

RHCs Lack Staff for Diagnosis and Treatment of Diarrheal Diseases and Malaria

A Report Based on Monitoring of 97 Rural Health Centers in 66 Districts across Pakistan in June 2011

Rural health centers monitored nationwide in June 2011 did not have staff to run disease control programs for diagnosing and treating specific diseases. Almost a quarter of the RHCs monitored nationwide did not have staff to run the Control of Diarrheal Diseases (CDD) program or the Malaria Control Program (MCP). Furthermore, poor conditions of physical infrastructure and lack of medical services and essential equipment were also noted. Eighty eight percent of the monitored RHCs lacked ophthalmology rooms while 15% did not have rooms for dentistry. Basic equipment, required for diagnoses of diseases, like ECG and X-ray machines, were also not present in 57% and 35% RHCs respectively, across the country. FAFEN Governance Monitors monitored 97 Rural Health Centers (RHCs) in 66 districts in June 2011.

Nationwide, 26% of the monitored RHCs lacked staff to run the CDD program while 22% did not have staff to run the MCP. Both RHCs monitored in Balochistan did not have staff to run the CDD program. More than half of the RHCs monitored in KP did not have staff to run either program. However, most of the monitored RHCs (97%) nationwide had staff to run the Extended Immunization Program (EPI), indicating that vaccination services were offered at a majority of the monitored RHCs except for two in KP.

Female staff was present to attend to female patients in 91% of the monitored RHCs. Lacks in this regard were mostly noted in 22% RHCs in KP and in 14% in Sindh.

Ophthalmology (eye) rooms were lacking in 88% of the monitored facilities nationwide. Only four RHCs monitored in Punjab, three in KP and two in Sindh had eye rooms while none of the RHCs monitored in Balochistan and Mohmand Agency had such a facility. The RHCs monitored in Balochistan and Mohmand Agency did not have ECG machines as well. Only two out of 22 RHCs monitored in Sindh and four out of 23 in KP had ECG machines. Thirteen facilities in Punjab also lacked this item. Similarly, X-ray machines were lacking in 77% of the RHCs monitored in Sindh.

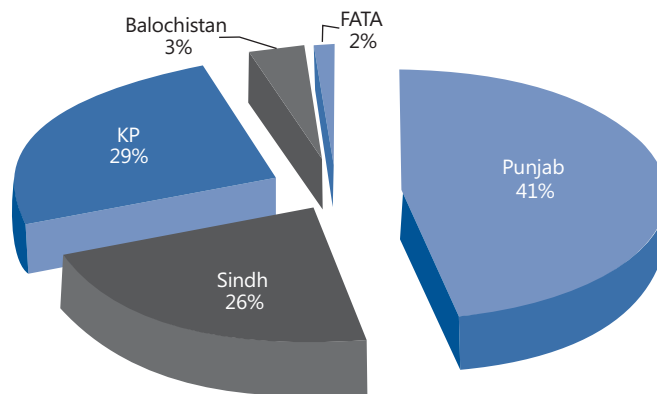
Clean drinking water, washrooms with running water and properly shaded waiting areas were lacking in the RHCs monitored nationwide. In KP, more than half - 56% and 65% respectively - of the monitored facilities lacked both clean drinking water and washrooms, while nearly two fifths did not have waiting areas. Similarly, half of the monitored facilities in Sindh did not have washrooms, 45% did not have clean drinking water and 32% lacked waiting areas. None of these facilities were available in the RHCs monitored in Balochistan.

Sui gas as well as telephone landline connections were not present in the RHCs monitored in Balochistan and Mohmand Agency. Sui gas connections were lacking in at least 85% of the RHCs monitored in other regions. Telephone landlines were not present in 91% facilities in KP, 50% in Sindh and 24% in Punjab.

Insufficient checks in the form of oversight by elected representatives and government officials may be partly to blame for these lacks. During the April – June 2011 quarter, only nine visits were made by a member of the provincial assembly to the monitored RHCs; five in KP and four in Punjab. Seven visits were made by other elected representatives. Three of these were made to RHCs in Punjab and two each in Sindh and KP. Only one visit each was made to Balochistan and Mohmand Agency in these past three months, both by government officials, and no visits by any elected representatives were recorded in either region.

Transparency was also an issue in the monitored RHCs as the respective administrations withheld information about sanctioned posts and appointments of medical, non medical, technical and support staff. This is in contradiction to the Freedom of Information Ordinance which guarantees public access to information in all government offices. Only three RHCs in Punjab shared information about sanctioned posts and appointments of ECG technicians. All of the RHCs monitored in other regions withheld this information. Neither of the two RHCs monitored in Balochistan shared information regarding appointments and sanctioned posts for lady health visitors and nurses. Similarly only one RHC in KP shared information about the appointments

Graph A: Districts Covered (Region-Wise)



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and sanctioned posts for nurses and the RHC monitored in Mohmand Agency also withheld information in this regard. Only ten out of 97 RHCs monitored nationwide shared information about sanctioned posts and appointments of medical officers (TB), eight did so for specialists and only one did so for ophthalmologists.

Detailed Findings

FAFEN Governance Monitors visited 97 RHCs in 66 districts nationwide in June 2011. A total of 49 RHCs in 27 districts were visited in Punjab, 22 in 17 districts in Sindh, 23 in 19 districts in KP, two in as many districts in Balochistan and one in Mohmand Agency of FATA.

Table A: RHCs Monitored by Region

Sr. No.	Province	No. of RHCs	Percentage	Districts
1.	Punjab	49	41%	27
2.	Sindh	22	26%	17
3.	KP	23	29%	19
4.	Balochistan	2	3%	2
5.	FATA	1	2%	1
Total		97	100%	66

1. Physical Infrastructure

RHCs monitored nationwide in June 2011 were observed to lack basic amenities for visiting and in house patients, telephone and Sui gas connections and residential houses for both doctors and other staff.

Of the 97 RHCs monitored nationwide, a proper road led to 93% of the facilities. The buildings of 20% of the RHCs were observed to be unclean while 30% were in dilapidated conditions. FAFEN Governance Monitors observed electricity and fans to be present in 98% and 93% of the monitored RHCs respectively.

Nationwide, 24% of the monitored RHCs did not have residential quarters for staff on the premises, while 17% lacked the same for doctors. Residences for both doctors and other staff were most lacking in 22 RHCs observed in Sindh; at least 50% each did not have residences either for doctors or for staff. The single RHC monitored in Mohmand Agency also did not have residential quarters for staff. In other regions, 13% of facilities monitored in KP and 4% in Punjab lacked residences for doctors, while 26% in KP and 10% in Punjab did so for staff. Both types of residences were present in the two RHCs monitored in Balochistan, while the RHC monitored in Mohmand Agency only had residences for doctors.

RHCs lacked basic amenities required for patients – clean drinking water, washrooms with running water and properly shaded waiting areas. More than a quarter nationwide did not have either washrooms with running water or properly shaded waiting areas. More than a third lacked arrangements for clean drinking water. The two RHCs monitored in Balochistan lacked both clean drinking water and washrooms, while waiting areas were present in one. All three facilities were present in the RHC monitored in Mohmand Agency. In KP, more than half - 56% and 65% respectively - lacked both clean drinking water and washrooms, while nearly two fifths did not have waiting areas. Similarly, half of the monitored facilities in Sindh did not have washrooms, 45% did not have clean drinking water and 32% lacked waiting areas. A fifth of the RHCs monitored in Punjab did not have waiting areas and a similar proportion (22%) lacked clean drinking water.

Nationwide, 88 of the total 97 RHCs monitored in June 2011 did not have Sui gas connections. The two facilities monitored in Balochistan as well as the one in Mohmand Agency, 85% in Punjab, 95% in Sindh and 96% in KP lacked this facility. Telephone landline were not present in the facility in Mohmand Agency, in two RHCs monitored in Balochistan and in 91% facilities in KP, 50% in Sindh and 24% in Punjab.

Nationwide, the buildings of 31% of the monitored RHCs were in dilapidated condition - these include both facilities monitored in Balochistan, 59% in Sindh, 43% in KP and 10% in Punjab that were not in good conditions. A fifth of the monitored facilities were not clean – one out of two RHCs monitored in Balochistan, 35% in KP, 27% in Sindh and 8% in Punjab.

Table 1: Physical Infrastructure

Sr. No.	Questions		Punjab	Sindh	KP	Balochistan	FATA	Total
1.	A proper road leads to RHC.	Yes	45	21	22	1	1	90
		No	4	1	1	1	0	7
2.	There is a boundary wall around the RHC.	Yes	44	17	19	1	1	82
		No	5	5	4	1	0	15
3.	The building is in a good condition.	Yes	44	9	13	0	1	67
		No	5	13	10	2	0	30
4.	The RHC is clean.	Yes	45	16	15	1	1	78
		No	4	6	8	1	0	19

Sr. No.	Questions		Punjab	Sindh	KP	Balochistan	FATA	Total
5.	The RHC has electricity.	Yes	48	21	23	2	1	95
		No	1	1	0	0	0	2
6.	The RHC has fans.	Yes	46	20	21	2	1	90
		No	3	2	2	0	0	7
7.	The RHC has a Sui Gas connection.	Yes	7	1	1	0	0	9
		No	42	21	22	2	1	88
8.	The RHC has a landline telephone connection.	Yes	37	11	2	0	0	50
		No	12	11	21	2	1	47
9.	There is a residential house for the doctors on the premises of RHC.	Yes	47	10	20	2	1	80
		No	2	12	3	0	0	17
10.	There are residential quarters on the premises of RHC for BHU staff.	Yes	44	11	17	2	0	74
		No	5	11	6	0	1	23
11.	The RHC has clean drinking water arrangements for patients.	Yes	38	12	10	0	1	61
		No	11	10	13	2	0	36
12.	The RHC has wash room [with running water] for patients.	Yes	48	11	8	0	1	68
		No	1	11	15	2	0	29
13.	There is proper place/shade for waiting patients.	Yes	39	15	14	1	1	70
		No	10	7	9	1	0	27

2. Medical Services

Ophthalmology (eye) rooms were lacking in 88% of the monitored facilities. The two RHCs monitored in Balochistan as well as the one in Mohmand Agency did not have an eye room. Only four RHCs monitored in Punjab, three in KP and two in Sindh had eye rooms.

Nearly a fifth of the RHCs monitored nationwide did not have an operational labour room – eight out of 22 RHCs in Sindh, six out of 23 in KP and one of two in Balochistan lacked this facility, while 94% of the RHCs monitored in Punjab as well as the one in Mohmand Agency had labour rooms. Dental rooms and X-ray rooms were also absent in 15% and 14% of the monitored RHCs nationwide. Neither of the RHCs monitored in Balochistan, more than a quarter in Sindh, 12% in Punjab and one in KP had dental rooms. Two fifths of the RHCs monitored in Sindh, 17% in KP and one facility in Punjab did not have X-ray rooms. In Mohmand Agency, both X-ray rooms and dental rooms were present in the monitored RHC.

Nationwide, 14 out of 97 monitored RHCs did not have laboratories, mostly due to the lack in 36% of the monitored facilities in Sindh. Operation theatres for minor operations were also not present in 19% of the monitored facilities nationwide – 10 out of 22 RHCs in Sindh and six out of 23 in KP did not have operation theatres, nor did one RHC each in Punjab and Balochistan. However, wards for in-patients were present in 91% of the monitored RHCs; four facilities in Sindh and nine in KP lacked wards.

Medicines were available free of cost in all but five of the monitored RHCs nationwide - two each in Punjab and KP and one in Sindh. The in-house pharmacies in nine of the monitored facilities were out of medicines including four in Punjab, three in KP and two in Sindh.

Table 2: Medical Services

Sr. No.	Questions		Punjab	Sindh	KP	Balochistan	FATA	Total
1.	There is a ward for in- patients at RHC.	Yes	49	18	18	2	1	88
		No	0	4	5	0	0	9
2.	The RHC has an operational labor room.	Yes	46	14	17	1	1	79
		No	3	8	6	1	0	18
3.	The RHC has an X-Ray Room.	Yes	48	13	19	2	1	83
		No	1	9	4	0	0	14
4.	Medicines are available free of cost in the in-house pharmacy.	Yes	47	21	21	2	1	92
		No	2	1	2	0	0	5
5.	The RHC has an ophthalmology (eye) room.	Yes	4	5	3	0	0	12
		No	45	17	20	2	1	85

Sr. No.	Questions		Punjab	Sindh	KP	Balochistan	FATA	Total
6.	The RHC has dental room.	Yes	43	16	22	0	1	82
		No	6	6	1	2	0	15
7.	The RHC has medico-legal services.	Yes	40	11	13	0	0	64
		No	9	11	10	2	1	33
8.	The in-house pharmacy is out of medicines.	Yes	4	2	3	0	0	9
		No	44	19	20	2	1	86
9.	The RHC has a laboratory.	Yes	44	14	22	2	1	83
		No	5	8	1	0	0	14
10.	There is an operation theater for minor operations at RHC.	Yes	48	12	17	1	1	79
		No	1	10	6	1	0	18

3. Equipment

A very worrying lack of essential equipment was noted in the 97 RHCs monitored nationwide in June. More than half (57%) of the monitored facilities did not have a working ECG machine. Only two out of 22 RHCs monitored in Sindh and four out of 23 in KP had ECG machines. Thirteen facilities in Punjab also lacked this item. Neither of the two RHCs monitored in Balochistan, or the one in Mohmand Agency had ECG machines.

More than a third of the monitored RHCs lacked functional X-ray machines, and 21% did not have working oxygen tents. Neither of the two RHCs in Balochistan had either X-ray machines or oxygen tents. X-ray machines were also lacking in 77% of the RHCs monitored in Sindh, 30% in KP and 16% in Punjab. About two fifths of the RHCs in Sindh, 22% in KP and 8% in Punjab did not have working oxygen tents.

More than a fifth of the monitored RHCs did not have sterilizers and a similar proportion did not have syringe cutters. Both RHCs in Balochistan, 10 out of 12 in Sindh, six out of 23 in KP and four out of 49 in Punjab did not have sterilizers. Syringe cutters were not present in one out of two RHCs monitored in Balochistan, as well as in 48% of RHCs in KP and 32% in Sindh. One RHC in Punjab also lacked this item. Delivery kits were also missing in 11 RHCs nationwide, five in KP, four in Sindh, in both the RHCs in Balochistan as well as the one in Mohmand Agency.

Nationwide, 34% of the monitored RHCs did not have wheelchairs – all RHCs monitored in both Balochistan and Mohmand Agency, 57% in KP, 45% in Sindh and 14% in Punjab. Fourteen RHCs nationwide did not have stretchers. These include both of the RHCs in Balochistan, eight in Sindh and four in KP. Ambulances were also not present in 15% of the RHCs monitored nationwide – 36% in Sindh, 17% in KP and 4% in Punjab.

Table 3: Equipment

Sr. No.	Questions		Punjab	Sindh	KP	Balochistan	FATA	Total
1.	X-Ray Machine at RHC is functional.	Yes	41	5	16	0	1	63
		No	8	17	7	2	0	34
2.	RHC has a working ECG Machine.	Yes	36	2	4	0	0	42
		No	13	20	19	2	1	55
3.	The RHC has syringe cutter.	Yes	48	15	12	1	1	77
		No	1	7	11	1	0	20
4.	The RHC has a sterilizer.	Yes	45	12	17	0	1	75
		No	4	10	6	2	0	22
5.	The RHC has working oxygen tent.	Yes	44	13	18	0	1	76
		No	4	9	5	2	0	20
6.	The RHC has a delivery kit.	Yes	49	18	18	1	0	86
		No	0	4	5	1	1	11
7.	The RHC has a stretcher.	Yes	49	14	19	0	1	83
		No	0	8	4	2	0	14
8.	The RHC has a wheel chair.	Yes	42	12	10	0	0	64
		No	7	10	13	2	1	33
9.	The RHC has a generator for power backup.	Yes	35	11	14	1	0	61
		No	14	11	9	1	1	36
10.	The RHC has a functional ambulance.	Yes	47	14	19	1	1	82
		No	2	8	4	1	0	15

4. Patient Care

In 70% of the RHCs monitored in June 2011, food commodities were not being provided to vulnerable groups like lactating mothers and malnourished children. Both the RHCs monitored in Balochistan and more than three fifths in all other regions (except Mohmand Agency) were not offering this service.

Almost a quarter of the monitored RHCs did not have staff to run the Control of Diarrheal Diseases (CDD) program or the Malaria Control Program (MCP). The two RHCs monitored in Balochistan, 56% in KP and 14% each in Punjab and Sindh did not have staff to run the CDD program while 52% RHCs in KP, 14% in Punjab and 9% in Sindh lacked staff for the MCP. There was also lack of staff to treat TB patients – five out of 49 RHCs in Punjab, six out of 23 in KP, three out of 22 in Sindh and both RHCs monitored in Balochistan did not have this staff.

Most monitored RHCs (97%) had staff to run the Extended Immunization Program (EPI), therefore basic vaccination services were offered at a majority of the monitored RHCs except for two RHCs in KP.

RHCs also lacked advisory services for breastfeeding mothers. These were not present in either of the two RHCs monitored in Balochistan, as well as in 26% RHCs in KP, 16% in Punjab and 9% in Sindh. Female staff was present to attend to female patients in 91% of the monitored RHCs. Lacks in this regard were noted in 22% RHCs in KP and 14% in Sindh.

With the exception of two RHCs in KP, RHC staff was referring patients with serious conditions to THQ/DHQ.

Table 4: Patient Care

Sr. No.	Questions		Punjab	Sindh	KP	Balochistan	FATA	Total
1.	Female staff is present to attend female patients.	Yes	48	19	18	2	1	88
		No	1	3	5	0	0	9
2.	The RHC offers advisory services to breastfeeding mothers.	Yes	41	20	17	0	1	79
		No	8	2	6	2	0	18
3.	The RHC has specially trained staff to treat TB patients.	Yes	44	19	17	0	1	81
		No	5	3	6	2	0	16
4.	The RHC has staff to offer basic vaccination facilities (EPI Program).	Yes	49	22	21	2	1	95
		No	0	0	2	0	0	2
5.	The RHC has staff to run Control of Diarrheal Diseases (CDD) program.	Yes	42	19	10	0	1	72
		No	7	3	13	2	0	25
6.	The RHC has staff to run Malaria Control Program (MCP).	Yes	42	20	11	2	1	76
		No	7	2	12	0	0	21
7.	RHC provides food commodities to vulnerable groups (lactating mothers and malnourished children).	Yes	13	7	8	0	1	29
		No	36	15	15	2	0	68
8.	The RHC staff is referring patients with serious conditions to THQ/DHQ.	Yes	49	22	21	2	1	95
		No	0	0	2	0	0	2

5. Patient Perception

FAFEN monitors interview up to three patients at every monitored RHC to gather their level of satisfaction regarding the availability of medicines, overcharging, availability of doctors and staff, their behavior as well as the time given to them by the same.

Nationwide, nine percent patients (out of 90 interviewed) observed that the doctor was not present on duty; five patients out of 47 in Punjab, two out of 19 in KP and one out of 22 in Sindh. Twelve patients nationwide out of 89 felt that they had not been given enough time by the doctor. Nearly a quarter (22%) patients in Sindh and 11% each in Punjab and KP felt this way. Twelve patients throughout the country out of 92 were dissatisfied with the doctor's behavior; these include 17% patients in Sindh, 13% in Punjab and 10% in KP.

Nationwide, 94% of the 93 patients interviewed in this regard noted that the technical staff of the RHC was present on duty. Three patients out of 22 in Sindh and two out of 48 in Punjab felt otherwise. Nationwide, 11 out of 94 patients did not find the technical staff supportive to them – 16% in Sindh, 14% in KP and 10% in Punjab. Out of 93 interviewed patients, 17% were dissatisfied with the overall behavior of the staff – nearly a quarter (24%) in Sindh, 19% in KP and 14% in Punjab.

Twenty percent of 94 interviewed patients felt that they were not getting free medicines as per doctor's prescription. Patients not getting free of cost medicines include nine out of 49 patients interviewed in Punjab, six out of 21 in KP and three out of 21 in Sindh. Fifteen percent of 93 patients felt they were overcharged at the RHC – 17% in Sindh, 15% in Punjab and 14% in KP. A similar percentage (15%) complained that someone had demanded illegal money for providing services at the RHC – 25% in Sindh, 15% in KP and 10% in Punjab.

Of the two patients interviewed in RHCs monitored in Balochistan as well as one in Mohmand Agency, none had any complaints about the behavior of the doctors and staff, the time given to them by either, as well as issuance of medicines.

Table 5: Patient Perception

Sr. No.	Questions	Punjab		Punjab (No. of Responses)	Sindh		Sindh (No. of Responses)	KP		KP (No. of Responses)	Balochistan		Balochistan (No. of Responses)	FATA		FATA (No. of Responses)	Pakistan	
		Patient			Patient			Patient			Patient			Patient			Patient	
		Yes	No		Yes	No		Yes	No		Yes	No		Yes	No		Yes	No
1.	Was doctor present on his/her duty at RHC?	42	5	47	20	1	22	17	2	19	2	0	2	1	0	1	82	8
2.	Do you think doctor has given you enough time?	42	5	47	16	5	21	16	2	18	2	0	2	1	0	1	77	12
3.	Are you satisfied with the overall behavior of the doctor?	42	6	48	17	4	21	18	2	20	2	0	2	1	0	1	80	12
4.	Is RHC technical staff available today to patients?	46	2	48	18	3	22	21	0	21	1	0	1	1	0	1	88	5
5.	Is technical staff of RHC supportive to you?	44	5	49	18	3	21	18	3	21	2	0	2	1	0	1	83	11
6.	Are you satisfied with the overall behavior of the technical staff of the RHC?	42	7	49	16	5	21	17	4	21	1	0	1	1	0	1	77	16
7.	Are you getting medicines free-of-cost from the in-house pharmacy as per doctor's prescription?	40	9	49	18	3	21	15	6	21	2	0	2	1	0	1	76	18
8.	Are you overcharged at the RHC?	7	40	47	4	18	22	3	18	21	0	2	2	0	1	1	14	79
9.	Did any one at the RHC demand illegal money for providing services?	2	18	20	2	6	8	2	11	13	0	0	0	0	0	0	6	35

6.0 Appointment of Medical, Paramedical, Technical and Support Staff

FAFEN Monitors requested 97 RHCs nationwide for information regarding appointments made against sanctioned posts of doctors, technicians, and paramedical and support staff.

6.1 Appointment of Medical Staff

Only 10 out of 97 RHCs monitored nationwide shared information about sanctioned posts and appointments of medical officers (TB)., Eight provided info about specialists and only one about appointments of ophthalmologists. Above 70% occupancy rates were observed for all these posts in the RHCs which provided information.

Information about sanctioned posts and appointments of women medical officers (WMOs) was shared by 31 out of 49 RHCs in Punjab, 12 out of 22 in Sindh, seven out of 23 in KP and by the RHC monitored in Mohmand Agency. A 69% occupancy rate was observed in Sindh, 88% in Punjab and 100% each in KP and Mohmand Agency. Data in this regard was not shared by any of the two RHCs monitored in Balochistan.

Information about sanctioned posts and appointments of medical officers was provided by 43 out of 49 RHCs in Punjab, 18 out of 22 in Sindh, 17 out of 23 in KP, in one of two RHCs in Balochistan as well as the RHC in Mohmand Agency. Only one of the three sanctioned posts was filled in Balochistan, 64% were filled in Sindh, 84% in KP and 86% in Punjab. All three sanctioned posts in the RHC in Mohmand Agency were filled.

All sanctioned posts for dental surgeons were filled in all regions. Information was provided by the RHC monitored in Mohmand Agency, in 38 out of 49 RHCs in Punjab, and in less than 50% of RHCs monitored in Sindh and KP. One of two RHCs in Balochistan withheld information.

Table 6.1: Appointment of Medical Staff

Sr. No.	Name of Post	Punjab				Sindh				KP				Balochistan				FATA				Total			
		Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	Occupancy Rate	RHC Sharing Information
1.	Specialist	7	5	3	71%	4	2	2	50%	6	5	3	83%	-	-	0	-	-	-	0	-	17	12	70.6%	8
2.	Ophthalmologist	-	-	0	-	1	1	1	100%	-	-	0	-	-	-	0	-	-	-	0	-	1	1	100.0%	1
3.	Women Medical officer	41	36	31	88%	26	18	12	69%	7	7	7	100%	-	-	0	-	1	1	1	100%	75	62	82.7%	51
4.	Medical Officer (Male)	78	67	43	86%	66	42	18	64%	31	26	17	84%	3	1	1	33%	3	3	1	100%	181	139	76.8%	80
5.	Medical Officer (TB)	1	1	1	100%	7	7	7	100%	3	3	2	100%	-	-	0	-	-	-	0	-	11	11	100.0%	10
6.	Dental surgeon	38	38	38	100%	4	4	3	100%	11	11	11	100%	1	1	1	100%	2	2	1	100%	56	56	100.0%	54
Total		165	147	116	89%	108	74	43	69%	58	52	40	90%	4	2	2	50%	6	6	3	100%	341	281	82.4%	204

6.2 Appointment of Paramedical Staff

Neither of the two RHCs monitored in Balochistan shared information regarding appointments and sanctioned posts for lady health visitors and nurses. Similarly only one RHC in KP shared information about the appointments and sanctioned posts for nurses and the RHC monitored in Mohmand Agency also withheld information in this regard.

Low occupancy rates were observed for nurses in nine out of 22 RHCs in Sindh which provided information as seven of the 18 sanctioned posts were lying vacant. In 47 RHCs in Punjab which provided information (out of a total of 49), an 84% occupancy rate was observed.

Occupancy rates for lady health visitors were high in RHCs in Punjab and KP where 97% and 94% of the sanctioned posts were filled respectively. One RHC did not share information in Punjab nor did four in KP. An 89% occupancy rate for lady health visitors was observed in 16 out of 22 RHCs in Sindh.

Table 6.2: Appointment of Paramedical Staff

Sr. No.	Name of Post	Punjab				Sindh				KP				Balochistan				FATA				Total			
		Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	Occupancy Rate	RHC Sharing Information
1.	Lady Health Visitor	118	114	48	97%	27	24	16	89%	32	30	19	94%	-	-	0	-	3	3	1	100%	180	171	95.0%	84
2.	Nurses	269	227	47	84%	18	11	9	61%	1	1	1	100%	-	-	0	-	-	-	0	-	288	239	83.0%	57
Total		387	341	95	88%	45	35	25	78%	33	31	20	94%	0	0	0		3	3	1	100%	468	410	87.6%	141

6.3 Appointment of Technical Staff

While good occupancy rates were observed for all posts of technical staff, information sharing remained an issue.

Only three RHCs in Punjab shared information about sanctioned posts and appointments of ECG technicians where the occupancy rate was 100%. All of the RHCs monitored in other regions withheld this information.

For dental technicians, 100% occupancy rates were observed in Punjab, Sindh and Mohmand Agency, while 95% rate was observed in KP. Twenty eight out of 49 RHCs monitored in Punjab shared information in this regard, half did so in Sindh and 18 out of 23 provided information in KP. Only one RHC was monitored in Mohmand Agency and it shared information in this regard. Information was not shared with FAFEN Governance Monitors in Balochistan where two RHCs were monitored.

All posts for laboratory assistants in RHCs sharing information in Sindh, KP, Balochistan and Mohmand Agency were filled, while 2% were vacant in those in Punjab. Out of 49 RHCs monitored in Punjab, information in this regard was withheld by 11, by nine out of 22 in Sindh, five out of 23 in KP and one of two in Balochistan.

All posts for X-ray technicians were filled in all regions except KP, where a 94% occupancy rate was observed. Twenty one facilities in Punjab withheld information in this regard, as did 12 in Sindh, seven in KP and one in Balochistan.

Table 6.3: Appointment of Technical Staff

Sr. No.	Name of Post	Punjab				Sindh				KP				Balochistan				FATA				Total			
		Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	Occupancy Rate	RHC Sharing Information
1.	Dental Technicians	28	28	28	100%	11	11	11	100%	20	19	18	95%	-	-	0	-	1	1	1	100%	60	59	98.3%	58
2.	ECG Technicians	3	3	3	100%	-	-	0	-	-	-	0	-	-	-	0	-	-	-	0	-	3	3	100.0%	3
3.	Laboratory Assistant	41	40	38	98%	13	13	13	100%	19	19	18	100%	1	1	1	100%	1	1	1	100%	75	74	98.7%	71
4.	X-Ray Technician	29	29	28	100%	11	11	10	100%	17	16	16	94%	1	1	1	100%	1	1	1	100%	59	58	98.3%	56
Total		101	100	97	99%	35	35	34	100%	56	54	52	96%	2	2	2	100%	3	3	3	100%	197	194	98.5%	188

6.4 Appointment of Support Staff

Information regarding sanctioned posts and appointments of support staff was provided by at least three quarters of the 97 RHCs monitored nationwide.

At least 80% of the sanctioned posts for dispensers were filled in Punjab, Sindh and KP. A 100% occupancy rate was observed in one RHC in Balochistan that shared information, while overstaffing was noted in Mohmand Agency as two appointments were made against a single sanctioned post. Six RHCs in KP, three in Sindh and one each in Punjab and Balochistan withheld information in this regard.

In RHCs in Punjab, 24 posts for sanitary workers were unfilled as were two posts each in facilities in Sindh and KP. A 100% occupancy rate was observed in the RHC in Mohmand Agency. Eight RHCs in KP, five in Sindh, three in Punjab and the two monitored in Balochistan did not share information in this regard.

All sanctioned posts for gardeners in RHCs in Punjab were filled as were those in Balochistan and Mohmand Agency (one post each was sanctioned in the latter two regions). In RHCs in both Sindh and KP, a 94% occupancy rate for gardeners was noted. Information was withheld by eight RHCs in KP, seven each in Punjab and Sindh and one in Balochistan.

One RHC each in Punjab, KP and Balochistan and four in Sindh withheld information about sanctioned posts and appointments of peons/watchmen. A 100% occupancy rate was observed in both Balochistan and Mohmand Agency, 94% in KP, 91% in Punjab and 87% in Sindh.

Table 6.4: Appointment of Support Staff

Sr. No.	Name of Post	Punjab				Sindh				KP				Balochistan				FATA				Total			
		Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	RHC Sharing Information	Occupancy Rate	Sanction Strength	Posted	Occupancy Rate	RHC Sharing Information
1.	Dispenser	201	177	48	88%	68	55	19	81%	36	31	17	86%	2	2	1	100%	1	2	1	200%	308	267	86.7%	86
2.	Sanitary Worker	178	154	46	87%	33	31	17	94%	29	27	15	93%	-	-	0	-	1	1	1	100%	241	213	88.4%	79
3.	Gardeners	44	44	42	100%	16	15	15	94%	16	15	15	94%	1	1	1	100%	1	1	1	100%	78	76	97.4%	74
4.	Peons/ Watchmen	162	148	47	91%	60	52	18	87%	53	50	22	94%	2	2	1	100%	1	1	1	100%	278	253	91.0%	89
Total		585	523	183	89%	177	153	69	86%	134	123	69	92%	5	5	3	100%	4	5	4	125%	905	809	89.4%	328

7. Government Visits

A total of 107 visits by elected representatives and government officials were made to the 97 monitored RHCs in the April – June 2011 quarter. A majority of these visits were made by the executive district officer/health (EDO/Health). Thirty five of these visits were made to RHCs in Punjab, 13 in Sindh and 10 in KP and one in Balochistan. Other government officials made 32 visits in all – 21 to RHCs in Punjab, seven in Sindh, three in KP and one in Mohmand Agency. Nine visits were made by a member of the provincial assembly, five in KP and four in Punjab, while seven visits were made by other elected representatives. Three of these were made to RHCs in Punjab and two each in Sindh and KP. Over all, only one visit each was made to Balochistan and Mohmand Agency in the past three months, both by government officials and no visits by any elected representatives were recorded. In other regions, 59% of the visits were made to Punjab, 21% to Sindh and 19% to KP, both by elected representatives and government officials.

Table 7: Government Oversight

Sr. No.	Designation	Punjab	Sindh	KP	Balochistan	FATA	Total
1.	MPA	4	0	5	0	0	9
2.	EDO/Health	35	13	10	1	0	59
3.	Any other government official	21	7	3	0	1	32
4.	Any other elected representative	3	2	2	0	0	7
Total		63	22	20	1	1	107

8. Referrals

Referrals are serious medical cases which are forwarded to higher level health facilities like district headquarter hospitals (DHQs) or tehsil headquarters hospital (THQs) because the services or equipment required for treatment or further diagnosis are not catered to at the RHC. A total of 1,351 referrals were made in the last calendar month (June 2011) from 81 RHCs nationwide. A total of 868 referrals were made from RHCs in Punjab, 330 in KP, 149 in Sindh and four in Balochistan. Information was not shared by the RHC in Mohmand Agency, as well as by one of two RHCs monitored in Balochistan. Sixty eight percent of RHCs monitored in Sindh, 83% in KP and 93% in Punjab shared information in this regard. A total of 1,048 medico legal cases were treated in the last calendar month (June 2011). As many as 754 medico legal cases were treated in RHCs in Punjab, 163 in KP, 129 in Sindh and two in Balochistan. One of two RHCS monitored in Balochistan shared information in this regard, 48% did so in KP, 59% in Sindh and 65% in Punjab. The RHC monitored in Mohmand Agency did not share this information.

Table 8: Referrals

Province	Number of Serious Patients Referred to THQ/DHQ in Last Calendar Month	Number of Medico Legal Cases Treated in Last Calendar Month
Punjab	868	754
RHCs Sharing Information	46	32
Sindh	149	129
RHCs Sharing Information	15	13
KP	330	163
RHCs Sharing Information	19	11
Balochistan	4	2
RHCs Sharing Information	1	1
FATA	-	-
RHCs Sharing Information	0	0
Total	1351	1048
RHCs Sharing Information	81	57

Monitoring Methodology

The Free and Fair Election Network (FAFEN) has launched a nationwide initiative to monitor governance processes under its Democratic Governance Program 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.

Annex: List of Monitored RHCs

Sr. No.	Name of the Health Facility	Province	District
1.	Rural Health Center, Pindi Sultan Pur	Punjab	Gujrat
2.	Rural Health Center, Buchki	Punjab	Nankana Sahib
3.	Rural Health Center, Shahkot	Punjab	Nankana Sahib
4.	Rural Health Center, Raja Jang	Punjab	Kasur
5.	Rural Health Center, Classwaala	Punjab	Sialkot
6.	Rural Health Center, Sankhatra	Punjab	Narowal
7.	Rural Health Center, Khurrianwala	Punjab	Faisalabad
8.	Rural Health Center, Ganda Sing Wala	Punjab	Kasur
9.	Rural Health Center, Choti Zareen	Punjab	Dera Ghazi Khan
10.	Rural Health Center, Kot Chutta	Punjab	Dera Ghazi Khan
11.	Rural Health Center, Changa Manga	Punjab	Kasur
12.	Rural Health Center, Barki	Punjab	Lahore
13.	Rural Health Center, Kunjah	Punjab	Gujrat
14.	Rural Health Center, Taranda Sawaya Khan	Punjab	Rahimyar Khan
15.	Rural Health Center, Rajanpur Kalan	Punjab	Rahimyar Khan
16.	Rural Health Center, Sehja	Punjab	Rahimyar Khan
17.	Rural Health Center, Bathar	Punjab	Attock
18.	Rural Health Center, Maghian	Punjab	Attock

Sr. No.	Name of the Health Facility	Province	District
19.	Rural Health Center, Rangoo	Punjab	Attock
20.	Rural Health Center, Head Rajkan	Punjab	Bahawalpur
21.	Rural Health Center, Chunawala	Punjab	Bahawalpur
22.	Rural Health Center, Dera Bakha	Punjab	Bahawalpur
23.	Rural Health Center, Khangah Sharif	Punjab	Bahawalpur
24.	Rural Health Center, Uch Sharif	Punjab	Bahawalpur
25.	Rural Health Center, Jaman Shah	Punjab	Layyah
26.	Rural Health Center, Fateh Pur	Punjab	Layyah
27.	Rural Health Center, Chak No. 316/GB	Punjab	Toba Tek Singh
28.	Rural Health Center, Jalalpur Sharif	Punjab	Jhelum
29.	Rural Health Center, Sillanwali	Punjab	Sargodha
30.	Rural Health Center, Bagh	Punjab	Jhang
31.	Rural Health Center, Mochiwala	Punjab	Jhang
32.	Rural Health Center, Hadali	Punjab	Khushab
33.	Rural Health Center, Noor Shah	Punjab	Sahiwal
34.	Rural Health Center, Behal	Punjab	Bhakkar
35.	Rural Health Center, Janda Wala	Punjab	Bhakkar
36.	Rural Health Center, Mouch	Punjab	Mianwali
37.	Rural Health Center, Madrassa	Punjab	Bahawalnagar
38.	Rural Health Center, McLeod Gunj	Punjab	Bahawalnagar
39.	Rural Health Center, Chak No. 222/EB	Punjab	Vehari
40.	Rural Health Center, Luddan	Punjab	Vehari
41.	Rural Health Center, Qaboola	Punjab	Pakpattan
42.	Rural Health Center, Malka Hans	Punjab	Pakpattan
43.	Rural Health Center, Khacha Khoh	Punjab	Khanewal
44.	Rural Health Center, Chak No. 231/WB	Punjab	Lodhran
45.	Rural Health Center, Makhdoom Aali	Punjab	Lodhran
46.	Rural Health Center, Malakwal	Punjab	Mandi Bahauddin
47.	Rural Health Center, Allah Abad	Punjab	Rahimyar Khan
48.	Rural Health Center, Chak No. 112/9-L	Punjab	Sahiwal
49.	Rural Health Center, Muhammad Pur Dewan	Punjab	Rajanpur
50.	Rural Health Center, Missan Wadi	Sindh	Tando Allahyar
51.	Rural Health Center, Chuhar Jamali	Sindh	Thatta
52.	Rural Health Center, Var	Sindh	Thatta
53.	Rural Health Center, Bhaledino Kaka	Sindh	Matiari
54.	Rural Health Center, Sita Road	Sindh	Dadu
55.	Rural Health Center Thari Mir Wah	Sindh	Khairpur
56.	Rural Health Center, Mir Pur Buriro	Sindh	Jacobabad
57.	Rural Health Center, Drigh Bala	Sindh	Dadu
58.	Rural Health Center Islamkot	Sindh	Tharparkur
59.	Rural Health Center, Unarpur	Sindh	Jamshoro
60.	Rural Health Center, Mirwah Gorchani	Sindh	Mirpurkhas
61.	Rural Health Center, Atta Muhammad Hami	Sindh	Khairpur
62.	Rural Health Center, Umaid Ali Khan Junejo	Sindh	Kamber Shahdadkot

Sr. No.	Name of the Health Facility	Province	District
63.	Rural Health Center, Kandhra	Sindh	Sukkur
64.	Rural Health Center Nabisar	Sindh	Umerkot
65.	Rural Health Center, Rajo Khanani	Sindh	Badin
66.	Rural Health Center, Daur	Sindh	S.M.B.B. (Nawabshah)
67.	Rural Health Center, Rehri Mian "B" Type	Sindh	Karachi
68.	Rural Health Center, Keamari	Sindh	Karachi
69.	Rural Health Center, Kandiari	Sindh	Sanghar
70.	Rural Health Center, Adil Pur	Sindh	Ghotki
71.	Rural Health Center, Retti	Sindh	Ghotki
72.	Rural Health Center, Chuprail	KP	Swat
73.	Rural Health Center, Maira	KP	Shangla
74.	Rural Health Center, Dassu	KP	Kohistan
75.	Rural Health Center, Nawagai	KP	Buner
76.	Rural Health Center, Kunda	KP	Swabi
77.	Rural Health Center, Yar Hussain	KP	Swabi
78.	Rural Health Center, Manki Sharif	KP	Nowshehra
79.	Rural Health Center, Dheri Julagram	KP	Malakand
80.	Rural Health Center, Havelian	KP	Abbottabad
81.	Rural Health Center, Munda	KP	Lower Dir
82.	Rural Health Center, Kala Pani	KP	Abbottabad
83.	Rural Health Center, Sara-e-Naimat Khan	KP	Haripur
84.	Rural Health Center, Khazana (Shamozai)	KP	Swat
85.	Rural Health Center, Domail	KP	Bannu
86.	Rural Health Center, Jandari	KP	Karak
87.	Rural Health Center, Shahbaz Garhi	KP	Mardan
88.	Rural Health Center, Gumbat	KP	Mardan
89.	Rural Health Center, Kuza Banda	KP	Battagram
90.	Rural Health Center, Gomal Bazar	KP	Tank
91.	Rural Health Center, Kot Jae Village	KP	Dera Ismail Khan
92.	Rural Health Center, Badabher	KP	Peshawar
93.	Rural Health Center, Tatter Khel	KP	Lakki Marwat
94.	Rural Health Center, Naryab	KP	Hangu
95.	Rural Health Center, Meer Wah	Balochistan	Nasirabad
96.	Rural Health Center, Killi Alizai	Balochistan	Pishin

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 Democratic Governance Program in 150 National Assembly constituencies in 108 districts across Pakistan.



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