

GOVERNMENT OF PAKISTAN PLANNING COMMISSION

PC-1 FORM

1. NAME OF THE PROJECT RE-CONSTRUCTION OF LADY WILLINGDON HOSPITAL, LAHORE
2. LOCATION
(Map Attached) LADY WILLINGDON HOSPITAL,
RAVI ROAD, LAHORE.
DISTRICT LAHORE,
PROVINCE PUNJAB.
3. AUTHORITIES RESPONSIBLE FOR:
- i) SPONSORING 1. GOVERNMENT OF THE PUNJAB,
HEALTH DEPARTMENT
- ii) EXECUTION 1. GOVERNMENT OF THE PUNJAB,
C&W DEPARTMENT
2. MEDICAL SUPERINTENDENT,
LADY WILLINGDON HOSPITAL, LHR.
- iii) OPERATION MAINTENANCE: 1. MEDICAL SUPERINTENDENT,
LADY WILLINGDON HOSPITAL, LHR
2. GOVERNMENT OF THE PUNJAB,
C&W DEPARTMENT
- iv) CONCERNED FEDERAL MINISTRY NA

4. (a) PLAN PROVISION.

- i. If the project is included in the medium term/five year plan, specify actual allocation.

This scheme is included in ADP 2015-16 with an allocation of Rs. 80.00 M (to C&W Dept.)

- ii. If not included in the current plan, what warrants its inclusion and how is it now proposed to be accommodated.

Not Applicable

- iii. If the project is proposed to be financed out of block provision indicate.

Not Applicable.

- (b) Provision in the current year ADP.

This scheme is included in ADP 2015-16 with an allocation of Rs. 80.00 M (to C&W Dept.)

5. PROJECT OBJECTIVES.

This scheme comes under the Annual Development Programme for the year 2014-15 for Re-construction of 350-bed New Block of Lady Willingdon Hospital, Lahore. The existing capacity of the hospital does not fulfill the requirements of the catchment area, therefore it needs expansion. The establishment of New Block of this hospital will be beneficial for the patients both in terms of reduction of overcrowding as well as improving level of services provided, as a result of which overall morbidity and mortality will come down drastically.

6. DESCRIPTION AND JUSTIFICATION OF PROJECT

For Health sector give brief history of proposed facilities and justification of the project. This should be elaborated to reveal balance between preventive and curative services and between the various facilities in the hospital e.g. Outdoor/Indoor and Surgical/Medical facilities.

The Lady Willingdon Hospital, Lahore is a part of teaching complex affiliated with the King Edward Medical University, Lahore. This hospital was established in 1930 (inaugurated 1933) having 56 beds to serve the women populace of the walled city of Lahore and to impart teaching and practical training in Midwifery and Gynaecology to the undergraduate and post-graduate medical students when the admission in King Edward Medical

College, Lahore was 80 students only. With the passage of time and increasing work load the bed strength increased to 235 with bed occupancy rates of upto 150%. Spread over 120 Kanals, this hospital is presently the largest purely Obstetrical and Gynecological hospital in Pakistan, attracting routine as well as complicated cases from all over the country. Therefore, the need for increasing capacity has arisen to justify the hospital's tertiary level status and meet the needs of an ever-increasing patient load. The output of workers can truly be evaluated only when they are provided with necessary physical facilities and tools to perform particular tasks. Presently the hospital is short of beds, equipment, staff as well as treatment options which can result in sub-optimal service delivery and translate into dissatisfied patients and complaints.

The project will be located on Main Ravi Road between Taxali and Fort Roads at the site of existing Punjab Dental Hospital and OPD of this hospital (approx 42 Kanals). The new block will have upto 350 beds on ground plus 2 floors while parking and ancillary services will be located in 2-level basement. There will be 12 OTs and latest screening, diagnostic and curative services for women having Obstetric and Gynaecological needs including MRI, dental unit and dialysis facility for eclamptic patients. A Minimal Access training and surgery unit for Laparoscopy, Hysteroscopy and Colposcopy will be first of its kind in any Government hospital as will be a latest Assisted Reproductive Techniques (ART) Centre. In addition to providing expanded demand-matching, diagnostic/operative facilities to the patients, this scheme will also update the training opportunities to the staff of all cadres thereby producing the most highly trained obstetrical and gynecological teams in the country.

In the best interest of patients, modern/sophisticated equipment for Re-construction of new block of Lady Willingdon Hospital, Lahore has been included in the scheme.

JUSTIFICATION

The Lady Willingdon Hospital, Lahore is nearing its Centenary, having started as the 56-bed Government Hospital for Women, Lahore in 1930. It gained its present name on 11th March, 1933. Its basic raison d'être was to provide practical midwifery training to the MBBS students of KEMC, Lahore while serving the maternity needs of the city which it continues to do to-date. After 20 years the bed strength doubled to 100 and again to 235 after 25 years where it has remained static. The following table reflects on patient load and service provision over the years:

Year	Deliveries
1947	586
1963	1720
1983	6012
2003	10470
2014	15745

When this hospital was established the population of Lahore was only 2 lac. As Lahore has transformed into a megalopolis with population exceeding 10 million, the bed strength must be doubled again with an eye on the future as the last decade's inflow trends are illustrative of this need:

	2003	2013	% Change
OPD	88843	118162	+33
Indoor	28205	35199	+24
Deliveries	10470	15516	+48
Operations	12118	15212	+25
Lab Tests	194423	524761	+170
USG	20946	41354	+97

The Government's currently running plan to establish a state-of-the-art, Minimally Invasive Gynecological Laparoscopy Surgery and Training Centre at Lady Willingdon Hospital, Lahore will generate new demand as the public utilizes this most modern technique thereby furthering the urgency for more physical and functional capacity.

Health, Nutrition, Family planning and social welfare.

1. The proposed scheme will offer preventive, diagnostic and curative services.
2. Diagnostic facility will be provided in the outdoor as well as indoor while curative facility will be available in the indoor.

7. Cost Estimates.

Total Cost of the Project **Rs.3364.860(m)**
I. Capital Cost: **Rs.2154.751(m)**

Basis of determining the Capital Cost.

The Government of the Punjab, Health Department has provided Revised Rough Cost Estimate vide No.SO(DEV-I)2-7/2011(P-I), Dated 22-10-2015.

II. Revenue Cost **Rs.1210.109(m)**
Equipment Rs.868.941(m)
General Store/Furniture Rs.145.850(m)
Pay & Allowances Rs.195.318(m)

Component-wise, year-wise physical activities.

Item	Unit	Year-I	Year-II	Year-III	Total
List Attached (A)	Building Portion	718.250(m)	718.250(m)	718.250(m)	2154.751(m)
List Attached (B)	Medical Equipment		-	868.941(m)	868.941(m)
List Attached (C)	General Store/Furniture		-	145.850(m)	145.850(m)
List Attached (D)	Pay & Allowances		-	195.318 (m)	195.318 (m)
Total		718.250(m)	718.250(m)	1928.359(m)	3364.860(m)

Phasing of Capital cost be worked out on the basis of each item of work as stated above and provide information as per following.

Year-wise/component-wise financial phasing

		Rs. In Million											
	Item	Year-I			Year-II			Year-III			Total		
		Total	Local	F E C	Total	Local	F E C	Total	Local	F E C	Total	Local	FEC
A	List Attached	718.25(m)	718.25(m)	-	718.25(m)	718.25(m)	-	718.25(m)	718.25(m)	-	2154.75(m)	2154.75(m)	-
B	List Attached	-	-	-	-	-	-	868.941(m)	868.941(m)	-	868.941(m)	868.941(m)	-
C	List Attached			-	-	-	-	145.85(m)	145.45(m)	-	145.45(m)	145.45(m)	-
D	List Attached			-	-	-	-	195.318(m)	195.318(m)	-	195.318(m)	195.318(m)	-
	TOTAL	718.25(m)	718.25(m)	-	718.25(m)	718.25(m)	-	1928.35(m)	1928.35(m)	-	3364.86(m)	3364.86(m)	-

In case of revised projects, provide.

Not Applicable.

8. Annual Operating Cost.

Maintenance of Equipment for 1 year Rs.17.37 (million)

@ 2% of equipment cost.

For 5 year Rs.86.85(million)

9. Demand-Supply Analysis.

1. Existing capacity of services and its supply.

Presently bed strength is 235 with perpetual overloading; doubling and even tripling on each bed leads to complaint generation due to long waiting times/sub-optimal service delivery. Increasing beds by 300-plus with matching human resources will largely alleviate patient woes. Additionally, three or more teaching units will be added as per PMDC/CPSP Guidelines offering opportunity of employment to more Consultants, Senior

Registrars and Medical Officers and training facility to hundreds more P.G. Trainees in specialty of Obstetrics & Gynecology.

2. Projected demand for ten year

Not Applicable.

3. Capacity of projects being implemented both in the public & private sector.

No project of such size is currently envisaged in the specialty of Obstetrics & Gynecology in Punjab.

4. Supply-demand gap

Current bed strength and service delivery is inadequate in the face of increasing load as seen in table below:

YEAR	BEDS	DELIVERIES	OPD
1947	74	586	-
1963	100	1720	-
1983	235	6012	-
2003	235	10470	88843
2014	235	15745	118162

5. Designation capacity & output of the proposed project.

Not Applicable.

10. Financial Plan.

Sources of financing.

ADP 2015-16.

- (a) Equity:-

Indicate the amount of equity to be financed from each source.

- | | |
|---|----------------------|
| 1. Sponsors own resources. | Rs.3364.860 (m) |
| 2. Federal Government. | Nil |
| 3. Provincial Government. | Mentioned at Sr.No.1 |
| 4. DFI's /banks. | Nil |
| 5. Foreign equity (indicate partner agency) | Nil |
| 6. NGO's/beneficiaries. | Nil |
| 7. Others | Nil |

(b) Debt.

Not Applicable.

(c) Grants along with sources

Not Applicable..

(d) Weighted cost of capital.

Not Applicable.

11. (a) Project benefits and analysis.

Service will be provided free of cost to General Patients. However payment from Private Patients will be received as per prescribed Government rates for surgery.

Social.

The scheme is purely in the best interest of the patients by providing them optimal Gynecological & Obstetrical emergency cover in comfortable, uncrowded settings. Major additional benefits are the skill development of large number of staff undergoing training and employment opportunities for all cadres.

Environmental.

Not Applicable.

(b) Project analysis.

1. Quantifiable output of the project.

As per increase factor of beds from 235 to 500 plus leading to doubling of service output figures.

2, 00,000 OPD visits per year minimum

2. Unit cost analysis.

Not Applicable.

3. Employment generation (a) direct and indirect and (b) male and female, if possible.

As per list attached

4. Impact of delays on project cost and viability technology.

Not Applicable.

12. (a) Implementation of the project.

1. Starting and completion date of the project.

Dec,2015, to Dec,2018 (2 to 3 years build time as per C&W Department)

2. Item-wise/year-wise implementation schedule inline chart co-related with the phasing of physical activities.

Submission of PC-I May 2015

Revision of PC-1 Nov 2015

Approval of Scheme Dec 2015

***Revenue portion will be revised 6-8 months before building handover.**

- (b) Result Based Monitoring (RBM) Indicators.

S.No.	Input	Output	Out come		Targeted Impact
			Baseline Indicator	Targets After Completion	
1.	Rs.3364.860(M)	RECONSTRUCTION OF NEW BLOCK 350-BED LADY WILLINGDON HOSPITAL, LAHORE.		2, 00,000 patients will be benefited per year	

13. Management structure and manpower requirements.

- (a) Administrative arrangement for implementation of the project.

1. End User.
2. Budget & Accounts Officer
3. Addl.Medical Superintendent (Store)
4. Medical Superintendent (Chairman).

- (b) Manpower requirements during execution and operation of the project by provided by skills/profession.

As per list attached.

- (c) Job description qualification, experience, age and salary of each job be provided.

As per list attached.

14. Additional Projects/description required.

Not Applicable.

15. Certificate.

Certified that the project proposal has been prepared on the basis of instructions provided by the Planning Commission for the preparation of PC-1 for Social Sector Projects.

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Approved by

SECRETARY
Government of the Punjab,
Health Department, Lahore.