

ORDER SHEET
IN THE HIGH COURT OF SINDH BENCH AT SUKKUR
Constitution Petition No. D-69 of 2026

DATE OF HEARING	ORDER WITH SIGNATURE OF JUDGE
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Before;

Adnan-ul-Karim Memon, J;
Abdul Hamid Bhurgari, J;

Petitioner Mansoor Ali, advocate in person.

Province of Through Israr Ahmed Shah, Assistant Advocate
Sindh & General Sindh, along with Akhtiar Hussain Mirsni,
others & District Health Officer Naushahro Feroze, Dr.
 Rafique Ahmed Mangrio, Medical Superintendent
 Taluka Hospital Kandiaro, and Dr. Nadeem Memon,
 focal person DHO Office Naushahro Feroze.

Date of hearing and order: 09-06-2026.

O R D E R.

Adnan-ul-Karim Memon J:- The petitioner, a practicing advocate of this Court, has invoked the constitutional jurisdiction of this Court to seek effective judicial intervention regarding the deteriorating condition of public healthcare facilities in District Naushahro Feroze, particularly DHQ Hospital Naushahro Feroze and THQ Hospitals, including Kandiaro.

2. It is contended that the residents of the District Naushahro Feroze, especially poor and low-income segments of society, are being deprived of their fundamental right to health as guaranteed under the Constitution of Pakistan. The petitioner submits that the government hospitals, instead of providing essential and basic healthcare services, are operating with severe deficiencies, thereby forcing patients to seek costly private treatment or travel long distances to other hospitals, resulting in avoidable hardship and loss of precious lives. The petitioner highlights that both DHQ and THQ hospitals are critically under-equipped, lacking emergency services, trauma centres, ICUs, maternity and child care units, diagnostic facilities such as X-ray, CT scan, MRI,

echocardiography, blood banks, and even basic medical supplies and medicines. It is further alleged that hospitals are suffering from a shortage of doctors, nurses, paramedical staff, and proper attendance mechanisms, resulting in ineffective service delivery and frequent referrals to distant tertiary care hospitals. It is also alleged that despite substantial budget allocations, the funds are not being utilized properly, leading to corruption, mismanagement, and the collapse of basic healthcare infrastructure. The hospitals are described as non-functional referral centres where emergency patients are routinely referred elsewhere, causing delays and fatalities. The petitioner emphasizes that the right to health is a fundamental right, encompassing access to timely, accessible, and quality healthcare services without discrimination. He submitted that the State is constitutionally obligated to ensure functioning hospitals with adequate facilities, trained staff, and essential medical equipment, particularly for vulnerable groups such as women, children, and low-income populations. It is asserted that the respondents have failed to discharge their constitutional and statutory duties, acted arbitrarily, and failed to ensure proper utilization of public funds allocated for healthcare institutions. The petitioner claims that no efficacious remedy is available except the invocation of this Court's constitutional jurisdiction. In view of these violations, the petitioner seeks directions for: audit of hospital budgets and expenditures; provision and repair of essential medical equipment; availability of medicines and emergency services; appointment and attendance enforcement of medical staff through biometric systems; establishment of trauma, ICU, maternal and child health units; and initiation of disciplinary action against delinquent officials. The petitioner further seeks transparency in hospital administration through record-keeping of patients and medicines, establishment of monitoring mechanisms, surprise inspections by judicial officers, and possible referral of the matter to anti-corruption authorities for inquiry into misappropriation of funds. The petitioner also prays for structural reforms, including continuous fund monitoring, upgrading of hospital infrastructure, implementation of accountability systems, and ensuring equitable healthcare services for all citizens, particularly the most vulnerable segments of society.

3. Dr. Akhtiar Hussain Mirani, District Health Officer, Naushahro Feroze, present in Court, submits that the Civil Hospital Naushahro Feroze (DHQ Hospital) is headed by the Civil Surgeon, who acts as the Drawing and Disbursing Officer for financial and procurement matters, while the Medical Superintendent of Taluka Hospital Kandiaro performs similar functions at the taluka level. He added that both health facilities are functional and provide secondary healthcare services around the clock. He emphasised that the DHQ Hospital offers a range of services, including CCU, casualty, labor room, operation theatre for C-sections, paediatric and medical wards, dialysis, diagnostic facilities (X-ray, ultrasound, laboratory services), EPI, ARV centre, hepatitis and nutrition centres, medico-legal services, ambulance facility, and blood bank support through Fatima Foundation. OPD services in multiple specialties such as medicine, surgery, gynaecology, paediatrics, ENT, ophthalmology, dermatology, neurology, orthopaedics, and others are also available. Similarly, Taluka Hospital Kandiaro provides 24/7 emergency, maternity, surgical, paediatric, and indoor services, along with X-ray, ultrasound, laboratory, EPI, nutrition centre, ARV centre, medico-legal facility, and ambulance services. OPD services in multiple disciplines are also functional. It is further stated that both hospitals manage emergency cases, particularly road traffic accidents, and in serious conditions, patients are referred without delay to tertiary care hospitals such as Peoples Medical College Hospital, Nawabshah, and GIMS Gambat, with ambulance facilities provided for safe transfer of patients. It is also informed that a proposal dated 21.05.2026 has been submitted to the Health Department, Government of Sindh, for the establishment of a 50-bedded Satellite Trauma Centre under SMMBIT Karachi at Naushahro Feroze. Furthermore, NICVD-related cardiac services are available at the Chest Pain Unit, Bhiria City, and Rescue 1122 emergency ambulance services are operational throughout the district for timely response and patient transfer. Details of patients treated in various specialties during the last six months have been placed on record separately.

5. Israr Ahmed Shah, Assistant Advocate General Sindh, assisted by the Medical Superintendent, Taluka Hospital Kandiaro,

submits that the hospital is fully operational and provides 24-hour healthcare services to the public. He added that the hospital is located near the National Highway and regularly receives emergency and accident cases, which are promptly attended by medical staff. It is submitted that emergency patients are treated on priority, and where required, they are referred to tertiary care hospitals such as PMC Nawabshah or GIMS Gambat after providing initial treatment and stabilization. Ambulance services are also available for patient transfer. The hospital is equipped with operating theatre facilities for both major and minor procedures, including gynaecological surgeries and delivery cases, conducted by specialist doctors. While no permanent cardiologist is posted at the hospital, emergency cardiac cases are provided first aid and referred to NICVD-related facilities at RHC Bhiria City. It is further stated that doctors and staff are performing their duties diligently, honestly, and around the clock. Adequate infrastructure is available, including beds with bedding, fans, furniture, maternity facilities, X-ray services, laboratory services, and essential medical equipment. Medicines are also provided to patients according to prescriptions. However, he denied that the hospital lacks basic facilities or that any negligence exists on the part of the answering respondent. He submitted that all allegations made in the petition are false, fabricated, and devoid of merit. He affirms that the hospital administration is committed to complying with any orders passed by this Court. In view of the above submissions, he prayed that the petition be dismissed as being false, misconceived, and without legal or factual basis.

6. The petitioner submits in rebuttal that the statements of Respondents No.3 and No.4 are general, self-serving, and contrary to ground realities. Their claim that DHQ Hospital Naushahro Feroze and THQ Hospital Kandiaro are fully functional is specifically denied, as the mere existence of departments and sanctioned posts does not establish effective healthcare delivery. In practice, key facilities such as ICU care, trauma stabilization, CT scan, MRI, and reliable emergency services are either non-functional, insufficient, or unavailable during emergencies. The respondents themselves admit routine referral of critical patients to tertiary hospitals such as PMC Nawabshah and GIMS Gambat,

which confirms that these hospitals are not capable of handling life-threatening emergencies and function largely as referral centres. The petitioner further submits that diagnostic services like X-ray and laboratory facilities are often unreliable, essential medicines are frequently unavailable, and patients are forced to purchase medicines privately. Alleged availability of services is therefore misleading and not reflective of actual conditions. The claim regarding diligent attendance of doctors and staff is denied, as absenteeism and irregular availability, particularly in emergencies and night shifts, are persistent issues with no effective monitoring or biometric enforcement, resulting in delayed treatment and compromised care. Despite substantial budget allocations, no satisfactory explanation is provided for the continued infrastructural decline, indicating mismanagement and a lack of transparency. The respondents' admission of a proposed trauma centre further confirms the absence of any functional trauma facility at present, while reliance on distant cardiac and tertiary care hospitals highlights inadequate local emergency capacity. The petitioner submits that the State's constitutional obligation is to ensure functional, accessible, and effective healthcare, not merely paper-based institutions. The present situation reflects systemic failure affecting vulnerable populations. In view of the above, the respondents' stance is denied as inconsistent with ground realities, and the petitioner prays that this Court may grant the reliefs sought in the interest of justice and enforcement of fundamental rights.

7. Having heard the petitioner and the learned Assistant Advocate General assisted by official respondents present in Court and having examined the record, this Court finds that the dispute essentially concerns the effective functionality, accessibility, and adequacy of public healthcare facilities in District Naushahro Feroze, particularly DHQ Hospital Naushahro Feroze and THQ Hospitals, in the context of the constitutional right to life and health.

8. It is not disputed that certain hospitals exist and possess sanctioned infrastructure and staff. However, the real issue is their operational effectiveness and ability to deliver timely and quality healthcare, especially in emergencies.

9. The Constitution, under Article 9, guarantees not merely survival but also the right to a dignified life, timely medical treatment, and functional healthcare services, imposing a continuing obligation on the State to ensure that public hospitals are not merely symbolic institutions but fully functional service delivery units.

10. The respondents have asserted that Taluka hospitals in the district are functional and provide multiple healthcare services, and that emergency cases are managed and referred to tertiary care hospitals when necessary. While this indicates the presence of certain services, it simultaneously reflects a systemic limitation, as critical patients are routinely referred to distant hospitals, demonstrating a lack of self-sufficient emergency and trauma care at the district/taluka level, which is a requirement of the day. Such repeated referrals without adequate stabilization facilities may amount to a structural deficiency in emergency healthcare delivery, particularly in a district with a significant population and frequent emergency cases. The absence of fully functional trauma centres, ICU-level care, and specialized emergency management further raises serious concerns regarding compliance with constitutional obligations. Although the respondents claim that medical staff are performing duties diligently, no effective mechanism has been shown to ensure attendance, monitoring, or accountability of healthcare personnel, particularly during night shifts and emergencies. Mere assertions of performance are insufficient in the absence of enforceable systems such as biometric attendance and real-time supervision.

11. The allegations regarding mismanagement of funds and inadequate utilization of resources, though denied, remain unexplained in substance. Public healthcare institutions, being custodians of public funds, are required to ensure transparency, accountability, and visible improvement in services and infrastructure, supported by proper audit mechanisms and availability of medicines and equipment. In such circumstances, we are of the view that DHO/ Secretary Health shall take pains to call explanations from delinquent staff, including Medical officers, and if they remain adamant, they shall be relieved to report to the administrative department for disciplinary action to be culminated

to its logical conclusion as per law, and they shall be replaced by new blood to work with dedication.

12. Overall, the record reveals not a complete absence of healthcare services, but a fragmented, referral-dependent system where primary and secondary hospitals are unable to provide comprehensive emergency care, resulting in delays and avoidable risks to human life. This falls short of the constitutional requirement of accessible, timely, and effective healthcare delivery; effective measures are required to be undertaken by the DHO/ Secretary of Health department, Government of Sindh, forthwith.

13. Accordingly, while this Court does not accept the extreme contention that the hospitals are non-functional, it is satisfied that serious systemic and administrative deficiencies exist, requiring immediate corrective measures by the DHO/ Secretary of Health department, Government of Sindh.

14. The Chief Secretary, Sindh, and Secretary Health Department and concerned DHOs are directed to introduce biometric attendance and real-time monitoring of medical staff, ensure strict enforcement of duty rosters, and take action against absenteeism with zero tolerance. The competent authorities shall also ensure the establishment of a functional emergency trauma stabilization unit at DHQ Hospital forthwith, the availability of ICU-level emergency care, essential life-saving medicines, and functional diagnostic equipment. An independent audit of hospital resources, procurement, and fund utilization shall be conducted, and a transparent reporting system shall be implemented covering patient care, referrals, and availability of facilities. Use of an ambulance service for deserving patients. A district-level monitoring mechanism may also be established to ensure accountability and periodic inspection of hospitals by the DHO concerned. The proposal for a satellite trauma centre shall be pursued on priority, and referral systems shall be strengthened to ensure that only stabilized patients are transferred to tertiary care hospitals, for the reason that healthcare is not a matter of administrative formality but a constitutional imperative tied to human life and dignity.

15. The present case reflects the need for structural strengthening and effective governance, rather than mere denial of deficiencies, to ensure meaningful realization of the right to health for the people of District Naushahro Feroze.

16. With these observations and directions, this petition stands disposed of along with pending application(s). Let a copy of this order be communicated to all concerned for compliance in time.

J u d g e

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Nasim/P.A