MODULE 13 | DEVELOPMENT BUDGETS AND BUILDING NEW SERVICES

Project Delivery, Monitoring and Change Control

Practical hospital governance in Punjab, Pakistan

54

LECTURE

Turn approved plans into verified work.
Control costs, time and changes.

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SELF-STUDY PDF

Keep delivery under control

For the Medical Superintendent (MS): connect approved scope, site activity, payments and patient safety.

- Identify who may decide and certify.
- Verify progress using records and site evidence.
- Forecast the money and time still needed.
- Obtain authority before committing to changes.

OFFICIAL SOURCE

A principle tied to a named law, standard or official guidance.

WORKING METHOD

A practical control or teaching format to adapt to the authorised system.

TEACHING CASE

An invented hospital example, used to practise applying the correct process.

Study output

A checked project review showing progress, remaining cost, risks and decisions required.

Module 13 | Presentation 3 of 4. Allow 45-60 minutes with exercises. All explanations are on the pages; check the cited sources before live use.

Know what has actually been approved

A baseline is the agreed reference against which progress and change are measured.

Keep the approved reference

- Obtain the approved PC-I, approval minutes and conditions, administrative approval, relevant technical sanction, scope, drawings and cost breakdown.
- Record the completion target, annual allocation, funding source and actual releases. Check each document's date and the authority that issued it.

Keep changes visible

- Keep the original approved version and every authorised revision. Record who approved each change and when it took effect.
- An updated spreadsheet is a forecast. It does not by itself amend project approval, a contract or a budget.

PC-I sets out the project proposal. Keep its approved version and the decision and conditions issued by the competent forum.

WORKING METHOD | Illustrative material is identified in the text.

Assign responsibility without assuming powers

Use the project order, delegation and contract to identify the actual office holder.

Role	What to establish in writing
Sponsoring department	Who owns the service objective and submits decisions to the competent forum.
Project director / executing agency	Who coordinates delivery, reporting, contracts and approved project resources.
Engineer / works agency	Who designs, supervises, measures, tests and issues technical certificates under the contract.
MS and hospital team	Who protects patient care and specifies operational requirements and readiness.
Finance / procurement officers	Who checks authority, funding, lawful procurement, accounts and payments.

C&W means Communication and Works. It is the works agency only where the project arrangements assign that role.

WORKING METHOD | Illustrative material is identified in the text.

Check readiness before work begins

Suggested start checklist. Any unresolved condition needs an owner, a decision and a safe interim arrangement.

01 Authority

Approved scope, assigned responsibilities and required sanctions are available.

02 Site

Possession, access, boundaries, existing services and constraints are recorded.

03 Design

Required drawings, specifications and technical approvals are complete.

04 Contract

The valid agreement and any conditions for commencement are checked.

05 Resources

Funding, staff, supervision and procurement dates are workable.

06 Patient care

Protect clinical access, utilities, infection control and emergency routes.

Project approval is not permission to ignore a separate requirement for land, building, environmental or other approval.

WORKING METHOD | Illustrative material is identified in the text.

Break the project into clear work packages

A work package is a defined part of the project with an owner, an output and a completion check.

Package	Evidence that it is complete
Civil and building work	Measured work, required tests, defects addressed and technical acceptance.
Electrical and mechanical services	Installed systems tested against the approved specification.
Equipment and information systems	Delivery, installation, acceptance tests, interfaces and training.
Staff and clinical procedures	Required appointments, rosters, training and approved care processes.
Commissioning and opening	Integrated testing and operational readiness, addressed in Lecture 55.

Dividing work for management does not authorise splitting procurement to avoid the applicable procedure.

Sources: **D2**: rule 9

Put tasks in the order they can be completed

A dependency is something that must be ready before another activity can proceed.

1	**List the outputs**	State what will be built, installed, tested or approved; avoid vague entries such as work in progress.
2	**Link the tasks**	For example: finish the room, provide power, install equipment, test it, train users and approve use.
3	**Set dates and owners**	Include realistic procurement, approval, delivery and testing time; agree the responsible person.
4	**Review the critical sequence**	Identify linked tasks whose delay would delay completion; update the forecast when evidence changes.

Work that can safely run in parallel may shorten delivery. Do not assume every task can overlap.

WORKING METHOD | Illustrative material is identified in the text.

Match the work plan with the cash plan

A cash plan estimates when payments will fall due. It must be consistent with the planned work.

Build the forecast

- List expected payments by month or quarter, including any contractually authorised advance, milestones, taxes and retention effects.
- Compare expected payments with released funds and permitted spending. Escalate a shortfall before it stops work or creates an unpaid liability.

Check the assumptions

- A delayed activity may shift cash needs into a later period. A delayed payment does not mean the work never happened.
- Keep the forecast separate from the accounting record. Reconcile actual expenditure with finance records and explain timing differences.

This is a planning method. Accounting classification and payment authority follow the applicable financial rules.

WORKING METHOD | Illustrative material is identified in the text.

Plan procurement as part of delivery

Punjab public procurement must use the applicable Punjab framework and current directions.

Plan the complete requirement

- Rules 8-11 address annual planning, improper splitting, competitive specifications and the approval mechanism.
- Prepare procurement dates that allow the lawful process, delivery, installation and acceptance. Check the current e-procurement directions.

Check the interfaces

- Ensure equipment specifications match the approved room, power, gases, ventilation, drainage and information systems.
- Identify who supplies each interface. Resolve gaps in the documents before tendering or signing; do not rely on an informal promise.

A procurement timetable cannot be shortened by treating an avoidable planning delay as automatic emergency authority.

Sources: **D2**: rules 8-11 | **D3**: applicable directions

Read the contract before issuing instructions

The contract identifies rights, duties, milestones, notices and remedies.

Confirm the start

- Rule 63 distinguishes acceptance or purchase orders, signed contracts, and contracts dependent on stated conditions.
- Check that the applicable route and conditions are satisfied. Separately identify the contractual start date and time allowed for completion.

Keep the controlling documents

- Keep the signed agreement, applicable conditions, accepted specifications, priced schedules, drawings, programme and required security records.
- Identify the person authorised to instruct the contractor. Record any permitted advance, insurance and performance-security conditions before processing action.

The MS should not issue technical or contractual instructions outside the powers assigned to that office.

Sources: **D2**: rule 63

Record the site handover

Suggested handover record for an existing hospital site.

01 Extent

Identify the handed-over area and any area excluded from possession.

02 Condition

Record existing damage, obstructions and utilities before work starts.

03 Access

Agree staff, patient, emergency and contractor routes.

04 Restrictions

Record permitted work hours, clinical restrictions and required safeguards.

05 Interfaces

Name the people who approve utility interruptions and hazardous work.

06 Evidence

Record dates, drawings, photographs, unresolved items and signatures.

Do not certify unrestricted possession when an unresolved condition prevents safe or lawful access.

WORKING METHOD | Illustrative material is identified in the text.

Protect the hospital while construction continues

Use a joint assessment by clinical, infection-prevention, estates and contractor teams.

Before and during work

- Assess infection risks before construction or renovation. Use the approved barriers, dust controls, routes and monitoring for the actual work.
- Control noise, vibration, debris, water disturbance and planned interruptions. Keep emergency access and safe escape routes available.

When conditions change

- Report a damaged barrier, unsafe work or unplanned service loss immediately. Apply the approved protective response and obtain competent assessment.
- Check restoration and cleaning before returning affected areas to use. A contractor's completion statement does not establish clinical readiness.

CDC guidance supports the technical approach. Punjab duties and applicable PHC requirements remain the governing local framework.

Sources: **D6**: construction and renovation | **D7**: indicators 118-121

Accept evidence of quality, not appearance alone

Set the inspection and testing arrangements before critical work is covered or put into service.

Control	What the MS should request
Inspection points	Which work needs inspection before the next stage and who may release it.
Material and installation checks	Required certificates, tests, samples and evidence of conformity.
Measurements	Verified quantities and locations recorded by the authorised technical personnel.
Defects	A dated list with responsibility, correction evidence and re-inspection.
Technical acceptance	The appropriate signed certificate, with any limitations clearly stated.

The MS ensures that competent verification occurs; a clinical administrative signature is not an engineering test.

WORKING METHOD | Illustrative material is identified in the text.

Match a payment to the work and authority

Suggested payment review, used with the contract and applicable financial rules.

1	**Establish entitlement**	Identify the contractual payment event and required supporting documents.
2	**Verify the claim**	Obtain authorised measurement, delivery or acceptance evidence; check previously certified quantities.
3	**Check the amount**	Reconcile prior payments, advances, deductions, retention and taxes as applicable; prevent duplicate payment.
4	**Authorise and record**	Confirm funding and delegated powers, pay within applicable terms, and retain the complete payment trail.

The old rule 62 payment provision was omitted on 30 April 2025. Do not apply its former deadline as a current Punjab PPRA rule.

Sources: **D2**: omission of rule 62

TEACHING CASE

An unpaid commitment still matters

Invented cash-control example. Amounts are PKR million; all three amounts relate to the same released funding.

Released and available	90 is available for the defined project purpose, subject to the applicable controls.
Already paid	72 has been paid and reconciled to the finance record.
Still due under existing orders	8 is certified but unpaid; a separate 10 will fall due under existing authorised commitments.
Uncommitted balance	90 - 72 - 8 - 10 = 0. The cash balance of 18 is already needed for existing commitments.

This simplified calculation excludes other liabilities and adjustments. Verify the real ledger and commitments before any new order.

TEACHING CASE | Illustrative material is identified in the text.

PC-III Part A sets the annual reference

The Planning Commission revised the PC-III proforma in 2024.

What Part A records

- Approved cost, previous-year expenditure, current-year allocation, annual and quarterly work targets, cash needs and output indicators.
- The form also addresses implementation of climate adaptation and mitigation measures.

How to use it in Punjab

- The published federal form states submission by 1 July. Confirm the form, recipient, portal and deadline directed for the Punjab project.
- Retain the approved annual targets. If funding or conditions change, record the authorised update and its reason.

Part A links physical targets to funding. It is not a new project sanction or permission to alter approved scope.

Sources: **D1**: Part A

PC-III Part B reports monthly progress

Keep the reporting month and cut-off date clear.

What Part B records

- Funding, quarterly cash requirements, releases, expenditure, physical quantities, output indicators and implementation bottlenecks.
- The published federal form states submission by the fifth day of each month. Confirm the applicable Punjab reporting instructions.

How to support the entry

- Attach or cross-reference verified work, finance records and evidence of the reported problem.
- Explain discrepancies and corrections. A late bill, advance payment or untested installation may change the interpretation of progress.

Copying last month's percentage into a new report is not a substitute for checking the current position.

Sources: **D1**: Part B

Use Punjab monitoring channels correctly

Annual Development Programme (ADP) reporting must follow the instructions for the specific project.

Prepare for external review

- Punjab Directorate General Monitoring & Evaluation (DG M&E) publishes formats, reports, committee records and ADP physical-progress reviews.
- Provide the authorised project record, access to the site and evidence supporting the figures; record responses to findings.

Keep digital records controlled

- ADP 2026-27 guidance directs departmental portfolios through Smart Monitoring of Development Projects (SMDP). Confirm the required system and instructions for ongoing project reporting.
- Reconcile portal entries with the approved version and signed records. Keep submission receipts, corrections and the responsible officer's review.

A portal upload records a submission; it does not itself establish approval or physical completion.

Sources: **D4**: monitoring resources | **D5**: page 2, ADP formulation

Keep four different progress measures separate

Each measure answers a different question. State the denominator and the reporting date.

Measure	Meaning and limitation
Physical progress	Verified quantities or milestones completed against a defined plan. State any weighting method.
Financial progress	Expenditure or payments against a stated allocation, release or cost baseline; identify which.
Time progress	Actual and forecast dates compared with the approved programme.
Service readiness	Whether staff, equipment, utilities, approvals and processes can deliver safe care.

A single percentage cannot show all four. Explain advances, unpaid bills, defects and incomplete interfaces.

WORKING METHOD | Illustrative material is identified in the text.

TEACHING CASE

Spending 80% does not prove 80% completion

Invented example: a defined installation package has a contract value of PKR 200 million.

Payment figure	PKR 160 million paid / PKR 200 million contract value x 100 = 80% paid.
Physical figure	12 of 20 identical units have passed acceptance: 12 / 20 x 100 = 60% accepted.
What to investigate	Reconcile authorised advances, delivered but unaccepted items, milestone terms and the payment records.
What to conclude	The figures differ. This alone proves neither fraud nor satisfactory performance; inspect the underlying evidence.

The units are assumed identical for this example. Do not average unrelated work items without an agreed method.

TEACHING CASE | Illustrative material is identified in the text.

TEACHING CASE

Forecast the total cost still expected

Invented example. All amounts are PKR million and each category is separate, with no double counting.

Cost already incurred	150 paid for completed work + 20 certified but unpaid = 170.
Remaining work	230 other unpaid existing commitments + 80 work still to be procured = 310.
Risk estimate	Add 20 for identified uncertain future costs: expected total = 170 + 310 + 20 = 500.
Decision required	Approved project cost is 480. Forecast excess = 500 - 480 = 20; seek the appropriate decision before extra commitments.

A risk allowance in a forecast is not authority to spend it. State assumptions and update estimates as evidence improves.

TEACHING CASE | Illustrative material is identified in the text.

One change may need several approvals

Separate project authority, engineering acceptance, contract rights and available funding.

Question	Decision to establish
Project scope and cost	Does the proposal require a revised PC-I or another competent-forum decision?
Technical design	Which qualified authority must approve revised drawings, quantities and technical sanction?
Contract and procurement	Is the change legally permitted under the valid contract and procurement framework?
Budget and finance	Is the spending authorised, correctly classified and supported by available funding?

Passing one check does not settle the others. Do not instruct extra work on the strength of an informal assurance.

WORKING METHOD | Illustrative material is identified in the text.

Build a decision file for the proposed change

Suggested process for a design, quantity, cost or timetable change.

1	**Describe the reason**	Explain the verified need, who identified it, and the consequence of taking no action.
2	**Compare alternatives**	Include safe lower-cost options, patient impact, technical advice and the effect on the approved objective.
3	**Show the full effect**	State previous changes, cumulative cost, remaining funding, contract implications and the revised completion forecast.
4	**Obtain authority**	Route to the competent offices; keep the decision and update approved documents, programme and reporting.

Use the authorised emergency response to protect life. Record it promptly; urgency does not create unlimited financial authority.

WORKING METHOD | Illustrative material is identified in the text.

Do not use a remembered percentage as permission

Project revision, contract variation and repeat procurement are different matters.

Ask the correct question

- A variation concerns a permitted contractual change. Extra scope can raise a separate procurement and project-approval question.
- A project-cost revision requires the applicable P&D route. Check current Punjab directions, the competent forum and the actual approval conditions.

Avoid a common error

- Do not assume that a change below a quoted percentage is automatically authorised, or that a higher amount can be regularised later.
- Obtain the technical, procurement and financial analysis before a decision. Keep the original baseline and the cumulative effect visible.

A percentage alone does not establish authority. Read the current project directions, delegation and valid contract.

Sources: **D2**: procurement framework

Handle delay through evidence and the contract

An extension of time and an increase in cost are separate decisions.

Establish the facts

- Compare planned and actual dates. Record the cause, when notice was given, responsibility, effects on linked work and available mitigation.
- Obtain the engineer's assessment and the competent authority's decision under the contract. Do not erase the original deadline.

Use the proper remedies

- Apply notices, correction opportunities, damages, security or termination only through the applicable clauses and authorised process.
- Rule 68 provides for mediation or arbitration after the contract comes into force. Preserve claim records and obtain suitable legal advice.

An internal procurement grievance route is not a substitute for the agreed process for a live contractual dispute.

Sources: **D2**: rule 68

TEACHING CASE

Forecast the completion date honestly

Invented schedule. At the end of week 10, the remaining activities must occur in sequence.

Remaining engineering work	Services installation requires 4 more weeks: completion at the end of week 14.
Testing and readiness	Integrated testing requires 2 weeks, followed by 1 week of staff-readiness checks.
Current forecast	4 + 2 + 1 = 7 weeks remaining. Completion is forecast at the end of week 17.
Against the baseline	The original completion target was the end of week 14. The present forecast is 3 weeks late.

This estimate assumes no overlap or further delay. An approved extension requires its own decision; the forecast is not that approval.

TEACHING CASE | Illustrative material is identified in the text.

Use the review meeting to obtain decisions

Suggested agenda for the hospital and project delivery team.

01 Progress

Verified outputs, planned outputs and the reason for any gap.

02 Quality

Failed tests, defects, retesting and any restriction on use.

03 Money

Paid amounts, unpaid commitments, forecast final cost and funding gaps.

04 Time

Delayed dependencies and the evidenced completion forecast.

05 Risks

Patient safety, site access, utilities, procurement and staffing.

06 Decisions

The precise approval or action required, responsible office and due date.

Minutes should record decisions and follow-up evidence. Recording that a matter was discussed does not resolve it.

WORKING METHOD | Illustrative material is identified in the text.

Keep one traceable project record

A reviewer should be able to connect the decision, work, certificate, payment and reported result.

Maintain the evidence

- Index approvals, contract versions, instructions, measurements, test results, certificates, claims, invoices, payments and progress reports.
- Use dated and located photographs to support inspection records. Photographs alone do not prove hidden work, quantities or technical compliance.

Protect the record

- Control access and keep version history and backups. Do not overwrite an earlier report to hide a correction.
- Rule 65 sets a minimum five-year procurement record period. Keep records longer where other rules, audit, claims or litigation require it.

Five years is a minimum procurement rule, not permission to destroy a file with an unresolved legal or audit need.

Sources: **D2**: rule 65

TEACHING CASE

A new service is promised before it is ready

Invented hospital project: the building looks complete, but the new unit cannot yet provide safe care.

The situation	A launch date has been announced. Medical-gas testing is incomplete and permanent staff are not yet in place.
The misleading report	The project update says 100% complete because the civil works bill has been certified.
The MS response	Separate civil completion from operational readiness. Obtain technical status, safe alternatives and a realistic opening plan.
The decision paper	State the remaining conditions, patient risks, responsible offices and earliest supported date. Seek the competent decision.

Do not certify tests, appointments or readiness that have not occurred. Lecture 55 covers handover and opening in detail.

TEACHING CASE | Illustrative material is identified in the text.

Test the controls before a real decision

Write your answer and the reason before turning to the next page.

1. Extra work

A contractor offers an additional room, saying it is a small percentage of the contract. The PC-I scope does not include it.

What should be checked before giving an instruction?

2. Forecast cost

PKR million: 40 paid; 5 certified unpaid; 30 other unpaid commitments; 15 uncontracted work. No overlap. Approved cost: 85.

What is the forecast total and excess, before any risk allowance?

3. Monthly progress

A report says 90% complete. There is no measurement record, testing is unfinished and the percentage is copied from the payment figure.

What should the MS require before endorsing the report?

All exercise facts are invented. Explain the route to a decision as well as the number.

TEACHING CASE | Illustrative material is identified in the text.

Answers and reasons

Use the evidence, the calculation and the cited source.

1. Establish authority

Check the need, project scope, current revision route, technical design, procurement and contract powers, cumulative cost and funding. A quoted percentage alone authorises none of these.

2. Forecast 90; excess 5

40 + 5 + 30 + 15 = PKR 90 million. Compared with 85 approved, the forecast is PKR 5 million higher. Confirm remaining obligations and seek the required authority before extra commitments.

3. Replace assertion with evidence

Obtain verified physical quantities or milestones, explain the method, separate paid amounts from physical completion, record outstanding testing and correct the report transparently.

A complete answer separates facts, forecasts and the authority required for action.

TEACHING CASE | Illustrative material is identified in the text.

Prepare a checked project review

Use a non-confidential real case or the invented examples in this lecture.

Delivery record

List approved outputs, verified progress, remaining work, evidence and responsible officers.

Cost and time forecast

Calculate non-overlapping remaining costs and show linked activities to the forecast completion date.

Decision brief

State unresolved changes, patient risks, funding gaps and the exact decisions required.

Ask the project lead, engineering representative and finance officer to review their own parts. Record disagreements and resolve unsupported figures.

The output is a review aid. It does not replace a required PC form, technical certificate, sanction or contract notice.

WORKING METHOD | Illustrative material is identified in the text.

Sources and continued use | 1

Select a source title or its official-source link to open the document.

D1

PC-III Proforma: revised 2024

Annual targets and cash plan (A); monthly financial and physical progress (B). Federal format: confirm applicable Punjab submission instructions.

Planning Commission, Government of Pakistan | **Official source** | **Official PC forms catalogue**

D2

Punjab Procurement Rules 2014

Official consolidated text amended to 24 September 2025. Relevant provisions: rules 8-11, 63-65 and 68. Former rule 62 was omitted on 30 April 2025. Check later amendments, regulations and the applicable contract.

Punjab Procurement Regulatory Authority | **Official source** | **Current legal framework**

D3

Punjab PPRA circulars and notifications

Official index of amendments and operational directions, including e-procurement circulars. Use current notices applicable to the procuring agency, procurement category and date.

Punjab Procurement Regulatory Authority | **Official source**

Educational material by Dr Qurban Hussain Khan. Source editions are stated; verify later amendments and applicable institutional orders before live use.

Sources and continued use | 2

Select a source title or its official-source link to open the document.

D4

Monitoring: reports, formats and review records

Official Punjab DG M&E resources include monitoring reports, the monitoring proforma, committee minutes and ADP physical progress reviews. Confirm the current reporting request for the specific project.

Directorate General Monitoring & Evaluation, Punjab | **Official source** | **DG M&E official website**

D5

Guidelines for formulation of ADP 2026-27

Punjab annual formulation guidance, page 2: Smart Monitoring of Development Projects (SMDP) for departmental ADP portfolios. This does not establish a universal PC-III execution reporting route.

Planning & Development Board, Punjab | **Official source**

D6

Environmental infection control recommendations

CDC recommendations, online version dated 11 January 2024; section C.II covers construction and renovation controls. Technical guidance, not Punjab law; US regulatory classifications do not apply automatically in Pakistan.

US Centers for Disease Control and Prevention | **Official source**

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Sources and continued use | 3

Select a source title or its official-source link to open the document.

D7

PHC hospital Minimum Service Delivery Standards

2024 hospital manual, CG-01MS-Ed2-01092023. Facility management indicators 118-121 cover relevant laws, implementation and applicable certificates. Read with the hospital's licence and inspection requirements.

Punjab Healthcare Commission | **Official source**

Educational material by Dr Qurban Hussain Khan. Source editions are stated; verify later amendments and applicable institutional orders before live use.