

## Social Entrepreneurs: Emerging Trend in Health Sector of Pakistan

Sahar Qaiser<sup>1</sup> Ijlal Mansoor<sup>2</sup>

1.Lecturer, Department of Management Science, Indus University, Karachi Pakistan

2.MPhil Scholar, Department of Economics, University of Karachi

### Abstract

The term Social Entrepreneurs is relatively new in the country like Pakistan. These groups try to overcome the existing social problems and derive sustainable social change in the economy through their innovative ideas and plans. The purpose of this study is to compare and explore the emerging trends of social entrepreneurs with government in the health sector of Pakistan. This study tries to cover the research gap in the area of social Entrepreneurship and highlight the growing role of social entrepreneurs in providing healthcare services to the people of Pakistan. Role of government is highlighted in health sector. For empirical evidence, three different Healthcare Institutions are selected. They include: INDUS Hospital, Sindh Institute of Urology Transplantation and Shaukat Khanum Memorial Hospital. The services provided by these Healthcare Institutions are compared over the period of time. Trend analyses is carried out to study the role of these institutions by using various healthcare indicators and quantify the contribution of these organizations towards health improvement facilities in Pakistan. Some financial variables are also used to investigate the resource mobilization in the sector.

**Keywords:** Social entrepreneurs, Health, Pakistan.

JEL Classification: I1, I3, O1

**DOI:** 10.7176/RHSS/11-7-04

**Publication date:** April 30<sup>th</sup> 2021

### I - INTRODUCTION:

Provision and access of quality health services has been a critical issue in developing economies. At the one hand, quality health is the basic right and requirement of every human being for the living, while on the other hand, it is considered as an indicator to gauge the status of human capital of an economy. "A healthy population is not only valued in its own right, but it also raises the human capital of a country thereby positively contributing to the economic and social development."<sup>1</sup> Generally, it is the responsibility of state to serve the needs of population in an efficient and effective manner. In this regard, a sustainable quality investment in health sector not only improves the health outcomes but also reduces poverty and increases the economic growth of the economy. Furthermore, improvement in health services will have long lasting effect on performance of any country.

Pakistan, a developing economy, is confronted with resource allocation in social sectors where large segment of population does not have access to quality health and education. Being the lower middle-income country with a Gross Domestic Product (GDP) of PKR 34396 Billion in 2017-18<sup>2</sup>, Government of Pakistan spending was 0.49 percent of GDP on health sector in 2017-18 (July-Mar)<sup>3</sup>. According to Pakistan Bureau of Statistics 2017-18, Pakistan is having 1209 hospitals, 5654 dispensaries, 5505 Health care units and 688 rural health centers. The health services provided by Government of Pakistan are highly insufficient for the whole population of the country in terms of access and quality. Currently Pakistan's population is about 207.77 million and the health services offered by the state is mismatched with the growing population of the country. This mismatch created the gap between demand and supply; and provided a space to private sector for the benchmark quality services in health sector of Pakistan. However, high cost in health care services provided by private sector and its limited accessibility in urban areas and unavailability in rural part has failed to resolve the problem. The failure of State and private sector in provision of affordable and quality health services, created a ground for social enterprises to enter in the venture and tackle the social challenges in the country. In this regard, there has been a phenomenal growth of social entrepreneurship in health and education sector of Pakistan. Social entrepreneurs have brought noticeable change in the society by improving social condition through their innovative ideas. Their main objective is not to earn a profit but to implement their ideas and strive for success in order to create some positive changes in society.

The purpose of this study is to examine the growing role of social entrepreneurs in providing healthcare services to the people of Pakistan. This research paper highlights some emerging trends of social entrepreneurship in the health sector of Pakistan. For empirical evidence, three different healthcare institutions

<sup>1</sup> Pakistan Economic Survey, 2006-07. Ministry of Finance, Government of Pakistan, Islamabad.

<sup>2</sup> Pakistan Economic Survey, 2017-18. Ministry of Finance, Government of Pakistan, Islamabad.

<sup>3</sup> Pakistan Economic Survey, 2017-18. Ministry of Finance, Government of Pakistan, Islamabad.

are selected. They include Indus Hospital, Sindh Institute of Urology and Transplantation and Shaukat Khanum Hospital.

The rest of the paper is organized as follows. Section -II provides the literature survey, followed by research methodology in Section – III. Section – IV investigates the health situation in Pakistan by focusing two provinces, i.e. Punjab and Sindh. Section – V discusses the selected cases of social entrepreneurs in health sector of Pakistan. Final Section – IV concludes the paper.

## II - REVIEW OF LITERATURE:

The role of NGOs and community organizations are well recognized and earned a particular attention from academics, policy makers and researchers. It is highly concentrated to developing economies because of increasing issues in social sectors. However, the Social entrepreneurship phenomenon has gained little prominence in the literature and remains scanty. It may be because of the reason that social entrepreneurship is largely personal centric with limited information. Therefore, they remained largely unaddressed in literature because of scanty information and its limited exposure to large population. Following sections provide some findings and direction of research studies focus on health sector at country as well as cross country level.

The literature can be grouped into three distinct research directions. First group of studies are those that focuses on health services provided by state/government, examines weakness in the system and suggest public-private partnership to improve the delivery of health services. In this respect, **Karim and Zaidi (1999)** uses secondary data from different Governmental and non-governmental sources to explore the weakness and strengths of Government of Sindh in providing healthcare services. The result identified that many preventive programs have been implemented by Government but despite this there was inadequate facilities provided by Government to whole population. **Issaka and Issaka (2016)** also come on the same suggestion i.e. to ensure public-private partnership in providing health services in Ghana. The research was based on literature survey focusing the Tamale Metropolis District in Ghana. The study revealed that NGOs played an integral role in the healthcare delivery in Ghana.

Second group of researchers addresses the role of NGOs in health institutions and provide the evidence of improvement. **Ejaz, Shaikh and Rizvi (2011)** conducted the in-depth interviews. These interviews covered the perceptions of government functionaries, representatives of NGOs and donor community about the role that was played by NGOs in delivering the healthcare services in Pakistan. Most of the respondents from government and donor agency had a view that the efficiency of healthcare sector of Pakistan had increased because of the involvement of NGOS. Similar results are also derived by **Khan and Advani (2016)** by investigating the performance of social entrepreneurship. The Primary data was collected by designed a close Ended Questionnaire. These questionnaires were filled by 150 students of different Universities of Pakistan. The findings of the paper explored that in the career development of student, social entrepreneurs played a productive role.

Third group correspond to those studies that recognize the role of social entrepreneurs and acknowledge their contribution in society. In this regard, **Seelos and Mair (2005)** discussed the three different role models of social entrepreneurs which provide facilities to the poor people of their region and as well as these entrepreneurs worked efficiently and overcome the gap of human needs in society. Moreover, **Daru and Gaur (2013)** also explored the concept of social entrepreneurship in developing countries and also discussed its future challenges and prospects. This study highlighted the role of social entrepreneurship in solving the social problems which was ignored by business and government enterprises. **Sekliuckiene and Kisielius (2015)** also discussed the similar theoretical research. They tried to answer a question that how the initiatives of social entrepreneurship developed. The analysis of literature was conducted through which author proposed a theoretical framework for further research. The result of the literature analysis revealed that social environment play a supportive role in the development process of social entrepreneurship.

Above discussion provide some findings and direction of research studies that focuses on health sector at country as well as cross country level. Although there is an increasing trend of social entrepreneurs in Pakistan, contributing towards the welfare of people and society, however, there is hardly any research that addresses the role of social entrepreneurship in health sector. This paper attempts to fill some gap in literature and provide some empirical evidence by using case study method.

## III - RESEARCH METHODOLOGY

This study attempts to investigate the growing trends of social entrepreneurs in health sector of Pakistan. In this research, we focus the basic health care facilities in two most populated states of Pakistan like Punjab and Sindh. This research is basically the empirical analysis of government failure to providing basic health-care facilities in Sindh and Punjab region, it also explores the role of social entrepreneurs in providing the basic health care services in the same region. The performance of government in the health sector has been examined by using development statistics of Sindh and Punjab. The annual data from 1990 to 2016 of some selected indicators are

used in this study. Moreover, in order to judge the growing trend of social entrepreneurs in Karachi and Lahore districts, we select three social institutions in health sector. They included: Sindh Institute of Urology and Transplantation (SIUT), Shaikat Khanum Memorial Cancer Hospital (SKMCH) and Indus Hospital (IH). These institutions carry out their operational activities with welfare motives and are largely financed by charities and donations. We analyze the performance of these institutions in different time span. The empirical data of various health care indicators of these selected social institutions are gathered from their annual report, reported in their official websites. Graphs and tables are used to analyze the performance of selected organizations.

#### **IV - ANALYSIS OF HEALTH SECTOR IN PUNJAB AND SINDH:**

In this section, we discuss the health care facilities in two major provinces of Pakistan. This discussion is based on basic health care indicators, which includes No. of hospitals, No. of dispensaries, bed capacities in hospitals and dispensaries per 1000 population. Government of Pakistan appears to have less priority to provide adequate health care facilities in last two and half decades. On the other side, the demand of these service has grown exponentially because of high population growth. The gap between demand and supply created a space for social entrepreneur in Pakistan.

Figure – 1 to Figure – 5, exhibits the access of health facilities in Punjab and Sindh provinces. The performance of Government for the provision of healthcare facilities can be evaluated by number of hospitals and dispensaries per 1000 population. These two indicators relate the number of hospitals and dispensaries with population and reflect the true picture of economy. In last two and half decades, government institutions have been failed to maintain the previous quality of healthcare units. People of Punjab and Sindh are deprived from basic health care facility and have survive in lower number of basic healthcare units. (Figure 1 and 2). This shows the poor allocation of federal and provincial budget for the provision of healthcare facilities.

In order to reflect the capacity in hospitals and dispensaries, number of beds in hospitals and dispensaries are also considered in the study. Both provinces have poor bed capacity in hospitals, particularly in dispensaries. The dismal number in the capacity of bed in hospitals portrays seriousness and inefficient performance in Punjab and Sindh. Figure – 3 and 4 also demonstrate similar situation in case of bed capacity in dispensaries.

Besides that, in 1990 the population of Punjab and Sindh were more than 20 million separately. After two and half decades, the population of same regions were increases by more than 80 percent. On the other side, the growth rate of these basic healthcare variables which we have discussed above are less than the growth rate of population. Thus, we can say that the population growth rate is one of the major causes of lower facilities in health sector.

#### **V - SOCIAL ENTREPRENEUR IN HEALTH SECTOR OF PAKISTAN:**

The fact remains that the government alone cannot meet the needs of people in providing health care facilities. The time trend shows that number of hospitals and beds per 1000 population in government hospitals is very limited and health services facilities are available decreasingly. Furthermore, the quality of services deteriorated, as well. In 2016-17, a one hospital bed is available for 1584 population of Pakistan<sup>1</sup>. Which shows the health system of Pakistan is not accessible for the whole population. There is also question of quality health services. These factors provide opportunity for social entrepreneurs and created an avenue to serve the humanity.

Social entrepreneurs are playing an important role in addressing the social problems of the people. They discover and implement the new ways for creating the social values by serving the poor. Their main objective is not to earn profit, either they offer free services or charge a fraction of private market price so that the services become affordable for the poor. We selected three hospitals to investigate the impact of social entrepreneurship, situated in most populated cities of Punjab and Sindh provinces. We explore their effort to handle the diverse situation by providing the healthcare services to the people. Following discussion provides the brief introduction of each social entrepreneur model and their contribution to overcome the existing problem in health sector of Pakistan.

#### **CASE - I: Sindh Institute of Urology Transplantation (SIUT)**

In 1970, Sindh Institute of Urology Transplantation (SIUT) started their journey with small number of bed in Burns Ward Department of Civil Hospital Karachi. Professor Dr. Adeb-ul- Hasan Rizvi played catalyst role in transforming one-room into an autonomous hospital, providing urology related diseases at free of cost. For two decades, from 1970 to 1990, SIUT worked under Federal Government of Pakistan. SIUT is largest kidney disease center in Pakistan. In the period from 1970 to 1991, SIUT gradually improved their quality of Clinical and Physical services. In 1991, it was given the status of an institute under an Act of Sindh Assembly. In 1985, this institute performed the first successful kidney transplantation of a person belongs to Azad Kashmir. Since then, SIUT continued her efforts in different medical disciplines. It also successfully achieved liver

<sup>1</sup> Pakistan Economic Survey, 2016-17. Ministry of Finance, Government of Pakistan, Islamabad.

transplantation in 2003. In 2005, SIUT created charitable trust for the benefits of public. Now today, SIUT is one of the biggest philanthropist institute across Pakistan. In this study, Dr. Adeb Rizvi was working in government institute and providing his quality services. But lack of federal government budget in health sector which creates more gap between supply and demand health care service in district Karachi. Now SIUT is working as an autonomous institute and it fulfills their expenditures through charity, donations, national and international grants.

Table – 2 shows that SIUT has more than 30,000 inpatients were admitted in year of 2010, at the same time span, it was served almost 1.9 million outpatients. Furthermore, it performed 163,915 dialysis services in one year. With the passage of time with increasing demand more medical services have been added in SIUT. Table – 2 provides year wise the increasing trend in Inpatients, Outpatients and Dialysis services. From 2010 to 2017, it was increased by 109% Inpatient admissions, 128% of Outpatients and 114% of Dialysis service.

#### **CASE - II: INDUS HOSPITAL**

Indus hospital was a private hospital that is based on charity and established in July 2007. It offers state of the art health care facilities at free of cost. The CEO of Indus hospital is Dr. Abdul Bari khan, who formed and led an organization named “Patients Welfare Association” in 1980. This organization used to raise funds for the poor patient and build a blood bank and cardiac surgery Civil Hospital Karachi. After two decades, he decided to establish his own charity care hospital and thus through their hard working, Indus Hospital came into being in 2007. Initially it has only 150 beds and now in 2016-17 the number of beds is 1065. The number of inpatients admitted in hospital was 1993 in 2007-08 as listed in Table - 3. Then in 2015-16, the number of inpatients was 66358. In the same way, in 2016-17, the number of inpatients admitted in hospital is 70194, which shows the remarkable growth in the service volume of Indus Hospital. Moreover, the total number of outpatients was increased from 47928 in fiscal year 2007-08 to 1299825 in fiscal year 2016-17.

#### **CASE - III: Shaukat Khanum Memorial Hospital (SKMCH)**

Shaukat Khanum Memorial Cancer Hospital and Research Center is the first hospital that is specialized in Cancer. It was established in December 29, 1994 in Lahore, Pakistan. This hospital is the project of charitable organization named Shaukat Khanum Memorial Trust. The founder of this trust is Imran Khan, a superstar in the cricket world. He established this hospital after a death of his mother, Mrs. Shaukat Khanum for Cancer disease. He started a fund raising of this hospital on 10<sup>th</sup>- November-1989 from the match between Pakistan and India at Gaddafi Stadium Lahore. Even in 1992, when Pakistan won the cricket world cup under his captaincy, he denoted his entire prize money for this project. Its vision is to alleviate the suffering of people with cancer, irrespective of their ability to pay.

This hospital now completed several successful years and seem a steady increase in the number of inpatients, outpatient and Chemotherapy as shown in table 4 in appendix. The number of inpatients was increased from 2599 in year 2000 to 13,213 in 2018. In the same way, in 2000 the total number of outpatient visits were 40,325 whereas in 2018 the number of outpatients were 247,508. As we see the services of Chemotherapy 9600 patients were entertain with this facility in year 2000. Now in 2018, total 47,669 patients were benefited from the services of hospital.

In short, facilities at Shaukat Khanum Memorial Cancer Hospital continue to be increased. In December 2015 Shaukat Khanum Memorial Cancer Hospital and Research Center is established in Peshawar. Other than these two-existing hospitals, that continue to provide the facilities to cancer patients, the construction of the third Shaukat Khanum Memorial Cancer Hospital and Research Center has started in Karachi in December 2018. The aim is that this third hospital will start working within three years.

#### **VI - CONCLUSION:**

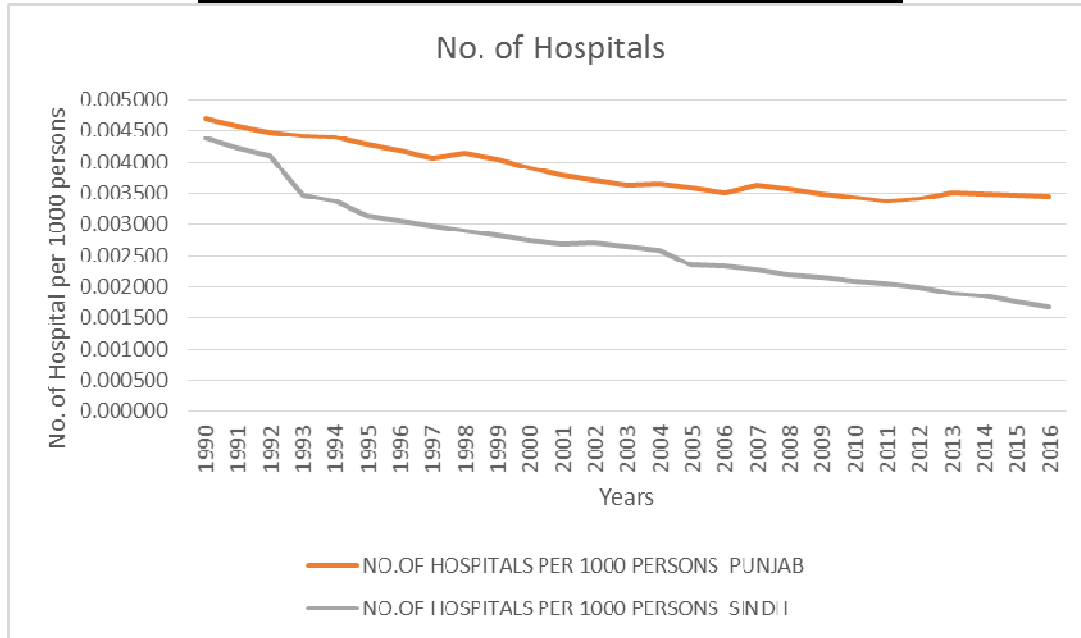
This paper is an exploratory attempt to study the role of social entrepreneurs in the health sector of Pakistan. Three hospital selected to study the impact of emerging phenomenon in social entrepreneurship. There appear four distinct emerging trends. First trend is the result of transformation in public sector hospitals where some individual within the system play a catalyst role in order to improve the available facilities. SIUT and Gambat hospital are examples in the context. Second trend corresponds to those phenomena, where group of professionals in the field join hands with the objective to provide health care facilities at minimal cost or free to the people. The INDUS hospital is an example where general health care facilities are provided at free cost. Third trend is the outcome where some celebrity or prominent person ventures into social activity to serve the human. Shaukat Khanum Memorial and Sahara Trust are examples in this regard. Fourth trend exhibits the establishment of hospital and health care services by corporate sector or business houses. Tabb Heart Institute, Sharif Medical Centre are example of such ventures.

Though emerging trends show that various entities substituted health care facilities of public sector hospital in effective manner at minimal cost. However, their scope of operations is limited to large cities because of

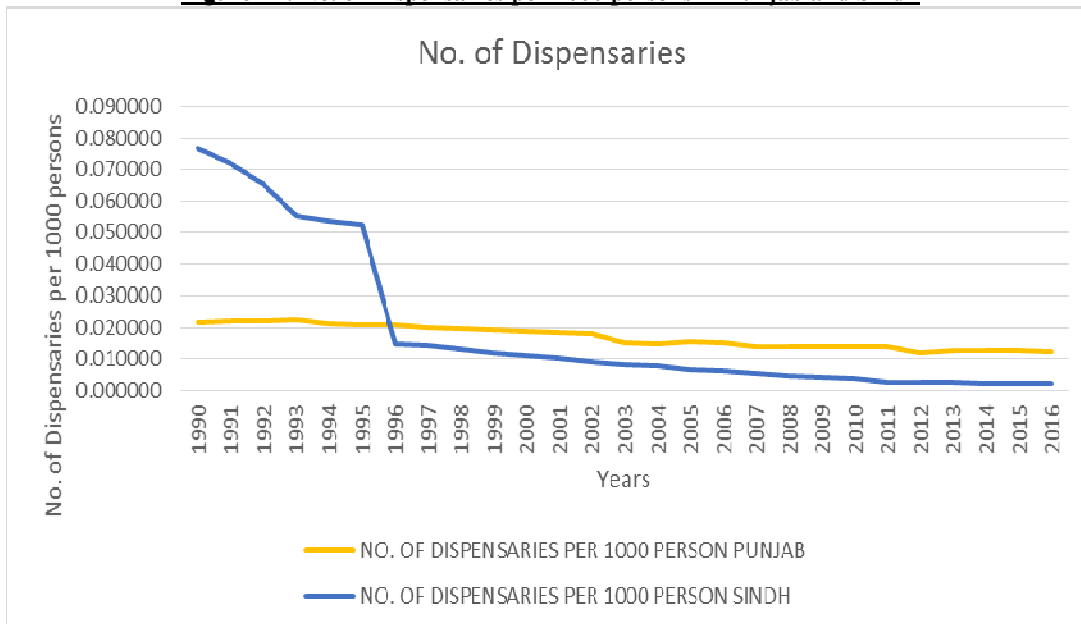
location, which limits the access of services to small cities and/or rural areas. It needs evolving and designing of strategy where every individual of society can benefit from the services of social entrepreneurship.

**APPENDIX:**

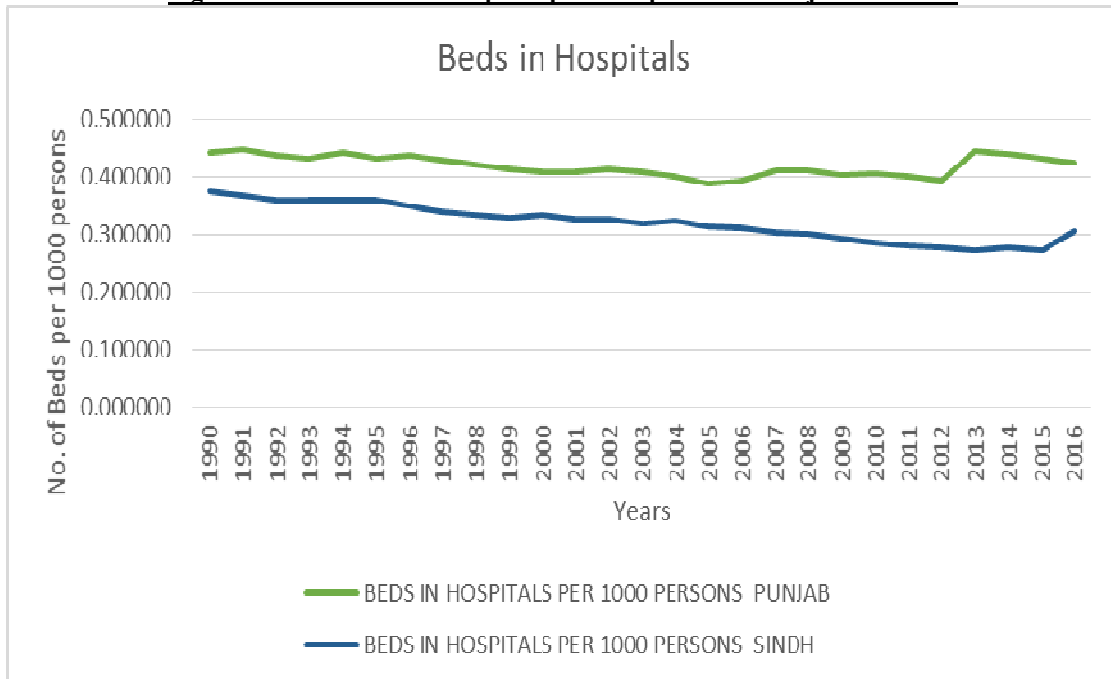
**Figure - 1: No. of Hospitals per 1000 persons in Punjab and Sindh**



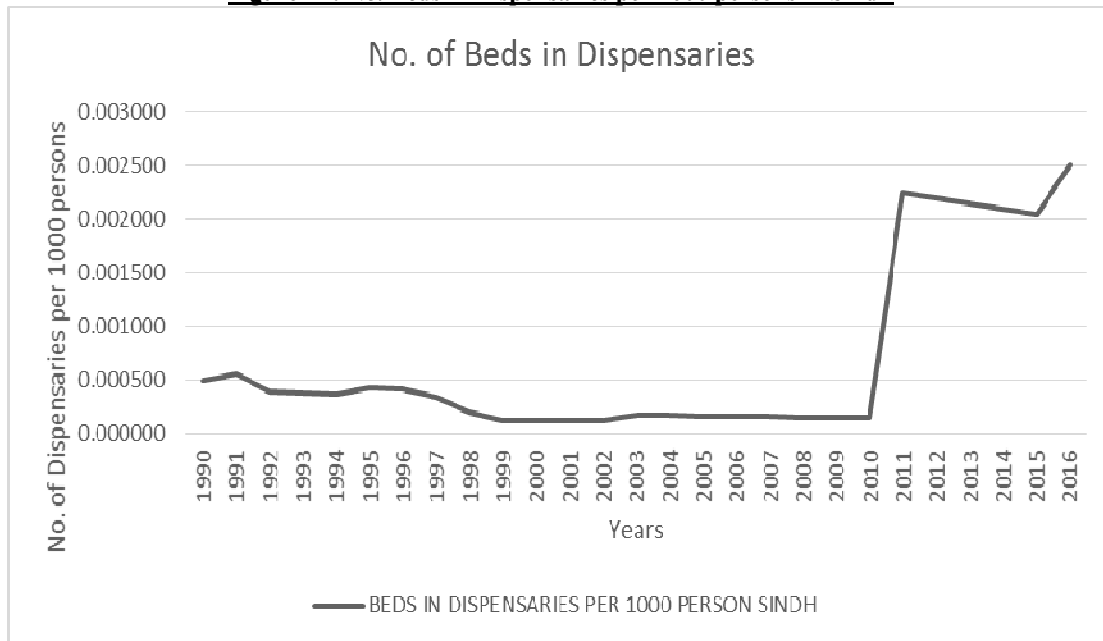
**Figure - 2: No. of Dispensaries per 1000 persons in Punjab and Sindh**



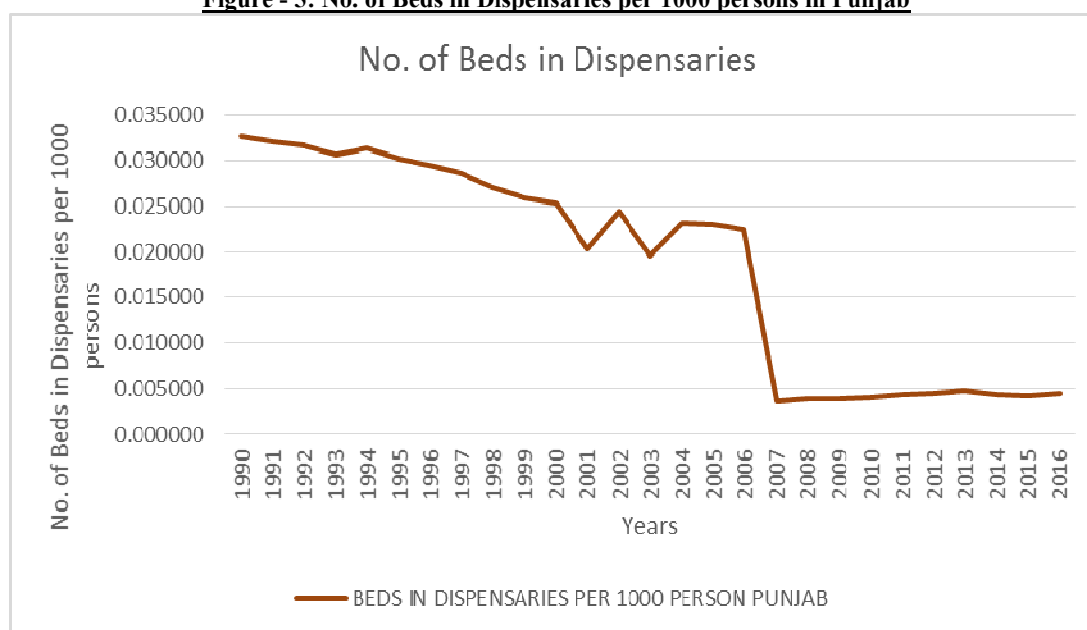
**Figure - 3: No. of Beds in Hospitals per 1000 persons in Punjab and Sindh**



**Figure - 4: No. Beds in Dispensaries per 1000 persons in Sindh**



**Figure - 5: No. of Beds in Dispensaries per 1000 persons in Punjab**



**Table – 1: Health Care Facilities and Population in Punjab and Sindh**

YEARS	NUMBERS				BEDS				POPULATION OF STATES*IN 000"	
	HOPITALS		DISPENSARIES		HOSPITALS		DISPENSARIES		PUNJAB ***	SINDH ****
	PUNJAB ***	SINDH ****	PUNJAB ***	SINDH ****	PUNJAB ***	SINDH ****	PUNJAB ***	SINDH ****		
1990	281	107	1308	1870	26476	9167	1953	12	59791	24398
1991	281	106	1351	1808	27499	9217	1966	14	61370	25081
1992	282	106	1382	1681	27572	9340	1994	10	62990	25783
1993	286	92	1452	1463	28031	9604	1987	10	64653	26505
1994	292	92	1408	1463	29469	9836	2079	10	66360	27247
1995	292	88	1432	1463	29486	10083	2062	12	68112	28010
1996	292	88	1461	420	30623	10098	2062	12	69910	28795
1997	292	88	1452	420	30830	10054	2060	10	71755	29601
1998	305	88	1439	399	31125	10175	1996	6	73650	30430
1999	306	88	1440	371	31432	10340	1954	4	75594	31282
2000	301	88	1439	360	31640	10744	1954	4	77204	32036
2001	298	88	1452	340	32341	10744	1605	4	78849	32808
2002	298	91	1453	309	33460	10972	1973	4	80528	33598
2003	298	91	1241	286	33724	11036	1605	6	82243	34408
2004	306	91	1227	274	33724	11466	1950	6	83995	35237
2005	308	85	1333	238	33334	11397	1973	6	85784	36087
2006	308	86	1333	221	34612	11514	1973	6	87611	36956
2007	325	86	1260	208	36851	11514	316	6	89478	37847
2008	326	85	1286	182	37653	11678	358	6	91383	38759
2009	326	85	1303	157	37742	11677	359	6	93330	39693
2010	328	85	1323	147	38715	11677	387	6	95318	40650
2011	329	85	1347	111	39052	11677	416	94	97348	41629
2012	340	85	1201	105	39185	11922	438	94	99422	42633
2013	357	83	1304	101	45319	11922	480	94	101539	43660
2014	363	83	1325	93	45590	12516	452	94	103702	44712
2015	368	80	1325	95	45956	12516	444	94	105911	45790
2016	373	79	1327	94	46095	14398	484	118	108167	46893

Sources: \*\*\* Development Statistics of Punjab; \*\*\*\* Development Statistics of Sindh

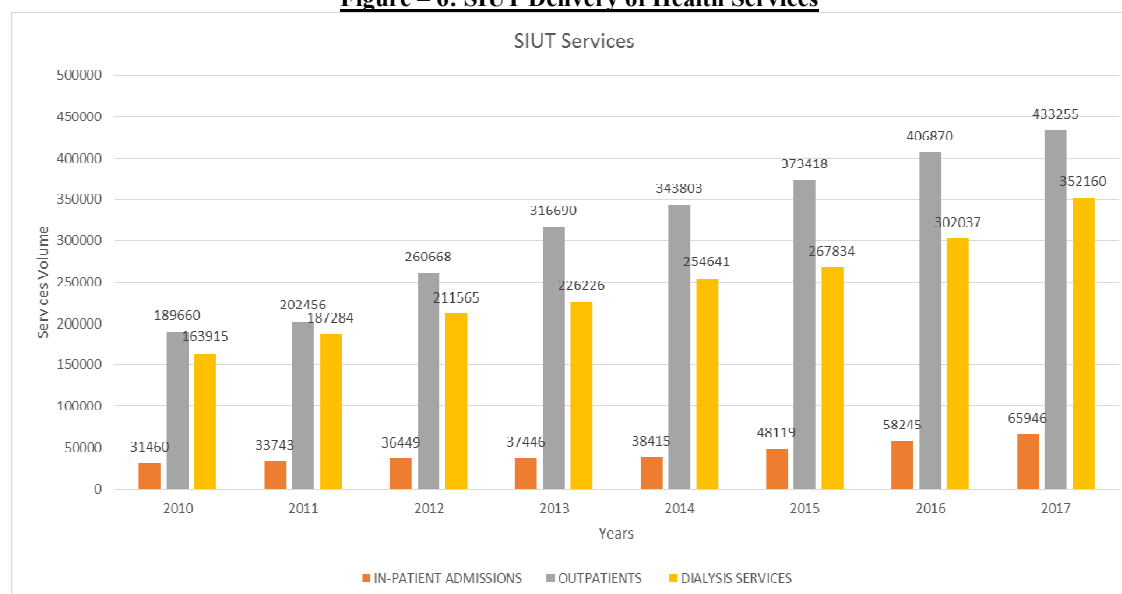


**Table – 2: SIUT Delivery of Health Services**

<b>Sindh Institute of Urology Transplantation</b>			
<b>YEARS/VARIABLES</b>	<b>IN-PATIENTS</b>	<b>OUTPATIENTS</b>	<b>DIALYSIS SERVICES</b>
<b>2010</b>	31460	189660	163915
<b>2011</b>	33743	202456	187284
<b>2012</b>	36449	260668	211565
<b>2013</b>	37446	316690	226226
<b>2014</b>	38415	343803	254641
<b>2015</b>	48119	373418	267834
<b>2016</b>	58245	406870	302037
<b>2017</b>	65946	433255	352160

**Source:** Sindh Institute of Urology Transplantation website, [www.siut.org](http://www.siut.org)

**Figure – 6: SIUT Delivery of Health Services**



**Table – 3: INDUS Hospital Delivery of Health Services**

<b>INDUS HOSPITAL</b>					
<b>VARIABLES/YEARS</b>	<b>2007-08</b> **	<b>2008-09</b> **	<b>2009-10</b> **	<b>2015-16</b> ***	<b>2016-17</b> ***
<b>INPATIENT</b>	1993	6362	9771	66,358	70,194
<b>OUTPATIENT</b>	47,928	137,185	224,081	1,081,079	1,299,825
<b>BEDS</b>	150	N/A	N/A	1000	1185

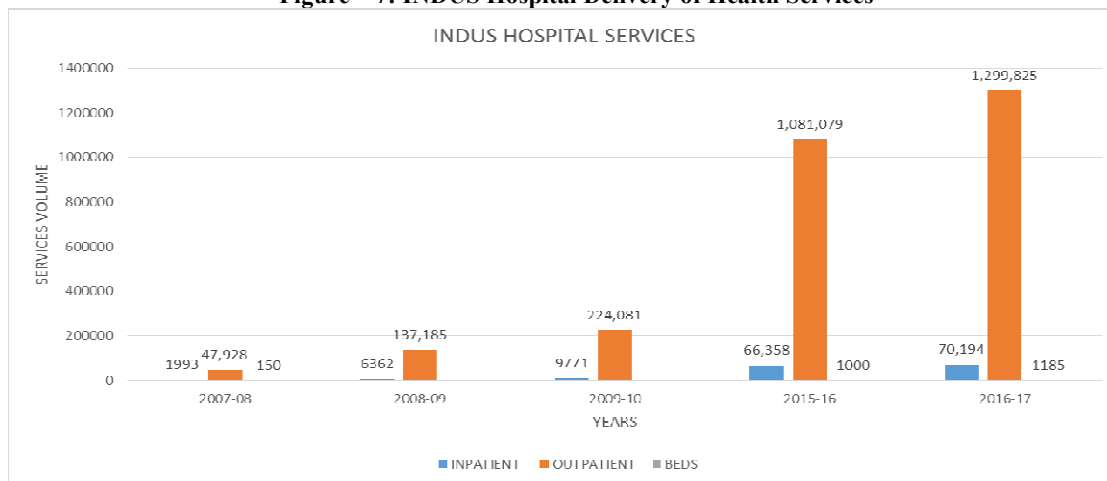
**SOURCE:**

\*\* “The Indus Hospital: Delivering Free Health Care in Pakistan” by Harvard Medical School in April 2012

\*\*\* Annual report of Indus Hospital



**Figure – 7: INDUS Hospital Delivery of Health Services**

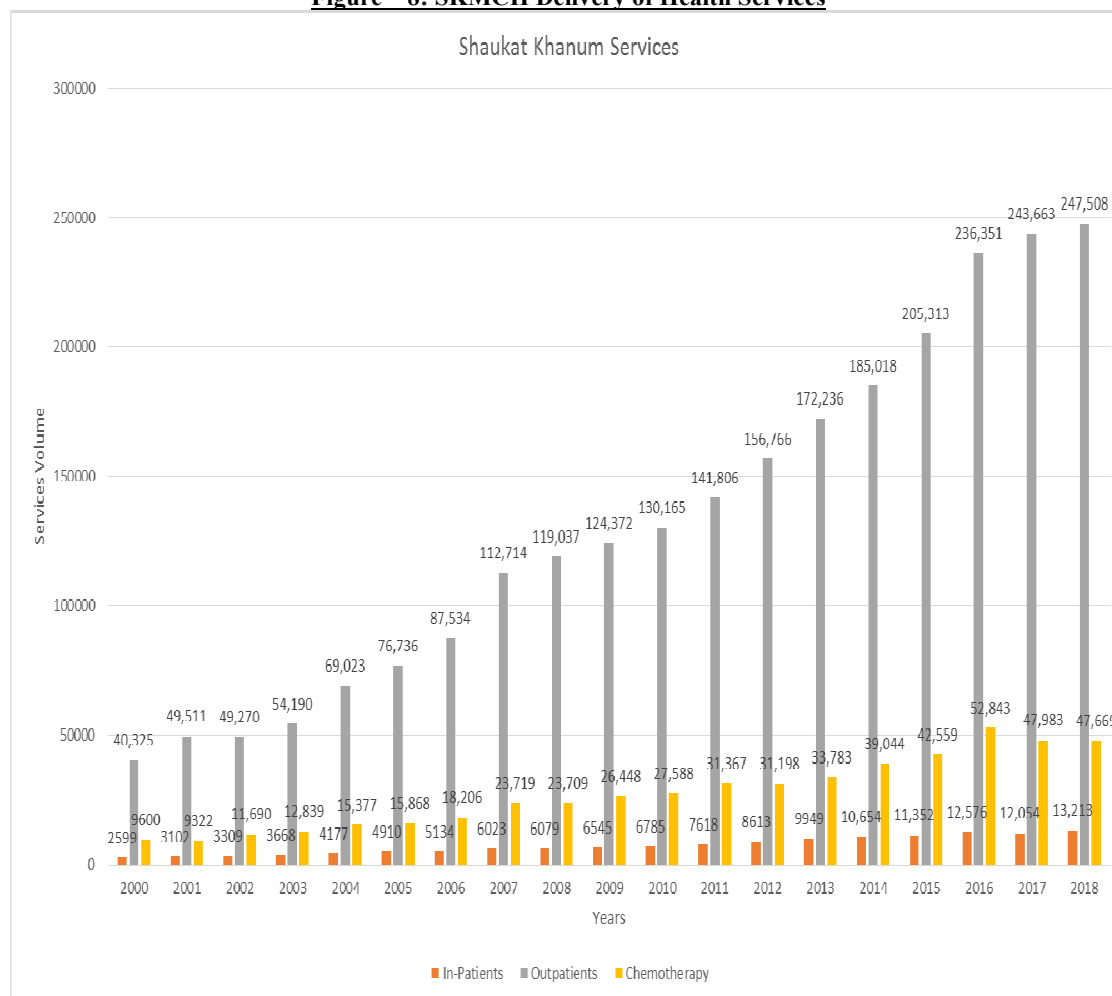


**Table – 4: SKMCH Delivery of Health Services**

SHAUKAT KHANUM MEMORIAL CANCER HOSPITAL			
Years/Variables	In-Patients	Outpatients	Chemotherapy
2000	2599	40,325	9600
2001	3102	49,511	9322
2002	3309	49,270	11,690
2003	3668	54,190	12,839
2004	4177	69,023	15,377
2005	4910	76,736	15,868
2006	5134	87,534	18,206
2007	6023	112,714	23,719
2008	6079	119,037	23,709
2009	6545	124,372	26,448
2010	6785	130,165	27,588
2011	7618	141,806	31,367
2012	8613	156,766	31,198
2013	9949	172,236	33,783
2014	10,654	185,018	39,044
2015	11,352	205,313	42,559
2016	12,576	236,351	52,843
2017	12,054	243,663	47,983
2018	13,213	247,508	47,669

**SOURCE:** Annual Reports of Shaukat Khanum Memorial Hospital, [www.shaukatkhanum.org.pk](http://www.shaukatkhanum.org.pk)

**Figure – 8: SKMCH Delivery of Health Services**



**BIBLIOGRAPHY:**

Akram, M. and Khan, F.J. (2007), “Health Care Services and Government Spending in Pakistan”, Pakistan Institute of Development Economics (PIDE), Working Papers 2007:32.

Certo, S. & Miller, T. (2008). Social entrepreneurship: Key issues and concepts. *Business Horizons*, 51(4), 267-271. <http://www.sciencedirect.com/science/article/pii/S0007681308000396>

Daru, M.U. and Gaur, A. (2013), “Social Entrepreneurship – A way to Bring Social Change”, *Innovative Journal of Business and Management*, Vol.2, No.1, pp.26-29.

Defourny, J. and Nyssens, M. (2010), “Conceptions of Social Enterprise and Social Entrepreneurship in Europe and the United States: Convergences and Divergences”, *Journal of Social Entrepreneurship*, Vol.1, No.1, pp. 32-53.

Development Statistics of Punjab, Bureau of Statistics, Government of the Punjab Lahore, 1990-2015.

Development Statistics of Sindh, Bureau of Statistics Planning and Development Department, Government of Sindh Karachi, 1990-2015.

Ejaz, I., Shaikh, B.T. and Rizvi, N. (2011), “NGOs and Government Partnership for Health System Strengthening: A Qualitative study presenting viewpoint of Government, NGOs and Donors in Pakistan”, *BMC Health Services research* 2011.

Indus Hospital (2015-2017), Annual Report, <https://indushospital.org.pk/about/publications/annual-report/>.

Issaka, B.Y. (2016), “Private Sector Contribution to Health Delivery: Examining the role of NGOs in Health delivery in Ghana”, *Ghana Journal of Science, Technology and Development* Volume.4, issue 2, Dec 2016.

Karim, M.S. and Zaidi, S. (1999), “Poor Performance of Health and Population Welfare Programs in Sindh: Case Studies in Governance Failure”, *The Pakistan Development Review*, Vol. 38, No.4, pp.661-688.

- Khan, G. and Advani, A. (2016), "Future of Social Entrepreneurship: Empirical Evidence from the Universities of Pakistan", *European Journal of Scientific Research*, Vol.139, No.4, June 2016, pp. 395-406.
- Mair, J. and Marti, I. (2004), "Social Entrepreneurship Research: A Source of Explanation, Prediction and Delight", University of Navarra, Working Paper No. 546.
- Maqsood, A. and Laghari, J. (2003), "Social Entrepreneurship: A Pakistani Perspective", *Journal of Independent Studies and Research (JISR)*, Volume 1, No.2, July 2003.
- Mehta, R., Jain, J. (2016), "Social Entrepreneurship: A Form of Social Responsibility in India", presented in 11<sup>th</sup> SIMSR Global Marketing Conference 2016.
- Ministry of Federal Education and Professional Training Government of Pakistan (2017), *National Education Policy 2017*.
- Pakistan Statistical Year Book (2015), Pakistan Bureau of Statistics, Government of Pakistan.
- Pakistan Economics Survey-2016-17, Ministry of Finance, Islamabad.
- Punjani, N.S., Shams, S. and Bhanji, S.M. (2014), "Analysis of Health Care Delivery Systems: Pakistan Versus United States", *International Journal of Endorsing Health Science Research*, Vol.2, Issue 1.
- Seelos, C., & Mair, J. (2005) "Social Entrepreneurship: Creating New Business Models to Serve the Poor", *Business Horizons*, 48, pp. 241-246.
- Shaukat Khanum Memorial Hospital (2000-2016), Annual report, <https://shaukatkhanum.org.pk/about-us/publications/annual-report/>.
- Singh, P. (2012), "Social Entrepreneurship: A Growing Trend in Indian Economy", *International Journal of Innovation in Engineering and Technology (IJET)*, Vol.1, issue.3.
- Sindh Institute of Urology and Transplantation (2010-2017), Annual report, <http://www.siut.org/>.
- State Bank of Pakistan, [www.sbp.org.pk](http://www.sbp.org.pk)
- Tanimoto, K. (2008), "The Emergence of Social Entrepreneurship and its strategy in Japan", Queen's University Belfast, CRRC 2008.
- The State of Social Enterprise in Pakistan. Report for the British Council. Sustainable Development Policy Institute. [www.britishcouncil.org/society/social-enterprise](http://www.britishcouncil.org/society/social-enterprise).