

CAPITAL DEVELOPMENT AUTHORITY



TERMS OF REFERENCE

for

**Open Compilation of Architects to design the Facade
of Jinnah Medical Complex
ISLAMABAD**

December 2024

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INVITATION TO BIDDER

The Capital Development Authority invites qualified architectural firms and professionals to propose **Façade Designs** for the Jinnah Medical Complex & Research Centre (JMRC), ensuring functionality, aesthetics, and sustainability. A portrayal for the Open Competition of Architects to design the Facade of Jinnah Medical Complex is as under;

Project Overview

The Jinnah Medical Complex and Research Centre is a prestigious development comprising multiple multistory buildings with a combined covered area of over 5,500,000 square feet. The project aims to establish a visually cohesive, functional, and sustainable facade design that aligns with modern architectural trends while reflecting cultural and institutional values.

Scope of Work

- Develop a signature, iconic and functional facade concept for multistory buildings.
- Incorporate innovative yet cost-effective design elements.
- Align with the master plan (attached for reference).
- Reflect the institution's identity as a leading medical complex.
- Adhere to local building codes, regulations, and standards.
- Ensure structural safety and fire compliance in the facade design.

An amount of Rs.10 million will be awarded to the Firm/Individual who's preliminary façade design when approved by the high level Steering Committee constituted for the JMRC Project and will be required to i) prepare 3D renders and visualizations, ii) detailed facade plans, iii) elevations, and sections including iv) material specifications, etc.

The detailed Terms of Reference (TOR) containing the scope is available on CDA and PCATP websites at www.cda.gov.pk and www.pcatp.org.pk.

The proposal must be submitted on or before 10th Jan 2025 in the office of **Director Architect, Room No.14, Block-2, CDA Headquarters G-7/4, Islamabad.**

INTRODUCTION TO PROJECT

The Islamic Republic of Pakistan is the fifth-most populous country in the world, with a population of over 247.7 million (including Gilgit-Baltistan (GB) and Azad Jammu & Kashmir (AJ&K)) in 2023, a global share of around 3 percent. With a population density of 281 persons per square kilometer in 2023, Pakistan is the 33rd-largest country by area (881,913 Sq. KM), and the second largest in South Asia. Its population growth rate of 2.40 percent is the highest in South Asia and stands in sharp contrast to the 1.0–1.5 percent growth rate of other South Asian countries. This massive growth in population possesses serious challenges for the country's socio-economic development. According to the 2023-2024 Human Development Report by the United Nations Development Programme (UNDP), Pakistan's Human Development Index (HDI) is 0.540, which ranks it 164th out of 193 countries. This places Pakistan in the "low" human development category.

Pakistan is facing several challenges as it undergoes an epidemiological transition. Although progress has been made, Pakistan's health status is falling behind that of its neighbors and similarly ranked socio-demographic index comparator countries. Pakistan's health status is falling behind that of its neighbors and other countries with a similar Socio-demographic Index (SDI). The overall SDI of Pakistan increased during the 20-year span of the study, but the gap between the highest and lowest SDI units increased by 54%. The lowest SDI among Pakistan's provinces and territories was higher than that of Afghanistan and lower than that of Nepal.

There are many challenges faced by Pakistan Health System including inadequate funding, infrastructural limitations, brain drain of health professionals, limited focus on preventive healthcare (PHC), and inequitable resource allocation. These challenges hinder its ability to provide adequate and efficient healthcare services to its citizens.

Pakistan spent 1% of its gross domestic product (GDP) on the public health sector in 2022-2023 as compared to 1.4 % in 2021-2022, which is not significant when compared to health expenditure in South Asia which accounts for 3.1% of GDP. The lack of sufficient investment in the public health system has led to another challenge which is a shortage of health infrastructure, medicines, medical equipment, and qualified healthcare professionals. Although there is an increase in human resources from 2017 to 2023, this growth is not enough to cater to the needs of the population growing at 2.4% per annum. Around 32,879 physicians graduate every year in Pakistan and 40% of them go abroad for better opportunities citing low income, long hours of job, and inequality as the main reasons.

Islamabad, the capital city of Pakistan nestled within the federal Islamabad Capital Territory, stands as a testament to its diversity and cosmopolitan dynamism, propelling its consistent growth. With a population of 2.4 million, the city is the ninth most populous city in Pakistan. As of 2023, the population of the city has increased by around 3.9 million since 2017, and around 1.59 million compared to the 1998 census. The urban-to-rural ratio of Islamabad is around 50.4 and 49.6 percent, respectively. The Islamabad capital territory is spread over an area of around 40km with Bhara Kahu & Tumair in the East and Tarnol in the west, Shah Allah Ditta in the north west while Rawat in the south corner.

The geometrical distribution is asymmetrical in ICT as compared to provinces with a view of rural-urban bifurcation. The development societies have affected the segregation of rural and urban areas. As such the application of parameters of district health system of that of provinces on ICT is not feasible. The Islamabad district is one of the fastest expanding districts in the country there is huge population ever increasing in the form of haphazard dwellings and housing societies. Thus, increasing the need for rightly placed health infrastructures located at proper distance amongst the most thickly populated community to easily approach these health infrastructures in emergency and for other ailments.

At the federal level, the healthcare system comprises primary and tertiary care levels, the absence of secondary healthcare Infrastructures places a substantial burden on the existing tertiary hospitals in Islamabad. These tertiary hospitals are already strained, grappling with an overwhelming influx of patients from all four provinces besides GB and AJK. The patient-to-doctor ratio is alarmingly skewed, and bed capacity remains inadequate.

Over the last 30 years, the top five causes of disease burden have shifted from communicable to NCDs. Cardiovascular disease, cancers, and diabetes are becoming major causes of death and disability. In fact, researchers forecast that these NCDs will be the three leading causes of death in the next 30 years.

The burden of diseases in Pakistan is very high but the capacity and the infrastructure to deal with such high burden is very rudimentary especially in public health sector. This is especially true in specialty-based areas of clinical care, like liver, kidney transplant, neurosciences, surgical specialties including heart and oncological surgery, cancer care and other specialized care areas. The dynamics of health care demand and supply in Pakistan in past couple of decades have led to a growing need for private health care facilities. As a result of various demographic and epidemiological changes, the public sector has been overwhelmed by the demand for health care services, particularly services delivered by hospitals. Growing number of patients and lack of maintained infrastructure has put tremendous pressure on public sector hospitals.

Jinnah Medical Complex and Research Center (JMRC), a 1000 bed state of the art modern medical center, envisioned as a center of excellence in multi specialized health care services is the brainchild of Prime Minister of Pakistan to fill this gap in our healthcare system. JMC & RC is proposed on a 75-acre site in the H-16 district of Islamabad, approximately 1.2 kilometers southeast of the Kashmir (Srinagar) Highway, which connects the city to the Islamabad International Airport. The site is also close (about 5.2 km) to the M-1/M-2 motorways that connect Islamabad to Peshawar and Lahore. JMRC will be an academic medical center consisting of a 1,000-bed teaching hospital; outpatient clinics; medical, nursing, and other health educational and training programs; research; and housing. With its location in Islamabad and a design that creates a professional enabling environment, the JMC & RC will attract an international pool of professionals as well as Pakistani talent. In addition, its proximity to the airport and national highways makes the JMC well-suited for medical tourism, both regionally and internationally. Also, with capital investment in advanced diagnostic facilities, the Project will become one of the main destinations for high-end diagnostic services, catering to a larger part of the population.

The Project aims to address the huge need in the Pakistan healthcare system by developing a world-class Hospital in Islamabad Capital Territory adjoining Rawalpindi, designed to meet the specific medical needs of Pakistanis. In order to create financial stability for the hospitals, JMC & RC's primary focus will be multi-specialty care. JMC & RC endeavors to become a medical destination in the Pakistan, providing much needed quality care with all of the modern amenities required. The larger segment for JMC & RC is represented by multi - specialty care, which should capture people throughout the country, including those who might otherwise travel abroad for care. The proposed Master plan is attached at Annex-2.

Following are the envisaged CoEs and other necessary components of the hospital are;

- Cardiothoracic CoE
- Neurosciences CoE
- Oncology CoE
- Transplant CoE
- GI / Hepatobiliary CoE
- Renal and Urinary Health CoE
- Pediatric CoE
- Emergency Medicine CoE
- Surgical CoE
- Diagnostic and Treatment Facilities – Shared
- Clinical Support Facilities – Shared
- Ancillary Support Facilities – Shared
- Administration
- Clinical Teaching

- Patient Amenities
- Staff Amenities

a. Education and Training

- Common Facilities
- School of Medicine
- School of Nursing
- School of Allied Health Professions
- School of Pharmacy
- School of Medical Informatics

b. Research

- Basic Biomedical Research
- Translational Research
- Clinical Research

c. Conference and Convention Centre

d. Housing and Community

- Student Housing
- Faculty and Staff Housing
- Hotel
- Masjid

e. Utilities and Campus Support

- Utilities and Support Services
- Central Plant
- Grid Station

f. Campus Access / Flows

g. Green Space and Landscaping

2. Scope of Work

The competition invites professional architects, designers, and firms to submit designs for the facade of the Administration Building. The selected design will later serve as a template to blend with other buildings in the complex. Specific deliverables include:

Facade Design for the Administration Building:

- Must be iconic and innovative.
- Incorporate elements of Islamic heritage.
- Use locally sourced materials or materials available within Pakistan.
- Design Integration with the Rest of the Complex:

After approval, the winning architect will prepare a strategy to harmonize the administration building façade with other structures in the complex including 3D Visual Animation:

3. Design Requirements

- Designs must comply with all relevant local building codes and regulations.
- Incorporate sustainable and energy-efficient principles wherever possible.
- Be scalable and adaptable to other structures within the complex.
- Present a balance between modernity and Islamic heritage aesthetics.

4. Submission Requirements

Participants must submit the following:

- Detailed architectural drawings (plans, elevations, sections) of the facade design of the Administration and Main Hospital building (Refer Annex-1 for reference).
- A design brief explaining the concept, material choices, and relevance to the heritage / theme.
- High-quality renderings and visualizations of the facade design.
- A preliminary integration strategy for blending the design with other buildings.
- Estimated timeline for final deliverables of all buildings of the Complex.

5. Evaluation Criteria

Submissions will be evaluated based on the following:

- Aesthetic Value: Creativity, uniqueness, and iconic appeal.
- Innovative and cost effective design elements

- Cultural Relevance: Adherence to the theme of Islamic/cultural heritage.
- Material Selection: Use of local, sustainable materials.
- Practicality and Feasibility: Structural integrity, scalability, and compliance with local regulations.
- Presentation: Quality of drawings, renderings, and overall submission.
- Registration with PCADP

6. Award and Compensation

- The winning architect/designer will receive a prize of Rs.10.00 million for the services.
- The prize covers: Provision of Façade design, Material Specifications, Structural Safety, Fire Compliance, 3-D animation.
- Adaptation of the facade design for other buildings in the complex.
- Development of a 3D visual animation for the entire medical complex.

7. Timeline

The following deadlines must be adhered to:

- Call for Proposals Issued: [20th December 2024]
- Submission Deadline: [10th January 2025]
- Evaluation and Shortlisting: [15th January 2025]
- Presentations by Shortlisted Participants: [16th – 18th January 2025]
- Final Winner Announcement: [20th January 2025]
- Completion of Integration Design and 3D Animation for the entire Medical Complex (Master Plan Attached) : [20th February 2025]

8. Intellectual Property Rights

The selected design will become the property of Jinnah Medical Complex. Designers must ensure all submitted materials are original and free of any intellectual property conflicts.

9. Contact Information

For any queries or submission details, please contact:

Name: Ali Abdullah

Designation: Director Architecture

Address: Room No. 12, Block-2, CDA Headquarters, Islamabad

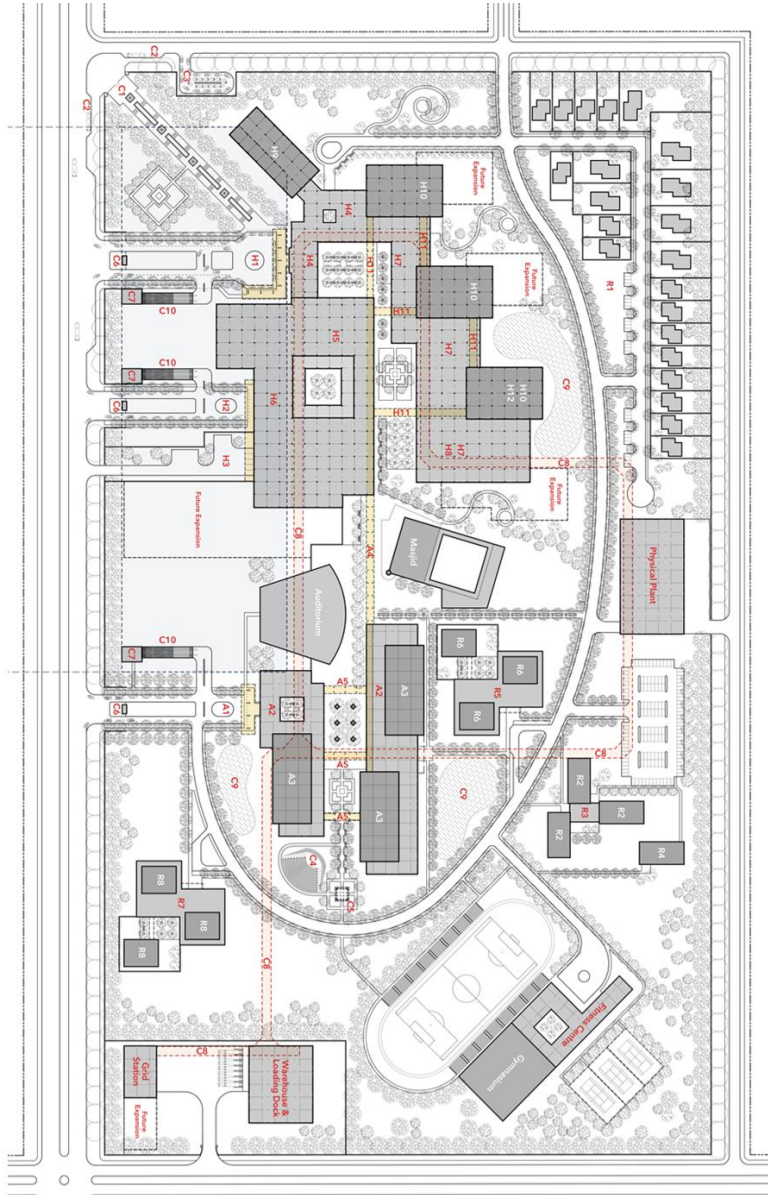


Administration Building



Main Hospital Building

Master Plan of JMRC



LEGEND

a. Hospital

- H-1 Main Hospital Entrance
- H-2 Emergency Department
- H-3 Ambulance Bays
- H-4 Lobby/Reception
- H-5 Diagnostics & Treatment
- H-6 Emergency Department
- H-7 Podium – CoE's
- H-8 Cafeteria & Kitchen (GF)
- H-9 Administration + Clinical Research

b. Academic & Research

- A-1 to A-5
- H-10 Bed Towers – CoE
- H-11 Bridge Connections
- H-12 Helipad

c. Housing & Residences

- R-1 to R-8

d. Campus

- C-1 to C-10

