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People Perception Towards the Role of Non-Governmental Organizations in Provision of Health Facilities: Pragmatic Facts from Swat-Pakistan

Abstract: *This study entitled the people perception towards the role of Non-Governmental Organizations in the provision of health facilities in district Swat, Khyber Pukhtunkhwa, Pakistan” was conducted with objectives to measure the attitude of the target population about the NGOs intervention in the study area through pre and post-relationship on health facilities”. A sample size of 230 out of 450 populations was selected through a simple random sampling procedure. The study concluded that the number of disabled centers increased, hygiene kits and sanitation kits were distributed, medical teams/doctors and medicines were provided by NGOs, mosquito nets distributed, the establishment of BHUs, mobile hospitals, and free medical camps were increased post-NGOs intervention as a significant change with the level of satisfaction of the locals. Based on the findings of the study, extend projects to other far plunged and neglected areas while incorporating all felt needs of the locals.*

Key Words: Health Facilities, People, Perception, Medical Camps, BHUs, Medicine, Mosquito Net, NGOs, Medical Team, Swat & Pakistan

Introduction

Non-Governmental Organization (NGO) is a non-for profit, charitable and volunteer organization that works for the betterment of poor and marginalized society (Martens, 2002). NGOs are generally registered organizations, community groups, professional associations, trade unions, cooperate charity organizations. In other words, NGOs are voluntary and nonprofit organizations working in different sectors for the development of people. NGOs are providing relief services to suffering people, working for the protecting environment, and playing a role in poverty alleviation. It also works for safeguarding basic human rights (Clearly, 1997; Daynes, 2017). The numbers of NGO employee is different due to their scope and budget availability; some NGOs consist of very limited staff while other consists of heaving thousands of members and hundreds of professional staff. In addition, NGOs are varying in terms of thematic focus and sector, and mostly they are engaged in these activities as some NGOs are working in the health sector while other is for promoting education etc. All these organizations perform activities for the well-being of people (Hulme et al., 1997). The majority of the local and international NGOs are working for the welfare of deprived people in close connection with the community people (Miller, 2000). The NGOs are engaged in fundraising for health-related services, providing health awareness and public education, provision of food items for need and poor families and focusing on controlling communicable diseases, including COVID-19 (Maserat et al., 2020)

In a developed society like in western countries, NGOs are considered as an organization that working for the provision of access to human rights and community development, while in developing countries it means nonprofit organizations working for the welfare of the marginalized community and worked for basic human rights including food, shelter, and education etc. (Lewis, 1999; Rose et al., 2018). The United Nations define that NGOs are non-for-profit and private organizations that perform activities for the purpose to reduce the suffering, promote the better living condition for poor and needy, protect the environment and provide basic social services to people (Jabeen, 2010).

In Pakistan, Mr. Bhandara, who has a mentally retarded son, was a leading figure in the welfare NGO to open a special school for a mentally disabled person. He initiated the effort and established a small setup of "a Society for Mentally Handicapped Children in 1970 in Rawalpindi. A professional social worker Miss Julia Riggs led the organization with the assistance and help of some Pakistani and foreign women. For disabled

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child education, a school in support of the society was later started on a very small level with 20 children. In Pakistan, the Medicines' Sans Frontiers' (MSF) was the first NGO to give emergency medical support and openly allow the view to the complexity of the people they served. MSF is in the front position of emergency health care and think about for people suffer from widespread diseases and pass over diseases ([Trouiller et al., 2002](#) [Rose et al., 2018](#)).

Focus Humanitarian Assistance (FOCUS) has deployed Community Emergency Response Teams (CERT), Disaster Assessment Response Team (DART) with members, as well as Search and Rescue teams to assist with coordination to AKDN helicopters to transport relief supplies and medical teams. With the collaboration of the Pakistan Army, FOCUS has transported 200 MT of relief goods, 126 MT of food across Sindh, Chitral and Gilgit-Baltistan. FOCUS is also supplied tarpaulins, tents, blankets, water and hygiene kits, as well as basic healthcare services, to Khyber-Pakhtunkhwa, Gilgit Baltistan, Punjab and Sindh provinces with the support of the Canadian International Development Agency (CIDA) ([Akdn, 2010](#); & [Rose et al., 2018](#)). Muslim Charity has launched a £2 million appeal to help the victims of floods in Pakistan and raised £2 million since Oct 2010. Some 150,000 are the target people who benefited through the activities of Muslim Charity. Muslim Charity is providing clean drinking water to 50,000 people, food to 100,000 people for the month of Ramadan; also provides 18 medical camps facilities to 30,000 people and provide shelter to 8,000 people. The targets of Muslim Charity in the second phase of relief work to rebuild 2 primary schools, 500 houses, 10 mosque, 2 medical centre and 500 houses in Pakistan ([RTÉ News, 2010](#)).

The UNICEF and partner organization were started health campaigns and provide high-impacts packages and economical child survival kits. Children, especially from rural areas, were given immunization and deworming medicine during the campaign. Mothers were advised on household practices like basic hygiene and breastfeeding and on how to identify and treat diseases like pneumonia and diarrhoea. The campaign of mother-child days provides services health education at delivering point locations. These leady health workers carry out concentrated nutrition, health and hygiene promotion activities through counselling sessions; given demonstrations on the use of oral rehydration salts (ORS) for the treatment of diarrhoea; and convey important life-saving messages regarding the prevention of infectious diseases like skin infections, pneumonia diarrhoea and malaria (UNICEF, 2010). The department has been conducted seven vaccination campaigns in Mastung, Pakistan. These vaccinations contain component against polio. Children of EPI from one to two year of age often be vaccinated against Measles, Polio, Tetanus, Pertusus, Diphtheria and Hepatitis and Deworming medicine are be given to children from two to five ([City News, 2011](#)). The study proceeded with the following objectives.

Objectives of the Study

The main objective of the study to measure the different relationship between pre-post interventions in the provision of health facilities.

Materials and Methods

This section deals with materials and methods used in the study entitled "People Perception towards the Role of Non-Governmental Organizations in Provision of Health Facilities in District Swat, Khyber Pukhtunkhwa, Pakistan". The study was conducted in Union Council (UC) Kally of District Swat. There were 15 villages, and among them, five were randomly selected for the collection of data. This area is selected purposively as it is the most affected area throughout the whole district of Swat due to floods and militancy as well. In addition, it possess a high level of NGO interventions working in different walks of life, especially health.

A simple random sampling technique was used in the study. The sample size of 230 from the total population size [those household heads who are beneficiaries of NGOs] stands at 450 was worked out on the analogy of [Sekaran \(2003\)](#) shown in her book. The distribution of population size is shown in Table-1 also describe the sample size of each stratum based on the population size as per proportional allocation basis while using the formula.

$$ni = \frac{n.Ni}{N} \text{ Chudhry and Kamal (1996)}$$

Where

- n = sample size of the total population
- ni = sample size of each village/strata

N_i = number of the household in each stratum/village

N = Total numbers of household benefited from NGOs

Table 1. Numbers of Respondents in each Village

Name of village	Population size	Sample size
Pir kalay	120	61
Shair Palam	150	77
Shakar dara	70	36
Qalagai	60	31
Jurra	50	25
Total	450	230

For a collection of data, a well thought interview schedule was designed. Prior to actual data collection, the interview schedule was pre-tested in the study area to avoid or remove the irrelevant questions or add any questions that have been left. Data was collected through face to face interview. The data from male was collected by the researchers themselves and female was hired to collect data from female.

The collected data entered into SPSS for analysis. The univariate and bivariate analysis was carried out to know the NGOs intervention in health with the level of satisfaction. Percentages and frequencies were used to know about the phenomenal aspects of the study. Moreover, T-test statistics (paired t-test) to analyzed the pre and post inferences while determining the effects of the levels of interventions with the help of the formula given below,

$$t = \frac{\bar{d} - \mu d}{s_d / \sqrt{n}}$$

t = $\frac{\bar{d} - \mu d}{s_d / \sqrt{n}}$, which under the null hypothesis follow a t distribution with (n-1) degree of freedom

t = Student t distribution

\bar{d} = Mean of the two different sample observations

μd = difference between two sample observations

s_d = Standard deviation

n = Sample size

[Chaudry and Kamal \(1996\)](#)

Results and Discussions

On the basis of the interview schedule, every respondent was interviewed in the form of report series within a selected variable with two responses (Pre and Post), then applying a univariate test or simple frequency. The following results indicate as below.

The study showed the NGOs intervention in relation to health facilities improve the health facilities after interventions in the study area.

Uni - Variate Analysis of Health Facilities

In the comparison, it was found that disable centres were available before NGOs interventions in the study area, while, after NGO intervention, the number of available disabled centre raised to 3 centres available after NGO interventions. Different people/organizations established disabled centers that helped those people needy and face problem in their routine life while accessing basic human rights, including access to education and health facilities, access to employment, transport and mobility etc. and it made a positive impact on the quality of life of Person with Disabilities (PWDs) and the larger society ([Alizadeh et al., 2020](#)). The number of disabling centres has been increasing with NGO intervention in Pakistan ([Bhandara, 1971](#)).

About the distribution of hygiene kits, 100% respondents said that there were no hygiene kits distributed before NGOs interventions. While after NGOs interventions, 1.3% said that 0% were distributed, 20.87% replied about 1-25 %, 33% answered about 26-50%, 38.3% had reported as out 51-75%, and 18.7% replied that 76-100% hygiene kits were distributed in the study area. Similarly, CARE international and other organizations also distributed hygiene kits in the shape of tents, tarpaulins, mosquito nets and kitchen sets and water purification tablets etc. ([Akdn, 2010](#); and [care international, 2011](#)).

100% of the respondents reported that there were no sanitation kits distributed before NGO interventions. It was found that 75-100 percent sanitation kits distributed after the NGOs intervention. Similarly, Oxfam providing hot meals and clean water to more than 180,000 people, provided with clean water, sanitation kits and hygiene kits provision to 900,000 people ([Oxfam, 2010](#)).

The number of medical team/doctors before NGOs was zero while, after NGOs intervention, the availability of doctors and teams of doctors had raised to 100%. These results amply support the findings with respect to (NAPPCNC, 2004). That provisions of medical supplies for the treatment of one thousand by saving the children government efforts is limited often have less results producing as for distance of the needy population ([Islam and Tahir, 2002](#)).

About the provision of medicine out of 100%, 92.2% respondents said as zero percent, provision of medicine 7.8% upon 1-25 percent, before NGOs interventions, while 4.8% respondents had disclosed as zero percent, 8.7.% upon 1-25 percent, 36.9% upon 26-50 percent, 29.6% upon 51-75 percent, 20.0% upon 76-100 percent medicine were provided on post NGOs intervention. It is cleared from the report that the Medicines' sans Frontiers' (MSF) emergency medical support openly allow a view of the complexity of the people they served ([Trouiller et al., 2002](#)). The company distributed food items and medicines to five thousand families in Sindh and also donated some air-conditioned container (Pkonweb, 2010).

Mosquito net distribution amongst the locals 100% of the respondents said that there were no mosquito nets distributed before NGOs interventions, while 16.5% respondents expressed 1-25 percent that mosquito nets were provided, 28.3% upon 26-50 percent, 6.5% upon 51-75 percent, 28.7% upon 75-100 percent distributed after NGOs interventions. It was concluded that CARE international had provided mosquito nets and kitchen sets to thousands of survivors ([Care international, 2010](#)).

In addition, about the availability of BHU out of total 100%, 23.9% respondents responded in negative 55.7% upon (1-25) percent, 18.7% upon (26-50) percent, 1.7% upon (51-75) percent upon the availability of BHU,s before NGOs interventions, while, 2.6% respondents responded in negative, 41.3% upon (1-25) percent, 23.5% upon (26-50) percent, 17.8% upon 51-75 percent, 14.8% upon 76-100 percent BHU were available after NGOs intervention it was also disclosed by (2009). The national system of medical services consisted of 482 RHCs, 4144 dispensaries, 4616 BHUs and 796 hospitals, respectively.

On the availability of the mobile hospitals, 93.0% of respondents said that no mobile hospital was available before NGO interventions. While 5.7% of respondents said that zero mobile hospital were available after NGO interventions. 92.2% upon 1-2 and the remaining 2.2% respondents said that 3-6 mobile hospital were present after intervention in the study area. These findings are similar to the report concluded by Masood Azhar (2010) that 100-bed hospitals (mobile) were donated by the Government of Saudi Arabia. Muslim charity also rebuilt hospitals in Pakistan (RTE New, 2010).

Table 4.2.1 further depicts the information about the establishment of the medical camps in the study area where 100% of the respondents disclosed that there were no medical camps before NGOs interventions, while 5.2% respondents had opined that the number of medical camps was zero after NGOs interventions. 71.7% upon 1-3, 20.0% mentioned 4-6, 3.0% point out 7-80 after the interventions. This information supports the finding disclosed by [RTÉ News \(2010\)](#) that 18 medical camps facilities were provided to 30000 people in Pakistan during the floods.

Similarly, 10.9% had not got benefits of vaccination, while 8.3% vaccinated up to 1-25 percent, 7.4% up to 26-50 percent, 30.0% up to 51-75 percent and 43.5% up to 76-100 percent before NGOs interventions. While, 22.6% said that no benefit was achieved, 3.9% up to 1-25 percent, 1.7% up to 26-50 percent, 4.8% up to 51-75 percent, 67.0% up to 76-100 percent after NGOs interventions, respectively. However, different initiatives were undertaken by the NGOs to mitigate the chances of disabilities through vaccinations ([City News, 2011](#)).

Table 2. Showing Health Facilities

Statements	Total	Range	Pre	Post
Number of disabled centers	230(100)	0	226(98.3)	56(24.3)
		1	4(1.7)	171(74.3)
		2	0	2(0.9)
		3	0	1(0.4)
Hygiene kits distributed in number	230(100)	0	230(100)	3(1.3)
		1-25%	0	20(8.7)

		26-50%	0	76(33.0)
		51-75%	0	88(38.3)
		76-100%	0	43(18.7)
Number of sanitation kits are provided by NGOs		0	230(100)	95(41.3)
		1-25	0	112(48.7)
	230(100)	26-50	0	19(8.3)
		51-75	0	3(1.3)
		75-100	0	1(0.4)
number of medical teams/ doctors		0	213(92.6)	70(30.4)
		1-20	9(3.9)	128(55.7)
	230(100)	21-40	8(3.5)	16(7.0)
		41-60	0	11(4.8)
		61-80	0	5(2.2)
How much medicine provided to people		0	212(92.2)	11(4.8)
		1-25	18(7.8)	20(8.7)
	230(100)	26-50	0	84(36.9)
		51-75	0	68(29.6)
		76-100	0	46(20.0)
Mosquito nets distribution in number		0	230(100)	0
		1-25		38(16.5)
	230(100)	26-50	0	65(28.3)
		51-75	0	61(26.5)
		76-100	0	66(28.7)
NGOs ensure availability of BHU		0	55(23.9)	6(2.6)
		1-25	128(55.7)	95(41.3)
	230(100)	26-50	43(18.7)	54(23.5)
		51-75	4(1.7)	41(17.8)
		76-100	0	34(14.8)
Number of mobile hospitals		0	214(93.0)	13(5.7)
	230(100)	1-2	16(7.0)	212(92.2)
		3-6	0	5(2.2)
Number of free medical camps		0	230(100)	12(5.2)
	230(100)	1-3	0	165(71.7)
		4-6	0	46(20.0)
		7-80	0	7(3.0)
		0	25(10.9)	52(22.6)
Number of people benefited through vaccination programs (typhoid, cholera, polio etc.)		1-25	19(8.3)	9(3.9)
	230(100)	26-50	17(7.4)	4(1.7)
		51-75	69(30.0)	11(4.8)
		76-100	100(43.5)	154(67.0)

T-Test Statistics

Appropriate statistics, i.e., T-test, was used to measure the comparison between the pre and post scenario of NGOs interventions in the study area.

Testing Hypothesis of Health Facilities Variable with T-Test Analysis

T-Test Statistics

Appropriate statistics, i.e. T-test, was used to measure the comparison between the pre and post scenario of NGOs interventions in the study area.

Testing Hypothesis of Health Facilities Variable with T-Test Analysis

T-test results for 10 hypotheses are given in Table-2 and explain below

Hypothesis-1

Ho = Number of disabled centres for disabling not increased after NGOs intervention.

H1 = Number of disabled centres for disabling increased after NGOs intervention.

About the disabled centre in the area after NGOs intervention had a significant value as ($P= 0.000$). So the null hypothesis is rejected, and the research hypothesis is accepted. The mean difference, i.e. -0.757 , depicts an increase in the disabled centre after NGOs intervention. It could be concluded that the number of disabled persons was increasing, and the need for establishing more disabled centers was felt. Different people/organizations established disable centres that helped those people needy and face problem in their routine life while accessing basic human rights, including access to education and health facilities, access to employment, transport and mobility etc. and it made a positive impact on the quality of life of Person with Disabilities (PWDs) and the larger society ([Alizadeh et al., 2020](#)). The number of disable centers have been increasing with NGOs intervention in Pakistan ([Bhandara, 1971](#)).

Hypothesis-2

Ho = Number of hygiene kits distribution have not increased after NGOs intervention.

H1 = Number of hygiene kits distribution have increased after NGOs intervention.

Expressing view on hygiene kits distribution in the area after NGOs intervention had a significant value ($P= 0.000$). So the null hypothesis is rejected, and the alternative hypothesis is accepted. Mean difference -60.752 disclosed more hygiene kits distributed post-NGOs intervention. It could be concluded from the review that cares international and other organizations also distributed hygiene kits in the shape of tents, tarpaulins, mosquito nets and kitchen sets and water purification tablets etc. ([Akdh, 2010](#); and [care international, 2011](#)).

Hypothesis-3

Ho = Number of sanitation kits distribution have not increased after NGOs intervention.

H1 = Number of sanitation kits distribution have increased after NGOs intervention.

The study further showed that the sanitation kits provided had a significant value ($P=0.000$). Thus the null hypothesis is rejected. This is further augmented by the mean value difference [-10.361]. The report of Oxfam clearly mentioned that they provided hot meals and clean water to more than 180,000 people, provided with clean water, sanitation kits and hygiene kits provision to 900,000 people ([Oxfam, 2010](#)).

Hypothesis-4

Ho = Number of medical team/Doctors have not increased after NGOs intervention.

H1 = Number of medical team/Doctors have increased after NGOs intervention.

The study further disclosed that the availability of medical team/doctors after NGOs intervention showed a highly significant value (0.000). It is clear that the null hypothesis is rejected. The increase of medical team/doctors showed by the mean difference value [-7.422]. These results amply support the findings with respect to (NAPPCNC, 2004) that provisions of medical supplies for the treatment of one thousand by save the children government efforts is limited have often less results-producing as for distance of the needy population ([Islam and Tahir, 2002](#)). The NGOs and government of Pukhtunkhwa hired professional doctors to respond to the pandemic of COVID-19 and trained them accordingly. Alongside, they have strengthened the health system by provision of health infrastructure, equipment and high-quality medicines ([Jumbam et al., 2020](#)).

Hypothesis-5

Ho = Number of medicine provision has not increased after NGOs intervention.

H1 = Number of medicine provision have increased after NGOs intervention.

In this relationship, it is clear that medicine provided to people, which is significantly shown (0.000). Therefore the null hypothesis is rejected, and the alternative is accepted. The mean difference value also stands at [-58.074]. These findings are in support of a conclusion by Medicines' sans Frontiers' (MSF) emergency medical support and openly allow the view to the complexity of the people they served. The company distributed food items and medicines to five thousand families in Sindh and also donated some air-conditioned container ([Trouiller et al., 2002](#); and [pkonweb, 2010](#)).

Hypothesis-6

Ho = Number of mosquito net provision has not increased after NGOs intervention.

H1 = Number of mosquito net provision have increased after NGOs intervention.

The study also points out that mosquito net distributed as was predicted through value ($P=0.000$). Thus the null hypothesis is rejected, and the research hypothesis is accepted. The mean difference value (- 61.591) also show that more mosquito nets were distributed. It could be concluded that NGOs do take care more on the preventive side. CARE International has provided mosquito nets and kitchen sets to thousands of survivors ([care international, 2010](#)).

Hypothesis-7

Ho = Number of BHU does not increase after NGOs intervention.

H1 = Number of BHU increase after NGOs intervention.

The study further gives information about the availability of BHU after the intervention has a high significant value ($p= 0.000$). Thus the null hypothesis is rejected, and the alternative is accepted. The mean difference value (- 21.822) also organized the writing hypothesis. It was also disclosed by [GOP \(2009\)](#) the national system of medical services was consist of 482 RHCs, 4144 dispensaries, 4616 BHUs and 796 hospitals.

Hypothesis-8

Ho = Number of the mobile hospital has not increased after NGOs intervention.

H1 = Number of the mobile hospital have increased after NGOs intervention.

The study also showed that the mobile hospitals were in abounds after the intervention of NGOs predicted as a significant value (0.000). Thus the null hypothesis is rejected. This relationship is further endorsed by the mean value difference (- 1.165). These findings are similar to the report concluded by [Masood Azhar \(2010\)](#) that 100 bed two hospitals (mobile) were donated by the Government of Saudi Arabia. Muslim charity also rebuilt hospitals in Pakistan ([RTE New, 2010](#)). The NGOs and government of Pukhtunkhwa hired professional doctors to respond to the pandemic of COVID-19 and trained them accordingly. Alongside, they have strengthened the health system by provision of health infrastructure, equipments and high-quality medicines ([Jumbam et al., 2020](#)).

Hypothesis-9

Ho = Number of free medical camps have not increased after NGOs intervention.

H1 = Number of free medical camps have increased after NGOs intervention.

This is clear from the studies that free medical center post NGOs intervention, which is significantly shown (0.000). Therefore the null hypothesis is rejected, and the alternative is accepted. The mean difference value also stands at (- 3.370), which clearly predict almost the free medical camps. This information supports the finding disclosed by [RTE News \(2010\)](#) that 18 medical camps facilities were provided to 30000 people in Pakistan during the floods.

Hypothesis-10

Ho = number of vaccination program through which people benefited have not increased after NGOs intervention.

H1= Number of vaccination program through which people benefited have increased after NGOs intervention.

The study further disclosed that people benefited trough vaccination program has non-significant value ($P=0.398$). This shows the acceptance of the null hypothesis and rejection of the research hypothesis. The mean difference value is (-1.983). However, different initiatives were undertaken by the NGOs to mitigate the chances of disabilities through vaccinations ([City News, 2011](#)).

Table 2. Showing the Health Facilities Variable Result with T-Test Analysis

Statement	Pre		Post		Mean difference	T value	P-value
	Mean	Standard Error	Mean	Standard Error			
Number of disabled centers	0.714	.009	.774	.0309	-.757	-23.993	0.000
Hygiene kits distribution in number	0.000	0.000	60.752	1.613	-60.752	-37.670	0.000
Number of sanitation kits are provide by NGOs	0.000	0.000	10.361	0.965	-10.361	-10.738	0.000
Number of medical teams/ Doctors	1.609	.442	9.030	1.072	-7.422	-6.871	0.000
How much medicine provided to people	0.826	0.213	58.900	1.809	-58.074	-32.134	0.000

Mosquito nets distribution	0.000	0.000	61.591	1.770	-61.591	-34.784	0.000
NGOs ensure availability of BHU	17.574	1.249	39.396	2.399	-21.822	-14.239	0.000
Number of mobile hospitals	0.696	0.017	1.235	0.043	-1.165	-25.529	0.000
Number of free medical camps	0.000	0.000	3.370	0.591	-3.370	-5.699	0.000
A number of people benefited through Vaccination programs (typhoid, cholera, polio etc.)	66.830	2.137	68.813	2.716	-1.983	-846	0.398

Conclusions

The study titled “people perception of the role of Non-Governmental Organizations in the provision of health facilities in District Swat, Khyber Pukhtunkhwa, Pakistan” was conducted in Swat, KP, Pakistan. The study found that the NGOs working in the study area had successfully contributed to the uplift in the health sector. As indicated, the number of disabled centers, provision of sanitation kits, hygiene kits, provision of mosquito nets, number of medical doctors, provision of medicines, the establishment of BHU, mobile hospital and free medical camps. In addition, NGOs play an important role to provide health facilities in an emergency situation like disasters and pandemics.

Recommendations

An appraisal based on strict criteria needed to be adopted, and provision of funds needed to be linked to the the outcome of these appraisals. The projects should be extended to other far plunged neglected areas while incorporating all the felt needs of the locals. The program continuity must be linked to the dissemination of knowledge and training to the locals. These programs need to be run through locals under the sole supervision of donors. In addition, preventive health efforts must be initiated by both public and private agencies at the community level, and health-related material must be included in the textbooks of private and public school at the primary and secondary level. Besides this, the locals and their leaders must participate in the need assessment approach.

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