EFFECTS OF NGOS INTERVENTIONS ON MOTHER CHILD HEALTH IN DISTRICT SWAT, KHYBER PAKHTUNKHWA, PAKISTAN

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ABSTRACT

The present study titled “Analysis of NGOs Intervention on local People with Reference to Mother Child Health in District Swat” was conducted with objectives to measure the attitude of the target population about the NGOs intervention in the study area through pre and post relationship on Mother Childhealth side”. A sample size of 230 out of 450 Household heads benefitted from NGO’s interventions was selected through simple random sampling procedure. The study found a highly significant rise in number of visits by community health worker to attend delivery and postnatal care (P=0.000), number of community development programs increased to ensure new born survival (P=0.000), infant mortality rate decreased (P=0.000), child mother health became more secured (P=0.000), substantial number of women were benefitted from well-equipped labor rooms (P=0.000) and increase in delivery kits distributed after the NGOs intervention (P=0.000) in the study area were found highly significant after NGOs intervention. On the basis of findings of the study appraisal of strict criteria needed to be adopted and provision of funds needed to be linked to the outcome of these appraisals. Some recommendations in the shape of extending projects to other far flung and neglected areas, while incorporating all felt needs of the locals, is suggested in light of study. Program continuity must be linked to disseminating of knowledge and training to the locals. These programs need to be run through locals under the sole supervision of donors.

Key Words: Mother Child Health, NGOs interventions.

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INTRODUCTION

When government had lack of resources or unable to provide services to people than NGOs take the responsibility to provide services. (Hulme et al, 1997). NGOs provide services into three steps, in the first step, NGOs get themselves organized in case of any emergency e.g. earth quack, flood, land slide, epidemic etc. In second phase, start programs for the development and recovery of people, like saving and credit groups for women, starting literacy classes etc. in the third step NGOs play role for the empowerment of marginalized people and to take on advocacy role with the government, power holders in the society and work for the promotion of international unity (NRC, 2000).United Nations define that NGOs AS private organizations that perform activities for the purpose to reduce suffering, promote the interest of poor, protect the environment, provide basic social services to people (Jabeen, 2010). NGOs have started working on a number of developmental projects in different fields like education, health, poverty reduction, human rights, woman development, refugee’s issues and internally displaced persons etc. they are providing relief to the poor masses. Their role is viewed both positively and negatively, however, still NGOs are considered to be the essential tool for learning changes based on notion of development in both developing as well underdeveloped countries like Pakistan. NGOs have started working on a number of developmental projects in different fields like education, health, poverty reduction, human rights, woman development, refugee’s issues and internally displaced persons etc. they are providing relief to the poor masses. Their role is viewed both positively and negatively, however, still NGOs are considered to be the essential tool for learning changes based on 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 study area by analyzing their role with major focus on heath sector. The study was designed to measure the attitude of people with respect to pre and post interventions executed through NGOs.

Materials and Methods

Area selected for this study is Union Council PirKally of Tehsil Matta District Swat. This area is selected purposively as it is the most affected area throughout the whole district Swat due to flood and militancy as well. Also there is an influx of NGOs interventions in the area, providing assistance in different walks of life.
Lottery method of simple random sampling techniques was used in the study. The sample size of 230 household heads benefited of NGO’s interventions was selected out of 450 total beneficiaries in the selected union councils. A sample size of 230 from the population size of 450 was worked out on the analogy of Sekaran (2003).

Data was collected through a well-designed, interview schedule containing all aspects of the study. After collection of data, it was transferred into SPSS i.e. 17 version which facilitated the enumeration of answers of the questions. Percentages and frequencies were used to know about the phenomenal aspects of the study. Moreover, T test statistics (paired t test) to analyzed the pre and post inferences, while determining the effects of the levels of interventions with the help of formula given below,

\[ t = \frac{\bar{d} - \mu_d}{s_d / \sqrt{n}}, \]  

which under the null hypothesis follow a t distribution with (n-1) degree of freedom

- \( \bar{d} \): Student t distribution
- \( \mu_d \): Mean of the two different sample observations
- \( d \): Difference between two sample observations
- \( s_d \): Standard deviation
- \( n \): Sample size

RESULTS AND DISCUSSIONS

Mother Child Health:

Table 1 provides comparative information about mother child health before and after NGOs interventions in the study area. A high proportion of 64.3% respondents pointed out that no family planning programs were functional, earlier to NGOs interventions, while 30.0% mentioned that 1-5 programs, 4.3% claimed 5-10 programs and 1.3% pointed out more than 10 programs regarding family planning and allied field were working in the study area before NGO interventions. However, there is a substantial increase in number of family planning and related programs after NGOs interventions as 49.6% respondents pointed out that 1-10 family planning programs were launched in the study area after NGO involvement, whereas 45.2% thought that there was no progress in this field after NGO interventions. These results suggest that NGOs are playing a vital role in providing health services to the rural people. These results are augmented by the findings of (NRC, 2000) that reported that NGOs has complete amazing operation in the field of family planning, literacy and population. Furthermore, the USAID support in nutrition and health funding also covered family planning/reproductive health, HIV/AIDS, communicable diseases and child survival/maternal health (USAID, 2002).

The result further highlights decrease in infant mortality rate as a high proportion of 50.0% respondents pointed 25% decrease in infant mortality before NGO interventions, whereas, 27.8% perceived no decrease, 20.9% pointed almost 26-50 percent decrease, and 1.3% observed more than 75 percent decrease in infant mortality before NGO interventions. These findings are in line to the plans of the UNPF (2011) and UNDP (2010) where provision of funds have been linked to reduction in child mortality rate in most of the developing countries. There is sufficient improvement in control over child mortality after NGO interventions as 43.0% respondents suggested almost 51-75 percent decrease in child mortality in post NGO interventions scenario, 36.5% felt that infant mortality was controlled by more than 76%, 14.3% assessed 26-50 percent decrease, however, 3.9% opined about 1-25 percent decrease in infant mortality and 2.2% found no decrease in infant mortality after NGO interventions. It is obvious from the result that NGOs interventions have successfully nabbed the rate of infant mortality in the study area. In the past decade Better women’s education has been related with achievement in falling infant and maternal mortality rates (Mahmood and Kiani, 1994; Thaver, 1998; and Samarasinghe, 1993). The increasing numbers of programs have exposed the door to door visit of community based workers which reduced the newborn mortality (Bang et al, 1999; and Bang et al, 2005).

Similarly, a high majority of 91.7% respondents expressed absence of any program for greater child spacing and safe motherhood before NGOs interventions, 5.2% pointed presence of only 1 such program and 3.0% thought that more than one such programs were working in the study area before intervention of NGOs. The number of such programs increased after NGO intervention in the area as 57.0% respondents still thought...
that there were no programs for greater child spacing and safe motherhood after NGOs interventions, 30.0% witnessed done such program and 13.0% pointed more than one programs on the mentioned issue after NGOs intervention in the study area. It is deducted from these information and NGOs working in the study area did cover child spacing and safe motherhood logo. According to (Sarwar et al, 1995) the household heads should be sensitized to issues such as the importance of girl’s education, the proper age for marriage, safe motherhood, greater child spacing, and malnourishment, etc. Non-Government organizations and private sector can play important role in bringing these information to communities.

Expressing views upon the educating female to secure child mother health, a high proportion of 71.3% respondents responded in negative, while, 28.7% pointed that less than 10 percent female were educated in this trait before NGOs interventions, similarly, 35.7% respondents pointed out no female education, 37.4% pointed 1-10 percent, 13.9% pointed 11-20 percent, 12.6% pointed 21-30 percent and 0.4% pointed out 31-40 percent female were educated to secure child mother health after NGO intervention. These findings are also supported by an earlier study by Sarwar et al (1995) that a successful example of a community-based project run by civil society organizations with funding from the state is that of Tawana Pakistan, make an effort to increase girls’ school enrolment and provide them healthy diet at school. Such programmes require to be carried out with uniformity and be continued so that they lead to enhanced health status.

This table further explained women benefitted through well-equipped labor room. Out of total 230(100%), 28.7% responded in negatively, while 45.7% pointed 1-25%, 21.3% pointed 26-50%, 1.7% pointed 51-75% and 2.6% pointed out 76-100% women benefited through well-equipped labor room before NGOs interventions. Also, 2.2% responded negatively while, 15.7% pointed 1-25%, 6.5% pointed 26-50%, 30.4% pointed 51-75% and 45.2% pointed 76-100% respectively after NGOs interventions.

While determining the number of beneficiaries of new born survival program, out of total 230(100%) respondents, 44.8% pointed towards 1-25 percent increase in new born survival, 43.5% negated existence of any such programs in the study area, 9.1% pointed towards 26-50 percent, 2.6% pointed out 75-100 percent increase in new born survival before NGOs interventions. While, 38.7% revealed 51-75% increase in new born survival, 30.4% pointed 76-100 percent, 18.3% pointed 26-50 percent, and 5.7% indicated 1-25 percent and 7.0% indicated that there was no program to increase new born survival after NGOs interventions to increase new born survival after NGOs interventions. It is evident here that NGOs includes in their charter protection to new born babies. Community mobilization has involved all approaches to improve newborn survival. Despite the fact that general community development programs brings improvement in newborn survival, as depicted in Nepal and India cases which has lead to decrease in neonatal mortality (Freire, 1995).

Expressing views upon the number of visits by community health worker to attend delivery and postnatal care, 46.5% respondents responded in negative, while, 53.5% pointed 1-25 percent beneficiaries before NGOs interventions. Similarly, 22.6% respondents pointed out no visits by community health worker to attend delivery after NGOs interventions, while, 68.7% pointed 1-25 percent, 7.4% pointed 25-50 percent, 1.3% depicted 26-100 percent beneficiaries of visits of community health worker to attend delivery and postnatal care after NGOs interventions. The Society for Education trained community health workers to perform group health education, antenatal care, visits to the home of pregnant women, attend delivery, provide vitamin K injections and some postnatal home visits, identify and handle infants at risk from birth asphyxia, low birth weight and sepsis, and give proper suggestion (Bang et al, 1999; and Bang et al, 2005).

State of distribution of delivery kits among birth attendants before and after NGO intervention is not much different as out of total respondents, 92.6% respondents’ negated distribution of delivery kits, while, 7.4% pointed its distribution among less than 25% trained birth attendants before NGOs intervention. While, 27.8% pointed 26-50 percent, 24.3% pointed out 76-100 percent, 20.0% pointed 1-25 percent, and 16.5% pointed out 51-75 percent trained birth attendants were provided with delivery kits, however, 11.3% pointed out no delivery kits distributed after NGOs intervention. It is obvious that kits were distributed by the NGOs working locally has also been endowed by UNICEF (2010) that NGOs had been provided with clean delivery kits and some one hundred twenty pregnancies were referred to hospitals or other BHUs in swat.

Table-1  Mother Child health

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>TOTAL</th>
<th>RANGE</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of family planning programs</td>
<td>230(100)</td>
<td>0</td>
<td>148(64.3)</td>
<td>104(45.2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-5</td>
<td>69(30.0)</td>
<td>114(49.6)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5-10</td>
<td>10(4.3)</td>
<td>9(3.9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;10</td>
<td>3(1.3)</td>
<td>3(1.3)</td>
</tr>
<tr>
<td>Decrease in infant mortality rate in %</td>
<td>230(100)</td>
<td>0</td>
<td>64(27.8)</td>
<td>5(2.2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-25</td>
<td>115(50.0)</td>
<td>9(3.9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26-50</td>
<td>48(20.9)</td>
<td>33(14.3)</td>
</tr>
</tbody>
</table>
Testing Hypothesis of Mother Child health Variable with T Test Analysis

T-test results for eight hypotheses are given in Table-2 and explained below:

**Hypothesis-1**

**Ho** = There were no family planning program after NGOs intervention in the area.

**H1** = There were family planning program after NGOs intervention in the area.

Increase in family planning program after intervention indicated non-significant value (p=0.970). Thus the working hypothesis is rejected and null hypothesis is accepted. The analysis also disclosed mean difference value (0.043) which suggests a very meager decrease in number of family planning programs in the study area. NGOs are playing a vital role in providing health services to rural people. Also it has complete amazing operational in the field of family planning, literacy and population (NRC, 2000).

In 2002 USAID people, nutrition and health funding cover family planning/reproductive health, HIV/AIDS, communicable diseases and child survival/maternal health (USAID, 2002).

**Hypothesis-2**

**Ho** = Infant mortality rate have not decreased after NGOs intervention in the area.

**H1** = Infant mortality rate have decreased after NGOs intervention in the area.

The result in table-2 indicated a high significant p-value (P=0.000) with mean difference (-50.148), hence, null hypothesis is rejected and a significant increase in control of infant mortality is established. It is obvious from the data that NGOs interventions have successfully nabbed the rate of infant mortality in the study area. In the past decade Better women’s education has been related with achievement in falling infant and maternal mortality rates (Mahmood and Kiani, 1994; Thaver, 1998; and Samarasinghe, 1993). The increasing numbers of programs have exposed the door to door visit of community based workers which reduced the newborn mortality (Bang et al, 1999; and Bang et al, 2005).

**Hypothesis-3**

**Ho** = There were no programs regarding importance of Greater child spacing and safe motherhood after NGOs intervention in the area.
There were programs regarding importance of Greater child spacing and safe motherhood after NGOs intervention in the area. Table-2 disclose that programs regarding importance of Greater child spacing and safe motherhood were non-significant ($P=0.089$). It indicates towards the rejection of research hypothesis and acceptance of null hypothesis. The mean difference value ($-1.065$) confirm its intensity on null hypothesis. It is deducted from these information and NGOs working in the study area did not cover child spacing and safe motherhood logo. According to (Sarwar et al 1995) the household heads should be sensitized to issues such as the importance of girl’s education, the proper age for marriage, safe motherhood, greater child spacing, and malnourishment, etc. Non-Government organizations and private sector can play important role in bringing these information to communities.

Hypothesis-4

$H_0 =$ There were no female educated to secure child mother health after NGOs intervention in the area.

$H_1 =$ Female were educated to secure child mother health after NGOs intervention in the area.

Result given in Table-2 show that female education to secure mother child health through NGOs intervention were highly significant ($P=0.000$) which cause the rejection of null hypothesis. Table also shows a mean difference value $-7.891$, pointing to increase in female education to secure child mother health after NGO intervention in the area. A successful example of a community-based project run by civil society organizations funded by the state of Tawana Pakistan, make an effort to increase girls’ school enrolment and provide them healthy diet at school level. Such programmes require to be carried out with uniformity and be continued so that they lead to enhanced health status (Sarwar et al 1995).

Hypothesis-5

$H_0 =$ Number of women beneficiaries of well-equipped labor room have not increased after NGOs intervention in the area.

$H_1 =$ Number of women beneficiaries of well-equipped labor room have increased after NGOs intervention in the area.

Table-2 depicts that the results of women benefited through well equipped labor room were highly significant ($P=0.000$). It indicates towards the rejection of null hypothesis and acceptance of working hypothesis. The mean difference value $-47.209$ shows its intensity on working hypothesis.

Hypothesis-6

$H_0 =$ There were no Community development program to increased new born survival after NGOs intervention in the area.

$H_1 =$ There were Community development program to increased new born survival after NGOs intervention in the area.

The analysis result show a high level of significance ($p=0.000$) “development program to increased new born survival” was obtained. The analyses indicate the mean difference value $-49.483$. It is evident here that NGOs have success in their mandate to cover protection for new born babies. Community mobilization has involved all approaches to improve newborn survival. Despite the fact that general community development programs brings improvement in newborn survival, as depicted in Nepal and India cased which has led to decrease in neonatal mortality (Freire, 1995).

Hypothesis-7

$H_0 =$ Number of visits by community health worker to attend delivery and postnatal care visits have not increase after NGOs intervention in the area.

$H_1 =$ Number of visits by community health worker to attend delivery and postnatal care visits have increase after NGOs intervention in the area.

Result of visits by community health worker to attend delivery and postnatal care before and after intervention were highly significant ($P=0.000$). It indicated towards the rejection of null hypothesis and acceptance of research hypothesis. The mean difference value $-9.800$ give strength to research hypothesis i.e. increase in visits by community health workers. The Society for Education trained community health workers to perform
group health education, antenatal care visits to the home of pregnant women, attend delivery, provide vitamin K injections and some postnatal home visits, identify and handle infants at risk from birth asphyxia, low birth weight and sepsis, and give proper suggestion (Bang et al, 1999; and Bang et al, 2005).

Hypothesis-8

H0 = There were no delivery kits distributed after NGOs intervention in the area.

H1= There were delivery kits distributed after NGOs intervention in the area.

The analysis confirms acceptance of research hypothesis “delivery kits distributed after NGO, s intervention” as a highly significant value (P=0.000). Mean difference values (-48.052) endorses increased distribution of such kits. It is obvious that kits were laying distribution by the NGOs working locally has also been endorsed by UNICEF (2010) that NGOs had been provided with clean delivery kits and some one hundred twenty pregnancies were referred to hospitals or other BHUs in Swat.

Table 4.3.4 Showing the Mother Child Health Variable Result with T-test Analysis

<table>
<thead>
<tr>
<th>Statement</th>
<th>Pre</th>
<th>Post</th>
<th>Mean difference</th>
<th>T value</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of family planning programs</td>
<td>3.513</td>
<td>3.470</td>
<td>0.043</td>
<td>-0.038</td>
<td>0.970</td>
</tr>
<tr>
<td>Decrease in infant mortality rate in %</td>
<td>21.435</td>
<td>71.583</td>
<td>-50.148</td>
<td>-31.877</td>
<td>0.000</td>
</tr>
<tr>
<td>Number of programs regarding importance of greater child spacing and safe motherhood</td>
<td>1.052</td>
<td>2.117</td>
<td>-1.065</td>
<td>-1.710</td>
<td>0.089</td>
</tr>
<tr>
<td>Number of female education to secure child mother health</td>
<td>1.330</td>
<td>9.222</td>
<td>-7.891</td>
<td>-14.125</td>
<td>0.000</td>
</tr>
<tr>
<td>Number of women benefited through well-equipped labor room</td>
<td>21.257</td>
<td>68.465</td>
<td>-47.209</td>
<td>-20.810</td>
<td>0.000</td>
</tr>
<tr>
<td>Number of Community development program to increased new born survival</td>
<td>14.935</td>
<td>64.417</td>
<td>-49.483</td>
<td>-29.295</td>
<td>0.000</td>
</tr>
<tr>
<td>Number of visits by community health worker to attend delivery and postnatal care visits</td>
<td>3.957</td>
<td>13.757</td>
<td>-9.800</td>
<td>-10.607</td>
<td>0.000</td>
</tr>
<tr>
<td>Number of Delivery kits distribution</td>
<td>0.957</td>
<td>49.009</td>
<td>-48.052</td>
<td>-22.040</td>
<td>0.000</td>
</tr>
</tbody>
</table>

CONCLUSION AND RECOMMENDATIONS

The study titled Analysis of NGOs intervention on local people with reference to Mother Child health in district Swat” was conducted in Swat, KP, Pakistan. The sole objective of the study was to assess the pre and post effects of NGOs on locals. The study found that the NGOs, working in the study area had successfully contributed to the uplift in the health sector. As indicated of the visits by community health worker to attend delivery and postnatal care raised, infant mortality rate decreased, number of well-equipped labor rooms increased, birth spacing and community development programs for the survival of newborn baby. In addition, delivery kits distributed after the NGOs intervention in the study area, which successfully trickled down the required know-how to the people of the area. On the basis of findings of the study appraisal of strict criteria needed to be adopted and provision of funds needed to be linked to the outcome of these appraisals. Extend projects to other far flung and neglected areas while incorporating all felt needs of the locals. Program continuity must be linked to disseminating of knowledge and training to the locals. These programs need to be run through locals under the sole supervision of donors.

REFERENCES


