



Citizen Report Card Study

Health in the COVID-19 Context

Thatta and Sajawal – Sindh

January 2021

Foreword

I have great satisfaction in introducing the Citizens Report Card Study on the Health Sector in District Thatta and Sujawal, Sindh.

TI Pakistan undertook this research to report the strengths and weaknesses in the Health system of District Thatta and Sujawal, Sindh. The objective of the study is to provide the Government of Sindh 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. Besides the government, this research will be disseminated amongst the civil society organizations, academia, media, public and other stakeholders. It is hoped that the Government of Sindh 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. This research has been made possible due to a grant from Transparency International Secretariat.

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Disclaimer

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1. INTRODUCTION

The participatory social audit tool, Citizen Report Card or CRC, is based on citizens/user feedback on public service delivery. Transparency International Pakistan has been conducting CRC surveys all over Pakistan in the last four years and audited health, education, local government, and police services in various districts. This tool engages citizens in assessing the quality of public services, identifies its loop holes or gaps and presents recommendations to the government for corrective actions. It is a collective reflection of citizens' feedback on the performance of a service provider formed by their experience of actually having used a particular service. This CRC was conducted in Thatta and Sajawal districts on health in the context of COVID 19 pandemic.

1.1 Background

A Health Care Delivery System includes people, organizations, agencies, and resources that provide services to meet the health needs of the individual, community, and population.¹ It is a societal response to the determinants of health. It is designed to respond to diseases as well as critical health emergency situations.

In 2019, the world faced the threat of COVID-19. The COVID-19 pandemic, also known as the coronavirus pandemic, is an ongoing pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).² The first case of the virus was identified in December 2019 in Wuhan, China. On January 30, 2020, the World Health Organization (WHO) declared COVID-19 outbreak as the sixth public health emergency of international concern (PHEIC), and on March 11, 2020, the WHO announced COVID-19 as *pandemic*.³ The first case of COVID-19 was reported from Karachi on February 26, 2020.⁴ It has been spreading in Pakistan since then. The Federal Government along with provincial governments have taken measures according to the changing situation and have controlled the spread of the virus to some extent. However, it has claimed many lives. According to Ministry of Health, as of January 12, 2020, Pakistan has a total of 506,701 confirmed cases of

COVID 19, with 10,717 deaths, and 458,371 recoveries. The total number of tests conducted so far 71,62,626 and 2,340 cases are critical. Province Sindh has 227,885 cases, KP has 61,648, Punjab has 146,016, Islamabad has 39,340 cases, Balochistan has 18,429 cases and Azad Jammu and Kashmir has 8,501 cases, and Gilgit Baltistan has 4882 cases.⁵

With limited resources, lack of existing emergency preparedness mechanisms in place, lack of national public health capabilities, poor infrastructures, poor laboratory networks, and lack of trained human capacities, the government of Pakistan prepared a response to this Pandemic. Although its response is commendable and the government is taking all the measures against the COVID-19 to provide and ensure the responsibilities of the state for its people,⁶ there is a lot of room to develop robust strategies for effective surveillance mechanisms supported by institutional support. The country requires a strong efficient diagnostic capacity and case management system.⁷

To mitigate the situation arose by COVID 19, the government took several measures to control the outbreak and facilitate their people. Hospitals and their staff have been working to bring back the life and fight against the deadly outbreak of COVID-19 in the country. The doctors are the frontline workers who are working day and night to fight this deadly disease with limited sources. Many of them died saving their patients. According to a news report, the initial prediction by the Asian Development Bank (ADB) about the economic loss faced by Pakistan due to COVID 19 was \$16 to \$61 million.⁹ However, in July 2020 the Adviser to the Prime Minister on Finance and Revenue Dr Abdul Hafeez Shaikh was briefed in a meeting that the gross domestic product (GDP) had shrunk from Rs.44tr to about Rs41.5tr, down by Rs2.5tr. It is because of this that the federal government was against complete lockdown due to economic pressure as 24.3% people in the country live below the poverty line.⁸

Transparency International Pakistan conducted a CRC study in district Thatta and Sujawal, Sindh to gather feedback of the users of the health services and provide conclusive recommendations to the government.

1.2 Study Objectives

The objectives of Citizen Report Card (CRC) study conducted in district Thatta and Sajawal, Sindh are:

- To evaluate the health care system in Districts Thatta and Sajawal in Sindh province particularly its response to COVID-19.
- To identify gaps in service delivery processes and appraise the good practices.
- To provide a quantitative feedback to all the stakeholders, particularly the Sindh Government about the feedback of their health initiatives and its performance particularly in COVID-19 context.
- To provide a baseline for future research in the same area.

1.3 Duration

The duration of the study was of two months. It started from 04 November, 2020 to 04 January, 2021. During this period, all work of research design, data collection, and analysis was carried out.

1.4 Scope/Limitation

The data was taken from districts Thatta and Sajawal covering all tehsils in the two districts, hence its findings can only be generalized to these two districts. The questions were asked from those individuals who visited government run hospitals in the last one year.

2. RESEARCH METHODS

2.1 Research Design

A research is justified when a conclusion is correct or true and research design is the conceptual design within which research is conducted. In the research design the overall strategy of the research is discussed as how various components of the research study are integrated in a logical manner. The research design gives a structure to a scientific work, provides direction and organizes the research.¹ When designing a research, it is important to identify the type of evidence required to response the research questions or objectives of the study in a reasonable way. And since this study particularly aims at collecting health related responses from individuals who have experienced the recent pandemic, we designed this study to collect such evidence in a scientific way. This CRC on Health used a survey method to collect the data from the respondents who have used health services related to COVID-19 in the last one year.

The first step was to develop a questionnaire. It was designed after critically examining the COVID health situation specially focusing the problems faced by the citizens and their concerns. For this reason, we examined newspapers and study reports for the last one year since the pandemic was started in Pakistan. We also took into our account the previous health related CRCs. After analyzing, initially 22 questions were listed, which further narrowed down to 19 question. These 19 questions were included in the final survey in Urdu language.

After the finalization of the questionnaire, the eight enumerators including two females were briefed about the objectives and the questions of the survey. They were also instructed how to choose the survey respondents and the possible queries they may encounter. All questions raised by the enumerators were answered to their satisfaction. These individuals already had prior experience of data gathering, they were fluent in local languages, and knew about cultural aspects of the area.

The data collection was monitored by TI Pakistan's representative to ensure the validity of the research. After collecting the data, it was processed for analysis on IBM SPSS software. The results were compiled with graphical presentation for a common person to easily understand it.

2.2 Sample Technique and Size

The sample size for this study was 360 which was equally distributed into 09 Tehsils of two districts Thatta and Sujawal. Almost 40 samples were taken from

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2808761/>

each of the nine tehsils. The sampling techniques are divided into two main categories; Probability and Non-probability sampling. Due to budget and time restrictions, we adopted convenience based non-judgmental sampling, a method used for the generalization of the results within the scope of the study. Furthermore, Transparency International Pakistan has adopted this technique in all of its previous CRC researches. It is also used because the procedures used to select sample units are much easier, quicker and cheaper when compared with probability sampling.²

2.3 Instrument of Data Collection

The questionnaire is designed for quantitative data collection, and is widely used in Citizens Report Card studies. It is an appropriate tool for collecting standardized data and making generalizations. The instrument of data collection specifies how information is collected from the chosen sample.

In this CRC, the questionnaire was designed after thoroughly studying information reported in newspapers and research reports related to health situation emerged due to COVID-19. Questionnaires can provide quick responses and we care adequately in developing questionnaires to ensure any response bias. The design of the questionnaire reflects the research aims and objectives.

The data was collected with the help of eight experienced and trained enumerators. They were also briefed prior to the data collection and monitored by the TI Pakistan itself.



Figure 3. 1 Enumerators and Field Supervisor

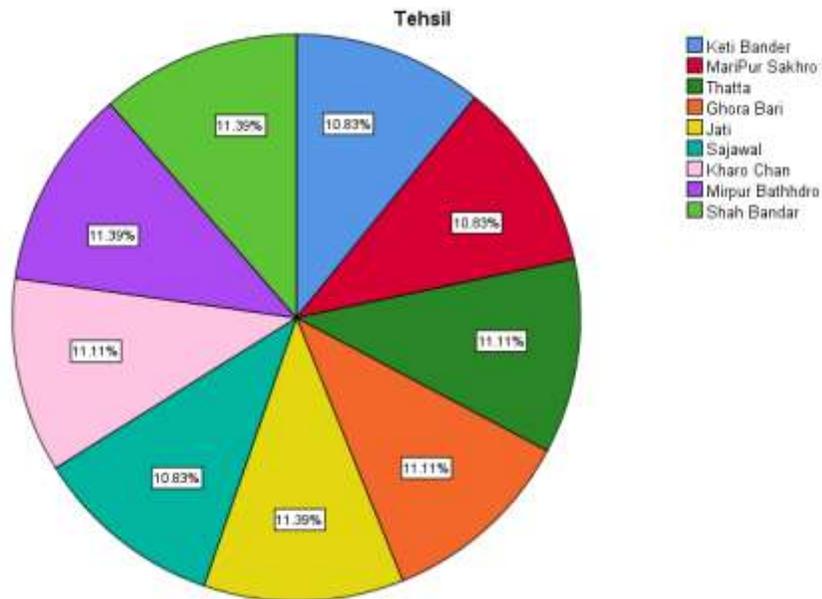
² <http://dissertation.laerd.com/non-probability-sampling.php>

3. ANALYSIS AND RESULTS

A total number of 360 respondents participated in the survey. The respondents were from district Thatta and Sajawal. The tehsil wise breakdown and its percentage details were given in the following table. The Table 3.1 shows that average 40 respondents were asked from each of the nine tehsils.

Table 3.1 Tehsil wise Breakdown

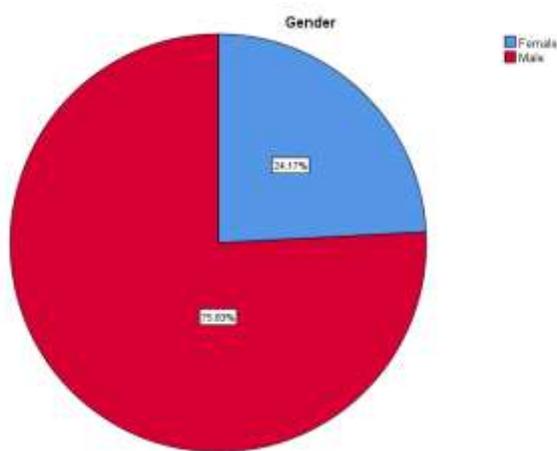
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Keti Bander	39	10.8	10.8	10.8
	MariPur Sakhro	39	10.8	10.8	21.7
	Thatta	40	11.1	11.1	32.8
	Ghora Bari	40	11.1	11.1	43.9
	Jati	41	11.4	11.4	55.3
	Sajawal	39	10.8	10.8	66.1
	Kharo Chan	40	11.1	11.1	77.2
	Mirpur Bathhdro	41	11.4	11.4	88.6
	Shah Bandar	41	11.4	11.4	100.0
	Total	360	100.0	100.0	



The following table 3.2 shows the gender wise distribution of the data. Despite the pandemic, SOPs restrictions, we tried to make sure that data from female should also be taken. Female enumerators were deputed for this task who took data from females who have used health facilities. According to the Table 3.2, a total of 273 males participated in the survey, while 87 females gave their feedback in response to the questionnaire.

Table 3.2 Gender

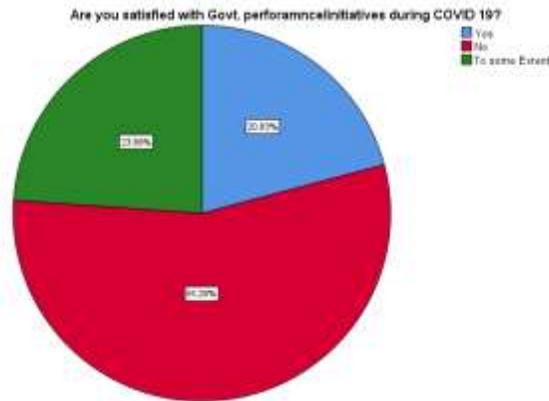
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	87	24.2	24.2	24.2
	Male	273	75.8	75.8	100.0
	Total	360	100.0	100.0	



The first question in the survey was about government performance and its initiatives to tackle the COVID-19. According to this study, 55.3 percent of the respondents showed their dissatisfaction while, 20.8 percent were satisfied. While 23.9 percent were satisfied to some extent.

Table 3.3: Are you satisfied with Govt. performance/initiatives during COVID 19?

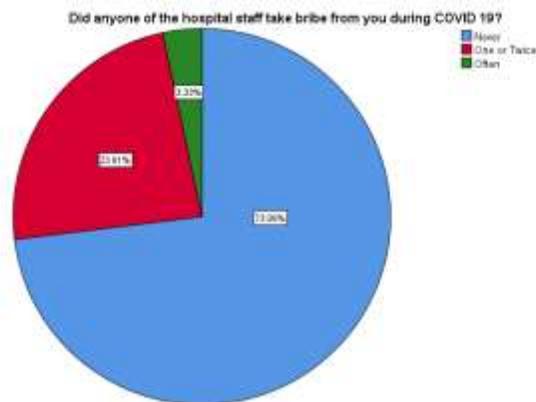
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	75	20.8	20.8	20.8
	No	199	55.3	55.3	76.1
	To some Extent	86	23.9	23.9	100.0
	Total	360	100.0	100.0	



The second question was about the bribe taken by any hospital staff. According to this study, 73.1 percent responded that they were never asked for bribe in the hospital during COVID-19. 23.6 percent responded that once or twice they gave bribe to hospital staff, and 3.3 percent responded that they often gave bribe to the hospital staff during COVID-19.

Table 3.4: Did anyone of the hospital staff take bribe from you during COVID 19?

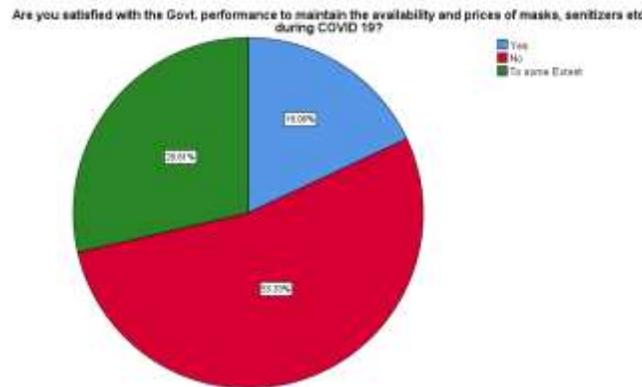
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	263	73.1	73.1	73.1
	Once or Twice	85	23.6	23.6	96.7
	Often	12	3.3	3.3	100.0
	Total	360	100.0	100.0	



Availability of masks and sanitizers, and maintaining their prices were very important as they provided a shield against the virus. When we asked citizens if they are satisfied with Govt. performance to maintain their availability and prices. 53.3 percent respondents said a No, which means they are not satisfied with the government performance while 18.1 percent said ‘Yes’ Another 28.6 percent respondent said, ‘To some extent’.

Table 3.5: Are you satisfied with the Govt. performance to maintain the availability and prices of masks, sanitizers etc during COVID 19?

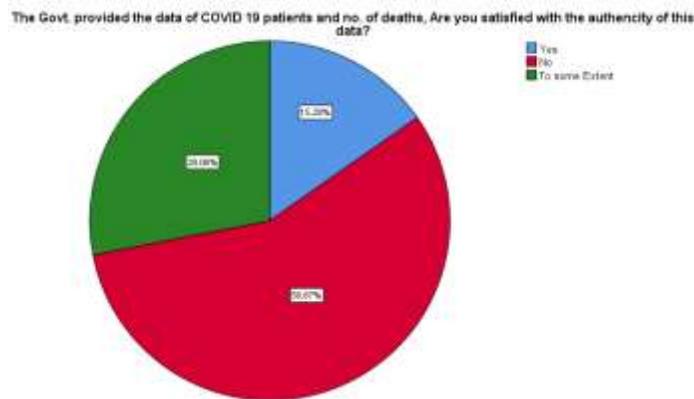
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	65	18.1	18.1	18.1
	No	192	53.3	53.3	71.4
	To some Extent	103	28.6	28.6	100.0
Total		360	100.0	100.0	



During Pandemic, citizens have the right to know the number of COVID cases, recovery, and death statistics. The Govt. provided this data. When we asked if they think the data is reliable, 56.7 said ‘No’, 15.3 percent said, ‘Yes’ and 28.1 percent said, ‘To some extent’.

Table 3.6: The Govt. provided data on COVID-19 patients and no. of deaths, are you satisfied that the data is reliable?

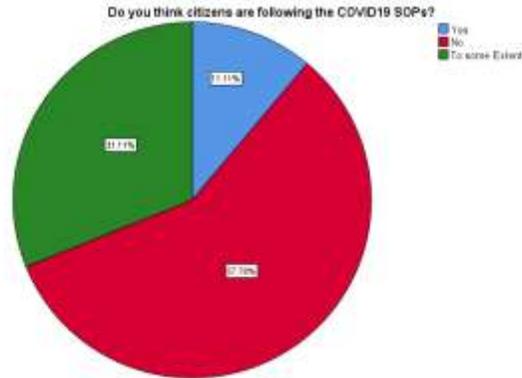
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	55	15.3	15.3	15.3
	No	204	56.7	56.7	71.9
	To some Extent	101	28.1	28.1	100.0
	Total	360	100.0	100.0	



Another question was asked if the citizens are following the COVID related SOPs. Majority of the citizens, 57.8 percent told that they think citizens are not following the SOPs, 11.1 percent think that citizens are following the SOPs and 31.1 percent think that citizens are following the COVID related SOPs ‘To some extent’.

Table 3.7: Do you think citizens are following the COVID19 SOPs?

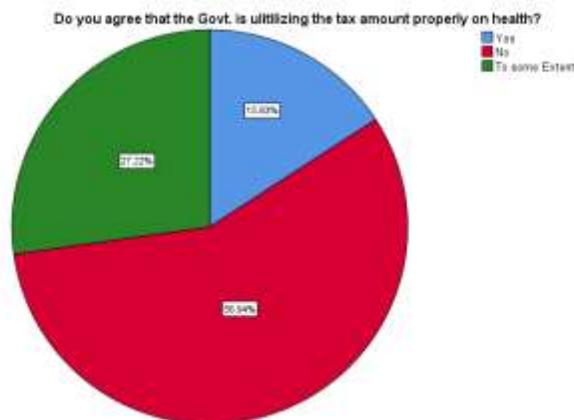
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	40	11.1	11.1	11.1
	No	208	57.8	57.8	68.9
	To some Extent	112	31.1	31.1	100.0
	Total	360	100.0	100.0	



The citizens were asked whether they think that government is utilizing the tax amount on health properly. According to the Table 3.8, in response to this question, 56.9 percent said ‘No’, 15.8 percent said ‘Yes’ and 27.2 percent said, ‘To some extent’.

Table 3.8: Do you agree that the Govt. is utilizing the tax amount properly on health?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	57	15.8	15.8	15.8
	No	205	56.9	56.9	72.8
	To some Extent	98	27.2	27.2	100.0
Total		360	100.0	100.0	

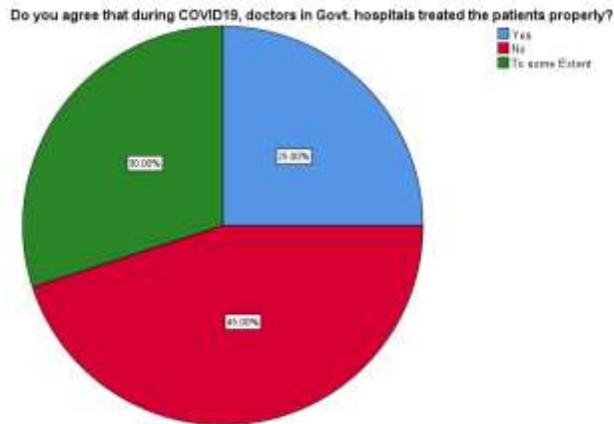


In this CRC, we asked citizens their opinion about if the doctors treated the patients properly during COVID-19. According to the Table 3.9, 45 percent

citizens responded ‘No’, 25 percent responded ‘Yes’ and 30 percent said, ‘To some extent’.

Table 3.9: Do you agree that during COVID19, doctors in Govt. hospitals treated the patients properly?

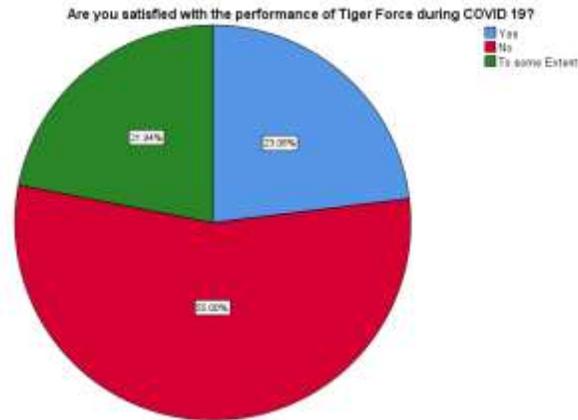
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	90	25.0	25.0	25.0
	No	162	45.0	45.0	70.0
	To some Extent	108	30.0	30.0	100.0
	Total	360	100.0	100.0	



The Federal Government introduced Tiger Force with the aim to help citizens implement the SOPs. We asked citizens if they were satisfied with the performance of Tiger Force. 55 percent said ‘No’, 23.1 percent said ‘yes’, and 21.9 percent said, ‘To some extent’. The results are mentioned below in Table 3.10.

Table 3.10: Are you satisfied with the performance of Tiger Force during COVID 19?

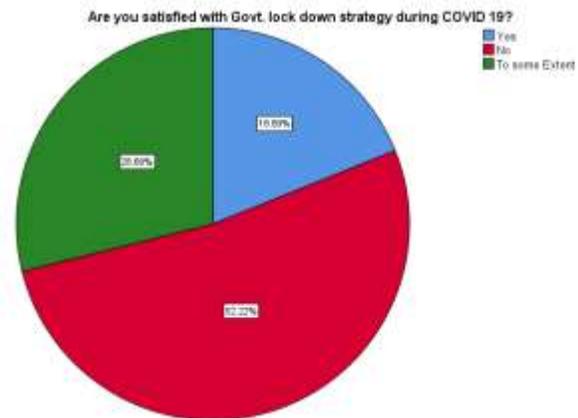
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	83	23.1	23.1	23.1
	No	198	55.0	55.0	78.1
	To some Extent	79	21.9	21.9	100.0
	Total	360	100.0	100.0	



Throughout the world, Government imposed lockdown to restrict the spread of the COVID. Different governments adopted different strategies. We asked citizens if they are satisfied with the lock down strategy during COVID 19, 52.2 percent said ‘No’, 18.9 percent said, ‘yes’, while 28.9 percent said, ‘to some extent’.

Table 3.11: Are you satisfied with Govt. lock down strategy during COVID 19?

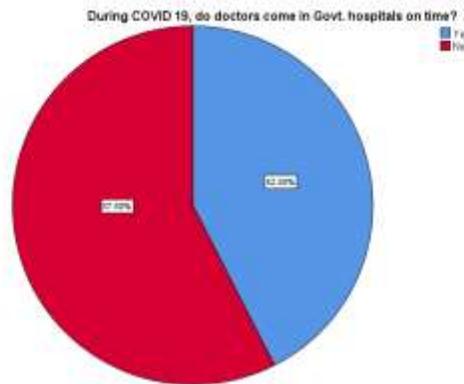
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	68	18.9	18.9	18.9
	No	188	52.2	52.2	71.1
	To some Extent	104	28.9	28.9	100.0
	Total	360	100.0	100.0	



In response to this question, 42.5 percent responded that doctors in government run hospitals are punctual, and they come on time during COVID-19. While 57.5 percent replied that they were not punctual. The result of this question is described in Table 3.12 below.

Table 3.12: During COVID 19, were the doctors punctual?

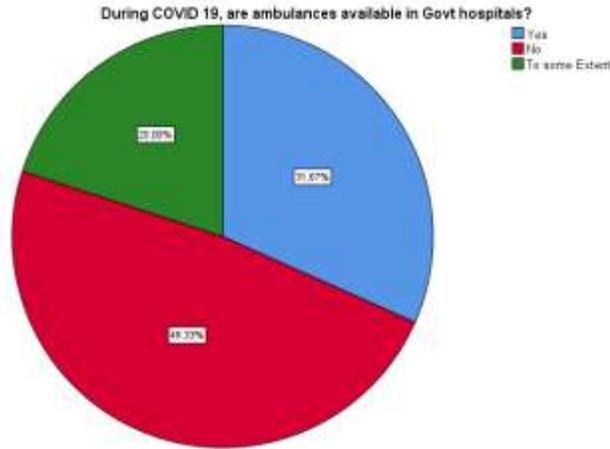
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	153	42.5	42.5	42.5
	No	207	57.5	57.5	100.0
	Total	360	100.0	100.0	



In response to this question, 31.7 percent responded that the service is fully available, 48.3 percent replied that the ambulance service is not available during COVID-19, while 20 percent respondent that the service is available 'To some extent'. The result of this question is described in Table 3.13 below.

Table 3.13: During COVID 19, are ambulances available in Govt hospitals?

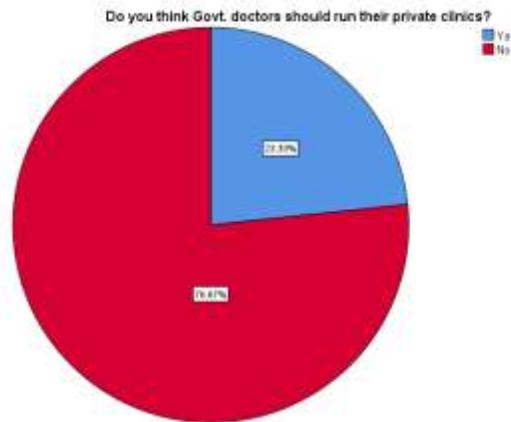
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	114	31.7	31.7	31.7
	No	174	48.3	48.3	80.0
	To some Extent	72	20.0	20.0	100.0
	Total	360	100.0	100.0	



Many doctors working in government run hospitals also run their private clinics or work in a private hospital. In this CRC, we took citizens feedback about this practice, 76.7 percent responded that doctors working in government run hospitals should not work in private clinics, while 23.3 percent said they should work in private clinics.

Table 3.14: Do you think Govt. doctors should run their private clinics?

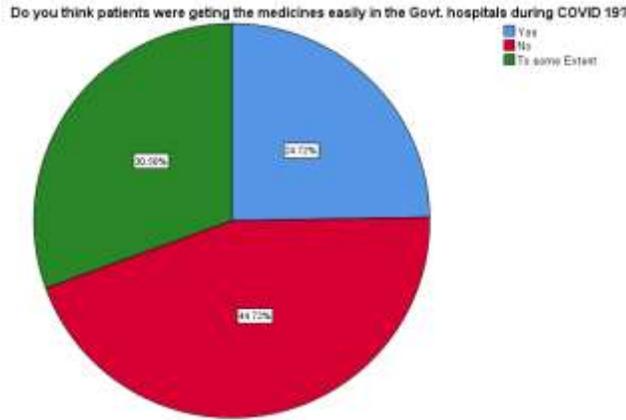
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	84	23.3	23.3	23.3
	No	276	76.7	76.7	100.0
Total		360	100.0	100.0	



According to Table 3.15, 24.7 percent said that patients were getting medicines easily from government run hospitals during COVID, while 44.7 said that they were not getting the medicines easily.

Table 3.15: Do you think patients were getting the medicines easily in the Govt. hospitals during COVID 19?

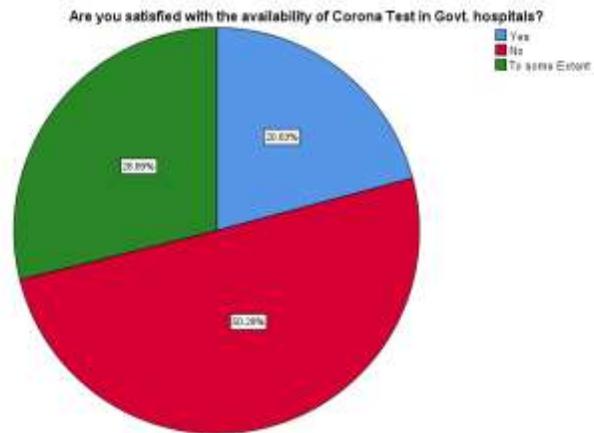
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	89	24.7	24.7	24.7
	No	161	44.7	44.7	69.4
	To some Extent	110	30.6	30.6	100.0
	Total	360	100.0	100.0	



The government provided the facility of COVID-19 tests in government run hospitals. We asked citizens if they are satisfied with this facility. According to our results shown in Table 3.16, 50.3 percent said they are not satisfied, only 20.8 percent said they are satisfied, while 28.9 percent said, 'To some extent'.

Table 3.16: Are you satisfied with the availability of Corona Test in Govt. hospitals?

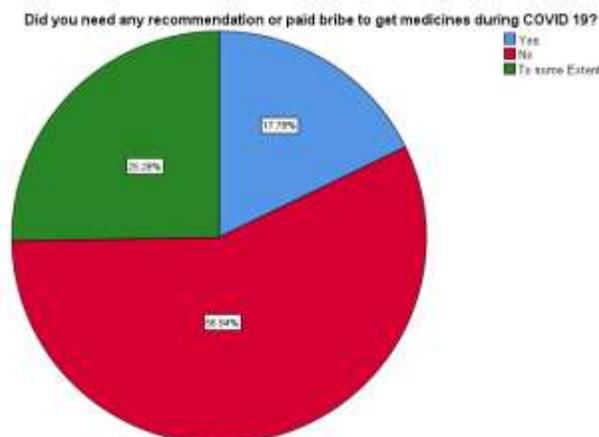
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	75	20.8	20.8	20.8
	No	181	50.3	50.3	71.1
	To some Extent	104	28.9	28.9	100.0
	Total	360	100.0	100.0	



The next question was about any bribe the patient or their relative had to give to get medicines, according to our results shown in Table 3.17, 56.9 percent of the respondents said ‘No’, 17.8 percent said ‘Yes’, and 25.3 percent said, ‘to some extent’.

Table 3.17: Did you need any recommendation or paid bribe to get medicines during COVID 19?

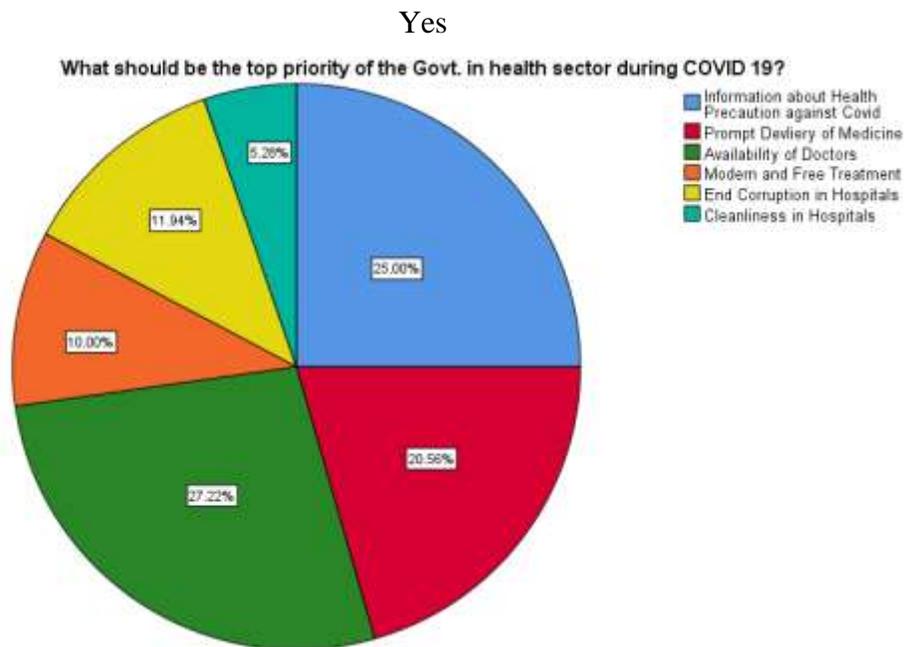
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	64	17.8	17.8	17.8
	No	205	56.9	56.9	74.7
	To some Extent	91	25.3	25.3	100.0
	Total	360	100.0	100.0	



The next question was asked to know the top priority of the government in health sector during COVID. According to our results, 27.2 percent respondents said, Availability of the doctors should be the top priority of the government. 25 percent said that ‘Information about Health Precaution against COVID-19’. Percentage of the other options are mentioned in Table 3.18.

Table 3.18: What should be the top priority of the Govt. in health sector during COVID 19?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Information about Health Precaution against Covid	90	25.0	25.0	25.0
	Prompt Delivery of Medicine	74	20.6	20.6	45.6
	Availability of Doctors	98	27.2	27.2	72.8
	Modern and Free Treatment	36	10.0	10.0	82.8
	End Corruption in Hospitals	43	11.9	11.9	94.7
	Cleanliness in Hospitals	19	5.3	5.3	100.0
	Total	360	100.0	100.0	

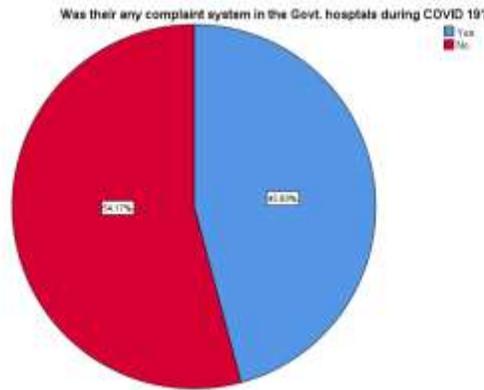


To address citizens grievance their complaints should be addressed and there needs to be a proper mechanism to do so. When we asked citizens, is there any

complaint system present in the government run hospitals to address COVID related complaints, 45.8 percent responded ‘Yes’, while 54.2 percent responded ‘No’. The results are described in Table 3.19.

Table 3.19: Was there any complaint system in the Govt. hospitals during COVID 19?

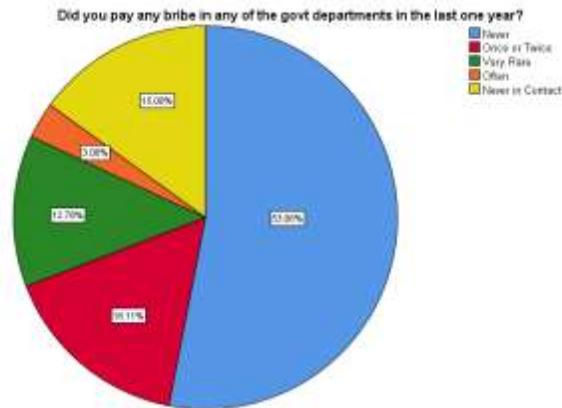
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	165	45.8	45.8	45.8
	No	195	54.2	54.2	100.0
	Total	360	100.0	100.0	



In general, we asked a question if the citizen paid any bribe in any government department in order to get their services in the last year. 53.1% respondents said that they never paid a bribe. The rest of the details are mentioned in the Table 3.20.

Table 3.20: Did you pay any bribe in any of the govt departments in the last one year?

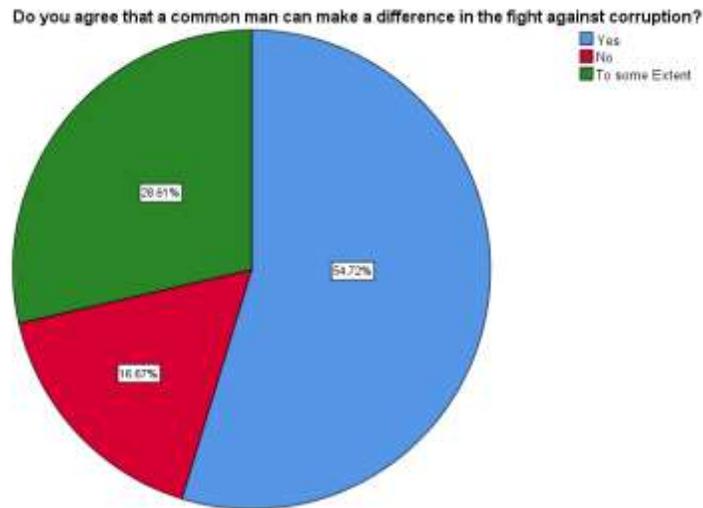
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	191	53.1	53.1	53.1
	Once or Twice	58	16.1	16.1	69.2
	Very Rare	46	12.8	12.8	81.9
	Often	11	3.1	3.1	85.0
	Never in Contact	54	15.0	15.0	100.0
	Total	360	100.0	100.0	



To know if a common man can make any difference in the fight against corruption, we asked a question in this CRC. According to the Table 3.21, 54.7 percent citizens said ‘Yes’, 16.7 percent said, ‘No’, while 28.6 percent said, ‘to some extent’.

Table 3.21: Do you agree that a common man can make a difference in the fight against corruption?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	197	54.7	54.7	54.7
	No	60	16.7	16.7	71.4
	To some Extent	103	28.6	28.6	100.0
Total		360	100.0	100.0	



4. RECOMMENDATIONS

Based on the findings of this Citizens Report Card Study, following are the proposed recommendations:

1. Sindh Govt. has taken number of initiatives to deal with the situation aroused by COVID-19; such as early decision on lockdown, action against hoarding, maintaining prices of masks and sanitizers. The results of this study show that majority of the people are not satisfied with it. It is important that these initiatives are enforced properly so its advantages reach to the common man.
2. The prices and availability of masks and sanitizers increased significantly, even there was an extreme shortage of these articles in the market. One reason was a huge gap between demand and supply; however, the government should develop a price maintaining mechanism to discourage hoarders to artificially increase the prices of such important articles in time of need.
3. All the test centers along with the hospitals providing treatment to COVID-19 patients should be digitally connected with the Ministry of Health. Such steps will increase the reliability of any health-related data government shares with its citizens.
4. People with more digital presence on social media, community leaders and Imam of the mosques should be taken into the confidence to communicate the message to the citizens that SOPs should be followed for their own personal safety.
5. Significant portion of health expenditure waste due to corruption. The process of utilizing tax amount on health needs to be more transparent and followed by strict accountability rules and procedures, to hold those responsible accountable.

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6. Proper training is required for Tiger Force to perform their voluntarily tasks properly.
 7. Many government-run hospitals operating in rural and semi-rural areas do not have ambulance facility. The government should provide them ambulance facility.
 8. Three top priorities have emerged that government should prioritize to provide better health facilities to the public: Availability of Doctors in the hospitals, Information about Health Precaution against COVID, and Prompt Delivery of Medicines.
 9. Government should also establish or strengthen a digital complaint management system in the government run hospitals to address the grievances of the citizens.

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