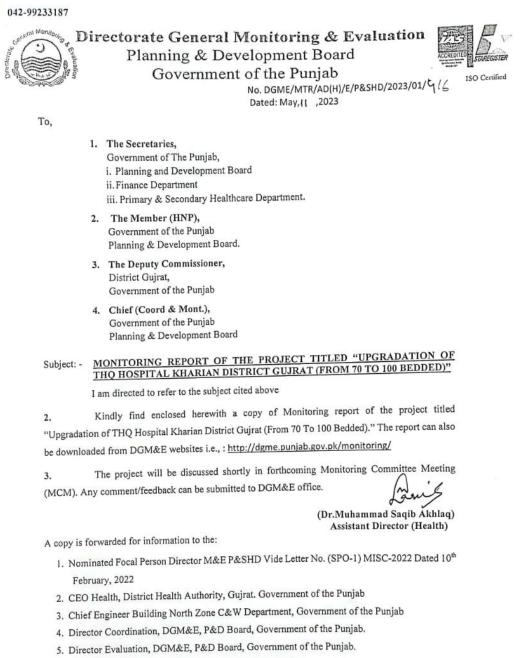


Directorate General Monitoring & Evaluation Planning & Development Board, Govrnment of Punjab



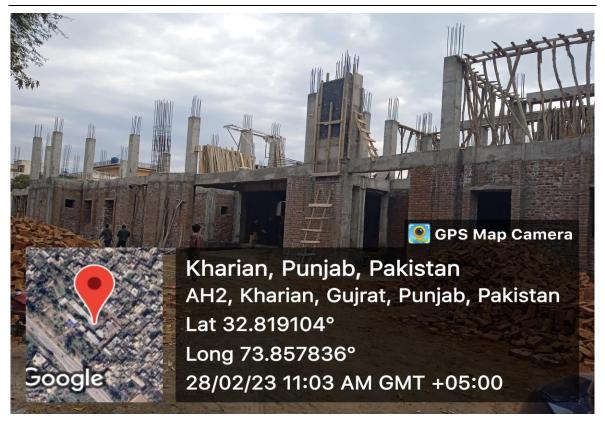


6. P.S to DG (M&E), P&D Board, Government of the Punjab.

4th & 5th Floor, 65-Trade Center Block, M.A. Johar Town, Lahore. Ph: 042-99233176-91; Fax: 042-99233186, Email: info@dgmepunjab.gov.pk; Web: www.dgmepunjab.gov.pk

Yellow

MONITORING REPORT ON THE PROJECT OF UPGRADATION OF THQ HOSPITAL KHARIAN DISTRICT GUJRAT (FROM 70 TO 100 BEDDED



Directorate General Monitoring & Evaluation Planning and Development Board Government of the Punjab

Prepared By Dr. Muhammad Saqib Akhlaq (Assistant Director Health)

March, 2023

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ABOUT THE COVER PAGE

• Colour scheme for assessment of Project Progress (Details of scoring criteria and index is given at Annex-C)

	Above 70	Within Defined Limits
Overall Project Grading	35-70	Need Consideration
	Below 35	Critical

- <u>Green</u>: If overall Monitoring Rating Index Score of the project is above 70, the project progress is considered within **Defined Limits**
- <u>Yellow</u>: If overall Monitoring Rating Index Score of the project is in between 35-70, the project progress needs Consideration/improvement.
- **<u>Red</u>**: If overall Monitoring Rating Index Score of the project is less than 35, the project progress is considered as Critical.

ABOUT THE FRONT PAGE PICTURE



Figure 1: Main Building Site

-			MONITORIN	IG RATING INDEX	
Sr. No	Phase	Cri	teria	Maximum Point	Points Obtained
		Fea	sibility Study (with respect to	threshold of cost of P	roject)
P1.1		i	Yes	5	N/A
		ii	No	0	
		Sta	keholders Involvement in prep	paration of PC-I	
P1.2		i	Yes	5	5
		ii	No	0	
		Bas	eline Data in PC-I		
3		i	Yes	5	5
		ii	No	0	
	Planning	Sco	pe Commensurate with Object	tives	
P1.4		i	Completely matched	5	5
1.4		ii	Partially matched	3	
		iii	Do not Match	0	
		Res	ult Based Monitoring Framew	ork	
P1.5		i	Yes	5	N/A
		ii	No	0	
		Pro	ject Justification/ Need's Asse	ssment	
P1.6		i	Provided	5	5
		ii	Not Provided	0	
			Points Obtain	ned of Planning =	20
A	Weightage of P1 Indicators	()	Points Obtained of Planning	z/20) x 100)*0.2=	20
		For	mulation of Project Team and	Organization (PMU, F	PIU, PSU etc.)
P2.1		i	Formulated	5	N/A
		ii	Not Formulated	0	
		Rev	visions of PC-I		
		i	No Revision	10	
2.2		ii	One Revision	7	7
	Execution	iii	Two Revision	5	
		iv	Three or more Revision	2	
		Ava	ailability of Documents w.r.t (H	liring, Procurement, T	Frainings, Tenders & Bidding etc.)
2.3		i	Provided	10	
		ii iii	Partially Provide Not Provided	5	5
			ernal Monitoring conducted by	-	
P2.4		i	Yes	5	
		ii	No Points Obtain	0 ned of Execution=	0 12
	Weightage of				
В	P2 Indicators	((1	Points Obtained of Execution	/25) x 100)*0.3=	14

		% I	Difference of Planned & Physica	l Progress	
P3.1		i	lesser than 10%	10	
		ii	in between 10% to 20%	5	
		iii	Greater than 20%	2	2
		Dat	a Availability & Response of Pr	oject Authorities	
	Performance	i	Provided	10	
P3.2	Performance	ii	Partially Provide	5	5
		iii	Not Provided	0	
		Ava	ilability of Quality Control Data	a	
D 2 0		i	Provided	10	
P3.3		ii	Partially Provide	5	5
		iii	Not Provided	0	
	Points Obtained of Performance=				12
с	Weightage of P3 Indicators		((Points Obtained of Performance/ 30) x 100)*0.5=		20

Planning 20%, Execution 30%, Performance 50%

	Total (A+B+C)	54			
	Above 70	Within Defined Limits	Green		
Overall Project Grading	35-70	Need Consideration	Yellow		
	Below 35	Critical	Red		

1. Project Profile

Table 1 Project Summary

Project Title	Upgradation of THQ Hospital Kharian District Gujrat (From 70 To 100 Bedded)				
Scheme ID.	01132100862				
GS NO.	638 (2022-23)				
Location	Main G.T Road Kharian				
ADP Sector	Social				
P&DB Sector	Health, Nutrition & Population Welfare (HNP)				
Sub-Sector	Primary & Secondary Healthcare Department				
Sponsoring Ministry/ Agency	Government of the Punjab, Primary and Secondary Healthcare Department				
	Communication & Works (C&W) Department &				
Execution Agency	District Health Authority Gujrat				
Operation & Maintenance	District Health Authority Gujrat				
PC-I Cost	Original Cost= Rs.197.344 Million (Capital Rs.141.572 Million + Revenue Rs.55.772 Million) approved @ CDWP dated 24- 03-2021 Amended Cost = Rs.242.109 Million (Capital Rs.186.337 Million + Revenue Rs.55.772 Million)				
Administrative Approval	Original AA issued on date 18-05-2021 Amended AA issued on date 27-01-2022				
Actual / Expenditure	Rs.145.939 Million				
Planned Start Date	May 2021				
Planned End Date	June 2023				
Actual Start Date	April 2022				
Gestation Period	24 Months				
Beneficiaries	General public of Tehsil Kharian and surrounding areas				
Name of Contractor	M/S Ch. Naseer Ahmed				
Name of Resident Engineer	Communication & Works (C&W) Department				
Name of Designing Engineer	Communication & Works (C&W) Department				

% Financial Utilization	60 % against Amended PC-I of the project
PSDP Share	Yes (Rs.98.672 Million)
Focal Person	Planning Officer, P&SHD
Date of Visit	01-03-2023

2. Project Objectives

The following were the major objectives of the project (derived from PC-I document):

Table 2 Project Objectives

No.	Project Objectives
01.	To increase the geographic accessibility to state of the art Health facilities for the people of the area
02.	To decrease the accidental death rate.
03.	To provide comprehensive and modern medical treatment facilities to make it one of the leading healthcare centers of the area.
04.	In future, in case of any pandemic this hospital will provide the health services to the peoples of the area.
05.	To provide routine and emergency Gynecological and Obstetric coverage to the women.
06.	To achieve optimum healthcare indicators.
07.	To minimize the miseries and financial loss of patients travelling to other far off hospitals for treatment.
08.	To provide better and latest diagnostic facilities to the patients
09.	To facilitate the peoples of the area during pandemic like Covid-19 etc.
10.	Since the arrival of covid-19 the rush of patients has been increased on hospital, after up-gradation of this hospital the patients of covid-19 and other communicable diseases will be treated

3. Project Major Deliverables

Table below presents the results of physical verification of the project major deliverables

Table 3 Verification of Major Deliverables

Sr. No.	Description		PC-I S	cope	Physical	Actual Financial
Α	CAPITAL COMPONENTS	Unit	Quantity	Amount (Million)	Progress (%)	Progress
01.	Non Residential Portion					
I	Construction of Main Building. Basement	P.Sft.	4802	25076044	50%	25076044
li	Ground Floor above basement area	P.Sft.	4802	18194778	50%	64785743

lii	Ground Floor 15130-4802 = 10328 Sft.	P.Sft.	10328	47787656	50%	
lv	First Floor	P.Sft.	14714	51219434	25%	36757359
V	2nd Floor (mumty)	P.Sft.	502	1687724	0%	
02.	Extra Provision for Additional items.				0%	
I	P/L prepolished porcelain granite tile flooring "Master or eq" with dry / wet / venied application DWV series (light color) class SB size 24"x24" tile laid dignally with dark color border in over a bed of ¾"thick cement sand mortor 1:2 i/c filling joints of tiles with white cement mixed with matching pigment curring washing & cleaning complete in all respect as approved by the Engineer in charge. (for Floor)	P sft	25899	4739517		
li	P/L prepolished porcelain granite tile of size 24"x24" (Master Made) i/c border laid over ¾"thick cement sand plaster (1:3) buttering on back of tiles i/c filling joints of tiles with white cement mixed with matching pigment curring washing & cleaning complete in all respect as approved by the Engineer in charge. (Dado / Skirting)	P sft	22541	4125003		
lii	P/L 3/4" thick prepolished marble slab of china verona random for stair steps making nozing on one side laid over a bed of 3/4" thick cement sand mortor 1:2 filling joints with white cement and matching pigment i/c cutting, finishing complete in all respect and as approved by the Engineer Incharge.	P sft	1093	343530		
Iv	P/L fair face gutka cladding size 9"x 2-1/4"x2-1/4" laid over in (1:3) cement sand mortar red posso mortar recessed i/c filling gap with 1:5 cement sand mortor i/c 1:4		23642	3786266		

	inch dia M.S bar 6 inch long at approprite distance as per drawing architectural design complete in all respect and as approved and directed by engineer incharge.				
V	P/F Stainless steel non magnetic stair railing 2-3/4" height consisting of 2" dia 18 SWG pipe top hand rail welded over vertical balustrade of 1-1/2" wide 3/8" thick stainless steel double strip with stainless steel double strip with stainless stud welded to fancy reducer 2"x1/2" at top and M.S Tikki 3" dia 1/4" thick at bottom fixed on steps with holding down rawel bolts 3"x3/8" M.S Tikki covered with architectural multi offset shape stainless steel cap 3" dia at bottom and reduced to 1-1/2" dia at top in 2" height in horizontal steel cap 3" dia at bottom and reduced to 1-1/2" dia at top in 2" height in horizotal stainless steel pipe 3/4" dia 18 SWG 3 Nos fixed with vertical balustrades i/c steel polishing fixed at site complete in all respect.	P.Rft.	1099	1950835	
Vi	P/L glazed cermaic tile of Master or equivalent 10"x13" (Bello) series on light colour base class SB laid floor in white cement and matching pigment over 3/4" thick cement sand mortor 1:2 i/c filling joints with white cement and matching pigment complete in all respect. (for floor).	P sft	2021	363376	
Vii	P/L glazed cermaic tile of Master or equivalent 10"x13" (Bello) series on light colour base class SB laid floor in white cement and matching pigment over 3/4" thick cement sand mortor 1:2 i/c filling joints with white cement and matching pigment complete in all	P sft	5912	1104066	

respect. (for dado / skirting)					
Providing Fixing false ceiling comprising of Gypsum board sheet size 2x2 and 7mm (Imported) approved design and shade, placed fixed on MS frame 1x1-1/4" T section @ 2ft center to center in both way hanging with on suspension system suitable in steel wire fixed with roof drilling with drill machine i/c cost of rawal plug J-hooks with nail, screws etc complete in all respect.	P sft	7713	718852		
InterpretationExtra rate for providing and fixing Lead Lining 2mm thick lead sheet with wall for radiation protection upto roof height as per instruction & covering with MDF board 3/4" thick paneling i/c frame of Kail wood 1-1/2"x2" i/c Termite proofing & fancy deodar wood beading complete in all respect and as approved / directed by the E.I also approved the radiation protecting agency etc complete.	P sft	965	916750		
 Antistatic Vinyl flooring 2mm thickness properly welded at edges and joints accoriding to the latest International O.R standerds electrical discharge flooring with heat welding joints fire rating 685 electrical resistance 10x6 anti bacterial and anti fungus resistance EN423 installation with carbon base Conductive Nontoxic Halogen Free adhesive and copper strip. 	P sft	961	961000		
73. Tube well boring with Turbine 1/2 cusec (detailed attached)	P.Job	1	4803400	15%	2000000
04. Construction of Pumping chamber 13-1/2x13-1/2	P.Sft.	182	523796	0%	
05. Over head rasorvoir 5000 gallons capacity 40th height	P.Sft.	5000	1250000	50%	1780000
Total			169552027		130399146
Add 5% External Development charges			7198282	0%	

on 1	143965636/-					
	Total			176750309		
Add	5% P.S.T.			8837515		6519933
Add	Wapda connection charges.			500000		
Add	Sui Gas connection charges.			250000		
	Total			186337825		145650013
	Say Rs.			186.337 (M)		145.650 (M)
В	REVENUE COMPONENTS	I	1			
01	Machinery	Lump			0%	
01.	Wachinery	sum			0/0	
02	Equipment	Lump		55.772 (M)	0%	0%
02.	Equipment	sum		55.772 (IVI)	078	078
03	Furniture & Fixtures	Lump			0%	
03.		sum			070	

Total Project Cost = 242.109 Million (Capital Rs.186.337 Million + Revenue Rs.55.772Million)

The estimated Overall Physical Progress (Including Both Capital and Revenue Components) =30%

4. Project Major Stakeholders

Following are the Major Stakeholders of the Project:

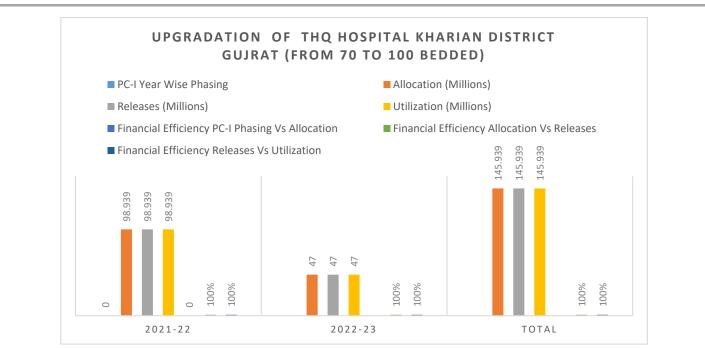
Table 4 List of Major Stakeholders

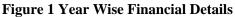
Sr. No.	Name	Designation	Department				
01	Dr. NaeemAkhtar	CEO DHA Gujrat.	Primary Secondary & Healthcare.				
02	Mr. Amir Manzoor	Sub Engineer	Buildings Division Gujrat.				
	Ch. Naseer Ahmed	Contractor	M/S Ch. Naseer Ahmed				

5. Analysis of Project Expenditures

Detail of year wise releases and expenditures of funds is given in Table below;

	DOI				Financial Efficiency					
Year	PC-I Year Wise Phasing	Allocation (Millions)	Releases (Millions)	Utilization (Millions)	PC-I Phasing Vs Allocation	Allocation Vs Releases	Releases Vs Utilization			
2021-22		98.939	98.939	98.939		100%	100%			
2022-23	-	47.000	47.000	47.000	-	100%	100%			
Total		145.939	145.939	145.939		100%	100%			





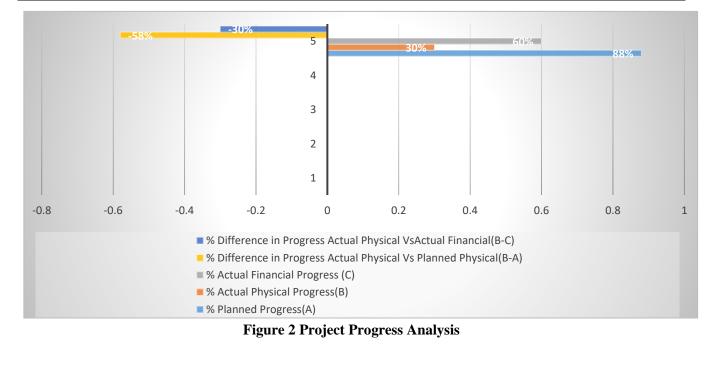
6. Project Progress Analysis

The estimated progress of the project with respect to its plan is given below.

- Planned Physical Progress: 88 % as of [February-2023]
- Actual Physical Progress: 30 %
- Actual Financial Progress: 60 % (against amended PC-I cost of the Project)

Table 5 Project Progress Analysis

			% Difference	e in Progress
% Planned Physical Progress (A)	%Actual Physical Progress (B)	% Actual Financial Progress (C)	Actual Physical Vs	Actual Physical Vs
(Capital + Revenue)	(Capital +Revenue)		Planned Physical (B-A)	Actual Financial (B-C)
88%	30%	60%	-58%	-30%



Observations:

Monitoring of the project had revealed some facts and figures about the project as per physical inspection and analysis. The observations/findings regarding overall project activities are given in ensuing paragraphs: -

- The original PC-I cost of the project was Rs.197.344 Million (Capital Rs.141.572 Million + Revenue Rs.55.772 Million) and the amended PC-I of the project was Rs.242.109 Million (Capital Rs.186.337 Million + Revenue Rs.55.772 Million) Hence, 18% increase in cost was observed.
- 2. It was observed that during the past 21 months, project has received Rs.145.939 million (60% of the total budget) against the total amended PC-I of the project i.e. Rs.242.109 million and Rs.145.939 million (60%) were utilized.
- 3. Civil work of the scheme was planned to be executed by Communication & Works (C&W) Department and although 21 months have lapsed and only 30% physical progress was achieved against 88 % planned progress.
- 4. As the project gestation period is going to be completed in June 2023 but it was observed that project revenue component was not initiated yet.
- 5. As per information provided by the stakeholder, in THQ Hospital Kharian, overall increasing trend in number of patients for year 2021 and decreasing trend in number of patients for year 2022 were observed except medicine, orthopedics, psychiatry, dental, skin and homeo cases respectively, increasing trend were observed (Annex –A).
- 6. In approved rough cost estimate there was no prior sewerage lay out plan for building was observed which may lead towards again increase in cost of the project.
- 7. Cross sectional variation, segregation of concrete, incorrect location of vertical lap in column, wider stirrup spacing at lap splice, dislocation of reinforcement of column cage due to non provision of cover separators and thickness of waist slab in staircases was not according to approved structural drawings as shown in figures,(3,4,5,6,7,8,9).
- 8. It was observed that occupational safety health conditions were poor as laborers were working at height and not wearing the personal protective equipment (PPE) such as safety belt, helmet, safety shoes, gloves and masks etc. and safety ribbon and traffic signs were not placed as shown in figure, (10).

7. Recommendations

Based on the major findings/observations of this monitoring, the following are the some of the recommendations:

- 1. All stakeholders should play their due roles. Similarly, remaining scope of the project should be completed within the project current gestation period i.e. by June 2023.
- 2. Reference to the Observations No.2,3,4, all stakeholders (sponsoring and executive departments, P&SHD, C&W, P&D Board, Finance Department etc.) should play their due role to initiate and complete the remaining work scope of the project within the project current gestation period i.e. by June 2023.
- 3. Reference to observation No.5 sponsoring agency may observe and identify the cause of increasing trend in number of patients of medicine, orthopedics, psychiatry, dental, skin and homeo cases in THQ Hospital Kharian.
- 4. Reference to observation No.6 regarding sewerage work sponsoring and executing agencies may design and implement the layout plan to avoid further delay.
- 5. Reference to observation No.7 sponsoring and executing agencies may rectify all the highlighted issues and share pictorial evidences with DGM&E office.
- 6. Reference to observation No.6 sponsoring and executing agencies may design and implement sewerage work layout plan to avoid further delay.
- **7.** Reference to observation No.8 sponsoring and executing agencies may improve the occupational safety health conditions at site.

8. Photo Gallery

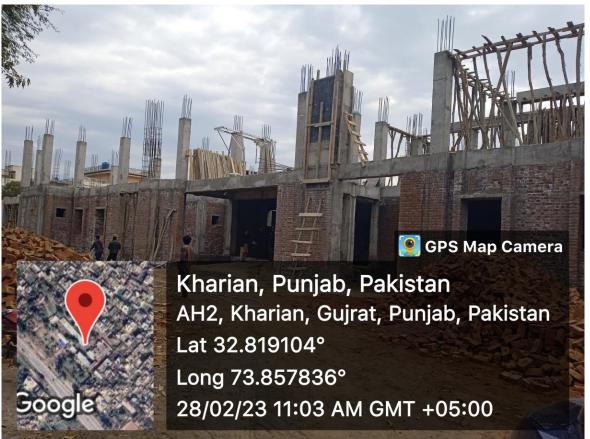


Figure: 2 Main Building Site



Figure: 3 Cross sectional variation & segregation of concrete



Figure 4: Incorrect Location of Vertical Lap in Column



Figure 5: Wider Stirrup Spacing at Lap Splice



Figure 6: Wider Stirrup Spacing at Lap Splice



Figure 7: Dislocation of reinforcement of column cage due to non provision of cover separators



Figure: 8 Dislocation of reinforcement of column cage due to non provision of cover separators

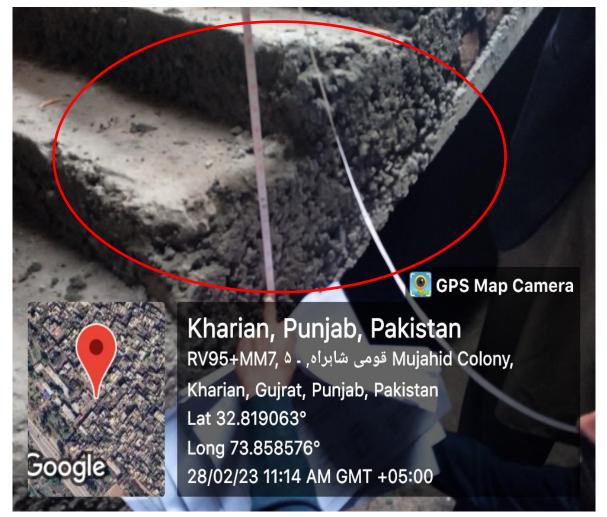


Figure 9: Thickness of waist slab in staircases was not according to approved structural drawings

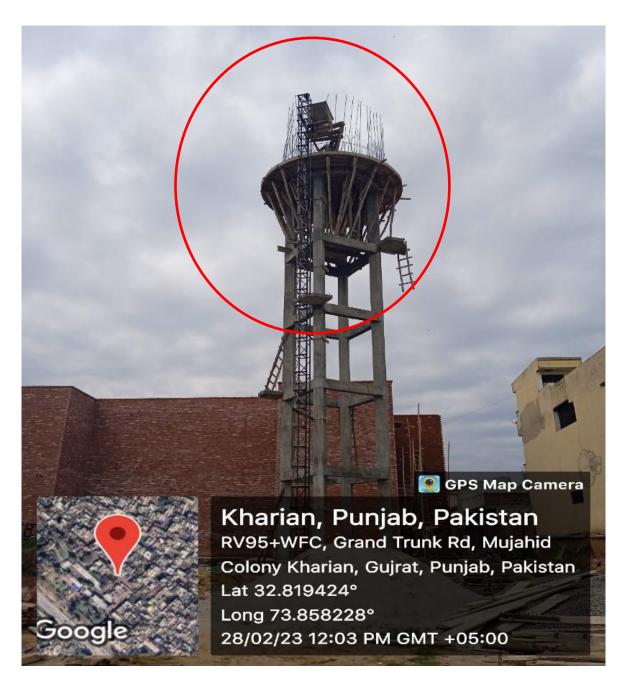


Figure 10: Laborers were working at height without PPEs

Annex-A

Statistical Data of THQ Hospital Kharian from January 2021 to December 2021 (As provided by stakeholder)

1			2	00	1	Aggreg	ated Sec	ondary I	lospitaļ	Monthly Rep	ort				
ł	Month - Year		4	.02				District	Gujrat					300	
•	Section I: Ide		_	ary-2021 1	to Decem	ber-2021				Total Wor	king Da	5		500	
F		ntificat	tion		1	_			. 1-		-			Dr. Bilal Bin Tariq	
ŀ	1 Facility ID 142159 2 Facility Name THQ HOSPITAL KHARIAN								4 Facility menalige						
	3 Tehsil				Kharlan	SPITAL KHA	ARIAN			Designation teceiving Date				WStor	mit
s	Section II: Mo	onthiv	Perfor	mance			No. of Concession, Name	- Martin	and the second second	Contraction of the lot	Inches of South	Contraction of the	all sold if the last	Construction of the Association	of the other of the
F	1	, and any a	citor	mance							arget		Pe	rformance(#)	
1	Daily OPD atten	dance (#)				*					arger		688		509
2	and the second se	on coverag	je (#)										1,044		1,05
3	the coverage (#)											1	1,560		1,76
5	TB-DOTS patient				als (#)	-			-		_		1,200		1
6	Total Visit for FP	(#)	inore un	an one we	ek (#)								360		13
7	Obstetric compli		tended (#	¥)									180		73
8	C-Sections Perfo		5										180		. 50
10	Lab service utiliz Bed Occupancy r				-		_						960		4
11	the second se	ate (#)		10		-			•				0		2
12	Hospital death ra	ite (%)	5										0		
13	Monthly report d	ata accura	icy (%)										95		
Se	ection-III:Ou	tpatie	nts At	tendan	ce(fre	(C5000	Paniste	er) Se	condar	ry-1 (SHC)	1			*
	10-45			*	1	4		1	T	1.	1			No. of cases	
		(M) <1 Year	(M)1- 4	(M)5- 14	(M) 15-49	(M)50+	(F) <1 year	(F) 1-4	(F) 5- 14	(F) 15-49	(F) 50+	Total	Followup	of Malnutrition (<5 yr) Children	Referred Attended
	General OPD	2	13	673	6,970	4,066	0	61	746	9,736	4,697	26,964	27		4
	Medicine	0	-		419	395	0		-	and the second se		2,383	65		
_	Surgery	147	187	511	1,636	1,762	168	249	-		-	10,514		0 0	
-	Pediatrics	2,156	2,635	2,912	0	0	1,383	1,900	-	the second se		13,103		0 0	
-	Eye	39	113	443	2,609	2,418	117	289	-	-		12,381 4,335	32		
-	Orthopedics	7	. 136	213	484	396	10	141				2,494	the second second second	0 0	
	Psychiatry	0	0	0	0	0	0	0	0	0 0	0	0		0 0	
_	Dental	5	. 65	292	878	305	5	27	-	_		3,766	16		
-	Skin	37	214	351	712	517	32	240				3,804	2,57		
1	OB/GYN Emergency /							-	-						-
	Casualty	1	26	205	10,936	2,736	5	39	1,055	1.0000		26,256		S	
_	Homeo Case	0	2	249	374	160	0	1	587	1,665	633	3,671	37		
	Tibb/Unani Shifa Khana OPD Cases	0	0	26	342	. 124	0	0	99	470	173	. 1,234	20	5 0	1
1	Cardiology	0	0	0	0	0	0	0				0		0 0	
(Others	1	2	200	5,560	3,072	0	3	241		-	18,621		2 (
_	Grand Total	2,516	3,608	7,070	32,000	16,378	1,759	3,024	8,229	52,602	20,965	148,151	4,63		8
e	ction IV: Cas	es atte	ending	OPD	(From	OPD Ab	stract			+		_			
	piratory Diseases								4 Hyper	and a statement of the statement of the					6,5
1	Acute (upper) Res	piratory In	fections	(AURI)			2		kin Dise					54	
1	Pneumonia <5 yea	irs							5 Scable			,			3,2
1	Pneumonia >5 yea	rs						20	6 Derma	eous Leishmar	niasis				9
-	B Suspects							572	-	e Diseases	inguing .				
c	hronic Obstructive	Pulmona	ry Diseas	ses				1'230		tes Mellitus				2	
	sthma							200							1,0
-	ro Intestinal Dise									ychiatric Dis	eases			8 I.	
	iarrhoea/Dysenter			-					Depre		-	-		· · · · ·	
Dlarrhoea/Dysentery in >5 yrs 1,468 30 Drug Dependence Enteric/Typhold Fever 59 31 Epilepsy															
-	form infestation							2,546 E	ye & EN		-				
-	eptic Ulcer Disease	s						2,777 3	-						2,1
-	rrhosis of Liver				2			0 33		ALC: NOT THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE OWNER OWNE OWNER O					
-	ry Tract Disease							2,222 3							
-	rinary Tract Infection	the second s		1000-0-	-	12		0							1,0
	ephritis/Nephrosis exually Transmitted			-					ral Dise					1	
-	enign Enlargement							63 30	Dental		10				2,
-	Communicable							37	-	Poisoning	15				
-	uspected Malaria							151 38	_						5,
-	uspected Meningitis							0 39	-				1 200		
-	ever due to other c					-	7	1 106) Dog bi						
cl	the Brought H. Blances								Snake	bites (with si	gns/symp	toms of p	ooisoning)		

Statistical Data of THQ Hospital Kharian from January 2022 to December 2022 (As provided by stakeholder)

	onth - Year	-	522		Derect	1000		District		Total Work	king Da	ys		336	
-	States and s		-	y-2022 to	Decembe	er-2022				Total		a statement	a local distance		
Se	ction I: Iden	tificati	on											Dr. Bilala Bin Tario	q
1	Facility ID				142159					acility Incharge				MS)	1
2	Facility Name				THQ HOS	PITAL KHA	RIAN			esignation				Ration	nat
3	Tehsil Kharian 6 Receiving D											-	No. of Concession, Name	1 2 1 2 1 2 2 2	alarmin Com
Se	ction II: Mor	thiv P	erform	nance											
-								1000		Ta	arget			rformance(#)	17
1	Daily OPD attenda	nce (#)	_										188		2
2	Full Immunization		(#)										261 390		29
3	Antenatal care cov												300		19
4	Delivery coverage	at facility	(#)										0	-	
5	TB-DOTS patients	missing r	nore tha	n one wee	k (#)								90		
5	Total Visit for FP (45		34
7	Obstetric complica		ended (#)									45		4,54
9	C-Sections Perform Lab service utilization												0		4/2
_	Bed Occupancy ra								-				240		1
11	LAMA (#)	ie (e/											0		
12	Hospital death rat	e (%)											48		
13	Monthly report da	a accurat	cy (%)						Section in which the		-	No. of Concession, Name	and the second s	1	
Se	ction-III:Out	patier	ts Att	endan	ce(from	n OPD I	Registe	r) Sec	ondar	-y-1 (SHC)				No. of cases	
		(M) <1 Year		(M)5- 14	(M) 15-49	(M)50+	(F) <1 year	(F) 1-4	(E) 5-	(F) 15-49	(F) 50+	Total	Followup	of Malnutrition (<5 yr) Children	Referred Attended
	1.1							05	442	3,284	1,782	12,984			
L	General OPD	1	949	1,360	3,203	1,864	14	85	66		1,390	6,299	9		6
2	Medicine	0	3	27	1,054	1,378	. 0	73	376	-	1,637	6,522	(
3	Surgery	44	83	297	1,026	1,102	1,007	1,389	1,588		0	9,680	(
1	Pediatrics	1,269	1,599	2,828	1,246	1,071	65	146	426		1,255	6,049	(7
5	Еуе	107	134 86	420	845	489	. 24	52	307		491	3,822	83		
5	ENT !	28	140	278	868	906	65	145	294		1,172	5,078			
_	Orthopedics	0	1	25	57	19	0	2	18		17	230	17		
3	Psychiatry Dental	. 3	63	974	2,684	1,164	2	24	756		1,562	4,296	(-	
0	Skin	77	150	340	901	478	63	126	340		1,855	8,514	1,668	8 0	
1	OB/GYN	0	0	0	0	0	0	0				13,076		0	
	Emergency /	165	134	444	4,646	2,084	84	53	319		1,949		143		
2	Casualty	0	3	149	1,044	667	0	2	253	1,237	628	3,983			
3	Homeo Case Tibb/Unani Shifa			26	151	102	0	2	36	160	127	605	48		
4	Khana OPD Cases	0	1			0	0	0	0	0	0	0			
5	Cardiology	0	0	0	4,615	4,099	9	0	279	5,387	3,616	18,263	1,370		16
6	Others	0	15	243 7,913	22,340	15,423	1,366	2,099	5,994	33,101	17,945	111,291	3,425	0	10
.7	Grand Total	1,749	3,361	7,915			and in case of the local division of the loc	Form						23	
Se	ction IV: Cas	es att	ending	g OPD	(From	OPD AD	stract	- Unity	4 Hyper	tension					2,49
	aleatory Disease								kin Dise						
les	Acute (upper) Res	piratory I	nfections	(AURI)				and the second party of					-		1,05
-								25 2	5 Scabie 5 Derma	title					1,10
	Pneumonia <5 yes			11				31 2	7 Cutan	eous Leishmani	lasis				
1	Pneumonia >5 yea	ors						324		e Diseases					
	TB Suspects	D. Jacob	ny Dicez	ISAS				440		tes Mellitus	-				2,19
-	Chronic Obstructive	e Pulmon	ary bises								-				
,	Asthma tro Intestinal Dis	0360								ychiatric Dise	ases	-			
Sas	Diarrhoea/Dysente	ry in <5	rs		-				Depres						
-	Diarrhoea/Dysente	ry in >5	rs							Dependence					
-	Enteric/Typhoid Fe	ver							Epileps						
0	Worm Infestation				19-1-1-1		-	. 227	2 Catara						65
1	Peptic Ulcer Diseas	es						16 3							
2	Cirrhosis of Liver							34	_						1
Jri	nary Tract Diseas	es			-			1,086 3	_						75
3	Urinary Tract Infect	tions		-					ral Dise						
4	Nephritis/Nephrosi	d Dicaze	A5		-			2 30	5 Dental	Carles					71
15	Sexually Transmitte	t of Prost	ate							/ Poisoning					2,02
6	Benign Enlargemen	Disease	S					37		raffic accidents					2,02
Other Communicable Diseases								148 38							3
Oth	7 Suspected Malaria								Burns						35
7	8 Suspected Meningitis								Dog bl	10					
8	Suspected Meningi Fever due to other	causes						1,935 40	Dog u	bites (with sig	ns/cumo	toms of a	olsonine)		

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Directorate General Monitoring & Evaluation Planning & Development Board, Govrnment of Punjab

ANNEX-B

UPGRADATION OF THQ HOSPITAL KHARIAN DISTRICT GUJRAT (FROM 70 TO 100 BEDDED)

HEALTH & SAFETY CHECK LIST											
Sr. No	Description	Yes	No	Remarks							
1	Do workers have a safe route to their place of Work?										
2	Is the site fenced and secure so that the public cannot gain access?		\checkmark								
3	Area members of the public, such as people passing by the site, protected e.g. from falling materials, moving machines?		\checkmark								
4	Area traffic rules routes kept clear and are they well lit?		\checkmark								
5	Is the site tidy and well laid out?										
6	Are appropriate safety signs in place eg. Traffic routes, Deep excavations, PPE?		\checkmark								
7	Are welfare facilities e.g. toilets and canteen, adequate and are they kept clean?		\checkmark								
8	Are First-Aid facilities in place and do workers know where they are?		\checkmark								
9	Is appropriate lifting equipment Available for handling heavy loads, is it stable for the job, certified and inspected regularly?		\checkmark								
10	Are electrical systems and equipment maintained and frequently inspected by a competent person?		\checkmark								
11	Are workers Available with full body harness and fallen protective measures are there like netting, scaffolding platforms?		\checkmark								
12	Are excavation slopes properly maintained?		\checkmark								
13	Is there any induction plan and are the workers being inducted?		\checkmark								
14	I there any monsoon mitigation plan/strategy and being implemented?		\checkmark								

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