

## PC- 1

### UP-GRADATION OF THQ HOSPITAL TAUNSA DISTRICT DG KHAN (FROM 100 BEDDED TO 190 BEDDED THQ HOSPITAL)

<b>Component</b>	<b>Cost of the Project (Rs. in millions)</b>	
Capital	<b>842.50</b>	<del>981.32</del>
Revenue	<b>358.82</b>	<del>396.82</del>
<b>Total</b>	<b>1201.329</b>	<del>1378.14</del>

**GOVERNMENT OF PAKISTAN PLANNING COMMISSION**  
**PC-I FORM**

1.	<b>Name of Project</b>		Up-gradation of THQ Hospital Taunsa District DG Khan (From 100 Bedded to 190 Bedded)
2.	<b>Location</b>		Hashmi Chaok, Indus Highway, Taunsa Sharif, District: DG Khan. ( <b>Map attached at Annex-X</b> )
	<b>Land</b>		Measuring 80 Kanal Land is available.
3.	<b>Authority responsible for</b>		
	i. Sponsoring		i. Government of Punjab, Primary & Secondary Healthcare Department.
	ii. Execution		ii. Buildings Department DG Khan & District Health Authority (DHA) D.G. Khan
	iii. Operation and maintenance		iii. District Health Authority (DHA) D.G. Khan
iv. Concerned Federal Ministry		iv. Provincial Ministry for Health Punjab.	
4.	<b>(a) Plan Provision</b>		
	i. If the project is included in the Medium terms/five year plan, specify actual allocation.		i. Not included in ADP 2018-19
	ii. If not included in the current plan, What warrant is inclusion and how it is now proposed to accommodate.		ii. The scheme will be included in ADP 2018-19 as supplementary scheme and funds will be provided through supplementary grant
	iii. If the project is proposed to Financed out of block provision indicate.		iii. Not Applicable
	Total Block provision	Amount already committed	Amount proposed for this project
			Balance available
	<b>Project Objectives and its relationship with sectoral objectives</b>		
	The objective of the sector / Sub sector as indicated in the medium terms /five year plan be reproduced.		The objective of the project is to provide better Health Care Facilities on the door steps to the people of that area and entire population of surrounding areas will be benefited by this Health Facility at the time of emergencies. <b><u>RELATIONSHIP WITH SECTORAL OBJECTIVES</u></b> Government of the Punjab, P&S Healthcare Department is in the process of undertaking number of initiatives to improve Health Care

		<p>delivery system in the province.</p> <p>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 services particularly targeting on the promptness have been initiated. Although major focus is on disease prevention and to cure the ailment. The proposed scheme will fulfill the said objectives.</p>														
6.	<p><b>Description and Justification of the Project.</b></p> <p>Describe the project and indicate existing physical facilities in the area and justify the establishment of the project.</p>	<p><b><u>DESCRIPTION</u></b></p> <p>Tehsil Head Quarter Hospital Taunsa Sharif was constructed at 80 Kanal area in 1979 with a capacity of 60 Beds, which was upgraded by the Government in year 2008-09 vide No. SO(ND)3-3/08 dated 03-02-2009 up-to 80 Beds and after the construction of Trauma Center in the year 2015-16, it is now up to 100-Bed Hospital as per following bifurcation:</p> <table data-bbox="883 1125 1430 1430"> <tr> <td>Emergency Department</td> <td>= 10 Bedded</td> </tr> <tr> <td>Maternity Home</td> <td>= 10 Bedded</td> </tr> <tr> <td>Trauma Center</td> <td>= 20 Bedded</td> </tr> <tr> <td>Male Medical Ward</td> <td>= 15 Bedded</td> </tr> <tr> <td>Female Medical Ward</td> <td>= 15 Bedded</td> </tr> <tr> <td>Male Surgical Ward</td> <td>= 15 Bedded</td> </tr> <tr> <td>Female Surgical Ward</td> <td>= 15 Bedded</td> </tr> </table> <p>. Specialties of Dermatology, Urology and Orthopedic Surgery are available, but no separate wards have been constructed for these specialties. There is also a sanctioned for Neuro Surgeon in Trauma Center but no surgeon has been posted, vacancy is unfilled and patients are referred to Nishter Hospital Multan for treatment, which creates inconvenience and transportation problems to respective patients and their relatives/attendants. As already mentioned the</p>	Emergency Department	= 10 Bedded	Maternity Home	= 10 Bedded	Trauma Center	= 20 Bedded	Male Medical Ward	= 15 Bedded	Female Medical Ward	= 15 Bedded	Male Surgical Ward	= 15 Bedded	Female Surgical Ward	= 15 Bedded
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functioning units in these departments, i.e medicines, surgery, gynae and obst, this hospital has a large catchments area, not only of the Punjab province but adjacent provinces of Balochistan and KPK as Tehsil Taunsa is central location in Pakistan.

### **JUSTIFICATION**

Total Population of Tehsil Taunsa: 675,756

THQ Hospital Taunsa is providing services to population of Thsil Taunsa as well as Tribal Areas of DG Khan. On the west side of Tehsil Taunsa is Balochistan Province and up to Quetta no referral hospital present due to which a large number of patients of hereby districts of Balochistan Province visited THQ Hospital Taunsa for treatment. Similarly on the Northern side of this District is KPK province up to D.I Khan. As result a large Number of patients from KPK province visited this health institution for treatment purpose.

Patient load at THQ Hospital Taunsa has increase and almost doubled during last four years. In 2015 average patient load per month was 16541 and in 2018 it is 45872. Continuous increase in monthly load is still increasing which can be imagined from average of last three months of 2018, which is 56517. Some other statistics in this regards are given in following table;

Title	Monthly Average			
	2015	2016	2017	2018
<b>Patient Load</b>	16541	21251	34778	45872
<b>OPD</b>	13048	16968	28337	38871
<b>Gynae OPD</b>	1251	2246	3654	3417
<b>Gynae Indoor</b>	205	283	383	488
<b>C-Sections</b>	28	45	71	95
<b>Paeds OPD</b>	2216	2180	2906	5146
<b>Paeds Indoor</b>	414	634	1007	748
<b>Surgeries</b>	188	269	432	664
<b>Lab Services</b>	1547	1914	3350	8208

Paeds indoor admissions are done in general medical wards. In 2018 Paeds admissions are less than those in 2017 due to on-going revamping process in medical wards. Civil work in medical wards started on 17-08-2017 and under this process 50% area under general wards was handed-over to IDAP through Project Management Unit.

In Gynae, extra beds than sanctioned are being used as per need to cater patient load. Following table shows bed-occupancy load for allocated bed-strength for Gynae and Paeds;

Title	Allocated Beds	Monthly Average for Bed Occupancy			
		2015	2016	2017	2018
Gynae	10	198%	262	204	328
Paeds	10	400%	595%	673	518

10 beds for Paeds are being utilized from General Medical Wards.

**(Statistics Attached at Annex-II)**

#### **Other health facilities in Tehsil Taunsa**

Rural Health Centers (RHC) = 02  
 Basic Health Units (BHU) = 15  
 Civil Dispensaries = 03  
 Govt. Rural Dispensaries = 01  
 Mother Child Health Centers (MCH) = 01

#### Distance of nearby DHQ/Teaching Hospitals:

Teaching Hospital DG Khan = 82.2 km  
 Nishter Hospital Multan = 121 km  
 DHQ Hospital Muzafargarh = 124 km

Also the load of teaching hospital i.e Nishter Hospital Multan and Teaching Hospital D.G Khan can be minimized by providing these facilities. It is important and necessary that a THQ Hospital may

Provide technical parameters i.e input and output of the project in quantifiable terms Also discussed technology aspect of the project.

be constructed at this important, sensitive and central location of Pakistan. About 2200-2300 patients of various categories visit this hospital daily for treatment of their ailments. In average the bed occupancy load of various department of this hospital remains about 158%. In near future keeping in view the increasing population and improved communication, failing the lacking facilities, it is presumed that load of patients seeking treatment in this institution will be increased more than double. Keeping in view demand of health services, it is important that THQ Hospital Taunsa should be upgraded into 190 bedded healthcare facility in the best interest of public in this District and adjacent area provinces of Pakistan. Details of proposed beds is as per following details;

Specialty/Wards	Bed Strength	
	Existing	Proposed
Emergency Department	10	-
Gynae Ward	10	30
Trauma Center	20	-
Male Medical Ward	15	-
Female Medical Ward	15	-
Male Surgical Ward	15	-
Female Surgical Ward	15	-
Paeds Ward	0	30
Eye Ward	0	10
Orthopedic Ward	0	10
ENT Ward	0	5
Cardiology Ward	0	5
<b>Total</b>	<b>100</b>	<b>90</b>

The plan shall envisage the concept of modern curative and preventive rehabilitative and specialist services starting with the building design to cater for prompt resuscitation, intensive care and monitoring, isolation and infection control, dedicated operation theatres and appropriate in

patients accommodation for patients.

**Capital Portion (Detail Attached at Annex-III):**

The old structure of THQ Hospital Taunsa alongwith Trauma Center Taunsa will remain functional as it is and altogether a new structure will be constructed for its up-gradation into a THQ Hospital. Old residential buildings will be demolished and new triple story residential blocks will be constructed. The scope of capital component will be as under:

**1- Main Building (60 Bedded)**

OPD & Admin Block

Paeds Ward = 30 Bedded

Gynae Ward = 40 Bedded

(30 new and 10 existing)

Eye Ward = 10 Bedded

Orthopedic Ward = 10 Bedded

ENT Ward = 05 Bedded

Cardiology Ward = 05 Bedded

Diagnostic Services (Radiology & Pathology etc.)

**2- Residence**

Construction of;

Residences for BS-18-19 = 12

Residences for male doctors BS-17 = 18

Residences for female Doctors BS-17 = 18

Residences for Nurses BS-16 = 18

**Total = 66**

**Revenue Component (Detail Attached at Annex-I):**

- 90 Beds
- Digital X-ray Plant
- ECG Machine
- Cardiac Monitor
- Color Dopplers Ultrasound Machines
- CTG Machine

	Indicate wheatear the proposed facilities are preventive Or curative.	<ul style="list-style-type: none"> <li>• Laproscope Machines</li> <li>• Operating Microscope (For eye surgeries)</li> <li>• Ceiling Operation Light</li> <li>• Operation Tables</li> <li>• Furniture etc.</li> </ul> <p><b>Procurement Plan is at Annex-VII</b></p> <p>It will cover curative and rehabilitative aspects only.</p>																									
7.	<p><b>Capital Cost Estimates.</b></p> <p>Indicate the date of estimation of project beside determining the capital cost be provided</p>	<p>The rates of capital component are based on 2<sup>nd</sup> Bi-annual 2018. The rates of revenue component have been derived from Central Rate Contract 2017-18 and from open market.</p> <p>Cost of Capital Portion Rs. <del>981.32</del> 842.50 (million)  Cost of equipment's Rs. <del>396.82</del> 358.82 (million)</p> <p><b>Total. Rs. <del>1378.14</del> 1201.32 (million)</b></p>																									
	Provide year-wise estimation of Physical activities by main components as per following.	<p>Component year wise physical Activities</p> <table border="1" data-bbox="880 1045 1555 1205"> <thead> <tr> <th>Item</th> <th>Unit</th> <th>Year-I</th> <th>Year-II</th> <th>Year-III</th> </tr> </thead> <tbody> <tr> <td>Capital</td> <td>Building</td> <td>5.00%</td> <td>51.00%</td> <td>44.00%</td> </tr> <tr> <td>Revenue</td> <td>Purchase of E &amp; M</td> <td>0%</td> <td>45.36%</td> <td>54.64%</td> </tr> </tbody> </table>	Item	Unit	Year-I	Year-II	Year-III	Capital	Building	5.00%	51.00%	44.00%	Revenue	Purchase of E & M	0%	45.36%	54.64%										
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	Capital cost be worked out on the basis of each items of work as stated above and provide information as per following	<p>Because the project will be completed in 29 month, so there is no needs to work out capital cost on the basis of each items of work at stated above.</p> <table border="1" data-bbox="880 1318 1555 1520"> <thead> <tr> <th colspan="5">Year wise /component wise Financial phasing</th> </tr> <tr> <th>Item</th> <th>Year-I</th> <th>Year-II</th> <th>Year-III</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Capital</td> <td>50.00</td> <td>500.00</td> <td>431.32</td> <td><b>981.32</b></td> </tr> <tr> <td>Revenue</td> <td>0.000</td> <td>180.00</td> <td>216.82</td> <td><b>396.82</b></td> </tr> <tr> <td><b>Total</b></td> <td><b>50.00</b></td> <td><b>680.00</b></td> <td><b>648.14</b></td> <td><b>1378.14</b></td> </tr> </tbody> </table>	Year wise /component wise Financial phasing					Item	Year-I	Year-II	Year-III	Total	Capital	50.00	500.00	431.32	<b>981.32</b>	Revenue	0.000	180.00	216.82	<b>396.82</b>	<b>Total</b>	<b>50.00</b>	<b>680.00</b>	<b>648.14</b>	<b>1378.14</b>
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8.	<p><b>Annual operating and Maintenance cost after completion of the project</b></p> <p>Item wise operating cost for one year and source of financing.</p>	<p>The operating cost after completion of the project the funds will be provided by the Provincial Government of Punjab Health Department.</p> <p><b>FOR NEW EXPENDITURES ONLY</b></p> <p><b>(Detail Attached at Annex-V):</b></p> <p>Salary/HR 422.97 Million  Non Salary 48.27 Million  Medicine 50.00 Million  <b>Total 521.24 Million</b></p> <p><b>(HR Plan is at Annex-VIII)</b></p>																									



9.	<p><b>Demand and Supply Analysis.</b> Project demand for ten years.</p> <p>Designated capacity and output of proposed project.</p>	<p>After completion of the project the medicines and other supply will be made through budgetary provision.</p> <p>This project will bring prosperity and sense of satisfaction.</p>																												
10	<p><b>Financial plan and mode of financing.</b></p> <p>From Own sources. Equity Federal Government Provincial Government General Public NGOs</p>	<p>Project will be funded by the Government of the Punjab through <b>ADP 2018-19</b> as supplementary scheme and funds will be provided through supplementary grant. The recurring cost will be born by the District Health Authority DG Khan.</p> <p>Not applicable Not applicable Not applicable Provincial Government of Punjab. Not applicable Not applicable</p>																												
11	<p><b>Project Benefits and Analysis.</b> Financial</p> <p>Employment generation (direct and indirect). Environmental impact. Impact of the delays on project cost and viability.</p>	<p>Lab fee, X-Ray fee will be the revenue Generation of Government.</p> <p>Secondary level of health facilities will be provided to the patients. This will improve the social life of the general public in the area.</p> <p><b>EXISTING POSTS (Detail at Annex-IV):</b></p> <table border="1" data-bbox="881 1381 1554 1850"> <thead> <tr> <th>Category</th> <th>Total Required Posts</th> <th>Existing Sanctioned Posts</th> <th>New Proposed Posts</th> </tr> </thead> <tbody> <tr> <td>Administrative</td> <td>24</td> <td>13</td> <td>11</td> </tr> <tr> <td>Doctors and Specialists</td> <td>321</td> <td>150</td> <td>171</td> </tr> <tr> <td>AHPs and Nurses</td> <td>229</td> <td>112</td> <td>117</td> </tr> <tr> <td>Paramedics</td> <td>186</td> <td>58</td> <td>128</td> </tr> <tr> <td>Other Support Staff</td> <td>452</td> <td>110</td> <td>342</td> </tr> <tr> <td><b>Total</b></td> <td><b>1,212</b></td> <td><b>443</b></td> <td><b>769</b></td> </tr> </tbody> </table> <p>Direct and indirect employment will be generated.</p>	Category	Total Required Posts	Existing Sanctioned Posts	New Proposed Posts	Administrative	24	13	11	Doctors and Specialists	321	150	171	AHPs and Nurses	229	112	117	Paramedics	186	58	128	Other Support Staff	452	110	342	<b>Total</b>	<b>1,212</b>	<b>443</b>	<b>769</b>
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		<p>There are no adverse environmental effects of the project.</p> <p>The project should be execution of project will enhance cost. However there will be no impact on its viability.</p>
12	<p>Implementation schedule of the project.</p> <p>Indicate starting and completion date of the project.</p>	<p>Project would be completed within a period of 29 months after the provision of funds.</p> <p><b>Detailed Plan is at Annex-VI</b> (01-02-2019 to 30-06-2021)</p>
13	<p>Management structure and manpower.</p> <p>Requirements including specialized skills during execution and operational phase.</p>	<p>Capital component will be monitored and supervised by Building Department D. G. Khan through SDO, XEN etc.</p> <p>The procurement of Revenue component will be supervised by CEO (DHA) D. G. Khan through notified procurement committee.</p> <p><b>Monitoring Plan is at Annex-IX</b></p>
14	<p>Additional project/ decisions required to maximize socio-economic benefits from the project proposed.</p>	<p>Not applicable.</p>

15	Certified that the project proposal has been prepared on the basis of instructions provided by the Planning Commission for the preparation of PC-I for Social Sector Projects.
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