

Citizen Report Card Study

Health Sector

Kashmore and Shikarpur – Sindh

May 2018



Foreword

Provision of health to the citizens is one of the primary responsibilities of the Government. Health is also Goal 3 of the UN Sustainable Development Goals, to which the Government of Pakistan is also a signatory. This Goal states ‘Ensure healthy lives and promote wellbeing for all at all ages’. These goals have to be achieved by 2030.

As the health sector is the domain of the Provincial Government, TI Pakistan undertook this research to report the strengths and weaknesses in the health sector of Sindh, particularly District Kashmore and District Shikarpur. The objective of the study is to provide the Sindh government with an external review of the services offered to the general public with recommendations to address gaps to provide relief to citizens of the province.

Besides the government, this research will be disseminated amongst the civil society organizations, academia, media, public and other stakeholders. It is hoped that the Sindh Government will utilize this report to improve the performance of health services at the district level regarding facilities provided to the general public.

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Table of Contents

1. Introduction	9
1.1 Background	9
The Health Care System of Pakistan.....	10
The Emergence of Public Private Partnership	11
Vertical Health Programs in Pakistan	11
Expanded Program of Immunization (EPI)	12
Lady Health Worker Training Initiative	13
Challenges of Pakistan’s Health Care System	13
1.2 An Overview of the Health Facilities in Sindh	14
1.3 Study Objectives	17
1.4 Duration	18
1.5 Scope.....	18
2. Research Method	19
2.1 Research Design.....	19
2.2 Focus Group Discussion	19
2.3 Sampling Technique and Size.....	20
2.4 Instrument of data collection	20
3. Analysis and Results.....	21
4. Recommendations	34
5. Bibliography.....	35

List of Acronyms

BHU	Basic Health Unit
CD	Civil Dispensary
CH	Civil Hospital
DHO	District Health Officers
DHQ	District Headquarter hospitals
EPI	Expanded Program on Immunization
FP&PHC	Family Planning and Primary Health Care
HFs	Health Facilities
LC	Leprosy Centre
MCH	Mother and Child Health Care Centre
MS	Medical Superintendent
PPHI	People's Primary Healthcare Initiative
PPP	Public Private Partnership
RHC	Rural Health Center
SHC	Secondary Health Center
SRSO	Sindh Rural Support Organization
TBC	Tuberculosis Centre
THQ	Tehsil Headquarter hospitals
TI-P	Transparency International Pakistan
VHP	Vertical Health Programs
WHO	World Health Organization

List of Tables

Table 1.1 Primary Healthcare Facilities in Sindh	Error! Bookmark not defined.
Table 1.2 Secondary Healthcare Facilities in Sindh	16
Table 1.3 Health Facilities	17
Table 3.1 Gender.....	21
Table 3.2 Easy Availability of Beds	21
Table 3.3 Effective Spending of Funds by Government.....	22
Table 3.4 Treatment provided by Doctors	22
Table 3.5 Punctuality of Doctors	22
Table 3.6 Doctors pay Attention to the patients.....	23
Table 3.7 Behavior of Doctors with patients	23
Table 3.8 Doctors be allowed Private Practice	24
Table 3.9 Availability of Medicines	24
Table 3.10 Laboratory Tests	25
Table 3. 11 Preference of doctors for lab tests.....	25
Table 3.12 Bribe for Obtaining Medicines	26
Table 3.13 Counterfeit Medicines.....	26
Table 3.14 Distance Covered by a Patient	26
Table 3.15 Satisfaction with House-keeping	27
Table 3.16 Availability of Toilets.....	27
Table 3.17 Availability of Good Quality Food	28
Table 3.18 Availability of Waiting Area	28
Table 3.19 Treatment of All Diseases in OPD.....	28
Table 3.20 Cleanliness around Hospital	29
Table 3.21 Incidents of Bribery	29
Table 3.22 Government Top Priorities	30
Table 3.23 Complaint Management.....	30
Table 3.24 Complaint Redressal	30
Table 3.25 Separate Emergency Rooms	31
Table 3.26 Generators remain Functional.....	31
Table 3.27 Waiting Time	31
Table 3.28 Staff Cooperation	32
Table 3.29 X-ray Machine Functional	32
Table 3.30 Availability of Wheelchairs	32
Table 3.31 Ultrasound machine Functional	33

List of Figures

Figure 3.1 Gender	21
Figure 3.2 Easy availability of beds.....	21
Figure 3.3 Effective Spending of Funds by Government	22
Figure 3.4 Treatment provided by doctors.....	22
Figure 3.5 Punctuality of doctors.....	22
Figure 3.6 Doctors pay attention to the patients	23
Figure 3.7 Behavior of doctors with patients.....	23
Figure 3.8 Doctors be allowed private practice	24
Figure 3.9 Availability of medicines	24
Figure 3.10 Laboratory tests	25
Figure 3.11 Preference of doctors for lab tests	25
Figure 3.12 Bribe for obtaining medicines	25
Figure 3.13 Counterfeit medicines.....	26
Figure 3.14 Distance Covered by a Patient.....	26
Figure 3.15 Satisfaction with house-keeping.....	27
Figure 3.16 Availability of Toilets	27
Figure 3.17 Availability of Good Quality Food	27
Figure 3.18 Availability of Waiting Area.....	28
Figure 3.19 Treatment of All Diseases in OPD	28
Figure 3.20 Cleanliness around hospitals	29
Figure 3.21 Incidents of bribery.....	29
Figure 3.22 Government top priorities.....	30
Figure 3.23 Complaint management.....	30
Figure 3.24 Complaint redressal	30
Figure 3.25 Separate emergency Rooms.....	31
Figure 3.26 Generators remain functional	31
Figure 3.27 Waiting time	31
Figure 3.28 Staff Cooperation.....	32
Figure 3.29 X-ray Machine Functional.....	32
Figure 3.30 Availability of wheelchairs.....	32
Figure 3.31 Ultrasound machine functional.....	33

1. Introduction

A Citizen Report Card study is a social accountability tool which provides systematic findings based on user experience of a particular service. This report card study particularly evaluates health services provided in government health facilities in district Kashmore and district Shikarpur of Sindh. The study is vital to ensure social accountability for provision of pro-poor public service delivery to the masses.

1.1 Background

Among the 188 countries, Pakistan ranked 149th towards its progress to achieve United Nations' health-related Sustainable Development Goals (SDGs).¹ On a scale from 0 to 100, Pakistan scores 38 with Bangladesh and Mauritania. These analyses were launched in a special event at the UN General Assembly and published by The Lancet, titled The Global Burden of Disease Study.² The lower rating poses many questions about billions of rupees investments on health sector spent by the Government of Sindh, which is yet to deliver its benefits properly.



Figure 1. 1 Emergency room in RHC facility, Kashmore

The findings in the report also highlighted the importance of income, education and birth rates as important drivers of health improvement and that mere investment in those areas is not enough. It took a gap of 15 years before the country finally developed its National Health Vision, 2016-2025.³ The vision was developed with the consensus of the provincial and

federal governments

In the shape of National Health Vision 2016-2025, the country has now a document which provides sector wise strategic direction allowing the Government to address and improve the health of all citizens, particularly the women and children, through universal access to affordable quality essential health services. These will be delivered through a resilient and responsive health system to attain

¹ <https://www.dawn.com/news/1285528>

² <http://ghdx.healthdata.org/gbd-2016>

³ <https://www.dawn.com/news/1281107>

relevant Sustainable Development Goals and fulfill other global health responsibilities⁴.

After the 18th Constitutional Amendment, health now lies within the purview of provincial government. Previously, provinces had to run from pillar to post in the federal capital for the sake of trivial issues. The amendment has provided great opportunities to the provinces to solve their health-related issues on their own. Despite few improvements, many areas need drastic measures to address the health-related problems for an ever-growing population.

The Health Care System of Pakistan

The health care system of Pakistan is improving considering the development of health policies, signing of the UN Sustainable Development Goals program, initiation of vertical programs, introduction of Public Private Partnership (PPP), establishment of Basic Health Unit (BHU²s) and Rural Health Centres (RHCs).⁵ However, due to mismanagement, lack of transparency and accountability, the progress has been unsatisfactory and requires lots of improvements in many regions.⁶



Figure 1.2 Equipment used in Emergency, Kashmir



Figure 1.3 THQ, Kashmir

Pakistan being a signatory of the SDGs needs to fulfill Goal 3 of the SDGs: Good Health and Well-Being. The focus of this goal is to end the epidemic of AIDS, tuberculosis, malaria and other communicable diseases by 2030. It also aims to attain universal health coverage and provide access to safe and effective medicines and vaccines for all citizens⁷. Pakistan currently stands at 122 out of 190 countries

⁴ National Health Vision Pakistan, 2016

⁵ Shaikh BT, Hatcher J. Health seeking behaviour and health service utilization in Pakistan: challenging the policy makers. *J Public Health (Oxf)* 2005;27(1):49–54.

⁶ <https://www.dawn.com/news/1285181>

⁷ <https://sustainabledevelopment.un.org/sdg3>

in terms of health care according to the World Health Organization (WHO).⁸ Pakistan ranks towards the bottom among other countries when it comes to infant and neonatal mortality⁹. On the index of Maternal Mortality Rate, Pakistan has 178 deaths/100,000 live births (2015 est.) ranking it 53rd out of 181 countries.¹⁰ Similarly, on the index of Infant Mortality Rate, Pakistan has 52.1 deaths/1000 live births making it 25th lowest ranked country with male: 55.2 deaths/1,000 live births and female: 48.8 deaths/1,000 live births (2017 est.).¹¹ 31.6 percent of children under five are considered to be underweight making it 8th lowest ranked country.¹²

The Emergence of Public Private Partnership

Public-private partnerships (PPPs) involve the supply by the private sector of infrastructure and services deriving from infrastructure assets which have traditionally been supplied by the public sector.¹³ Public Private Partnerships (PPP) encompasses financing, development, operation and maintenance of infrastructure by the private-sector which would otherwise have been provided by the public sector. After 2002, United Nations Development Program (UNDP), civil-society organizations and private donors, both National and International, worked in 53 districts of Pakistan in the health sector for improving health care services, particularly for maternal and child welfare. The program trained local health care workers and educated community members at grass root level.¹⁴ Other programs which have been running under public private partnership are: National TB control program, family planning program and school nutrition program that was implemented in 29 of the poorest rural districts.¹⁵

Vertical Health Programs in Pakistan

As the Horizontal system of health care related to general health services, vertical health programs are related to specific health conditions like Family Planning and Primary Health Care (FP&PHC), Expanded Program on Immunization (EPI), Malaria Control Program, Tuberculosis Control Program, Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS)

⁸ <https://www.transparenthands.org/list-of-top-15-health-issues-in-pakistan/>

⁹ <https://www.unicef.org/reports>

¹⁰ <https://www.indexmundi.com/g/r.aspx?t=0&v=2223&l=en>

¹¹ <https://www.indexmundi.com/g/r.aspx?t=0&v=29&l=en>

¹² <https://www.indexmundi.com/g/r.aspx?t=0&v=2224&l=en>

¹³

¹⁴ Planning Commission Centre for Research on Poverty Reduction and Income Distribution Islamabad. Pakistan Millennium Development Goals Report 2005. [Internet]. [cited 2010 Oct 27]. Available from: file:///C:/Users/Wali%20Muhammad/Downloads/UNDP-PKMDG- Pak-2005.pdf

¹⁵ Shaikh BT, Rabbani F, Safi N, Dawar Z. Contracting of primary healthcare services in Pakistan: Is up-scaling a pragmatic thinking? J Pak Med Assoc 2010;60(5):387–9.

Control Program and Maternal & Child Health Program.¹⁶ With the assistance of external donors, the Government is investing a considerable amount in development of VHP started many programs. Sindh Government is running a number of Vertical Health Programs in the province.¹⁷ These include:

1. The World Food Programme/ Nutrition, Karachi;
2. National Programme for Family Planning and Primary Health Care Sindh
3. Hepatitis Prevention and Control Programme Sindh (Chief Minister's Initiative), Hyderabad
4. Expanded Programme for Immunization, Sindh, Karachi
5. Maternal Neonatal & Child Health Programme Sindh
6. Enhanced HIV/ AIDS Control Programme, Sindh
7. Tuberculosis Control Programme, Sindh, Karachi
8. Malaria Control Programme, Sindh, Hyderabad
9. Rehabilitation of DHQ/ THQ Hospitals in Sindh, Karachi;
10. Blindness Control Programme, Sindh;
11. Safe Blood Transfusion Authority Sindh
12. Lady Health Worker Programme
13. Public Private Health Initiative

Expanded Program of Immunization (EPI)

The EPI was established in 1978, and presently aims to vaccinate approximately six million children against Childhood Tuberculosis, Poliomyelitis, Pertussis, Haemophilus Influenza Type b, Tetanus, Hepatitis B, Pneumonia, Diphtheria, and Measles. It also aims to fight against Tetanus in pregnant ladies.¹⁸ After the 18th Amendment, the EPI has been managed and implemented at the provincial level in coordination with the Ministry of Inter Provincial Coordination. The move helps to improve its performance as provincial governments are free to set their priorities and take decisions without the intervention of federal government. However, during the last decade, EPI performance has been stagnant. Evidence suggests that underachievement of the EPI is due to a combination of factors including; inadequate performance in the areas of service delivery, program management, monitoring and evaluation, logistics control, human resources management and financing, as well as community health-seeking behaviors and other demand-side issues.¹⁹

¹⁶ <http://stats.pk/vertical-health-programmes-pakistan/>

¹⁷ <https://www.sindhhealth.gov.pk/Programs--Projects>

¹⁸ <https://www.sindhhealth.gov.pk/EPI>

¹⁹ <https://openknowledge.worldbank.org/handle/10986/13579>

Lady Health Worker Training Initiative

Approximately four million deaths occurred globally majority within the first few days of birth in communities due to inadequate health systems.²⁰ Majority of these countries are under-developed where poor health conditions, unavailability of hospital, untrained staff and carelessness are the main causes. In 1993-94, the Government of Pakistan started National Program for Family Planning and Primary Health Care with objectives to provide primary health care to the underserved population and mainly women and children. The program also aimed to provide healthcare services such as family planning services at the doorstep. This program has been successfully implemented since



Figure 1. 4 Filter water, DHQ Shikarpur

then. In 2008, World Health Organization published a case study named Pakistan's Lady Health Worker Programme which described the rationale, implementation strategies, achievements and challenges of the programme. It was concluded that the population served by Lady Health Workers had substantially better health indicators than the control population.²¹

Challenges of Pakistan's Health Care System

The most common challenges being faced by the health care system in Pakistan are: shortage of hospitals, doctors and specialists in remote areas, poor management, inadequate resources, scarcity of drugs, untrained staff, unavailability of female staff, absenteeism, and private practice of many doctors.²²

According to WHO, the total expenditure on health per capita is \$129 (Intl 2014)²³. The organization suggested to allocate 4pc of the GDP on health while the Govt. is spending only 2.6pc of its GDP on health.²⁴ According to a news report, in 2017, the Government has increased its health budget by 40.7%. Less

²⁰ Porter ME. A strategy for health care reform- toward a value-based system, N Engl J Med, 2009, (361)109 - 12

²¹ http://www.who.int/workforcealliance/knowledge/resources/casestudy_pakistan/en/

²² <https://www.ncbi.nlm.nih.gov/pubmed/28712245>

²³ <https://www.who.int/countries/pak/en/>

²⁴ <https://www.who.int/countries/pak/en/>

than half of the allocated budget was used in the first eight months in the financial year 2017-18.²⁵

The availability, access and the quality of health services in Pakistan is not comparable for the rich and poor. People who are living in absolute poverty face acute problems in getting health services on time. On the other hand, those who can afford to some extent do not get quality services in government hospitals, so they are forced to go for private facilities which are very expensive and out of reach for the majority of the population. If we look at the health indicators, we might conclude that the greatest adversity facing our citizens is not terrorism or energy crises but lack of accessible healthcare. Majority of Tehsil Headquarters hospitals are in urban areas. People in distant villages, due to lack of transportation/ambulances, have to rely on BHUs and RHCs which provide only basic treatment. In these primary health centers, people often complain about the poor quality of available facilities and shortage of staff, doctors, and



Figure 1.5 Condition of emergency, DHQ Shikarpur

diagnostic equipment and laboratories.²⁶ They are compelled to go for private clinics/hospitals which increase their cost of health care. Besides the unequal resource distribution between different income groups, there is also another challenge that access and availability of health infrastructure is not evenly distributed among gender across different regions within Pakistan.

1.2 An Overview of the Health Facilities in Sindh

As mentioned in the beginning, this CRC study evaluated health services provided in district Shikarpur and district Kashmore and presents an overview of the health services provided by the Sindh Government.

To maximize efforts to improve health status of the people in Sindh, the government devised Health Sector Strategy Sindh 2012-2020.²⁷ The objective is to identify what is required for Health Systems Strengthening (HSS) in Sindh. It

²⁵ <https://tribune.com.pk/story/1696195/1-less-half-health-budget-used/>

²⁶ <https://www.pakistantoday.com.pk/2017/06/07/poor-functioning-at-government-hospitals/>

²⁷ <http://www.trfpakistan.org/Portals/18/Resources/Publications/Sindh-HealthSectorStrategy.pdf?ver=2017-03-22-181031-467>

focuses on service delivery, human resources, health management information, medical products, vaccines and technologies, financing, and leadership. It also provides a strategic framework/roadmap to achieve these targets. The new strategy needed an investment of Rs.318 bn in health sector in 8 years particularly towards innovative financing systems (funding from the private sector and international organizations) to reduce out-of-pocket expenditure by the poor.²⁸ The strategy also gave special emphasis to under-developed districts and urban Primary Health Care. The under-developed districts will be given Minimum Delivery Service Packages in each taluka as well as Essential Service of Health Packages in district headquarters for secondary care. In comparison to other parts of the country, Sindh is not doing so well when it comes to infant mortality, maternal mortality, nourishment of children, child and maternal anemia, food insecurity and utilization of the government health resources.²⁹

The health services in Sindh are divided into three layers: Primary, Secondary and Tertiary. The numbers of primary health facilities in Sindh are 1782. Out of these the number of health facilities with Public Private Partnership are 114, the number of health facilities with People’s Primary Healthcare Initiative (PPHI) are 1013 and the number of health facilities with the Health Department are 655.

Table 1. 1 Primary Healthcare Facilities in Sindh

S. No.	Category	Total No. of Health Facilities	No. of HFs with PPP Node	No. HFs with PPHI	No. HFs with Health Dept.
1	Rural Health Centers	125	114	1	10
2	Basic Health Units	757	0	648	109
3	Dispensaries	792	0	326	466
4	Mother & Child Health Centre (MCH Centers)	67	0	27	40
5	Sub Health Centers/ Clinics	3	0	2	1
6	Homeopathic Dispensaries	1	0	0	1
7	Urban Health Centers	1	0	0	1
8	Unani Shifa Khana	36	0	9	27
TOTAL		1782	114	1013	655

Source: <https://www.sindhhealth.gov.pk/Primary>

²⁸<http://www.trfpakistan.org/Portals/18/Resources/Publications/Sindh-HealthSectorStrategy.pdf?ver=2017-03-22-181031-467>

²⁹ <https://tribune.com.pk/story/447137/sindh-unveils-ambitious-health-strategy-for-the-next-eight-years/>

Table 1.1 Secondary Healthcare Facilities in Sindh

S. No.	Category	No. of Health Facilities	No. of HFs with PPP Node	No. of HFs with Health Department
01	DHQ Hospitals	14	1	13
02	THQ Hospitals	49	6	43
03	Major/Other/Specialized Hospitals Secondary	27	0	27
TOTAL		90	7	83

Similarly, the total number of health facilities under Secondary Healthcare are 90 among which 7 health facilities with Public Private Partnership, and 83 health facilities are with Health Department. The 47.89 million of population are living in 29 districts and only 14 DHQ hospitals are serving them³⁰. In 119 tehsils of Sindh, the total number of THQ hospitals are only 49. The tertiary level health facilities in the whole province are eight.

Since Feb 2007, PPHI was the name given to a Public – Private Partnership between the Sindh Rural Support Organization (SRSO) and the Government of Sindh (GOS). The move was made to contract out the management of Government’s infrastructure to the private sector. PPHI Sindh is presently managing 9 RHCs, 649 BHUs, 35 MCHCs and 435 Dispensaries and 12 others, a total of 1140 Health Facilities in rural Sindh.³¹

All the four provinces; Punjab, Sindh, KP and Baluchistan have developed their Health Sector Strategies. The Provinces are required to implement the devised plans, develop standardized packages to implement these strategies to ensure equal quality of healthcare services to the population. Various indicators are used to access the quality of such services. However, user experience is the most important perspective that shows not only the level of their satisfaction but also provides basis to the policy makers to revise their plans and strategies.

Citizen Report Card (CRC) study, as a tool of social accountability, is a participatory survey technique applied scientifically in assessing public services such as health, police, education and transport. The process raises awareness among citizens and advocates the government to carry out reforms in the service

³⁰ <https://www.sindhhealth.gov.pk/Secondary>

³¹ <https://www.sindhhealth.gov.pk/PPHI-Program>

delivery system. This CRC study was conducted on Health sector in District Shikarpur and District Kashmore of Sindh.

District Kashmore has three talukas namely Kandhkot, Kashmore and Tangwani. Kashmore is located at the tri-junction point connecting three provinces, forming a gateway to Punjab and Balochistan provinces; to the east lies district Rajanpur (Punjab), Districts Jacobabad and Shikarpur (Sindh) lie in the west. To the north is district Dera Bugti (Balochistan). District Shikarpur is one of the prominent districts of Sindh. The city of Shikarpur is its capital. There are four (04) Sub-Divisions, locally called (Taluka) Lakhi Ghulam Shah, Garhi Yasin, Khanpur and Shikarpur itself. It is spread over an area of 2,512 square km. Shikarpur borders the districts of Larkana, Jacobabad, Khairpur and Sukkur. Two national highways (N-65 & N-55) intersect the city of Shikarpur, making it the junction points of 4 provinces.

Table 1.2 Health Facilities

Facility	District Kashmore	District Shikarpur
Basic Health Units	25	35
Dispensary	13	13
Hospitals	2	5
Maternal & Child Health Care	2	4
Rural Health Center	4	7

Source: Pakistan Emergency Situational Analysis^{32,33}

1.3 Study Objectives

The objective of Citizen Report Card (CRC) study was to evaluate health services in District Kashmore and District Shikarpur from the perspective of its availability, functioning, and quality. The main objectives of the research were:

- To evaluate the state of health services from the end-user’s perspective.
- To identify gaps in service delivery processes and appraise the good practices.
- To provide a quantitative feedback to all the stakeholders, particularly the Health Department and the Sindh government about service quality while pointing out weak areas for future planning and budgeting.

³² <https://reliefweb.int/sites/reliefweb.int/files/resources/PESA-DP-Kashmore-Sindh.pdf>

³³

http://itacec.org/itadc/phase2/document/key_projects_documents_strategies/district_profiles/PESA_Shikarpur.pdf

- To provide a basis for future research in the same area.

1.4 Duration

The duration of the study was three months. It started in March 2018 and concluded on June 2018. During this period, all work of research design, data collection, and analysis was carried out.

1.5 Scope

The data collected during this study was based on the sample taken from District Kashmore and District Shikarpur. Due to financial and time constraints, this study took data only from these two districts whereas other districts were excluded from the study. Hence its findings can only be generalized to them.

2. Research Method

2.1 Research Design

Research design refers to the choice of specific methods of data collection analysis.³⁴ The design of a study defines the study type, research problem, data collection methods and a statistical analysis plan. In other term, research design is the framework that has been created to find answers to research questions.

In this CRC, a survey method was used to collect data from respondents. These respondents were the users of that service or had used the health service in the past one year. These respondents were either patients or their blood relatives had a personal experience of the health services provided in the government run health facilities in the target districts. These health facilities mainly include DHQs, THQs, RHCs, and BHUs. The questionnaire was designed in two stages. At first with the help of previous studies/reports, key areas and issues related with those key areas were identified. A total of 28 multiple choice questions were prepared which could evaluate service quality. In the second stage, a Focus Group Discussion (FGD) was conducted in which various stakeholders, including health workers, member of civil society, media, students and common citizens were present. They explored the topic, discussed various aspects, and closely evaluated each of the questions to determine its relevance to the study objectives. After the conclusion of the FGD 30 questions were finalized.

Data was collected with the help of eight enumerators. Prior to the survey, the enumerators were trained about the survey objectives, the survey population, sample size, selection of a respondent, the questions and possible queries and ethical guidelines of the research. The enumerators were locals, knew about traditional norms and had a good experience of conducting and monitoring health surveys. All the questions raised by the enumerators were replied to their satisfaction.

2.2 Focus Group Discussion

On 20 March, 2018, Transparency International Pakistan organized a Focus Group Discussion in Shikarpur district. The objective was to discuss and explore various aspects, problems in health services provided in the Government run hospitals in District Kashmore and District Shikarpur to finalize the survey instrument. A total of 15 participants from both of the districts took part in the discussion. They had experience in working with various health sector organizations, projects and district health departments of Kashmore and

³⁴ <https://research-methodology.net/research-methodology/research-design/>

Shikarpur. Transparency International Pakistan’s representative conducted the session and facilitated the participants. A total of 28 questions prepared at the first stage were discussed. The participants gave their valuable inputs. Following are the important points discussed in the session:

- health facilities’ infrastructure
- Availability of doctors/specialist
- Availability of drugs
- Diagnostic equipment
- Testing labs
- Behavior of hospital staff with patients
- Availability of ambulance service



Figure 2. 1 FGD, Shikarpur

After the discussion, 30 questions were finalized for the final survey.

2.3 Sampling Technique and Size

A sample should be a good representative of the population. Surveys would be meaningless and incomplete without accounting for the respondents that they’re aimed at. Getting feedback from large population is not only difficult but also expensive. Therefore, sample is drawn from the population followed by data collection, analysis and report.

There are two types of sampling technique; probability and non-probability sampling. In this CRC, we followed non-probability sampling technique because it was appropriate to achieve our objectives. People from District Kashmore and District Shikarpur who had received medical treatment from any of the government run health facilities in these two districts during the last one year were the target. The total sample size was 400 and it was divided equally between the two districts. The data was collected from three tehsils/talukas of District Kashmore and four Talukas of District Shikarpur. Most of the data was collected from inside health facilities from patients and their attendants.

2.4 Instrument of data collection

Accurate and systematic data collection is critical to conducting scientific research. In this CRC, a questionnaire was developed keeping in view all the relevant issues to be covered. The questionnaire was finalized after incorporating the recommendations of the Focus Group Discussion with the stakeholders in the districts where the survey was to be conducted.

3. Analysis and Results

This CRC study collected data from 400 respondents. According to the Table 3.1, 71 percent of the respondents were males while 29 percent were females. The data was collected from the people who had utilized district’s health services during the last year

Table 3.1 Gender

	Frequency	Percent
Male	284	71.0
Female	116	29.0
Total	400	100.0

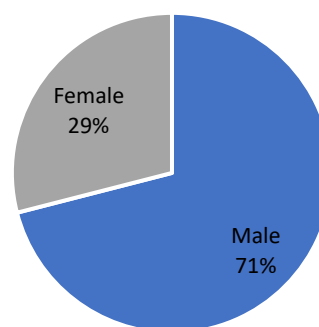


Figure 3.1 Gender

Q1: Are beds easily available when required in the hospitals?

In response to this question, 41 percent responded that beds are not easily available in the hospitals. 59 percent responded that beds are easily available.

Table 3.2 Easy Availability of Beds

	Frequency	Percent
Yes	235	58.8
No	165	41.3
Total	400	100.0

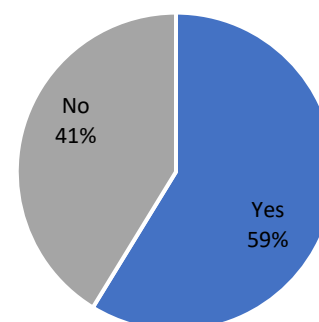


Figure 3.2 Easy availability of beds

Q2: Does the government utilize funds effectively in providing health services?

In District Kashmore and District Shikarpur, 48 percent users of the health services believe that the government is not spending funds effectively in providing health services. 25 percent respondents didn’t know about it while 20 percent believe that the government is utilizing funds effectively ‘to some extent’.

Table 3.3 Effective Spending of funds by Government

	Frequency	Percent
Yes	29	7.3
No	192	48.0
To some extent	80	20.0
Don't know	99	24.8
Total	400	100.0

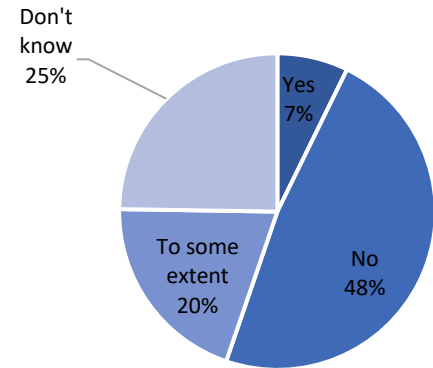


Figure 3.3 Effective spending Of Funds by Government

Q3: Do doctors treat patients equally well in Public hospitals as compared to their private clinics?

This was a comparative question, in which respondents were asked to compare the treatment of doctors in government run hospitals and in their private clinics. We received a mixed reply as 32 percent of the people responded ‘No’. 27 percent responded ‘Yes’ while 41 percent responded ‘To some extent’.

Table 3.4 Equal Treatment provided by Doctors

	Frequency	Percent
Yes	106	26.5
No	129	32.3
To some extent	165	41.3
Total	400	100.0

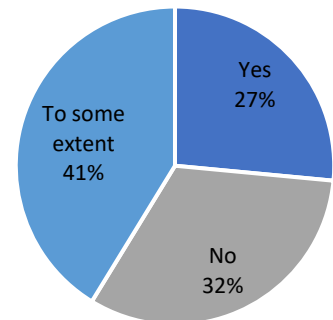


Figure 3.4 Equal Treatment provided by doctors

Q4: Are the doctors punctual?

In response to this question, 32 percent responded ‘No’, 32 percent responded ‘Yes’ and 31 percent responded ‘to some extent’, while 10 percent did not know about it. Sindh Government has started installing biometric devices in Karachi and other parts of the province. The government also wanted to install CCTV to improve performance of the staff.³⁵

Table 3.5 Punctuality of Doctors

	Frequency	Percent
Yes	108	27.0

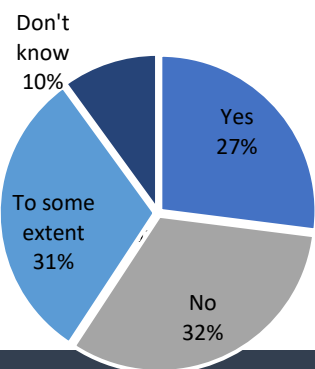


Figure 3.5 Punctuality of doctors

³⁵ <https://www.pakistantoday.com.pk/2017/03/19/sindh-govt-introduces-biom-hospitals/>

No	129	32.3
To some extent	123	30.8
Don't know	40	10.0
Total	400	100.0

Q5: Do the doctors in the hospitals pay attention to the patients?

In response to the question whether the doctors pay attention to the patients, according to the results, 32 percent responded ‘No’ while 22 percent responded ‘Yes’ while 46 percent responded ‘to some extent’.

Table 3.6 Doctors pay Attention to the patients

	Frequency	Percent
Yes	88	22.0
No	128	32.0
To some extent	184	46.0
Total	400	100.0

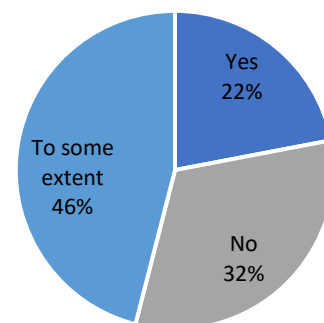


Figure 3.6 Doctors pay attention to the patients

Q6: Do doctors in public hospitals behave well with the patients?

The physicians' socioemotional behavior (caring and openness to communication), as well as their accessibility, tended to weigh heavily in patients' decisions to continue the physician-patient relationship.³⁶

In response to this question, 61 percent of the patients responded ‘No’ while 39 percent responded ‘yes’ that doctors behave well in the public run hospitals. It requires further research to investigate the reason behind why respondents perceived that the doctor’s behavior with them is not good.

Table 3.7 Satisfactory Behavior of Doctors with patients

	Frequency	Percent
Yes	155	38.8
No	245	61.3
Total	400	100.0

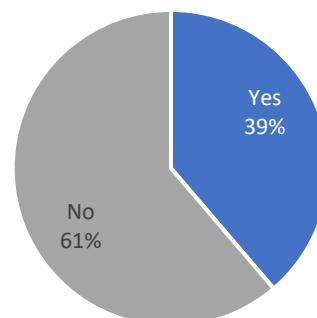


Figure 3.7 Satisfactory Behavior of doctors with patients

³⁶ <https://link.springer.com/article/10.1007/BF01319022>

Q7: Do you think that doctors employed in public hospitals should be allowed private practice?

The doctors who are the government employees are not allowed to work in their private clinics. Sindh Health Minister has directed the provincial Health Department to take action against fake doctors as well as government doctors involved in private practice.³⁷ In response to this question, 89 percent respondents were not in favor of doctors employed in public hospitals to have their private practice.

Table 3.8 Doctors be allowed Private Practice

	Frequency	Percent
Yes	46	11.5
No	354	88.5
Total	400	100.0

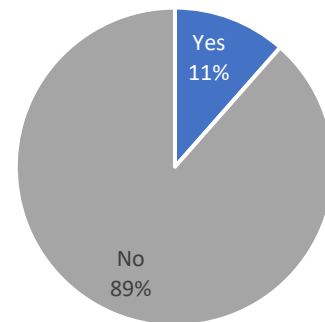


Figure 3.8 Doctors be allowed private practice

Q8: Are required medicines available in the hospitals?

The operational budget of the hospitals of the province is Rs. 18 billion, out of which about Rs. 6.5 billion is the budget for medicines.³⁸ The government made it a top priority to provide medicines in public hospitals.

In response to this question, 31 percent responded that the required medicines are not available in health facilities. Only 11 percent responded 'Yes' while 57 percent responded 'to some extent'. During our surveys, MS of certain hospitals informed us that they get limited quantity of medicines and often face supply shortage.

Table 3.9 Availability of Medicines

	Frequency	Percent
Yes	46	11.5
No	125	31.3
To some extent	229	57.3
Total	400	100.0

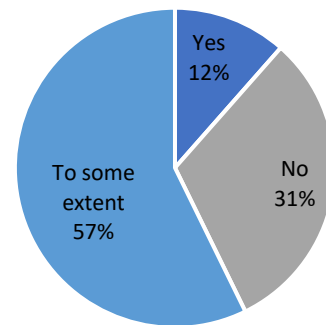


Figure 3.9 Availability of medicines

³⁷ <https://www.dawn.com/news/1381397>

³⁸ <https://tribune.com.pk/story/1515972/supply-medicines-sindhs-govt-hospitals-made-top-priority/>

Q9: Do the laboratories in the hospital conduct all kind of tests?

Majority of the people in rural areas of Kashmore and Shikarpur are very poor who cannot afford private laboratory tests. They have to rely on the government health facilities. However, when we asked whether these laboratories provide all types of tests, 45 percent responded ‘No’ only 19 percent responded ‘Yes’ while 36 percent responded ‘to some extent’.

Table 3.10 Laboratory Tests

	Frequency	Percent
Yes	78	19.5
No	178	44.5
To some extent	144	36.0
Total	400	100.0

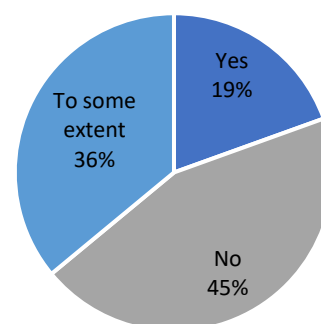


Figure 3.10 Laboratory tests

Q10: Do the doctors prefer tests conducted in private labs or government labs.?

45 percent of the respondents stated that not all type of tests are conducted in the labs of public hospitals. The tests conducted at Government hospital labs, according to 75 percent of the respondents, are not accepted by the doctors.

Table 3. 11 Preference of doctors for lab tests

	Frequency	Percent
Government	101	25.3
Private	299	74.8
Total	400	100.0

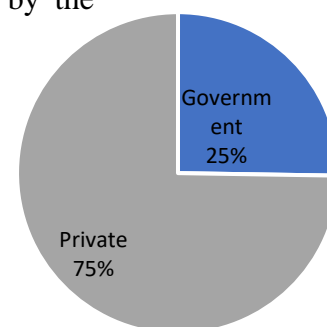


Figure 3.11 Preference of doctors for lab tests

Q11: Do you need a recommendation or bribe to obtain free medicines?

In response to this question, 61 percent responded ‘No’ that they don’t pay bribe or need any recommendation to obtain free medicines, however, 18 percent responded ‘Yes’ and further 21 percent ‘to some extent’.

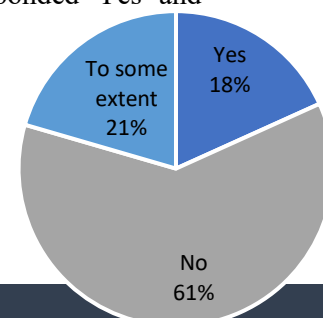


Figure 3.12 Bribe for obtaining free medicines

Table 3.12 Bribe for Obtaining Free Medicines

	Frequency	Percent
Yes	73	18.3
No	245	61.3
To some extent	82	20.5
Total	400	100.0

Q12: Have you been provided counterfeit medicines in the hospital?

In response to this question, 96 percent responded ‘No’ while 4 percent responded ‘Yes’.

Table 3.13 Counterfeit Medicines

	Frequency	Percent
Yes	15	3.5
No	385	96.0
Total	400	100.0

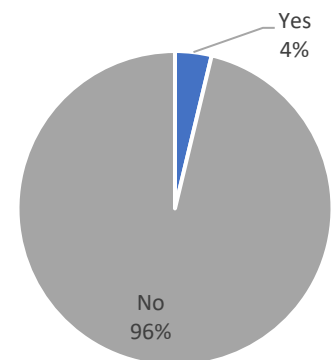


Figure 3.13 Counterfeit medicines

Q13: What is the distance of the hospital from your house?

According to the results, 60 percent of our respondents reach the hospitals after covering a distance from 1 to 5 km. Another 20 percent respondents covered a distance of 5 to 11 km to reach to the hospital, while 20 percent respondents cover more than 11km to reach to the nearest hospitals.

Table 3.14 Distance Covered by a Patient

	Frequency	Percent
1 to 5km	233	58
5 to 11 km	97	24
more than 11 km	70	18
Total	400	100

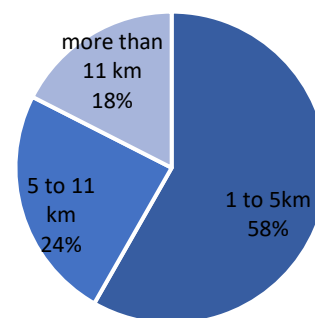


Figure 3.14 Distance Covered by a Patient

According to Table 1.3, there is a shortage of health facilities in Sindh. During our survey, many respondents from District Kashmore said that they travel to Sadiqabad or Rahim Yar Khan of Punjab province to get better treatment.

Q14: Are you satisfied with the house-keeping in the health facilities?

In response to this question, 57 percent responded that they were not satisfied with the housekeeping. 17 percent respondents were satisfied with the housekeeping while 26 percent responded ‘to some extent’.

Table 3.15 Satisfaction with House-keeping

	Frequency	Percent
Yes	69	17.3
No	228	57.0
To some extent	103	25.8
Total	400	100.0

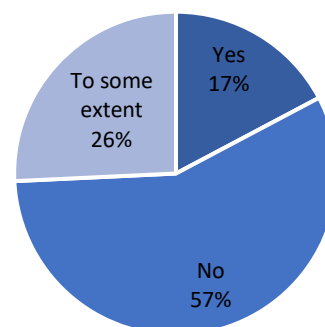


Figure 3.15 Satisfaction with house-keeping

Q15: Are there enough toilets in government hospitals?

In response to this question, 59 percent responded ‘No’ while 8 percent responded ‘Yes’ and the 20 percent responded ‘to some extent’. During the survey, many health facilities were visited, the condition of bathrooms were very poor. They were not properly cleaned and remained unattended.

Table 3.16 Availability of Toilets

	Frequency	Percent
Yes	33	8.3
No	236	59.0
To some extent	80	20.0
Don't know	51	12.8
Total	400	100.0

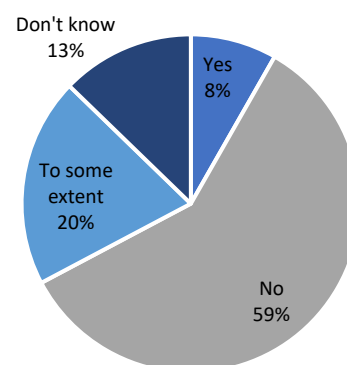


Figure 3.16 Availability of Toilets

Q16: Is good quality food provided to patients in government run hospitals?

In response to this question, 77 percent responded that the food available in the hospital was not of good quality, 11 percent responded ‘to some extent’ while 10 percent did not respond.

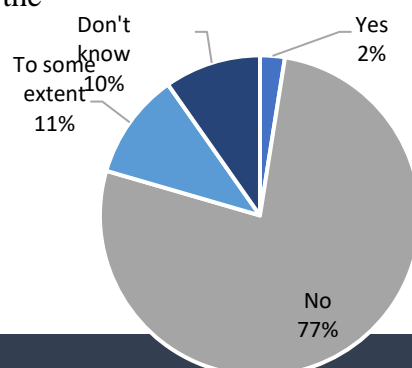


Figure 3.17 Availability of good quality food

Table 3.17 Availability of Good Quality Food

	Frequency	Percent
Yes	10	2.5
No	308	77.0
To some extent	43	10.8
Don't know	39	9.8
Total	400	100.0

Q17: Is waiting area available in the hospitals?

In response to this question, 35 percent responded ‘No’, 24 percent responded ‘Yes’ and 37 percent responded ‘to some extent’ while 4 percent do not know about it.

Table 3.18 Availability of Waiting Area

	Frequency	Percent
Yes	97	24.3
No	141	35.3
To some extent	147	36.8
Don't know	15	3.8
Total	400	100.0

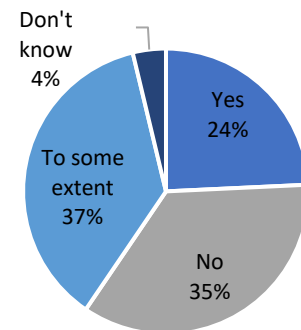


Figure 3.18 Availability of Waiting area

Q18: Do hospitals provide basic treatment for all the diseases in OPD?

The respondents were given four options, and in response to this question, 35 percent responded ‘yes’, 37 percent responded ‘to some extent’, 16 percent respondent ‘No’ and 12 percent did not respond.

Table 3.19 Treatment of all diseases in OPD

	Frequency	Percent
Yes	138	34.5
No	64	16.0
To some extent	149	37.3
Don't know	49	12.3
Total	400	100.0

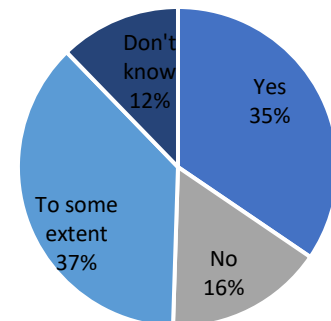


Figure 3.19 Treatment of all diseases in OPD

Q19: Is the area around hospitals clean?

Hospitals and its surrounding areas are supposed to be clean; however, during the survey, it was noted that various health facilities had heaps of dirt/ garbage around their vicinities. The same question was asked from the respondents. A vast majority, 65 percent responded ‘No’ that the area around hospital is not clean, only 10 percent responded ‘Yes’ and 25 percent mentioned, ‘to some extent’.

Table 3.20 Cleanliness around Hospital

	Frequency	Percent
Yes	41	10.3
No	260	65.0
To some extent	99	24.8
Total	400	100.0

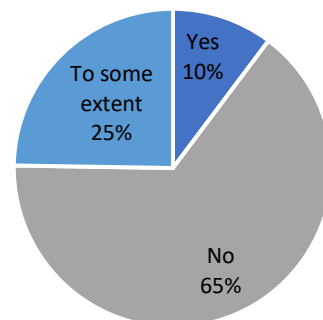


Figure 3.20 Cleanliness around hospitals

Q20: Does the hospital staff ever ask for a bribe?

This CRC also asked respondents if they ever had an experience in which a hospital staff demanded bribe. 87 percent of the responded ‘No’ that they never had such experience while 6 percent responded ‘Once’.

Table 3.21 Incidents of Bribery

	Frequency	Percent
Never	348	87.0
Once	25	6.3
Mostly	19	4.8
Always	8	2.0
Total	400	100.0

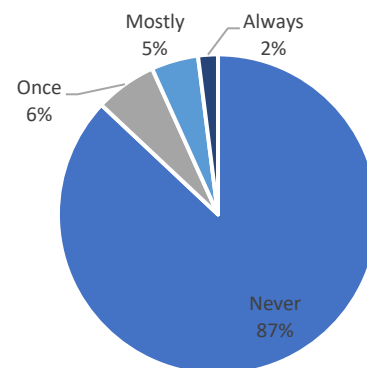


Figure 3.21 Incidents of bribery

Q21: In your opinion, what should be the top priority of the government in health sector?

Respondents were given six options and requested to mark two of them. Upon analysis, it is clear that the Availability of Doctors, Using Modern Technology for treatment, and Availability of Medicines should be government’s top priority. The

survey also shows that the citizens of these two districts are facing shortage of doctors and medicines which is crucial for treatment.

Table 3.22 Government Top Priorities

Priorities	Percentage
Doctors Availability	31.2
Modern Technology for treatment	24
Availability of Medicine	23.15
Increasing the Number of Hospitals	7.4
Cleanliness in Hospitals	7.25
Curb Corruption	7
Total	100

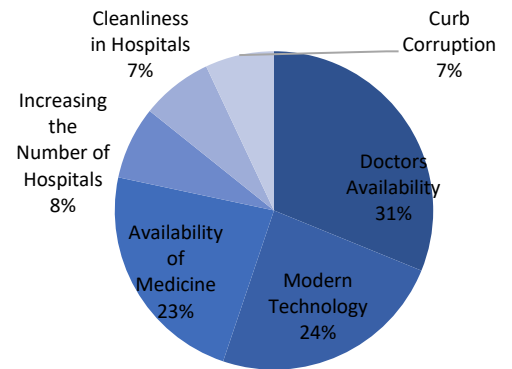


Figure 3.22 Government top priorities

While, increasing the number of hospitals, cleanliness and curbing corruption are secondary priorities.

Q22: Do these hospitals have a complaint management system?

During the survey in District Kashmore and District Shikarpur hospitals, no complaint management system was found. Hospitals management did take complaints but the process is not systematic. In response to this question, 81 percent responded ‘No’ while 19 percent responded ‘Yes’.

Table 3.23 Presence of Complaint Management

	Frequency	Percent
Yes	78	19.5
No	322	80.5
Total	400	100

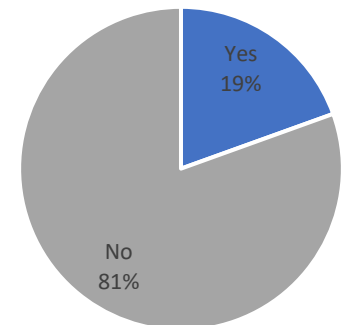


Figure 3.23 Presence of Complaint management

Q23: Are patients’ complaints resolved?

According to the results, 82 percent respondents’ complaints were not resolved, while 18 percent responded ‘Yes’.

Table 3.24 Complaint Redressal

	Frequency	Percent
Yes	71	18
No	329	82
Total	400	100

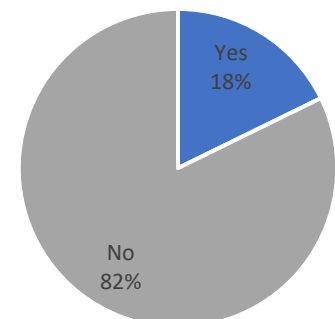


Figure 3.24 Complaint redressal

Q24: Should the hospitals have separate emergency rooms for male and female?

In response to this question, 78 percent responded ‘Yes’ that the emergency for male and female should be separated while 8 percent responded ‘No’

Table 3.25 Separate Emergency Rooms

	Frequency	Percent
Yes	369	77.3
No	31	7.8
No response	60	15.0
Total	400	100.0

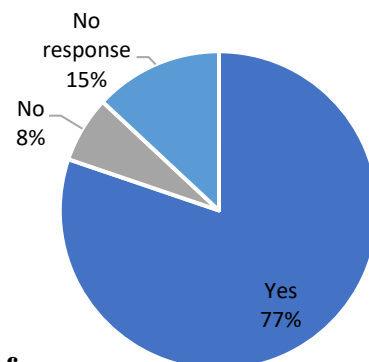


Figure 3.25 Separate emergency Rooms

Q25: During the load shedding hours, do the generators of the hospitals remain functional?

The whole province is facing load shedding issue and hospitals are not exempted. In response to this question, 78 percent responded ‘No’ that the generators do not remain functional, and 8 percent responded ‘Yes’ while 14 percent responded ‘to some extent’.

Table 3.26 Generators remain Functional

	Frequency	Percent
Yes	33	8.3
No	313	78.3
To some extent	54	13.5
Total	400	100.0

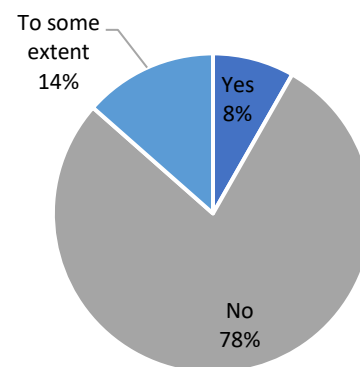


Figure 3.26 Generators remain functional

Q26: Generally, what is the waiting time to consult a doctor?

According to the results of this CRC, the waiting time of 57 percent of the respondents is ‘Half an hour’, 27 percent responded that the waiting time is ‘1 hour’ and 11 percent responded that the waiting time is ‘two hours’. The remaining 5 percent responded that the waiting time is more than two hours.

Table 3.27 Waiting Time

	Frequency	Percent
Half hour	230	57.5
One hour	109	27.3
Two hours	43	10.8
More than two hours	18	4.5
Total	400	100.0

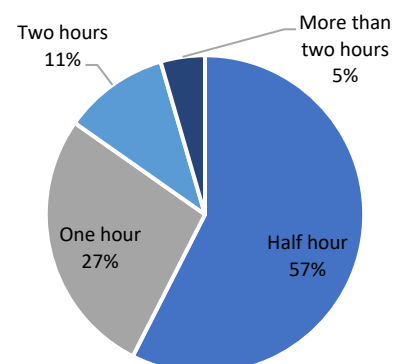


Figure 3.27 Waiting time

Q27: Do the staff in the hospitals cooperate with you?

In response to this question, 50 percent responded ‘No’ and 24 percent responded ‘Yes’ while 26 percent responded ‘to some extent’.

Table 3.28 Staff Cooperation

	Frequency	Percent
Yes	95	23.8
No	202	50.5
To some extent	103	25.8
Total	400	100.0

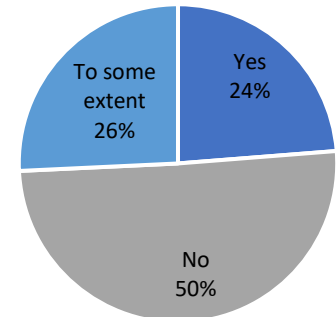


Figure 3.28 Staff Cooperation

Q28: Is the x-ray machine in the hospital operational?

In response to this question, 63 percent responded ‘No’ and 23 percent responded ‘Yes’ while 14 percent responded ‘to some extent’. Most of the x-ray machines in RHCs are non functional due to absence of x-ray technician to repair them.

Table 3.29 X-ray Machine Functional

	Frequency	Percent
Yes	93	23.3
No	253	63.3
To some extent	54	13.5
Total	400	100.0

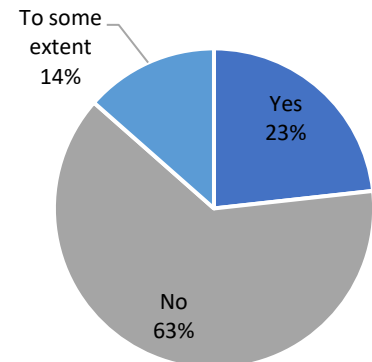


Figure 3.29 X-ray Machine Functional

Q29: Are wheelchairs available in the hospitals?

In response to this question, 54 responded that wheelchairs are available, 29 percent responded ‘No’ while 17 percent did not know about it.

Table 3.30 Availability of Wheelchairs

	Frequency	Percent
Yes	218	54.5
No	115	28.8
Don't know	67	16.8
Total	400	100.0

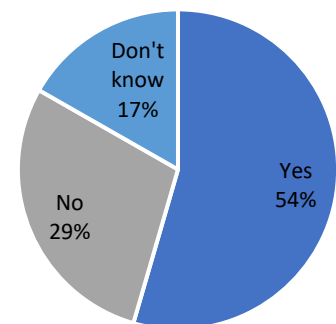


Figure 3.30 Availability of wheelchairs

Q30: Is Ultrasound machine in the hospital operational?

In response to this question, 54 percent responded ‘No’, and 28 percent responded ‘Yes’ while 18 percent responded ‘to some extent’.

Table 3.31 Ultrasound machine Functional

	Frequency	Percent
Yes	111	27.8
No	218	54.5
To some extent	71	17.8
Total	400	100.0

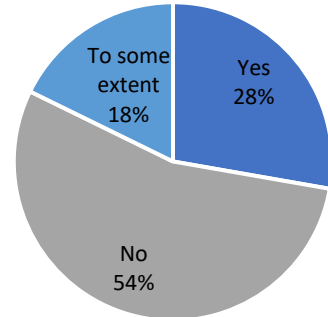


Figure 3.31 Ultrasound machine functional

4. Recommendations

1. The number of beds in the hospitals of District Shikarpur and District Kashmore should be increased, particularly in RHCs and BHUs where women and people from poor communities come for treatment.
2. Government should not only increase the health budget but also have check and balance for proper utilization.
3. Government should improve infrastructure, make available necessary equipment and diagnostic laboratories at the hospitals. so as to improve the services offered to the citizens. This will help doctors to treat their patients better.
4. Biometric devices and CCTV should be installed in all health facilities to address the issue of punctuality and ghost employees.
5. All the doctors serving in the government run health facilities should be discouraged private practice and notified for disciplinary action as mandated by law.
6. Important/necessary medicines/vaccines should be available at all health facilities.
7. The standard of laboratories in these health facilities is very low. Doctors question the reliability of its test results. The government should improve the standard of the labs by providing them latest diagnostic equipment and necessary technical staff so the reliability and validity of the test results are acceptable to the doctors.
8. Existing health facilities should be maintained properly and new health facilities should also be built specially in District Kashmore, where there is no DHQ hospital and the capacity of the existing hospitals is very poor.
9. Housekeeping of all health facilities need to be improved. Area around hospitals should also be cleaned and medical waste should be properly disposed of.
10. No safe drinking water is available in government run health facilities. Patients either bring water from home or have to buy expensive mineral water bottles. In few hospitals where filtered machines are available, they are poorly maintained; it seems that their filters had not been changed for years. The government should provide safe drinking water in these hospitals.
11. A proper complaint management system should be established in all THQs and DHQ hospitals to address the complaints of the patients.
12. All major hospitals should be well-equipped to handle load shedding. Generators along with fuel and maintenance staff should be provided in all RHCs, THQs, and DHQ for providing electricity without interruption.

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