



**PERFORMANCE AUDIT REPORT
OF
PROVINCIAL HEADQUARTER HOSPITAL
GILGIT-BALTISTAN**

AUDIT YEAR 2021-22

AUDITOR-GENERAL OF GILGIT-BALTISTAN

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ABBREVIATIONS AND ACRONYMS

CCU	Cardiac Care Unit
CMO	Causality Medical Officer
CPS	Contingent Paid Staff
DAC	Departmental Accounts Committee
DDO	Drawing and Disbursing Officer
DMO	District Monitoring Officer
DTL	Drug Testing Laboratory
EMO	Emergency Medical Officer
GFR	General Financial Rules
HCE	Healthcare Establishment
HCP	Healthcare Practitioner
ICU	Intensive Care Unit
INTOSAI	International Organization of Supreme Audit Institution
ISSAIs	International Standards for supreme Audit Institutions
IPSAS	International Public Sector Accounting Standards
IT	Information Technology
LMO	Lady Medical Officer
MO	Medical Officer
MSDS	Minimum Service Delivery Standards
OPD	Outdoor Patients' Department
P&S	Primary and Secondary
PAO	Principal Accounting Officer
PHQ	Provincial Headquarter Hospital
PPRA	Public Procurement Regulatory Authority
SMO	Senior Medical Officer
SMP	Standardized Medical Protocols
SOPs	Standard Operating Procedures

PREFACE

The Auditor-General of Gilgit-Baltistan conducts audit under Section 98 (4) of the Government of Gilgit-Baltistan order, 2018 and Section 9 of the Auditor General of Gilgit-Baltistan (Functions, Powers and Terms and Conditions of Service) Act, 2012. The performance audit of Provincial Headquarter Hospital (PHQ) Gilgit-Baltistan was conducted accordingly.

The Directorate General of Audit, Gilgit-Baltistan conducted performance audit of the Provincial Headquarter Hospital (PHQ) Gilgit-Baltistan during April, 2022 for the financial years 2018-19 to 2020-21 with a view to report significant findings to stakeholders. Audit examined the economy, efficiency, and effectiveness aspects of the Provincial Headquarter Hospital (PHQ) Gilgit-Baltistan. In addition, Audit also assessed, on test check basis whether the management complied with applicable laws, rules, and regulations in managing the Provincial Headquarter Hospital (PHQ). The Audit Report indicates specific actions that, if taken, will help the management realize the objectives of the Provincial Headquarter Hospital (PHQ).

The Department furnished replies on 30.05.2022 are incorporated in the report but the DAC meeting could not be convened till the finalization of report.

The Performance Audit Report is submitted to the Governor of Gilgit-Baltistan in pursuance of Section-98(6) of Government of Gilgit-Baltistan Order 2018 for causing it to be laid before the Legislative Assembly of Gilgit-Baltistan.

Muhammad Ajmal Gondal
Auditor-General of Gilgit-Baltistan

Islamabad

Dated:

EXECUTIVE SUMMARY

Directorate General of Audit, Gilgit-Baltistan, Gilgit conducted Performance Audit of the accounts of Provincial Headquarter Hospital, Gilgit for the financial years 2018-19 to 2020-21 during April, 2022. The main objectives of the audit were to examine whether service delivery of the hospital was in accordance with the Minimum Service Delivery Standards (MSDS) and to verify the achievement of targets with reference to efficiency, economy, effectiveness and environment etc. Audit also focused on the effectiveness of the internal control system and procedures being followed. Audit was conducted in accordance with the INTOSAI Standards for Supreme Audit Institutions (ISSAIs). Provincial Headquarter Hospital, Gilgit consisting of 210 beds was up-gradated/ extended to enhance the efficiency of public sector in provision of high quality and effective health care services to all, particularly the poor and disadvantaged in a cost effective, efficient and responsive manner to have a sustainable universally accepted health standards in the region.

Key Audit Findings

The following key audit findings were noticed during audit:

- i. Improper prescription of medication was observed during audit as no record was available regarding medicines prescribed by the concerned doctors
- ii. No policies and procedures were adopted for safe dispensing of medicines
- iii. Unjustified postings and attachments of Specialist/ Consultant/ Doctors/ Allied Staff to other places, hence general public was being deprived of quality healthcare services.
- iv. Non appointment of Doctors, Specialists, Technicians and Allied Staff
- v. Non availability of SOPs for handling a sudden rush of victims of Natural Calamities and Disasters
- vi. Non-establishment of Management Strategic Plan
- vii. Non provision of medicines to general public/ employees of the hospital

- viii. No record was maintained regarding License/ Registration of doctors
- ix. Posting of non-qualified staff in pharmacy
- x. No policy for safe disposing of Hospital Waste was in placed

Recommendations

Keeping in view the findings, Audit made the following recommendations:

- i. Defined procedures as per standards should be adopted by the management
- ii. Standard procedures for safe dispensing of medicines should be followed by the management
- iii. Posts may be created if required to stop irregular posting/ attachment of staff
- iv. The management should appoint Doctors/ Specialists/ Technicians/ Allied staff
- v. Public awareness should be ensured regarding the availability of consultants, doctors and diseases being catered by placing informatory board the conspicuous places in the hospitals.
- vi. Licenses record of doctors and diploma holder should be maintained and got verified from the concerned authority
- vii. Management should keep the lifesaving and other important medicines in store and make available for indoor patients at least
- viii. Management Strategic Plan and SOPs for handling of sudden rush should be devised in larger public interest
- ix. Proper qualified staff should be deputed in pharmacy
- x. Standard procedure should be followed by the management to dispose the hospital waste.

1. INTRODUCTION

Directorate General of Audit, Gilgit-Baltistan, Gilgit conducted Performance Audit on accounts of Provincial Headquarter Hospital (PHQ), Gilgit for the financial years 2018-21 during April, 2022.

1.1. Overview of the Hospital

The dispensary/ hospital was established in 1939 with 10 bedded facility, which was increased from 10 to 45 in 1951 in the first instance and later on further increased to 77 in 1968. In the year 1976, the hospital was re-designated as Agency Hospital and bed capacity was also increased to 114. In the year 1980 it was re-designated as “District Headquarter Hospital, Gilgit (DHQ)” and bed capacity was also increased to 244. During the next two (2) decades no increase/ up-gradation was made, however, during 2017 the numbers of beds were decreased to 210 due to dismantling of Surgical Block. During the year 2020, the hospital was again re-designated from District Headquarter Hospital to “Provincial Headquarter Hospital, Gilgit (PHQ)”. However, with the growing demands from various quarters, the Government of GB has decided to increase the capacity of Beds from 210 to 500, for which a PC-I “Construction/ Extension of PHQ Hospital Gilgit” has been approved with overall cost of Rs.2,187 million.

The hospital staff is above 400 including doctors, nurses and other non-clinical staff. On average 1,160 patients visit this hospital per day and get treatment. The Provincial Headquarters Hospital Gilgit is headed by a Medical Superintendent, who is assisted by Deputy Medical Superintendent.

Provincial Headquarter Hospital provides health care facility to the human beings of all age groups. It is a part of Secondary Health Care System and a referral hospital for the primary health care institutions. The establishment of this health facility was envisaged on the concept of modern curative and preventive rehabilitative and specialist services starting with the building design to cater for prompt resuscitation, intensive care and monitoring, isolation and infection control, dedicated operation theatres and appropriate in-patient accommodation for patients. It provides services like Clinical Pathology, Radiology and Blood Bank to ensure prompt delivery of respective services round the clock without interruption. The detail of Departments and Organogram are at **Annexure-A**.

1.2. Objectives of the Hospital

Specific objectives of the Hospital include the following:

- i. To provide high quality health services on the latest scientific grounds to widely scattered population of low socio-economic income groups of the District/ Region
- ii. To deliver routine medical, surgical services by well trained, skilled, well oriented, well equipped doctors & staff
- iii. To provide consultant advice by highly educated consultants from all disciplines
- iv. To provide routine and emergency gynecological/ obstetric coverage to women
- v. To achieve optimum improvement in health indicators
- vi. To provide to urban population **24** hours medical facilities
- vii. To provide modern and organized Intensive Care Services
- viii. Disposal of Waste in appropriate manner

1.3. Relationship with Sectoral objectives

Government of the Gilgit-Baltistan is undertaking a number of initiatives to improve healthcare services in the region. The Government is firmly committed to provide high quality health services to the community.

1.4. Financial Resources

Total funds of Rs 1,424.660 million were allocated during the financial years 2018-21, out of which an expenditure of Rs 1,385.700 million was incurred. Details are as under:

(Rs. in Million)

Financial Years	Budget	Expenditure
2018-19	411.168	406.369
2019-20	535.494	501.331
2020-21	477.998	478.000
Total:	1,424.660	1,385.700

2. AUDIT OBJECTIVES

The major objectives of the audit were, to;

- i. Evaluate the effectiveness of service delivery of primary and secondary health department at PHQ level
- ii. Whether hospital is managed with due regard to economy, efficiency, effectiveness, ethics and environment
- iii. Whether available resources are being utilized in order to achieve intended objectives
- iv. To evaluate management control mechanism to ensure provision of quality health services and effectiveness of internal monitoring
- v. Whether the procurements were made in conformity with the set rules and as per required standards

3. AUDIT SCOPE AND METHODOLOGY

The scope of audit was to examine the performance and achievement of objectives of Provincial Headquarter Hospital, Gilgit-Baltistan in rural and urban areas of Gilgit for the financial years 2018-21 in relation to service delivery. The Performance Audit was conducted in accordance with the INTOSAI Auditing Standards, keeping in view the rules and regulations framed by the WHO and Government from time to time.

The audit also studied WHO and Health Department guidelines. Moreover, audit visited OPDs and different departments to evaluate the function and performance with reference their role in health delivery services in the hospital. Most of the data was obtained from files, documents, reports maintained by different departments besides payments vouchers. During audit concerned staff was interviewed with reference to their assigned rolls. The general public visiting the hospital were also interviewed in order to obtain their comments regarding provision of services, availability of doctors and medicines.

4. AUDIT FINDINGS AND RECOMMENDATIONS

4.1. Service Delivery of the Hospital

Minimum Service Delivery Standards (MSDS) define the service management and service provision standards for hospitals. These standards provide the basis for organizational assessment of the delivery of quality patient care and services, and utilization of available resources.

4.1.1. No record of license/ registration of doctors

According to indicator 45 of standards of Minimum Service Delivery Standard (MSDS) of Government of Pakistan, staff are appointed, trained, evaluated and promoted in accordance with documented procedures, job descriptions and service needs:

Standard 05 of MSDS of Government of Pakistan states that all new staff has their professional registration papers checked on appointment and regularly thereafter to ensure employees have a current valid registration with the relevant professional accreditation body.

During performance audit of PHQ hospital Gilgit for the year 2018-21, it was noted that 18 doctors/ specialist were working against the sanctioned strength of 55 posts.

During audit of PHQ hospital Gilgit, audit observed as under:

- i. No record regarding license/ registration of doctors and technicians from concerned regulatory bodies was maintained by the management
- ii. Licenses were not verified from the concerned regulatory bodies as the hospital management was unaware about validity of licenses

Audit was of the view that non-maintenance of record regarding validity of licenses is not only violation of the provision of laid down standards but put the lives of people of the region at risk.

The matter was pointed out in April, 2022. The management replied that the record relating to registration/ licenses will be maintained properly. It was

replied that renewal where required will be obtained from concerned regularity authorities.

The management accepted the view point of audit.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report.

Audit recommends that responsibility may be fixed for non-maintenance of record.

4.1.2. Non-availability of SOPs for handling a sudden rush of victims of natural calamities and disaster situation

According to standard 49 of Minimum Service Delivery Standard (MSDS) of Government of Pakistan, the health organization should have SOPs for handling a sudden rush of victims in case of Natural Calamities and Disaster Situations. These SOPs should ensure adequacy of medical supplies, equipment, materials, trained and identified personnel, transportation means, communication aids and Mock Drill Methodology.

The PHQ hospital Gilgit being the biggest hospital in Gilgit-Baltistan should have made Disaster Management Plan/ SOPs in line with provision of MSDS for handling sudden rush of victims of Natural Calamities and Disasters.

During performance audit, it was noticed that no such plan/ SOPs was in placed to handle sudden rush of victims in case of natural calamities and disaster situations.

Audit further observed that neither mock exercise was carried out nor the staff was trained to tackle such situation.

Audit is of the view that non-preparation of disasters management plan was not only violation of the laid down standards but absence of proper plan and lack of training might lead to ineffective response to disasters.

The matter was pointed out in April, 2022. The management replied that in order to handle and manage victims of natural calamities and disasters, a separate building of Trauma Centre has been established in the vicinity of PHQ Hospital. Well trained staff equipped with a modern communication system is deployed round the clock.

The reply was not convincing as the management did not chalk out a comprehensive disaster management plan in accordance with provision of service delivery standards to cope with natural calamities and disaster in an organized and systematic manner.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that minimum service delivery standards may be implemented in true letter and spirit besides preparation of disaster management plan.

4.1.3. Non-establishment of management strategic plan

Standard 4.1 of Minimum Service Delivery Standard of Government of Pakistan, states that the hospital is directed and managed effectively and efficiently in accordance with its objectives and mission statement.

Indicator 01 of standard 4.1 ensure the availability of mission statements, whereas indicator 02 states that the mission and values are available and disseminated to the staff and general public in languages and forms appropriate to the local population and their needs.

Further, the indicators 03 and 04 state that goals and objectives of the services are reflected in the strategic plan, policies and annual plans are in line with strategic plans.

During Performance Audit of PHQ Hospital, Gilgit audit observed as under:

- i. Neither the mission statement nor values were disseminated to the staff and general public in violation of indicator 01 and 02.
- ii. Annual strategic plan reflecting the important policies, goals and objectives was not prepared.

Audit was of the view that non-dissemination of mission statement and values among the staff was not only violation of the provision of minimum services delivery standard but in existing scenario the staff was unaware about their responsibilities in accordance with mission statement. Further, in absence of proper strategic management plan, the delivery of standard quality medical services was compromised.

The matter was pointed out in April, 2022. The management replied that due to non-availability of technical staff, the management strategic plan has not been prepared.

The management accepted the view point of the audit.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that the management should devise the management Strategic Plan to govern the hospital in an organized manner to achieve the objectives containing in mission statement. Audit also recommends that mission statement may be disseminated for awareness of the staff and general public.

4.1.4. Absence of mechanism to ensure quality and risk management

According to standard 03 of Minimum Service Delivery Standard (MSDS) of Government of Pakistan, the hospital prevents and manages risks, identifies opportunities to continuously improve its processes and services, makes improvements and evaluates their effectiveness.

The objective of establishment of provincial headquarter hospital was to provide high quality health services on the latest scientific grounds to widely scattered population of low socio-economic income groups of the Gilgit-Baltistan.

The hospital was aimed to provide emergency treatment and medicine to general public

During Performance Audit of PHQ hospital Gilgit, it was noticed that management did not devise any mechanism to prevent and manage the risk associated with hospital management and provision of quality health services for effective utilization of hospital infrastructure. Further, no strategy was in placed to monitor the service delivery process of the hospital to identify the issues and their further improvement in order to utilize the resources in most economical and efficient manner for provision of quality curative and preventives health care facilities to the general public.

Audit is of the view that in absence of mechanism regarding prevention of risk and its management, the hospital authorities have not only put the lives of general public and staff at risk but also made the hospital less effective.

The issue was pointed out in April, 2022. The management replied that blood transfusion services were available in hospital. However, some chemical examination facilities were not available. The complete implementation of minimum service delivery standard will take some time.

The reply is irrelevant as the management did not reply to the observation regarding non-existence of risk identification and management mechanism in the hospital.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that the management should devise mechanism to prevent and manage the risk associated with hospital management and provision of quality health services for effective utilization of hospital infrastructure.

4.1.5. Patient right to receive relevant information- non-publicity of available consultants at conspicuous part of the hospital building for public awareness

According to Indicator 57 & 58 of standard 06 of Minimum Service Delivery Standard (MSDS) of Government of Pakistan, patients have the right to receive all information relevant to their care management to enable them to make informed decisions:

During performance audit of the PHQ hospital, Gilgit, it was noticed that on average 700 patients visit the general OPD of the hospital daily for different treatments.

Audit observed that:

- i. There was no display of information in reception area and wards about the rights of the patients, services and facilities available in the hospital, cost of services, and feedback and complaints pathways in violation of indicators of 57.
- ii. Information on hospital areas was not displayed at prominent places through appropriate signage in violation of indicators of 58.

Audit was of the view that non-displaying of information in the hospital was violation of the standard and due to non-disclosure of necessary information, the patients were deprived of the benefits of available services.

The issue was pointed out in April, 2022. The management replied that observation has been noted for compliance.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that a board containing the names of consultants and general guidelines may be displayed in front of hospital building for public awareness for effective utilization of hospital.

4.1.6. Improper maintenance of record of admission of patients

According to Indicator 128 to 133 of standard 14 of Minimum Service Delivery Standard (MSDS) of Government of Pakistan, the patient record contains sufficient information to identify the patient, support the diagnosis, justify the treatment and care, document the course and results of the treatment and care, and promote continuity of care among health care providers.

During performance audit of the PHQ hospital, Gilgit for the years 2018-21, it was noticed that on average 2606 patients visited different departments of the hospital daily for treatments.

During the audit scrutiny of record pertaining to the PHQ hospital Gilgit for the period 2018-21, it revealed that no proper admission record of the patients was maintained by the management of the hospital.

Audit further observed that:

- i. No department-wise patients data was maintained.
- ii. Entries in the patient record were not legible, not dated and signed, therefore were unverifiable.
- iii. No prescribed format was used for obtaining information of the patients
- iv. No record of patient's health status, medical condition, diagnosis, prognosis, treatment and other information regarding treatment was maintained.

Audit is of the view that this is a reflection of weak internal controls and against the laid down standard.

The issue was pointed out in April, 2022. The management replied that admission and discharge of indoor patients is maintained.

The reply was not supported with documentary evidence. Moreover, no such record was provided during audit

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that the management should maintain department-wise computerized record of patients in line with provisions of the laid down standards.

4.1.7. Improper observance of defined procedures for medication administration

Indicator 402 to 410 of standard 42 of Minimum Service Delivery Standard (MSDS) of Government of Pakistan state that prescribing, dispensing and administration of medications are safe, efficient and effective and promote best possible treatment outcome.

During performance audit of PHQ hospital Gilgit for the years 2018-21, it was noted that management incurred an expenditure of Rs. 141.155 million on purchase of medicines.

Audit observed that the management of PHQ, Gilgit did not properly follow the defined procedures of medication. Further, following shortcomings were observed:

- i. Health Care Practitioners did not produce the valid renewal and registration but they were administering and dispensing the medicines
- ii. To determine the dose, knowing the strength of each medication is necessary. However, no dose verification SOP was followed
- iii. Not a single discharge slip/ medicine information card duly approved by the drug and therapeutics committee was shown to audit

Audit was of the view that above points prove weak internal controls and in absence of SOPs it could not be ascertained whether the medicines prescribed/ provided were safe, efficient and effective for treatment of the respective patients.

The issue was pointed out in April, 2022. The management replied that audit observation has been noted for compliance.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that proper procedure as laid down in the standards/ SOPs may be followed, while prescribing the medicines besides stopping the existing practices.

4.1.8. Improper policies and procedures adopted for safe dispensing of medication

Indicator 402 to 410 of standard 42 of Minimum Service Delivery Standard (MSDS) of Government of Pakistan state that prescribing, dispensing and administration of medications are safe, efficient and effective and promote best possible treatment outcome.

During performance audit of PHQ hospital Gilgit for the years 2018-21, it was noted that management incurred an expenditure of Rs. 141.155 million on purchase of medicines.

During audit of the Provincial Headquarter Hospital, Gilgit, following deviations were observed during the visit of store, interaction with patients and interviewing the staff of hospital:

- i. No quarterly inspection was carried out as no reports were provided to audit.
- ii. Narcotic and controlled drugs were not stored with proper measures of security.
- iii. Medicines were not properly labeled with expiry and manufacturing date.
- iv. Labeling of medicines did not exist in treatment rooms / wards where medicines were dispensed/consumed.
- v. Neither humidity meter nor thermometers were installed in the treatment rooms, medication room and stores to ensure the requiring special environmental conditions for storage.
- vi. Most of the medicines, medication containers (syringes, medicine cups, basins), or other solutions were not labeled.

Audit was of the view that weak monitoring control may lead to wrong medication to the patients.

The irregularities were pointed out in April, 2022. The management replied that observation has been noted for compliance.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that the management should strictly follow the defined procedure and standards for safe dispensing of medication.

4.1.9. Improper prescription of medication

Indicator 402 to 410 of standard 42 of Minimum Service Delivery Standard (MSDS) of Government of Pakistan state that prescribing, dispensing and administration of medications are safe, efficient and effective and promote best possible treatment outcome.

During performance audit of the PHQ Hospital, Gilgit for the years 2018-21, it was noticed that on average 2606 patients daily visited different departments of the hospital for treatments.

During audit of the Provincial Headquarter Hospital, Gilgit following irregularities were observed during interaction with patients and interviewing the staff:

- i. No “Drug Committee” and “Pharmacy Therapeutic Committee” were constituted as no copy of the minutes of committees meetings were provided to Audit.
- ii. Prescriptions were not signed & stamped by the concerned doctors
- iii. Most of the prescriptions did not contain the mandatory information e.g. the client’s full name and parentage, weight, allergies/contraindications, name of the medicines, dosage and administration information, route of administration, physician’s signature etc.

- iv. Most of the prescriptions were without directions e.g. “Take one or two tablets for pain or headache” cautioning “Not to be taken empty stomach” and “Take one capsule every 6 hours for five days” in case of an antibiotic course for infection etc.

Audit was of the view that existing arrangement is an indication of weak internal controls and the practice may result in wrong medication to the patients

The matter was pointed out in April, 2022. The management replied that all medicines are being issued according to prescriptions of doctors and no medicines were issued without prescriptions.

The reply of the management is not supported with documentary evidence.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that the management should constitute a committee to monitor the prescription of medicines in order to avoid wrong medication to patients.

4.1.10. Un-qualified staff posted in pharmacy

According to Indicator 375 & 377 of standard 39 of Minimum Service Delivery Standard (MSDS) of Government of Pakistan, the pharmaceutical service is managed by a qualified, graduate and registered pharmacist, who is sufficiently and appropriately qualified to fulfill the job descriptions and the defined services

During performance audit of the PHQ hospital Gilgit, it was noted that following staff is posted in the pharmacy of the hospital:

S. #	Name	Designation	Qualification
1.	Mr. Meraj Alam	Senior Pharmacy Technician	Matric
2.	Mr. Muhammad Ibrahim	Junior Pharmacy Technician	Matric
3.	Mr. Niat Khan	Junior Medical Technician	Matric
4.	Mr. Fida Muhammad	Ward Servant	Matric

Audit observed that the pharmaceutical services were managed by non-qualified technicians.

Audit was of the view that un-qualified staff was managing the pharmacy services of the hospital. The existing arrangement may lead to wrong medications to the patients.

The irregularity was pointed out in April, 2022. The management replied that the said employees are diploma holders and are eligible to issue medicine to the patients as per prescriptions. However, capacity building measures will be taken to get them well trained.

The reply of the management was not acceptable as unqualified staff handling the pharmacy of the hospital could lead to wrong medication to the patients.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that the management should depute qualified staff in pharmacy in order to avoid any casualty.

4.1.11. Non-availability of safety and comfort of patients & visitors

According to standard 51 of Minimum Service Delivery Standard (MSDS) of Government of Pakistan, the hospital's physical environment contributes to the safety and wellbeing of patients, staff and visitors. Facilities and equipment for the safety and comfort of patients and visitors are available and functioning and include:

- Refreshment facilities and canteen
- Quiet rooms for consultations
- Defined and understandable signage system
- Separate queues for male and females wherever required
- Safe drinking water facilities

During performance audit of the PHQ Hospital, Gilgit for the years 2018-21, it was noticed that 951,542 patients visited the hospital for different treatments during period under audit.

During audit of the PHQ Hospital Gilgit, it was observed that following facilities were not available in hospital for patients, attendant and visitors:

- Refreshment facilities and canteen
- Separate room for consultation
- Play area for children
- Drinking water facilities at ward and open area
- Parking area

Audit is of the view that due to non-provision of these facilities the patients, attendants and visitors had to face a lot of difficulties and discomfort.

The issues were pointed out in April, 2022. The management replied that audit observation has been noted for compliance.

Audit recommends that the management should make efforts to provide missing facilities in line with provision of laid down standard.

4.1.12. Non-provision of medicines to general public/ employees of the hospital

In terms of Schedule–II [Rule 3(3) Serial No. 9(19)] of Gilgit-Baltistan Rules of Business, 2009, GB health department is responsible to administer medical institutions, chemical examination laboratories and blood transfusion services in GB.

During performance audit of the PHQ hospital Gilgit for the period of 2018-21, it was noted that an expenditure of Rs. 141.155 million was made on purchase of medicines. The year wise details are as under:

S. No.	Year	Expenditure (Rs. in million)
1.	2018-19	35.402
2.	2019-20	50.258
3.	2020-21	55.495
Total:		141.155

During the course of examination of record and interviewing with the general people visiting the Hospital, audit observed as under:

- i. Despite making huge expenditure on purchase of medicines, in most cases the medicines were not available in the pharmacy and consequently the patients were compelled to purchase them from the market.
- ii. A private chemist has been allowed by the management to open a store right beneath the hospital's medicine store.
- iii. There was no difference in the packing/ coloring of the medicine of hospital and those available in market as no labeling was made on medicines purchased by the hospital.
- iv. The expenditure amounting to Rs. 7.911 million was incurred on account of medical re-imburement to the employees, which is also an evidence of non-availability of medicines.

Audit is of the view that due to mismanagement the patients were compelled to purchase medicines from market despite provision of an appropriate budget for purchase of medicines.

The issue was pointed out in April, 2022. The management replied that the PHQ hospital is the only referral hospital in GB to provide curative services for the whole population. The allocated budget for purchase of medicine does not fulfill the requirement. However, the medicine is provided to the patients both indoor & outdoor on prescription of doctor out of the available stock of hospital. Due to insufficient budget it is difficult to make each and every medicine available.

The reply of management was not acceptable because the management did not devise any mechanism to ensure availability of necessary medicines based on requirement of diseases and efficacy.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that the management should make arrangement for availability of life saving and other important drugs in the pharmacy of the hospital for emergency patients.

4.2. Organization, Management and Human Resource

Organization and management play a key role in the success of an organization towards the achievement of their intended goals as they provide a structure that facilitates the coordination and implementation of activities. In PHQ Hospital record of procurements and operations/ maintenance as well as service delivery was scrutinized by Audit Team. Weaknesses in certain areas were noticed. The observations based on these weaknesses in organization are as under:

4.2.1. Non-appointment of doctors, specialists, technicians and allied staff

In terms of Schedule –II (Rule3(3) Serial No.9(1) of Gilgit-Baltistan Rules of Business, 2009 Gilgit-Baltistan health department is responsible for prevention and control of infectious and contagious diseases.

During performance audit of PHQ hospital, Gilgit for the period 2018-21, it was noted that the approved sanctioned strength of PHQ Hospital, Gilgit, contained 401 posts of Senior Consultants, Consultants, Specialist, Doctors and allied staff.

During audit of Provincial Headquarters hospital, Gilgit audit noted that 35 posts of Doctors/ Specialist/ Technicians and other Allied Staff at PHQ, Gilgit were lying vacant since long. (Annexure-B) and no efforts were made for appointments against vacant posts.

Audit was of the view that non-availability of specialist, technicians and allied staff hampers the performance of the hospital with reference to provision of quality health care to the people of Gilgit-Baltistan.

The observation was pointed out in April, 2022. The management replied that the requisition for induction of doctors against the vacant posts has already been submitted to FPSC by the Government of Gilgit-Baltistan.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that the management should make concrete efforts for appointments against those vacant posts for provision of quality health care services.

4.2.2. Irrational adjustments of various doctors/ consultants in higher grade for drawing of pay & allowances

Para 11 of GFR Vol-I states that each head of a department is responsible for observance of all relevant financial rules and regulations both by his own office and by subordinate disbursing officers.

During performance audit of PHQ hospital, Gilgit for the period 2018-21, it was noted that the approved sanctioned strength of PHQ Hospital, Gilgit, contained 401 posts of Senior Consultants, Consultants, Specialist, Doctors and allied staff.

During audit of PHQ hospital, Gilgit audit observed that 30 specialists, consultants and allied staffs were adjusted against the vacant posts of higher-grade instead of making regular appointment against higher posts (Annexure-C).

Audit was of the view that adjustments against higher post instead of making regular appointment was not only against the rules but also reflects weak internal controls.

The irregularity was pointed out in April, 2022. The management replied that various position of specialist doctors are lying vacant due to absence of incentive package, so it is very difficult to induct qualified specialist doctors without special package. Therefore, the doctors and staff were adjusted against higher-grades with approval of Secretary from time to time on need basis.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that the appointment against higher post may be made on regular basis instead of irregular adjustment of doctors and staff against vacant posts.

4.2.3. Non-maintenance of personal files of employees

According to Sl. No. 8 of ESTACODE, all Divisions/Departments/Offices should maintain a "history file" of each gazetted officer. The file should contain (a) gazette notifications, (b) charge reports, (c) a separate card or booklet showing the dates of assumption and relinquishment of each post and emoluments drawn and (d) a leave account showing the various kinds of leave taken by the officer from time to time. As soon as an officer is transferred to another department or office, his "history file" should also move with him to the new office or department.

During performance audit of PHQ hospital, Gilgit for the period 2018-21, it was noted that the approved sanctioned strength of PHQ Hospital, Gilgit, contained 401 posts of Senior Consultants, Consultants, Specialist, Doctors and allied staff.

During audit of PHQ hospital Gilgit for the period 2018-21, it was observed that:

- i. No personal files were maintained
- ii. Essential record of employees like appointment, promotion, posting transfer, leaves etc. is scattered in different files or missing/ not available.
- iii. The hospital management appointed 13 doctors on contract basis during the period 2018-21(Annexure-D), but no record was available regarding their initial appointment as no personal file was maintained.

Audit was of the view that non-maintenance of personal files of each officer/ staff is a serious negligence on part of the management. In absence of personal files, the appointments process, promotion, fixation of pay, grant of leave and loan & advances etc. could not be verified.

The irregularity was pointed in April, 2022. The management replied that combined file of all officers/ staff was maintained. However separate personal files of officers/ staff will be maintained in future.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that the management should maintain complete record of the employees of the hospital.

4.2.4. Posting and attachment of specialist, consultant, doctors and allied staff in other hospitals

In accordance with rule 3(1) of Civil Servants (Appointment, Promotion and Transfer Rules, 1973 the appointments to posts shall be made by any of the following methods, namely:

- (a) By promotion.
- (b) By transfer.
- (c) By initial appointment.

During performance audit of PHQ hospital, Gilgit for the period 2018-21, it was observed that thirty-four doctors, specialists/ consultants and allied staff of PHQ were attached with other hospitals. (Annexure-E).

Audit was of the view that the hospital is already facing an acute shortage of doctors and therefore, attachment of doctors in other hospitals was against the public interest.

The irregularity was pointed out in April, 2022. The management replied that health department has been approached for detachment of hospital staff, including doctors.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that existing arrangement should be discontinued besides detachment of doctors and staff from other hospitals for posting against their sanctioned posts in the hospital.

4.3. Monitoring and Evaluation

4.3.1. Non-conducting of inspection of equipment

According to Indicator 513 to 536 of standard 50 of Minimum Service Delivery Standard (MSDS) of Government of Pakistan, there are clear and documented responsibilities, policies and procedures for procurement, use, maintenance, repair and disposal of equipment to minimize the potential for harm.

During audit it was observed that the hospital did not constitute the Equipment Inspection Committee for evaluation of quality and performance of hospital's machinery and equipment.

Audit further observed that:

- i. No record of equipment was maintained regarding equipment defects & failures, repair & maintenance and disposal
- ii. Record regarding routine testing of electrical equipment e.g. generator, emergency lighting was not maintained to ensure their fitness
- iii. Regular routine checkup of equipment was not carried out in accordance with the operational manual, maintenance contract
- iv. Logbooks for all critical equipment were not maintained to ensure their proper use besides recording incidence of defects & failures

Audit was of the view that ineffective quality control and non-conducting of performance evaluation of equipment is violation of the laid down standards and in such circumstances the performance of machinery & equipment, quality of testing and provision of quality services could not be ensured.

The irregularity was pointed out in April, 2022. The management replied that audit observation has been noted for compliance.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that the management should constitute a team for regular inspection of performance of equipment in order to avoid any error in reporting.

4.3.2. Non-conducting of lab test of medicines

According to Indicator 388 of standard 40 of Minimum Service Delivery Standard (MSDS) of Government of Pakistan, samples of delivered drugs were required to be sent to the Drugs Testing Laboratory for quality check.

During performance audit of the PHQ hospital Gilgit for the period of 2018-21, it was noted that an expenditure of Rs. 141.155 million was made on purchase of medicines.

During audit it was observed that the hospital management did not send the samples of medicines purchased to Drugs Testing Laboratory for quality checking.

Audit is of the view that non testing of medicines was serious negligence on the part of management.

The irregularity was pointed out in April, 2022. The management replied that audit observation has been noted for compliance.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that the matter may be investigated for fixing the responsibility.

4.4. Environment

4.4.1. Non-compliance of SOP for disposal of placenta, human tissues and general hospital waste

According to Indicator 467 to 479 of standard 47 of Minimum Service Delivery Standard (MSDS) of Government of Pakistan, clinical and other infectious or injurious waste is handled, stored and disposed of to minimize harm and risk of infection/injury to patients, visitors, contractors, staff and the community.

During performance audit of PHQ hospital for the period 2018-21, it was noted that 132,042 patients visited the hospital for different surgeries. The hospital disposed off placenta, human tissues and general hospital waste generated during different surgeries.

During audit it was observed that hospital did not ensure compliance with standards for disposal of the placenta and human tissue and general hospital waste. Pictorial evidence is as under:



Audit is of the view that the existing arrangement for disposal of waste against the approved protocols is a great threat and may result in spreading of infections and various diseases (both viral and bacterial) including but not limited to Hepatitis, TB, allergies etc.

The lack of compliance was pointed out in April, 2022. The management replied that PHQ Hospital has made SOPs/ Protocols for disposal of placenta and human tissues received during surgeries.

The reply was not supported with SOPs as stated by the management, moreover, no such information was provided to audit team during audit.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that the management should follow the defined procedures and SOPs for disposal of placenta and general hospital waste.

4.4.2. Deficiencies in setting out and implementation of infection control system

According to Indicator 67 to 70 of standard 22 of Minimum Service Delivery Standard (MSDS) of Government of Pakistan, the clinic has a well-designed, comprehensive and coordinated infection control system aimed at reduced/eliminating risks to patients, visitors and care providers.

During performance audit of the PHQ Hospital, Gilgit for the years 2018-21, it was noticed that 951,542 patients visited the hospital for different treatments during period under audit.

During audit it was observed that management had not devised any mechanism for infection control and reducing risk to patients, visitors and care providers.

Audit further observed that the management had not arranged education and training session for healthcare workers regarding awareness for infection control and reducing associated risks.

Audit was of the view that due to weak control of the management, a strategy for setting out and implementing of infection control program was not devised, which may result in spread of infections among health care professionals, patients/ attendants and visitors.

The irregularity was pointed out in April, 2022. The management replied that audit observation was noted for compliance.

The management was requested to convene DAC meeting vide letter, dated 21.4.2022 followed by reminders dated 09.5.2022, and 23.05.2022. However, the DAC meeting could not be convened till finalization of the report

Audit recommends that the management should take the corrective measures for implementation of all procedures to prevent infections.

5. Sustainability

The PHQ hospital being the biggest public sector hospital of the region is providing secondary level healthcare facilities to the masses. The hospital has been provided funds through regular budget. In addition, the hospital also received donations in shape of medicines & equipment from other provincial governments and donor agencies.

6. Overall assessment

Overall assessment is necessary for evaluation of service delivery of this hospital. Further, it helps in improvement and removal of deficiencies during service delivery.

The hospital was declared a Provincial Headquarter Hospital, Gilgit (PHQ) in 2020. With the growing demands from various quarters, the government of Gilgit-Baltistan increased the capacity of beds from 210 to 500, for which a PC-I “Construction/ Extension of PHQ Hospital Gilgit” has been approved with overall Cost: 2,187.348 (M). The hospital has a sanctioned strength of more than 400 employees including doctors, nurses and other non-clinical staff. On average 2606 patients daily visited this hospital for different treatments.

It is a referral hospital for the primary health care institutions. It provides services like clinical, pathology, radiology and blood bank to ensure prompt delivery of respective services round the clock without interruption.

6.1 Relevance

The enhancement of PHQ hospital from 210 to 500 beds is relevant to enhance the efficiency of public sector in provision of high quality and effective healthcare services to all, particularly the poor and disadvantaged in a cost effective, efficient and responsive manners to have a sustainable universally accepted health standard in the region.

6.2 Efficacy

Establishment of hospital remained less efficacious as after 2 p.m no outdoor services were being provided. On average 2606 patients daily visit hospital for different treatments. Department wise detail of patients is as under.

Department	2018-19	2019-20	2020-21	Total
Gynae	4,678	4,333	4,751	13,762
General OPD	261,834	191,829	301,586	755,249
Surgical	43,319	40,097	48,626	132,042
Dental	15,027	12,033	19,011	46,071
Urology	1,440	1,389	1,589	4,418
Total	326,298	249,681	375,563	951,542

6.3 Economy

Principle of economy was not observed in some cases of procurement of medicines, equipment and other general items. The sub-standard medicines/ test kits were accepted and the same were not replaced from the company despite considerable time. No discount rate fixed by the provincial government for LP medicine from local supplier and the supplier provided the medicine on his own discounted rates. In certain cases, procurements were uneconomical in relation to the inputs and outcomes achieved.

6.4 Efficiency

Non-availability of high quality outdoor treatment facilities after 2 p.m revealed that efficiency of the service delivery remained low despite the availability of man power and machinery.

6.5 Effectiveness

Effectiveness of the service delivery rendered by the PHQ Hospital Gilgit cannot be denied. However, number of administrative lapses and cases of ineffectiveness regarding service delivery were observed by the audit as contained in the forgoing audit findings. The service delivery can be improved by proper utilization of human resources and machinery besides observing the minimum service delivery standards.

6.6 Ethics

The aim to serve ethically is the essence of service delivery in the hospitals for patients. Doctors in this hospital need to ensure proper counseling of the patients as well as attendants.

6.7 Compliance with Rules

Non-observance of MSDS and protocols, improper management of medications, improper management of stores and stocks and non-availability of monitoring process are the examples of non-adherence to the Government rules and policies.

7. CONCLUSION

In the light of forgoing audit observations, audit conclude that sectoral objectives of the hospital were not achieved to some extent. High quality emergency services were not available 24/7. Consultant's advice was not available after morning shift. Management of medication was very poor and prescription slips were not being prepared as per requirement of standards. Most of the prescriptions were without recording vitals and basic information of patients like their age, gender, disease etc. Hospital infection control program was not properly documented nor were infection control procedures / practices being complied with in true letter and spirit.

7.1 Key Issues for the Future

With high population growth and rise of public sector health institutions, the need for better health facilities in the public sector will increase with the passage of time. Following key issues may be considered and addressed in future:

- i. Non-provision of educational facility to the general nursing students and general paramedical staff.
- ii. Sustainability and smooth running of hospital not possible without proper supervision, strengthening of internal controls and awareness of the community.
- iii. Non-availability of expert advisory services of highly educated consultants from all disciplines.
- iv. Non-operation of evening OPD in the hospital and non-provision of referral health facilities to the patients of Primary Healthcare Institutions.
- v. Limited managerial capacity of healthcare service providers tasked with implementation.

7.2 Lessons Identified

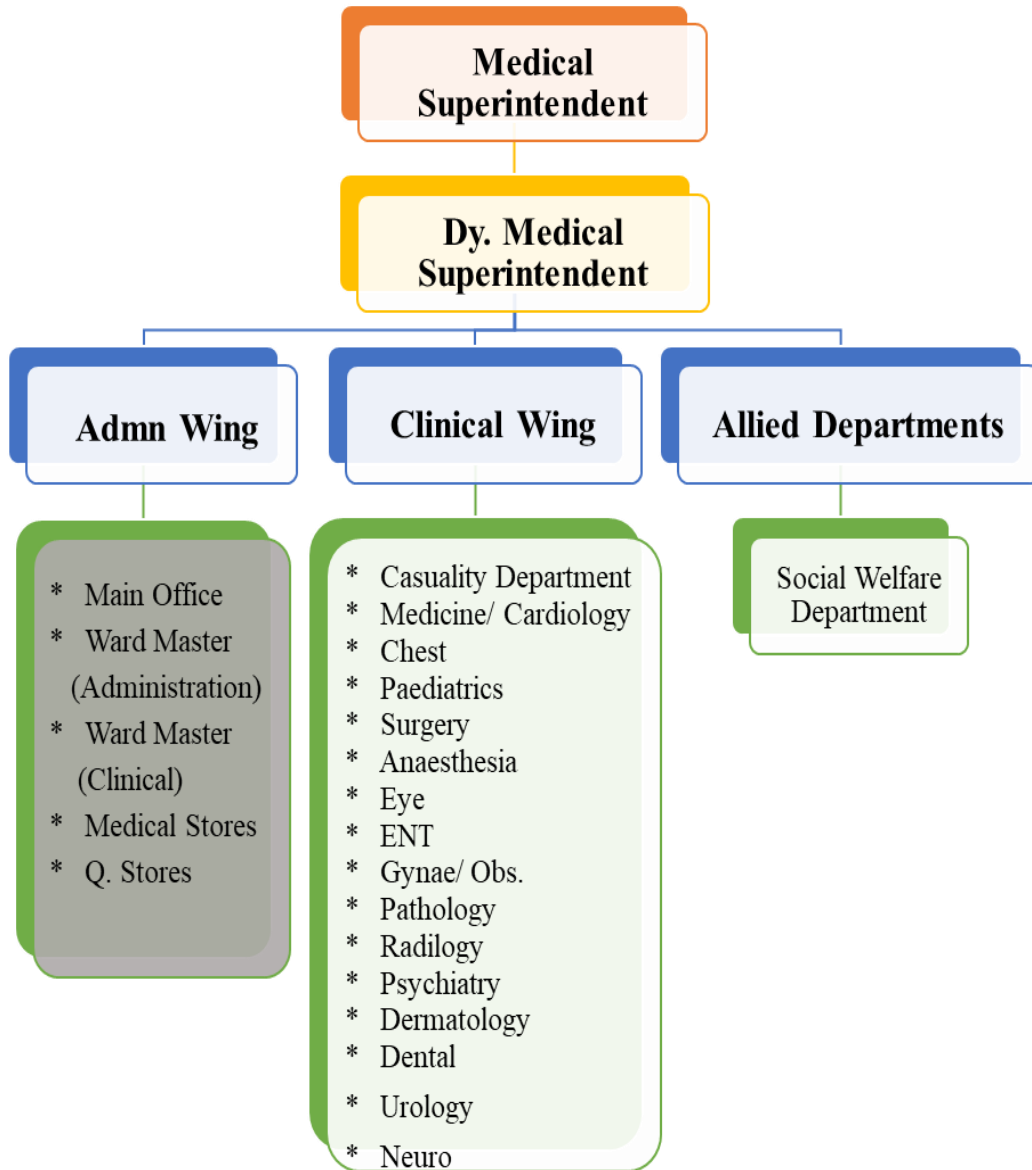
- i. Only integrated planning and implementation produce desired and sustainable results.
- ii. Merit-based selection and capacity building of staff are crucial for better health service delivery.
- iii. Rational posting transfer and preparation of duty roasters are essential for optimum utilization of human resources toward service delivery
- iv. Capacity building of managerial and clinical staff to implement MSDS
- v. Proper sterilization of tools and calibration of machinery and equipment to avoid further disease spread.

ACKNOWLEDGEMENT

Audit team appreciate the management and staff for the assistance and cooperation extended to the auditors during this assignment.

ANNEXURES

ORGANOGRAM



Annexure-B, para 4.2.1

Non-Appointment of Doctors/ Specialists/ Technicians/ Allied Staff

S. No	Name of Post	BPS	Sanction	Filled	Vacant
1.	Medical Superintendent	19	01	0	01
2.	Deputy Medical Superintendent	18	02	0	02
3.	Chief Consultant Pediatric	20	01	0	01
4.	Consultant Ophthalmology	18	01	0	01
5.	Senior Consultant Surgery	19	02	01	01
6.	Consultant Surgery	18	02	0	02
7.	Senior Consultant Cardiologist	19	01	0	01
8.	Senior Consultant Anesthetist	19	02	01	01
9.	Senior Consultant Gynecologists	19	02	01	01
10.	Consultant Gynecologists	18	04	02	02
11.	Chief Consultant Radiology	19	01	0	01
12.	Consultant Pathology	18	02	01	01
13.	Consultant Chest	18	01	0	01
14.	Dermatologist	19	01	0	01
15.	Senior Consultant Psychiatrist	19	01	0	01
16.	PMO	20	02	01	01
17.	APMO/ APLMO	19	06	02	04
18.	SMO/ SLMO	18	10	03	07
19.	Medical Officer	17	06	05	01
20.	APDO	19	01	0	01
21.	Consultant Oral Surgeon	18	02	0	02
22.	Matron	17	02	01	01
23.	Chief Radiology Technician	16	02	0	02
24.	Head Clerk	16	01	0	01
25.	Office Assistant	16	01	0	01
26.	Office Assistant	14	01	0	01
27.	Pharmacy Tech	12	01	0	01
28.	Dialysis Tech (Nephrology)	12	01	0	01
29.	Medical Tech	12	11	06	05
30.	Surgical Tech	12	03	02	01
31.	Pathology Tech	12	01	0	01
32.	Cardiology Tech	12	01	0	01
33.	Anesthesia Tech	09	01	0	01
34.	Junior Radiology Tech	09	04	03	01
35.	Chowkidar	01	10	09	01

Annexure-C, para 4.2.2

Irrational Adjustments of Various Doctors/ Consultants

S #	Name of Doctors	Designation	Actual Grade (BPS)	Adjusted against Grade	Adjusted against the Post & Department
1.	Dr. Yasmin Begum	LMO	17	18	DMS (Admin Cadre)
2.	Dr. Rukhsana	LMO	17	18	DMS (Admin Cadre)
3.	Dr. Zubaida Wazir	C.C Gynecology	19	20	Chief Consultant Pediatric
4.	Dr. Shabbar	MO	17	18	Consultant Pediatric
5.	Dr. Wahajat Hussain		18	19	Senior Consultant Surgery
6.	Dr. Shan Alam	MO	17	18	Consultant Surgery
7.	Dr. Sohail Abbas	MO	17	18	Consultant Surgery
8.	Dr. Masroor Alik Khan		18	19	Senior Consultant Cardiology
9.	Dr. Firdous Ali	APMO	18	19	Senior Consultant Anesthetist
10.	Dr. Mehmood Iqbal	APMO	18	19	Senior Consultant Gynecologist
11.	Dr. Mohsin Ali	SDO	17	18	Consultant Gynecologist
12.	Dr. Fubab Ali	Radiologist	17	18	Consultant Gynecologist
13.	Dr. Manzoor Alam	Sr Cons. Peads	19	20	Chief Consultant Radiologist
14.	Dr. Muhammad Saleem		18	19	Consultant Radiologist
15.	Dr. Zahida Khanam	Consultant Gyne	17	18	Consultant Radiologist
16.	Dr. Asif Afzal Mir	MO	17	18	Consultant Pathologist
17.	Dr. Zeenat Fatima	LDO	17	18	Consultant Chest (Pulmonologist)
18.	Dr. Muhammad Hussain	Urologist	18	19	Senior Consultant Dermatologist
19.	Dr. M. Imran	Chief Cons. Surgery	19	20	Principal Medical Officer (DGMO Cadre)
20.	Dr. Abdul Mubeen		18	19	APMO/ APLOMO
21.	Dr. Farhat Alam	SLMO	18	19	APMO/ APLOMO
22.	Dr. Fida Ali	Sr. Cons. Ortho	18	19	APMO/ APLOMO
23.	Dr. Zulfiqar Ali	MO	17	18	SMO/ SLMO
24.	Dr. Raziq Hussain	Constant Medicine	17	18	SMO/ SLMO
25.	Dr. Saira Bakhtawar	LMO	17	18	SMO/ SLMO
26.	Dr. Shazia Batool	LMO	17	18	SMO/ SLMO
27.	Dr. Shabbir Hussain	MO	17	18	SMO/ SLMO
28.	Dr. Abida Begum	SLDO	17	18	SMO/ SLMO
29.	Dr. Nuzhat Shafi	SDO	17	18	Consultant Oral Surgeon
30.	Dr. Samiullah	DO	17	18	Consultant Oral Surgeon

Annexure-D, para 4.2.3

Contractual Appointment of Doctors

S. No.	Name	Designation
1.	Dr. Shazia Batool	LMO
2.	Dr. Yasmeen Begum	LMO
3.	Dr. Farman Ali	MO
4.	Dr. Amna Masood	LMO
5.	Dr. Sohail Abbas Juwa	MO
6.	Dr. Rizwana Zaman	LMO
7.	Dr. Rukhsana Shaheen	LMO
8.	Dr. Khalil Hussain	LMO
9.	Dr. Asif Afzal Mir	MO
10.	Dr. Zulfiqar Ali Khan	MO
11.	Dr. Aqsa Sharif	LMO
12.	Dr. Shabbir Hussain	MO
13.	Dr. Abid Hussain	APMO

Annexure-E, para 4.2.4

Posting and Attachment of Specialist/ Consultant/Doctors/Allied Staff in other Hospitals

S. No.	Name of Doctors	Designation	BPS	Attachment
1.	Dr. Iqbal Rasool		19	DHS, Gilgit
2.	Dr. Shujaat Ali Malik		20	City Hospital, Gilgit
3.	Dr. Muhammad Amin		18	City Hospital, Gilgit
4.	Dr. Muhammad Iqbal Aziz		19	City Hospital, Gilgit
5.	Dr. Sohail Abbas	MO	17	30 Bed Hospital, Danyore
6.	Dr. Firdous Ali	APMO	19	Governor Secretariat
7.	Dr. Shafqat Ara	Gynecologists	19	City Hospital, Gilgit
8.	Dr. ohsin Ali	SDO	18	DHO Gilgit
9.	Dr. Manzoor Alam	Senior Cons. Peads	20	City Hospital, Gilgit
10.	Dr. Jan Alam		19	Psychiatrist Hospital, Jutial
11.	Dr. Muhammad Imran	Chief Cons.Surgery	20	City Hospital, Gilgit
12.	Dr. Dilshad Begum		20	CH, Basin
13.	Dr. Abdul Mubeen	MS	19	City Hospital, Gilgit
14.	Dr. Musrat Ara		19	City Hospital, Gilgit
15.	Dr. Farhat Alam	SLMO	18	City Hospital, Gilgit
16.	Dr. Nighat Alam		19	City Hospital, Gilgit
17.	Dr. Bushra Parveen		18	City Hospital, Gilgit
18.	Dr. Syed Sadiq Shah		18	City Hospital, Gilgit
19.	Dr. Rizwana Zaman		17	CH Mahmoodabad
20.	Dr. Ahsan-ul-Haq		17	City Hospital, Gilgit
21.	Dr. Abidullah		17	City Hospital, Gilgit
22.	Dr. Amna Masood	LMO	17	City Hospital, Gilgit
23.	Dr. Nargis Sajjad	LMO	17	City Hospital, Gilgit
24.	Dr. Maqbool Ahmed	Sr. Cons. Oral Surgeon	19	City Hospital, Gilgit
25.	Mr. Amir Ali		18	DHS Office Gilgit
26.	Mr. Aijad Ali	MLT	17	RBC, Gilgit
27.	Miss. Bushra Islam	BME	17	DHS, Gilgit
28.	Mr. Malik Shah	Technologist	17	Drug Control Office
29.	Mr. Muhammad Bashir	Technologist	17	DHO, Gilgit
30.	Mrs. Gul Sharif	General Nurse	16	DHO, Ghizer
31.	Mrs. Bibi Madina	General Nurse	16	DHO, Gilgit
32.	Mrs. Meher Bano	General Nurse	16	DHO Ghizer
33.	Mr. Arifullah	Chief Dental Tech	16	City Hospital, Gilgit
34.	Mr. Muhammad Fayaz	Statistical Assistant	16	DHS, Gilgit