



Centre for Peace and
Development Initiatives

Sacrificing Healthcare Needs of the Poor on the Altar of Mega Projects A Case of Governmental Misplaced Priorities

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A Case of Governmental Misplaced Priorities

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Sacrificing Healthcare Needs of the Poor on the Altar of Mega Projects

A Case of Governmental Misplaced Priorities

Everyone in Pakistan would agree that public transport system is in shambles and needs to be fixed. Should it be fixed at the expense of healthcare needs of the poor? In other words, should government be building state of the art public transport system so that the poor could use these buses to go to hospitals to find out that medical equipment like X-ray machines, CT scan and oxygen cylinders are out of function?

Punjab government built Metro Bus public transport system at the cost of whopping Rs. 30 Billion which started functioning on February 11, 2013. On March 19, 2014, Roznama Awaz reported that the patients in of Mayo Hospital, Lahore had to face hardships because of the unavailability of oxygen cylinders.



Roznama Awaz Lahore, Page no 2, March 19, 2014,

Investigating the Availability and Functional Status of Medical Equipment in District Headquarter Hospitals

Was it a one off incident or the unavailability of medical equipment was a widespread problem in public hospitals? CPDI decided to follow-up this story and submitted information request on April 15, 2014 to all the DHQs in Punjab and Khyber Pakhtunkhwa seeking information about the availability and functional status of different medical equipment.

Dismal Status of Medical equipment's in District Headquarter Hospitals

As and when we received information from District Headquarter Hospitals, we compiled the findings. The findings were shocking to say the least. The following table presents a far from satisfactory picture about the availability and the functional status of medical equipment.

Data Received through Information Request

Sr No	District	Population (Census 1998)	Oxygen Cylinders			Ultra Sound Machines			ECG Machines			Citi Scan Machines			X Ray Machines		
			O/T	O/F	O/O	Ultra /T	Ultra /F	Ultra /O	ECG/ T	ECG/ F	ECG/ O	CT/T	CT/F	CT/O	X-Ray/ T	X-Ray/ F	X-Ray/ O
1	Lodhran	1171800	12	12	Nil	3	3	Nil	9	7	2	Nil	Nil	Nil	2	1	1
2	Mandi Bahauddin	1160552	33	33	Nil	5	4	1	2	2	Nil	Nil	Nil	Nil	3	3	Nil
3	Okara	2232992	77	77	Nil	3	2	1	5	4	1	Nil	Nil	Nil	3	1	1
4	Rahim Yar Khan	233537	282	280	2	12	11	1	50	46	4	1	1	0	17	14	3
5	Hafizabad	832980	3	3	Nil	3	2	1	6	4	2	0	0	0	3	1	2
6	Attock	1274935	288	93	Nil	3	2	1	7	7	Nil	Nil	Nil	Nil	5	5	Nil
7	Mianwali	1056620	70	50	20	4	2	2	9	5	4	Nil	Nil	Nil	5	3	2
8	Gujrat	2048008	46	46	Nil	3	3	Nil	4	4	Nil	1	1	Nil	6	5	1
9	Kasur	2375875	29	29	Nil	2	2	Nil	3	3	Nil	Nil	Nil	Nil	3	3	Nil
10	Faisalabad	5429547	200	200	Nil	5	4	1	16	12	2	1	1	Nil	7	7	1
11	Gujranwala	3400940	213	183	30	3	2	1	22	8	14	1	1	2	6	3	3
12	Nankana Sahib	1410000	30	84	7	1	5	1	5	8	Nil	Nil	Nil	Nil	N	2	1
13	Multan	3116851	10	10	0	2	2	0	3	2	1	0	0	0	2	1	1
14	Layyah	1120951	24	23	1	3	2	1	6	6	Nil	Nil	Nil	Nil	6	3	3
15	Vehari	2090416	90	90	Nil	3	3	Nil	7	7	Nil	Nil	Nil	Nil	5	5	Nil
16	Chakwal	1083725	103	90	13	6	4	2	7	5	2	Nil	Nil	Nil	7	5	2
17	Pakpattan	1286680	38	38	Nil	2	2	Nil	2	2	Nil	2	2	Nil	Nil	Nil	Nil
18	Bhakkar	1051456	128	107	21	6	5	1	12	10	2	Nil	Nil	Nil	5	5	Nil
19	Chinniot	477781	21	20	1	1	0	1	2	0	2	Nil	Nil	Nil	4	4	Nil
20	Sialkot	2723481	200	170	30	7	4	3	5	4	1	Nil	Nil	Nil	5	4	1
21	Khushab	905711	63	63	Nil	3	2	1	4	4	Nil	Nil	Nil	Nil	3	2	1
Khyber Pakhtunkhwa																	
1	Mansehra	1152839	25	25	Nil	2	1	1	6	3	3	Nil	Nil	Nil	3	2	1
2	Laki Marwat	490025	16	16	Nil	1	1	Nil	1	1	Nil	Nil	Nil	Nil	2	2	Nil
3	Kohat	562644	44	44	Nil	3	3	Nil	4	1	3	Nil	Nil	Nil	3	2	1
4	Charsadda	1022364	31	25	6	3	2	1	6	3	3	Nil	Nil	Nil	5	3	2
5	Sawabi	1026804	24	24	Nil	2	2	Nil	9	4	5	Nil	Nil	Nil	4	3	1
6	Karak	430796	40	21	Nil	4	2	2	2	1	1	Nil	Nil	Nil	5	4	1
7	Hangu	314529	8	8	Nil	2	Nil	2	2	1	1	Nil	Nil	Nil	3	2	1
8	Mardan	1460	Due to lack of understanding of the department data is not up to our satisfaction														
9	Abbottabad	880666	54	54	Nil	3	2	1	3	3	Nil	Nil	Nil	Nil	5	3	2

We shared these findings with Mr. Waseem Abbasi who contributed an excellent story on this issue on December 04, 2014 headlined [No CT scan machines in 16 districts of Punjab, seven of KPK](#). He reported that “lack of essential medical equipment is resulting in thousands of preventable deaths in both the Punjab and Khyber-Pakhtunkhwa (KP) as there is no Computerized Tomography (CT scan) machine for at least 31 million people living in 23 districts of these two provinces”. He quoted Associate Professor of Radiology at the Pakistan Institute of Medical Science (PIMS), Dr Ayesha Isani Majeed saying that “the CT scan is absolutely essential for district headquarters hospitals as it can help in diagnoses of head injuries and other serious complications in emergency cases”. Commenting on the absence of an X-ray machine in Pakpattan, she said that it was “criminal negligence on the part of healthcare managers in that district as X-ray is the basic need for treatment of majority of patients”.



The News, December 4, 2014

Plot Thickens: Basic Health Units without Doctors

Basic Health Units, (BHUs) are established at the Tehsil level where poorest of the poor go for their medical needs. As the information shared by DHQs was revealing abysmal state of affairs with regard to the availability and the functional status of medical equipment in DHQs of both Khyber Pakhtunkhwa and Punjab, we decided to dig deeper and determine level of the availability of doctors in Basic Health Units of both Khyber Pakhtunkhwa and Punjab.

As we were engaging journalists on the use of right to information legislation for investigative reporting, we facilitated Mr. Waseem Abbasi in drafting and sending information request to investigate this issue. He submitted information request to all Executive District Officers, Health Department of all districts of Khyber Pakhtunkhwa and Punjab on October 21, 2014 seeking certified information about the total number of Basic Health Units in the District, total number of sanctioned posts of doctors for all Basic Health Unit of the districts and total number of vacant posts of doctors and lastly, certified information about total number of sanctioned posts of doctors for each Basic Health Units and total number of vacant posts of doctors in each Basic Health Unit of the district. He established with certified information received through information requests submitted under the Punjab Transparency and Right to Information Act 2013 that [out of 732 Basic Health Units in 10 districts of Punjab, 310 Basic Health Units were functioning without doctors](#).



The News, November 28, 2014

Based on information received through Khyber Pakhtunkhwa Right to Information Act 2013, he filed another story sharing that [there were no doctors in 70% of Basic Health Units in just 3 districts](#) of Khyber Pakhtunkhwa. On January 22, 2015, Waseem Abbasi filed another story based on the data received from 24 districts and shared that there were no doctors appointed in [619 Basic Health Units](#) of rural areas.

Mega Projects at the Expense of Healthcare?

If there are no funds available to fill sanctioned posts of doctors in Basic Health Units and no funds to ensure availability of medical equipment in District Headquarter Hospitals, then where do the funds for mega projects come from? In its budget for financial year 2013-14, Punjab government allocated a total of Rs. 26000000000 for health sector out of which 14276000000 were bloc allocations. Similarly, total funds allocated for education sector were 260000000 out of which 13821000000 were block allocations. The question that needs to be asked from the Punjab government is how a whopping sum Rs. 27821000000 earmarked for health and education sectors was spent? Or was it diverted to some mega infrastructure project for which no funds were earmarked in the budget in the first place? This raises serious questions pertaining to budget transparency. Should the executive be entitled to spend public funds approved by the elected representatives and earmarked for specific sectors as reflected in the budget on whimsical projects? CPDI is in the process of investigating this issue. We submitted an information request to Finance Department on January 15, 2015 seeking access to certified copies of the documents containing decisions about the utilization of block allocations in health and education sectors in financial year 2013-14. This initiative will help us understand as to how the executive overrides decisions of the elected representatives reflected in the finance bill as to how funds are to be spent in different sectors.

Conclusion

Mr. Abbasi is now sold to the idea of using RTI laws for investigative stories and has decided to contribute further stories as and when he gets more information from other districts. Furthermore, as he has been able to reveal shocking details about the unavailability of doctors for Basic Health Units, he plans to submit information requests periodically to continue following developments pertaining to the availability of doctors in BHQs. In the meanwhile, CPDI is engaged with Punjab Information Commission and Khyber Pakhtunkhwa Information Commission to get information from the remaining District Headquarter Hospitals about the availability and the functional status of medical equipment and this information will be shared with Mr. Abbasi in due course. At the same time, CPDI will continue submitting information requests to DHQs on this issue in 2015 to keep track of developments. Lastly, and more importantly, armed with certified information as to how funds approved by Punjab Assembly as to be spent on education and health sectors were diverted to Lahore Metro Bus, CPDI will launch

advocacy initiatives aimed at putting an end to the practice of bloc allocations. In short, the story of the patients of Lahore Mayo Hospital facing hardships for lack of oxygen cylinders as reported by ‘Roznama Awaz’ on March 19, 2014 unleashed a process wherein an investigative journalist and CPDI joined hands together to dig deep to identify and contribute to the rooting out of the causes plaguing health sector. This process needs to be strengthened with the involvement of other investigative journalists and civil society groups interested in the performance of health sector.

Centre for Peace and Development Initiatives, (CPDI) is an independent, non-partisan and a not-for-profit civil society organization working on issues of peace and development in Pakistan. It is registered Under Section 42 of the Companies Ordinance, 1984 (XLVII of 1984). It was established in September 2003 by a group of concerned citizens who realized that there was a need to approach the issue of peace and development in a an integrated manner. CPDI is a first initiative of its kind in Pakistan. It seeks to inform and influence public policies and civil society initiatives through research-based advocacy and capacity building in order to promote citizenship, build peace and achieve inclusive and sustainable development. Areas of special sectoral focus include promotion of peace and tolerance, rule of law, transparency and access to information, budget watch, legislative watch and development.



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