

ORDER SHEET
IN THE HIGH COURT OF SINDH,
CIRCUIT COURT, MIRPURKHAS
C.P. No.D-214 of 2026

DATE	ORDER WITH SIGNATURE OF JUDGE
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- 1. For orders on office objections.
- 2. For hearing of main case.

16.09.2026

Mr. Ahmed Ali Memon advocate appearing on behalf of petitioner Kanji Mal Meghwar.

Mr. Ghulamullah Memon, Additional Advocate General, Sindh, along with Dr. Idrees, Director Health Services, Mirpurkhas Division; Hemji Chauhan, Civil Surgeon/Medical Superintendent, DHQ/Civil Hospital, Mirpurkhas; and Dr. Sandeep Kumar, District Health Officer, Mirpurkhas, on behalf of the Secretary, Health Department, Government of Sindh.

In compliance with the order dated 19.08.2026, the Additional Registrar of this Court has submitted a detailed report, along with the compliance report of the Medical Superintendent/Civil Surgeon, Mirpurkhas; the Joint Inspection Report of the District Health Officer, Mirpurkhas, the Medical Superintendent/Civil Surgeon, DHQ/Civil Hospital, Mirpurkhas, the Additional Commissioners-I and II, Mirpurkhas, the Deputy Commissioner, Mirpurkhas and the Commissioner, Mirpurkhas Division; and the statement of the Secretary Health, Government of Sindh/respondent No.2. The same are taken on record. The report of the learned Additional Registrar has been prepared in tabular form, placing the relevant directions of the Court alongside the departmental compliance and the observations made upon scrutiny of the record.

2. Before examining the individual directions, it is necessary to notice the nature of the exercise undertaken by this Court on 19.08.2026. The directions were not intended to be answered merely by stating that DHQ/Civil Hospital, Mirpurkhas and its Hemodialysis Centre are

functioning. The Court had required verifiable compliance regarding permanent staffing, filling of sanctioned posts, availability of related requirements including dialysis-related requirements, year-wise financial position, procurement and utilization of medicines and consumables, facility-wise availability of specified services and a definite and time-bound plan for up-gradation of the hospital to **Divisional/Tertiary Care** level. A separate fortnightly inspection mechanism was also prescribed. The present material has, therefore, to be examined against each of these requirements.

3. The joint inspection of DHQ/Civil Hospital, Mirpurkhas and its Hemodialysis Centre was carried out on 03.09.2026 by the Commissioner, Mirpurkhas Division, the District Health Officer and the Medical Superintendent/Civil Surgeon. With regard to the Hemodialysis Centre, it is recorded that all sixteen (16) dialysis machines were functional and that the Centre was providing dialysis services. The report gives 4,589 dialysis sessions for the year 2025, 2,947 sessions from January to July 2026 and 432 sessions during August 2026. The figures demonstrate the extent to which the Centre is being utilized. Continuity of dialysis service is thus of direct importance. At the same time, the present functioning of the Centre by itself does not answer the question whether the sanctioned staffing, financial and supply arrangements required by the earlier order have been fully secured.

4. With regard to paragraph 7 (b) of the order dated 19.08.2026, there is a material difference in the staffing figures. One part of the report states that fifteen government employees and ten contract employees are working at the Centre, whereas the sanctioned-strength position shows nine sanctioned posts, with seven posts filled and two vacant. In addition, against four sanctioned posts of Hemodialysis Technicians, only two government employees are shown as working and two sanctioned posts remain vacant; elsewhere the report states that two contract technicians have been engaged. The figures, as presently recorded, are therefore not capable of being treated as a clear statement of the sanctioned and actually filled posts. The distinction between sanctioned posts and persons otherwise made available for day-to-day functioning is material. The ten

contract workers are stated to be engaged from donation funds. Similarly, additional government personnel shown as working at the Centre cannot, without a clear posting or transfer record, be presumed to be against the sanctioned posts of the Centre. Paragraph 7(j) of the order dated 19.08.2026 expressly provides that temporary or *ad hoc* arrangements shall not be treated as final compliance. The mere fact that the Centre is presently functioning with additional manpower cannot, therefore, by itself amount to compliance with the requirement of permanent staffing.

5. All the respondents shall accordingly place on record a fresh post-wise statement of the Hemodialysis Centre. The statement shall show each sanctioned post; the name and designation of the person presently holding it; the date and nature of posting; whether the person is posted against the sanctioned post or is merely attached or deployed from elsewhere; the position of each vacant post; the action taken for filling it; and the expected date by which the vacancy shall be removed. In the case of the four Hemodialysis Technician posts, posting orders and joining reports, wherever issued after the earlier inspection, shall be annexed. The source and duration of the ten contract appointments and the authority, under which they are being paid from donation funds, shall also be disclosed separately.

6. Paragraph 7(d) of the order dated 19.08.2026 also requires more than a general statement of satisfactory working. The inspection report itself records that against a demand of 500 dialyzers; only 150 were supplied, leaving a shortfall of 350. It further records that the COBAS laboratory machine is out of order and requires repair or restoration. The same report states that the Centre continues to receive support through donations for certain human-resource, laboratory and machinery requirements. These facts are not consistent with an unqualified statement that every requirement contemplated by paragraph 7(d) has been met. The Medical Superintendent/Civil Surgeon shall, therefore, furnish the present stock of dialyzers; the average rate of consumption; the quantity required for the present patient load; the quantity received during the current financial year; the quantity outstanding against demand; and the action taken for removal of the shortfall of dialyzers and other medicines and

equipment, including essential items, if any. The COBAS machine shall be repaired or replaced before the next date of hearing and its present position shall be reported.

7. As regards paragraph 7(c) of the order dated 19.08.2026, the record refers to arrangement or release of **Rs.10 million** for the Dialysis Centre during financial year 2026-27. The release of an amount, however, is one stage of the financial process and does not by itself establish its actual withdrawal, expenditure or utilization. The Court had specifically required year-wise details of allocation, release, expenditure or utilization and balance, supported by the record. The material before the Court does not presently contain one consolidated statement from which the financial position for the relevant years can be readily verified. The Commissioner, Mirpurkhas Division, the District Health Officer, Mirpurkhas and the Medical Superintendent/Civil Surgeon of the hospital shall therefore place on record a **duly certified year-wise statement for FY 2022-23, 2023-24, 2024-25, 2025-26 and FY 2026-27 up to the date of submission.** The statement shall show sanctioned allocation, actual release, amount drawn, head-wise expenditure, unspent balance and the present position of the Rs.10 million. Copies of the relevant release orders and the withdrawal and utilization record shall accompany the statement so that the figures are capable of verification from the underlying record.

8. Paragraph 7(e) of the order dated 19.08.2026, relating to medicines and consumables, also requires careful compliance. The annexures contain medicine-wise lists and details of quantities procured, utilized and remaining, and also refer to procurement through Local Purchase (LP) and Central Rate Contract (CRC). The present material, however, does not provide a clear and complete reconciliation between the two stated procurement channels, viz. 15% Local Purchase and 85% CRC. In particular, it does not enable the Court to determine, year-wise, what amount was allocated and actually utilized under each component and to what extent local purchase was resorted to for items which were otherwise expected to be available through CRC. This omission is not merely a matter of presentation. Unless the procurement is separated into the two components and reconciled with the stock and issue record, it is

difficult to verify whether the allocation was utilized for the intended purpose, whether supplies due through CRC were actually received in time and whether local purchases became necessary because of non-availability, delay or some other recorded reason. The Commissioner, Mirpurkhas Division, the District Health Officer, Mirpurkhas and the Medical Superintendent/Civil Surgeon of the hospital shall accordingly submit separate statements for FY 2025-26 and FY 2026-27 showing the total allocation under 15% Local Purchase and 85% CRC; actual release and utilization under each; item-wise procurement; quantity, rate, total value and date of each purchase; supplier or vendor; purchase order or LPO number; relevant committee proceedings and approvals; comparative quotations wherever applicable; quantities and dates of receipt through CRC; issues and consumption; and closing balance.

9. The statement shall also specifically identify each item purchased locally which was otherwise included in CRC. In addition, a consolidated stock reconciliation, separately for the Hemodialysis Centre and the **main Civil Hospital Pharmacy**, shall show opening stock, receipts through CRC, receipts through 15% Local Purchase, issues or consumption, shortages and closing stock. The figures shall be certified by the Joint Inspection Team with reference to the relevant stock registers and not merely stated in narrative form.

10. The human-resource position of DHQ/Civil Hospital also calls for action rather than mere reproduction of numbers. The material shows substantial vacancies, including 160 sanctioned doctor posts against 102 working, 47 sanctioned specialist-cadre posts against 17 working, 81 sanctioned nursing posts against 74 working, and 300 sanctioned paramedical/supporting posts against 263 working. These figures are particularly relevant where the respondents are also stating that the hospital is to provide expanded and specialized services. A numerical statement of vacancies, without showing what is being done to fill them, does not amount to a compliance plan. All respondents, including the Secretary, Health Department, shall therefore place on record a post-wise and specialty-wise statement of the vacancies, specifying for each vacant post the sanctioned designation, present vacancy, proposed mode of

filling, whether requisition has been made, whether recruitment, transfer or promotion has commenced, the stage reached, and the authority seized of the matter. The specialist and technical shortages affecting the existing services shall be separately identified.

11. Paragraph 7(f) of the order dated 19.08.2026, relating to up-gradation of DHQ/Civil Hospital, Mirpurkhas to Divisional/Tertiary Care status, has not been answered in the manner required. The present inspection report principally describes the departments and services which are already functioning. It does not set out a complete development programme showing the proposed additional departments, equipment, specialist posts, estimated cost, administrative approvals and implementation milestones. Mere reference to an existing facility or a general intention to upgrade the hospital does not provide a measurable time-bound plan.

12. This aspect assumes greater significance because the inspection report itself records that cases requiring endoscopy or complex surgical procedures, as well as other complicated cases, are being referred to tertiary-care hospitals outside Mirpurkhas. Such referrals may be necessary on account of present capacity, but the Court's direction was precisely aimed at requiring the competent authorities to explain, in concrete terms, what facilities are proposed to be created in Mirpurkhas (*serving the backward areas of Districts Umerkot, Mirpurkhas and Tharparkar*), with what resources and within what period. The Secretary Health shall therefore place on record a department-wise, equipment-wise and cost-wise development plan identifying the source of funding, the executing or responsible authority, the approvals required, and a definite and reasonable time schedule for each component.

13. The response to paragraph 7(g) of the order dated 19.08.2026 is likewise incomplete. The joint report gives a general description of various existing departments, including emergency, cardiology/CCU, surgical, orthopaedic, dental, ophthalmology, laboratory, TB laboratory, radiology and other services. The specific facility-wise status required by the Court has not, however, been supplied in complete form. In particular,

the report is silent regarding Trauma Centre/ICU, Neurology, Psychiatry/Psychology, Gastroenterology/Endoscopy, MRI, CT scanning, Urology/Nephrology, Thalassemia services, and the position of digital X-ray, endoscopy and bronchoscopy. The fact that general laboratory and diagnostic services are reported as satisfactory cannot be taken as an answer to a direction requiring the status of specified modalities and departments. The Court had expected the Joint Inspection Team to conduct a proper and thorough inspection, keeping in view the welfare of the poor and deprived people of this backward area. The inspection, as placed on record, does not meet that standard. The purpose of the inspection was not to complete a formality, but to bring the ground realities and the genuine concerns of these people to the notice of the Court. The Secretary Health and the Joint Inspection Team of Mirpurkhas shall therefore furnish a separate facility-wise statement against every service named in paragraph 7(g) of the order dated 19.08.2026, showing whether the service is presently available, whether it is fully functional, the sanctioned staff available, the essential equipment installed and functional, and the present deficiency. Where a facility is absent or only partly functional, the report shall state the precise measure proposed for its provision and the authority responsible.

14. The operation theatre portion of the inspection report also deserves mention. Out of five modular theatres, three (03) were found functional, while two (02) were stated to be non-functional for want of plant, machinery or equipment. The report further records the need for strengthening infection prevention and control practices and, in the Emergency Department, dirty or stained bed sheets and deficiencies in cleanliness. These are matters forming part of the basic functioning of a hospital. The next joint inspection report should not merely repeat the recommendation for improvement. It shall state, deficiency-wise, what corrective action has been taken, by whom, on what date, and whether the position has thereafter been physically verified.

15. The inspection report also notes that the meetings of the Executive Management Committee constituted for the Dialysis Centre were not held regularly. This matter shall be specifically examined by the

Commissioner, Mirpurkhas, and the reason and progress shall be mentioned in the report. Besides, the Head of the Executive Management Committee shall appear in person before the Court on the next date of hearing and shall explain in writing why the meetings could not be held in time.

16. On a cumulative reading of the reports, several directions of the order dated 19.08.2026 remain to be answered in a complete and verifiable manner. The present material cannot, therefore, be treated as full and final compliance. Consequently, the **Secretary, Health Department, Government of Sindh, and the Joint Inspection Team shall appear in person on the next date of hearing** with a detailed progress report in terms of this order, as well as a consolidated, verified and point-wise compliance report against paragraphs 7(a) to 7(j) of the order dated 19.08.2026. The reports shall answer each direction separately and shall annex the documents relied upon. General statements such as “satisfactory”, “functional” or “complied with” shall not be treated as sufficient where the record itself discloses an outstanding deficiency, or where the direction requires a financial, post-wise, facility-wise or time-bound response.

17. It is pertinent to mention that the Chief Secretary, Government of Sindh, in compliance with the order dated 09.09.2024 passed by this Court in C.P. No.D-58 of 2024, constituted a Committee vide Notification No. SO(V-IV)/SGA&CD/4-68/2024 dated 11.10.2024. The Committee comprised the Commissioner, Mirpurkhas Division, as Chairman, the Medical Superintendent, DHQ Hospital, Mirpurkhas, as Member, and the District Health Officer, Mirpurkhas, as Member. The Committee was required to conduct visits on a fortnightly basis. It could not function as required and the prescribed visits were not carried out. The Commissioner, Mirpurkhas Division, the District Health Officer, Mirpurkhas and the Medical Superintendent/Civil Surgeon, DHQ/Civil Hospital, Mirpurkhas shall therefore continue to carry out **fortnightly inspections** under paragraph 7(h) of the order dated 19.08.2026. Each succeeding inspection report shall specifically record (i) the previous deficiency, (ii) the action taken during the intervening period, (iii) the

present position verified at site, (iv) the supporting documents, (v) the person or office responsible for the corrective measure, and (vi) the target date. A deficiency already noticed shall not be treated as disposed of merely because it has again been recommended for improvement. Each such report shall be submitted to the learned Additional Registrar of this Court within three days of the inspection.

18. The learned Additional Registrar shall continue to maintain the separate compliance file and place the same, as directed in the order dated 19.08.2026.

19. Office shall communicate this order to all concerned officer/departments, who have been issued directions in this order, for compliance.

Put up on **07.10.2026** at **11:00 a.m.**

JUDGE

JUDGE