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ENHANCING ESSENTIAL HEALTHCARE: POLICY RECOMMENDATIONS FOR NON-GOVERNMENTAL ORGANIZATIONS WORKING IN REMOTE AREAS OF NORTHERN PAKISTAN

Shamim Akhter[*1], Aisha Butt[2], Khawaja Muhammad Ibrar[3]

[*1]*Department of Earth Sciences, University of Sargodha, Sargodha.*
[2]*Department of Civil, Environment and Transportation Systems, University of Sargodha, Sargodha.*
[3]*Médecins Sans Frontières*

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Corresponding Author: *
Shamim Akhtar

Abstract

The provision of essential healthcare in the remote regions of Pakistan remains critically constrained by geographical isolation, weak infrastructure, and adverse climatic conditions. Non-governmental organizations (NGOs) have always played vital roles in addressing these gaps; however, their effectiveness is limited by fragmented coordination with governmental bodies, insufficient policy contextualization, and reliance on short-term donor funding. This study identifies key systemic challenges. These include high maternal and neonatal mortality, increased prevalence of respiratory and waterborne diseases, and acute difficulties in accessing timely trauma and emergency care. The findings underscore structural inefficiencies such as weak integration into the local healthcare system, limited accountability frameworks, and the absence of tailored health policies for remote areas. To address these deficiencies, the study proposes the establishment of formal NGO coordination units, strategic investment in female community health workers, development of trauma stabilization centers, and formulation of culturally sensitive, region-specific policy guidelines. The study suggests that situating NGOs within a structured governance framework and fostering collaborative engagement with community-based organizations can support sustainable healthcare delivery in peripheral regions and improve health outcomes in marginalized populations.

1. INTRODUCTION

Executive Summary:

This brief addresses the **important delays in healthcare delivery** and structural problems encountered by NGOs working in **underdeveloped** areas of Pakistan. Though these organizations play a pivotal role in service delivery, the lack of region-specific policy guidelines and coordination with government regulators limits their efficiency. Based on interviews and policy analysis, this document provides useful recommendations for provincial health departments, the ministry of national health services and their respective regional secretariats to improve the healthcare service delivery through partnerships with these active NGOs.

Current Challenge:

Provision of essential healthcare remains a grave concern for women, children and newborns in Pakistan particularly in northern and remote areas due to inadequate infrastructure, harsh climatic conditions, and geographical remoteness. The lack of structural healthcare and limited NGO-government coordination further hinder access to

basic health services in these underserved, geographically isolated areas.

Data Inquiry:

To examine the on-ground challenges, we **conducted in-person visits** to the area and carried out interviews with various NGO representatives, district health officers, and community health workers in these regions. We also reviewed Policy documents of provincial and federal health policies to explore the **regulatory gaps and existing challenges**.

Analysis Outcomes:

The analysis of qualitative data indicated following pressing challenges in healthcare sector particularly for women, children, and gynecological issues:

- Most NGOs operate independently without formal linkage to **District Health Information System (DHIS)**, causing data fragmentation **and inefficiencies**.
- National health policies seldom tailor implementation strategies to the geographical and cultural realities of AJK, GB, and KPK, especially in regions with harsh terrain and political **constraints**. There are **insufficient** investments in training and retraining of female community health workers, particularly in border areas and conflict-sensitive zones.
- Most NGOs rely on short term donor funding from international funding agencies like WHO etc. without policy safeguards.
- No government accountability structure exists for evaluating NGO interventions, making it difficult to scale best practices. This lack of governance and government checks creates several transparency issues and the misallocation of international funding toward administrative and personal expenses rather than addressing the need of the actual effected population.

Since people of these areas construct poorly ventilated homes and during winter season, they burn wood and coal for heating and cooking purposes, so respiratory ailments like asthma and chronic obstructive pulmonary disease (COPD) are commonly observed in these areas. Due to poor quality food and limited availability, most of the women and children suffer from nutritional issues. In addition, because of low exposure to sunlight during extended winter season, a significant amount of cases is found having vitamin D deficiency. Iodine is an essential nutrient for the people who live in mountain areas but during the survey, Iodine deficiency is also common due to lack of iodine in the diet. Similarly, in these areas contaminated drinking water from streams, rivers and even melting glaciers causes diseases like diarrhea, typhoid and hepatitis. Common cold, rhinitis, pharyngitis and skin rashes are some of the other common illnesses throughout the year, which result from high altitude and seasonal changes like heavy rainfall and snowfall.

Maternal & neonatal morbidity/mortality is yet another core health issue which cannot be ignored in these areas. During the winter season, people in the northern areas lack timely access to health care facilities and hospitals. These issues put both mothers and neonates at significant risk. Preventable complications during the pregnancy and childbirth lead to maternal fatalities in these areas. Proper neonatal care is unavailable in most of these areas. According to a demographic and health survey in 2017-18, one out of every five children dies before the age of five years. The unavailability of essential health care coupled with the lack of employment opportunities in extreme weathers, many people are living below the poverty line, making it even more difficult for the local population to access health services, which often require long-distance travel. The government-supported healthcare facilities are very limited, face governance issues and are not easily accessible for all in the remote areas.

Our survey indicated that the rugged terrain and steep mountainous inclines of Azad Kashmir and Gilgit-Baltistan pose significant challenges in accessing when it comes to access conventional healthcare facilities. The unique topography of the region creates physical barriers which makes it very difficult for residents of these remote communities to reach the hospitals and clinics. The geographical hurdles have dire repercussions, often leading to untreated illnesses and avoidable

deaths due to inaccessibility to essential medical services.

The steep mountainous slopes and poor infrastructure make it difficult for the population to reach healthcare facilities in a timely manner, resulting in minor diseases leading to major ailments. Chronic diseases go unmonitored and lack of timely interventions for trauma that leads to preventable deaths and lifelong disabilities. Emergency conditions such as trauma and heart attack (MI), strokes and shock becomes particularly common in such environments where sheer distance and difficult travels results in lives being lost while on the way to the nearest health facility.

Finally, the lack of accessible healthcare facilities disproportionately affects vulnerable populations, including children, pregnant women and the elderly population. Routine healthcare checkups, vaccinations, maternal and child care and chronic disease management is frequently neglected, worsening the overall health crisis in these regions. Coupled with the extreme weather conditions, the situation becomes even more alarming during winter months when heavy snowfall isolates these communities.

Policy Recommendations:

➢ To improve transparency, reduce service duplication, and strengthen local healthcare systems, each provincial health department should establish a formal NGO Coordination Unit (NCU). These units should:

1. Implement a centralized NGO registration and verification system.
2. Allow working to only serious NGOs having intention and capacity to serve the needy people.
3. Host quarterly coordination meetings.
4. Develop a digital platform for real-time health data sharing.

This structured collaboration will enable efficient resource allocation, targeted interventions, and improved oversight

➢ To reduce maternal morbidity and child mortality, targeted investments must be made in maternal health, nutrition, and early childhood care. This can be achieved by:

- **Launching a joint certification program** for female health workers through public-private partnerships, with a focus on midwifery, vaccination, and nutrition.
- **Deploying trained female health workers** in underserved and remote communities to ensure continuous antenatal, perinatal, and postnatal care.
- **Prioritizing child nutrition and immunization programs** in high-risk areas to reduce stunting, malnutrition, and under-five mortality.

➢ To reduce mortality from injury-related emergencies, the government should establish **trauma stabilization centers** in remote mountainous areas, supported through **co-funding arrangements with international partners.** These centers will provide timely care for trauma cases resulting from road accidents, stone falls, and weather-related incidents, ensuring rapid intervention where referral delays often prove fatal.

➢ Involvement of the concerned community plays a pivotal role in the work that NGOs are performing. The ministry of National health services should issue context specific guidelines for northern regions of Pakistan considering cultural sensitivities, security constraints and climatic factors. This aligns national policies with regional needs, increasing implementation efficacy.

➢ Collaborate with local governments and community-based organizations (CBOs) is essential to overcome access and cultural barriers in remote northern regions. While these CBOs may lack resources, their deep understanding of local dynamics and trust within communities make them valuable implementation partners. The Ministry should establish a **local partnership framework**, enabling national and international NGOs to **jointly operate with vetted CBOs**, such as Kashmir Welfare, to expand access, improve community acceptance, and ensure culturally informed service delivery in hard-to-reach areas

Conclusion:

The success of healthcare interventions in the far-flung areas depends on efforts of NGOs supported by an establishing environment provided by the government. These recommendations aim to bridge the gap between community needs and regulatory frameworks, ensuring that organizations serve as key partners in sustainable health development of these underdeveloped and peripheral areas.