

Citizen Report Card Study

Health Sector

Chitral – KPK

January 2018



Foreword

'Ensure healthy lives and promote well-being for all at all ages' is goal 3 of the UN Sustainable Development Goals. Providing good health services to the citizens is the responsibility of the Provincial Government. To achieve the goals of the SDGs in the health sector by the year 2030 will require a concerted effort by the Provincial Governments.

To determine the state of the services provided by the Khyber Pakhtunkhwa Government in District Chiral, Transparency International Pakistan undertook this research. The objective of the study is to provide the Khyber Pakhtunkhwa government with an external review of the services offered to the general public with recommendations to address the gaps to provide relief to the citizens of the province.

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

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List of Acronyms

- BHU - Basic Health Unit
- CD - Civil Dispensary
- CH - Civil Hospital
- DHO - District Health Officers
- DHQ - District Headquarter hospitals
- LC - Leprosy Centre
- MCH - Mother and Child Health Care Centre
- RHC - Rural Health Center
- SHC - Secondary Health Center
- TBC - Tuberculosis Centre
- THQ - Tehsil Headquarter hospitals
- TI-P - Transparency International Pakistan

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1. Introduction

Before the National Health Vision 2016, the country had developed four national health policy documents of which only one was endorsed by the parliament (AZ, 2016). In the shape of National Health Vision 2016-2025, the country has now a document which provides sector wise strategic direction. According to this document, the Government will 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, so as to attain Sustainable Development Goals and fulfill other global health responsibilities¹.

Goal 3 of Sustainable Development Goals (SDG) targets good health and wellbeing. Pakistan being a signatory of the SDGs requires achieving Goal 3 of the SDGs. 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 citizens². According to UNICEF, despite significant improvements over the past two decades, Pakistan ranks towards the bottom among other countries when it comes to infant and neonatal mortality³. It is ranked 149th out of 179 countries in 2015 on the Maternal Mortality Ratio Index⁴.

The health sector of any country plays a critical role for the development of its economy. A healthy population is not only valued in its own right, but it also raises the human capital of a country contributing positively to the economic and social development. The investment in the health sector pays long time returns. However, according to Pakistan Economic Survey (2017), the government is spending less than 1% on health⁵.

¹ National Health Vision Pakistan, 2016

² <https://sustainabledevelopment.un.org/sdg3>

³ <https://www.unicef.org/reports>

⁴ <http://www.who.int/healthinfo/statistics/indmaternalmortality/en/>

⁵ http://www.finance.gov.pk/survey_1617.html

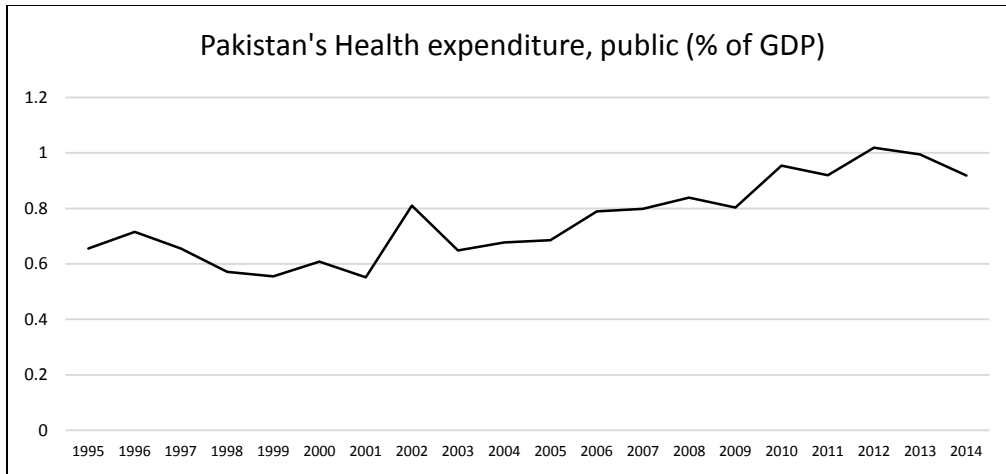


Figure 1. 1 Pakistan Health Expenditure, Source: The World Bank

Our total expenditure on health as a percentage of the GDP remains amongst the lowest in the world: that is 0.75 per cent⁶ as compared to 4-8 per cent in developed countries⁷. The WHO benchmark of health expenditure is at least 6 per cent of the GDP⁸.

The health care system in Pakistan has been facing problems that have been neglected for many years. The political devolution in the 18th Amendment to the Constitution of Pakistan has raised a hope as it provides a challenging opportunity for healthcare systems to address issues related to systems, programs, services and planning health care delivery structures (Ali & Khan, 2012). The Ministry of National Health Services, Regulation and Coordination [MoNHSRC] and the provincial health departments are working together on their new roles as defined in the legislation (“18th Amendment,” 2010).

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.



Figure 1. 2 Data gathering

Various indicators are used to access the quality of such services. However, users’ 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.

⁶ Average of last 20 years, source: The World Bank

⁷ Countries included: Germany, New Zealand, Canada, Japan, Australia

⁸ www.who.int/health_financing/en/how_much_should_dp_03_2.pdf

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. Particularly where the existing data is scarce, the technique provides feedback to the relevant authorities. As a social accountability tool, it empowers citizens and translates their experiences into presentable data. The citizens evaluate the availability of services, their access and usage, reliability and quality, problems encountered by service users, transparency in provision, costs, and suggestions for improvements⁹. The process raises awareness among citizens and advocates the government to carry out reforms in the service delivery system.

This CRC study was conducted on Health sector in Chitral, a district of Khyber Pakhtunkhwa (KPK) province. According to the provisional results of the census 2017, the province has a total population of 30.52 million¹⁰ with a growth rate of 2.8 percent. It has 25 districts and a total area of 74,521 km². High population growth rate, Afghan refugees, Internally Displaced Persons (IDPs) and volatile security situation are some of the key challenges that the government of Khyber Pakhtunkhwa faces.

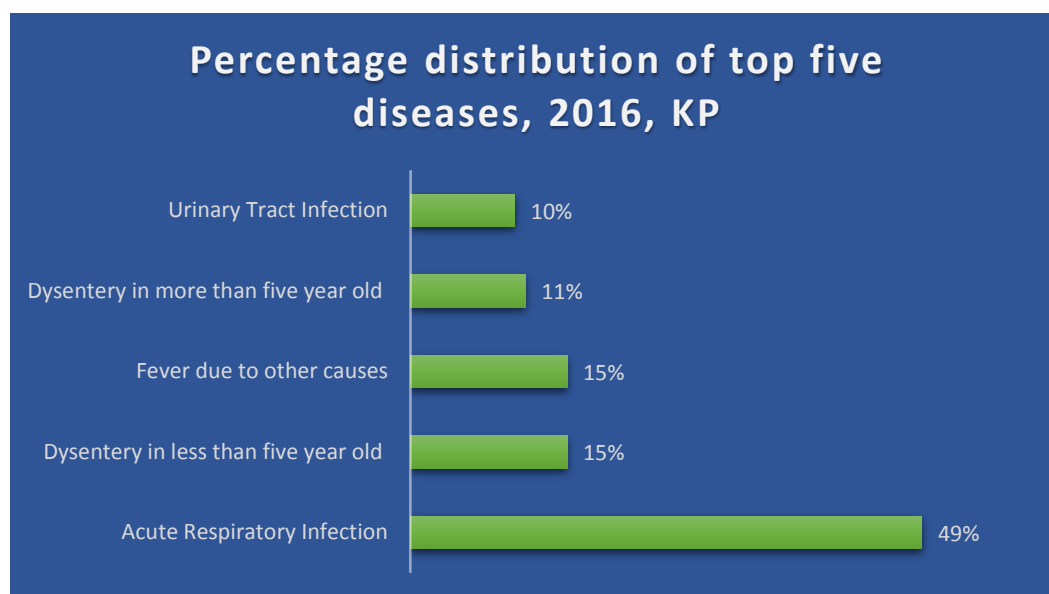


Figure 1. 3 Annual Report 2016, KP, Source: District Health Information System)

Chitral is located at the northern-most part of Pakistan, adjacent to the Afghanistan border. Its area is 14,850 sq. km with a total population 447,362, 89 percent living in rural areas while 11 percent live in the urban areas.¹¹

⁹ <http://civicaactivism.buildingchangetrust.org/tools-directory/Citizen-Report-Cards>

¹⁰ <http://www.pbscensus.gov.pk/>

¹¹ <http://www.pbscensus.gov.pk/>

Sehat Sahulat Program launched by KPK Govt. to benefit deserving families by providing free medical services through Sehat Insaf Card (SIC).¹² Initially the program was started in four selected districts. Subsequently, in three phases it has been expanded to other districts in the province¹³. Few individuals criticized the KPK Government for using Benazir Income Support Program (BISP) data in the selection methodology of deserving families. However, the government claims there would have been a substantial increase in the cost of the program if fresh surveys had been undertaken to determine the deserving families. About 51 percent of the beneficiaries of the BISP availed the Sehat Insaf Card scheme for free medical services¹⁴.

KPK government developed their health sector strategy and formulated five main goals and outcomes which include; easy and swift access to vulnerable groups in the society, considerable decrease in the morbidity due to prevalent diseases, upgraded human resource management, governance and accountability, regulation and quality assurance.¹⁵

Table 1. 1 Health facilities in Chitral

Facility	No.	No. of Beds
BHU	19	-
CD	29	-
DHQ	1	200
THQ	3	90
RHC	6	80
MCH	2	-
TBC	2	-
LC	3	-

Source: District Health Information System, KPK

The health facilities were assessed against availability of 5 specified inputs which would enable them to perform their level-specific services¹⁶, including:

1. Infrastructure
2. Human resource
3. Drugs and supplies
4. Equipment
5. Level specific support services

¹² <http://www.healthkp.gov.pk/>

¹³ 175.107.63.65/index.php

¹⁴ <https://tribune.com.pk/story/1421728/2-4m-people-get-health-cards-k-p/>

¹⁵ <http://www.healthkp.gov.pk/wp-content/uploads/2017/05/HEALTH-SECTOR-STRETEGY.pdf>

¹⁶ Health Facility Assessment – Khyber Pakhtunkhwa, Technical Resource Facility-p.9

However, the condition of the Govt. hospitals in district Chitral needs attention particularly to improve the improper supply of medicines, shortage of specialized doctors and diagnostic equipment. There is also a shortage of beds, unhygienic environment, dumping of waste in nearby area or in the river, absenteeism of doctors, shortage of medicines or up-gradation to the latest technology.¹⁷ Although the health budget allocated to the province for the fiscal year 2016-17 was 18 percent greater than the previous year but some experts have opined that it is irrationally distributed between tehsil and rural health centers.¹⁸ The primary and secondary level health care centers are deprived of basic amenities such as regular supply of electricity to the hospitals. Due to the outages, the appliances and machines remain non-functional and patients have to travel to district headquarter hospital to pursue medical facilities.¹⁹

In the CRC study, data was collected from the citizens of Chitral, based on their experiences in utilizing the medical services provided by the KPK Government. This is an important feedback for the government and could be used as a source for planning for the future.

The survey team visited hospitals in Chitral, Darosh and Booni and met with doctors, nurses and the administrative staff. The objective of these meetings was to gain insight about the problems; shortage of staff and specialists, medicines, behavior of patients, availability of resources including ambulances, funds, diagnostic tools such as X-ray, ultrasound, CT and MRI scan machines. It was surprising that no CT scan is available in these government run hospitals. Patients are usually taken to Peshawar for treatment, travelling a long distance over dangerous roads through the Lowari top in privately hired vehicles, unsuitable for such type of journeys. Since the Lowari tunnel has been operationalized, it has reduced the distance and time to transport the patient to Peshawar. However, the citizens should have the required health facilities in the district where they live.

The second important problem is the shortage of specialist doctors. A young doctor in Darosh told the survey teams that doctors from developed districts prefer not to be posted in Chitral district as they are not provided the required residential facilities by the Government. They had to make private arrangements and hence try to be relocated to Peshawar. The situation is even worse for female doctors. The few residential quarters in the hospital have already been occupied by other staff.

¹⁷ <https://www.dawn.com/news/1282375>

¹⁸ <https://www.dawn.com/news/1264945>

¹⁹ <https://www.dawn.com/news/1282375>

1.2 Study Objectives

The objective of Citizen Report Card (CRC) study was to evaluate health services in district Chitral 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 KPK government about the service quality while pointing out weak areas for future planning and budgeting.
- To provide a basis for future research in the same area.

1.3 Duration

The duration of the study was three months. It started from April 29, 2017, ended on July 25, 2017. During this period, all work of research design, data collection, and analysis was carried out.

1.4 Scope

The data collected during this study was based on the sample taken from district Chitral. Due to financial and time constraints, this study took data only from Chitral district whereas other districts were excluded from the study. Hence its findings can only be generalized to that district.

2. Research Methods

2.1 Research Design

The design of a research study gives structure to the scientific work and provides direction and organizes the research.²⁰ In most of the studies, CRC uses a survey method in which a respondent, who is also the user of that service, chooses from a set of options against a statement/question. In this CRC, the respondent was the users of health services which include patients and their blood relatives who are dealing with health facility's staff on behalf of the patient.

The questionnaire was designed by applying methods of deductive and inductive approaches and followed the guidelines of a proper research technique.²¹

²⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2808761/>

²¹ Marina Cardoso de Oliveira Lucy Leal Melo-Silva Maria do Céu Taveira Randolph C. Grace , (2016), "Measuring university-to-work success: development of a new scale", Career Development International, Vol. 21 Iss 1 pp. 85 - 104

Designing a questionnaire using a deductive approach means to deduce the established theories, previous researches and reports on the subject to formulate key questions which can be asked in a survey. Following this principle, 34 questions were selected at the first stage which was later on validated inductively in a focus group discussion and reduced to 29 questions at the second stage.²² The participants of the FGD²³, belonged to various stakeholders, including doctors, lady health workers, BHU's staff, member of civil society, media, students and common citizens. The questionnaire was designed in Urdu.

Prior to the start of the survey, all the six enumerators and their supervisors were briefed about the objectives and each of the questions. They were also informed about the criteria for selection and the probable queries of the respondents. All the questions raised by the enumerators were replied to their satisfaction. These individuals already had prior experience of data gathering, were fluent in the local language and knew about the cultural aspects of the area.



Figure 2. 1 Meeting with Medical Superintendent, THQ, Darosh

After collecting the data, it was processed for further analysis on IBM SPSS software. The results were compiled with a graphical representation for a lay person to easily understand it.

²² Hinkin, T.R. (1998), "A brief tutorial on the development of measures for use in survey questionnaire", *Organizational Research Methods*, Vol. 1 No. 1, pp. 104-121

²³ <http://www.alacpakistan.com/latestevents/fgd.php>

2.2 Sample Technique and Size

An appropriate sampling technique and size is an important part of a research because of its influence on the results. Sampling techniques are divided into two main categories; Probability and Non-probability sampling. In an ideal state, simple random probability sampling is considered to be the most appropriate technique in which every unit of the population has equal chance to be chosen for the survey. But it becomes a costly and time taken challenge when dealing with large populations. In simple random sampling every element of the population has been assigned a unique number before samples are drawn at random. If simple random sampling technique is applied for CRC, at first it is required to list the names and addresses of all those who have utilized health facilities from the 65 health units of Chitral in the last year. According to the District Health Information System, KPK, Annual Report 2016, the average number of new cases reported daily in district Chitral's 65 health facilities were 22,571 which is a huge number. If each of the patient using the health facilities in a year was assigned a number and then sampling drawn from it, the cost and times would have been beyond the limit of this survey. So on the basis of available time and resources, this CRC followed a non-probabilistic convenience sampling approach. This approach is not new as the majority of the survey research follows the same sampling technique. Non-probability sampling represents a valuable group of sampling techniques that can be used in research that follows qualitative, mixed methods, and even quantitative research designs. It is often used because the procedure to select units for inclusion in a sample are much easier, quicker and cheaper when compared with probability sampling.²⁴ The total sample size of the study was 200 which is a decent sample size to infer a generalization about the district.

2.3 Instrument of Data Collection

The instrument of data collection specifies how to collect information from the chosen sample. For the survey, a questionnaire was developed in the local language keeping in view the relevant issues that the citizens faced in obtaining health services in the area under consideration. 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.

²⁴ <http://dissertation.laerd.com/non-probability-sampling.php>

3. Analysis and Results

This CRC study collected the data from 200 respondents. According to the Table 3.1, 83.5 percent of the respondents were males while 16.5 percent were females. The data was collected from the people who have utilized district’s health services in the last year.

Table 3. 1 Gender

	Frequency	Percent
Male	167	83.5
Female	33	16.5
Total	200	100.0

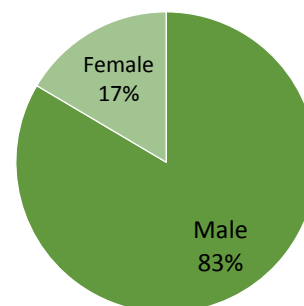


Figure 3. 1 Gender

The number of respondents surveyed in each of the three tehsils is given in table 3.2. From tehsil Darosh, 49 respondents representing 24.5 percent, from Tehsil Chitral, 75 respondent while from Tehsil Mastug 76 respondents representing 38 percent of the total respondents participated in the survey.

Table 3. 2 Tehsil

	Frequency	Percent
Darosh	49	24.5
Chitral	75	37.5
Mastug	76	38.0
Total	200	100.0

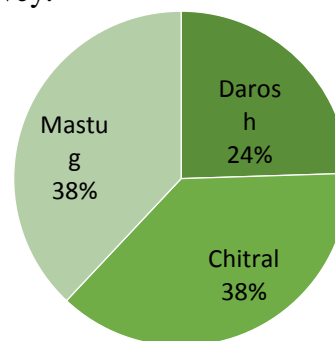


Figure 3. 2 Tehsil-wise Breakup

3.1 Analysis of the Questions

Q1: Are beds available when required in the hospitals?

In response to this question, a majority of 146 responded ‘Yes’ which is 73 percent of the total respondents while 27 percent said they did not find beds easily.

Table 3. 3 Easy Availability of Beds

	Frequency	Percent
Yes	146	73
No	54	27
Total	200	100.0

According to the statistics of District Health Information System, the total number of beds in one DHQ, three THQ and six RHC hospitals are 370 which covers the total population of District Chitral.

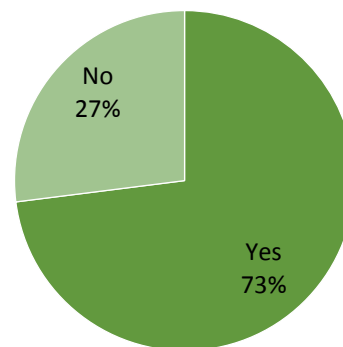


Figure 3. 3 Easy Availability of Beds

Q2: Does the government utilize tax payers’ money effectively in providing health services?

In District Chitral, 47 percent believe that the government is not spending the tax payers’ money effectively, while 38 percent believe that government is effectively spending tax payers’ money. The results show that majority of the people are not fully satisfied with government spending on health. The Government needs to effectively utilize the health budget and provide all the basic health facilities in the district.

Table 3. 4 Effective Spending of Tax Payers’ money

	Frequency	Percent
Yes	30	15
No	95	47
To some extent	75	38
Total	200	100.0

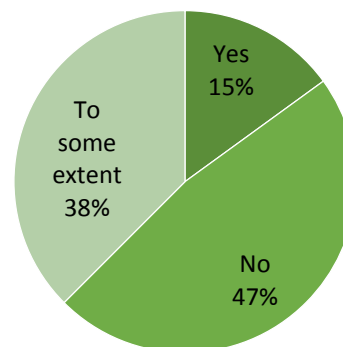


Figure 3. 4 Effective Spending of Tax Payers’ money

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

The enumerators asked this question by telling the respondents to keep in view the treatment of doctors in private clinics. In response to this question, 46 percent responded that the doctors treat them well,

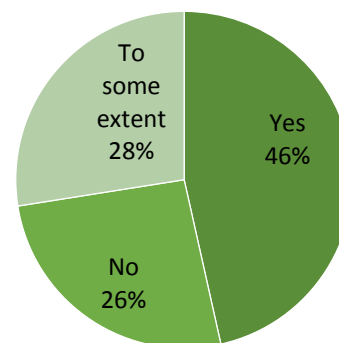


Figure 3. 5 Treatment provided by doctors

while 26 percent responded ‘No’. 86 percent who responded that the doctors do not treat them well belong to Chitral and Darosh Tehsils.

Table 3. 5 Treatment provided by Doctors

	Frequency	Percent
Yes	93	46
No	52	26
Some Extent	55	28
Total	199	100.0

Q4: Are the doctors punctual?

In response to this question, 57 percent responded ‘Yes’ which means that they find their doctors punctual and committed to their jobs, while 25 percent responded that the doctors are not punctual. 80% of those who responded ‘No’ belong to Chitral and Darosh Tehsils.

Table 3. 6 Punctuality of Doctors

	Frequency	Percent
Yes	115	57
No	49	25
To some Extent	36	18
Total	200	100.0

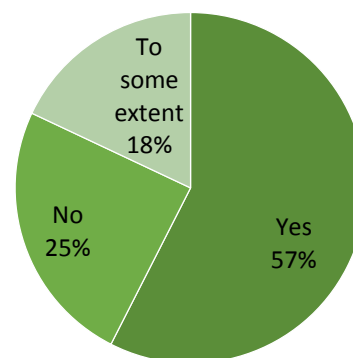


Figure 3. 6 Punctuality of Doctors

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

In the journal of Australian Family Physician, Robertson (2005) argued about the importance of active listening while paying attention to the patients. Proper attention to the patients helps doctors to understand the causes of a disease. In response to this question, 53 percent responded that the doctors in the government run hospitals pay attention to them, while 20 percent responded ‘No’. 27 percent of the responded that they pay attention up to some extent.

Table 3. 7 Doctors Attention to the Patients

	Frequency	Percent
Yes	106	53
No	40	20
To some Extent	54	27
Total	200	100.0

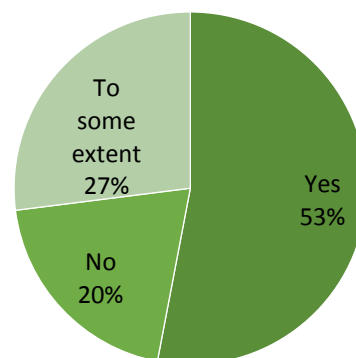


Figure 3. 7 Doctors pay Attention to the Patients

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

34 percent responded ‘Yes’ while another 34 percent responded ‘Reasonable’. A big majority (32 percent) of the respondents did not find the behavior of the doctors reasonable.

Table 3. 8 Behavior of Doctors with patients

	Frequency	Percent
Yes	69	34.5
No	63	31.5
Reasonable	68	34
Total	200	100.0

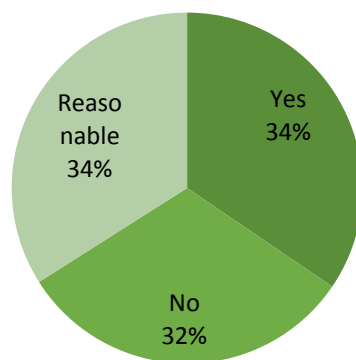


Figure 3. 8 Behavior of Doctors

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

The government gives non-practicing allowance to the doctors to ensure their availability to the patients in their respective wards at the hospitals in evening and night shifts. However, the financial incentive has not kept the doctors away from private medical practice.²⁵ The tax payers need full utilization of their money spent on health care facilities and human resources.

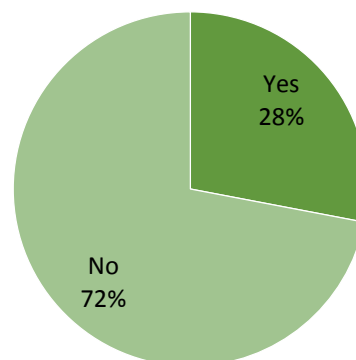


Figure 3. 9 Doctors allowed Private Practice

²⁵ Dawn: <https://www.dawn.com/news/1113006>

Table 3. 9 Doctors allowed Private Practice

	Frequency	Percent
Yes	56	28
No	144	72
Total	200	100.0

In response to this question, 72 percent said that the doctors should not be engaged in private practice while 28 percent were of the opinion that they should be allowed.

Q8: Are the necessary medicines available in the hospitals?

During the winter seasons, the Chitral valley often face shortages of food and other supplies including medicines because its air and land connection with the rest of the country is disrupted²⁶. There are reports that due to lack of budget and inefficient management, hospitals in Chitral often face shortage of medicines.

Table 3. 10 Availability of Medicines

	Frequency	Percent
Yes	69	34
No	63	32
To some extent	68	34
Total	200	100.0

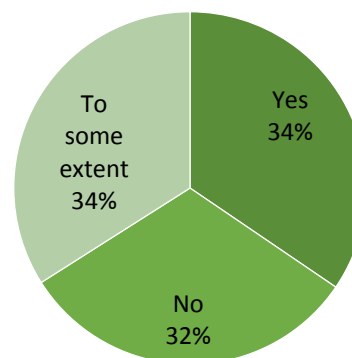


Figure 3. 10 Availability of Medicines

In order to verify, we asked the question about the availability of medicines from our sample which is a good representation of the Chitral population. According to the results, 34 percent responded ‘Yes’ and another 34 percent responded ‘To some extent’.

Q9: Do you get free medicines easily?

40 percent responded that they do not get free medicine from the hospitals easily. Some respondents said that they do not get any type of medicines from the hospitals. 25 percent of the respondents reported that they get free medicines up to some extent while 35 percent responded ‘Yes’.

²⁶ <https://www.dawn.com/news/1314475>

Table 3. 11 Easy Access to Medicines

	Frequency	Percent
Yes	69	34
No	63	32
To some extent	68	34
Total	200	100.0

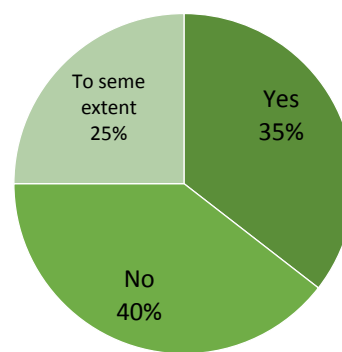


Figure 3. 11 Easy Access to Medicines

Q10: Do you need a recommendation or have to pay a bribe to obtain free medicines?

In response to this question, 12 percent of the respondents reported that they had to give bribe in order to get free medicines from the hospitals. 14 percent responded ‘to some extent’ while 74 percent responded ‘No’.

Table 3. 12 Bribe for obtaining Medicines

	Frequency	Percent
Yes	25	12
No	147	74
To some extent	28	14
Total	200	100.0

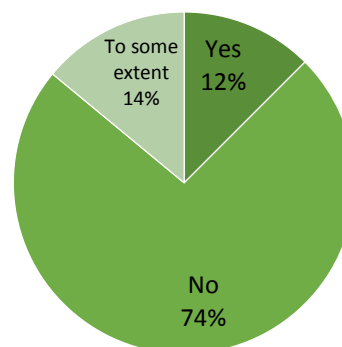


Figure 3. 12 Bribe for obtaining Medicines

The medicines available in a government run hospital are supposedly free of cost. People should be educated not to give bribes to any person for these medicines.

Q11: Have you been provided counterfeit medicines in the hospital?

Counterfeit and fake medicines are a worldwide problem which threatens the lives of millions of patients. According to Pakistan Pharmacists Association (PPA)

some 100,000 merchants were selling counterfeit medication.²⁷ In response to this question, 95 percent responded ‘No’ while 5 percent said ‘Yes’. People should be made aware of harmful effects of counterfeit medicines so that more lives could be saved.

Table 3. 13 Counterfeit Medicines

	Frequency	Percent
Yes	10	5
No	190	95
Total	200	100.0

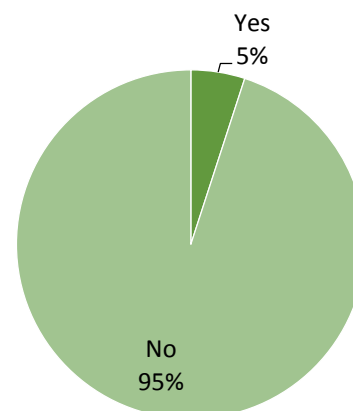


Figure 3. 13 Counterfeit Medicines

The Khyber Pakhtunkhwa (KP) Assembly passed the KP Healthcare Commission (HCC) Act, 2015 and notified it on March 13, 2015²⁸. The purpose of the Act is to streamline medical practices and provide effective and quality services to the people.

Q12: Have you been issued expired medicines in the hospitals?

In response to this, 93 percent responded ‘No’ while 7 percent responded ‘Yes’. People have good awareness how to check the expiry date of a medicine and they make sure before using it

Table 3. 14 Issuing of expired Medicines

	Frequency	Percent
Yes	14	7
No	186	93
Total	200	100.0

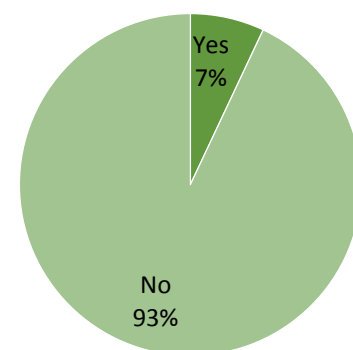


Figure 3. 14 Issuing of expired Medicines

Q13: Are you satisfied with the cleanliness of the hospitals?

A high standard of hospital cleanliness is a worthwhile goal. Charkowska (2008) argued in the Journal of Occupational Safety and Ergonomics, that cleanliness of a hospital environment ensures safe working conditions for the medical staff and protect hospital visitors.

²⁷ <http://www.ppapak.org.pk/>

²⁸ The Khyber Pakhtunkhwa Health Care Commission Act, 2015

Table 3. 15 Cleanliness in Health facilities

	Frequency	Percent
Yes	47	23
No	82	41
To some extent	71	36
Total	200	100.0

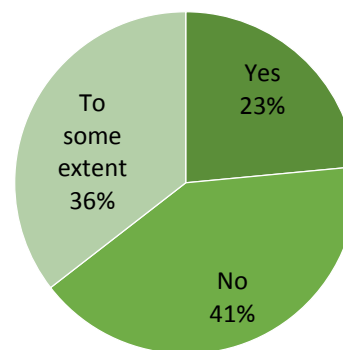


Figure 3. 15 Cleanliness of Health Facilities

In response to this question, 41 percent of the respondents were dissatisfied about hospital cleanliness, while 23 percent were satisfied, the remaining 36 percent were satisfied to some extent.

Q14: Are the washrooms clean in government-run hospitals?

In response to this question, 68 percent responded ‘No’. Some of these respondents told that these washrooms are old, and not properly maintained. They also said that people who come from villages do not know how to use them.

Table 3. 16 Cleanliness in Washrooms

	Frequency	Percent
Yes	24	12
No	137	68
To some extent	39	20
Total	200	100.0

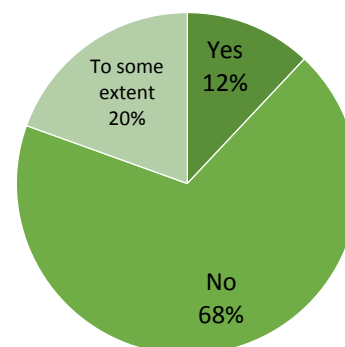


Figure 3. 16 Cleanliness in Washrooms

The management complained about the shortage of funds and manpower.

Q15: Are the general wards clean in government-run hospitals?

Another question which was asked to evaluate cleanliness in Chitral’s hospitals was about the cleanliness of the general wards. 36 percent responded ‘Yes’ and 26 percent responded ‘No’ while 38 percent responded that up to some extent. It is important to understand that most of the respondents do not have high standard of cleanliness so the high percentage of ‘No’ means the condition is not good.

Table 3. 17 Cleanliness in General ward

	Frequency	Percent
Yes	72	36
No	53	26
To some extent	75	38
Total	200	100.0

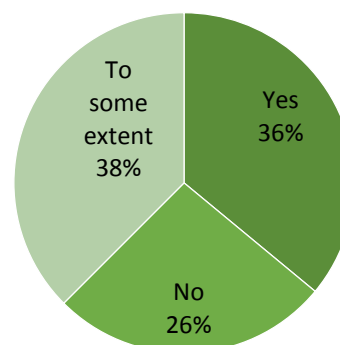


Figure 3. 17 Cleanliness in General ward

Q16: Do government-run hospitals have clean operation theatres?

Operation theatre is the most sensitive area and it needs to be clean. The survey also asked a question related to it. In response to this question, 57 percent responded ‘Yes’ but 17 percent responded ‘No’ while 26 percent responded ‘to some extent’.

Table 3. 18 Cleanliness in Operation theatre

	Frequency	Percent
Yes	115	57
No	33	17
To some extent	52	26
Total	200	100.0

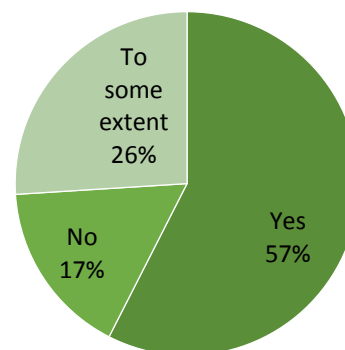


Figure 3. 18 Cleanliness in Operation theatre

Q17: Are you provided clean bed sheets in the hospitals?

In response to this question, 33 percent responded ‘No’ which means the patients do not get clean bed sheets. The other 40 percent are satisfied and get clean bed sheet while the remaining 27 percent are satisfied up to some extent.

Table 3. 19 Clean Bed sheet

	Frequency	Percent
Yes	81	41
No	65	33
To some extent	54	27
Total	200	100.0

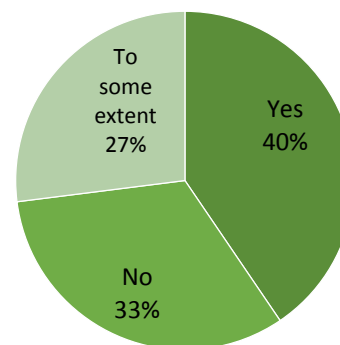


Figure 3. 19 Clean bed sheets

Q18: Do these hospitals have proper furniture?

About the condition of the furniture, including beds, chairs, and cupboards, 31 percent responded ‘No’, 43 percent responded ‘Yes’, while 26 percent responded up to some extent.

Table 3. 20 Proper Furniture

	Frequency	Percent
Yes	18	41
No	65	33
To some extent	54	27
Total	200	100.0

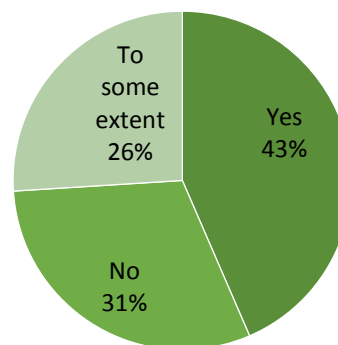


Figure 3. 20 Proper Furniture

Q19: Is the area around the hospital clean?

The survey team observed that the area around the hospitals were not clean. Hospital waste was thrown out in front of THQ hospital, Darosh. Some people around were complaining about the poor cleanliness around the hospital.

Table 3. 21 Cleanliness around Hospitals

	Frequency	Percent
Yes	56	28
No	99	49
To some extent	45	23
Total	200	100.0

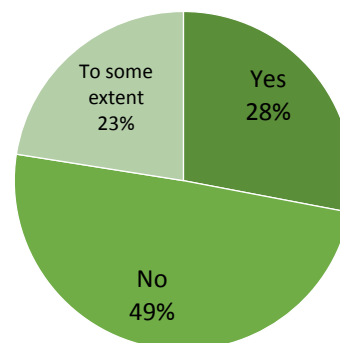


Figure 3. 21 Cleanliness around Hospitals

While some are simply unconcerned or satisfied: in response to our question, a large number, 49 percent responded ‘No’, 28 percent responded ‘Yes’, while 23 percent responded ‘to some extent’.

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

The survey also asked the question if the respondents ever had an experience in which a hospital staff demanded bribe. In response, 93 percent responded ‘No’ that they never had such experience and 4.5 percent responded ‘Once.’

Table 3. 22 Incidents of bribery

	Frequency	Percent
Never	187	93.5
Once	9	4.5
Often	3	1.5
Always	1	0.5
Total	200	100.0

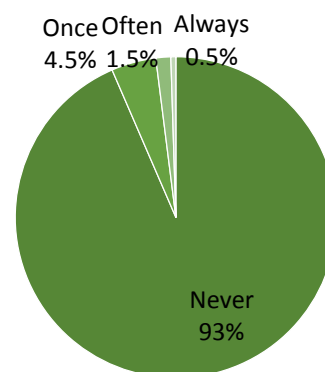


Figure 3. 22 Incidents of bribery

Q21: What should be the top priority for the government in health centers?

Since the respondents had experienced the health services in the district, the survey gave them a list of options, and asked them which one should be the government’s top priority. In response, 40 percent responded in favor of ‘Free Modern Treatment’, 22.5 percent responded in favor of availability of doctors. These results are consistent with CRC-Health, District Vehari in which respondents chose the same first three options as their Government priorities.

Table 3. 23 Top Government priority

	Frequency	Percent
Free Modern treatment	80	40
Availability of Doctors	46	22.5
Free of cost Medicines	25	10.5
Cleanliness in hospitals	17	8.5
Bribery	17	8.5
Increase in hospitals	15	7.5
Total	200	100.0

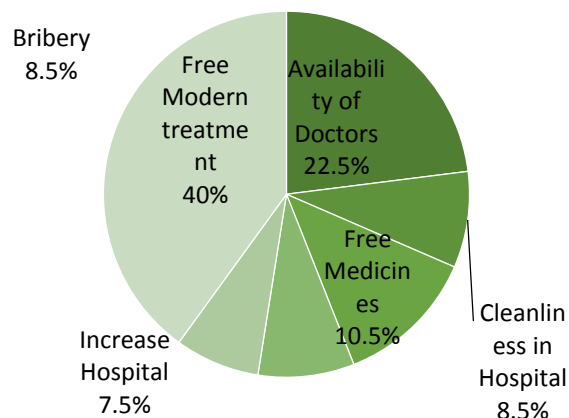


Figure 3. 23 Top Govt. priority

Q22: Do these hospitals have a complaint management system?

In response to this question, 65 percent responded ‘No’ while 35 percent responded ‘Yes’. In KPK, the Health department and CM office take complaints. Another method to register your complaint is the online mechanism which requires internet services. Lack of resources lead most of the people in Chitral unable to use this option.

Table 3. 24 Complaint System

	Frequency	Percent
Yes	71	35
No	129	65
Total	200	100.0

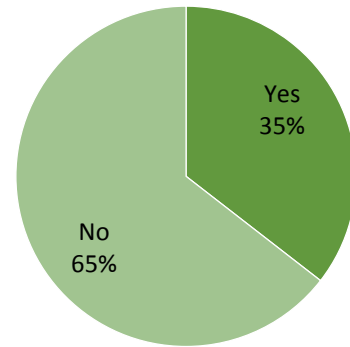


Figure 3. 24 Complaint system

Q23: Are patient’s complaints resolved?

In response to this question, 60.5 percent responded their complaints are not resolved, 27 percent responded ‘Yes’ while the remaining 27.5 percent responded ‘to some extent’. Lack of resources, shortage of doctors and funds are the main complaints of the residents of Chitral.

Table 3. 25 Complaint redressal

	Frequency	Percent
Yes	54	27
No	121	60.5
To some extent	25	12.5
Total	200	100.0

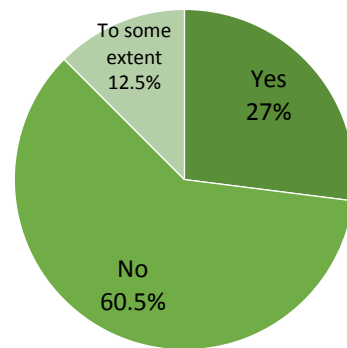


Figure 3. 25 Complaint redressal

Q24: During the load shedding hours, do the generators of the hospitals remain functional?

Like other areas of the country, the district also faces load shedding problem. Hospitals are provided generators which are used during load shedding hours. However, the hospital administrations said that the equipment also face maintenance problem and fuel shortage.

In response to this question, 45 percent responded ‘No’, 26 percent responded ‘Yes’ while the remaining 29 percent responded ‘some times’.

Table 3. 26 Generator remains functional

	Frequency	Percent
Yes	53	27
No	90	45
Some times	57	29
Total	200	100.0

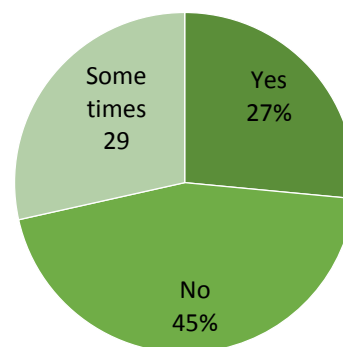


Figure 3. 26 Generator remains functional

Q25: Generally what is the waiting time to consult a doctor?

In response to this question, 35 percent of the responded their waiting time is half an hour, 31 percent responded their waiting time is one hour, 16 percent responded their waiting time is two hours while 18 percent responded their waiting time is more than two hours.

Table 3. 27 Average waiting time

	Frequency	Percent
Half Hour	70	35
One Hour	62	31
Two Hours	32	16
More than Two hours	36	18
Total	200	100.0

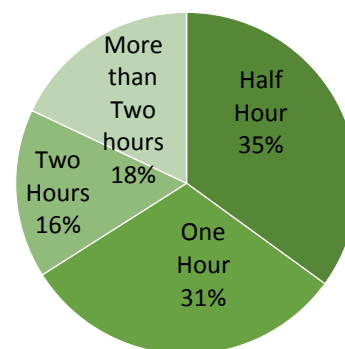


Figure 3. 27 Average waiting Time

Q26: Do the laboratories in the hospital conduct all kind of tests?

In response to this question, 38 percent responded 'Yes', 30 percent responded 'No' while 32 percent responded 'To some extent'. The survey team was told that there was no CT-scan machine in functional condition in district Chitral. Patients are taken to the nearby district for this test. The poor and inconsistent supply of voltage also effect the performance of the equipment.

Table 3. 28 Laboratory Tests

	Frequency	Percent
Yes	76	38
No	60	30
Some extent	64	32
Total	200	100.0

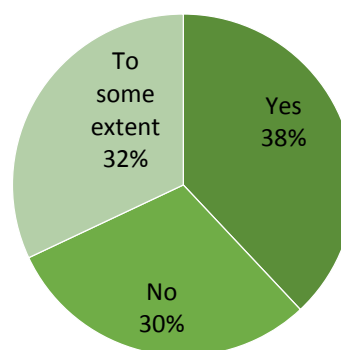


Figure 3. 28 Laboratory Tests

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

Kane, Shamliyan, Mueller, Duval, and Wilt (2007) studied the relationship between the quality of patient care and early recovery of the patient and identified a correlation between them. In the hospitals/health care facilities of Chitral, most of the patients belong to poor areas with low awareness. Therefore, the staff needs to assist them for the early recovery of the patients. In response to this question, 45 percent of the respondents mentioned that in their experience, the staff cooperates with them, while 21 percent responded ‘No’.

Table 3. 29 Staff Cooperation

	Frequency	Percent
Yes	90	45
No	42	21
Some extent	68	34
Total	200	100.0

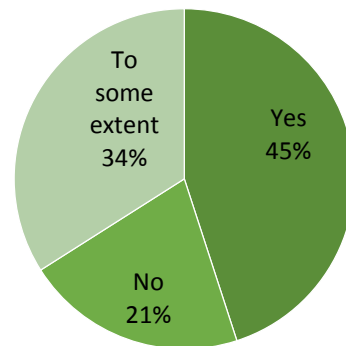


Figure 3. 29 Staff Cooperation

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

In response to this question, 48 percent responded ‘Yes’ while 22 percent responded ‘No’ and experienced otherwise. There are some private facilities, which provide X-ray facility, but they are poorly maintained and not regularized.

Table 3. 30 X-Ray machine

	Frequency	Percent
Yes	96	48
No	44	22
Some extent	60	30
Total	200	100.0

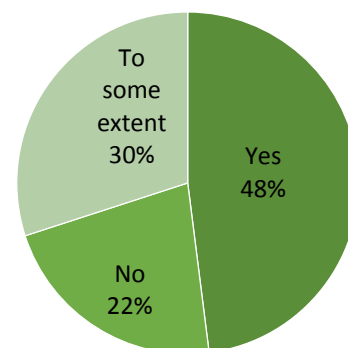


Figure 3. 30 X-Ray machine

Q29: Is the Ultra Sound machine in the hospital operational?

In response to this question, 44.5 percent responded ‘Yes’ informing on the basis of their experience, however, 37.5 percent responded ‘No’. Ultra-sound machine as a diagnostic machine used in the treatment of many diseases common in Pakistan. And its unavailability or non-functionality is a matter of concern for the authorities.

Table 3. 31 Ultra-Sound machine

	Frequency	Percent
Yes	96	44.5
No	75	37.5
Some extent	34	17
Total	200	100.0

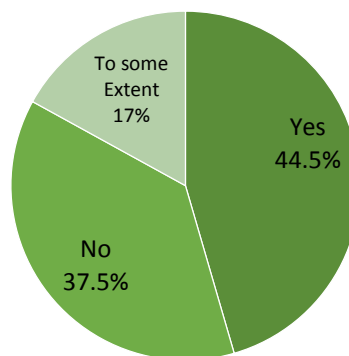


Figure 3. 31 Ultra Sound Machine

4. Recommendations

1. The number of beds in the hospitals should be increased, particularly in Basic Health Units where people specially women from the villages come for treatment.
2. Biometric system for attendance of staff should be introduced in all THQs and DHQ hospitals.
3. The government should ensure proper distribution of necessary medicines in all hospitals throughout the year. The coordination between DHQ and THQ should be strengthened so that shortage of medicines should not take place especially in the winter season.
4. Adequate funds should be allocated by the KPK Government to the local government and hospitals to keep the hospital and its surrounding clean.
5. The accommodation problems of the doctors, especially female doctors should be addressed immediately.
6. Doctors should be motivated by increasing their allowances, benefits and working conditions, while serving in these remote areas.
7. Training should be given to the hospital staff to better manage the patients and their attendants.
8. Latest testing and diagnostic equipment should be provided to all THQs and DHQ hospitals, so that people do not need to go to other districts.
9. CT Scan and MRI machines should be provided to the DHQ hospital.
10. The Government should ensure availability of doctors/specialists at all the health centers.
11. Maintenance of all equipment and machinery should be carried out at regular intervals to keep it functional at all times.
12. A proper complaint management system should be established in all THQs and DHQ hospitals to address the complaints of the patients.
13. A central laboratory should be established in DHQ hospital that can provide the diagnostic facility free/nominal charges.

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