

Abstract: *This study conducted with the objective to measure the pre and post NGOs intervention regarding health awareness and people level of satisfaction. The sample size for this study was selected 230 from the total population of 450. The study concluded that NGOs intervention significantly launching campaign against tobacco control, HIV/AIDS, immunization awareness, dengue virus awareness. In addition, there was an increase in health hygiene and nutrition education, training of traditional birth attendants and health worker trainings with new technologies. The government and NGOs extend their projects that are focusing on communicable diseases that ultimately lead to the control of various lives threatening disease. Preventive health efforts must be initiated by both public and private agencies at the community level. Health and hygiene-related material must be included in the textbooks of private and public school at all level*

Key Words: Non-Government Organizations, Health Awareness, Crisis, Intervention, Pakistan

Introduction

The Non-Governmental Organizations (NGOs) emergency operations in the health aspect have been imperative in developing countries (Liebowitz, 2006). In many developing countries, like South Asian countries and African as well, the NGOs provide services in all aspect, including health and health awareness to the crisis affected population (Pfeiffer, 2003). In particular, NGOs provided services in health awareness, especially in large scale epidemic outbreak, such as malaria, HIV Aids, dengue virus and COVID-19 and other life-threatening disease, especially communicable diseases (Arno, 1986; Pfeiffer, 2003; and Mamun & Griffiths, 2020). On the other hand, NGOs have actively involved in emergency response in both man-made and natural disasters and provide health services to the community members in especially in developing countries (Perry, 2007; & Beamon, 2008; and Imran et al., 2020).

Martens stated that NGO is a non-for profit, charitable and volunteer organization with the main objective to work for the betterment of moralized society (Martens, 2002). Also, United Nations define that NGOs are private organizations that perform various activities for the purpose to reduce the distress, mitigate and prevent the effects of

disasters, promote better living condition for the poor and needy, engaged stakeholder for the provision of basic facilities and services to the people and provide a healthy environment (Jabeen, 2010). A huge number of NGOs engaged in the different parts of the world for the improvement and development of people. In Pakistan, the numbers and activities of NGOs increased after the war on terrorism and natural calamity, i.e. floods and militancy (Asian Development Bank, 2008; & Rose et al., 2018).

In Pakistan, NGOs are working since the partition as at that time; there were voluntary organizations involved in providing services to refugees. These NGOs are performing their roles in the field of rehabilitation, basic health, education and health sector. In 1970 and 1980, many NGOs are registered in Pakistan. In the 1990s, in rural Sindh and Punjab number of NGOs increased very rapidly. It was found by UNDP in 2001 that in Pakistan, there are 8,000 to 16,000 NGOs registered. While the total number could rise to 35000 were included with non-registered organizations (Tufail, 2006). For the first time, the word NGO was introduced by the United Nations (UN); however, NGOs were present before the concept and name (Park, 2002; and Bidet, 2002). Park (2002) stated that well notorious

^{*} Lecturer, Department of Social Work and Sociology, Kohat University of Science and Technology, Kohat, KP, Pakistan.
Email: dr.shakeel@kust.edu.pk

[†] Lecturer, Department of Social Work and Sociology, Kohat University of Science and Technology, Kohat, KP, Pakistan.

[‡] Lecturer, Department of Social Work and Sociology, Kohat University of Science and Technology, Kohat, KP, Pakistan.

NGOs that appeared at the end of the 19th or near the beginning 20th century are the most prominent organization United Nation (1945), ICRC, International Rescue Committee (IRC), Save the Children and British Council etc.

NGOs have started working on a number of developmental projects in different fields, including health. Their role in health awareness is viewed both positively and negatively; however, still, NGOs are considered to be an essential tool for learning changes based on the notion of development in both developing as well underdeveloped countries like Pakistan. The present study is an effort to highlight the role of NGOs working in the health sector and to analyze their role through assessing the health awareness services provided to the people under the shade of government. The study proceeded with the main objectives to know the attitude of the target population about the NGOs intervention in the study area and to measure the difference between pre and post-intervention in health awareness of locals.

Materials and Methods

The materials and methods used in the study with the title "attitude of people towards Non-Government Organizations Intervention with reference to health awareness; A post crisis analysis in Swat-Pakistan". Union Council Pir Kally of Tehsil Matta District Swat was selected as the area for this study; there were

15 villages in the UC, and five were randomly selected for this research. This area is selected purposively as it is the most affected area throughout the whole district of Swat due to flood and militancy as well. Also, it possesses a high level of NGO interventions working in different walks of life, especially in health.

The cluster sampling technique was used in the study. In the first stage cluster of five villages were selected, and the sample size of 230 from the total population size (the household heads who were the beneficiaries of NGOs) stands at 450 in the selected union council was taken as per [Sekaran \(2003\)](#). The table-1 depicted the distribution of sample size of each stratum against the population size of each stratum based on proportional allocation whiles used the below-given formula.

$$n_i = \frac{n \cdot N_i}{N} \quad \text{Chudhry and Kamal (1996)}$$

Where

n = sample size of the total population

n_i = sample size of each village

N_i = No of the household in each village

N = Total no of household

A sample size of 230 from the population size of 450 was worked out on the analogy of [Sekaran \(2003\)](#) shown in her book.

Table 1. Numbers of Respondents in each Village.

| Name of village | Population Size | Sample Size |
|-----------------|-----------------|-------------|
| Pir kalay | 120 | 61 |
| Bar Shair palam | 150 | 77 |
| Baryam | 70 | 36 |
| Galagai | 60 | 31 |
| Jurra | 50 | 25 |
| Total | 450 | 230 |

The domain of "health awareness" consists of eleven (11) items; positive response on six (06) or more items were considered as more awareness on health. While the level of satisfaction variable was measure on a ten-item scale, positive response on five or more items was considered a high level of satisfaction.

A well thought comprehensive interview schedule was designed for the collection of data, and it was pre-tested in the target area to avoid ambiguity, add or remove the question. The researchers themselves collect the data from male, and a female was engaged in the study area to collect the data from women as the cultural norms not given permission to male.

The collected data was entered into SPSS for analysis. At the univariate level, percentages and frequencies of dependent and independent variables were used to know about the phenomenal aspects of the study.

$$\text{Percentage of data class} = \frac{f}{N} * 100$$

(Chaudhry and Kamal, 1996)

F = frequency of data class

N = number of observations in the data set.

In addition, T test statistics (paired t-test) was used to examine the before and after implications and determined the effect of NGOs intervention by using the given formula.

$t = \frac{\bar{d} - \mu d}{s_d / \sqrt{n}}$, 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 \(1996\)](#)

Univariate analysis of Health Awareness

Awareness about health care and protection is needed for living a stable and normal life for an individual. Group life nictitates the normal life activities, as men with slighter physical deformities seldom fined a place to lead. This table provides information about health awareness aspect of the respondents. Out of total 230 respondents, 95.7% respondents said that no tobacco campaign were launched before NGOs interventions, 0.9% answered about only 1 campaign, while, 3.5% pointed out 2-65 tobacco control campaign before. After NGOs interventions, 35.7% pointed out no campaign regarding tobacco, 58.3% pointed 1, 6.1 % pointed 2-65 respectively. It is pertinent from the results that awareness campaign also a part of NGOs mandate along with provision of commodities. It was also conclude that the NGOs and civil society's network have done greater work for worldwide tobacco control policies at international level and to implement these polices in local level ([Mindell, 2002](#)). CSOs have intervened in international policies associated to women's health, tobacco control, humanitarian aid, pharmaceuticals and right of entry to treatment for HIV/AIDS, dengue, COVID-19, food value and security (Randell et al, 1997; [Dodgson, Dodgson et al., 2002](#); and [Maserat et al., 2020](#)).

The results further shown about the number of preventive program for HIV/AIDS, 80.4% respondents pointed out that no programs were launched before, 15.7% pointed out 1-5 HIV/AIDS programs, 3.9% pointed out 6-45 respectively. While 60.0% answered that no programs were launched after, 27.0% pointed out 1-5, and 13.0% pointed to 6-45 programs, respectively, after NGOs interventions. It is evident from the data HIV/AIDS protection was not in the cards of NGOs operating in the study area ([Gostelow 1999](#); and [Dodgson et al., 2002](#) and). CSOs have intervened in international policies associated with women's health, tobacco control, moral standards in humanitarian aid,

pharmaceuticals and right of entry to treatment for HIV/AIDS, food value and security. In2002, the USAID people, nutrition and health funding cover family planning/reproductive health, HIV/AIDS and communicable disease ([USAID, 2002](#)).70% of medical services are provided by private sector; various NGOs have done an important job to regarding the awareness of HIV/AIDS (causes and effects) ([NAPPCNCD, 2004](#)). The numbers of HIV/AIDS patients have been increasing day by day and has reached to the disaster and pandemic level in these days ultimately looking for NGOs intervention to control such kind of communicable life threaten diseases ([Tibinyane, 1990](#); & [Maserat et al., 2020](#)).

About the number of health and nutrition education out of total, 90.9% respondents pointed out that no health and nutrition education increased before NGOs interventions, 8.7% pointed out 1-25percent, 0.4% pointed out 26-50 percent health and nutrition education increased. While, 19.6% denied about health and nutrition education increased after NGO, interventions, 23.0% pointed out increased up to 1-25 percent, 29.6% pointed out up to 26-50 percent, 22.2% had up to51-75 percent and 5.7% found 76-100 percent increased in health and nutrition education after intervention. It is attributable to the mandate of NGOs, working in the study area, which cover health nutrition also these are in time to a survey conducted at department of health and nutrition and the department students were asked some questions, in which twenty girls were interviewed in which 13 they replied that they were scared to get fat or gain weight. Also, it was found that in these 20 girls only seven girls said that they have not yet completed this course but have learned so many new things about my body and the way it works. And they can lead a healthy life from the knowledge they have accumulated from this course ([Mitchell, 1990](#)).

Moreover, upon the immunization awareness programs, 2.6% of the respondents identified 1-25 programs were carried out, 1.3% identified 51-75 programs before intervention. While 22.6% identified no programs about immunization awareness after NGOs interventions, followed by 23.5% identified 1-25programs, 27.4 % identified 26-50 programs, 18.7% identified 51-75 programs, and 7.8% identified 76-100 programs that immunization awareness program increased after NGOs intervention. It is extracted from the data immunization awareness programs was also a part of the NGOs mandate. The Global Alliance for Vaccines and Immunizations (GAVI)stresses that more expensive and new vaccines have raised the expenses of the immunization programs at the

country/nation level, making the upcoming financing of the programs extremely vulnerable [GAVI, 2004].

Regarding the number of health hygiene session out of the total, 97.0% of respondents responded that no health hygiene session was arranged before, 3.0% pointed out 1-10 session before, while 4.8% denied no session after NGOs interventions, followed by 87.4% pointed out the increase in session up to 1-10, 7.8% had pointed 11-80 health hygiene sessions were delivered after the intervention.

Asking about a number of the training of traditional birth attendants, all respondents responded that no training was arranged before, while 54.3% pointed out that no training was arranged after NGOs interventions, 43.5% pointed 1-10 no of training, 2.2%, 11-25 no of trainings of traditional birth attendance after the intervention. It was explored globally that most of the childbirths cases happen at home, and which only half of the delivery cases attended by traditional birth attendants (TBA) [WHO, 1994]. In developing countries half of the child birth cases were handled by untrained TBAs [WHO, 2000].

Regarding the number of Dengue virus awareness campaign 97.4% respondents no campaign was launched before NGOs interventions, While, 90.0% respondents opined that no campaign was arranged after, 9.1% pointed 1-8 and 0.9% pointed out 9-15 campaigned after intervention. It is due to no threat of level of dengue Integrated Community Development Initiative (ICDI) is a non-governmental organization has launched a dengue virus awareness campaign. Pamphlets regarding dengue fever were distributed amongst the common public at hospitals. Workshops, schools, shops, care service stations, passenger traveling in vehicles and restaurants [The Daily News, 2011] health problem and especially communicable diseases are global issues that required collective efforts to deal with the pandemic [Thakur & Jain, 2020].

Out of total respondents, 72.6% of respondents highlighted that no training of health worker on new technology was arranged before NGOs intervention, 27.4% pointed out 1-20 trainings. While, 27.8% pointed out no trainings of health worker, 53.5%, 1-20 trainings 13.5% pointed 21-40 trainings and 5.2% pointed out 41-60 training of health worker on new technologies after intervention. NGOs working locally need to arrange training of health worker on

use of new technologies, which is presently ignored. Moreover the number of newsletters and pamphlets regarding health protection 97.4% respondents responded that no newsletters and pamphlets were distributed before NGOs intervention regarding health protection, While, 3.5% answered in negative 28.7% pointed out 1-25 percent, 35.7% pointed 26-50 percent, 27.0% pointed out 51-75 percent and 5.2% pointed out 75-100 percent after NGOs interventions. It is probable have that print media is given importance in propagation in health protection. According to [The Daily News, 2011], Pamphlets

regarding dengue fever were distributed amongst the common public at hospitals. Workshops, schools, shops, care service stations, a passenger was travelling in vehicles and restaurants.

Out of total respondents, 96.5% of respondents pointed out that no programs on hashed old practices and hygiene were launched before NGOs intervention. However, after NGOs intervention, 8.7% answered that no programs were launched, 32.6% pointed out 1-25 programs, 42.6% pointed out 26-50 programs, 12.2% pointed out 51-75 programs and 3.9% pointed out 76-100 programs respectively. It is clear from the report of [UNICEF, 2010] mothers are counseled on household practices like basic hygiene and breastfeeding, and on how to identify and treat diseases like pneumonia and diarrhea.

Asking about number of counseling session on using ORS for treatment of diarrhoea and the life-saving message about prevention of communicable disease, 94.8% said that no counselling sessions were held before, held after 49.1% pointed out 1-25 sessions, 26.5% pointed out 26-50 sessions, 7.0% pointed out 51-75 sessions and 3.9% pointed out 76-100 number of counselling sessions respectively. It is depicted from the data counselling was not a part to the mandate of NGOs working locally. The availability of oral rehydration salt (ORS) has been increased in markets from 61% in 1999-2000 to 67% in 2004 [BDHS, 2004]. There lady health workers carry out concentrated nutrition, health and hygiene promotion activities through counseling sessions, given demonstrations on the use of oral rehydration salts (ORS) for the treatment of diarrhea, and convey important life-saving messages regarding the prevention of infectious diseases like skin infections, pneumonia diarrhea and malaria [UNICEF, 2010].

Table 2. Showing Health Awareness Aspect

| Statements | Total | Range | Pre | Post |
|-------------------------------------|----------|--------|---------------------|-----------------------|
| Number of Tobacco control campaigns | 230(100) | 0 1 | 220(95.7) 2(0.9) | 82(35.7) 134(58.3) |

| Statements | Total | Range | Pre | Post |
|---|----------|--------|-----------|-----------|
| | | 2-65 | 8(3.5) | 14(6.1) |
| Number of preventive program for HIV/AIDS | 230(100) | 0 | 185(80.4) | 138(60.0) |
| | | 1-5 | 36(15.7) | 62(27.0) |
| | | 6-45 | 9(3.9) | 30(13.0) |
| Number of health and nutrition education increased | 230(100) | 0 | 209(90.9) | 45(19.6) |
| | | 1-25 | 20(8.7) | 53(23.0) |
| | | 26-50 | 1(0.4) | 68(29.6) |
| | | 51-75 | 0 | 51(22.2) |
| Number of immunization awareness program | 230(100) | 76-100 | 0 | 13(5.7) |
| | | 0 | 221(96.1) | 52(22.6) |
| | | 1-25 | 6(2.6) | 54(23.5) |
| | | 26-50 | 0 | 63(27.4) |
| Number of health and hygiene sessions | 230(100) | 51-75 | 3(1.3) | 43(18.7) |
| | | 76-100 | 0 | 18(7.8) |
| | | 0 | 223(97.0) | 11(4.8) |
| | | 1-10 | 7(3.0) | 201(87.4) |
| Number of training of traditional birth attendance (TBA) | 230(100) | 11-80 | 0 | 18(7.8) |
| | | 0 | 230(100) | 125(54.3) |
| | | 1-10 | 0 | 100(43.5) |
| Number of Dengue virus awareness campaigns | 230(100) | 11-25 | 0 | 5(2.2) |
| | | 0 | 224(97.4) | 207(90.0) |
| | | 1-8 | 4(1.7) | 21(9.1) |
| Number of training of health workers on new technologies | 230(100) | 9-15 | 2(0.9) | 2(0.9) |
| | | 0 | 167(72.6) | 64(27.8) |
| | | 1-20 | 63(27.4) | 123(53.5) |
| | | 21-40 | 0 | 31(13.5) |
| Number of newsletters and pamphlets regarding health protection | 230(100) | 41-65 | 0 | 12(5.2) |
| | | 0 | 224(97.4) | 8(3.5) |
| | | 1-25 | 3(1.3) | 66(28.7) |
| | | 26-50 | 3(1.3) | 82(35.7) |
| Number of program on household practices and basic hygiene | 230(100) | 51-75 | 0 | 62(27.0) |
| | | 76-100 | 0 | 12(5.2) |
| | | 0 | 222(96.5) | 20(8.7) |
| | | 1-25 | 5(2.2) | 75(32.6) |
| Number of Counseling sessions on using ORS for treatment of diarrhea and life saving massage about prevention of communicable disease | 230(100) | 26-50 | 3(1.3) | 98(42.6) |
| | | 51-75 | 0 | 28(12.2) |
| | | 76-100 | 0 | 9(3.9) |
| | | 0 | 218(94.8) | 31(13.5) |
| | | 1-25 | 12(5.2) | 113(49.1) |
| | | 26-50 | 0 | 61(26.5) |
| | | 51-75 | 0 | 16(7.0) |
| | | 76-100 | 0 | 9(3.9) |

Testing Hypothesis of Health Awareness Variable with T Test Analysis

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

Ho = Number of tobacco control campaign not increased after NGOs intervention.

H1 = Number of tobacco control campaign increased after NGOs intervention.

The study also revealed that tobacco control campaign after NGO intervention in the area indicated as significant ($P = 0.000$) and the mean difference value- 0.900. It is pertinent from the results that awareness campaign also a part of NGOs mandate along with the provision of commodities. The NGOs and civil society's network have done the greater job for worldwide tobacco control policies at the international level and to implement these policies at the local level ([Mindell, 2002](#)). CSOs have intervened in international policies associated with women's health, tobacco control,

humanitarian aid, pharmaceuticals and right of entry to treatment for HIV/AIDS, dengue, COVID-19, food value and security (Randell et al., 1997; [Dodgson, Dodgson et al., 2002](#); [Rose et al., 2018](#); and [Maserat et al., 2020](#)).

Ho = Number of the preventive program for HIV/AIDS have not increased after NGOs intervention.

H1= Number of the preventive program for HIV/AIDS have increased after NGOs intervention.

The study also examined that the statement "preventive program for HIV/AIDS" had a high significant value ($P=0.000$); this confirm the rejection of the null hypothesis and acceptance of the research hypothesis. The mean difference value of -1.822 shows its dependence on NGOs intervention. (It is evident from the data HIV/AIDS protection was not in the cards of NGOs operating in the study area ([Gostelow 1999](#); and [Dodgson et al., 2002](#) and). CSOs have intervened in international policies associated with women's health, tobacco control, moral standards in humanitarian aid, pharmaceuticals and right of entry to treatment for HIV/AIDS, food value and security. In 2002, the USAID people, nutrition and health funding cover family planning/reproductive health, HIV/AIDS and communicable disease ([USAID, 2002](#)). 70% of medical services are provided by the private sector; various NGOs have done an important job to regarding the awareness of HIV/AIDS (causes and effects) ([NAPPCNCD, 2004](#)). The numbers of HIV/AIDS patients have been increasing day by day and has reached the disaster and pandemic level these days, ultimately looking for NGO intervention to control such kind of communicable life threatening diseases ([Tibinyane, 1990](#); & [Maserat et al., 2020](#)).

Ho = There were no increase in health and nutrition education after NGOs intervention in the area.

H1= There were an increased in health and nutrition education after NGOs intervention in the area.

The study further explored that an increased health and nutrition education predicted significant value ($P=0.000$). Thus the null hypothesis is rejected, and the working is accepted. The mean difference value [- 36.504] show an increase in health and nutrition education after NGOs intervention. It is attributable to the mandate of NGOs working in the study area, which cover health nutrition also these are in time to a survey conducted at the department of health and nutrition and the department students were asked some questions, in which twenty girls

were interviewed in which 13 they replied that they were scared to get fat or gain weight. Also, it was found that in these 20 girls, only seven girls said that they have not yet completed this course but have learned so many new things about my body and the way it works. And they can lead a healthy life from the knowledge they have accumulated from this course ([Mitchell, 1990](#)).

Ho = There was no immunization awareness program after NGOs intervention.

H1= There was immunization awareness program after NGOs intervention.

Immunization awareness program after NGOs intervention in the study area is depicting a significant value ($P=0.000$) with a mean difference value [-35.713]. It is extracted from the data immunization awareness programs was also a part of the NGOs mandate. the global Alliance for Vaccines and Immunizations(GAVI) stresses that more expensive and new vaccines has raised the expenses of the immunization programs at the country/nation level, making the upcoming financing of the programs extremely vulnerable (GAVI, 2004).

Ho = Number of health and hygiene session have not increased after NGOs intervention.

H1= Number of health and hygiene session have increased after NGOs intervention.

The study also indicated that health and hygiene session were delivered after NGOs intervention has high significant value ($p= 0.000$). So null hypothesis is rejected, and the research hypothesis is accepted with a mean difference [-6.296].

Ho = There was no training on traditional birth attendance after NGOs intervention.

H1= There was training on traditional birth attendance after NGOs intervention.

Training traditional birth attendance increase after NGOs intervention has high significant value (0.000). Thus the null hypothesis is rejected, and working is accepted with a mean difference value [- 2.878]. It was explored globally that most of the childbirths cases happen at home, and which only half of the delivery cases attended by traditional birth attendants (TBA) ([WHO, 1994](#)). In developing countries, half of the childbirth cases were handled by untrained TBAs ([WHO, 2000](#)).

Ho = Number of dengue virus awareness program has not increased after NGOs intervention.

H1= Number of dengue virus awareness program has increased after NGOs intervention.

The study further disclosed that the dengue virus awareness program after NGOs intervention has significant value (0.047); thus, the null hypothesis is rejected, and working is accepted. Also, analysis disclosed a mean difference [-0.226]. Integrated Community Development Initiative (ICDI) is a non-governmental organization that has launched a dengue virus awareness campaign. Pamphlets regarding dengue fever were distributed among the common public at hospitals. Workshops, schools, shops, care service stations, a passenger is travelling in vehicles and restaurants ([The Daily News, 2011](#)).

Ho = There was no training of health worker on new technology before NGOs intervention.

H1= There was training of health worker on new technology after NGOs intervention.

The study further examined that training of health worker on new technology has a high level of significance (P=0.000). Therefore the null hypothesis is rejected, and the research hypothesis is accepted. The analysis also shows the mean difference value [-9.648].

Ho = There were no newsletters and pamphlets regarding health protection distributed after NGOs intervention in the area.

H1= There were newsletters and pamphlets regarding health protection distributed after NGOs intervention in the area.

The study also disclosed the statement newsletters and pamphlets regarding health protection distributed after NGOs intervention” had high significant value (P=0.000). So the null hypothesis is rejected. The mean difference value stands at [- 41.939]. It is probable have that print media is given importance in propagation in health protection. According to ([The Daily News, 2011](#)), Pamphlets regarding dengue fever were distributed amongst the common public at hospitals. Workshops, schools, shops, care service stations, a passenger travelling in vehicles and restaurants.

Ho = There were no household practices and basic hygiene after NGOs intervention.

H1= There were household practices and basic hygiene after NGOs intervention.

The table provides information with reference to household practices, and basic hygiene has a high level of significant value (P=0.000). Therefore null hypothesis is rejected, and working is accepted. The negative mean differences value show that household practices and basic hygiene is increase to a greater extend [-35.574]. It is clear from the report of ([UNICEF 2010](#)) mothers are counselled on household practices like basic hygiene and breastfeeding and that to identify and treat diseases like pneumonia and diarrhoea.

Ho = There were no Counseling sessions on using ORS for treatment of diarrhoea and life-saving message about prevention of communicable disease after NGOs intervention in the area.

H1= There were Counseling sessions on using ORS for treatment of diarrhoea and life-saving message about prevention of communicable disease after NGOs intervention in the area

The study further examined that counselling session on using ORS for treatment of diarrhoea and life-saving message about prevention of communicable disease showed high significance value (P= 0.000). Thus null hypothesis is rejected with a mean difference value [-27.013]. It is depicted from the data counselling as a part of the mandate of NGOs working locally. The availability of oral rehydration salt (ORS) has been increased in markets from 61% in 1999-2000 to 67% in 2004 (BDHS 2004). These lady 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](#))

Table 3. Showing the Health Awareness Variable Result with T-Test Analysis

| Statement | Pre | | Post | | Mean difference | T value | P-value |
|--|-------|----------------|--------|----------------|-----------------|---------|---------|
| | Mean | Standard Error | Mean | Standard Error | | | |
| Number of Tobacco control campaigns | 1.639 | 0.633 | 2.539 | 0.691 | -0.900 | -5.907 | 0.000 |
| Number of preventive program for HIV/AIDS | 0.913 | 0.172 | 2.735 | 0.449 | -1.822 | -5.136 | 0.000 |
| Number of health and nutrition education increased | 1.009 | 0.297 | 37.513 | 1.821 | -36.504 | -19.274 | 0.000 |

| | | | | | | | |
|--|-------|--------|--------|-------|---------|---------|-------|
| Number of immunization awareness program | 1.070 | 0.542 | 36.783 | 1.951 | -35.713 | -18.726 | 0.000 |
| Number of health and hygiene sessions | 0.178 | 00.079 | 6.474 | 0.876 | -6.296 | -7.579 | 0.000 |
| Number of training of traditional birth attendance (TBA) | 0.000 | 0.000 | 2.878 | 0.319 | -2.878 | -9.012 | 0.000 |
| Number of Dengue virus awareness campaigns | 0.126 | 0.079 | 0.352 | 0.109 | -0.226 | -1.995 | 0.047 |
| Number of training of health workers on new technologies | 1.878 | 0.228 | 11.526 | 0.854 | -9.648 | -13.115 | 0.000 |
| Number of newsletters and pamphlets regarding health protection | 0.796 | 0.385 | 42.735 | 1.613 | -41.939 | -25.667 | 0.000 |
| Number of programs on household practices and basic hygiene | 1.078 | 0.565 | 36.652 | 1.564 | -35.574 | -23.472 | 0.000 |
| Number of Counseling sessions on using ORS for treatment of diarrhoea and life-saving message about prevention of communicable disease | 0.770 | 0.252 | 27.783 | 1.466 | -27.013 | -18.179 | 0.000 |

Conclusions

The study titled People health awareness and Non-Government Organizations Intervention; A post crisis analysis was conducted in Swat Pakistan. The sole objective of the study was to analyse the level of satisfaction of local after NGO intervention in health awareness. The study found that the NGOs working in the study area had successfully contributed to provide health awareness opportunities to local. The study found the NGOs successfully arranged awareness sessions, workshops, and seminars and launching campaign against tobacco control, HIV prevention and awareness, awareness on communicable diseases, immunization awareness, dengue virus awareness, birth spacing, health protection, basic hygiene, life-saving messages and community development programs for the survival of the newborn baby. In addition, knowledge regarding health workers and counselling session were also carried out, which successfully trickled down the

required know-how to the people of the area regarding their health.

Recommendations

The government and NGOs extend their projects to other far plunged neglected areas while focusing on communicable diseases that ultimately lead to the control of various life threatening disease. 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. The government should ensure the awareness and participation of local and their leaders in the planning and need identification. Preventive health efforts must be initiated by both public and private agencies at the community level. Health hygiene and communicable diseases related material must be included in the textbooks of private and public school at all level.

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