



December 2011

FAFEN Health Institution Monitor

A Report Based on the Monitoring of
80 Rural Health Centres (RHCs)
across Pakistan in November 2011

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82% Monitored RHCs without Ophthalmology Services

- Sixteen patients report demands for money by staff

At the 80 Rural Health Centers (RHCs) monitored in November, most conditions of physical infrastructure were met well but a few essential specialized services, like labour and eye rooms as well as equipment were found lacking in some of them. On the other hand, some patients interviewed complained they were not provided free medicines from well-stocked in-house pharmacies and illegal money was sought from them for provision of services at some of the monitored facilities.

In-house pharmacies had enough stocks in all but three of the RHCs – two in KP and one in Sindh. However, they were not available for free (as per doctors' prescriptions) at six RHCs.

Thirty seven patients interviewed by FAFEN Governance Monitors at the observed RHCs complained they were not getting free medicines from the in-house pharmacies while 20 reported they were being overcharged. Another 16 patients said demands for illegal money were made by staff for providing services.

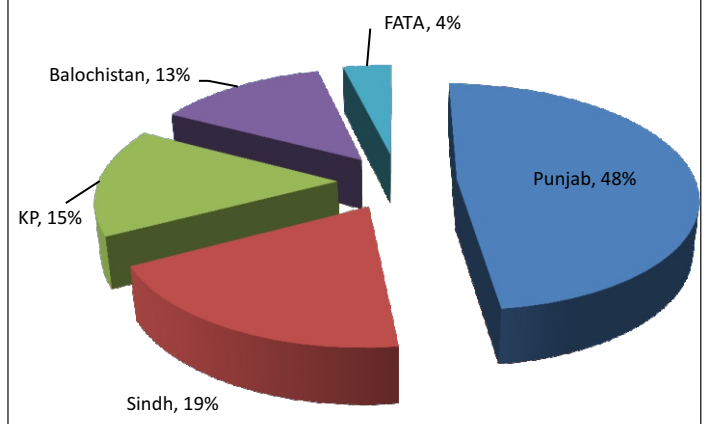
Eighty two percent of the RHCs did not have ophthalmology rooms. More than a fifth (22%) were without operation theatres for minor operations and 18 lacked labour rooms. At least 80% of the centers had wards for in-patients, x-ray and dental rooms and laboratories.

Almost half (48%) of the RHCs did not have working ECG machines, 26 lacked functional x-ray machines and 27 were without generators for power back-up. More than a quarter of the RHCs lacked wheelchairs - at least a fifth in all regions except FATA. However, at least 80% of the observed RHCs were equipped with stretchers, ambulances, oxygen tents, syringe cutters and sterilizers. Thirty patients seeking treatment reported the doctors were not on duty while 46 said they were not satisfied with the short time allotted to them and 39 expressed dissatisfaction with the overall behaviour of the health practitioners. Eleven patients reported the support staff was not on duty, 22 were not satisfied with the support extended to them while 35 were not happy with the overall behaviour.

Food commodities were not provided to vulnerable groups (lactating mothers and malnourished children) in 82% of the monitored RHCs. Female staff was not present to attend to female patients in 13 RHCs nationwide. Advisory services to nursing mothers were not offered at 17% of the monitored facilities.

At least 90% of the RHCs were connected by proper roads with a similar proportion having electricity and fans. Similarly, at least 80% were clean and had boundary walls. However, the buildings of a quarter of the RHCs were not in good condition. Of these, eight were in Punjab, five in Balochistan, four in Sindh and three in KP.

Graph A: No. of Monitored RHCs (Region-Wise)



Moreover, 95% of the facilities lacked Sui gas connections. Only four centers nationwide - two in Sindh and one each in KP and Balochistan - had gas connections. Nearly half (47%) of the monitored RHCs did not have telephone landlines. At least 80% of the centers had washrooms with running water and properly shaded waiting areas for patients. More than a third (34%) did not have arrangements for clean drinking water.

Detailed Findings:

FAFEN Governance Monitors visited 80 RHCs in 52 districts across the country – 47 were monitored in 27 districts in Punjab, 15 in Sindh's 10 districts, nine in eight districts in KP, seven in as many districts in Balochistan and two in as many districts in FATA.

Table A: No. of Monitored RHCs (Region-Wise)

Province	No. of Districts Covered	% of Districts Covered	No. of RHCs Visited
Punjab	25	48%	47
Sindh	10	19%	15
KP	8	15%	9
Balochistan	7	13%	7
FATA	2	4%	2
Total	52	100%	80

1. General Facilities

At least 90% of the RHCs monitored were connected by a road while a similar proportion had electricity and fans. Almost 80% facilities were clean and had boundary walls. However, the buildings of a quarter of the monitored centers were not in good condition. Of these, eight were in Punjab, five in Balochistan, four in Sindh and three in KP.

Moreover, 95% of the RHCs lacked Sui gas connections with only four centers - two in Sindh and one each in KP and Balochistan - having this facility. Nearly half (47%) of the RHCs were without landline telephones– 14 in Punjab, eight each in Sindh and KP, seven in Balochistan and one in FATA.

At least 80% of the facilities had washrooms with running water and properly shaded waiting areas for patients while more than a third (34%) did not have arrangements for clean drinking water– 13 in Punjab, six each in Sindh and Balochistan and one each in KP and FATA.

Fourteen of the monitored RHCs – eight in Punjab, five in Balochistan, four in Sindh and three in KP did not have residential quarters for doctors on the premises, while 15 – six in Sindh and three each in Punjab, KP and Balochistan were without quarters for support staff.

Monitoring Methodology

The Free and Fair Election Network (FAFEN) has launched a nationwide initiative to monitor governance processes under its Supporting Transparency Accountability and Electoral Processes in Pakistan (STAEP) in line with its mandate to strengthen all forms of democratic accountabilities in Pakistan. Objective information about governance processes is vital to encourage informed engagement of citizenry with elected and public institutions for progressive outputs. FAFEN Governance Monitoring aims at enriching the public discourse and debate on governance and developing research-based recommendations for reforms.

FAFEN advocates for transparency, accountability, responsiveness, representativeness and public participation as essential elements of democratic governance to enhance the output, efficiency and effectiveness of all elected and public institutions.

FAFEN Governance Monitors visit schools and colleges, health facilities, police stations and other public institutions to monitor and evaluate their efficiency and efficacy in 200 National Assembly constituencies of 119 districts in Punjab, Khyber Pakhtunkhwa (KP), Balochistan, Sindh, Federally Administered Tribal Areas (FATA) and Islamabad Capital Territory (ICT). In addition, FAFEN is also monitoring complaints handling mechanisms of various public institutions to gauge their effectiveness.

Trained FAFEN Governance Monitors fill out standardized checklists during their monitoring visits, employing interviewing and observation techniques, and then transmit the data to the FAFEN Secretariat in Islamabad for data entry, cleaning and analysis. FAFEN plans to produce monthly thematic reports such as this one. This information will also contribute to FAFEN Bi-Annual State of Governance in Pakistan Reports.

FAFEN Governance Monitoring reports are based on non-probability sampling, and their findings should not be considered national or provincial generalizations. However, FAFEN's outreach across the country allows it to access most districts as well as urban and rural areas. Standardized methodology is applied across Pakistan to draw information in a uniform way through observation and interviewing. The observation and interviews are recorded on a standardized checklist. All information received at the FAFEN Secretariat is verified through multiple sources for authenticity and accuracy. These reports provide data analysis and inferences only for the monitored institutions within the sample. These reports are meant to present to relevant stakeholders a consolidated and current snapshot of the state of governance in public institutions in order to inspire public dialogue and as a contribution towards targeted interventions and reforms.

However, FAFEN's unique methodology to assess and evaluate governance processes continues to evolve. Any inaccuracies that may be noticed in the data or suggestions for improvement in the methodology can be sent to the email address at the end of this report.

Table 1: General Facilities

Sr. No.	Questions		Punjab	Sindh	KP	Balochistan	FATA	Total
1.	A proper road leads to RHC	Yes	46	14	9	5	2	76
		No	1	1	0	2	0	4
2.	There is a boundary wall around the RHC	Yes	41	13	8	5	2	69
		No	6	2	1	2	0	11
3.	The building is in good condition	Yes	39	11	6	2	2	60
		No	8	4	3	5	0	20
4.	There is a residential house for doctors on the premises of the RHC	Yes	45	11	6	2	2	66
		No	2	4	3	5	0	14
5.	There are residential quarters for staff on the premises of the RHC	Yes	44	9	6	4	2	65
		No	3	6	3	3	0	15
6.	The RHC has Sui Gas connection	Yes	0	2	1	1	0	4
		No	47	13	8	6	2	76
7.	The RHC has electricity	Yes	47	15	9	5	2	78
		No	0	0	0	2	0	2
8.	The RHC has a landline telephone connection	Yes	33	7	1	0	1	42
		No	14	8	8	7	1	38
9.	The RHC is clean	Yes	40	13	7	5	2	67
		No	7	2	2	2	0	13
10.	The RHC has fans	Yes	45	14	8	4	1	72
		No	2	1	1	3	1	8
11.	The RHC has clean drinking water arrangements for patients	Yes	34	9	8	1	1	53
		No	13	6	1	6	1	27
12.	The RHC has wash rooms (with running water) for patients	Yes	43	10	9	2	1	65
		No	4	5	0	5	1	15
13.	There is proper place/shade for waiting patients	Yes	46	11	7	3	2	69
		No	1	4	2	4	0	11

2. Medical Services and Equipment

Eighty two percent of the monitored RHCs did not have ophthalmology rooms constituting at least 50% in each region. More than a fifth – seven RHCs in Sindh, five in Balochistan and two each in the remaining regions did not have operation theatres for conducting minor operations. Six RHCs in Sindh, five each in KP and Balochistan and one each in Punjab and FATA lacked labour rooms. At least 80% of the RHCs had wards for in-patients, x-ray and dental rooms and laboratories.

Almost half (48%) of the facilities did not have working ECG machines – 12 in Sindh, 11 in Punjab, seven each in KP and Balochistan and two in FATA. Twenty six RHCs did not have functional x-ray machines – nine in Punjab, seven in Balochistan, six in Sindh and four in KP. Generators for power backup were also found lacking at 27 RHCs – 11 in Punjab, seven in Sindh, five in Balochistan and four in KP.

More than a quarter of the monitored RHCs lacked wheelchairs – at least a fifth in all regions except FATA. At least 80 percent of the facilities were equipped with stretchers, ambulances, oxygen tents, syringe cutters and sterilizers. In-house pharmacies were well-stocked at all but three of the monitored RHCs – two in KP and one in Sindh. However, medicines were not available for free (as per doctors' prescriptions) at six RHCs – three in Balochistan and one each in Punjab, Sindh and KP.

Two fifths of the monitored RHCs did not have medico-legal services.

Table 2: Medical Services and Equipment

Sr. No.	Questions		Punjab	Sindh	KP	Balochistan	FATA	Total
1.	There is a ward for in- patients at RHC	Yes	46	12	7	3	1	69
		No	1	3	2	4	1	11
2.	There is an operation theater for minor operations at RHC	Yes	45	8	7	2	0	62
		No	2	7	2	5	2	18
3.	The RHC has an operational labour room	Yes	46	9	4	2	1	62
		No	1	6	5	5	1	18
4.	The RHC has an X-Ray Room	Yes	46	11	8	3	1	69
		No	1	4	1	4	1	11
5.	The RHC has an ophthalmology (eye) room	Yes	4	3	4	2	1	14
		No	43	12	5	5	1	66
6.	The RHC has dental room	Yes	46	10	9	2	2	69
		No	1	5	0	5	0	11
7.	The RHC has a laboratory	Yes	43	10	7	3	2	65
		No	4	5	2	4	0	15
8.	The RHC has a functional ambulance	Yes	43	11	8	2	1	65
		No	4	4	1	5	1	15
9.	RHC has a working ECG Machine	Yes	36	3	2	0	0	41
		No	11	12	7	7	2	39
10.	RHC has a sterilizer	Yes	46	8	7	2	1	64
		No	1	7	2	5	1	16
11.	The RHC has syringe cutter	Yes	45	12	6	2	1	66
		No	2	3	3	5	1	14
12.	The RHC has working oxygen tent	Yes	45	13	7	2	1	68
		No	2	2	2	5	1	12
13.	X-Ray Machine at RHC is functional	Yes	38	9	5	0	2	54
		No	9	6	4	7	0	26
14.	The RHC has a delivery kit	Yes	47	11	6	3	1	68
		No	0	4	3	4	1	12
15.	The RHC has a generator for power backup	Yes	36	8	5	2	2	53
		No	11	7	4	5	0	27
16.	The RHC has a stretcher	Yes	44	14	7	2	1	68
		No	3	1	2	5	1	12
17.	The RHC has a wheel chair	Yes	36	11	6	2	2	57
		No	11	4	3	5	0	23
18.	The in-house pharmacy is out of medicines	Yes	0	1	2	0	0	3
		No	47	14	7	7	2	77
19.	Medicines are available for free at the in-house pharmacy	Yes	46	14	8	4	2	74
		No	1	1	1	3	0	6
20.	The RHC has medico-legal services	Yes	33	8	6	0	1	48
		No	14	7	3	7	1	32

3. Patient Perception

FAFEN Governance Monitors interview up to three patients at each monitored health facility to gauge their satisfaction levels with regards to the behaviour of doctors and support staff. A total of 236 patients were interviewed at the monitored RHCs– 138 in Punjab, 45 in Sindh, 26 in KP, 21 in Balochistan and three in FATA.

Thirty patients reported the doctors were not present– 11 in Balochistan, nine in Punjab, four in Sindh and three each in KP and FATA. Forty six patients – 18 in Punjab, 13 in Balochistan, nine in Sindh, five in KP and one in FATA were not satisfied with the time allotted to them by the doctors while 39 were dissatisfied with their overall behaviour.

Eleven patients reported the support staff was not on duty, 22 were not satisfied with the support extended to them – 10 in Punjab and six each in Sindh and Balochistan. Eighteen patients in Punjab, nine in Balochistan, three each in Sindh and KP and two in FATA were not happy with their overall behaviour.

Thirty seven patients complained they were not getting free medicines from the in-house pharmacies, while 20 said they were overcharged – 14 in Punjab four in Balochistan, and one each in KP and FATA. Another sixteen patients reported demands for illegal money by staff for provision of services – 14 in Punjab and two in KP.

Table 3: Patient Perception

Sr. No.	Question	Punjab		Sindh		KP		Balochistan		FATA		Total	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1.	Was doctor present on his/her duty at the RHC?	129	9	41	4	23	3	10	11	3	3	206	30
2.	Do you think doctor has given you enough time?	120	18	36	9	21	5	8	13	5	1	190	46
3.	Are you satisfied with the overall behaviour of the doctor?	122	16	37	8	22	4	11	10	5	1	197	39
4.	Is the RHC technical staff available today to patients?	132	6	44	1	25	1	18	3	6	0	225	11
5.	Is technical staff of the RHC supportive to you?	128	10	39	6	26	0	15	6	6	0	214	22
6.	Are you satisfied with the overall behaviour of the technical staff of the RHC?	120	18	42	3	23	3	12	9	4	2	201	35
7.	Are you getting medicines free-of-cost from the in-house pharmacy as per doctor's prescription?	120	18	40	5	18	8	15	6	6	0	199	37
8.	Are you overcharged at the RHC?	14	124	0	45	1	25	4	17	1	5	20	216
9.	Did any one at the RHC demand illegal money for providing services?	14	124	0	45	2	24	0	21	0	6	16	220

4. Patient Care

Food commodities were not provided to vulnerable groups (lactating mothers and malnourished children) in 82% of the monitored RHCs. Female staff was not present to attend to female patients at 13 facilities– a third of them monitored in KP and more than half (57%) of those in Balochistan. Advisory services to nursing mothers were not offered at one out of two RHCs in FATA, and in more than 40% each in KP and Balochistan.

Trained staff for various disease control programmes was also lacking. A fifth of the monitored RHCs in KP and 71% in Balochistan did not have staff to treat TB patients, while a fifth of the monitored centers – at least 44% in KP, Balochistan and FATA did not have staff to run the Control of Diarrheal Diseases Programme (CDD). Both the RHCs monitored in FATA and at least 20% in all other regions (except Punjab) were without staff to run the Malaria Control Programme (MCP).

Three out of seven RHCs in Balochistan were not referring patients with serious medical conditions to Tehsil or District Headquarter Hospitals (THQs/DHQs).

Table 4: Patient Care

Sr. No.	Questions		Punjab	Sindh	KP	Balochistan	FATA	Total
1.	Female staff is present to attend to female patients	Yes	43	13	6	3	2	67
		No	4	2	3	4	0	13

Sr. No.	Questions		Punjab	Sindh	KP	Balochistan	FATA	Total
2.	The RHC offers advisory services to breastfeeding mothers	Yes	43	13	5	4	1	66
		No	4	2	4	3	1	14
3.	RHC provides food commodities to vulnerable groups (lactating mothers and malnourished children)	Yes	9	4	0	0	1	14
		No	38	11	9	7	1	66
4.	The RHC has specially trained staff to treat TB patients	Yes	44	13	7	2	2	68
		No	3	2	2	5	0	12
5.	The RHC has staff to offer basic vaccination facilities (EPI Programme).	Yes	46	15	8	6	2	77
		No	1	0	1	1	0	3
6.	The RHC has staff to run Control of Diarrheal Diseases (CDD) programme	Yes	42	12	5	3	1	63
		No	5	3	4	4	1	17
7.	The RHC has staff to run Malaria Control Program (MCP)	Yes	45	12	6	4	0	67
		No	2	3	3	3	2	13
8.	The RHC staff is referring patients with serious conditions to THQ/DHQ Hospitals.	Yes	46	14	9	4	2	75
		No	1	1	0	3	0	5

5. Government Oversight

Sixty seven visits were made by elected representatives and government officials to the monitored RHCs in the last three months. One visit was made by a Member of National Assembly (MNA) and two by a Member of Provincial Assembly (MPA) in Punjab. Another three visits were made by other elected representatives (ex-nazims etc) in Punjab and one in Balochistan. Thirty seven visits were made by the Executive District Officer/Health (EDO/Health) – 25 in Punjab, seven in Sindh, four in Balochistan and one in FATA. Twenty three were made by other government officials – 20 in Punjab, two in Sindh and one in Balochistan.

Table 5: Government Oversight

Sr. No.	Designation	Punjab	Sindh	KP	Balochistan	FATA	Total
1.	MNA	1					1
2.	MPA	2					2
3.	EDO/Health	25	7		4	1	37
4.	Any other elected representative	3			1		4
5.	Any other government official	20	2		1		23
Total		51	9	0	6	1	67

5.0 Appointment of Medical, Paramedical and Non-Medical Staff

FAFEN Governance Monitors seek information from administrations of the monitored health facilities on appointments made against sanctioned posts of medical, paramedical and non-medical staff.

5.1 Appointment of Medical Staff

Except for information on appointments made against posts sanctioned for ophthalmologists and specialists, which was withheld by one RHC in FATA, information on all other medical posts was shared by the monitored facilities in all other regions. No posts for specialists and ophthalmologists were sanctioned at RHCs in Balochistan and FATA. There were also no sanctioned posts for ophthalmologists in KP. Five specialists' posts were vacant in Sindh, two in Punjab and one in KP. All sanctioned posts for ophthalmologists were vacant at RHCs monitored in Punjab and four in Sindh.

All posts sanctioned for women medical officers were filled in Sindh and FATA, more than 60% were occupied in Punjab and Balochistan while only a quarter were filled in KP. Eight posts for male medical officers were unfilled – five in Punjab, six in KP and one each in Balochistan and FATA. In Sindh, 38 male medical officers were appointed against a sanctioned strength of 33.

Three quarters of posts sanctioned for TB medical officers were filled while one post each was vacant in Punjab, Sindh and FATA. None were sanctioned in Balochistan. All posts for dental surgeons were filled in Balochistan and FATA but, six were vacant in Punjab, five in Sindh and four in KP.

Table 5.1: Appointment of Medical Staff

Sr. No.	Name of Post	Punjab				Sindh				KP				Balochistan				FATA				Total			
		Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	Occupancy Rate	RHCs Sharing Information
1.	Specialist	5	3	47	60%	9	4	14	44%	5	4	9	80%	0	0	6		0	0	1		19	11	57.9%	77
2.	Ophthalmologist	2	0	47	0%	6	2	14	33%	0	0	9		0	0	6		0	0	1		8	2	25.0%	77
3.	Women Medical Officer	57	37	47	65%	17	17	14	100%	8	2	9	25%	3	2	6	67%	1	1	2	100%	86	59	68.6%	78
4.	Medical Officer (Male)	73	68	47	93%	33	38	14	115%	19	13	9	68%	8	7	6	88%	5	4	2	80%	138	130	94.2%	78
5.	Medical Officer (TB)	3	2	47	67%	7	6	14	86%	1	1	9	100%	0	0	6		1	0	2	0%	12	9	75.0%	78
6.	Dental Surgeon	47	41	47	87%	10	5	14	50%	8	4	9	50%	2	2	6	100%	1	1	2	100%	68	53	77.9%	78
Total		187	151	282	81%	82	72	84	88%	41	24	54	59%	13	11	36	85%	8	6	10	75%	331	264	79.8%	466

5.2 Appointment of Paramedical Staff

All positions for Lady Health Visitors were occupied in FATA but eight were unfilled in Punjab, three in Sindh and two each in Balochistan and KP. All posts for nurses were filled in RHCs monitored in Sindh and Balochistan while half were unfilled in KP as were 27% in Punjab. No posts were sanctioned at RHCs monitored in FATA.

Table 5.2: Appointment of Paramedical Staff

Sr. No.	Name of Post	Punjab				Sindh				KP				Balochistan				FATA				Total			
		Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	Occupancy Rate	RHCs Sharing Information
1.	Lady Health Visitors	121	113	47	93%	18	21	14	117%	9	7	8	78%	5	3	7	60%	4	4	2	100%	157	148	94.3%	78
2.	Nurses	279	203	47	73%	15	15	14	100%	8	4	9	50%	1	1	6	100%	0	0	1		303	223	73.6%	77
Total		400	316	94	79%	33	36	28	109%	17	11	17	65%	6	4	13	67%	4	4	3	100%	460	371	80.7%	155

5.3 Appointment of Technical Staff

All posts for dental technicians were filled in every region except Punjab and KP where six and one positions respectively were vacant. Every post for ECG technicians was filled in Balochistan, none were occupied in Sindh, and five were vacant in Punjab and one in KP while none were sanctioned in FATA. At least 70% of the sanctioned posts for laboratory assistants were filled in Punjab, KP and Balochistan. The RHCs in FATA had 100% occupancy rates, while 11 appointments were made against 10 posts in Sindh. Except for nine posts in Punjab and one in KP, all sanctioned posts for x-ray technicians were filled at RHCs monitored in all other regions.

Table 5.3: Appointment of Technical Staff

Sr. No.	Name of Post	Punjab				Sindh				KP				Balochistan				FATA				Total			
		Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	Occupancy Rate	RHCs Sharing Information
1.	Dental Technicians	46	30	47	65%	10	10	14	100%	9	8	9	89%	4	4	6	100%	2	2	2	100%	71	54	76.1%	78
2.	ECG Technicians	7	2	47	29%	2	0	14	0%	2	1	9	50%	1	1	6	100%	0	0	2		12	4	33.3%	78
3.	Laboratory Assistants	47	37	47	79%	10	11	14	110%	10	9	9	90%	5	4	6	80%	2	2	2	100%	74	63	85.1%	78
4.	X-Ray Technicians	43	34	47	79%	11	11	14	100%	7	6	9	86%	5	5	6	100%	2	2	2	100%	68	58	85.3%	78
Total		143	103	188	72%	33	32	56	97%	28	24	36	86%	15	14	24	93%	6	6	8	100%	225	179	79.6%	312

5.4 Support Staff

All posts for support staff – dispensers, sanitary workers, gardeners and peons/watchmen saw good occupancy rates as at least 80% were filled at the RHCs monitored in each region. However, appointments of sanitary workers, gardeners and peons/watchmen made in Sindh exceeded the sanctioned strength with four, three and 12 additional persons hired.

Table 5.4: Support Staff

Sr. No.	Name of Post	Punjab				Sindh				KP				Balochistan				FATA				Total			
		Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	RHCs Sharing Information	Occupancy Rate	Sanctioned Strength	Posted	Occupancy Rate	RHCs Sharing Information
1.	Dispensers	211	200	47	95%	48	42	14	88%	21	17	9	81%	12	11	7	92%	3	3	2	100%	295	273	92.5%	79
2.	Sanitary Workers	169	140	47	83%	22	26	14	118%	8	8	9	100%	3	3	6	100%	1	1	2	100%	203	178	87.7%	78
3.	Gardeners	49	46	47	94%	10	13	14	130%	8	7	9	88%	1	1	6	100%	2	2	2	100%	70	69	98.6%	78
4.	Peons/ Watchmen	160	151	47	94%	46	54	14	117%	29	28	9	97%	8	8	7	100%	3	3	2	100%	246	244	99.2%	79
	Total	589	537	188	91%	126	135	56	107%	66	60	36	91%	24	23	26	96%	9	9	8	100%	814	764	93.9%	314

6. Referrals

As many as 1,386 patients with serious medical conditions were referred to THQ/DHQ Hospitals from 65 of the monitored RHCs (that shared information)– 903 in Punjab, 330 in KP, 149 in Sindh and four in Balochistan. At 49 RHCs nationwide that shared information, 1,048 medico-legal cases were treated – 754 in Punjab, 163 in KP, 129 in Sindh and two in Balochistan.

Table 6: Referrals

Province	Punjab	RHCs Sharing Information	Sindh	RHCs Sharing Information	KP	RHCs Sharing Information	Balochistan	RHCs Sharing Information	FATA	RHCs Sharing Information	Total	RHCs Sharing Information
Serious patients referred to THQ/DHQ Hospitals in last calendar month	903	46	149	10	330	5	4	3	0	1	1386	65
Medico-legal cases treated in last calendar month	754	35	129	9	163	5	2	0	0	0	1048	49

Annex: List of Monitored RHCs

Sr. No.	Name of the Health Facility	Province	District
1.	Rural Health Center, UC 26, Shangla Hill	Punjab	Nankana Sahib
2.	Rural Health center, Khalas Pur near main chowk	Punjab	Jhelum
3.	Rural Health Center, Behal	Punjab	Bhakkar
4.	Rural Health Center, Mochiwala near Faislabad Road	Punjab	Jhang
5.	Rural Health Center, Changa Manga, Chunian	Punjab	Kasur
6.	Rural Health Center, Ganda Singh Wala	Punjab	Kasur
7.	Rural Health Center, Feroza, Liaquatpur	Punjab	Rahimyar Khan
8.	Rural Health Center, Vehari Road, Makhdoom Rasheed	Punjab	Multan
9.	Rural Health Center, Daud Khel	Punjab	Mianwali
10.	Rural Health Center, Main Road Roda	Punjab	Khushab
11.	Rural Health Center, Kot Radha Kishen	Punjab	Kasur
12.	Rural Health Center, Sharaqpur Sharif, Sharaqpur	Punjab	Sheikhupura
13.	Rural Health Center, Renala Khurd	Punjab	Okara
14.	Rural Health Center, Kassoke	Punjab	Hafizabad
15.	Rural Health Center, Jamkey Cheema, Samberial	Punjab	Sialkot
16.	Rural Health Center, Khutri Bangla, Yazman	Punjab	Bahawalpur
17.	Rural Health Center, Chunawala, Hasilpur	Punjab	Bahawalpur
18.	Rural Health Center, Kot Samaba	Punjab	Rahimyar Khan
19.	Rural Health Center, Ghaziabad, Chichawatni	Punjab	Sahiwal
20.	Rural Health Center, Lal Sohanra, Chak No. 21/11L	Punjab	Bahawalpur
21.	Rural Health Center, Chak No.45/SB	Punjab	Sargodha
22.	Rural Health Center, Mubarikpur, Ahmedpur East	Punjab	Bahawalpur
23.	Rural Health Center, Satrah, Daska	Punjab	Sialkot
24.	Rural Health Center, Channi Goth, Ahmedpur East	Punjab	Bahawalpur
25.	Rural Health Center, Nawazabad, Sadiqabad	Punjab	Rahimyar Khan
26.	Rural Health Center, Hujra Shah Muqeem, Depalpur	Punjab	Okara
27.	Rural Health Center, Domel, Jand	Punjab	Attock

Sr. No.	Name of the Health Facility	Province	District
28.	Rural Health Center, Moza Bagh Town	Punjab	Jhang
29.	Rural Health Center, Chak No.55/5-L	Punjab	Sahiwal
30.	Rural Health Center, Chak No.394/JB	Punjab	Toba Tek Singh
31.	Rural Health Center, Farooka, Sahiwal	Punjab	Sargodha
32.	Rural Health Center, Lesser Kalan, Zaferwal	Punjab	Narowal
33.	Rural Health Center, Shah Jamal	Punjab	Muzaffargarh
34.	Rural Health Center, Jamal Din Wali, Sadiqabad	Punjab	Rahimyar Khan
35.	Rural Health Center, Bagho Bahar, Khanpur	Punjab	Rahimyar Khan
36.	Rural Health Center, Chak No.27/4-L, Shabor	Punjab	Okara
37.	Rural Health Center, Taunsa Road, Shah Sadar Din	Punjab	Dera Ghazi Khan
38.	Rural Health Center, Qadirabad, Dajal Road	Punjab	Dera Ghazi Khan
39.	Rural Health Center, Kameer, near Arifwala road	Punjab	Sahiwal
40.	Rural Health center, Mardapur, Bosan Town	Punjab	Multan
41.	Rural Health Center, Chak No.231 /WB, Kehrora Pacca	Punjab	Lodhran
42.	Rural Health Center, Mithankot	Punjab	Rajanpur
43.	Rural Health Center, Chak No.87/WB	Punjab	Vehari
44.	Rural Health Center, Shahar Sultan, Jatoi	Punjab	Muzaffargarh
45.	Rural Health Center, Gogran	Punjab	Lodhran
46.	Rural Health Center, Doltala, Gujar Khan	Punjab	Rawalpindi
47.	Rural Health Center, Mouza Sharf	Punjab	Vehari
48.	Rural Health Center, Qubo Saeed Khan, Kambar	Sindh	Kamber Shahdadkot
49.	Rural Health Centre, Bangul Dero, Rato Dero	Sindh	Larkana
50.	Rural Health Centre, Injam Colony, UC 7, Karachi West	Sindh	Karachi
51.	Rural Health Centre, Muraad Memon Goth, Gadap Town	Sindh	Malir
52.	Rural Health Center, Padidan	Sindh	Naushero Feroz
53.	Rural Health Centre, Sarhari, Shahdadpur Road	Sindh	Sanghar
54.	Rural Health Centre, Sinjhor	Sindh	Sanghar
55.	Rural Health Center, Bachal Shah Miani, UC 18	Sindh	Sukkur
56.	Rural Health Center, Chundiko, Nara	Sindh	Khairpur
57.	Rural Health Center, Tando Jan Mohammad, Digri	Sindh	Mirpurkhas
58.	Rural Health Center, Gorchani, UC Mirwah	Sindh	Mirpurkhas
59.	Rural Health Center, Trighati, Rohri	Sindh	Sukkur
60.	Rural Health Centre, Garhi Mori	Sindh	Khairpur
61.	Rural Health Center, Daur	Sindh	Benazirabad
62.	Rural Health Center, Tara Chand Road, Kiamari	Sindh	Karachi
63.	Rural Health Center, Chattar Plain, Mansehra	KP	Mansehra
64.	Rural Health Center, Ayun, near Ayu bridge	KP	Chitral
65.	Rural Health Center, Mehra, Kozabanda	KP	Battagram
66.	Rural Health Center, Dassu	KP	Kohistan
67.	Rural Health Center, Badaber, Peshawar Town 4	KP	Peshawar
68.	Rural Health Center, Kochian, Peshawar Town 3	KP	Peshawar
69.	Rural Health Center, Ahmad Khel	KP	Lakki Marwat
70.	Rural Health Center, Naryab	KP	Hangu
71.	Rural Health Center, Chuprail, Matta	KP	Swat
72.	Rural Health Center, Kan Mehter Zai, Muslim Bagh	Balochistan	Killa Saifullah
73.	Rural Health Center, Ismail Shahar, Dukki	Balochistan	Loralai
74.	Rural Health Center, UC Mughal Kot, Mir Ali Khel (Sherani)	Balochistan	Sherani
75.	Rural Health Center, Ahmedwal, RCD Shahra	Balochistan	Nushki
76.	Rural Health Center, Killi Karbala	Balochistan	Pishin
77.	Rural Health Center, Rojhan Jamali, Jhat Pat	Balochistan	Jaffarabad
78.	Rural health Center, Morgha Kibzai	Balochistan	Zhob
79.	Rural Health Center, Yakka Ghund	FATA	Mohmand Agency
80.	Rural Health Center, Kuriz, Lower Orakzai	FATA	Orakzai Agency

About FAFEN

Free and Fair Election Network (FAFEN), established in 2006, is a coalition of 42 leading civil society organizations, working to strengthen all forms of democratic accountabilities in Pakistan. Governed by Trust for Democratic Education and Accountability, FAFEN's key achievements are:

- Observed the public display of Pakistan's draft electoral rolls and conducted the country's first statistically-valid voters' list audit in 2007
- Deployed more than 18,829 trained, neutral Election Day observers nationwide to watch the February 18, 2008 polls and 264 long-term observers to monitor the pre-election process
- Fielded long-term observers nationwide and published 19 pre-election reports
- For the February 18, 2008, General Elections, FAFEN conducted 260 simultaneous Parallel Vote Tabulations (PVTs)- the largest effort in the world
- Conducted its first survey, Constituents Aspirations Survey, in December 2008 with a sample size of 3,124 respondents to get the description of the state of public opinion and also to get a deeper understanding of the values, attitudes and beliefs of people living in the constituencies
- Conducted mapping of organizations working for human rights within Pakistan
- Observed general elections at Gilgit-Baltistan in 2009 and by-elections in various constituencies of the Punjab, Balochistan and Khyber Pakhtunkhwa in 2010
- Implemented a unique methodology to observe parliamentary proceedings under its Parliamentary Watch Project
- Monitors public institutions across Pakistan and issues monthly reports on the state and performance of educational, health and other local level institutions. In addition, monthly reports on prices, crimes, incidence of disease, caseload in lower courts and political and electoral violence are issued.

FAFEN continues to implement robust programs in-between elections related to monitoring parliamentary affairs, connecting constituents to their elected representatives, monitoring the performance of public and elected institutions and advocating electoral and democratic reforms. FAFEN is also monitoring political and electoral violence, peace activities and promoting active citizenry through ongoing civic education activities across the country. FAFEN is currently implementing Supporting Transparency, Accountability and Electoral Processes in Pakistan (STAEP) in 200 National Assembly constituencies in 119 districts across Pakistan.



FAFEN Secretariat

224-Margala Road, F-10/3, Islamabad

(P) 051-22 11 026

(F) 051-22 11 047

(E) secretariat@fafen.org

طبی خدمات اور آلات کی موجودگی کا جائزہ

زیر مشاہدہ دیہی مراکز صحت میں سے 82 فیصد مراکز نظر کے علاج کے لیے مخصوص روم کے حامل نہ تھے، 22 فیصد میں معمولی آپریشن کیلئے آپریشن تھیٹر کا وجود نہ تھا، 18 دیہی مراکز صحت، زوجگی کے لیے لیبر روم کی سہولت سے محروم تھے، تقریباً 48 فیصد دیہی مراکز صحت قابل استعمال ای سی جی اور 26 فیصد مراکز ایکس رے مشینوں سے محروم تھے، فائنا کے علاوہ تمام زیر مشاہدہ علاقوں کے 25 فیصد سے زائد دیہی مراکز صحت میں وہیل چیرز بھی دستیاب نہ تھیں جبکہ کم از کم چھ مراکز صحت پر یہ ادویات ڈاکٹر کے تجویز کردہ نسخے کے مطابق مفت فراہم نہیں کی جارہی تھیں۔ تاہم 80 فیصد دیہی مراکز صحت میں مریضوں کیلئے وارڈز، ایکس رے مشین، ڈینٹل روم اور لیبارٹریز قائم تھی، 80 فیصد دیہی مراکز صحت میں سٹریچ، ایسولینس سروس، آکسیجن ٹینٹس، سرنجس اور زخمی مریضوں کو ٹائٹل لگانے کے لیے سہولتیں دستیاب پائی گئیں۔ خیبر پختونخوا کے ایک اور سندھ کے دو دیہی مراکز صحت کے علاوہ باقی تمام زیر مشاہدہ مراکز صحت کی فارمیسی میں ادویات کا کافی ذخیرہ پایا گیا۔

مریضوں کی رائے

FAFEN کے مشاہدہ کاروں نے دیہی مراکز صحت کے مشاہدے کے دوران مجموعی طور پر 272 مریضوں کے انٹرویو کئے جن کی فی مرکز اوسط تعداد 3.4 فیصد بنتی ہے۔ جن مریضوں سے انٹرویو کئے گئے ان میں سے 37 مریضوں نے مراکز میں قائم فارمیسی سے مفت ادویات کی عدم فراہمی کا شکوہ کیا، بیس مریضوں نے ادویات کی زیادہ قیمت وصول کرنے کی شکایت کی، 16 مریضوں نے زیر مشاہدہ دیہی مراکز صحت کے اسٹاف کی جانب سے خدمات کی فراہمی کے عوض رشوت طلب کرنا الزام بھی لگایا، چھ مریضوں نے ڈاکٹروں کی جانب سے انہیں کم وقت دینے کی شکایت کی، 39 مریضوں نے دیہی مراکز صحت میں ڈاکٹروں کے عمومی رویے سے ناگواری کا اظہار کیا، 11 مریضوں نے بتایا کہ جن مراکز میں وہ علاج کیلئے جاتے ہیں وہاں نیم طبی عملہ غیر حاضر ہوتا ہے، 22 مریضوں نے نیم طبی عملہ کی طرف سے فراہم کی جانے والی خدمات پر عدم اطمینان کا اظہار کیا، 35 مریضوں نے معاون طبی عملے کے مجموعی رویے کو بھی نامناسب قرار دیا۔

مریضوں کی دیکھ بھال کی صورتحال

زیر مشاہدہ 80 مراکز صحت میں سے 82 فیصد دیہی مراکز صحت میں دودھ پلانے والی ماؤں اور غذائی قلت کے شکار بچوں کو کھانے کی اشیاء دستیاب تھیں، 13 دیہی مراکز صحت میں خواتین مریضوں کی دیکھ بھال کے لیے خواتین پر مشتمل نیم طبی عملہ تعینات نہ تھا، 17 فیصد مراکز صحت میں بچوں کی پرورش میں مصروف مائیں کسی بھی قسم کی مشاورت سے محروم تھیں، دیہی مراکز صحت میں مختلف بیماریوں کے کنٹرول پروگرام کے ملازمین کی بھی کمی تھی جب کہ خیبر پختونخوا کے 20 فیصد اور بلوچستان کے 71 فیصد مراکز میں ٹی بی کے علاج کیلئے عملہ تعینات نہ تھا۔ زیر مشاہدہ مراکز میں سے خیبر پختونخوا، بلوچستان میں 20 فیصد اور فائنا میں کم از کم 44 فیصد مراکز میں پیٹ کی بیماریوں کے کنٹرول پروگرام کا عملہ دستیاب نہ تھا، اسی طرح پنجاب کے علاوہ فائنا اور دیگر علاقوں کے زیر مشاہدہ کم از کم 20 فیصد دیہی مراکز صحت میں ملیریا کنٹرول پروگرام کا عملہ تعینات نہ تھا جبکہ بلوچستان میں زیر مشاہدہ سات میں سے تین مراکز صحت میں شدید بیماریوں کو تحصیل اور ضلعی ہیڈ کوارٹرز ہسپتالوں کی طرف علاج کی غرض سے نہیں بھیجا جا رہا (Reffer) تھا۔

طبی نیم طبی اور معاون عملہ کی تعیناتیاں

FAFEN کے گورننس مانیٹرز نے زیر مشاہدہ دیہی مراکز صحت کے حکام سے طبی، نیم طبی اور معاون عملہ کی اسامیوں اور تعیناتیوں کے بارے میں بھی معلومات حاصل کیں۔

■ طبی عملہ کی تقرریاں

فائنا کے ایک دیہی مرکز صحت جس میں امراض چشم کے ڈاکٹر اور ماہر امراض چشم کی آسامی اور تعیناتی کے بارے میں بتانے سے گریز کیا۔ باقی تمام علاقوں میں ان اسامیوں کے بارے میں معلومات فراہم کیں گئیں۔ بلوچستان، خیبر پختونخوا اور فائنا کے دیہی مراکز صحت میں ماہر امراض چشم کی اسامیاں نہ تھیں۔ سندھ میں ماہر امراض چشم کی 5 پنجاب میں دو اور خیبر پختونخوا میں 3 اسامیاں خالی تھیں، جبکہ پنجاب میں تمام اور سندھ میں 14 اسامیوں پر امراض چشم کے ڈاکٹر اور ماہر تعینات تھے۔ خواتین میڈیکل آفیسرز کی تمام اسامیوں پر سندھ اور فائنا میں تعیناتیاں مکمل تھیں، پنجاب اور بلوچستان میں ان اسامیوں پر تعیناتی کی شرح 60 فیصد، جبکہ خیبر پختونخوا میں 25 فیصد تھیں۔

■ نیم طبی عملہ کی تقرریاں

فائنا میں لیڈی ہیلتھ وزیٹرز کی تمام اسامیوں پر تھیں، جبکہ پنجاب میں 8، سندھ میں 3، بلوچستان اور خیبر پختونخوا میں 2، آسامیاں خالی تھیں۔ سندھ اور بلوچستان میں تمام اسامیوں پر نرسیں تعینات تھیں تاہم خیبر پختونخوا اور پنجاب میں بالترتیب 50 فیصد اور 27 فیصد اسامیاں خالی تھیں۔ البتہ فائنا کے دیہی مراکز صحت میں نرسیوں کی کوئی منظور شدہ اسامی نہیں تھی۔

■ معاون عملہ کی تقرریاں

زیر مشاہدہ تمام علاقوں کے تمام دیہی مراکز صحت میں معاون عملہ جن میں ڈسپنسرز، عملہ صفائی، نائب قاصد، مالی اور چوکیدار شامل ہیں کی اسامیوں پر تعیناتی کی شرح کافی بہتر تھی اور یہ اسامیاں 80 فیصد تک پر تھیں۔

حکومتی نگرانی

گذشتہ تین ماہ کے دوران عوامی نمائندوں اور حکومتی اہلکاروں نے زیر مشاہدہ دیہی مراکز صحت کے 67 دورے کئے۔



زیر مشاہدہ 82 فیصد دیہی مراکز صحت امراض چشم کی خدمات سے محروم

16 مریضوں نے سٹاف کے طرف سے رتم طلب کرنیکی شکایت کی

ابتدائی

فری اینڈ فیئر الیکشن نیٹ ورک (FAFEN) اپنے (Supporting Transparency, Accountability and Electoral Processes in Pakistan (STAEP)) پروگرام کے تحت اپنی رکن تنظیموں کی معاونت سے ملک میں ہر قسم کے جمہوری احتساب کے فروغ کے لئے کوشاں ہے۔ FAFEN نے اپنے مینڈیٹ کے ایک جزو کے طور پر گورننس کے مشاہدے پر مبنی ملک گیر قدم اٹھایا ہے۔ گورننس کے عمل سے متعلق با مقصد معلومات کی فراہمی کی اہم ترین غرض و غانت مقامی سطح پر گورننس کو بہتر بنانے کے لیے اٹھائے جانے والے عوامی اقدامات کی حوصلہ افزائی ہے۔ FAFEN سرکاری اور منتخب اداروں کی کارکردگی اور اثر پذیریری کو بہتر بنانے کیلئے شفافیت احتساب، جوابدہی، نمائندگی اور عوامی شرکت کو جمہوری گورننس کے اہم عناصر سمجھتا ہے۔ FAFEN کے تربیت یافتہ مشاہدہ کار اپنے مشاہداتی دوروں کے دوران مسلمہ پیمانوں کے مطابق تیار کی گئی چیک لسٹ کو انٹرویوز اور مشاہداتی طریقہ کار کے ذریعے پرکرتے ہیں۔ بعد ازاں حاصل شدہ اعداد و شمار کو مرتب اور تجزیہ کرنے کی غرض سے FAFEN سیکرٹریٹ اسلام آباد کو بھیج دیا جاتا ہے۔ FAFEN ان اعداد و شمار کو ماہانہ رپورٹس کی صورت میں پیش کرتا ہے۔

رپورٹ کا تعارف

FAFEN کے گورننس مانسٹر نے نومبر میں پاکستان کے 55 ضلعوں کے 80 دیہی مراکز صحت کا دورہ کیا جن میں پنجاب کے 27 ضلعوں کے 47 دیہی مراکز صحت، سندھ کے 10 ضلعوں کے 15، خیبر پختونخوا کے 8 ضلعوں کے 9، بلوچستان کے 8 ضلعوں کے 7 اور وفاق کے زیر انتظام قبائلی علاقوں کے 2 دیہی مراکز صحت شامل تھے۔ مشاہداتی دورے کے دوران مشاہدہ کاروں نے سرکار کے زیر انتظام ان مراکز صحت میں دستیاب علاج معالجہ کی سہولتوں، ادویات کی مریضوں کو فراہمی، مریضوں کے ساتھ طبی و نیم طبی اور معاون عملے کے سلوک کے حوالے سے جائزہ لیا۔ مشاہدے کے دوران مریضوں کی رائے جاننے کیلئے انٹرویوز بھی کئے گئے۔ مشاہدہ کاروں نے حاصل شدہ معلومات FAFEN سیکرٹریٹ کو بھیجیں جن کی تفصیلی تجزیاتی رپورٹ پیش ہے۔

رپورٹ کا مجموعی تاثر

زیر مشاہدہ 80 دیہی مراکز صحت میں سے بعض میں زہنگی اور آنکھوں کے علاج کیلئے درکار سہولتیں جیسا کہ لیبر روم اور آئی روم کے علاوہ آلات کی بھی کمی ہے۔ بعض زیر مشاہدہ مراکز صحت میں علاج کیلئے جانے والے مریضوں کو شکایت ہے کہ نہ طبی، نیم طبی اور معاون عملہ ان کے ساتھ بہتر سلوک نہیں کرتا اور نہ ہی ان مراکز کی فارمیسی میں موجود ایسی ادویات جو کہ مفت کی فہرست میں شامل ہیں انہیں فراہم نہیں کی جاتیں بلکہ ان سے زیادہ قیمت بھی طلب کی جاتی ہے۔

مراکز میں موجود عمومی سہولتیں

FAFEN گورننس مانسٹر کی طرف سے بھیجے گئے اعداد و شمار کے مطابق زیر مشاہدہ مراکز میں سے 90 فیصد دیہی مراکز صحت سڑکوں کے ساتھ منسلک ہونے کے ساتھ ساتھ بجلی کی سہولت سے آراستہ تھے، کم از کم 80 فیصد دیہی مراکز صحت صاف ستھرے اور چار دیواری کے حامل تھے، 25 فیصد دیہی مراکز صحت جن میں سے آٹھ صوبہ پنجاب، پانچ بلوچستان، چار سندھ اور ایک صوبہ خیبر پختونخواہ میں واقع تھے ان کی عمارتیں خستہ حالت میں تھیں۔ اسی طرح صوبہ سندھ میں دو اور خیبر پختونخوا اور صوبہ بلوچستان کے ایک ایک دیہی مراکز صحت کے سوا زیر مشاہدہ 95 فیصد دیہی مراکز صحت میں سوئی گیس کی سہولت موجود نہیں تھی۔ 47 فیصد دیہی مراکز صحت رابطے کی جدید سہولت ٹیلیفون (لینڈ لائن) نصب نہ تھے۔ 80 فیصد دیہی مراکز صحت میں غسل خانوں میں پانی دستیاب اور مریضوں کیلئے سایہ دار انتظار گاہیں موجود تھیں۔ ایک تہائی سے زیادہ یا 34 فیصد دیہی مراکز صحت میں پینے کے صاف پانی کی فراہمی کے لیے مناسب انتظامات نظر نہیں آئے۔ زیر مشاہدہ مراکز صحت میں سے 14 مراکز جن میں سے آٹھ پنجاب، پانچ بلوچستان، چار سندھ اور تین خیبر پختونخوا میں واقع تھے انکی حدود میں ڈاکروں کو رہائشی سہولیات میسر نہ تھیں، اسی طرح 15 مراکز صحت جن میں سندھ کے چھ اور پنجاب، خیبر پختونخوا اور بلوچستان کے تین تین مراکز صحت شامل تھے میں معاون طبی عملہ بھی رہائشی سہولتوں سے محروم تھا۔ زیر مشاہدہ 27 فیصد دیہی مراکز صحت میں بجلی کی لوڈ شیڈنگ کی صورت میں جنرل پٹر کی سہولت میسر نہ تھی۔