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Assessing the status and recognizing the performance of various nongovernmental organizations in providing health-oriented services as opportunities in promoting community health

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Abstract:

BACKGROUND: nongovernmental organizations (NGOs) are the hidden system of promoting public health and the symbol and mediator of people's participation. The aim of the present research was to assess the status and recognize the performance of various NGOs in providing health-oriented services as opportunities in promoting community health.

MATERIALS AND METHODS: The present study was a descriptive-analytical (cross-sectional) study, which was conducted on the position and function of all NGOs in Kerman from February 2014 to the end of January 2015. A researcher-made checklist was used to collect the data, which was designed based on the statutes of NGOs. The information was collected from a total of 150 NGOs. To analyze the data, in addition to descriptive statistical tests (frequency, percentage, mean, and standard deviation), other tests were also used (Chi-square test and Fisher's exact test). Moreover, all data analysis was done using SPSS (ver. 16).

RESULTS: There was a significant relationship between the levels of prevention and field of activity and the objectives and methods of implementation of these objectives ($P < 0.001$). There was a significant relationship between health prevention levels in the target community of the NGO and initial assets ($P = 0.02$), licensing organization ($P < 0.001$), management type in terms of the board of trustees or membership availability ($P < 0.001$), relevance of members' major with organizational goals ($P = 0.02$), and activeness or inactiveness of the organization ($P = 0.007$).

CONCLUSION: The results showed that there was a relationship between NGO's target population in terms of levels of prevention and the studied factors. The relationship between the services of these organizations and the levels of prevention is a very important and effective role in community health promotion.

Keywords:

Health promotion, nongovernmental organizations, performance, prevention, voluntary organizations

Introduction

Nongovernmental organizations (NGOs) are institutions formed by aligning objectives and the public participation to achieve a common goal. According to

the World Commission's Report, entitled "Our World Neighborhood," the number of NGOs was <100 in 1900. Now, the same number is estimated to be three million by taking into account all NGOs active at the local and national levels.

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^[1] Today, NGOs are doing social activities at local, national, regional, and global levels.^[2] Herbert Spencer, the social philosopher of the second half of the 19th century, believed that “communities may not be built through simple gathering of individuals; there is dire need to an organization for purposeful interpersonal cooperation.”^[3] “Consultative status” of NGOs was approved by the Economic and Social Council of UN General Assembly in Resolution No. 44 of February 1946.^[4] The statute of International Federation of Red Cross and Red Crescent states, “Humanity means to protect human’s life, health and ensure respect for them”.^[5] Public participations in the form of NGOs lead to self-reliance and self-belief and finally to the fulfillment of individual, social, and cultural needs of humans.^[2,4] NGOs, as efficient and complementary public sector institutions, enjoy special position in achieving development goals.^[6] NGOs were referred to as “partners to achieve sustainable development” in Agenda 21 adopted at Earth Summit in Rio.^[7] Kofi Annan, the former UN Secretary General, referred to 21st century as “the age of NGOs.”^[8] NGOs can come up with a strategy of justice and economic prosperity to promote health justice.^[9] NGOs can provide health promotion support by filling the gap of health systems in community and improve individual community health by healthy living.^[10] National development requires a creative, real, and organized participation on the part of people. The public participation plays an important role in humanitarian services,^[11] health improvement, and reduction in poverty and healthcare inequalities among communities. The public, as the main asset of development, must be customer satisfaction and mentally and physically healthy to contribute to the achievement of this important goal.^[7,12] Despite the extensive activities of NGOs in various fields and dimensions, however, they are less known as an organization to promote public health.^[7] This is because these organizations generally belong to a nonmedical and health system and therefore are not considered in the community as a source of activities and interventions related to health.^[13] Therefore, NGOs are hidden systems improving health outcomes at the society level. Currently, there is a growing tendency to provide services through NGOs and seek support for access to health resources in Iran. The aim of the present research was to assess the status and recognize the performance of various NGOs in providing health-oriented services as opportunities in promoting community health.

Materials and Methods

Study design and setting

This was a descriptive–analytical (cross-sectional) study, which was conducted on the position and performance of all NGOs in Kerman from February 2014 to the end of January 2015. Kerman is the most important city in the

southeast of Iran. The population of this city was equal to 534,441 people according to the 2011 census; however, the actual population is 712,000 people due to lack of formalized informal settlements and the suburban’s use of urban facilities.

NGOs are formed around different axes with regard to culture, lifestyle, and various situations in each country. NGOs have adopted a comprehensive approach to reduce human pains, increase interest and financial ability of the poor, protect environment and development, improve social and public services, enhance the quality of life, and most importantly help build the desired future.^[14]

Study participants and sampling

Census sampling was used for data collection based on the nature of the study. The information of a total of 150 NGOs, which received their licenses from governor general, welfare, and youth organizations, was collected. In above three governmental organizations, there is a department called social management department that issues licenses based on the laws and instructions after studying the question, scope of activity, statutes, identity records, and other cases of NGOs. Hence, such organizations are somehow under the indirect monitoring of relevant governmental organizations and should be accountable to them. To renew their license, NGOs should deliver a written report of their activities during the last 6 months to the licensing organization

Data collection tool and technique

In Iran, three organizations, Social Deputy in the Governor’s Office, Welfare Organization, and Sport and Youth Organization, are authorized to issue licenses to the NGOs. A checklist was used to collect the data in the present study. Statutes of each NGO were separately studied, and the related checklist was completed based on the statutes’ contents. Goals of each NGO were studied separately, and each goal was placed in the following five categories with regard to its writing procedure in the statute: educational, supportive, social services, healthcare, and cultural and religious [Figure 1]. Based on the statutes, the method to accomplish the goals

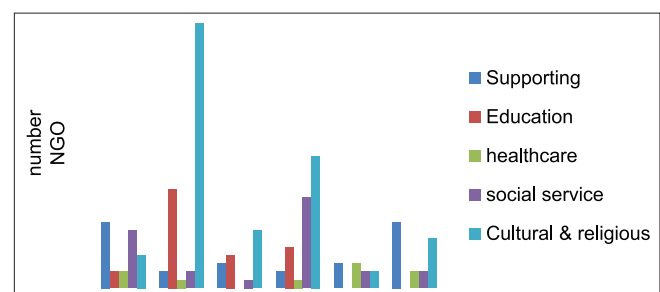


Figure 1: Frequency of target population’s goals mentioned in the statute of nongovernmental organizations (n = 150)

was divided into educational; supportive equipment and educational (such as workshop and conference); and educational and supportive, equipment and supportive, and/or a combination of these three items [Table 1].

The field of activity stipulated in the statutes of NGOs was divided into the following four categories: 1 - activities in the field of social pathologies such as poverty an addiction (primary prevention) and MS patients and cancer patients (secondary and tertiary prevention); 2 - social fields such as sports and environmental activities (primary prevention); 3 - supportive fields such as physically and mentally disable individuals, the blind and deaf, the elderly, chronic patients (secondary and tertiary prevention); and 4 - religious fields (primary prevention) [Table 1].

The target population was divided into six categories, including children younger than 14 years, youth, women, the public, patients, and physically and mentally disabled individuals [Figure 1]. Without exception, the following funding channels are stipulated in all NGOs' statutes: (1) gifts, donations, endowments, and imprisonment; (2) premium membership; (3) proceeds of the activities carried out by NGOs in the framework of the objectives of the statute and regulations).

In the present study, NGOs with an initial investment of <10 million Riyals (310 US dollars) have been considered as organizations lacking basic assets. Further, organizations providing primary prevention were classified into following organizations based on their target population: NGOs providing services to children under 14 years, young people (between 14 and 29 years), women, and all segments of society.

Organizations providing secondary or tertiary preventions were classified into two following organizations based on their target population: organizations that provide services to patients and physically and mentally disabled

individuals. The validity of the checklist was confirmed by 10 faculty members and experts in the field and was corrected based on their opinions. Then, the checklist's questions were completed by the researcher. The Lawshe formula was used to calculate the content–validity ratio, and then, the final tool was corrected and used. For the reliability of this checklist, by determining the internal similarity on the answers provided by 30 research units, Cronbach's alpha method was calculated and the reliability was confirmed with $\alpha = 0.95$.

In the present study, NGOs were divided into two groups. In the first group with the aim of early/primary prevention, services such as sports and religions activities were offered to 14-year-old orphans and orphaned women. The purpose of the second group was secondary and tertiary prevention; the clients of this group are the physically and mentally disabled people such as blind, deaf, the mentally handicapped, and those with cancer, MS, and thalassemia patients.

To analyze the data, in addition to descriptive statistical tests (frequency, percentage, mean, and standard deviation), other tests were also used (Chi-square test and Fisher's exact test). Moreover, all data analysis was done using SPSS (ver. 16) (IBM, SPSS Inc., Chicago, Illinois, USA).

Ethical consideration

This article is a part of the doctoral thesis on health education and health promotion with the ethics code IR-TUMS.SPH.REC.2016-502. Statuses of NGOs were studied after obtaining the permission from three governmental organizations, and the researcher refused to study names and other personal information contained in cases of NGOs and entered all data into SPSS Software.

Results

In this study, 150 NGOs of city of Kerman were studied.

Table 1: Distribution of relationship between prevention level and scope of activity and method of implementing of objectives in the statutes of nongovernmental organizations, Kerman (Chi-square test and Fisher's exact test)

	Total, n (%)	Primary prevention, (n=122)	Secondary and tertiary prevention (n=28)	P
Areas of activity				
Social pathology	55 (36.7)	37 (67.3)	18 (32.7)	0.001
Social	66 (44)	63 (95.4)	3 (4.5)	
Supportive	14 (9.3)	7 (50)	7 (50)	
The religious	15 (10)	15 (100)	0	
Implementation objectives				
Education	37 (24.7)	35 (94.6)	2 (5.4)	0.001
Support	24 (16.0)	18 (75)	6 (25)	
Equip and education	9 (6.0)	8 (88.9)	1 (11.1)	
Education and support	30 (20.0)	21 (70)	9 (30)	
Equip and support	26 (17.3)	19 (73)	7 (27)	
Equip and education and support	24 (16.0)	21 (87.5)	3 (12.5)	

In terms of types of activities, these NGOs were divided into two categories, including primary NGOs and secondary and tertiary NGOs. Primary NGOs accounted for 81% of a total of 150 NGOs and the rest of them were secondary and tertiary NGOs. There was a significant relationship between type of the NGOs and the studied variables, including initial assets, licensing organization, the board of trustees or membership availability, cooperation of experts with the NGOs in its activity area, and activeness or inactiveness of the organization at the time of the study. Ninety-three (62%) of NGOs, around 81% of which were active in the primary prevention and the rest were secondary and tertiary NGOs, had initial capital. Further, in terms of the type of certificate, 49 (32.7%) of NGOs, around 80% of which were active in the primary prevention, had obtained their operating license from the general governor organization. Moreover, 40 (26.7%), around 60% of which were active in the primary prevention, obtained their operating license from the welfare organization. Further, 61 (40.6%) of NGOs, more than 96% of which were active in the primary prevention, obtained their operating license from the Youth and Sports organization that is more than 96% ($P = 0.001$). Regarding the type of management, a total of 90 (60%) of NGOs, more than 71% which were active in the primary prevention ($P = 0.001$), had registered their internal management in the form of the board of trustees.

In addition, there was a significant difference between the two groups in terms of the presence of relevant expert among NGO members ($P = 0.02$) so that 80% out of 90 (60%) NGOs, which reported the cooperation of members with their field of activity, were active in the primary prevention. It should be noted that 104 (69.3%) of NGOs, 78% of which were primary prevention NGOs, were active in terms of activeness or inactiveness of NGOs at the time of the study [Table 2].

There was a significant statistical relationship between types of NGOs and studied variables, including activity area, objectives, and methods. Of the 55 NGOs licensed to work in the field of social pathology, more than 67.3% are active in primary prevention activities. Of the 66 NGOs licensed to work in the social field, more than 95% are active in primary prevention activities. Of the 14 NGOs licensed to work in advocacy, 50% are involved in primary prevention activities. All non-governmental organizations licensed to work in the field of religion are active in primary prevention activities. In terms of achieving the objectives, the educating method (37 organizations, some 95% of which were active in the primary prevention) was accounted as the most [Table 1].

In terms of goals, the most registered ones (67 [44.7%]) in the NGO's respective statutes were of cultural-religious

nature, most of which (32 [47.8%]) recorded with youth target population orientation [Figure 1].

Discussion

The results showed that there was a relationship between NGO's target population in terms of levels of prevention and the studied factors. Most organizations that had initial capital were active in the primary level of prevention. However, in the present study, all NGOs used various financing methods such as receiving gifts, donations and gift from natural and legal persons, whether public and private, domestic and foreign persons, endowments, proceeds from activities conducted within the law, membership fees, and loans and facilities from banks and financial and credit institutions, which was confirmed in the same study.^[15]

In the present study, the youth organization, as a licensing organization, issued the highest number of licenses for NGOs, which were active in the primary level of prevention, which in turn indicates the active participation of young people in social activities. In a study, Abbas-Zadeh *et al.* (2011) wrote that reducing social anomie by applying leverages or any other factors among youth requires us to lead them toward collaborative works and NGOs.^[16] William James (1913) believed that peaceful activities that require effort and dedication can make "social energy" like wars.^[3]

In the present study, the management system of most NGOs was stipulated to be in the form of board of trustees in their statutes. Government and nongovernment health centers have different statutes that make them affiliated with nonprofit organizations.^[17] Charities are one of the most important pillars of hospital funding.^[18] In a research on domestic charity hospitals, the researchers wrote that little and limited attention was paid to the contribution of human resources in the board of trustees management in various management issues and the board of trustees decides independently and human resources, as process owners, are not sufficiently considered.^[19] However, similar studies in other countries have shown the opposite.^[20-22]

In the present study, "social" sphere accounted for the most field of activity in the primary level of prevention and activities on "social pathologies" were the most frequent activities in the secondary and tertiary preventions. In an article, Ramezani Ghavamabadi (2011) wrote that "Social prevention is defined as educational, cultural, economic, and social measures and methods adopted by the government and NGOs in the context of having a healthier social and physical environment for the elimination or reduction of social pathologies," which is consistent with the findings of the present

Table 2: Distribution of the relationship between prevention levels with the structure recorded in the statutes of nongovernmental organizations in Kerman (Chi-square test and Fisher's exact test)

	Total, n (%)	Primary prevention, (n=122)	Secondary and tertiary prevention (n=28)	P
Finance				
Yes	93 (62)	75 (80.7)	18 (19.4)	0.02
No	57 (38)	47 (82.5)	10 (17.5)	
License				
Governorate	49 (32.7)	39 (79.6)	10 (20.4)	0.001
Welfare	40 (26.7)	24 (60)	16 (40)	
Youth	61 (40.7)	59 (96.7)	2 (3.2)	
Established				
Board of trustees	90 (60)	64 (71.1)	26 (28.9)	0.001
Membership	60 (40)	58 (96.6)	2 (3.4)	
Experts				
Yes	90 (60)	72 (80)	18 (20)	0.02
No	60 (40)	50 (83.4)	10 (6.4)	
Active				
Active	104 (69.3)	81 (77.9)	23 (22.1)	0.007
Passive	46 (30.7)	41 (89.1)	5 (10.9)	

study. Moreover, activities in the social field and activities to reduce the social damage had the highest frequency among activities registered in statutes of NGOs, which were active in primary prevention and secondary and tertiary prevention, respectively.^[23] Moradi *et al.*, who studied the role of NGOs in the social support of working children, concluded in their study that these children do not have a desirable social level, but NGOs have an important role in promoting the social health of these children. The potential of these organizations must be used.^[24] The most important social functions of NGOs include intervening in social issues, sensitizing the community to health problems, filling the gap in health services, using the power of the public sector, and transferring the demands of individuals to policymakers.^[25] NGOs can play an important role in formulating and planning policies for vulnerable children.^[26]

The most target population of NGOs with supportive, educational, healthcare, social services, cultural, and religious goals includes the disabled, youth, patients, the public, and youth, respectively. In his research, Damari *et al.* wrote that most of the interventions provided by NGOs were related to tertiary prevention, primary prevention, and finally second prevention, respectively. Contrary to the findings of the present study,^[27] Nekooei *et al.* (2013) concluded that the studied institutions fulfill measures at all three levels of prevention although provision of healthcare has always received more attention due to their early and obvious effects.^[28] It seems that some of the reasons for this dissimilarity include the increased level of social problems, high cost of treatment, and rehabilitation as well as the limited financial resources of NGOs, which leads most of philanthropists to focus their activities at primary

level of prevention. In his research, Trogen (2002) wrote that charities are the most experienced NGOs active in healthcare field, which were active in this field from long time ago.^[22]

Although the number of organizations in the primary prevention was higher than organizations active in secondary or tertiary prevention, the percentage of organizations active in the secondary or tertiary prevention was more than organization in the primary prevention. These results can be attributed to philanthropic nature of treatment and rehabilitation works toward social activities in Iran. Further, training is one way to achieve the objectives stipulated in the statutes of the majority of NGOs surveyed. Damari (2011) stated that NGOs' satisfaction and success rate in educational interventions and providing health care, prevention, and counseling services was more than support-seeking interventions related to government and this result indicates NGOs' capability in providing educational and consulting services.^[27] Ramezani Ghavamabadi (2011) considered information dissemination is as one of the conventional methods used by NGOs, which plays a very important role in the public access to information and their participation in all democratic systems.^[23]

It seems that NGOs consider it very important to develop citizens' and patients' right to access to information and participation in decision-making on the issues relating to their own fate. In this research, 60% of NGOs had at least one expert in the field of activity. In a study, Baris stated that "lack of scientific management" can be cited as the main cause of inefficiency of charities.^[29] Hence, the cooperation of experts in the social activity of NGOs not only leads to more level of trust and public participation at the society level in these organizations,

but also gaining the trust of governmental organizations in placing the consultative status of NGOs in the specialized areas of these organizations. Nonuse of observing the performance of organizations as a method of data collection along with the use of checklists in the present study was the most important limitation of the study. Therefore, it is suggested that more studies be conducted to investigate the role of NGOs in promoting community health with a focus on the performance of organizations.

Conclusion

The results showed that most NGOs focused on the primary level of prevention in their objectives and programs. At this level, they mainly focus their attention on “under 14 years children” and “youth” of the target population and consider specific goals and plans for these two groups. It seems that these organizations have taken effective steps to improve the health of people who are supposed to take effective measure for the country’s social development.

Ethical consideration

This article is part of the thesis in the field of health education and health promotion, which has been done with the code of ethics IR-TUMS.SPH.REC.2016-502.

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Conflicts of interest

There are no conflicts of interest.

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