



PC-1

Balance Work of Revamping of THQ Hospital Esa Khel

ORIGINAL APPROVED COST	PKR Million. 73.495/-
ORIGINAL APPROVED GESTATION	43 Months Till June 2025
APPROVAL FORUM	DDWP (DDWP)

1. NAME OF THE PROJECT

Balance Work of Revamping of THQ Hospital Esa Khel

2. LOCATION OF THE PROJECT

2.1. DISTRICT(S)

I. MIANWALI

2.2. TEHSIL(S)

I. ISA KHEL

3. AUTHORITIES RESPONSIBLE FOR

3.1. SPONSORING AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.2. EXECUTION AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.3. OPERATIONS AND MAINTENANCE AGENCY

- PRIMARY AND SECONDARY HEALTH CARE

3.4. CONCERNED FEDERAL MINISTRY

- NATIONAL HEALTH SERVICES, REGULATIONS AND COORDINATION

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

Sr #	Description
1	Source of Funding: Scheme Listed in ADP CFY
2	GS No: 5369
3	Total Allocation: 0.000
4	Comments: Provision of Rs.1300 M reflected at G.S. No.660 of ADP 2022-23 titled “Balance Work of Revamping of All DHQ & 15 THQ Hospitals in Punjab.

5. PROJECT OBJECTIVES

attached

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

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

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

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

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

5.1. Brief Description / Background

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

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

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

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

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

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

C) External Electrification

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

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

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

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

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

Total area of the THQ Hospital Esa Khel	48,023 SFT
Area completed:	30,023 SFT
Area Not Taken up:	18,000 SFT

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

Accordingly, on the basis of RCE of IDAP and de-scope civil work received 25 sub-schemes of all DHQ and 15 THQ Hospitals have been approved from PDWP in its meeting held on 36-03-2021 and DDSC meeting held on 29-04-2021. Sub-schemes of all DHQ & 15 THQ Hospitals were concluded.

Now it has been decided to complete the balance civil work of revamping through C&W Department. Accordingly, the Rough Cost estimates of balance civil work

has been got prepared from the Punjab Buildings Department for preparation of instant PC-I.

5.2 Infrastructural Interventions

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

Major infrastructural interventions can be divided in the following three categories

5.4.1 External Development

5.4.2 Internal Development

5.4.3 Medical Infrastructure Development

5.4.4 Emergencies Development

5.3 External Development

5.3.1.1 External Platforms

In order to improve the communication between blocks, necessary interventions are taken to improve the existing metaled road network. Moreover, new internal metaled road is proposed to access the blocks of hospital.

5.3.1.2 Façade Improvement

In order to improve the aesthetics of hospital, façade uplift has been proposed in order to give the feel of modern architectural era.

5.3.1.3 Sewerage System

These interventions include the re designing of sewerage system, construction of new manholes, laying of new sewer lines and connection between trunk sewer and hospital sewer.

5.3.1.4 External Electrification

One of the major hindrances in functionality and ineffectiveness of electro medical equipment and other facilitating electrical appliances is either interrupted power supply or power supply with lesser voltage than required. This problem was solved by providing express line or dual electrical supply in all hospitals under revamping. Despite these two facilities based, on the current and proposed electrical load of hospital new transformers were proposed to step down the voltage to desired level and complete generator backup system was designed and generators along with automatic transfer switches were proposed accordingly. Moreover, to fully lighten up the hospital for proper utilization of all facilities of hospital during the low/no-light hours of the day, external pole lights to lighten up the pathways and garden lights to lighten up the lawns were designed and proposed.

5.3.2.1 Ramp and Stretcher improvement

For hospitals having more than one floor, there is a huge problem of patient transfer with stretcher. This problem is solved by proposing new ramps/stretcher ways where needed. Moreover, in order to further improve the communication between various floors of hospitals improvement of stair cases with hand rail or guard rails is proposed.

5.3.2.2 Seamless flooring and Lead Lining

To keep high risk areas like Operation theaters, I.C.U, C.C.U, Burn Unit and Gynecology Operation Theater bacteria free is one of the basic medical practices. In the revamping program of hospitals low epoxy paint is proposed in these areas to provide seamless flooring so that the bacterial growth within the groves can be prevented. Moreover, to make the C.T. Scan room and X-Ray rooms radio-resistant and to keep the patients away from the harm of rays, interventions are taken in X-ray rooms and C.T. Scan regarding provision of lead lining in walls, ceiling and floor.

Interventions were taken regarding hazardous radiation emitting areas to make them radio-resistant in order to keep patients/attendants away from harmful radiations. These interventions were in the form of provision of lead lining in ceiling, walls and roofs of C.T. Scan and X-Ray rooms.

5.3.2.3 Aluminum doors and windows

In order to make sound and heat proof the doors and windows of wards, corridors and major health facilities are proposed as aluminum doors and windows. Which despite of above benefits are also aesthetically pleasing. Corridor wire mesh windows and rolling blinds for windows are proposed in order to invite or stop the day light within the 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.

5.3.2.4 Improvement of washroom blocks

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

5.3.2.5 Fire and theft security

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

5.3.3 Medical Infrastructure Development

Includes establishment of new facilities which are as follows:

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

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

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

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

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

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

5.3.3.1 ICU

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

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

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

5.3.3.2 CCU

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

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

5.3.3.3 DIALYSIS UNIT

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

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

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

5.3.3.4 BURN UNIT

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

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

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

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

5.4.1 EMERGENCY DEPARTMENT:

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

5.4.2 General Overview of Emergency Department

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

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

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

5.4.3 Position of Emergency Department

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

5.4.4 Addition of Portico and External Structures

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

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

5.4.5 General Building Interventions:

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

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

5.5 Introduction of IT-based solutions

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

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

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

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

- MLC portal

5.6 MONITORING AND QUALITY ASSURANCE (PROCESS INTERVENTIONS)

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

5.6.1 MSDS (Minimum Service Delivery Standards)

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

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

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

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

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

MSDS implementation is a complex procedure. Because it requires

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

The PDSA cycle

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

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

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

5.6.2 Supply of missing Biomedical and non-biomedical equipment

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

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

- With the addition of necessary biomedical equipment like CT Scan/X-Ray/Ultrasound and Color Doppler, Burn Unit equipment, ICU/CCU equipment, Ventilators, Medical Gas Pipeline System and Operation Theaters etc. hospital clinical staff and administration is able to provide better healthcare to the patients' way beyond the limits prior to revamping.
- Due to availability of this necessary biomedical equipment coupled with trained staff, the load on specialized healthcare hospitals has greatly reduced. The hustle and bustle of general public (especially rural) faced due to travelling towards far furlong specialized healthcare hospitals has reduced.
- Lifesaving biomedical equipment for instance Emergency Equipment, Operation theaters equipment has contributed in saving many lives due to availability of the said equipment and this contribution is still going on.
- Non availability of this equipment was enforcing the public for private and costly treatments, which was resulting into huge financial impact on public. The availability of these services at government rates has beneficial impact on public.
- The provision of non-biomedical equipment has facilitated the public, patients and staff largely e.g. Air Conditioners, Office Furniture, Benches, Ceiling fans and generators etc.
- The provision of non-biomedical equipment e.g. waste bin sets, bed sheets, blankets etc. has contributed towards overall hospital cleanliness which has reduced the disease hotspots of hospitals.

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

5.7. Electronic Medical Record (EMR) and QMS

5.7.1 Queue Management System (QMS)

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

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

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

The system manages the patients load, organizes the patient's queues in an adequate manner and gives them the ease in waiting area; and they will be examined gracefully by doctors at their turn. Basic information of the patient is also linked with its ticket, being taken at the first counter. This will help established a unique ID against each patient. This will also lead to the establishment of Electronic

Medical Record. The Process flow of Queue Management System at DHQ is given as follows:

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

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

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

1. Same token number will be used at all the counters and patient will be getting the ticket from ticketing machine only once at the time of entry.
2. QMS will cater for missed, skipped or delayed patient at any counter.

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

5.7.2 Public Address System

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

5.7.3 CCTV System

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

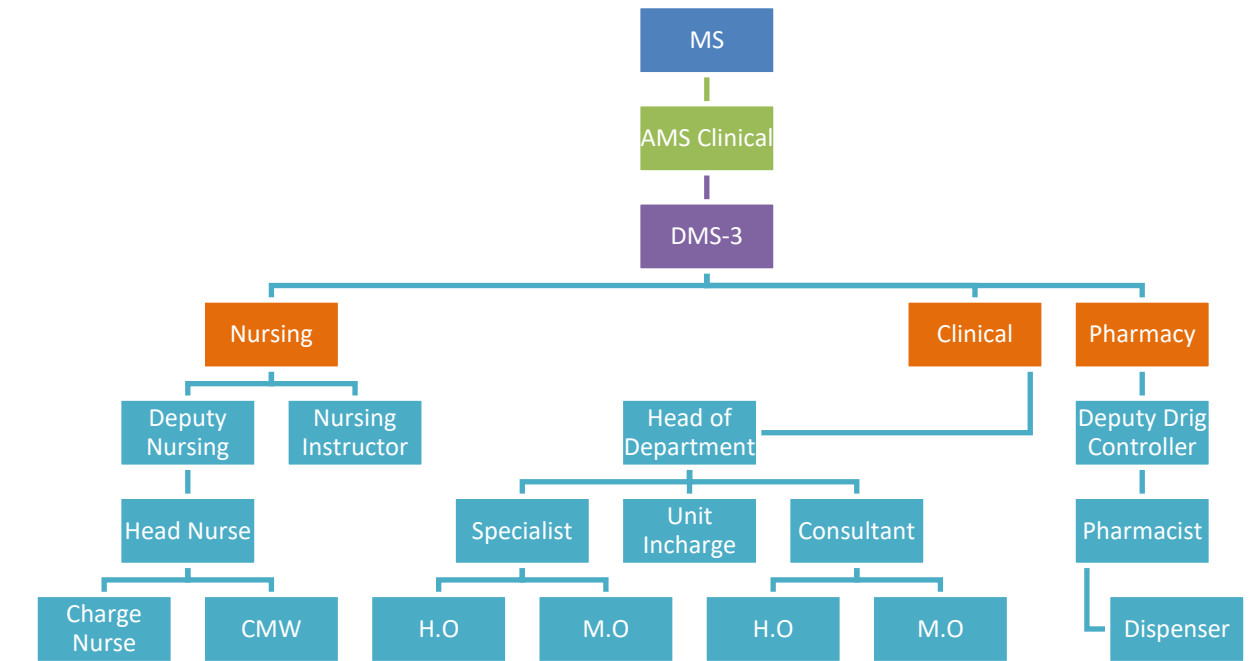
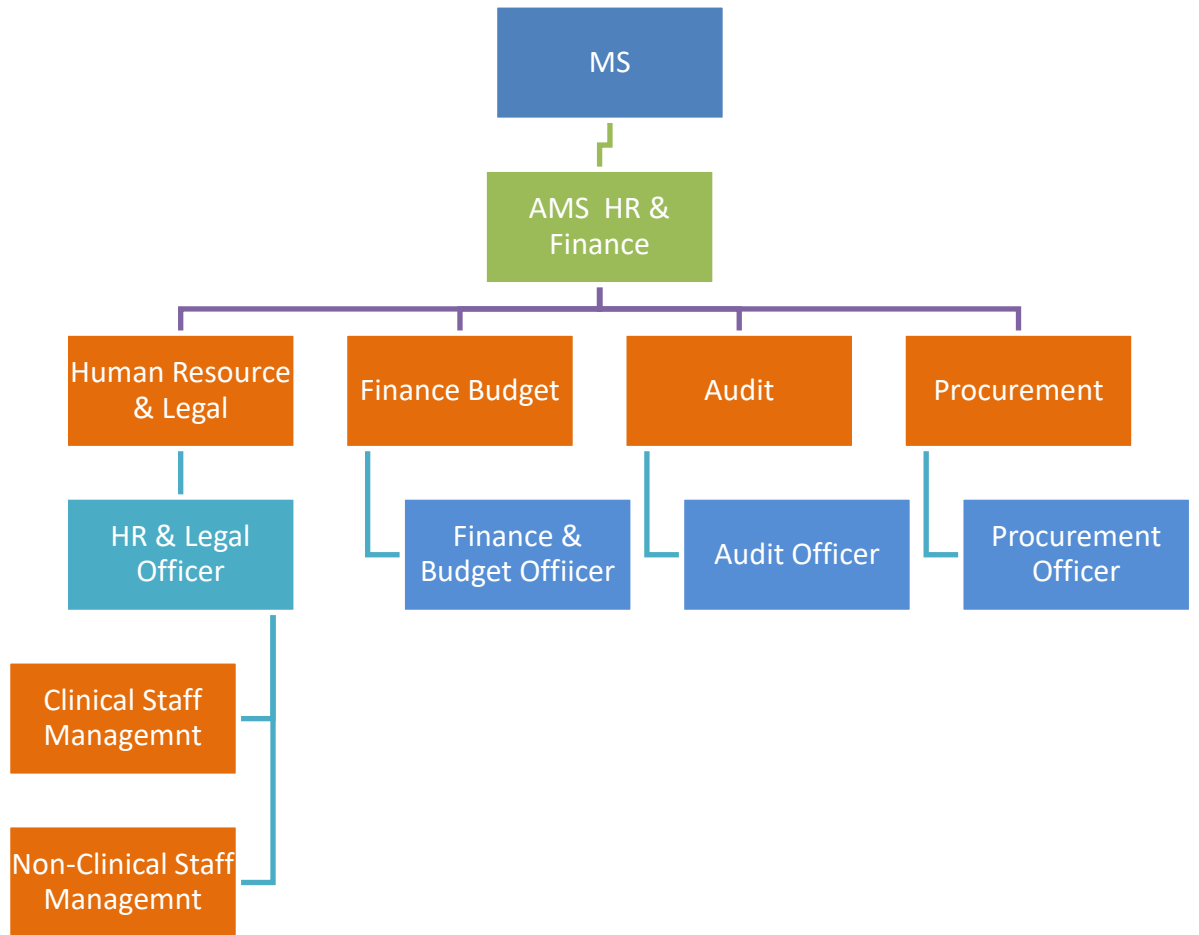
5.7.4 EMR and Networking

Establishment of network infrastructure, establishing a central data center, connectivity of different building through fiber, are also the major components of the revamping project in terms of ICT. This will including provision of networking point at all nursing stations and important areas where entries regarding patients' needs to be made e.g. Radiology/Pathology, Indoor, outdoor etc. This will serve as backbone to implement the Electronic Medical Record System in the Hospital which has the key feature of generating Unique Medical Record Number for each patient.

This MR number will serve as an identity for patients during their treatment, retrieval of records and for decision making.

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

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



Financial Implications of New Management Structure

Students

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

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

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

Name of Post	No. of Employees	Original Pay package approved		Revised Pay package	
		Per Month Salary	Salary for One Year	Per Month Salary	Salary for One Year
ADMIN OFFICER	1	80,000	960,000	138,000	1,656,000
HUMAN RESOURCE OFFICER	1	80,000	960,000	138,000	1,656,000
IT/STATISTICAL OFFICER	1	80,000	960,000	138,000	1,656,000
FINANCE & BUDGET OFFICER	1	80,000	960,000	138,000	1,656,000
AUDIT OFFICER	1	80,000	960,000	138,000	1,656,000
PROCUREMENT OFFICER	1	80,000	960,000	138,000	1,656,000
DATA ENTRY OPERAOTOR (DEO)	4	35,000	840,000	228,000	2,736,000
BIOMEDICAL ENGINEER	1	80,000	960,000	138,000	1,656,000

QUALITY ASSURANCE OFFICER	1	80,000	960,000	138,000	1,656,000
LOGISTICS OFFICER	1	80,000	960,000	138,000	1,656,000
ASSISTANT ADMIN OFFICER	4	50,000	1,200,000	364,000	4,368,000
	17	805,000	10,680,000	1,834,000	22,008,000

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

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

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

5.8.2.1 HR / Legal Officer

Shall be responsible for following:

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

Eigibility Criteria

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

5.8.2.2 Finance & Budget Officer

Shall be responsible for following:

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

Eigibility Criteria

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

5.8.2.3 Audit Officer

Shall be responsible for following functions:

1. Smooth conduct and completion of all types of audit in hospital
2. Pre-audit of all Payments
3. Liaison with external audit teams

4. Preparation of replies of audit paras, working paper for Department Accounts committee, Special Departmental accounts committee & Public Accounts committee meetings
5. Development of SOPs for finance, budget, procurement as per Government rules & regulations
6. Any other function assigned by AMS HR& Finance /MS/P&SHD

Eigibility Criteria

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

5.8.2.4 Procurement Officer

Shall be responsible for following functions:

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

Eigibility Criteria

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

5.8.2.5 ADMIN OFFICER AND ASSISTANT ADMIN OFFICER

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

1. Security
2. Transport
3. Parking
4. Janitorial

5. Canteen
6. External housekeeping
7. Electrical works
8. Internal housekeeping
9. Laundry
10. Stores & supplies

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

Eligibility Criteria (Admin Officer)

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

Eligibility Criteria (Assistant Admin Officer)

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

5.8.2.6 IT/STATISTICAL OFFICER

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

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

Eligibility Criteria

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

5.8.2.7 QUALITY ASSURANCE OFFICER

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

Eligible Criteria

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

OR

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

5.8.2.8 BIO-MEDICAL ENGINEER

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

Eligible Criteria

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

5.8.2.9 LOGISTICS OFFICER

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

Eligible Criteria

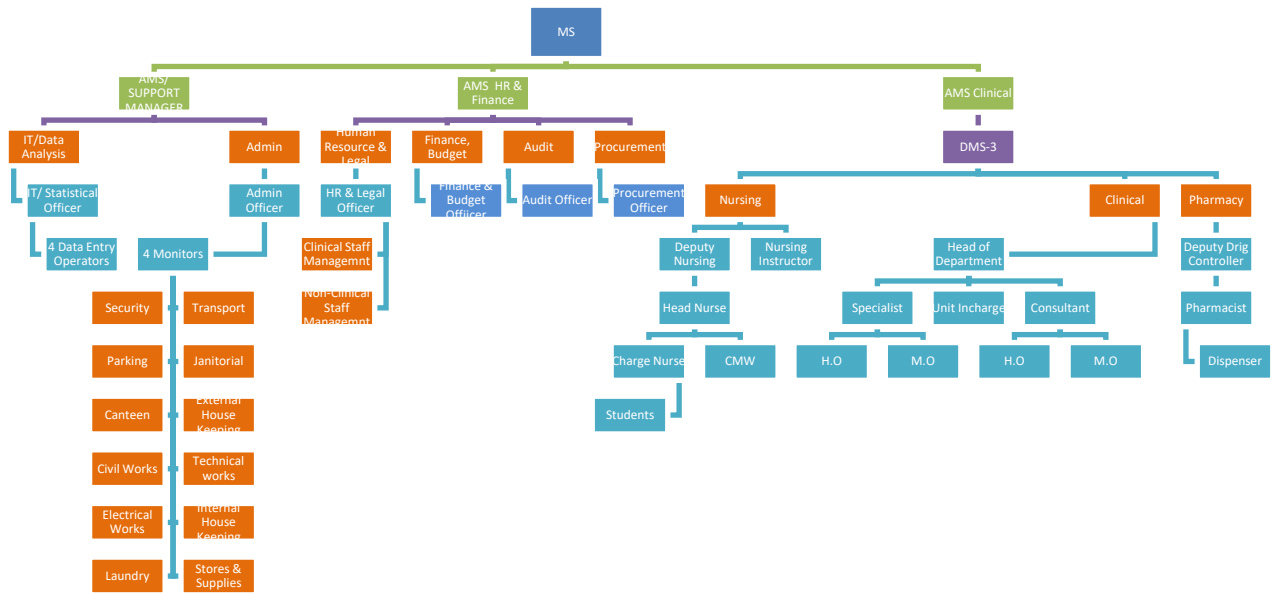
1. M.Sc. Supply Chain Management/ MBA or Equivalent.
2. One year experience in Supply Chain, logistics, fleet, warehousing and inventory management, clearing and forwarding.

5.8.2.10 Data Entry Operators (DEO)

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

Eligible Criteria

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



Financial Implications of New Management Model

NAME OF POST	No. of Posts	Monthly Salary (PKR)	Annual Impact (PKPR)
ADMIN OFFICER	1	138,000	1,656,000
HUMAN RESOURCE OFFICER	1	138,000	1,656,000
IT/STATISTICAL OFFICER	1	138,000	1,656,000
FINANCE & BUDGET OFFICER	1	138,000	1,656,000
AUDIT OFFICER	1	138,000	1,656,000

PROCUREMENT OFFICER	1	138,000	1,656,000
DATA ENTRY OPERAOTOR (DEO)	4	228,000	2,736,000
BIOMEDICAL ENGINEER	1	138,000	1,656,000
QUALITY ASSURANCE OFFICER	1	138,000	1,656,000
LOGISTICS OFFICER	1	138,000	1,656,000
ASSISTANT ADMIN OFFICER	4	364,000	4,368,000
GRAND TOTAL	17	1,834,000	22,008,000

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

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

5.9 RELATIONSHIP WITH SECTORAL OBJECTIVES

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

Mainly the linkage with social welfare and human empowerment, labour and manpower, Education Department, Special Education, Home of the project

will be in a vibrant environment in the holistic manner. The scope of the project itself aims to establish horizontal linkage with all the stakeholders through multi-sectorial approach. The health care facilities and ongoing services provided in the hospital will seek strength and viability from its linkage and public ownership.

5.10 PATIENT MANAGEMENT PROTOCOL

5.10.1 EMERGENCY:

1. Initial reception and computerization of data, issuance of medical record number and preparation of record file.
2. Patients seen by C.M.O. initial assessment (brief history and physical examination) is entered on the emergency slip/file initial treatment is started.
3. C.M.O calls the medical officer / house officer of the relevant department who takes on of the following action:-
 - i. Discharges the patient from emergency department after the patient is stabilized (himself or after consultation).
 - ii. Returns the patient in emergency department and inform the consultant or call such patient is either discharged after some time i.e. 2 hours of admitted later on
 - iii. Patient is straight way admitted by the medical officer himself or in consultation with the consultant
4. A separate record is maintained by each department. Each patient discusses at the morning meeting and any pitfalls are any pitfalls are corrected.
5. The patient who is admitted is again entered into the computer in the ward, complete history and physical examination is carried out and relevant lab & radiological investigations are ordered. (If not already done in the emergency department).
6. The definitive management is either started by the medical officer himself or in consultation with the consultant. (Telephone or physically). The patient is prepared for surgery if required.
7. At the evening round of the ward, the patients admitted throughout the day (Through OPD or emergency) are seen by the specialist. Appropriate changes in the management are carried out.
8. During the night, medical officer & house officer will be on duty and they will remain in contact with consultant.

9. In the morning round all the new admissions and old patients are thoroughly discussed management / treatment changed, surgery ordered or discharge ordered.
 10. The discharge certificate is either prepared by the house officer or medical officer. If prepared by the house officer, it is countersigned by the medical officer
- Appropriate changes are made in the computer record after discharge. The file is sent to the central record.

5.10.2 O.P.D:

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

5.10.3 DEATH OR END OF LIFE MANAGEMENT.

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

5.10.4 INVENTORY CONTROL SYSTEM

The stock keeping and issuance of such items shall also be controlled and monitored through closer supervision and checks and balance system built in the software. The stock and expense of durable and consumable items will be kept in the system and also as hard copies. The main stores computers will

be linked with the sub stores computers through networking. The areas like emergency. Outpatient department, Indoor registration desks, Laboratory and Radiology Department, ICUs, etc., will have linkages with the main and sub stores to know about:-

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

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

5.10.5 PROJECT MONITORING COMMITTEE

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

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

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

6. DESCRIPTION AND JUSTIFICATION OF PROJECT

6.1 JUSTIFICATION OF PROJECT

attached

6. DESCRIPTION, JUSTIFICATION AND TECHNICAL PARAMETERS

The scheme has been estimated on face of the factual basic requirements and if needed, alterations and has been quoted in this PC-I. The Population of Tehsil Esa Khel District Mianwali is more than 0.225 million. The area of the THQ Hospital Esa Khel District Mianwali is 416739 SFT land.

6.1 DESCRIPTION AND JUSTIFICATION

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

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

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

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

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

JUSTIFICATION FOR REVISION OF PC-I

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

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

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

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

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

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

given

below

PROJECT MANAGEMENT UNIT
PRIMARY & SECONDARY HEALTHCARE DEPARTMENT



LOCATION OF DHQ AND THQ HOSPITALS IN PUNJAB



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

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

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

6.2 SECTORAL SPECIFIC INFORMATION

Social Sectors, Health Department

7. CAPITAL COST ESTIMATES

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

Grant Number:Development - (PC22036)
LO NO:LO21010553
A/C To be Credited:Assan Assignment

PKR Million

Sr #	Object Code	2021-2022		2022-2023		2023-2024		2024-2025	
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	A05270-To Others	0.000	0.000	23.495	0.000	10.720	0.000	0.000	0.000
Total		0.000	0.000	23.495	0.000	10.720	0.000	0.000	0.000

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

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

PKR Million

Sr #	Object Code	2021-2022		2022-2023		2023-2024		2024-2025	
		Local	Foreign	Local	Foreign	Local	Foreign	Local	Foreign
1	A12403-Other Buildings	0.000	0.000	19.280	0.000	20.000	0.000	0.000	0.000
Total		0.000	0.000	19.280	0.000	20.000	0.000	0.000	0.000

1. **Building:** Renovation of existing building will be required. In this regard an estimates has been prepared from the Punjab Buildings department (C&W Department) and attached with the PC-I.
2. **Human resource:** Human resource is required for implementation of project – Provision of salaries of staff of New Management Structure (NMS) working in the said hospital till the vacation of stay by the honorable Lahore High Court, Lahore and completion of conversion of these posts to non-development mode.

Abstract of Cost

Balance work of THQ Hospital Esa Khel

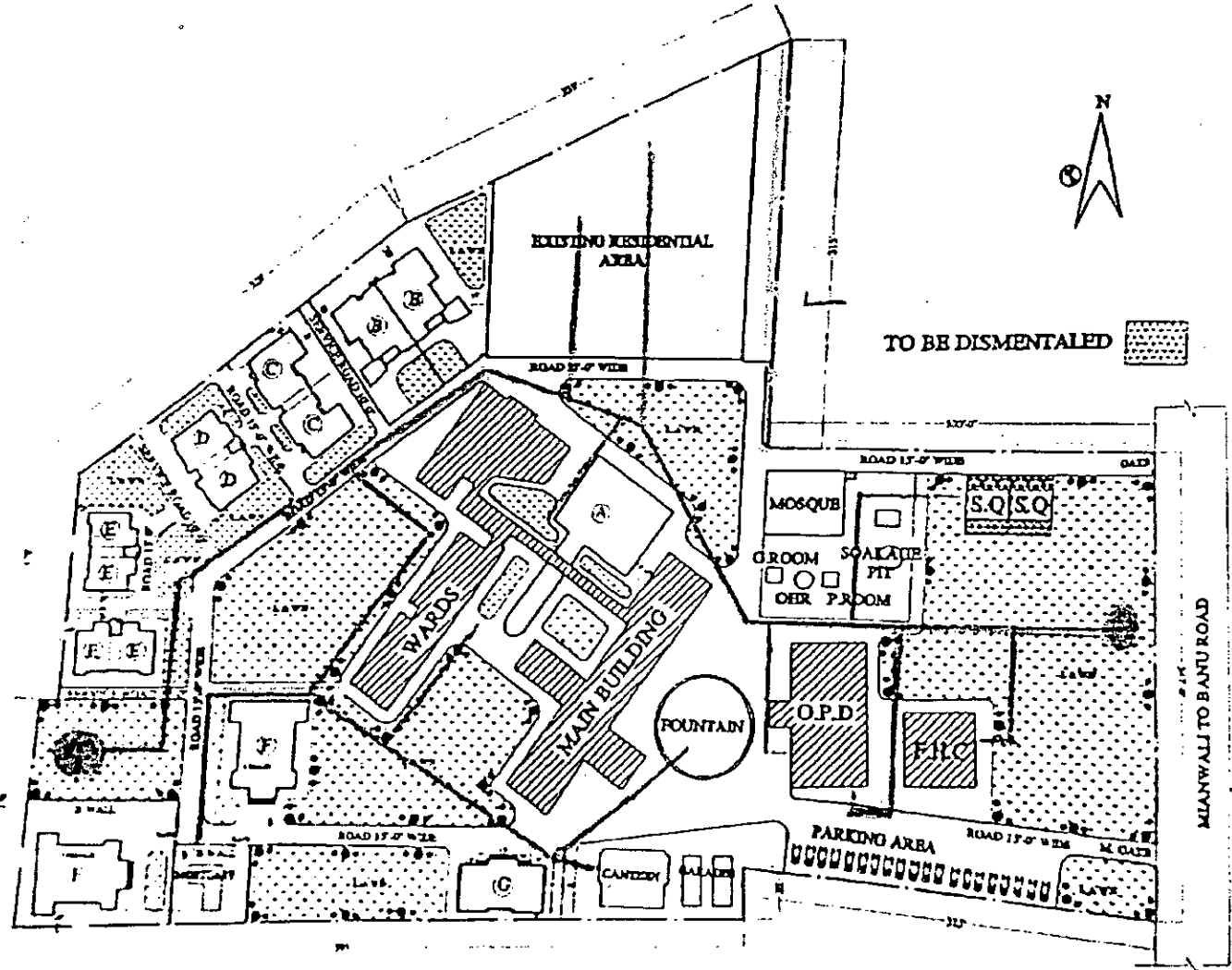
Scope of work	Original Cost			Amended Cost			1st Revised		
	Capital	Revenue	Total	Capital	Revenue	Total	Capital	Revenue	Total
Capital component									
Internal Development	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
External Development	30.806	0.000	30.806	33.932	0.000	33.932	33.932	0.000	33.932
Water filtration plant	2.073	0.000	2.073	2.707	0.000	2.707	2.707	0.000	2.707
Wapda connection	0.050	0.000	0.050	0.050	0.000	0.050	0.050	0.000	0.050
Total Capital Component	32.929	0.000	32.929	36.689	0.000	36.689	36.689	0.000	36.689
Revenue component									
Human resource (HR) plan	0.000	17.520	17.520	0.000	17.520	17.520	0.000	34.215	34.215
Total Revenue component	0.000	17.520	17.520	0.000	17.520	17.520	0.000	34.215	34.215
Total	32.929	17.520	50.449	36.689	17.520	54.209	36.689	34.215	70.904
PST 5%	1.646	0.000	1.646	2.221	0.000	2.221	2.221	0.000	2.221
Punjab Green Tax 1%	0.353	0.000	0.353	0.370	0.000	0.370	0.370	0.000	0.370
Grand Total	34.928	17.520	52.448	39.280	17.520	56.800	39.280	34.215	73.495

Human Resource Model of THQ Hospital

NAME OF POST	Original				1st Revised				
	No. of Employees	Per Month Salary	Per Month Salary for all Person	Salary for Two Years	No. of Employees	Project Pay Scale	Per Month Salary	Per Month Salary for all Person	Salary for Two Years
ADMIN OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
HUMAN RESOURCE/LEGAL OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
IT/STATISTICAL OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
FINANCE & BUDGET OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
PROCUREMENT OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
DATA ENTRY OPERAOTOR (DEO)	2	35,000	70,000	1,680,000	2	3	44,000	88,000	2,728,000
QUALITY ASSURANCE OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
LOGISTICS OFFICER	1	80,000	80,000	1,920,000	1	6	105,000	105,000	3,255,000
ASSISTANT ADMIN OFFICER	2	50,000	100,000	2,400,000	2	5	70,000	140,000	4,340,000
Sub Total of HR Model	11		730,000	17,520,000	11	50	849,000	963,000	29,853,000
				17.520					29.853
Utilization of HR Component				4.362					
									34.215

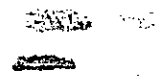
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Sewerage Lines
 Collecting Tank
 Boundary Wall

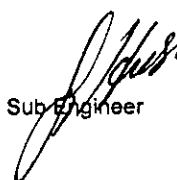



Executive Engineer
 Buildings Division
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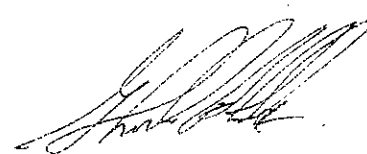
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RATE ANALYSIS FOR PROVIDING AND INSTALLATION OF STREET LIGHT POLE OF G.I PIPE LONG 04" DIA 10' LONG AT MIDDLE 03" DIA 5' LONG AT TOP AND G.I ARM 1-1/2" DIA 5' LONG ELECTRIC JUNCTION BOX AT BOTTOM OF POLE I/C CUTTING, WELDING 1-No (Single Arm), GRINDING FINISHING PAINTING WITH SILVER PAINT REDUCER SOCKET, CLAMPS OVER LAPPING OF PIPES M.S BASE PLATE 15"X15"X1/2" DOUBLE (ONE WITH FOUNDATION AND ONE WITH POLE) I/C BRACING OF 1/2" THICK M.S PLATE WELDED WITH UPPER BASE PLATE AND POLE 15"X4" SIZE (TAPERED) I/C BASE OF 1:2:4 PLAIN CEMENT CONCRETE FOUNDATION 1-1/2"X1-1/2"X6" AND FOUNDATION BOLTS OF 1/2" DIA 18" LONG WITH NUTS AND HOLDFASTS DULY FIXED IN PCC ETC COMPLETE IN ALL RESPECTS AS REQUIRED AT SITE OF WORK AND AS APPROVED BY THE ENGINEER INCHARGE.

		Unit of Rate	=	Each	
<u>MRS ITEMS:</u>					
i	G.I Pipe Medium Quality 04" i/d	=	10 Rft		
		@	1082.70 P.Rft	Rs.	10827/-
ii	G.I Pipe Medium Quality 03" i/d	=	5 Rft		
		@	751.50 P.Rft	Rs.	3758/-
iii	G.I Pipe Medium Quality 1-1/2" i/d	=	5 Rft		
		@	327.80 P.Rft	Rs.	1639/-
A) <u>MATERIAL:</u>					
i)	M.S Base Plate 1/2" thick and braces				
	2x1-1/4x1-1/4	=	3.13 Sft		
	4x(1/3+1/8) /2x1-1/4	=	1.15 Sft		
	Total	=	4.28 Sft		
	Add 05% wastage		0.21 Sft		
	Total	=	4.49 Sft		
	9.20-Kg /P.Sft @ 41.31-Kg @ 90			Rs.	3718/-
ii)	Nut and Bolt 3/4" dia and 18" long (Threaded with double nut)	=	4 Nos.		
		@	220.00 Each	Rs.	880/-
iii)	Sliver Painting pole		L.S	Rs.	350/-
iv)	Welding Rod		L.S	Rs.	250/-
B) <u>LABOUR:</u>					
i)	Black Smith	0.5 No.	@ 950 Each	Rs.	475/-
ii)	Helper	0.25 No.	@ 725 Each	Rs.	181/-
iii)	Painter	0.25 No.	@ 750 Each	Rs.	188/-
iv)	Helper Paint	0.5 No.	@ 725 Each	Rs.	363/-
v)	Scaffolding charges for alignment /vertically and for painting purpose		L.S	Rs.	150/-
			Total	Rs:	22778/-
D) <u>SUNDRIES CHARGES:</u>					
	Add 10% sundries charges on Labour only On Rs:		1206/-	Rs.	121/-
			Total	Rs:	22898/-
	Add 20% Contractor's Profit and overhead charges On		5198/-	Rs.	1040/-
			G. Total		23938/-
			SAY		23900/-

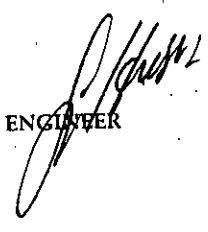

Sub Engineer

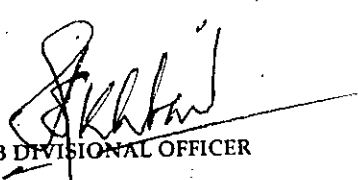

Sub Divisional Officer
Buildings Sub Division
Essa Khel

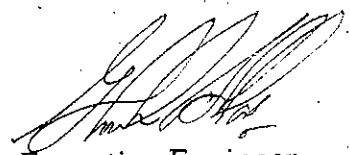

Executive Engineer
Buildings Division
Mianwali

7 Supply and erection of pole mounted street light, holders, shade and glass, etc., for fitting 125/250 watts mercury vapour lamp (excluding cost of lamps):ii) Philips design	@	4,285.20	Each	30 Nos	128556
8 Supply and fitting of mercury vapour lamp, complete with choke set. 250 watt lamp	@	2,540.15	Each	30 Nos	76205
9 Earthing of iron clad/aluminium switches, etc. with G.I. wire No. 8 SWG in G.I. pipe 15 mm (1/2") dia, recessed or on surface of wall and floor, complete with 1.5 metre long G.I. pipe, 50 mm (2") dia with reducing socket 4 to 5 metre below ground level, and 2 metre away from building plinth.	@	8,020.25	Each	30 Nos	240608

Total: 1999130
 Say Rs: 1,999,000


 ENGINEER


 SUB DIVISIONAL OFFICER
 BUILDINGS SUB DIVISION
 Essa Khel


 Executive Engineer
 Buildings Division
 Mianwali

DETAIL OF STREET LIGHT 30 NOS

S.No	Description	No	Length	Breadth	Depth	Contents	Amount
1	Providing and Installation of street light pole of g.i pipe long 04" dia 10' long at middle 03" dia 5' long at top and g.i arm 1-1/2" dia 5' long electric junction box at bottom of pole i/c cutting, welding 1-no (single arm) , grinding finishing painting with silver paint reducer socket, clamps over lapping of pipes m.s base plate 15"x15"x1/2" double (one with foundation and one with pole) i/c bracing of 1/2" thick m.s plate welded with upper base plate and pole 15"x4" size (tapered) i/c base of 1:2:4 plain cement concrete foundation 1-1/2"x1-1/2"x6" and foundation bolts of 3/4" dia 18" long with nuts and holdfasts duly fixed in pcc etc complete in all respects as required at site of work and as approved by the Engineer Incharge.					= 30 Nos	
						@ 23900 Each	717000
2	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) in ordinary soil.	30 x	2.5 x	2.5 x	1.5	= 281 Cft	
				@	8727.85	%0Cft	2453
3	Cement concrete brick or stone ballast 1 1/2 " to 2" (50 mm) gauge, in foundation and plinth:-ratio 1:6:12	30 x	2.5 x	2.5 x	0.5	= 94 Cft	
				@	14186.70	%Cft	13335
4	Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate): 1:2:4	30 x	2.5 x	2.5 x	0.5	= 94 Cft	
				@	28971.35	%Cft	27233
5	Supply and erection of PVC pipe for wiring recessed in walls, including inspection boxes, pull boxes, hooks, cutting jharries, and repairing surface, etc., complete with all specials.					= 3900 Rft	
i	1" dia.	30 x	130	@	80.45	P.Rft	313755
ii	1/2" dia.	30 x	30	@	69.40	P.Rft	62460
6	Supply and erection of single core PVC insulated copper conductor cables, in prelaid PVC pipe/M.S. conduit/G.I pipe/wooden strip batten/wooden casing an capping/G.I. wire/trenches (rate for cables only):-250/440 volts, PVC insulated:					= 3000 Rft	
i	7/0.044 wire twin core	30 x	100	@	128.70	P.Rft	386100
ii	3/0.029 wire Single core	60 x	25	@	20.95	P.Rft	31425

Total: = 213 Cft
@ 28971.35 % Cft 61709

8 Providing and laying Tuff pavers, having 7000PSI, 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. (50% Grey / 50% Coloured) 60mm thick.

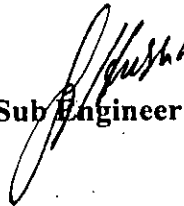
1 x	309	x	15	=	4635 Sft
1 x	113	x	11	=	1243 Sft
1 x	66	x	14	=	924 Sft
1 x	210	x	(116+144+132)/3	=	27440 Sft
1 x	290	x	(56+62)/2	=	17110 Sft


Total: 51352 Sft

i) 70%	51352 x	70	/	100	35946 Sft
ii) 30% New	51352 x	30	@	20.10 P.Sft	722523
			/	100	15406 Sft
			@	126.35 P.Sft	1946498
					Total 6180496

Add 3% Constingency Charges. 185415

Total 6,365,911


Sub Engineer


Sub Divisional Officer
Buildings Sub Division
Essa Khel


Executive Engineer
Buildings Division
Mianwali

"DETAIL OF REPAIRING WALK WAY

S.No.	Description of it	No	Length	Breadth	Height	Contents	Amount
-------	-------------------	----	--------	---------	--------	----------	--------

1	Dismantling brick or flagged flooring without concrete foundation.						
		1 x	309	x	15	=	4635 Sft
		1 x	113	x	11	=	1243 Sft
		1 x	66	x	14	=	924 Sft
		1 x	210	x	(116+144+132)/3	=	27440 Sft
		1 x	290	x	(56+62)/2	=	17110 Sft
						Total:	51352 Sft
					@	700.15	%Sft 359541

2	Excavation in foundation of building, bridges and other structures, including dagbelling, dressing, refilling around structure with excavated earth, watering and rammiing lead upto one chain (30 m) and lift upto 5 ft. (1.5 m) b) in ordinary soil.						
		1 x	290	x	1 1/2 x	1 =	435 Cft
					@	8727.85	%oCft 3797

3	Dry rammed brick or stone ballast, 1 1/2" to 2" (40 mm to 50 mm) gauge.						
		1 x	290	x	1 1/2 x	1/2 =	218 Cft
					@	4540.80	%Cft 9899

4	Pacca brick work in foundation and plinth in Cement, sand mortar Ratio 1:6.						
		1 x	290	x	3/4 x	3 =	653 Cft
						Total: =	653 Cft
					@	23297.05	% Cft 152130

5	Supplying and filling sand under floor; or plugging in wells.						
		1 x	309	x	15	x 1/3 =	1548 Sft
		1 x	113	x	11	x 1/3 =	415 Sft
		1 x	66	x	14	x 1/3 =	309 Sft
		1 x	210	x	(116+144+132)/3	x 1/3 =	9165 Sft
		1 x	290	x	(56+62)/2	x 1/3 =	5715 Sft
						Total:	17152 Sft
					@	2863.20	% Cft 491096

6	Cement concrete brick or stone ballast 1 1/2 " to 2" (40 mm to 20.1 -50 mm) gauge, in foundation and plinth:-Ratio 1: 6:12						
		1 x	309	x	15	x 1/3 =	1548 Sft
		1 x	113	x	11	x 1/3 =	415 Sft
		1 x	66	x	14	x 1/3 =	309 Sft
		1 x	210	x	(116+144+132)/3	x 1/3 =	9165 Sft
		1 x	290	x	(56+62)/2	x 1/3 =	5715 Sft
						Total:	17152 Sft
					@	14186.70	% Cft 2433303

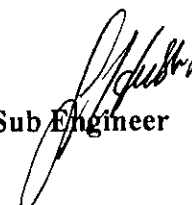
7	Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate):						
		2 x	390	x	3/4 x	1/6 =	97 Cft
		2 x	113	x	3/4 x	1/6 =	28 Cft
		2 x	66	x	3/4 x	1/6 =	16 Cft
		2 x	290	x	3/4 x	1/6 =	72 Cft


ANALYSIS FOR "PROVISION OF WALK WAY 100' LONG 20' WIDE

S. No.	Description of items	No	Length	Breadth	Height	Contents	Amount
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) b) in ordinary soil.	2 x 100	x	1 1/2 x	1	= 300 Cft	
					@	8727.85 %oCft	2618
2	Dry rammed brick or stone ballast, 1 1/2" to 2" (40 mm to 50 mm) gauge.	2 x 100	x	1 1/2 x	1/2	= 150 Cft	
					@	4540.80 %Cft	6811
3	Pacca brick work in foundation and plinth in Cement, sand mortar Ratio 1:6.	2 x 100	x	3/4 x	3	= 450 Cft	
					Total: =	450 Cft	
					@	23297.05 % Cft	104837
4	Borrowpit excavation undressed lead upto 1 mile. D/d 10 % Shrinkage	1 x 100	x	18 1/2 x	2	= 3700 Cft	
					Total:	3700 Cft	
						370	
					Net	3330 Cft	
					@	9649.50 % Cft	32133
5	Supplying and filling sand under floor; or plugging in wells.	1 x 100	x	18 1/2 x	1/3	= 618 Sft	
					Total:	618 Sft	
					@	2863.20 % Cft	17695
6	Cement concrete brick or stone ballast 1 1/2 " to 2" (40 mm to 20.1 -50 mm) gauge, in foundation and plinth:-Ratio 1: 6:12	1 x 100	x	18 1/2 x	1/3	= 618 Sft	
					Total:	618 Sft	
					@	14186.70 % Cft	87674
7	Cement concrete plain including placing, compacting, finishing and curing complete (including screening and washing of stone aggregate):	2 x 100	x	3/4 x	1/6	= 25 Cft	
					Total: =	25 Cft	
					@	28971.35 % Cft	7243
8	Providing and laying Tuff pavers, having 7000PSI, 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. (50% Grey / 50% Coloured) 60mm thick.	1 x	100 x	18 1/2		= 1850 Sft	
					Total:	1850 Sft	
					@	126.35 P.Sft	233748
						Total	492759

Rate P-Rft = $\frac{492759}{100} = 4927.59$

Rs. 4928/- PRft


Sub Engineer


Sub Divisional Officer
Buildings Sub Division
Essa Khel


Executive Engineer
Buildings Division
Mianwali

ANALYSIS FOR PROVIDING AND FIXING OF HORIZONTAL CENTRIFUGAL (KSB) SIZE 2.5"x2" FOR WATER SUPPLY COMPLETE WITH 3 BHP ELECTRIC MOTOR (SIEMENS) I/C CARRIAGE FROM LAHORE TO MIANWALI FIXING AT SITE COMPLETE IN WORKING ORDER AS APPROVED BY SITE ENGINEER INCHARGE.

Material

Horizontal Centrifugal Pump (KSB)
of size (2.5"x2") for water supply
complete with 3 BHP electric motor

	@	556000 Each	1 No.	556000
				556000
			Total:-	

Labour Charges.

Wages / Fixing of Centrifugal pump at site.

4000

Construction of foundation for pump RCC
1) i/c angle iron frame, nut bolts
complete.


6000

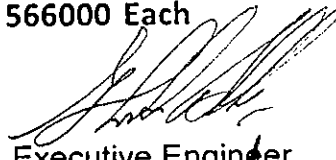
Total:- 566000

Say. Rs.

566000 Each


Engineer


Sub Divisional Officer
Buildings Sub Division
Essa Khel


Executive Engineer
Buildings Division
Mianwali

ANALYSIS FOR "PROVISION OF WATER COOLER AND WATER TANK

S. No.	Description of items	No	Length	Breadth	Height	Contents	Amount
--------	----------------------	----	--------	---------	--------	----------	--------

1 Providing, laying, cutting, jointing, testing and disinfecting G.I. pipeline in trenches, with socket joints, using G.I pipes of B.S.S. 1387-1967 complete in all respects, with pecials and valves. 1" dia.

1 400 400 Rft
 Total: 400 Rft
 @ 281.65 P.Rft 112660 /-

2 Providing and hoisting vertical /horizontal type storage tank of required capacity made of rotationally molded from (HDPE), double ply polyethylene of approved manufacturer / cost of making connection for inlet/outlet pipe, float valve / call cost of specials & labour complete in all respect as approved and directed by the Engineer Incharge.

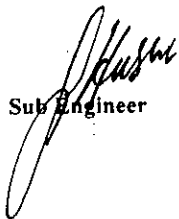
2 200 400 Gallons
 Total: 400 Gallons
 @ 92.90 P.Gln 37160 /-


3 Supply, Installation, Testing and commssioning of Electric Water Cooler - Atleast 650 Liter

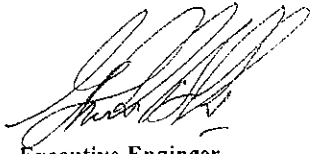
2 2 Job
 Total: 2 Job
 @ 70000.00 P.Job 140000 /-

Total 289820 /-

Say 289800 /-


 Sub Engineer


 Sub Divisional Officer
 Buildings Sub Division
 Essa Khel


 Executive Engineer
 Buildings Division
 Mianwali

AMENDED ROUGH COST ESTIMATE FOR THE WORK "PROGRAMME FOR REVAMPING OF ALL THQ HOSPITALS IN PUNJAB ONE AT THQ HOSPITAL ISA KHEL DISTRICT MIANWALI".

Water Filtration Plant (RO Plant)

S No.	Description	Amount	Remarks
1	Provision Of R.O Plant	1842750	
2	Water cooler	289800	
Total		2132550	
Say Rs.		2132600	

2.133(M)

[Signature]
SIE

[Signature]
Sub Divisional Officer
Buildings Sub Division
Essa Khel

[Signature]
Executive Engineer
Buildings Division
Mianwali

10 Providing and fixing 1.25" x 1.25" x 3/16" angle iron steps in man hols chamber l/c carriage and setting the same in work to correct line.

2 x 10

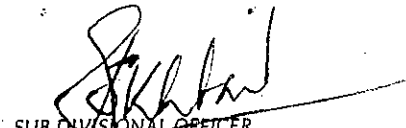
@ 346.35 = Each 20. Nos 6927

11 Providing and fixing 3" (75 mm) thick R.C.C. manhole cover, 22" (550 mm) dia, with tee shaped C.I. frame of 20" (500 mm) clear i/d (frame weighing 37.324 Kg. or one maund) as per Standard Drawing STD/PD No. 5, of 1977, complete in all respects.

@ 10496.2 = Each 2 Nos 20992
Total: 1590936

Say Rs: 1590900


SUB ENGINEER


SUB DIVISIONAL OFFICER
BUILDINGS SUB DIVISION
Essa Khel

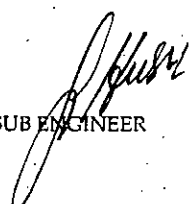

EXECUTIVE ENGINEER
BUILDINGS DIVISION
MIANWALI

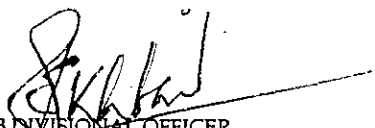
UNDER GROUND WATER TANK Size 20' Dia

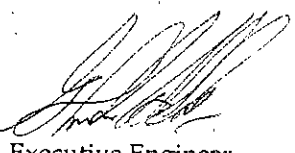
No	Description	No	Length	Breadth	Depth	Contents	Amount
1	Excavation of well in dry upto 20'(6 metre) below ground level, and disposal of soil within one chain (30 metre) a) in ordinary soil or sand :-						
i)	0' to 5'	3.14 x	20 x	25 x	5 =	1963 Cft	
				@	6119.95	%0Cft	12013
	5.1 to 10'	3.14 x	20 x	25 x	5 =	1963 Cft	
				@	6391.75	%0Cft	12547
2	Dry sinking of well, including loading, and removing excavated material within one chain (30 m):-						
	10.1 to 15'	3.14 x	20 x	25 x	5 =	1963 Cft	
				@	32947.20	%0Cft	64675
3	Cement concrete brick or stone ballast 1½" to 2" gauge, in foundation and plinth:- 1:4:8.	3.14 x	20 x	6.25 x	0.75 =	294 Cft	
				@	41184.00	%Cft	121081
4	(a)(ii) Reinforced cement concrete in slab of rafts / strip foundation, base slab of column and retaining walls; etc and other structural members other than those mentioned in 5(a) (i) above not requiring form work (i.e. horizontal shuttering) complete in all respects:- (1) Type A (nominal mix 1: 2: 4) Base.	3.14 x	20 x	1.5 x	1.5 =	141 Cft	
				@	350.30	P.Cft	49392
					Total: =	141 Cft	
5	(a) (i) Reinforced cement concrete in roof slab, beams, columns lintels, girders and other structural members laid in situ or precast laid in position, or prestressed members cast in situ, complete in all respects:-(1:2:4)	3.14 x	20 x	15	0.25 =	236 Cft	
		3.14	20 x	20 /	4	0.25 =	79 Cft
		3.14	20 x	20 /	4	0.375 =	118 Cft
					Total: =	432 Cft	
				@	471.80	P.Cft	203936
6	Fabrication of mild steel reinforcement for cement concrete, including cutting, bending, laying in position, making joints and fastenings, including cost of binding wire and labour charges for binding of steel reinforcement (also includes removal of rust from bars):-Deformed bars (Grade-40)	573 x	6.75 x	0.454 x	- =	1757 Kgs	
				@	25949.30	%Kgs	455929
7	Pacca brick work other than buildings. 1:4	3.14 x	23.25 x	1.125 x	15 =	1232 Cft	
		3.14 x	20 x	0.375 x	15 =	353 Cft	
					Total: =	1585 Cft	
				@	25350.95	%Cft	401813
8	1/2" thick cement plaster 1:4.	3.14 x	20 x	20 x	=	1256 Sft	
				@	2595.85	%Sft	32604
9	Mosaic dado or skirting with one part of cement and marble powder in the ratio of 3:1 and two parts of marble chips, laid over ½" (13 mm) thick cement plaster 1:3, including rubbing and polishing, complete with finishing:using grey cement:½" (13 mm) thick	3.14 x	20 x	15	=	942 Sft	
		3.14	20 x	20 /	4	=	314 Sft
					Total: =	1256 Sft	
				@	16642.25	%Sft	209027

EXTERNAL (WATER SUPPLY)

S.No	Description	No	Length	Breadth	Depth	Contents	Amount
1	Excavation of trenches in all kinds of soil, except cutting rock, for watersupply pipelines upto 5 ft. (1.5 m) depth from ground level, including trimming, dressing sides, leveling the beds of trenches to correct grade and cutting pits for joints, etc. complete in all respects.						
	63mm dia	1 x	1574 x	2 x	3 =		9444 Cft
	25 mm dia	1 x	475 x	2 x	3 =		2850 Cft
	20 mm dia	1 x	360 x	2 x	3 =		2160 Cft
					Total =		14454 Cft
				@	6,204.00	%0Cft	89673
2	Providing, laying, Polypropylene Random Copolymer (PPRC) pipe with fusion / threaded joints Made (Dadex / Beta / BBJ) complete in all respect. PN-25 pipe						
i	63mm dia	1 x	1574	-	-	=	1574 Rft
					Total	=	1574 Rft
				@	324	P.Rft	509976
ii	25 mm dia	1 x	475	-	-	=	475 Rft
					Total	=	475 Rft
				@	60.9	P.Rft	28928
iii	20 mm dia	1 x	260	-	-	=	260 Rft
					Total	=	260 Rft
				@	44.75	P.Rft	11635
3	Providing and fixing gun metal peet/gate valve (screwed):-						
i	3" dia	1 x		-	6 =		6 Sft
				@	20,391.30	%Sft	122348
ii	2" dia	1 x		-	4 =		4 Sft
				@	8,061.30	%Sft	32245
					Total:		794805
					Say Rs:		794800


SUB ENGINEER


SUB DIVISIONAL OFFICER
BUILDINGS SUB DIVISION
ESSA KHEL

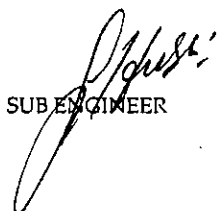

Executive Engineer
Buildings Division
Mianwali

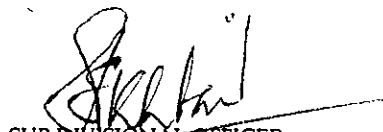
AMENDED ROUGH COST ESTIMATE FOR THE WORK "PROGRAMME FOR REVAMPING OF ALL THQ HOSPITALS IN PUNJAB ONE AT THQ HOSPITAL ISA KHEL DISTRICT MIANWALI".

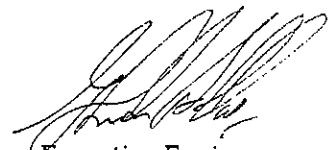
EXTERNAL SEWERAGE

ABSTRACT OF COST

1 External Water Supply System	Rs: 794800
3 Under Ground Water Tank	Rs: 1,590,900
	Total 2385700
Add 3% Constingency Charges.	71571
	Total 2457271
	Say Rs 2457300


SUB ENGINEER


SUB DIVISIONAL OFFICER
BUILDINGS SUB DIVISION
ESSA KHEL


Executive Engineer
Buildings Division
Mianwali

OVER HEAD RESERVOIR 5000 GALLONS CAPACITY.

Constriction of RCC high services O.H.R of 5000 Gallon capacity 40 feet height in base slab from ground level i/c cost of free board having 10% extra free board additional allowance as per prescribed design approved by the Engineer Incharge.

- a) Detail designing and submission of detail working drawings for approval from the Engineer Incharge as per Technical data attached in contract documents (Design and Drawing will be Property of the Department.
- b) P/F cutting jointing testing disinfecting of G.I. pipe 4" dia 4.5 mm thick at site of work for rising main 4" dia for delivery volts rubber insulation sheet bitumastic painting upto plinth complete in all respect.
- c) P/Testing and disinfecting of G.I. pipe special 4" dia and main 4' for scour and over flow pipe provided by the Engineer Incharge i/c bell mouths.
- d) P/Construction of Plinth protection apron 3' projected and flooring under earth pressure ratio (1:2:4) laid 4" thick PCC 1:4:8 complete
- e) P/F M.S. ladder comprising of 2-Nos angle iron size 2"x2"x1/4' thick 18-SWG and of required length 3/4": dia M.S. bar steps at one ft C/C i/c necessary foundation and bitumen painting etc. complete in all respect in side of tank and outside the reservoir.
- f) P/F 22" dia C.I. man hole cover with frame i/c bitumen painting.
- g) P/f indication enamel gauge complete in all respect as approved by the Engineer Incharge.
- h) Clearance and development of site after construction of OHR i/c turfing plantation complete to the Entire satisfaction of Engineer Incharge and Construction of stand posts with PCC 1:2:4 i/c cost of Brass bib cock ferrule etc complete in all respect as approved by the Engineer Incharge.

=5000 Gallons

@Rs.300.00/P-Gallon

Rs.1500000/-

Total. Rs. 1500000/-

[Signature]
Sub Divisional Officer,
Buildings Sub Division,
Essa Khel

[Signature]
Executive Engineer,
Buildings Division,
Mianwali

> Our technology. Your success.
Pumps · Valves · Service



The Executive Engineer
Building Division
Mianwali

Quotation

Sewage Scheme CMH LHR

NON CLOGGING CENTRIFUGAL PUMP

Your Reference No.	Telephonic
Date	14-09-20
Item Number	01

Quotation /Order Confirmation No.	LEA-	15401
Quantity	01	Date 14-09-20

We thank you for your above enquiry/order and are pleased to submit our offer/order confirmation subject to our general conditions for Sales and Supply of equipment contained in form 07 FT-04 attached.

TECHNICAL PART

Pump Data

Pump Type	KWPK	100-250
Liquid handled	Sewage	
Flow rate	1.00	CUSEC
Pump total head	40	ft
Speed	1450	rpm
Specific Gravity	1.05	
Viscosity / PH Value		
Pump Input	8.10	BHP
Motor/ Engine Rating	10	HP
NPSH Required		
Suction Flange I.D.	5	inch
Delivery Flange I.D.	4	inch
Flange Standard	BS Table 10 D	
Shaft Seal	--	
Coupling Type	2B-N	
Free Passage Size		

COMMERCIAL PART

Price Basis

Ex.	Ex-Customer Site
Delivery Time	05-10 weeks after confirm order
Validity	30 Days
Terms of Payment	100 % Advance

Scope of Supply

Item Description	Scope	Qty	Total Value Rs.
KWP-100-250	y	1	Included
F.I.P	y	1	Included
Fabricated Frame	y	1	Included
Coupling	y	1	Included
Motor Rating 10. HP	y	1	Included
Starter Type ASD-10HP	y	1	Included
Installation & Commissioning	y	1	Included
Cast Iron Sluice & Reflux Valves 4"	y	1 + 1	Included

Total Price per Set including 17%GST	1,085,000
--------------------------------------	-----------

Driver

Make/Type	Siemens /E-2 / ABB	Rated Speed	1450
Protection	IP-55	Rated Output	1CHP
Insulation Class	F	Voltage	400 ± 5%
Ambient Temp.	40 °C	Phase	3
Enclosure		Cycle/Sec	50

for KSB Pumps Company Limited

Material GG-25

Part	Material	Part	Material
Pump Casing	Cast Iron	Shaft	C. Steel
Impeller	Cast Iron	Suction Cover	Cast Iron
Discharge Cover	Cast Iron	Seal Ring	Cast Iron
S.P. Sleeve	Cast Iron	F.I. Piece	Cast Iron
S.B. Gland	Cast Iron	Throat bush	Cast Iron
Sealing Method	Gland Pack	Type	

Sales Department

Disclaimer:

Working out the prices of above mentioned engineered products should be acknowledged as KSB's prerogative. This quotation will have no bearing on previously quoted prices anywhere or on prices to be quoted in future to any prospective client. After expiry of quotation's validity, KSB reserves the right to change prices as a result of market forces / manufacturing variables

Procuring Agency is requested to comply with all PPRA rules as it is its responsibility
Note: This offer based on 17% GST if any tax will impose same will be charged in addition to the price quoted

Subscribed and Certified
Building Division
Mianwali


KSB PUMPS COMPANY LIMITED: Registered Office: 16/2 5th Aga Khan Road, Lahore, Pakistan · UAN: +92-42-111-572-786 · Tel: +92-42-36304173-4
Fax: +92-42-36366192, 36368878, 36375180 · Email: info@ksb.com.pk · www.ksb.com.pk
WORKS: Hazara Road, Hassanabdal, Pakistan · Tel: +92-57-2520236 · Fax: +92-57-2520237 · E-mail: admin.hasanabdal@ksb.com.pk

10 Providing and fixing 3" (75 mm) thick R.C.C. manhole cover, 22" (550 mm) dia, with tee shaped C.I. frame of 20" (500 mm) clear i/d (frame weighing 37.324 Kg. or one maund) as per Standard Drawing STD/PD No. 5, of 1977, complete in all respects.

	=	2 Nos
@	10496.2	Each 20992
		Total: 1428214

Say Rs: 1428200


ENGINEER


SUB DIVISIONAL OFFICER
BUILDINGS SUB DIVISION
Essa Khel


EXECUTIVE ENGINEER
BUILDINGS DIVISION
MIANVALLI


COLLECTING TANK Size 20' Dia

No.	Description	No	Length	Breadth	Depth	Contents	Amount
1	Excavation of well in dry upto 20'(6 metre) below ground level, and disposal of soil within one chain (30 metre) a) in ordinary soil or sand :-						
i)	0' to 5'	3.14 x	20 x	25 x	5 =	1963 Cft	
				@	6119.95	%0Cft	12013
	5.1 to 10'	3.14 x	20 x	25 x	5 =	1963 Cft	
				@	6391.75	%0Cft	12547
2	Dry sinking of well, including loading, and removing excavated material within one chain (30 m):-						
	10.1 to 15'	3.14 x	20 x	25 x	5 =	1963 Cft	
				@	32947.20	%0Cft	64675
ii	15.1 to 20'	3.14 x	20 x	25 x	5 =	1963 Cft	
				@	41184.00	%0Cft	80844
4	Cement concrete brick or stone ballast 1½" to 2" gauge, in foundation and plinth:- 1:4:8.	3.14 x	20 x	6.25 x	0.75 =	294 Cft	
				@	16813.50	%Cft	49432
5	(a)(ii) Reinforced cement concrete in slab of rafts / strip foundation, base slab of column and retaining walls; etc and other structural members other than those mentioned in 5(a) (i) above not requiring form work (i.e. horizontal shuttering) complete in all respects:- (1) Type A (nominal mix 1: 2: 4) Base.	3.14 x	20 x	1.5 x	1.5 =	141 Cft	
					Total: =	141 Cft	
				@	350.30	P.Cft	49392
6	(a) (i) Reinforced cement concrete in roof slab, beams, columns lintels, girders and other structural members laid in situ or precast laid in position, or prestressed members cast in situ, complete in all respects:- (1:2:4)	3.14 x	20 x	20	0.125 =	157 Cft	
		3.14	20 x	20 /	4	0.25 =	79 Cft
		3.14	20 x	20 /	4	0.375 =	118 Cft
					Total: =	353 Cft	
				@	471.80	P.Cft	166663
7	Fabrication of mild steel reinforcement for cement concrete, including cutting, bending, laying in position, making joints and fastenings, including cost of binding wire and labour charges for binding of steel reinforcement (also includes removal of rust from bars):- Deformed bars (Grade-40)	494 x	6.75 x	0.454 x	- =	1515 Kgs	
				@	25949.30	%Kgs	393132
8	Pacca brick work other than buildings. 1:4	3.14 x	23.25 x	1.125 x	20 =	1643 Cft	
		3.14 x	20 x	0.375 x	20 =	471 Cft	
					Total: =	2114 Cft	
				@	25350.95	%Cft	535919
9	1/2" thick cement plaster 1:4.	3.14 x	20 x	20 x	=	1256 Sft	
				@	2595.85	%Sft	32604
8	Providing and fixing 1.25" x 1.25" x 3/16" angle iron steps in man hols chamber 1/c carriage and setting the same in work to correct line.	2 x	10	-	=	20 Nos	
				@	500.05	Each	10001

7 Providing and fixing 3" (75 mm) thick R.C.C. manhole cover, 22" (550 mm) dia, with tee shaped C.I. frame of 20" (500 mm) clear i/d (frame weighing 37.324 Kg. or one maund) as per Standard Drawing STD/PD No. 5, of 1977, complete in all respects.

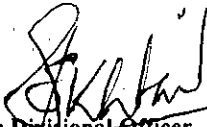
1			1 Nos.
		Total:	1 Nos.
	@	10496.20 Each	10496 /-

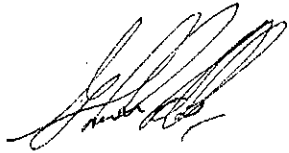
5 Extra for making and finishing benching floor work in manhole chamber, with 1/8" (3 mm) thick cement finish.

1	$3.142 \times \frac{3.0^2}{4}$		7 Sft
		Total:	7 Sft
	@	2308.90 %Sft	162 /-

Total	38063 /-
SAY	38100 /-


Sub Engineer


Sub Divisional Officer
Buildings Sub Division
Essa Khel


Executive Engineer
Buildings Division
Mianwali

DETAILED ESTIMATE FOR MAIN HOLE

1 Earthwork excavation in open cutting 5.01 ft. (1.5 m) to ditto 10.0 ft. (3.0 m) depth for storm water channels, drains, sullage drains in open areas, roads, streets, lanes, including under pinning of walls and shoring to protect existing works, shuttering and timbering the trenches, dressed to designed level and dimensions, trimming, removal of surface water from trenches, back filling and surplus excavated material disposed of and dressed within 100 ft. (30 m) lead:-ordinary

$$1 \frac{3}{4} \frac{(6.0)^2}{4} \quad 3 \quad 85 \text{ Cft}$$

Total: 85 Cft

@ 8,053.45 %Cft 685 /-

2 Cement concrete brick or stone ballast 1½ " to 2" (40 mm to 50 mm) gauge, in foundation and plinth:- (d) Ratio 1: 6:12

$$1 \frac{3}{4} \frac{(6.0)^2}{4} \quad 0.75 \quad 21 \text{ Cft}$$

Total: 21 Cft

@ 14186.70 %Cft 2979 /-

3 Pacca brick work in 1:4 C/S in Other Than Building

$$1 \frac{3}{4} \quad 4 \frac{1}{8} \quad 1 \frac{1}{8} \quad 1/4 \quad 4 \text{ Cft}$$

$$1 \frac{3}{4} \quad 3 \frac{3}{4} \quad 3/4 \quad 5 \frac{1}{2} \quad 49 \text{ Cft}$$

Total: 52 Cft

@ 25350.95 %Cft 13249 /-

4 Cement concrete plain ratio 1:2:4 complete..

$$1 \frac{3}{4} \frac{(3.0)^2}{4} \quad 0.5 \quad 4 \text{ Cft}$$

Total: 4 Cft

@ 28971.35 %Cft 1159 /-

6 RCC 1:2:4 in roof slab beam lintel column etc complete in all respect w/o steel.

$$1 \frac{3}{4} \quad 2 \frac{3}{4} \quad 3/4 \quad 3/4 \quad 5 \text{ Cft}$$

Total: 5 Cft

@ 471.80 PCft 2359 /-

6 Fabrication of mild steel reinforcement for cement concrete i/c cutting bending, laying in position making joints & fastenings i/c cost of bending wire & labour charges for binding of steel reinforcement also includes removal or rust from bars.

$$1 \quad 5 \quad 6 \frac{3}{4} \quad 4/9 \quad 15 \text{ Kg}$$

Total: 15 Kg

@ 25949.30 %Kg 3976 /-

5. 1/2" thick cement plaster 1:4

$$1 \frac{3}{4} \quad 3 \quad 5 \frac{1}{2} \quad 52 \text{ Sft}$$

$$1 \frac{3}{4} \quad 4 \frac{1}{2} \quad 4 \frac{1}{2} \quad 64 \text{ Sft}$$

Total: 116 Sft

@ 2595.85 %Sft 2998 /-

5 Bitumen coating to plastered or cement concrete surface:-
20 lbs. per 100 Sft. (9.07 Kg per Sq.m) i/c polythene
sheet over D.P.C. under floors and on roofs, etc.500


gauge (.005" thick)
i 4" dia

3.142 x 0.33

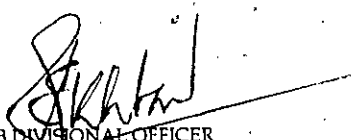
	918 =	952 Sft	
Total	=	952 Sft	
@	2168.85	%Sft	20644

Total: 6051643

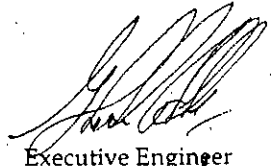
Say Rs: 6051600



SUB ENGINEER



SUB DIVISIONAL OFFICER
BUILDINGS SUB DIVISION
ESSA KHEL



Executive Engineer
Buildings Division
Mianwali

EXTERNAL (Sewerage System)

S.No	Description	No	Length	readt	Depth	Contents	Amount
------	-------------	----	--------	-------	-------	----------	--------

1 Earthwork excavation in open cutting for sewers and manholes as shown in drawings including shuttering and after laying of sewer, which is payable timbering, dressing to correct section and dimensions according to templates and levels, and removing surface water, in all types of soil except shingle, gravel and rock 0 ft. to 7.0 ft. (0 to 2.10 m) depth.

18" dia	1 x	950 x	4 x		5 =	19000 Cft
12" dia	1 x	585 x	4 x		5 =	11700 Cft
9" dia	1 x	1837 x	4 x		5 =	36740 Cft
4" dia	1 x	918 x	2 x		3 =	5508 Cft
Total: =						72948 Cft

@ 7,272.55 %Cft 530518

2 Providing and laying R.C.C. pipe, moulded with cement concrete 1:1½:3, with spigot socket or collar joint, etc. including cost of reinforcement, conforming to B.S. 5911: Part I: 1981, Class "L" including carriage of pipe from Factory to site of work, lowering in trenches to correct alignment and grade, jointing; cutting pipes where necessary, finishing and testing, etc., complete.

ii) 18" dia RCC pipe					=	950 Rft
	@	1035.35	P.Rft			983583
ii) 12" dia RCC pipe					=	585 Rft
	@	637.05	P.Rft			372674
iii) 9" dia RCC pipe.					=	1837 Rft
	@	436.70	P.Rft			802218

3 Construction of Manhole, complete.

@ 38100.00 P.Job 55 Job 2095500

4 Providing, laying, cutting, jointing, testing and disinfecting G.I. pipeline in trenches, with socket joints, using G.I pipes of B.S.S. 1387-1967 complete in all respects, with specials and valves.

i 4" dia	1 x	918			=	918 Rft
Total						918 Rft
	@	1357.85	P.Rft			1246506

AMENDED ROUGH COST ESTIMATE FOR THE WORK "PROGRAMME FOR REVAMPING OF ALL THQ HOSPITALS IN PUNJAB ONE AT THQ HOSPITAL ISA KHEL DISTRICT MIANWALI".

EXTERNAL SEWERAGE

ABSTRACT OF COST

1 External Sewerage	Rs: 6051600
3 Collecting Tank (02 No,s) (1425100x2) <i>1428200</i>	Rs: 2,856,400
	Total 8908000
Add 3% Constingency Charges.	267240
	Total 9175240
	Say Rs 9175200

[Signature]
SUB ENGINEER

[Signature]
SUB DIVISIONAL OFFICER
BUILDINGS SUB DIVISION
ESSA KHEL

[Signature]
Executive Engineer
Buildings Division
Mianwali

S.#	Description of Items	Plinth Area	Rates			Total	Unit	Amount	Remarks	
			B.P	E.I	S.I					
1	2	3	4	5	6	7	8	9	10	
10	Provision of Water Supply Pump.	1	566000	--	--	566000	P.Job	566000		
11	Provision of Walk Way (Tuff Paver Road)	550	4928			4928	P.Rft	2710400	Analysis attached	
12	Repairing/Rehabilitation of Existing Walk Way (Tuff Paver Road)	1	(Detail attached)			6365911	Each	6365911		
13	Provision of Street Lights	1	1,999,000			1999000	P.Job	1999000	Detail attached	
							Total Rs.	36980985		
Add 5% External Development on Rs.		574084							28704	
							Total Rs.	37009689		
		Add WAPDA Connection Charges.							50000	
		Add 1% Tree Plantation / Horticulture.							370097	
		Add 5% PRA Charges.							1850484	
							Total Rs.	39280271		
							Say Rs.	39280000		
							OR Rs.	39.280	(M)	

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Essa Khel

Executive Engineer
Buildings Division
Mianwali

AMENDED ROUGH COST ESTIMATE FOR THE WORK "PROGRAMME FOR REVAMPING OF ALL THE HOSPITALS IN PUNJAB ONE AT THQ HOSPITAL ISA KHEL DISTRICT MIANWALI".

1st Half Bi-Annual System 2022 (1st January 2022 to 30th June 2022)


S.#	Description of Items	Plinth Area	Rates			Total	Unit	Amount	Remarks
			B.P	E.I	S.I				
1	2	3	4	5	6	7	8	9	10
1	Construction of Boundary wall 9" thick & 8' Hight above Plinth level	890	6073		--	6073	P.Rft	5404970	This rough cost estimate is framed on plinth area rates circulated by Chief Engineer Punjab Building Department North Zone Lahore vide memo No.CEBNZ/2346-50/D Dated 15/12/2021.
2	Providing and fixing anti climb high security galvanized razor cut wire having double sharp four U-shaped pointed 0.5 mm thick (22mmx15 mm barbs) spaced @ 33 mm c/c clad over 2.5 mm dia high tensile Core wire making coil fencing of specified diameter @ 4" c/c fixed on 2'-3" high M/S angle iron post 1½"x1½"x3/16"embeded in base of PCC (1:2:4) (4"x4"x9") @ 4' apart i/c the cost of 2 No. bars 3/8" dia welded horizontally with angle iron posts , binding wire, painting of posts, etc. complete in all respects as pproved and directed by the Engineer incharge.i) 24 " diameter	890	322.55			322.55	P.Rft	287070	
3	Provision of External Sewerage System	1	(Detail attached)			9175200	Each	9175200	
4	Provision of Non Clogging Centrifugal Pump/ Slug Pump	2	1085000	--	--	1085000	P.Job	2170000	
5	Provision of fiber glass Parking shed size (150'x20')=3000 Sft	3000	--	--	--	546.15	P.Rft	1638450	
6	Construction of pumping/water filtration Room (Area = 1x14-1/4x14-1/4 = 203 Sft)	203	2739	89	--	2828	P.Sft	574084	
7	Constn: of R.C.C (1:2:4) OHR 5000 Gallon capacity.	5000	300	--	--	300	P.Gallon	1500000	
8	Provision of External Water Supply System	1	(Detail attached)			2457300	Each	2457300	
9	Provision of Water Filtration plant (RO Plant)	1	2132600	--	--	2132600	P.Job	2132600	

S. #	Description of Items	As per Approved Estimate (A)				Work allotted (B)				Work yet to be allotted (C)				Total (B+C)		Excess (16-6)	Saving (6-16)	Reason
		P.Area	Unit	Rate	Amount in Million	P.A	Unit	Rate	Amount	P.Area	Unit	Rate	Amount in Million	P.Area (7+11)	Amount (10+14)			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
	Add WAPDA Connection Charges				50000								50000		50000	0	0	
	Add 1% Tree Plantation / Horticulture.				329021								370097		370097	-1076		
	Add 5% PRA Charges.				1645107								1850484		1850484	205377		
	Total.				34926274								39280270		39280270	6728996	2375000	
	Say.				34.926(M)								39.280(M)		39.280(M)	4353996		

vetted for Rs 39-280M,

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Essa Khel


Executive Engineer
Buildings Division
Mianwali.


Superintending Engineer,
Buildings Circle
Sargodha

S. #	Description of Items	As per Approved Estimate (A)				Work allotted (B)				Work yet to be allotted (C)				Total (B+C)		Excess (16-6)	Saving (6-16)	Reason for revision
		P.Area	Unit	Rate	Amount in Million	P.A	Unit	Rate	Amount	P.Area	Unit	Rate	Amount in Million	P.Area (7+11)	Amount (10+14)			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
5	Supply and Erection of Car Parking Shed consisting of 3 mm thick fiber glass sheet roof (3-layers) fixed / riveted on moulded curved frame of M.S box pipe 1-1/2"x1-1/2"16-SWG supported on trusses of MS angle iron 1-1/2"x1-1/2"x3/16" all around duly supported on M.S sheet 6"x6"x1/4" welded on GI pipe post (Medium Quality) of specified diameter embedded in P.C.C (1:2:4) w/c the cost of excavation, cutting, straightening assembling, bending as per design, welding / grinding of joints and painting three coats complete in all respect as approved and directed by the Engineer Incharge. (150'x20')=3000 Sft	3000	P.Rft	673	2019000									0	0		2019000	
II)	Supply and Erection of Car Parking Shed consisting of 3 mm thick fiber glass sheet roof (3-layers) fixed / riveted on moulded curved frame of M.S box pipe 1-1/2"x1-1/2"16-SWG supported on trusses of MS angle iron 1-1/2"x1-1/2"x3/16" all around duly supported on M.S sheet 6"x6"x1/4" welded on GI pipe post (Medium Quality) of specified diameter embedded in P.C.C (1:2:4) w/c the cost of excavation, cutting, straightening assembling, bending as per design, welding / grinding of joints and painting three coats complete in all respect as approved and directed by the Engineer Incharge. (150'x20')=3000 Sft									3000	P.Rft	546.15	1638450	3000	1638450	1638450		
6	Construction of pumping/water filtration Room (Area = 1x14-1/4x14-1/4 = 203 Sft)	203	P.Sft	2304	467712					203	P.Sft	2828	574084	203	574084	106372		
7	Constn. of R.C.C (1:2:4) OHR 5000 Gallon capacity.	5000	P.Gallon	230	1150000					5000	P.Gallon	300	1500000	5000	1500000	350000		
8	Provision of External Water Supply System	1	Each	1983100	1983100					1	Each	2457300	2457300	1	2457300	474200		
9	Provision of Water Filtration plant (RO Plant)	1	P.Job	2072900	2072900					1	P.Job	2132600	2132600	1	2132600	59700		
10	Provision of Water Supply Pump.	1	P.Job	566000	566000					1	P.Job	566000	566000	1	566000	0	0	
11.	Provision of Walk Way (Tuff Paver Road)	550	P.Rft	4372	2404600					550	P.Rft	4928	2710400	550	2710400	305800		
12	Repairing/Rehabilitation of Existing Walk Way (Tuff Paver Road)	1	Each	5298278	5298278					1	Each	6365911	6365911	1	6365911	1067633		
13	Provision of Street Lights	1	P.Job	1698000	1698000					1	P.Job	1999000	1999000	1	1999000	301000		
	Total				32878760								36980985		36980985	6477225	2375000	
	Add 5% External Development Charges .				23386								28704		28704	5318		
	Total:-				32902146								37009689		37009689	6482543	2375000	

12

COMPARATIVE STATEMENT

AMENDED ROUGH COST ESTIMATE FOR THE WORK "PROGRAMME FOR REVAMPING OF ALL THQ HOSPITALS IN PUNJAB ONE AT THQ HOSPITAL ISA KHEL DISTRICT MIANWALI".

I) Name of work.

(a) A.A Amount Rs.

(b) No. & Date

II) Amount of Revised Estimate Rs.

34.926 (M)

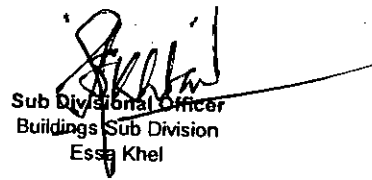
Primary & Secondary Healthcare Department order No PO(D-II)Revamping/P-1/21 Dated 05-10-2021

39.280 (M)

S. #	Description of Items	As per Approved Estimate (A)				Work allotted (B)				Work yet to be allotted (C)				Total (B+C)		Excess (16-6)	Saving (6-16)	Reason for revision
		P. Area	Unit	Rate	Amount in Million	P.A	Unit	Rate	Amount	P. Area	Unit	Rate	Amount in Million	P. Area (7+11)	Amount (10+14)			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1	Construction of Boundary wall 9" thick & 8' High above Plinth level	890	P.Rft	5333	4746370					890	P.Rft	6073	5404970	890	5404970	658600		
2	Providing and fixing anti climb high security galvanized razor cut wire having double sharp four U-shaped pointed 0.5 mm thick (22mmx15 mm barbs) spaced @ 33 mm c/c clad over 2.5 mm dia high tensile Core wire making coil fencing of specified diameter @ 4" c/c fixed on 2'-3" high M/S angle iron post 1 1/2"x1 1/2"x3/16" embedded in base of PCC (1:2:4) (4"x4"x9") @ 4' apart i/c the cost of 2 No. bars 3/8" dia welded horizontally with angle iron posts , binding wire, painting of posts, etc. complete in all respects as pproved and directed by the Engineer incharge.i) 24 " diameter	890	P.Rft	400	356000									0	0		356000	
II)	Providing and fixing anti climb high security galvanized razer cut wire having double sharp four U-shaped pointed 0.5 mm thick (22mmx15 mm barbs) spaced @ 33 mm c/c clad over 2.5 mm dia high tensile Core wire making coil fencing of specified diameter @ 4" c/c fixed on 2'-3" high M/S angle iron post 1 1/2"x1 1/2"x3/16" embedded in base of PCC (1:2:4) (4"x4"x9") @ 4' apart i/c the cost of 2 No. bars 3/8" dia welded horizontally with angle iron posts , binding wire, painting of posts, etc. complete in all respects as pproved and directed by the Engineer incharge.i) 24 " diameter									890	P.Rft	322.55	287070	890	287070	287070		
3	Provision of External Sewerage System	1	Each	7946800	7946800					1	Each	9175200	9175200	1	9175200	1228400		
4	Provision of Non Clogging Centrifugal Pump/ Slug Pump	2	P.Job	1085000	2170000					2	P.Job	1085000	2170000		2170000		0	

S. #	Description of Items	As per Approved Estimate (A)				Work allotted (B)				Work yet to be allotted (C)				Total (B+C)		Excess (16-6)	Saving (6-16)	Reason for
		P.Area	Unit	Rate	Amount in Million	P.A	Unit	Rate	Amount	P.Area	Unit	Rate	Amount in Million	P.Area (7+11)	Amount (10+14)			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
	Add WAPDA Connection Charges			*	50000								50000		50000	0	0	
	Add 1% Tree Plantation / Horticulture.				329021								370097		370097	41076		
	Add 5% PRA Charges.				1645107								1850484		1850484	205377		
	Total				34926274								39280270		39280270	6728996	2375000	
	Say.				34.926(M)								39.280(M)		39.280(M)	4353996		


Sub Engineer


Sub Divisional Officer
Buildings Sub Division
Esse Khel


Executive Engineer
Buildings Division
Mianwali

12.477.

S. #	Description of Items	As per Approved Estimate (A)				Work allotted (B)				Work yet to be allotted (C)				Total (B+C)		Excess (16-6)	Saving (6-16)	Reason for
		P.Area	Unit	Rate	Amount in Million	P.A	Unit	Rate	Amount	P.Area	Unit	Rate	Amount in Million	P.Area (7+11)	Amount (10+14)			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
5	Supply and Erection of Car Parking Shed consisting of 3 mm thick fiber glass sheet roof (3-layers) fixed / riveted on moulded curved frame of M.S box pipe 1-1/2"x1-1/2"16-SWG supported on trusses of MS angle iron 1-1/2"x1-1/2"x3/16" all around duly supported on M.S sheet 6"x6"x1/4" welded on GI pipe post (Medium Quality) of specified diameter embedded in P.C.C (1:2:4) i/c the cost of excavation, cutting straightening assembling, bending as per design, welding / grinding of joints and painting three coats complete in all respect as approved and directed by the Engineer Incharge. (150'x20')=3000 Sft.	3000	P.Rft	673	2019000									0	0		2019000	
ii)	Supply and Erection of Car Parking Shed consisting of 3 mm thick fiber glass sheet roof (3-layers) fixed / riveted on moulded curved frame of M.S box pipe 1-1/2"x1-1/2"16-SWG supported on trusses of MS angle iron 1-1/2"x1-1/2"x3/16" all around duly supported on M.S sheet 6"x6"x1/4" welded on GI pipe post (Medium Quality) of specified diameter embedded in P.C.C (1:2:4) i/c the cost of excavation, cutting straightening assembling, bending as per design, welding / grinding of joints and painting three coats complete in all respect as approved and directed by the Engineer Incharge. (150'x20')=3000 Sft.									3000	P.Rft	546.15	1638450	3000	1638450	1638450		
6	Construction of pumping/water filtration Room (Area = 1x14-1/4x14-1/4 = 203 Sft)	203	P.Sft	2304	467712					203	P.Sft	2828	574084	203	574084	106372		
7	Constn. of R.C.C (1:2:4) OHR 5000 Gallon capacity.	5000	P.Gallon	230	1150000					5000	P.Gallon	300	1500000	5000	1500000	350000		
8	Provision of External Water Supply System	1	Each	1983100	1983100					1	Each	2457300	2457300	1	2457300	474200		
9	Provision of Water Filtration plant (RO Plant)	1	P.Job	2072900	2072900					1	P.Job	2132600	2132600	1	2132600	59700		
10	Provision of Water Supply Pump.	1	P.Job	566000	566000					1	P.Job	566000	566000	1	566000	0	0	
11	Provision of Walk Way (Tuff Paver Road)	550	P.Rft	4372	2404600					550	P.Rft	4928	2710400	550	2710400	305800		
12	Repairing/Rehabilitation of Existing Walk Way	1	Each	5298278	5298278					1	Each	6365911	6365911	1	6365911	1067633		
13	Provision of Street Lights	1	P.Job	1698000	1698000					1	P.Job	1999000	1999000	1	1999000	301000		
	Total				32878760								36980985		36980985	6477225	2375000	
	Add 5% External Development Charges .				23386								28704		28704	5318		
	Total:-				32902146								37009689		37009689	6482543	2375000	

COMPARATIVE STATEMENT

AMENDED ROUGH COST ESTIMATE FOR THE WORK "PROGRAMME FOR REVAMPING OF ALL THQ HOSPITALS IN PUNJAB ONE AT THQ HOSPITAL ISA KHEL DISTRICT MIANWALI".

I) Name of work.

34.926 (M)

(a) A.A Amount Rs.

Primary & Secondary Healthcare Department order No PO(D-II)Revamping/P-1/21 Dated 05-10-2021

(b) No. & Date

II) Amount of Revised Estimate Rs. 39.280 (M)

S. #	Description of Items	As per Approved Estimate (A)				Work allotted (B)				Work yet to be allotted (C)				Total (B+C)		Excess (16-6)	Saving (6-16)	Reason for revision
		P.Area	Unit	Rate	Amount in Million	P.A	Unit	Rate	Amount	P.Area	Unit	Rate	Amount in Million	P.Area (7+11)	Amount (10+14)			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
I	Construction of Boundary wall 9" thick & 8' High above Plinth level	890	P.Rft	5333	4746370					890	P.Rft	6073	5404970	890	5404970	658600		
2	Providing and fixing anti climb high security galvanized razor cut wire having double sharp four U-shaped pointed 0.5 mm thick (22mmx15 mm barbs) spaced @ 33 mm c/c clad over 2.5 mm dia high tensile Core wire making coil fencing of specified diameter @ 4" c/c fixed on 2'-3" high M/S angle iron post 1½"x1½"x3/16" embedded in base of PCC (1:2:4) (4"x4"x9") @ 4' apart i/c the cost of 2 No. bars 3/8" dia welded horizontally with angle iron posts, binding wire, painting of posts, etc. complete in all respects as pproved and directed by the Engineer incharge.i) 24 " diameter	890	P.Rft	400	356000									0	0		356000	
II)	Providing and fixing anti climb high security galvanized razor cut wire having double sharp four U-shaped pointed 0.5 mm thick (22mmx15 mm barbs) spaced @ 33 mm c/c clad over 2.5 mm dia high tensile Core wire making coil fencing of specified diameter @ 4" c/c fixed on 2'-3" high M/S angle iron post 1½"x1½"x3/16" embedded in base of PCC (1:2:4) (4"x4"x9") @ 4' apart i/c the cost of 2 No. bars 3/8" dia welded horizontally with angle iron posts, binding wire, painting of posts, etc. complete in all respects as pproved and directed by the Engineer incharge.i) 24 " diameter									890	P.Rft	322.55	287070	890	287070	287070		
3	Provision of External Severage System	1	Each	7946800	7946800					1	Each	9175200	9175200	1	9175200	1228400		
4	Provision of Non Clogging Centrifugal Pump/ Slug Pump	2	P.Job	1085000	2170000					2	P.Job	1085000	2170000		2170000		0	

S.#	Description of Items	Plinth Area	Rates			Total	Unit	Amount	Remarks
			B.P	E.I	S.I				
1	2	3	4	5	6	7	8	9	10
10	Provision of Water Supply Pump.	1	566000	--	--	566000	P.Job	566000	
11	Provision of Walk Way (Tuff Paver Road)	550	4928			4928	P.Rft	2710400	Analysis attached
12	Repairing/Rehabilitation of Existing Walk Way (Tuff Paver Road)	1	(Detail attached)			6365911	Each	6365911	
13	Provision of Street Lights	1	1,999,000			1999000	P.Job	1999000	Detail attached
Add 5%-External Development on Rs.		574084					Total Rs.	36980985	
								28704	
							Total Rs.	37009689	
			Add WAPDA Connection Charges.					50000	
			Add 1% Tree Plantation / Horticulture.					370097	
			Add 5% PRA Charges.					1850484	
							Total Rs.	39280271	
							Say Rs.	39280000	
							OR Rs.	39.280	(M)

Sub Engineer

Sub Divisional Officer
Buildings Sub Division
Essa Khel

Executive Engineer
Buildings Division
Mianwali

AMENDED ROUGH COST ESTIMATE FOR THE WORK "PROGRAMME FOR REVAMPING OF ALL THE HOSPITALS IN PUNJAB ONE AT THQ HOSPITAL ISA KHEL DISTRICT MIANWALI".


1st Half Bi-Annual System 2022 (1st January 2022 to 30th June 2022)

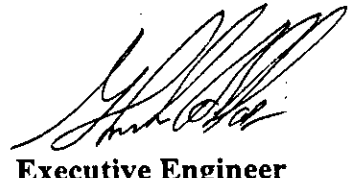
S.#	Description of Items	Plinth Area	Rates			Total	Unit	Amount	Remarks
			B.P	E.I	S.I				
1	2	3	4	5	6	7	8	9	10
1	Construction of Boundary wall 9" thick & 8' Hight above Plinth level	890	6073		--	6073	P.Rft	5404970	This rough cost estimate is framed on plinth area rates circulated by Chief Engineer Punjab Building Department North Zone Lahore vide memo No.CEBNZ/2346-50/D Dated 15/12/2021.
2	Providing and fixing anti climb high security galvanized razor cut wire having double sharp four U-shaped pointed 0.5 mm thick (22mmx15 mm barbs) spaced @ 33 mm c/c clad over 2.5 mm dia high tensile Core wire making coil fencing of specified diameter @ 4" c/c fixed on 2'-3" high M/S angle iron post 1½"x1½"x3/16"embedded in base of PCC (1:2:4) (4"x4"x9") @ 4' apart i/c the cost of 2 No. bars 3/8" dia welded horizontally with angle iron posts , binding wire, painting of posts, etc. complete in all respects as approved and directed by the Engineer incharge.i) 24 " diameter	890	322.55			322.55	P.Rft	287070	
3	Provision of External Sewerage System	1	(Detail attached)			9175200	Each	9175200	
4	Provision of Non Clogging Centrifugal Pump/ Slug Pump	2	1085000	--	--	1085000	P.Job	2170000	
5	Provision of fiber glass Parking shed size (150'x20')=3000 Sft	3000	--	--	--	546.15	P.Rft	1638450	
6	Construction of pumping/water filtration Room (Area = 1x14-1/4x14-1/4 = 203 Sft)	203	2739	89	--	2828	P.Sft	574084	
7	Constn: of R.C.C (1:2:4) OHR 5000 Gallon capacity.	5000	300	--	--	300	P.Gallon	1500000	
8	Provision of External Water Supply System	1	(Detail attached)			2457300	Each	2457300	
9	Provision of Water Filtration plant (RO Plant)	1	2132600	--	--	2132600	P.Job	2132600	

RATES The estimate has been prepared on 1st BI-Annual period 2022 (1st January 2022 to 30th June 2022) notified Chief Engineer, Punjab Buildings Department, (North Zone), Lahore.

Time Limit It will take 24 Months to complete the work.

COST Total Cost of estimate of Rs. 39.280 -M.


Sub Divisional Officer
Buildings Sub Division
Essa Khel


Executive Engineer
Buildings Division
Mianwali

(4)

**AMENDED ROUGH COST ESTIMATE FOR THE WORK
"PROGRAMME FOR REVAMPING OF ALL THQ HOSPITALS IN
PUNJAB ONE AT THQ HOSPITAL ISA KHEL DISTRICT
MIANWALI".**

REFERENCE. The scheme is included in ADP 2021-22 at Sr No. 792.

HISTORY

The scheme stands administratively approved by the Primary & Secondary Healthcare Department, Government of the Punjab vide order No PO (D-II) Revamping/P-1/21 Dated 05-10-2021 for an amount of Rs.34.928 (M).

Mean while the Plinth Area Rates for the 1st BI-Annual period 2022 with effect from (1st January 2022 to 30th June 2022) has been circulated by the office of the Chief Engineer Punjab Buildings Department North Zone Lahore vide No CEBNZ/2346-50/D, Dated 15-12-2021 for preparation of rough cost estimates of development schemes for arranging administrative approval by the competent forum/authorities.

Hence this amended Rough cost estimate is prepared on Plinth Area Rates for the 1st BI-Annual period 2022 (1st January 2022 to 30th June 2022) for an amount of Rs.39.280 (M) for accord of Administrative Approval and release of funds from the competent forum please.

SCOPE OF WORK

1. Construction of Boundary wall 9" thick & 8' Height. 890 Rft
2. S/E of Razor wire fencing 2' dia rings. 890 Rft
3. Provision of External Sewerage System.
4. Provision of Non Clogging Centrifugal Pump/ Slug Pump. 02 No's
5. Provision of fiber glass Parking shed.
6. Construction of pumping/water filtration Room.
7. Constn: of OHR 5000 Gallon capacity.
8. Provision of External Water Supply System.
9. Provision of Water Filtration plant (RO Plant)
10. Provision of Water Supply Pump.
11. Provision of Walk Way (Tuff Paver Road).
12. Repairing/Rehabilitation of Existing Walk Way (Tuff Paver Road).
13. Provision of Street Lights

CARRYING OUT OF WORK.

The work will be carried out through approved contractor of Building Department after calling tenders as per usual practice of the department.

SPECIFICATION

The work will be got executed according to Buildings Debarment specification and to the entire satisfaction by the Engineer In charge of the work.

3

GOVT. OF PUNJAB

PROVINCE

PUNJAB

ZONE

NORTH

STATION

MIANWALI

DIVISION

BUILDING DIVISION MIANWALI

SUB DIVISION

BUILDING SUB DIVISION ESSA KHEL

NAME OF WORK

AMENDED ROUGH COST
ESTIMATE FOR THE WORK
"PROGRAMME FOR REVAMPING
OF ALL THO HOSPITALS IN
PUNJAB ONE AT THO HOSPITAL
ISA KHEL DISTRICT MIANWALI".

YEAR

2021-22

AMOUNT

Rs 39.280 (M).

To,

The Superintending Engineer,
Buildings Circle
Sargodha.

No 1459/EST Dated 17-12-2021

Subject: -

AMENDED RCOST ESTIMATE FOR THE WORK
"PROGRAMME FOR REVAMPING OF ALL THQ HOSPITALS
IN PUNJAB ONE AT THQ HOSPITAL ISA KHEL DISTRICT
MIANWALI".

ADP NO.792 FOR THE YEAR 2021-22.

The Amended rough cost Estimate for the work cited as subject amounting to **Rs.39.280 (M)** prepared on plinth area Rates 1st Bi- Annual 2022 (1st January 2022 to 30th June 2022) is submitted for accord of its Amended administrative approval and release of funds from the competent authority.

DA/Estimate Two Copies

[Signature]
o/c Executive Engineer
Buildings Division
Mianwali *[Signature]*

No 14604/EST Dated 17-12-2021

A copy is forwarded for information to the:-

1. Chief Executive Officer District Health Authority Mianwali.
2. Sub Divisional Officer Buildings Sub Division Issa Khel.

[Signature]
o/c Executive Engineer
Buildings Division
Mianwali *[Signature]*

To,

The Chief Executive Officer,
District Health Authority,
Mianwali.

No. 4281/Est Dated 18/12/2021

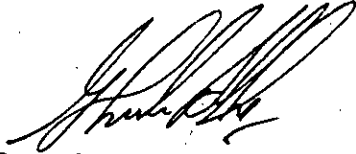
Subject:

**AMENDED ROUGH COST ESTIMATE FOR THE
WORK "PROGRAMME FOR REVAMPING OF ALL THE
HOSPITALS IN PUNJAB ONE AT THE HOSPITAL ISA
KHEL DISTRICT MIANWALI".**

Amended Rough Cost Estimate amounting to Rs.39.280(M) for the scheme cited as subject based on the plinth area rates 1st Bi-annual 2022 (1st January 2022 to 30th June 2022) is forwarded herewith duly vetted for arranging Amended Administrative Approval / Funds.

The scheme was administratively approved for Rs.34.928(M) vide Secretary to Govt. of the Punjab Primary & Secondary Healthcare Department Lahore No.PO(D-II)Revamping/P-I/21, dated 05.10.2021.

DA/Estimate


Superintending Engineer,
Building Circle,
Sargodha

No.

Dated

/2021

A copy is forwarded to The Executive Engineer Buildings Division, Mianwali, for information with reference to his letter No.1459/EST dated 17.12.2021.

DA/NII

Superintending Engineer,
Building Circle,
Sargodha

8. ANNUAL OPERATING COST (POST COMPLETION)

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

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

PKR Million

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

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

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

9. DEMAND AND SUPPLY ANALYSIS

DEMAND AND SUPPLY ANALYSIS

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

10. FINANCIAL PLAN AND MODE OF FINANCING

10.1 FINANCIAL PLAN EQUITY INFORMATION

10.3 FINANCIAL PLAN GRANT INFORMATION

attached

10. FINANCIAL PLAN AND MODE OF FINANCING

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

Revenue Side:

(Rs.in Million)

	FY 2021-22	FY 2022-23
Funds Released	3.160	7.930
Utilization	2.748	1.166

Capital Side:

	FY 2021-22	FY 2022-23
Funds Released	0.000	5.000
Utilization	0.000	0.000

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

11. PROJECT BENEFITS AND ANALYSIS

11.1 PROJECT BENEFIT ANALYSIS INFORMATION

SOCIAL BENEFITS WITH INDICATORS

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

SOCIAL IMPACT:

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

EMPLOYMENT GENERATION (DIRECTOR AND INDIRECT)

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

11.2 ENVIRONMENTAL IMPACT ANALYSIS

ENVIRONMENTAL IMPACT

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

11.3 PACT ANALYSIS

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11.4 ECONOMIC ANALYSIS

IMPACT OF DELAYS ON PROJECT COST AND VIABILITY

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

11.5 FINANCIAL ANALYSIS

FINANCIAL BENEFITS & ANALYSIS

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

The Targets of Sustainable Development Goals (SDGs) will be achieved

The Human Development Index of Pakistan (HDI) will improve

Infant Mortality Rate will decrease

Mother Mortality rate will be decreased

The international commitments of Pakistan will be accomplished

Health standard of public will

Better Health Facilities to mother and

Prompt and scientific facility for operation

Rehabilitation of disables and injured

Blindness in this area will be decreased and controlled

Better social and mental health to addict

Provision of better health facilities at doorsteps

Awareness and control for communicable

Survival of heart failure

Social indicators of Pakistan will improve

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

11.1.1 FINANCIAL IMPACT:

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

11.2 REVENUE GENERATION

Revenue will be generated from:

Laboratory fees

Diagnostic facility fees

X-Ray fee

Dental fee

ECG fee

Private room charges

Parking fee

Medico Legal Fee

Medical Certificate of New Government Employees

12. IMPLEMENTATION SCHEDULE

12.1 IMPLEMENTATION SCHEDULE/GANTT CHART

Starting date: 01-07-2021

Expected Completion date: 30-06-2025

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12.4 M&E PLAN

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

12.5 RISK MITIGATION PLAN

attached

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

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

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13. MANAGEMENT STRUCTURE AND MANPOWER REQUIREMENTS

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

14. ADDITIONAL PROJECTS / DECISIONS REQUIRED

NA

15. CERTIFICATE

Focal Person Name:

Designation:

Email:

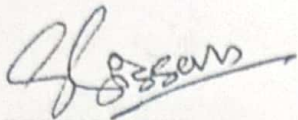
Tel. No.:

Fax No:

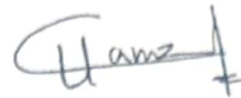
Address:31/E1, Shahrah-e-imam Hussain? Road? Block E 1 Gulberg III, Lahore, Punjab

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

Prepared By:

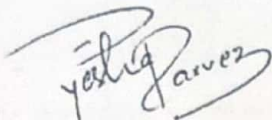


(HISSAN ANEES)
DIRECTOR PLANNING & HR, PMU,
PRIMARY & SECONDARY HEALTHCARE
DEPARTMENT, LAHORE
(042-99231206)
(Oct-2022)

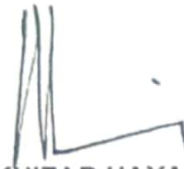


(HAMZA NASEEM)
PROJECT MANAGER CIVIL, PMU,
PRIMARY & SECONDARY HEALTHCARE
DEPARTMENT, LAHORE
(042-99231206)
(Oct-2022)

Checked By:



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



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

Approved By:



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

17. RELATION WITH OTHER PROJECTS

20. MARGINALISATION OF PC-1

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

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