P-Rft	291.75	423038	423038	
3.	Providing, laying, testing and commissioning of POLYPROPYLENE RANDOM COPOLYMER (PPRC) water supply pipe made of (Dadex/Popular/ Beta / BBJ) with specified pressure rating 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 Diameters mentioned). PN-20 pipe 32 mm dia.					600	Rft P-Rft	107.05	64230	64230	
4	Rehandling of earthwork Upto a lead of single throw kassi					5865	Cft %o Cft	2547.60	14942	14942	
5	Providing and fixing handle cock 3/4 " dia brass best quality i/c carriage and fixing at site complete in all respect as approved by Engineer Incharge.	30	No	Each	498 14940	30	No Each	650.00	19500	4560	

Sr. No.	Description of items	As Per A.A (1st Biannaul 2021)				As per Rough Cost Estimate (2nd Biannaul 2022)				Excess / Saving	Remarks
		Qty	Unit	Rate	Amount	Qty	Unit	Rate	Amount		
6	Providing and Laying, Cutting, Jointing, testing and disinfection G.I pipeline in trenches with socket joints, using G.I Pipe B.S.S 1387-1976 complete in all respect with medium quality 3" dia	1450	Rft	P-Rft	629.2	912340				-912340	
7	Providing & Laying cutting jointing testing and disinfection PPRC pipe or any approved firm in trenches, cost of socket, tees, elbow, bands, valves, coreeses, inion and plugs or include in all rate except for internal PPRC piping and threaded special for bath rooms (32mm dia)	600	Rft	P-Rft	126	75600				-75600	
				Total =	1002880 /-			Total =	606162 /-	-396718	
	Add 3% Contingency				30086				18185		
				Total =	**1032966** /-			**Total =**	**624347** /-	-408619	
				Say =	**1033000** /-			**Say =**	**624300** /-	-408700	

Executive Engineer,
Buildings Division No.2,
Faisalabad.

S.E

Sub Divisional Officer,
Buildings Sub Division,
Tandlianwala

REVISED -ROUGH COST ESTIMATE FOR THE REVAMPING OF ALL T.H.Q. HOSPITALS IN PUNJAB " ON AT TEHSIL HEAD QUARTER HOSPITAL TANDLIANWALA DISTRICT FAISALABAD ADP NO.658 FOR THE YEAR 2022-23 .

ABSTRACT OF COST.

Sr:No.	Description of items.	(Based on Plinth Area Rate 2nd Bi-Annual Period From 1st July: 2022 to 31th Dec 2022									Remarks
		Qty:		Unit.	B.P.	P.H	E.I.	S.G.	Total.	Amount.	
1	Main Building THQ.									22397000/-	Detailed Attached
2	Provision of internal E.I & P.H	22592	Sft	P-Sft		120/-	228/-		348/-	7862016/-	
3	Construction of Q.M.S Hall Front of O.P.D	2550	Sft	P-Sft	3674/-		228/-		3902/-	9950100/-	
4	Re-Construction of Boundry wall 9"Thick 6' Height	699	Rft	P-Rft						2486500/-	Detailed Attached
5	Provision of External E.I									2395478/-	Detailed Attached
6	Provision of External Sewerage Line.									885000/-	Detailed Attached
7	Provision of External water supply									624300/-	Detailed Attached
									Total:	**46600394/-**	

Add 5% PRA on Rs. 46600394/- 2330020/-

G.Total:- **48930414/-**

Say:Rs. **48930000/-**

OR. **48.930 (M)**

EXECUTIVE ENGINEER
Buildings Division No. 2 Faisalabad.

S.E

SUB DIVISIONAL OFFICER
Buildings Sub Division Tandlianwala

REVISED ROUGH COST ESTIMATE FOR THE WORK REVAMPING OF ALL T.H.Q. HOSPITALS IN PUNJAB ON AT TEHSIL HEAD QUARTER HOSPITAL TANDLIANWALA DISTRICT FAISALABAD ADP NO.658 FOR THE YEAR 2022-23 .

MAIN BUILDING (ABSTRACT OF COST)

1 Removing door with chowkat.

	18							= 18	No.	
							Total	= 18	No.	
		@		448.45		each				8072 /-

2 Removing Window with chowkat.

	51							= 51	No.	
							Total	= 51	No.	
		@		350.45		each				17873 /-

3. Dismantling glazed or encaustic tiles, etc.

surgical ward washrooms

6	2	x	(	4-1/4	+	2-1/2	)	x	5	=	405	Sft
"		~~6~~	~~x~~	~~4-1/4~~	~~x~~	~~2-1/2~~				=	~~64~~	~~Sft~~
4	2	x	(	4-1/4	+	4-2/5	)	x	5	=	347	Sft
"		~~4~~	~~x~~	~~4-1/4~~	~~x~~	~~4-2/5~~				=	~~75~~	~~Sft~~
2	2	x	(	10-1/2	+	9-1/4	)	x	5	=	395	Sft
"		~~2~~	~~x~~	~~10-1/2~~	~~x~~	~~9-1/4~~				=	~~104~~	~~Sft~~
"		2	x	8-5/8	x	6				=	104	Sft
D.Cill		10	x	2-1/2	x	3/8				=	9	Sft
D.Cill		2	x	4	x	1-1/8				=	9	Sft

Labour room washrooms

2	2	x	(	3-5/8	+	5	)	x	5	=	173	Sft
1	2	x	(	7-5/8	+	8-1/4	)	x	5	=	159	Sft
"		1	x	7-5/8	x	8-1/4				=	63	Sft
		2	x	3-1/2	x	5				=	35	Sft
D.Cill		2	x	2-1/2	x	3/8				=	2	Sft
D.Cill		1	x	4	x	1-1/8				=	5	Sft

OPD Wash room

4	2	x	(	3	+	4-1/4	)	x	5	=	290	Sft
"		4	x	3	x	4-1/4				=	51	Sft
2	2	x	(	6-3/8	+	13-5/8	)	x	5	=	400	Sft
"		2	x	6-3/8	x	13-5/8				=	174	Sft
D.Cill		4	x	2-1/2	x	3/8				=	4	Sft
D.Cill		2	x	4	x	1-1/8				=	9	Sft
							Total			=	~~2966~~	~~Sft~~ 2634
deduction door		1	x	6	x	2-1/2	x	5		=	75	Sft
"		1	x	4	x	3	x	5		=	60	Sft
		1	x	4	x	2-3/4	x	5		=	55	Sft
		1	x	2	x	2-3/4	x	5		=	28	Sft
"		5	x	1	x	2-1/2	x	5		=	63	Sft
							Total			=	281	Sft
Net	=	2966	-	281						=	~~2685~~	~~Sft~~ 2353
		@	Rs.	2391.9	%Sft							56 28
												~~64219 /-~~

4. Dismantling cement concrete 1:2:4 plain.

Flooring

Medical & Surgical wards.	2	x	35-5/8	x	47-1/2	=	3384 Sft
D.cill	2	x	8	x	1-1/8	=	18 Sft
OPD Corridor.	1	x	82-3/4	x	7-1/4	=	600 Sft
OPD Corridor.	1	x	97-1/2	x	7-1/4	=	707 Sft
OT & Labour room Corridor.	1	x	73-1/2	x	7	=	515 Sft
Room No. 5	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.6	1	x	12	x	13-5/8	=	164 Sft
Exam Room	1	x	5	x	7-1/4	=	36 Sft
Room No.7	1	x	12-3/4	x	13-5/8	=	174 Sft
Room No.8	1	x	10	x	13-5/8	=	136 Sft
Room No.9	1	x	8	x	13-5/8	=	109 Sft
Room No.10	1	x	14	x	13-5/8	=	191 Sft
Room No.11	1	x	16	x	13-5/8	=	218 Sft
Room No.12	1	x	12	x	13-5/8	=	164 Sft
Room No.13	1	x	12	x	13-5/8	=	164 Sft
Room No.14	1	x	17-3/4	x	13-5/8	=	242 Sft
T.B Room.	1	x	18	x	13-5/8	=	245 Sft
Child specialist room	1	x	11	x	13-5/8	=	150 Sft
Room No.15	1	x	11	x	13-5/8	=	150 Sft
Room No.16	1	x	13-3/4	x	13-5/8	=	187 Sft
Room No.17	1	x	15	x	14	=	210 Sft
Exam Room	1	x	7-1/4	x	7-5/8	=	55 Sft
Room No.18	1	x	10	x	14	=	140 Sft
Room No.19	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.20	1	x	10	x	14	=	140 Sft
Room No.21	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.22	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.23	1	x	13-3/8	x	17-1/4	=	231 Sft
Room No.24	1	x	13-3/4	x	13-5/8	=	187 Sft
Room No.25	1	x	8	x	13-5/8	=	109 Sft
Room No.26	1	x	10	x	13-5/8	=	136 Sft
Room No.27	1	x	8	x	13-5/8	=	109 Sft
Room No.28	1	x	16	x	13-5/8	=	218 Sft
Room No.29	1	x	8-1/2	x	13-5/8	=	116 Sft
Room No.30	1	x	12	x	13-5/8	=	164 Sft
Room No.31	1	x	13	x	18	=	234 Sft
Record room	1	x	7	x	6	=	42 Sft
Room No.32	1	x	13-5/8	x	18	=	245 Sft
Room No.33	1	x	20	x	18	=	360 Sft
Room No.34	1	x	10	x	15-5/8	=	156 Sft
Room No.35	1	x	10	x	15-5/8	=	156 Sft
Room No.36	1	x	12	x	19	=	228 Sft
Room No.37	1	x	9	x	19	=	171 Sft
yellow room	1	x	12	x	12	=	144 Sft

Medicine Store.	1	x	30	x	60			=	1800 Sft
Medicine Store. Ver.	1	x	62-1/4	x	13			=	809 Sft
Bath									
surgical ward washrooms	6	x	4-1/4	x	2-1/2			=	64 Sft
	4	x	4-1/4	x	4-2/5			=	75 Sft
	1	x	10-1/2	x	9-1/4			=	97 Sft
	1	x	8-5/8	x	6			=	52 Sft
D.Cill	10	x	2-1/2	x	3/8			=	9 Sft
D.Cill	2	x	4	x	1-1/8			=	9 Sft
Labour room washrooms	1	x	7-5/8	x	8-1/4			=	63 Sft
	2	x	3-1/2	x	5			=	35 Sft
D.Cill	2	x	2-1/2	x	3/8			=	2 Sft
D.Cill	1	x	4	x	1-1/8			=	5 Sft
OPD Wash room	4	x	3	x	4-1/4			=	51 Sft
"	2	x	6-3/8	x	13-5/8			=	174 Sft
D.Cill	4	x	2-1/2	x	3/8			=	4 Sft
D.Cill	2	x	4	x	1-1/8			=	9 Sft
							Total	=	15187 Sft
	15187		Sft	x	1/6			=	2521 Cft
Nursing counter	6	x	8	x	2	x	1/2	=	48 Cft
Sitting Benches	5	x	10	x	2	x	1/2	=	50 Cft
							Total	=	2619 Cft

@ Rs. 11209 %Cft 293580 /-

5. Dismantling brickwork in lime or cement mortor.

1	6	x	8	x	3/4	x	2	=	72 Cft
2	6	x	2	x	3/4	x	2	=	36 Cft
2	6	x	2	x	3/8	x	2	=	18 Cft
4	5	x	3/4	x	3/8	x	2	=	11 Cft
							Total	=	137 Cft

@ Rs. 4331 %Cft 5933 /-

6 Dismantling brick or flagged flooring without concrete foundation.

O.P.D	1	x	233 7/8	x	47 1/8	=	11021 Sft
Dignostic	1	x	92	x	36 5/8	=	3370 Sft
Indoor	1	x	142 5/8	x	57 1/2	=	8201 Sft
						=	22592 Sft
D/d Khuras							
	56	x	2	x	2	=	224 Sft
						=	22368 Sft

@ 866.20 %Sft Rs 193750 /-

7 Rehandling of earthwork upto lead of 50 ft.

O.P.D	1	x	233 7/8	x	47 1/8	x	1/3	=	3670 Cft
Dignostic	1	x	92	x	36 5/8	x	1/3	=	1122 Cft
Indoor	1	x	142 5/8	x	57 1/2	x	1/3	=	2731 Cft
								=	7523 Cft
D/d Khuras									
	56	x	2	x	2	x	1/3	=	75 Cft
								=	7448 Cft

@ 3566.65 %0Cft Rs 26566 /-

8. Cement concrete plain including placing,compacting, finishing and curing complete (including screening and washing of stone aggregate): 1:2:4.

Medical & Surgical wards.	2	x	35-5/8	x	47-1/2	=	3384 Sft
D cill	2	x	8	x	1-1/8	=	18 Sft
OPD Corridor.	1	x	82-3/4	x	7-1/4	=	600 Sft
OPD Corridor.	1	x	97-1/2	x	7-1/4	=	707 Sft

OT & Labour room Corridor	1	x	73-1/2	x	7	=	515 Sft
Room No. 5	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.6	1	x	12	x	13-5/8	=	164 Sft
Exam Room	1	x	5	x	7-1/4	=	36 Sft
Room No.7	1	x	12-3/4	x	13-5/8	=	174 Sft
Room No.8	1	x	10	x	13-5/8	=	136 Sft
Room No.9	1	x	8	x	13-5/8	=	109 Sft
Room No.10	1	x	14	x	13-5/8	=	191 Sft
Room No.11	1	x	16	x	13-5/8	=	218 Sft
Room No.12	1	x	12	x	13-5/8	=	164 Sft
Room No.13	1	x	12	x	13-5/8	=	164 Sft
Room No.14	1	x	17-3/4	x	13-5/8	=	242 Sft
T.B Room.	1	x	18	x	13-5/8	=	245 Sft
Child specialist room	1	x	11	x	13-5/8	=	150 Sft
Room No.15	1	x	11	x	13-5/8	=	150 Sft
Room No.16	1	x	13-3/4	x	13-5/8	=	187 Sft
Room No.17	1	x	15	x	14	=	210 Sft
Exam Room	1	x	7-1/4	x	7-5/8	=	55 Sft
Room No.18	1	x	10	x	14	=	140 Sft
Room No.19	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No 20	1	x	10	x	14	=	140 Sft
Room No.21	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.22	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.23	1	x	13-3/8	x	17-1/4	=	231 Sft
Room No.24	1	x	13-3/4	x	13-5/8	=	187 Sft
Room No.25	1	x	8	x	13-5/8	=	109 Sft
Room No.26	1	x	10	x	13-5/8	=	136 Sft
Room No.27	1	x	8	x	13-5/8	=	109 Sft
Room No.28	1	x	16	x	13-5/8	=	218 Sft
Room No.29	1	x	8-1/2	x	13-5/8	=	116 Sft
Room No.30	1	x	12	x	13-5/8	=	164 Sft
Room No.31	1	x	13	x	18	=	234 Sft
Record room	1	x	7	x	6	=	42 Sft
Room No.32	1	x	13-5/8	x	18	=	245 Sft
Room No.33	1	x	20	x	18	=	360 Sft
Room No.34	1	x	10	x	15-5/8	=	156 Sft
Room No.35	1	x	10	x	15-5/8	=	156 Sft
Room No.36	1	x	12	x	19	=	228 Sft
Room No.37	1	x	9	x	19	=	171 Sft
yellow room	1	x	12	x	12	=	144 Sft
Medicine Store.	1	x	30	x	60	=	1800 Sft
Medicine Store. Ver.	1	x	62-1/4	x	13	=	809 Sft
surgical ward washrooms	6	x	4-1/4	x	2-1/2	=	64 Sft
	4	x	4-1/4	x	4-2/5	=	75 Sft

	1	x	10-1/2	x	9-1/4	=	97 Sft
	1	x	8-5/8	x	6	=	52 Sft
D.Cill	10	x	2-1/2	x	3/8	=	9 Sft
D.Cill	2	x	4	x	1-1/8	=	9 Sft
Labour room washrooms	1	x	7-5/8	x	8-1/4	=	63 Sft
	2	x	3-1/2	x	5	=	35 Sft
D.Cill	2	x	2-1/2	x	3/8	=	2 Sft
D.Cill	1	x	4	x	1-1/8	=	5 Sft
OPD Wash room	4	x	3	x	4-1/4	=	51 Sft
	2	x	6-3/8	x	13-5/8	=	174 Sft
D.Cill	4	x	2-1/2	x	3/8	=	4 Sft
D.Cill	2	x	4	x	1-1/8	=	9 Sft
					Total	=	**15187 Sft**
	15187		Sft	x	~~16~~ 1/8	=	1898 ~~2531~~ Cft
				@	Rs. 38272		%Cft

726402/-
~~968723/-~~

9. 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. Full body Glazed tiles 600mmx 600 mm:

Medical & Surgical wards.	2	x	35-5/8	x	47-1/2	=	3384 Sft
D.cill	2	x	8	x	1-1/8	=	18 Sft
OPD Corridor.	1	x	82-3/4	x	7-1/4	=	600 Sft
OPD Corridor.	1	x	97-1/2	x	7-1/4	=	707 Sft
OT & Labour room Corridor.	1	x	73-1/2	x	7	=	515 Sft
Room No. 5	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.6	1	x	12	x	13-5/8	=	164 Sft
Exam Room	1	x	5	x	7-1/4	=	36 Sft
Room No.7	1	x	12-3/4	x	13-5/8	=	174 Sft
Room No.8	1	x	10	x	13-5/8	=	136 Sft
Room No.9	1	x	8	x	13-5/8	=	109 Sft
Room No.10	1	x	14	x	13-5/8	=	191 Sft
Room No.11	1	x	16	x	13-5/8	=	218 Sft
Room No.12	1	x	12	x	13-5/8	=	164 Sft
Room No.13	1	x	12	x	13-5/8	=	164 Sft
Room No.14	1	x	17-3/4	x	13-5/8	=	242 Sft
T.B Room	1	x	18	x	13-5/8	=	245 Sft
Child specialist room	1	x	11	x	13-5/8	=	150 Sft
Room No.15	1	x	11	x	13-5/8	=	150 Sft
Room No.16	1	x	13-3/4	x	13-5/8	=	187 Sft
Room No.17	1	x	15	x	14	=	210 Sft
Exam Room	1	x	7-1/4	x	7-5/8	=	55 Sft
Room No.18	1	x	10	x	14	=	140 Sft
Room No.19	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.20	1	x	10	x	14	=	140 Sft
Room No.21	1	x	12	x	14	=	168 Sft
Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.22	1	x	12	x	14	=	168 Sft

Exam Room	1	x	5	x	7-5/8	=	38 Sft
Room No.23	1	x	13-3/8	x	17-1/4	=	231 Sft
Room No.24	1	x	13-3/4	x	13-5/8	=	187 Sft
Room No.25	1	x	8	x	13-5/8	=	109 Sft
Room No.26	1	x	10	x	13-5/8	=	136 Sft
Room No.27	1	x	8	x	13-5/8	=	109 Sft
Room No 28	1	x	16	x	13-5/8	=	218 Sft
Room No.29	1	x	8-1/2	x	13-5/8	=	116 Sft
Room No.30	1	x	12	x	13-5/8	=	164 Sft
Room No.31	1	x	13	x	18	=	234 Sft
Record room	1	x	7	x	6	=	42 Sft
Room No.32	1	x	13-5/8	x	18	=	245 Sft
Room No.33	1	x	20	x	18	=	360 Sft
Room No.34	1	x	10	x	15-5/8	=	156 Sft
Room No.35	1	x	10	x	15-5/8	=	156 Sft
Room No.36	1	x	12	x	19	=	228 Sft
Room No.37	1	x	9	x	19	=	171 Sft
yellow room	1	x	12	x	12	=	144 Sft
Medicine Store.	1	x	30	x	60	=	1800 Sft
Medicine Store. Ver.	1	x	62-1/4	x	13	=	809 Sft
					Total	=	**14538 Sft**
				@	Rs. 341.95	P-Sft	4971269 /-

10. 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 respect as approved and directed by the Engineer Incharge. Full body Glazed tiles 600mmx 600 mm.

Room No. 5	2	x	(12	+	14	)	x	5	=	260 Sft
Exam Room	2	x	(5	+	7-5/8	)	x	5	=	126 Sft
Room No. 6	2	x	(12	+	13-5/8	)	x	5	=	256 Sft
Exam Room	2	x	(5	+	7-1/4	)	x	5	=	123 Sft
Room No. 7	2	x	(12-3/4	+	13-5/8	)	x	5	=	264 Sft
Room No. 8	2	x	(10	+	13-5/8	)	x	5	=	236 Sft
Room No.9	2	x	(8	+	13-5/8	)	x	5	=	216 Sft
Room No.10	2	x	(14	+	13-5/8	)	x	5	=	276 Sft
Room No.11	2	x	(16	+	13-5/8	)	x	5	=	296 Sft
Room No.12	2	x	(12	+	13-5/8	)	x	5	=	256 Sft
Room No.13	2	x	(12	+	13-5/8	)	x	5	=	256 Sft
Room No.14	2	x	(17-3/4	+	13-5/8	)	x	5	=	314 Sft
T.B Room.	2	x	(18	+	13-5/8	)	x	5	=	316 Sft
Child specialist	2	x	(11	+	13-5/8	)	x	5	=	246 Sft
Room No.15	2	x	(11	+	13-5/8	)	x	5	=	246 Sft
Room No.16	2	x	(13-3/4	+	13-5/8	)	x	5	=	274 Sft
Room No.17	2	x	(15	+	14	)	x	5	=	290 Sft
Exam Room	2	x	(7-1/4	+	7-5/8	)	x	5	=	149 Sft
Room No.18	2	x	(10	+	14	)	x	5	=	240 Sft
Room No.19	2	x	(12	+	14	)	x	5	=	260 Sft
Exam Room	2	x	(5	+	7-5/8	)	x	5	=	126 Sft
Room No.20	2	x	(10	+	14	)	x	5	=	240 Sft
Room No.21	2	x	(12	+	14	)	x	5	=	260 Sft
Exam Room	2	x	(5	+	7-5/8	)	x	5	=	126 Sft
Room No.22	2	x	(12	+	14	)	x	5	=	260 Sft
Exam Room	2	x	(5	+	7-5/8	)	x	5	=	126 Sft
Room No.23	2	x	(13-3/8	+	17-1/4	)	x	5	=	306 Sft
Room No.24	2	x	(13-3/4	+	13-5/8	)	x	5	=	274 Sft
Room No.25	2	x	(8	+	13-5/8	)	x	5	=	216 Sft
Room No.26	2	x	(10	+	13-5/8	)	x	5	=	236 Sft
Room No.27	2	x	(8	+	13-5/8	)	x	5	=	216 Sft
Room No.28	2	x	(16	+	13-5/8	)	x	5	=	296 Sft
Room No.29	2	x	(8-1/2	+	13-5/8	)	x	5	=	221 Sft
Room No.30	2	x	(12	+	13-5/8	)	x	5	=	256 Sft
Room No.31	2	x	(13	+	18	)	x	5	=	310 Sft
Record room	2	x	(7	+	6	)	x	5	=	130 Sft

Room No.32	2	x	(	13-5/8	+	18	)	x	5	=	316 Sft
Room No.33	2	x	(	20	+	18	)	x	5	=	380 Sft
Room No.34	2	x	(	10	+	15-5/8	)	x	5	=	256 Sft
Room No.35	2	x	(	10	+	15-5/8	)	x	5	=	256 Sft
Room No.36	2	x	(	12	+	19	)	x	5	=	310 Sft
Room No.37	2	x	(	9	+	19	)	x	5	=	280 Sft
yellow room	2	x	(	12	+	12	)	x	5	=	240 Sft
Medicine Store	2	x	(	30	+	60	)	x	5	=	900 Sft
Medicine Store Ver.		2	x	62-1/4	x	5				=	623 Sft
Nursing counter		6	x	8	x	2-1/2				=	120 Sft
Nursing counter		12	x	2	x	2-1/2				=	60 Sft
Nursing counter		6	x	2	x	2-1/2				=	30 Sft
Sitting Benches		10	x	1-1/2	x	1-1/2				=	23 Sft
								Total		=	12297 Sft

DD Ops. 44 a 3.5 x 5 =

-770

11527

@ Rs. 341.95 P-Sft

3941658/-

~~4205045/-~~

11. 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 asapproved and directed by the Engineer Incharge.12"x36".

surgical ward washrooms	6	x	4-1/4	x	2-1/2	=	64 Sft	
	4	x	4-1/4	x	4-2/5	=	75 Sft	
	1	x	10-1/2	x	9-1/4	=	97 Sft	
	1	x	8-5/8	x	6	=	52 Sft	
D.Cill	10	x	2-1/2	x	3/8	=	9 Sft	
D.Cill	2	x	4	x	1-1/8	=	9 Sft	
Labour room washrooms	1	x	7-5/8	x	8-1/4	=	63 Sft	
	2	x	3-1/2	x	5	=	35 Sft	
D.Cill	2	x	2-1/2	x	3/8	=	2 Sft	
D.Cill	1	x	4	x	1-1/8	=	5 Sft	
OPD Wash room	4	x	3	x	4-1/4	=	51 Sft	
"	2	x	6-3/8	x	13-5/8	=	174 Sft	
D.Cill	4	x	2-1/2	x	3/8	=	4 Sft	
D.Cill	2	x	4	x	1-1/8	=	9 Sft	
					Total	=	**649 Sft**	

@ Rs. 241.40 P-Sft **156669** /-

12. 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 sand plaster i/c the cost of sealer for finishing the joints i/c cutting grinding complete in all respects and asapproved and directed by the Engineer Incharge.12"x36".

6	2	x	(	4-1/4	+	2-1/2	)	x	5	=	405 Sft
4	2	x	(	4-1/4	+	4-2/5	)	x	5	=	347 Sft
2	2	x	(	10-1/2	+	9-1/4	)	x	5	=	395 Sft
2	2	x	(	3-5/8	+	5	)	x	5	=	173 Sft
1	2	x	(	7-5/8	+	8-1/4	)	x	5	=	159 Sft
4	2	x	(	3	+	4-1/4	)	x	5	=	290 Sft
2	2	x	(	6-3/8	+	13-5/8	)	x	5	=	400 Sft
								Total		=	**2168 Sft**

deduction door	1	x	6	x	2-1/2	x	5	=	75	Sft
"	1	x	4	x	3	x	5	=	60	Sft
	1	x	4	x	2-3/4	x	5	=	55	Sft
	1	x	2	x	2-3/4	x	5	=	28	Sft
	5	x	1	x	2-1/2	x	5	=	63	Sft
						Total		=	281	Sft

Net	=	2168	-	281		=	1887 Sft
					Total	=	**1887 Sft**

@ Rs. 294.15 P-Sft **555029** /-

13 P/F, 1 1/2" thick solid flush door comprising of 2.5 mm thick Commercial play compressed over 2.5 mm thick commercial ply 1" thick packing wood inn style and rails under proper pressure inncluding the cost of nails, tower bolt, handle, Grlew , saving charges, painting Charges, and papering and 3/8" thick matching wooden lipping as approved and directed by the engineer incharge

5	x	3 1/2	x	7	= 123	sft
				Total	= 123	sft
		@	506.8	P-Sft		62083 /-

14 Providing and fixing all types of partly fixed and partly openable glazed anodised bronze colour aluminium doors, using delux section of M/s Al-Cop or Pakistan Cables, having chowkat frame of size 40 x 100 mm (1½" x 4") and leaf frame of 60x40mm (2½"x1½") wide sections including the cost of ¼" (5 mm) thick imported tinted glass with aluminium triangular gola and rubber gasket to support the glass and leaf edging, using approved standard fittings, locks, 3" (75 mm) wide long handles etc., and hardware any required as approved by the engineer in-charge.

OPD Block

3	x	4 1/2	x	9	= 122	sft
				Total	= 122	sft
		@	1441.2	P-Sft		175106 /-

15 Providing and fixing Openable door comprising of 3mm thick UPVC hollow profile ,chowkat frame of 60mmx64mm and leaf frame 60 mmx106 mm both duly reinforced with G.I box frame inside the void with 20 mm wide panel with grooves on both sides i/c the cost of hardwares, hinges, four bolt and cutting changes on approved & directed by the Engineer Incharge

10	x	2 1/2	x	7	= 175	sft
				Total	= 175	sft
		@	~~1000~~ 1025	P-Sft		~~175000 /-~~ 179375 /-

16 Providing and fixing all types of glazed aluminium windows of anodized champagne colour partly fixed and party sliding using deluxe section of approved manufacturer having Frame of size 100mm x 30mm using frame at bottom, at top and side leaf leaf frame sections of 60mm x 23mm at top & bottom and size 45mm x 25mm at center and size 45mm x 25mm at sides, Jali leaf frame size 43mm x 13mm i/c fine quality aluminum jali, 5mm thick imported tinted glass with rubber gasket using approved standard latches, wheel, stopper, brush chennel angle joint and hardware etc. complete 1.6 mm thick.

OPD Block

W-2	10	x	4	x	5-1/2	=	220 sft
W-4	8	x	6	x	5-1/2	=	264 sft
H.W-1	3	x	4	x	3	=	36 sft
H.W-2	2	x	2	x	2	=	8 sft

Diagnostic Block

W-1	1	x	10	x	5-1/2	=	55 sft
W-2	1	x	8	x	11	=	88 sft
W-3	2	x	6	x	5-1/2	=	66 sft
W-4	10	x	4	x	5-1/2	=	220 sft

Indoor Block

W3	4	x	6	x	5-1/2	=	132 sft
H.W-1	10	x	4	x	3	=	120 sft
					Total	= 1209	sft
			@	1354	P-Sft		1636684 /-

17 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. 3/8" Square bar.

OPD Block

W-2	10	x	4	x	5-1/2	=	220 sft

W-4	8	x	6	x	5-1/2	=	264 sft	
H.W-1	3	x	4	x	3	=	36 sft	
H.W-2	2	x	2	x	2	=	8 sft	
Diagnostic Block							sft	
W-1	1	x	10	x	5-1/2	=	55 sft	
W-2	1	x	8	x	11	=	88 sft	
W-3	2	x	6	x	5-1/2	=	66 sft	
W-4	10	x	4	x	5-1/2	=	220 sft	
Indoor Block								
W3	4	x	6	x	5-1/2	=	132 sft	
H.W-1	10	x	4	x	3	=	120 sft	
						Total	= 1209 sft	
				@	863.35	P-Sft		1043790 /-

18 Providing and laying 3/4" thick full width Pre polished 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. China verona.

OPD Block								
W-2	10	x	4	x	1-1/8	=	45 sft	
W-4	8	x	6	x	1-1/8	=	54 sft	
Diagnostic Block								
W-1	1	x	10	x	1-1/8	=	11 sft	
W-2	1	x	8	x	1-1/8	=	9 sft	
W-3	2	x	6	x	1-1/8	=	14 sft	
W-4	10	x	4	x	1-1/8	=	45 sft	
Indoor Block								
W3	4	x	6	x	1-1/8	=	27 sft	
Nursing counter	6 x 8-1/2	x	2-1/2			=	128 Sft	
Sitting Benches	5 x 10	x	1-1/2			=	75 Sft	
						Total	= 408 sft	
				@	413.75	P-Sft		168707 /-

19. Reinforced cement concrete in roof slab, beams, column, lintels girder & other structural member laid in situ / precast laid in position in prestressed member complete in all respect type 'C' nominal mixture (1:2:4). Ground floor

Nursing counter	6 x 8	x	2	x	1/2	=	48 Cft	
Sitting Benches	5 x 10	x	1-1/2	x	1/2	=	38 Cft	
For Roof	6 x 8	x	2	x	1/2	=	48 Cft	
	5 x 10	x	1 1/2	x	1/2	=	38 Cft	
					Total	=	172 Cft	
				@ Rs.	559.2	P-Cft		95903 /-

20. Providing and fixing Vin board cabinet 3/4" thick with drawers 3"deep in 'Kitchen including termite proofing and polishing with synthetic enamel as specified, with handles hinges,screws etc., complete in all respects. 1-1/2' deep,without back.

Nursing counter	6 x 8	x	2-1/2			=	120 Sft	
					Total	=	120 Sft	
				@ Rs.	1092	P-Sft		130980 /-

21 Providing and laying roof insulation, comprising of single layer of tiles 9"x4½"x1½" (225x113x40 mm) grouted with cement sand mortar 1:3 laid over 2" (50 mm) thick earth (including mud plaster) over thermopore sheet, over polythene sheet 300 gauge over a layer of bitumen,complete in all respects 3/4" thick thermopore.

O.P.D	1 x 233 7/8	x	47 1/8			=	11021	Sft
Dignostic	1 x 92	x	36 5/8			=	3370	Sft
Indoor	1 x 142 5/8	x	57 1/2			=	8201	Sft
						=	22592	Sft

D/d Khuras

	56 x	2	x	2		=	224	Sft	
					Total	=	22368	Sft	
			@	14871.65	%Sft			Rs.	3326460 /-

22 Making Khuras on Roof 2' x 2'x 6"

	56		Nos			=	56	No	
					Total	=	56	No	
			@	866.40	Each			Rs.	48518 /-

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

O.T	1 X	20	X	18		=	360	Sft	
					Total	=	360	Sft	
			@	1050	P-Sft			Rs.	378000 /-

24 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 2mm thick

O.T	2 X	20	X	12		=	480	Sft	
	2 x	18	x	12		=	432	Sft	
1 x	2 (	13 3/8	+	17 1/4)	12	=	735	Sft	
					Total	=	1647	Sft	
			@	433	P-Sft			Rs.	713151 /-

25 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.(A) 0.6 mm thick 600 mmX 600 mm

O.T	1 X	20	X	18		=	360	Sft	
	1 x	16	x	13 5/8		=	218	Sft	
					Total	=	578	Sft	26/00/
			@	~~620~~ 450	P-Sft			Rs.	358360 /-

26 Providing and fixing high quality LED SMD Panel Light 2 ft×2 ft of specified wattage anf Luminous flux with Polystyrene bowl/prismatic cover made of Philips as approved and direced by the Engineer Incharge.

	2		Nos			=	2	No	
					Total	=	2	No	11/00/
			@	~~9000.00~~ 5900	Each			Rs.	~~18000 /-~~

27 Providing and fixing 2"X2" Stainless Steel 14 SWG Corner Guard angle with bevelled corner and 0.8 mm bend at edges duly pasted with premium grade self-adhesive glue strips with excellent hold/(double sided Tape) as approved and directed by the Engineer Incharge.

	1 x	150	x	5		=	750	Rft	
					Total	=	750	Rft	
			@	225.00	P-Rft			Rs.	168750 /-

28 P/F Lead sheet for X-Ray room 2mm thick for protection against radiation ,caping i/c cutting to required size providing 4" for laps where necessary i/c cost of screws nails , rowal bolts and drilling holes in walls complete as approved by The Engineer Incharge

1 x	2 (	13 3/8	+	17 1/4)	12	=	735	Sft	
					Total	=	735	Sft	
			@	1110	P-Sft			Rs.	815850 /-

29. Providing and applying weather shield paint of approved quality on external surface of building including preparation of surface, application of primer complete in all respect: old surfce.

1	x	233	x	15-1/2	=	3612 Sft
2	x	47-1/2	x	15-1/2	=	1473 Sft
4	x	2-1/2	x	15-1/2	=	155 Sft
2	x	25	x	15-1/2	=	775 Sft
2	x	92	x	15-1/2	=	2852 Sft
2	x	51-1/2	x	15-1/2	=	1597 Sft
4	x	2-1/2	x	15-1/2	=	155 Sft

	2	x	22	x	15-1/2		=	682	Sft
	2	x	142-5/8	x	15-1/2		=	4421	Sft
	2	x	57-3/4	x	15-1/2		=	1790	Sft
	2	x	3-3/8	x	15-1/2		=	105	Sft
	4	x	11-1/2	x	15-1/2		=	713	Sft
	4	x	21-1/2	x	15-1/2		=	1333	Sft
emergency	2	x	45	x	15-1/2		=	1395	Sft
emergency	2	x	30	x	15-1/2		=	930	Sft
Cardiac Block	2	x	56	x	15-1/2		=	1736	Sft
Cardiac Block	2	x	29-3/4	x	15-1/2		=	922	Sft
					total			24646	Sft
Deducation									
w4	20	x	4	x	5 1/2		=	440	Sft
hw1	12	x	4	x	3		=	144	Sft
					total			584	Sft
	Net =		24646	-	584		Total	= 24062	Sft

@ Rs. 1944 %Sft 467645 /-

30. Preparing surface and painting with emulsion paint.

Walls.

OPD Block

Room No. 2	2	x	(	12-1/2	+	14	)	x	8	=	424	Sft
Room No. 3	2	x	(	25-3/4	+	14	)	x	8	=	636	Sft
Room No. 4	2	x	(	12	+	14	)	x	8	=	416	Sft
ECG	2	x	(	5-1/2	+	7	)	x	8	=	200	Sft
BATH	2	x	(	5-1/2	+	6-1/2	)	x	8	=	192	Sft
Room No. 5	2	x	(	12	+	14	)	x	8	=	416	Sft
Exam Room	2	x	(	5	+	7-5/8	)	x	8	=	202	Sft
Room No. 6	2	x	(	12	+	13-5/8	)	x	8	=	410	Sft
Exam Room	2	x	(	5	+	7-1/4	)	x	8	=	196	Sft
Room No. 7	2	x	(	12-3/4	+	13-5/8	)	x	8	=	422	Sft
Room No. 8	2	x	(	10	+	13-5/8	)	x	8	=	378	Sft
Room No.9	2	x	(	8	+	13-5/8	)	x	8	=	346	Sft
Room No.10	2	x	(	14	+	13-5/8	)	x	8	=	442	Sft
Room No.11	2	x	(	16	+	13-5/8	)	x	8	=	474	Sft
Room No.12	2	x	(	12	+	13-5/8	)	x	8	=	410	Sft
Room No.13	2	x	(	12	+	13-5/8	)	x	8	=	410	Sft
Room No.14	2	x	(	17-3/4	+	13-5/8	)	x	8	=	502	Sft
T.B Room	2	x	(	18	+	13-5/8	)	x	8	=	506	Sft
Child specialist room	2	x	(	11	+	13-5/8	)	x	8	=	394	Sft
Room No.15	2	x	(	11	+	13-5/8	)	x	8	=	394	Sft
Room No.16	2	x	(	13-3/4	+	13-5/8	)	x	8	=	438	Sft
Room No.17	2	x	(	15	+	14	)	x	8	=	464	Sft
Exam Room	2	x	(	7-1/4	+	7-5/8	)	x	8	=	238	Sft
Room No.18	2	x	(	10	+	14	)	x	8	=	384	Sft
Room No.19	2	x	(	12	+	14	)	x	8	=	416	Sft
Exam Room	2	x	(	5	+	7-5/8	)	x	8	=	202	Sft
Room No.20	2	x	(	10	+	14	)	x	8	=	384	Sft
Room No.21	2	x	(	12	+	14	)	x	8	=	416	Sft
Exam Room	2	x	(	5	+	7-5/8	)	x	8	=	202	Sft

Room No.22		2	x	(	12	+	14	)	x	8	=	416 Sft
Exam Room		2	x	(	5	+	7-5/8	)	x	8	=	202 Sft
Room No.23		2	x	(	13-3/8	+	17-1/4	)	x	8	=	490 Sft
Room No.24		2	x	(	13-3/4	+	13-5/8	)	x	8	=	438 Sft
Room No.25		2	x	(	8	+	13-5/8	)	x	8	=	346 Sft
Room No.26		2	x	(	10	+	13-5/8	)	x	8	=	378 Sft
Room No.27		2	x	(	8	+	13-5/8	)	x	8	=	346 Sft
Room No.28		2	x	(	16	+	13-5/8	)	x	8	=	474 Sft
Room No.29		2	x	(	8-1/2	+	13-5/8	)	x	8	=	354 Sft
Room No.30		2	x	(	12	+	13-5/8	)	x	8	=	410 Sft
Room No.31		2	x	(	13	+	18	)	x	8	=	496 Sft
Record room		2	x	(	7	+	6	)	x	8	=	208 Sft
Room No.32		2	x	(	13-5/8	+	18	)	x	8	=	506 Sft
Room No.33		2	x	(	20	+	18	)	x	8	=	608 Sft
Room No.34		2	x	(	10	+	15-5/8	)	x	8	=	410 Sft
Room No.35		2	x	(	10	+	15-5/8	)	x	8	=	410 Sft
Room No.36		2	x	(	12	+	19	)	x	8	=	496 Sft
Room No.37		2	x	(	9	+	19	)	x	8	=	448 Sft
BATH	7	2	x	(	5	+	6	)	x	7	=	1078 Sft
BATH	1	2	x	(	7-1/4	+	6	)	x	7	=	186 Sft
BATH	2	2	x	(	3	+	4-1/4	)	x	7	=	203 Sft
BATH	1	2	x	(	6-3/8	+	9	)	x	7	=	215 Sft
coridor		2	X		216	X	11-1/2				=	4968 Sft
coridor		2	X		227-3/8	X	7				=	3183 Sft
waiting hall	1	2	x	(	19	+	14	)	x	7	=	462 Sft
Diagnostic Block												
	1	2	x	(	12	+	6	)	x	11 1/2	=	414 Sft
	1	2	x	(	12	+	9-5/8	)	x	11 1/2	=	497 Sft
	1	2	x	(	8	+	12-5/8	)	x	11 1/2	=	474 Sft
	1	2	x	(	8	+	5	)	x	11 1/2	=	299 Sft
	1	2	x	(	8	+	8-5/8	)	x	11 1/2	=	382 Sft
	1	2	x	(	8	+	9	)	x	11 1/2	=	391 Sft
	2	2	x	(	8	+	13-5/8	)	x	7	=	606 Sft
	2	2	x	(	3-5/8	+	5	)	x	7	=	242 Sft
	2	2	x	(	3-5/8	+	5	)	x	7	=	242 Sft
		2			80		x			7	=	1120 sft
		2			84		x			7	=	1176 sft
		2			15-7/8		x			7	=	222 sft
		2			19		x			7	=	266 sft
		2			7		x			7	=	98 sft
		2			8		x			7	=	112 sft
		1			13		x			7	=	91 sft
		1			9		x			7	=	63 sft

			1		28		x				58 =	1624 sft
Indoor Block													
ward	2	2	x	(	12	+	19	)	x		11.5 =	1426 Sft
pantry	2	2	x	(	9	+	19	)	x		11.5 =	1288 Sft
store	2	2	x	(	5	+	12	)	x		11.5 =	782 Sft
toilet	5	2	x	(	5	+	6-5/8	)	x		7 =	814 Sft
toilet		2	x	(	30	+	60	)	x		15 =	2700 Sft
toilet		2	x	(	12	+	60	)	x		15 =	2160 Sft
	1	2	x	(	11	+	19	)	x		11.5 =	690 Sft
	1	2	x	(	11	+	10	)	x		7 =	294 Sft
	2	2	x	(	11	+	12	)	x		11.5 =	1058 Sft
	2	2	x	(	5-5/8	+	6-2/5	)	x		7 =	337 Sft
	2	2	x	(	5	+	12	)	x		11.5 =	782 Sft
	2	x	2		x		7-1/2	x			7 =	210 sft
	1	x	2		x		6	x			7 =	84 sft
	1	2	x	(	20	+	10	)	x		7 =	420 Sft
	6	x	2		x		4-1/4	x			7 =	357 sft
	4	x	2		x		9-1/4	x			7 =	518 sft
coridoor	1	x	2		x		132-5/8	x			7 =	1857 sft
coridoor	1	x	2		x		25	x			7 =	350 sft
coridoor	1	x	2		x		22	x			7 =	308 sft

Roofs.

1	x	12-1/2	x	14		=	175 sft
1	x	25-3/4	x	14		=	361 sft
1	x	12	x	14		=	168 sft
1	x	5-1/2	x	7		=	39 sft
1	x	5-1/2	x	6-1/2		=	36 sft
1	x	12	x	14		=	168 sft
1	x	5	x	7-5/8		=	38 sft
1	x	12	x	13-5/8		=	164 sft
1	x	5	x	7-1/4		=	36 sft
1	x	12-3/4	x	13-5/8		=	174 sft
1	x	10	x	13-5/8		=	136 sft
1	x	8	x	13-5/8		=	109 sft
1	x	14	x	13-5/8		=	191 sft
1	x	16	x	13-5/8		=	218 sft
1	x	12	x	13-5/8		=	164 sft
1	x	12	x	13-5/8		=	164 sft
1	x	17-3/4	x	13-5/8		=	242 sft
1	x	18	x	13-5/8		=	245 sft
1	x	11	x	13-5/8		=	150 sft
1	x	11	x	13-5/8		=	150 sft
1	x	13-3/4	x	13-5/8		=	187 sft
1	x	15	x	14		=	210 sft
1	x	7-1/4	x	7-5/8		=	55 sft
1	x	10	x	14		=	140 sft
1	x	12	x	14		=	168 sft

1	x	5	x	7-5/8	=	38 sft
1	x	10	x	14	=	140 sft
1	x	12	x	14	=	168 sft
1	x	5	x	7-5/8	=	38 sft
1	x	12	x	14	=	168 sft
1	x	5	x	7-5/8	=	38 sft
1	x	13-3/8	x	17-1/4	=	231 sft
1	x	13-3/4	x	13-5/8	=	187 sft
1	x	8	x	13-5/8	=	109 sft
1	x	10	x	13-5/8	=	136 sft
1	x	8	x	13-5/8	=	109 sft
1	x	16	x	13-5/8	=	218 sft
1	x	8-1/2	x	13-5/8	=	116 sft
1	x	12	x	13-5/8	=	164 sft
1	x	13	x	18	=	234 sft
1	x	7	x	6	=	42 sft
1	x	13-5/8	x	18	=	245 sft
1	x	20	x	18	=	360 sft
1	x	10	x	15-5/8	=	156 sft
1	x	10	x	15-5/8	=	156 sft
1	x	12	x	19	=	228 sft
1	x	9	x	19	=	171 sft
1	x	5	x	6	=	30 sft
1	x	7-1/4	x	6	=	44 sft
1	x	3	x	4-1/4	=	13 sft
1	x	6-3/8	x	9	=	57 sft
1	x	19	x	14	=	266 sft
1	x	12	x	6	=	72 sft
1	x	12	x	9-5/8	=	116 sft
1	x	8	x	12-5/8	=	101 sft
1	x	8	x	5	=	40 sft
1	x	8	x	8-5/8	=	69 sft
1	x	8	x	9	=	72 sft
1	x	8	x	13-5/8	=	109 sft
1	x	3-5/8	x	5	=	18 sft
1	x	3-5/8	x	5	=	18 sft
1	x	15-7/8	x	8	=	127 sft
1	x	19	x	8	=	152 sft
1	x	7	x	8	=	56 sft
1	x	8	x	8	=	64 sft
1	x	13	x	8	=	104 sft
1	x	9	x	8	=	72 sft
1	x	12	x	19	=	228 sft
1	x	9	x	19	=	171 sft
1	x	5	x	12	=	60 sft
1	x	5	x	6-5/8	=	33 sft
1	x	11	x	19	=	209 sft
1	x	11	x	10	=	110 sft
1	x	11	x	12	=	132 sft
1	x	5-5/8	x	6-2/5	=	36 sft
1	x	5	x	12	=	60 sft

	1	x	7-1/2	x	7-1/2		=	56 sft	
	1	x	6	x	6		=	36 sft	
	1	x	10	x	10		=	100 sft	
	1	x	4-1/4	x	4-1/4		=	18 sft	
	1	x	9-1/4	x	9-1/4		=	86 sft	
	1	x	25	x	7-1/2		=	188 sft	
	1	x	22	x	7-1/2		=	165 sft	
						Total	=	64024	

Take 50 % one coat without scraping.

64024 x 50% = 32012.03

@ 1169 %Sft 374285 /-

Take 50 % TWO coat with scraping.

64024 x 50% = 32012.03

@ 2830 %Sft 905924 /-

31. Painting to door and windows any type 02 coats old surface

30	x	2	x	3-1/2	x	8 1/2	=	1785	Sft
5	x	2	x	4	x	8 1/2	=	340	Sft
10	x	2	x	3	x	8 1/2	=	510	Sft
3	x	2	x	5	x	8 1/2	=	255	Sft
						total		2890	Sft

@ Rs. 1695 %Sft 48975 /-

32. Painting to door and windows any type 03 coats new surface

5	x	2	x	3-1/2	x	7	=	245	Sft
						total		245	Sft

@ Rs. 2771 %Sft 6788 /-

Total (A) = ~~22585686 /-~~ 2245 80 628

Credit of old material

1. wooden doors

(3.5' x7')	5	No.s	@	6000	= 30000 /-
(4.5' x9')	3	No.s	@	7500	= 22500 /-
(2.5' x7') Steel Door	10	No.s	@	5000	= 50000 /-

1. wooden Windows

(4' x5.5')	20	No.s	@	6000	= 120000 /-
(6' x5.5')	14	No.s	@	7000	= 98000 /-
(4' x3')	13	No.s	@	3500	= 45500 /-
(2' x2')	2	No.s	@	3000	= 6000 /-
(10' x5.5')	1	No.s	@	8000	= 8000 /-
(8' x11')	1	No.s	@	10000	= 10000 /-

2 Roof Tile

Old Tiles.

22592 x 60% x 3.55 = 48121 No.s

@ 7000 %0No 336847 /-

Tile Bats.

22592 x 40% x 1/8 = 1130 Cft

@ 4500 %Cft 50832 /-

BOUNDRY WALL 9 " THICK 6' HEIGHT

BASED ON 2nd BI ANNUAL 2022

1 Dismantling brick work in lime or cement mortor

	699	X	3/4	5	=	2621	Cft			
ADD F & P 25 %						655	Cft			
				TOTAL	=	3277	Cft	@	4330.9 %Cft	141905 /-

2 CONSTRUCTION OF BOUNDRY WALL 9 " THICK 6' HEIGHT

			B.P		
699	Rft	@	3657		2556243 /-
				Total	2698148

3 D/d cost of old material

BRICKS

3277	X	13 1/2	X	60%	=	26544	No.	@	6000 No	159262 /-

BALLAST

3277			X	40%	=	1311	Cft	@	4000 %CfT.	52432 /-
								Total		211694
								Net Total		2486453
								Say		**2486500** /-

,Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Tandlianwala

Executive Engineer
Buildings Division No. 2
Faisalabad

THQ HOSPITAL TANDLIANWALA
Provision/Installation of Electrical Equipment.

S.#	Description	Qty	Unit	Rate	Amount
A	**L.T. (LV) SUB-STATION EQUIPMENT:**				
1	P/F floor mounted Electric Panel board of required depth and size, fabricarted with 14SWG M.S sheet (Indoor/Outdoor Type),derusting, zinc Phosphated, finish with electro static powder coating in approved colour i/c the cost of Lock, Indication lights,thimbles, Copper Comb, Wiring, Netural & Earth Bar, glands,Current Transformers of specified capacity ,Door Earthing, Brass glands,bus bars,controles complete in all respects as approved and directed by the Engineer Incharge (Breakers will be Paid Separately).				
	Main DB for ACs of Wards, OPD, New Building (ground floor) and New Building (first floor)				
	Incoming from LT pole				
	i) **LT Switchboards**				
	a) 2.50 Ft deep				
	(i) 300A (3.0x6'x2.5')	180	cft	3,438.40	618912
	4 No. Panel Boards=4*(3.0*6*2.5)=4*45=180 cft				
	Breakers for Main DB for ACs of Wards, OPD, New Building (first floor) and New Building (second floor)				
1	Supplying ,Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermal-Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge.				
(a)	Tripple Pole 300A(36 KA)	4	each	62,434.30	249737.2
2	Suppling,Installation and comissioning of MCB (Miniature Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY /SIEMEN GERMAN/TERASAKI JAPAN/ ABB SWITZERLAND in prelaid DBs and Panels i/c the cost of screwes,necessary wire complete in all respect as approved and directed by the Engineer Incharge.				
(a)	Tripple Pole 63A(10 KA)(4*2=8)	8	each	8,434.30	67474.4
(b)	Tripple Pole 32A(10 KA)(4*3=12)	12	each	8,434.30	101211.6
(c)	Single Pole 32A(10 KA)(4*8=32)	32	each	1,299.95	41598.4
(d)	Single Pole 16A(10 KA)(4*8=32)	32	each	1,299.95	41598.4
2	P/F wall mounted DB (Distribution Board) made with 16SWG Sheet (Recessded/Surface mounted Type), Powder coated Paint, i/c the cost of Lock, Indication lights,Thimble, Copper Comb, Wiring, Netural & Earth Bar, Door Earthing, Digital Voltmeter,Digital Ammeter,Volt Selector Switch,Ammeter selector switch,Current Transformers and Controles Complete in all respect as approved and directed by the Engineer Incharge (Breakers will be Paid Separately).				
	Main DB for Medicine Store				
	a) 12" deep	12	cft	4512.8	54153.6
	(ii) 200A (3'x4'x12")				
	Breakers for Main DB for Medicine Store				

S.#		Description	Qty	Unit	Rate	Amount
	1	Supplying .Installation and commissioning of MCCB (Moulded Case Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY / TERASAKI JAPAN/SIEMEN/ABB SWITZERLAND (with fixed Thermal-Magnetic Trip) in prelaid DBs and Panels i/c the cost of screws, necessary wire complete in all respect as approved and directed by the Engineer Incharge.	1	each	39,814.30	39814.3
	(a)	Tripple Pole 200A(36 KA)				
	2	Suppling.Installation and comissioning of MCB (Miniature Circuit Breaker) of specified rating made of LEGRAND FRANCE/ GE U.S.A / SCHNEIDER GERMANY /SIEMEN GERMAN/TERASAKI JAPAN/ ABB SWITZERLAND in prelaid DBs and Panels i/c the cost of screwes,necessary wire complete in all respect as approved and directed by the Engineer Incharge.	2	each	8,434.30	16868.6
	(a)	Tripple Pole 63A(10 KA)	2	each	8,434.30	16868.6
	(b)	Tripple Pole 32A(10 KA)	4	each	1,299.95	5199.8
	(c)	Single Pole 32A(10 KA)	4	each	1,299.95	5199.8
	(d)	Single Pole 16A(10 KA)	6	each	1,299.95	7799.7
	(d)	Single Pole 10A(10 KA)				
B		LT POWER CABLE.				
	1	120 mm sq (37/0.083") PVC insulated, PVC sheathed 4 core, 660/1100 volt non armoured cable (from LT pole to DBs for ACs of Wards, OPD, New Building (ground floor) and New Building (first floor))	150	rft	4,634.45	695167.5
	2	95 mm sq (37/0.072") PVC insulated, PVC sheathed 4 core, 660/1100 volt non armoured cable (from LT pole to Generator Room)	100	rft	3,676.95	367695
	3	7/0.91 mm (7/0.036") PVC insulated, PVC sheathed twin core, 250/440 volt non armoured cable (for ACs of Wards, OPD, New Building (first floor) and New Building (second floor))	600	rft	110.3	66180
		Total				2395478.9

9 Providing and fixing 6" thick R.C.C. manhole cover with tee shaped C.I. frame of 22" I/d (frame weighing 37.324 Kg. or one maund as per Standard Drawing STD/PD No. 6, of 1977, complete in all respect.

1 = 1 No
1 No
@ 15121.60 Each RS 15122 /-

10 Applying floating coat of cement 1/32" (0.8 mm) thick.

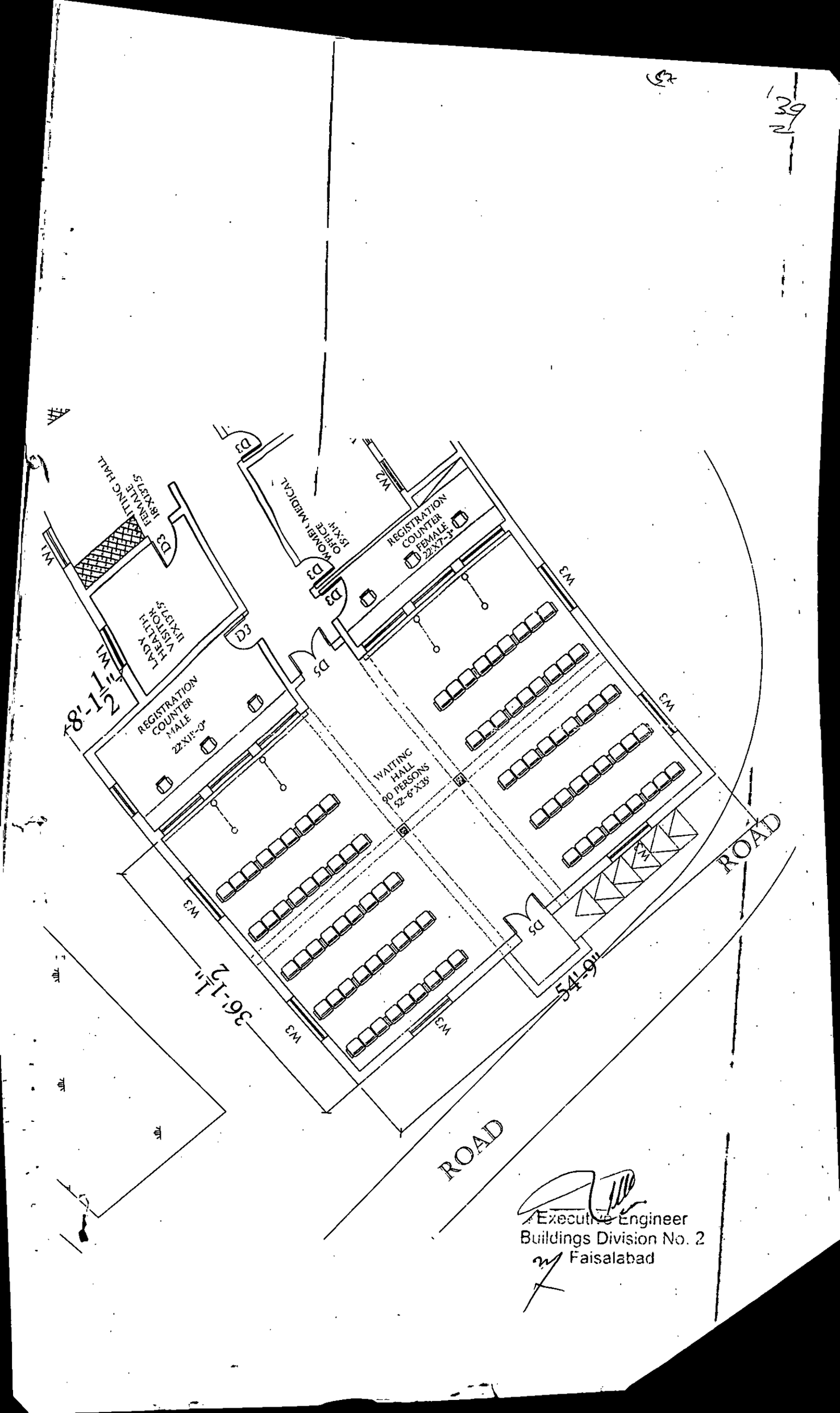
22 /7 X 3 X 6 = 57 Sft
Total = 57 **Sft**
@ 1876.70 %Sft Rs. 1061 /-

Total = 50378

Sub Engineer

Sub Divisional Officer,
Buildings Sub Division
Tandlianwala

Executive Engineer
Buildings Division No. 2
Faisalabad



Executive Engineer
Buildings Division No. 2
Faisalabad

8. ANNUAL OPERATING COST (POST COMPLETION)

Financial Components: Capital
Cost Center:OTHERS- (OTHERS)
Fund Center (Controlling):LE4203
Grant Number: Government Buildings - (PC12042)
LO NO:LO22010056
A/C To be Credited: Account-I

PKR Million

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

Financial Components: Capital
Cost Center:OTHERS- (OTHERS)
Fund Center (Controlling):LE4203
Grant Number: Government Buildings - (PC12042)
LO NO:LO22010056
A/C To be Credited: Account-I

PKR Million

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

9. DEMAND AND SUPPLY ANALYSIS

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

8. 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	32.000	18.028	4.228	4.413	6.550	8.358	73.578
Utilization	14.201	17.912	3.999	4.324	6.525	1.471	48.433

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

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

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 Tandlianwala. (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.

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17. RELATION WITH OTHER PROJECTS