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## PROCEEDINGS OF THE 2ND INTERNATIONAL SYMPOSIUM OF PUBLIC HEALTH

# Achieving SDGs in South East Asia: Challenging and Tackling of Tropical Health Problems

### Editors:

I Wayan Gede Artawan Eka Putra  
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Yulis Setiya Dewi  
Nikmatur Rohmah and  
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**Proceedings of the 2nd International Symposium of Public Health**  
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# Exploring the Role of NGOs' Health Programs in Promoting Sustainable Development in Pakistan

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**Keywords:** Community, Health, Sustainable Development, NGOs, Pakistan.

**Abstract:** Sustainable Development is one of the key areas for researchers in the modern age. The present study was aligned with the contemporary debate on sustainable development goals set by the United Nations in 2015. This study aimed to explore the role of health programs in promoting sustainable development among NGOs' working communities and to know the points of view of the families benefiting from community health institutes established by International NGOs. Quantitative design was chosen and a simple random sampling technique was used to draw the sample. A sample of 398 respondents was taken from three regions namely: Islamabad, Lahore & Mardan. The study found that NGOs are playing a vital role in providing health facilities to the communities which is benefiting and enriching Pakistani health sector in general and communities' health in particular. NGOs' community centers are helping to reduce infant mortality by providing adequate maternal-child health care services. NGOs have strengthened the communities in different regards through campaigns to raise awareness. The study indicated that patients of their respective regions showed a higher level of satisfaction from these programs and agreed that NGOs are instrumental in promoting sustainable development in those areas. The study also gives some recommendations.

## 1 INTRODUCTION

Development has taken a significant place in today's globalized world. Every nation is focusing on it and it has divided some states into developed with others into developing. The developing nations have the imperative need to devise different strategies to reach at the stage of development. Sustainable development is one of the strategies through which developing and underdeveloped nations are fulfilling their needs.

"Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs." (Brundtland Commission of the United Nations, 1987).

Historically, NGOs have played a crucial role in promoting and facilitating developmental activities in Pakistan. Non-Governmental Organizations (NGOs) are institutions and are recognized by governments as non-profit or welfare oriented, and they play a key role as advocates, service providers,

activists and researchers on a range of issues pertaining to human and social development (Ulleberg, 2009).

Sustainable development ensures a better way of living for human beings in the nation by integrating social development. It further implies that the basic needs of people can only be met through the better realization and proper implementation of human rights (McDowell, Wakelin, Montgomery & King, 2011). The basic needs of individuals from any community include food, proper housing, better education, good healthcare, a right to employment and a fair share of the income (Blaas & Nijkamp, 1994).

Promotion of health is equally important, especially in prenatal and postnatal care as both are based on the assumption that a healthy environment with clean water and air, healthy food and adequate shelter is a necessity. In addition to investments in the health benefit of the entire population, there are important social investments which should be made at certain stages of the life cycle, especially in early

childhood. There is ample evidence that early childhood investment is reaping important benefits in general health and wellbeing in old age (McCain and Mustard, 1999; Dempsey, Bramley, Power, & Brown, 2011).

## 1.1 Sustainable Development in Pakistan

The health service providers in Pakistan have a long chain of development. They are succeeding the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs) to sustain and achieve the global health initiatives with the government of Pakistan. Developing countries and their international partners are increasingly adopting methods of financing health care activities in developing countries which link the availability of funding to concrete, measurable results on the ground. It has been evident for a period of many years now that the public sector in Pakistan is lacking in capacity in the context of delivery and management of health services (Shaikh & Rabbani, 2004; Nishtar, 2006).

The healthcare system of Pakistan has always been inadequate and inept at meeting the needs of the ever growing populace (Spears, 1990). Difficult or no access to health care services, extreme poverty, least awareness regarding maintenance of the health among the population, inadequate emphasis on the addressing of the social determinants of health by the policy makers are some of the factors that worsen the situation of the public health sector even more in the country. Some of the issues have tended to exist for more than two decades now. One example relates to the insufficient resources and their inefficient and ineffective use, which leads to an inequitable provision of quality health care services. Another one relates to the discriminatory distribution of resources to government facilities in various provinces and regions of the country (Mubarak, 1990; Nishtar et al., 2013).

Due to the multitude of reasons, the primary health care is underutilized and is extremely unproductive in terms of its functions and achievement of its objectives (Ahmed & Shaikh, 2008). Maintenance of the existing infrastructure and other resources within the public sector is another issue that has been influencing its functioning. Moreover, the public health sector has reflected the inability to cater for the emerging needs for health care due to the population growth and the

rising expectation of the quality of care (Rizvi & Nishtar, 2008).

Sustainability can be grey and boring, but trying to achieve this is the biggest challenge facing us all today. Provision of better health is one way to get rid of developmental differences and to help alleviate poverty. Therefore, it is a prerequisite for the creation of a sustainable society as well (Ratcliffe, 1978; Becker, Philipson & Soares, 2005; Barro & Lee, 2010).

Furthermore, it can be stated with certainty that the aspect of social investment is largely ignored in Pakistan, and yet it is the key to sustainable development. Taking into account the importance of health in Pakistan's current scenario, where the healthcare services are being neglected as well as human health, the situation remains alarming. In this regard, this study is an effort to show how NGOs, who are considered as key players in today's world, have contributed in developing the sustainability of people in particular communities.

## 2 METHODS

This section deals with the various steps and procedures adopted for accomplishing this study. For meeting the objectives of the present research, quantitative research design was employed. A survey was carried out for collection of data and the study was limited to three cities of Pakistan including Islamabad, Lahore and Mardan. For selection of a sample, a simple random sampling technique was chosen and 398 respondents were selected whose families were taking health services from community health centers established by NGOs. Keeping in mind the objective of the study, a questionnaire was designed, starting from the socio demographic profile, followed by questions regarding the provision of health facilities and finally, opinions regarding availability of those facilities. Finally, the data was analyzed with the help of the Statistical Package for Social Sciences (SPSS), where univariate analysis and bivariate analysis were done.

### 3 RESULTS

This section of the paper describes the results of the study.

Table 1: Characteristics of the respondents.

S. NO	CATEGORIES	N (%)
Area of residence		
i.	Islamabad	35 (8.8%)
ii.	Lahore	61 (15.3%)
iii.	Mardan	302 (75.9%)
Age		
i.	Up to 25	36 (9.0%)
ii.	26-30	170 (42.8%)
iii.	31-35	131 (32.9%)
iv.	36-40	26 (6.5%)
v.	Above 40	35 (8.8%)
	Total	398 (100%)
Gender		
i.	Male	77 (19.3%)
ii.	Female	321 (80.7%)
	Total	398 (100.0)
Family Type		
i.	Nuclear	96 (24.1%)
ii.	Joint	302 (75.9%)
	Total	398 (100%)
Educational qualification		
i.	Illiterate	4 (1.0%)
ii.	Primary	49 (12.3%)
iii.	Middle	69 (17.4%)
iv.	Matriculation	174 (43.7%)
v.	Intermediate	56 (14.0%)
vi.	Graduate	46 (11.6%)
	Total	398 (100.0%)
Occupation		
i.	Govt. Employee	38 (9.5%)
ii.	Private job	32 (8.1%)
iii.	Business	59 (14.8%)
iv.	Skilled labor	74 (18.6%)
v.	House wife	195 (49.0%)
	Total	398 (100.0%)
Income		
i.	Up to 20000	78 (19.6%)
ii.	20001-30000	116 (29.1%)
iii.	30001-40000	73 (18.4%)
iv.	40001-50000	113 (28.4%)
v.	50001-60000	18 (4.5%)
	Total	398 (100.0%)

Table 1 reveals the results about the socio-economic background of the respondents. Three cities of Pakistan were taken as the universe of this study, namely; Lahore (Punjab), Mardan (Khyber Pakhtunkhwa) and Islamabad Capital territory (Islamabad), where NGOs had been working for over two decades. According to the statistical technique's sample selection, there were 61 respondents were from Lahore, 35 belonged to Islamabad and 302 were from Mardan.

The outcomes of the data given in the above table portrays the age of the respondents. Less than half (42.8%) of the respondents belonged to the age category of the range from 26 to 30 years old while for the gender distribution, a significant majority (80.7%) of the respondents were female and 19.3% were male. Besides, respondents were asked about the type of family structure they were living in, in response to which 75.9% were living in a joint family system, while 24.1% had a nuclear family system.

Table 1 also reports on the educational level of the respondents. Education plays a vital role and is considered to be very important indicator in understanding and defining a respondent's behavior. Education can be measured and described under the category of illiterate, primary, middle, matriculation, inter and graduation. The data reports that nearly half of the respondents (43.7%) of were matriculated.

The data shows the occupational status of the respondents being measured through different indicators such as occupation of the respondent and respondent's spouse's occupation. The largest proportion of the working respondents were employed in skilled labor (18.6%) and they were working in the farmer fields or possibly at other homes in urban areas.

Additionally, this data also provides the result about the monthly family income of the respondents. More than a quarter (29.1%) of the respondents were earning 20,001-30,000 rupees monthly from all sources.

Table 2: Distribution about duration of availing services.

S. No	Categories	N (%)
i.	Less than 5 years	169 (42.4%)
ii.	5 to 10 years	213 (53.5%)
iii.	Above 10	16 (4.1%)
	Total	398 (100.0%)

Table 2 states the duration of NGOs services. The basic role of NGOS is to provide health services in far-flung areas. To promote community health, an

easily accessible water supply is essential for sufficient safe water to meet community needs. The majority (53.6%) of the respondents were using health services for a duration of 5 to 10 years. Less than half (42.4%) of the respondents were using them for less than five years while (4.1%) of the respondents were availing health services for more than 10 years.

Table 3: Respondents' opinions regarding the availability of staff at community health center.

Categories	Always	Sometimes	Rarely	Total
Doctor	93.4% (373)	6.6% (25)	-	100% (398)
Lady health visitor	84.4% (336)	15.6% (62)	-	100% (398)
Dispenser	80.4% (320)	19.6% (78)	-	100% (398)
Community health worker (CHWs)	80.2% (319)	19.8% (79)	-	100% (398)
Nurse	81.9% (326)	10.8% (43)	7.3% (29)	100% (398)

Table 3 states the results about availability of field staff at health centers. Non-governmental organizations have established many community health centers with regular staff at their health centers. A greater majority (93.4%) of the respondents responded that their Doctor is always available during their visit while 84.4% of the respondents responded that lady health visitors are always available.

Besides, the results also show that the majority (80.4%) of the respondents reported that dispensers were always available whereas 80.2% of the respondents shared that community health workers were always available. Moreover, 81.9% of the respondents reported that when they visited, the CHW and Nurse were available.

Table 4: Frequency distribution of the respondents regarding basic facilities.

Categories	Always	Sometimes	Rarely	Never
Medicines	80.4% (320)	19.6% (78)	-	-
Ambulance service	83.9% (334)	11.8% (47)	4.3% (17)	-
Lab equipment's for test	86.4% (344)	13.6% (54)	-	-
Referral system	78.9% (314)	16.6% (66)	2.8% (11)	1.8% (7)
Health points	65.8% (262)	31.2% (124)	-	3% (12)

Table 4 portrays the basic health care facilities such as the availability of medicines, 24-hour ambulance services, medical equipment for lab tests, referral systems to recommend patients to other hospitals and establishment of health points where health facilities are not available. In response to these categories, the majority (80.4%) of the respondents reported that medicines are constantly available in the community health center. The ambulance service is a new initiative and (83.9%) of the respondents responded that ambulance is always available 24/7 as per the need of the community.

In addition, most (86.4%) of the respondents stated that medical equipment for Lab tests at the community health center is always available, 78.9% of the respondents responded that community health center has a strong referral system and they always refer or recommend patients to other hospitals or clinics. Regarding health points to easy access patients, 65.8% of the respondents agreed that NGOs have established health points in the out areas when there are no other health facilities.

Table 5: Respondents' opinion regarding primary health facilities.

Categories	Always	Sometimes	Rarely	Total
Health Sessions through Village development org	90.2% (359)	9.8% (39)	-	100% (398)
Community Screening Camps	87.2% (347)	12.1% (48)	8.0% (3)	100% (398)
Growth Monitoring Under 5 years	94.7% (377)	5.0% (20)	0.3% (1)	100% (398)
Support in delivery preparation	86.4% (344)	12.6% (50)	1.0% (4)	100% (398)
Institutional delivery	83.4% (332)	15.6% (62)	1.0% (4)	100% (398)

Table 5 depicts the opinions regarding primary health facilities. The first indicator of the table is 'Health Sessions through Village development organizations', which shows that a majority of 90.2% of the respondents were getting awareness through VDOs on health education.

Through VDOs, community health awareness sessions are organized including the community screening camps majority, where 87.2% of the respondents always benefited from community screening camps. Mother and children are a more closeted target of health. This variable depicted the

child health care regarding their growth. Growth monitoring is a physical checkup of infants, or under-year-old children, about the weight and height measurements. The majority (94.7%) of the respondents were always provided services of growth monitoring.

It is also found that support in delivery preparation at a local level is a set task for the health program. For delivery preparation cases, the majority 86.4% of the respondents were always assisted with technical staff for support in delivery preparation. The purpose of better maternal services such as recommendation of Institutional delivery, is a delivery cases at well and organized medical hospitals, a majority 83.4% of the respondents were always refer or conducted delivery at organized and registered clinics.

## 4 DISCUSSION

Descriptive analysis provides the findings about socio-economic characteristics and information regarding availability and utilization of health services. Our study estimated that nearly half of the respondents who were using health care services belonged to the age group from 26 to 30 years old. As far as the data of the gender distribution is concerned, a significant majority of the respondents were females which indicates that female members of the family were more inclined to use services provided by NGOs in their respective regions. The present study also pointed towards the family structure and three-quarters of the respondents were residing in joint family systems. Moreover, education plays a vital role and is considered to be a very important indicator in understanding and defining a respondent's behavior. The results showed that the majority of respondents were not having a higher level of education and less than half (43.7%) had an educational level up to matriculation only. Among working respondents, 18.6% were working as skilled laborers while only 9.5% were employed in the government sector. From the data of income, it is evident that a significant majority of the respondents had an income of less than 50,000 rupees.

Pakistan as a developing country is on the roadmap of achieving sustainable development. For that purpose, this country is joining hands with multiple international partners in general while NGOs in particular have done for several years. Due to a multitude of reasons, health care services are scarce and poor for the general population.

According to the data collected, more than half of the respondents were using different health care services than NGOs. A greater majority of the respondents reported that they always had the facility of the availability of doctors, lady health visitors, dispensers and nurses in their respective community centers, established by NGOs. In addition, structural dynamics of the health system such medicines, ambulance service and medical equipment were also available to them. Besides, for the provision of different health care facilities, NGOs have established the norm of advocacy, health sessions, delivery mechanism and awareness raising camps for primary health care and a significant majority of the respondents were being benefitted in this regard.

## 5 CONCLUSION

The present research concludes that health plays an important role in sustaining the communities with the way of providing different health care services and Non-Governmental Organizations have played a quite positive role in the development of communities of selected areas. A majority of the respondents reported that service staff were always available to them at community health centers. The study also found that patients were using basic health care facilities such as availability of medicines, 24hour ambulance services, medical equipment for lab tests, referral systems to recommend patients to other hospitals and establishment of health points where health facilities were not available. In a nutshell, NGOs have strengthened the communities in many different ways through awareness raising campaigns.

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