

UNIVERSITY FOR DEVELOPMENT STUDIES

**EFFECTIVENESS AND SUSTAINABILITY OF NON-GOVERNMENTAL
ORGANISATIONS WORKING IN THE AREA OF MATERNAL AND CHILD HEALTH
IN THE KUMBUNGU DISTRICT OF THE NORTHERN REGION OF GHANA**

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UNIVERSITY FOR DEVELOPMENT STUDIES



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**UNIVERSITY FOR DEVELOPMENT STUDIES
SCHOOL OF MEDICINE AND HEALTH SCIENCES**

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HEALTH AND FAMILY MEDICINE IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE AWARD OF A MASTERS OF PUBLIC HEALTH DEGREE.



SEPTEMBER, 2019

DECLARATION

Student

I hereby declare that this submission is my own work towards the award of a Master's degree in Public Health and that, to the best of my knowledge it contains no materials previously published by another person nor material which has been presented for the award of any degree of the University, or elsewhere except where due acknowledgement has been made in the text.

Candidate's Signature: Date:

Name.....

Supervisors

We hereby declare that the preparation and presentation of the dissertation/thesis was supervised in accordance with the guidelines on supervision of dissertation/thesis laid down by the University for Development Studies

Supervisor's signature Date:

(Principal supervisor)

Name.....



Supervisor's signature..... Date:

(Co-supervisor)

Name:

DEDICATION

This thesis is dedicated to my family members, friends, loved ones and my supervisors



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I am very grateful to the almighty God for guiding me throughout the period of this thesis.

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ABSTRACT

Non-Governmental Organizations (NGOs) play a critical part in developing society, improving communities, health and promoting citizen participation. This study was conducted to assess effectiveness and sustainability of non-governmental organizations working in the area of maternal and child health in the Kumbungu District of the Northern Region of Ghana. The study employed a descriptive cross-sectional survey design. A sample of 100 respondents were included in the study. The study participants included health staff from the Ghana Health Service, staff of NGOs, beneficiary women, community health committee members and volunteers, opinion leaders and traditional birth attendants. Participants were selected through purposive sampling. Quantitative data was analysed using the Statistical Package for Social Sciences version 21.0 and Microsoft word excels 2013 and content analysis. From the results, 70% of the beneficiary women agreed with the statement that, NGOs provided what has not been provided by the public system whilst 15% of the participants disagreed with the statement that, beneficiaries require financial obligation to access the services rendered by NGOs. The results further showed that, 88% of the participants disagreed with the statement that, interventions of NGOs fits into their social settings. Based on the findings presented in this study, it was concluded that, NGOs were effective in the provision of maternal and child health services to the people at the study area. The study recommended that, NGOs should involve community members in the planning and implementation of their activities at the study setting.



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LIST OF ACRONYMS

NGOs	Non-Governmental Organizations
WHO	World Health Organization
LMINs	Low and middle-income Nations
RHR	Reproductive Health and Research
CBOS	Community-Based Organizations
ORT	Oral Rehydration Therapy
TBAs	Traditional Birth Attendants
DHA	District Health Administration
GHS	Ghana Health Services
SPSS	Statistical Package for Social Sciences
CHMC	Community Health Management Committee
CHV	Community Health Volunteer



DEFINITION OF OPERATIONAL TERMS

1. **Effectiveness** - the capability of producing a desired result or the ability to produce desired output.
2. **NGOs** - A non-governmental organization (NGO) is a non-profit, citizen-based group that functions independently of government.
3. **Programs** - a set of related measures or activities with a particular long-term aim.
4. **Activities** - a specific deed, action, function, or sphere of action undertaken or to be undertaken.
5. **Sustainability** - the quality of being able to continue over a period of time



1.0 CHAPTER ONE

1.1 Background of study

Non-Governmental Organizations (NGOs) forms a greater part of groups usually used in categorizing individuals, such as trades unions, professional associations, church organizations, corporate societies and other distinct interest associations and the media (Hushie, 2016). Owing to their comprehensive nature, there is a collective partnership among stakeholders of which NGOs are ostensibly an operative means to improve standards of living and attain a more sustainable development of societies (World Health Organization 2009)

Worldwide, there are several NGOs operating at various levels, with quite a number of them being active in the health sector. This observation conferring with the World Health Organization, is as a result of the challenges in accessing healthcare services and its impact on the global economy. Owing to that, over 1.3 billion people especially in sub-Saharan Africa have no access to effective and affordable health care (Ahmed, Alam & Sultana, 2006). Due to that, (World Health Organization, 2009) stated that Low and middle-income nations (LMINs) experience 93% of the world's disease burden, yet only 18% of world income and 11% of global health spending is allocated to be used to reduce the global burden of diseases, Hence, the proliferation of NGOs in the health sector

In 2016, a total of 130 maternal deaths were recorded in the Northern Region Ghana while 426 children from zero to 11 months old also died in the region the same year as revealed by the Ghana Health Service (GHS) annual review report. This could be one of the reasons why NGOs predominantly work in communities most affected by injustices, knowing that the health of the mother and the child cannot be disconnected because Healthy Mothers and Healthy Newborns



have a Vital Link, when newborns are provided best nutrition and have access to vital care a healthy life is ensured.

1.2 Problem statement

Between 1990 and 2015, studies have shown that infant mortality rates and maternal mortality rates dropped by 53% and 43% respectively (Alkema et al, 2016). Globally, in 2015 the maternal death ratio to live births was reported to be 216 maternal deaths to 100 000 live births, that notwithstanding the chances of a woman dying in childbirth in developing countries remains 20 times higher than that of the developed world. (Alkema et al, 2016).

In the developing countries such as sub-Saharan Africa the lives of women is endangered as women face a maternal death threat of 1 in 36 among pregnant women which is about four times higher than the global average and 100 times higher than the risk of maternal death in developed countries, it is also reported that there is roughly 546 maternal deaths per every 100 000 live births. (Alkema et al, 2016). There are quite a couple of complications that accounts for maternal deaths among pregnant women, childbirth or the postpartum period. Most of these complications progress as a result of the pregnancy itself, or the pregnancy has exacerbated a prevailing disease (World Health Organization, 2010)

Ghana recorded a decline in maternal deaths from 760 deaths per 100 000 live births in 1990 to 319 deaths per 100 000 live births in 2015 this further reduced to 343 deaths per 100 000 live births in 2017 (GSS, 2010). Some of key issues highlighted in the report as been the causes of the situation include: high maternal deaths related to postpartum hemorrhage and acute hypertension among others. Northern region reported 92 per 100,000 live birth in 2015, 92 per 100,000 live birth in 2016 and 161 per 100,000 live birth in 2017. These according to the 2017



GSS annual review report were as a result of insufficient new born care, low family planning usage, high anemia rates in mothers and children among others.

Notwithstanding, there is a huge investment in programs and activities of NGOs in complementing government's efforts to reducing child and maternal sickness and death rates in the Northern region. Of which Kumbungu is one of the districts to have benefitted from NGO support in maternal and child health and one would have thought that their intervention will reflect on the output of maternal and child health indicators. But during the Kumbungu district health annual review report meeting (2016,2017and 2018), showed that the district was confronted with some significant challenges such as high rates of malnutrition, anemia in children under five and pregnant women low family planning patronage among others were raised.

In the quest to reduce maternal and infant illnesses and deaths and enhance the value of life towards realizing the Sustainable Development Goal 3 (SDGs), Ghana require a strong collaboration with development associates in the health sector to eliminate the barriers to realize the SDGs. To the best of my knowledge, no study has explored the effectiveness and sustainability of the programs and activities of NGOs working in the area of maternal and child health in the Kumbungu district. The current study thus explores the effectiveness and sustainability of programs and activities of these NGOs working in the area of maternal and child health in Kumbungu District. The findings brought to bear the effectiveness of NGOs programs and activities in promoting maternal and child health and identified measures to sustain the gains of NGOs in the sector.



1.3.0 Research questions

1.3.1 General research question

How effective and sustainable are the programs and activities of NGOs working in the area of maternal and child health in the Kumbungu District of the Northern Region , Ghana

1.3.2 Specific research questions

1. How are NGOs implementing their programs and activities in the area of maternal and child health in the Kumbungu District?
2. How effective are the programs and activities of NGOs towards improving maternal and child health indicators in the Kumbungu District?
3. What measures has been put in place to sustain the gains of the programs and activities of NGOs working in the area of maternal and child health in the Kumbungu District?

1.4.0 Objectives of the study

1.4.1 General objectives

The main objective of the study was to measure the effectiveness and sustainability of the programs and activities of non-governmental organizations (NGOs) working in the area of maternal and child health in the Kumbungu District of the Northern Region, Ghana

1.4.2 Specific objectives

1. To examine the implementation processes and activities of NGOs working in the area of maternal and child health in Kumbungu District



2. To identify the specific roles of NGOs working in the area of maternal and child health care delivery in the Kumbungu District.
3. To evaluate the effectiveness of the programs and activities of NGOs working in the area of maternal and child health in the Kumbungu District
4. To explore measures put in place to ensure sustainability of the programs and activities implemented by NGOs working in the area of maternal and child health in the Kumbungu District

1.5 Significance of the study

The outcomes of this study would be useful to policy makers such as the Ministry of Health, Ghana Health Service and hospital managers in Northern Ghana since the information would assist management to tailor their planning which could inform programs associated with maternal and health care services to women and children in the country. The findings would serve as a baseline data for similar works especially in the study area. The study will be useful to NGOs and key stakeholders in the formulation of policies and programs that would go a long way to enhance the wellbeing of women through the adoption and implementation of pragmatic approaches in the delivery of maternal and child health services that could reduce or possibly eliminate maternal and infant mortality.

The study will also serve as a morale booster to stakeholders towards reinforcing their developmental efforts of the health sector. The study will as well serve as a source of information to augment related studies to be conducted into the future on the same field. It will also help provide more evidence that will increase the understanding of how NGOs working in the area of maternal and child health are effective in implementing their programs and activities and ensure sustainability of those programs and activities.



1.6 Scope of the study

This study was narrowed down to three NGOs who are into maternal and child health, and have started phase one of their programs and activities in the communities that implementation has taken place. Staff of Ghana Health Service, community members such as opinion leaders, Traditional birth attendants, community-based surveillance volunteers and beneficiary women in their reproductive age was included as study participants.

1.7 Theoretical framework

The effectiveness and sustainability of NGOs programs in maternal and child health is theorized within the context of health delivery systems. As stated by the World Health Organization (2000), a health care delivery system is made up of all the organizations, institutions and resources that are readily made available for the delivery of health activities. The reason for adopting the health systems block approach is as a result of the quest for a more effective, efficient, and equitable delivery of health care to those who deserve it most by judicious use of health service delivery (Tracey, 2015). Health systems refers to organized activities in which all the actors are collectively brought together in ensuring equitable access and quality delivery of health services to a population, the efforts of these systems are harnessed into one in the delivery of health services for the collective good of achieving efficiency and effectiveness of the system (Orshan, 2008).

Therefore, a study of the effectiveness and sustainability of NGOs programs and activities in maternal and child health care delivery in Northern Ghana is premised on the assumption that respective units of the health system works together and therefore needs to be evaluated and supported to function efficiently. The sustainability of these NGOs support for Ghana is very



crucial since Ghana's attainment of lower middle income (LMI) status has negatively impacted the quantum of support the country receive from donors.

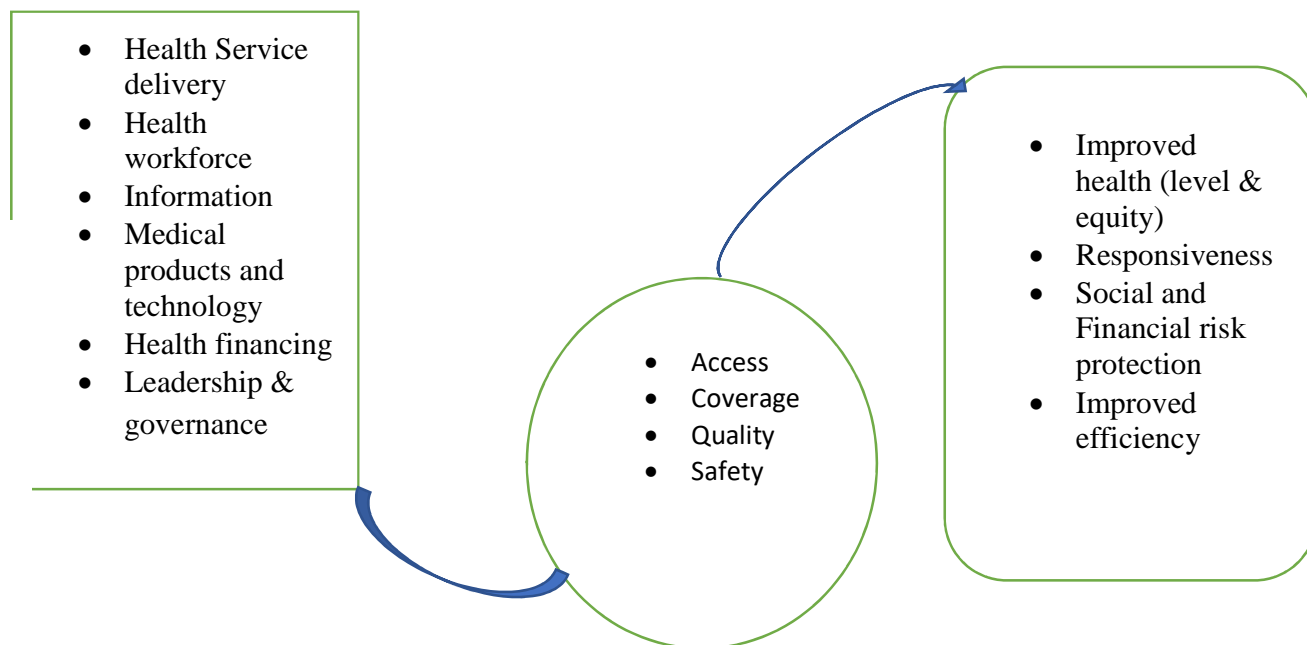


Figure 1: Health System Blocks

1.8 Organization of the project work

The thesis was organized into six chapters. Chapter one comprises the introduction and background to the study, the problem statement, the study objectives, significance of the study, scope of the study, conceptual framework of the study and definitions of terms. Chapter two reviews the relevant literature in relation to the study and present the theoretical foundation of the study. The research methodology is presented in chapter three which contains the profile of the study institutions, study approach, research population, data collection tools, data collection procedures, sampling techniques, sample size, sources of data, data analysis and ethical considerations. Chapter four contains the results whilst the discussion of the results was



presented in chapter five. Chapter six contains the summary, conclusion and the recommendations resulting from the study.



2.0 CHAPTER TWO

2.1 Literature review

This chapter presents and reviews relevant literature that has been documented by various studies and authors in the area of the research. The literature was reviewed in congruence with the major themes of the study as identified in relation to the specific objectives.

2.2 Concept of NGO

Since the early 1980s, many governments have regarded the role of NGOs to be facilitators of change whose contributions are essential to the achievement of development goals among deprived populations (Dejong, 1991). Many governments have highlighted the indispensability of partnership between government and NGOs and encouraged the formation of community-based organizations (CBOs) and village-level participation in development efforts (Bhat, 1991)

The concept of NGO originated from the United Nations, and normally refers to organizations that does not form part of government machinery and that operates without profit making motives (Williams, 1990). The term is mostly applicable to organisations that pursue a broader social aim that have political aspects, but devoid of being political organisations openly as seen with political parties (Streefland & Mustaque, 1990). Others scholars also viewed NGOs as non-profit, non-public, voluntary organizations, without the control of the state (Edwards, 1999).

However, the heterogeneity of NGOs makes a simple definition arduous.

The concept of NGOs can be grouped into three main categories: internationally based NGOs, religious organizations, and indigenous NGOs. There are however, many cases where it is difficult to determine where the line should be drawn (Dejong, 1991). Even with the classification of NGOs, there are still tremendous variation in activities, and political importance



of NGOs. For the health sector, NGOs operate in two main categories: service delivery and advocacy. Most NGOs in health sector operate hospitals and clinics. They have also played a key role in experimenting with low cost forms of primary health care and they have campaigned on a variety of health issues from breast feeding to Oral Rehydration Therapy (ORT) to HIV/AIDS prevention among others (Streefland & Mustaque, 1990; Solomon et al., 2008)

Naturally, the conversation of excellence in the broader setting of prevailing ideas about the role of NGOs in the promotion of welfare services and, the bases on which public service institutions can be made effective and efficient in the provision of services and outcomes of high quality. The mutual commitment of the operational and top-management levels and the suitability of the measurement system for the requirements and goals of NGOs are perceived as key bases on which effectiveness is assessed (Matthias & Green, 1994). The actions of NGOs have a narrow stand out from the traditional private voluntary focus, e g, rehabilitating infants and the 'unwanted' children of organizations (PVOs) (Stefanini, 1995).

2.3 How NGOs implement their activities and programs in the area of maternal and child health

Worldwide, over thousands of NGOs are operating at the international, national, and local levels and majority of them are active in the health sector. Non-governmental organizations have the credibility of active participation in the promotion of human well-being. In particular, NGOs provide important links between the community and government (DeJong, 1991; Green & Matthias, 1996)

To effectively and efficiently deliver health care to the people, NGOs have certain strengths and characteristics that aid them to operate effectively as dynamic agents (Bhat, 1991). In addition, in



their effort to implement their activities, they have demonstrated a distinct ability to work within the community in response to expressed needs. They have also demonstrated flexibility by responding to a variety of request adopting innovative and creative approaches (Dejong, 1991).

Studies have shown that, NGOs' implementation activities and programs in the area of maternal and child health related issues has been imperative in developing countries. The establishment of medical facilities, supporting local health systems, educating locals and the provision of shelters and basic necessities to victims is the work of NGOs in Sub-Saharan Africa and South –East Asia (Edwards, 1999; Streefland & Mustaque, 1990). In particular, NGOs have been widely acknowledged by their dedication and involvement in large-scale maternal and child health services provided to deprived communities (DeJong, 1991). Notwithstanding the fact that NGOs are engaged in managing immediate risks to women and child health as well as the survival of all persons as seen in developing countries, the effective evaluation of implemented activities from NGOs have conflicted (Kebede, 2004). These conflicting perspectives come from using different definitions and purposes of individual NGOs to participate in maternal and child health processes in response to public health crises in deprived communities in developing countries (Bhutta & Lassi, 2010).

General, NGOs effectiveness has been measured by basic systems that provide detailed action plans in relations to community needs assessment involving all of them in their operation from the start to the finish. This method gives more weight on implementing the planned actions than on understanding emerging needs and adapting actions to improve the situation in practice (Kebede, 2004)



Yet, during the implementation of their activities and programs on maternal and child health issues, circumstances do not develop orderly as planned. New difficulties and issues emerge as NGOs' actions interact with contextual conditions in the community (Edwards, 1999).

The implementation of maternal and child health programs may call for unpredictable and rapid situational changes depending on the nature of the situation at hand (Pfeiffer, 2003). In effect, the damage to public health is reduced through the effective implementation approaches of NGOs which tend to guide operational effectiveness (Casey et al., 2011).

Overall access to sustained quality health care is poor with most poor health communities in developing countries, with very few people living within the reach of the most basic health services. Thus, NGOs provide services to fill most of the health services gaps in maternal and child health services (Kebede, 2004; Bhutta & Lassi, 2010)

In a descriptive cross-sectional study conducted by Bhutta and Lassi (2010) to assess empowering communities for maternal and newborn health by NGO, the findings showed that, the implementation process of the NGO involved the community memberships from the inception of the project to the ending. The results showed that, because community members were actively involved in the implementation process, they were empowered to take the project as their own and the project yielded the needed results.

In a similar study, Kebede (2004) observed that the target beneficiaries for an NGO that was involved in maternal and child health services in Addis Ababa in which the beneficiaries were women in their reproductive age and children. The results showed that, the activities of the NGO involved community members in their implementation process. This resulted in an improved maternal and child health services in the area of good nutrition, good care of the child and breastfeeding. The activities of the NGOs were usually sponsored.



It is worth to state that, the physical resources and managerial expertise for implementing NGOs activities in the health sector are sufficient and largely dependent on external financial and technical assistance (Kebede, 2004). NGOs before their implementation will ensure that, existing health infrastructure and equipment are extremely in good position before they implement their activities. Because many hospitals and health centers owned by government in developing countries are either dilapidated or only have the capacity and characteristics of lower-level facilities. Owing to the fact that there has been a lot of support from the international donors to the health sector, the contribution of NGOs in delivery of basic health services in partnership with government is worthy of consideration (Bhat, 1991)

The provision of health services more especially on maternal and child health services to persons in need remain a pivotal role played by NGOs in many parts of the world (Pfeiffer, 2003). This has become necessary as result of the weakened health care systems of developing countries (Green & Matthias, 1996). Low availability of qualified medical professionals, equipment, drugs and an incredible disease burden are the challenges of health care system in developing countries. Thus the health care needs of the populace, particularly women and children remain unmet. The suffering among women and children in developing countries can be evident in the fragile health care system which can lead to a higher disease burden among women and children

(Bhat, 1991). NGOs are being utilized through governments and inter-governmental institutions in an effort to mitigate their fiscal burden while seeking ways to improve access and quality of health care of women and children. In most cases, the impact and change of NGOs activities and projects can be seen by target beneficiaries (Streefland & Mustaque, 1990). As a result, there has been a dramatic increase in funding for NGOs operating in the health sector in developing countries such as South Sudan from bilateral and multilateral actors, such as USAID and the



World Bank (Dejong, 1991). The implementation of activities sometimes is a gradual process with lessons often learned in the process of the implementation (Kebede, 2004)

For example, a health information system such as Save the Children was set up to monitor children's health status and to target children who are-not-receiving needed services. It also allows Save the Children to analyze the impact-and consequences of its work in each community so "lessons learned" were incorporated into the planning and implementation of new projects (Ahmed et al., 2006). NGOs play a significant global role in maternal and child health services as a result of government retrenchment in health spending and heightened interest in primary health care services which stems from the 1978 Alma Ata declaration (Alkema et al., 2016).

This is because, maternal and perinatal concerns are considered fundamental issues to global well-being than any other (Kebede, 2004). Despite all these efforts, estimated 1,600 women and over 5,000 newborns between the age of (0–28 days) lose their lives on a daily basis due to complications in pregnancy, childbirth and postnatal period, which could have been preventable to a large extent (Ahmed et al., 2006). Maternal and child health services are essential during pregnancy, childbirth and postnatal period. NGOs services are most likely to be used by women because its accessibility, affordability, culturally acceptable and of higher quality (Bhutta & Lassi, 2010).

NGOs offer a range of variation of services in community health intervention, preventive health services, and curative services. There are a number of health interventions undertaken by NGOs as part of their operations in the area of: health education, nutrition education, HIV/AIDS education, environmental education and poverty reduction among others. Environmental issues such as access safe water and sanitation are been addressed by many NGOs operating in the districts (Kebede, 2004; Bhutta & Lassi, 2010)



The flexibility of Non-governmental organizations in planning and design of population-based projects by NGOs has led to the achievement of better results in the areas of health education, health promotion, social marketing, community development and advocacy (Casey et al., 2011; Bhutta & Lassi, 2010). Therefore, in a study to assess the activities of NGOs in developing countries, Green and Matthias (1996) revealed that, preventive maternal and child health services carried out by NGOs included immunization activities. Immunizations were carried out at static units and outreach stations and other to reach the targeted population.

Some NGOs also rendered family planning services at deprived communities for women who need those services. Clinical services were offered by mission hospitals or dispensaries to the people. Developmental activities such as rehabilitation of health structures, provision of training to traditional birth attendants (TBAs), community health workers and HIV/AIDS educators and counselors, promotion of income generation among women and protection of water sources among others are some of the activities undertaken by NGOs.

2.4 How effective are the programs and activities of NGOs towards improving maternal and child health?

In developing continents like sub-Sahara Africa, Asia, and Latin America, up to about 30% of health care services are provided for by NGOs. Their impact has expanded due to increases in their numbers and the volume of support that they provide (Pfeiffer, 2003).

It has been revealed that, NGOs who are affiliated to religious bodies contributes meaningfully in the provision of maternal and child health services in low-income countries. In Tanzania and Haiti, NGOs offer health services which comparable to half of what is been provided by the central government, similarly in Cameroon and Uganda, NGOs account for about 40 percent of



maternal and child health services rendered to the respective ages and sex groups (Green & Matthias, 1996). Likewise in Ghana and Nigeria, the effort of NGOs has been dominant in providing and making accessible maternal and child health services (Solomon et al., 2008). The activities and programs of NGOs have been effective by improving maternal and child health indicators in the world (Williams, 1990). For instance, Boyce and Neale (2006) revealed in their study that, an interview with beneficiary communities has proven that communities have benefited from the sensitization programs of NGOs carried out in the area of maternal and child health. The findings indicated that communities had registered their appreciation to services offered them by NGOs including HIV/AIDS counselling services. It was observed that the services offered by NGOs differed from that offered by the government to the people.

However, the results showed that within the same community, some NGOs expressed among divergence among themselves. They had ostensible competition among themselves as they operate in isolation. This situation has led to duplication of activities carried by the NGOs, uneven distribution of resources, and conflicts caused within the community as result competition for community support. Knowledge of each other's programs was little among most of these NGOs.

Similarly, Ahmed, Alam and Sultana (2006) revealed that, NGOs activities in the area of maternal and child health services have been effective. This they identified by indicating that there existed cordial relationship between health workers and the community members within areas which the NGOs operated, which has culminated into the high quality of maternal and child services rendered by the NGOs.

Public hospital were perceived to have rendered services that could not match with that offered by NGOs for instance, not only did mothers delivered safely from NGOs operated areas, but



were adequately supplied with medication, as well services made readily available by operating centers for longer hours and patients attended to promptly.

Non-governmental activities have also been effective because, communities recognize the services provided by NGOs on maternal and child health been relatively cheaper and affordable.

Health facilities established and run by missions offered cheaper clinical services compared with that offered government facilities (Ejaz, Shaikh, & Rizvi, 2011). Community concerns about quality include inadequate medication in terms of dosage, inadequate personnel, inadequately trained staff, high costs and poor facilities of private for-profit practitioners (Ejaz, Shaikh, & Rizvi, 2011).

An in-depth study of cost recovery experiences in Senegal, Mali, Cote d'Ivoire and Ghana has shown that provision of maternal and child health services are much more successful in NGO facilities than government (Hushie, 2016). NGOs serving similar populations as the government facility often charge small amounts for their drugs in contrast to governments which subsidize drug prices. The missions have several advantages in procuring medications; their country's operations are more efficiently managed, and they mobilize foreign currency in the form of charity. NGOs often have drugs and supplies in comparison to government hospitals which are plagued with shortages (Bhutta & Lassi, 2010)

NGOs are also effective with activities and programs because, operating on a small scale allows NGOs to be innovative. NGOs' small-scale nature and flexibility may also allow them to respond quickly to emergency demands which make their activities effective among the community members (Okorley & Nkrumah, 2012; Azad et al., 2010). NGOs may also choose to provide services to groups in conflict with government which will be seen by the people as



effective in delivery of maternal and child health services to the people (Okorley & Nkrumah, 2012; Azad et al., 2010).

NGOs programs and activities are effective in improving maternal and child health outcome by putting emphasizes on their operations towards increasing the resilience of local communities through the creation of sustainable socio-economic environment, of which health an integral part. The activities of NGOs are geared towards empowering communities to adopt protective attitudes for themselves in the field of health operations (Bhutta & Lassi, 2010). Ultimately, the implementation of activities will be done by community people haven participated in them with the NGOs which often lead to improved maternal and child health indicators (Streefland & Mustaque, 1990; Tracey, 2015).

Similarly, Tanzi (1993) observed that, provision of maternal and child health services to women has been by NGOs has been effective because, health education of local residents as well as training and consultancy made to local health staff and leaders for the purposes of supporting localized responses has been achieved to community empowerment initiated by NGOs. Community empowerment activities are used to support national care activities in epidemic situations as such: sanitation, and provision of clean water and food which may influence their key public health response programs in times such as disasters (Tracey, 2015)

Evidence indicates that non-governmental organizations meaningfully contribute to health during outbreak of epidemics and disasters. Non-governmental organizations have provided huge support to reproductive health in developing world and South Sudan in particular. Tanzi, (1993) maternal and infant mortality has decreased with effectively run maternal and child health services by non-governmental organizations. There has been expanded access to primary health



care and reduction in maternal and infant mortality as a result of primary health care programs executed by non-governmental organisations.

A study in Mexico show that women prefer to seek healthcare in non-governmental organization attend public clinics (Orshan, 2008). Although non-governmental organizations are not completely new, NGOs are most favorite channel for service provision (Okorley & Nkrumah, 2012)

In south-Sudan, Non-governmental organizations remain the main source of health services. The collapse of the public health system in South Sudan which was occasioned by the many years of conflict, has subsequently led to non-governmental organizations playing a key role in the health sector in the provision of a variety of services in accessible areas. Non-governmental organizations continued to play a major role in proving a range of services after the war in South-Sudan. It is estimated that non-governmental organizations are providing about 80% of health services in South Sudan. Non-governmental organizations involved in health service delivery include international non-governmental organizations, faith-based organizations and other local non-governmental organizations (Government of Southern Sudan (2011 – 2015).

2.5 Measures to sustain NGOs programs and activities in the area of maternal and child health

Generally, it is assumed that NGOs working in health remain somehow more efficient than the government sector. This is because, the different approaches employed by non-governmental organizations in rendering services has proven to be effective. The design and methods used by the NGOs sometimes resulted in the creation of community dependency (Sudan, 2014).



In the spirit of sustainability and voluntarism to make the operations of some of these NGOs easy, they have reportedly given material benefits to the community members. For instance commitment to work as a result of adequate motivation offered was demonstrated in the work of community health workers who were trained as volunteers which led to sustaining the gains of their operations (Schwandt, 2000).

Similarly, Pervaiz, Shaikh and Mazhar (2015) revealed that, NGOs in other to sustain their gains in the areas of maternal and child health services involved an opportunity for full participation of all partners to join forces in a concerted effort to own the project including the collaboration with government. The results showed that such participation encouraged local people to become involved in maternal and child health issues, through that they get information regarding community health status.

Being community-based gives NGOs the advantage of being aware of the actual needs of the community members was an issue that NGOs used to sustain their gains in the communities they were implementing their activities (Boyce & Neale, 2006). One of NGOs most significant strengths is their ability to involve the intended beneficiaries of a particular project. This is important since local communities have a good appreciation their needs and their ability to support the activities of the NGOs.

Further, program sustainability rest upon the inhabitants of affected region. Ejaz, Shaikh and Rizvi (2011), for example has trained male and female traditional health practitioners living in remote villages to dispense drugs and some types of contraceptives as a way to sustain their activities among community members. Also, as a way of sustaining their activities, Hushie (2016) revealed that, NGOs tend to use appropriate technology in combination with low staff and finances which allows them to operate efficiently.



Also, they are able to mobilize volunteers and community resources effectively to support them carry out their activities. In Africa especially sub-Saharan Africa, there are so many diseases and this has affected the continent in terms of economy. Poor health is one of the worst things because it causes pain and suffering, reduces human energy and makes millions of Africans not to catch up with life hence destruction of human capital (Alkema et al., 2016). One of the most challenges today facing many developing countries is how to provide health services and NGOs provide such services and are able to sustain them because of their ability to sustain their activities by involving community members (Alkema et al., 2016)

Non-governmental organizations (NGOs) offer basic health services in many low-income countries. Their operational effectiveness in the provision of Primary Health Care (PHC) has been achieved through community participation. (DeJong, 1991). The comparative advantage of non-governmental organizations may be examined based on their operational efficiency, innovation, quality of services rendered, ability to secure the needed resources, impact made to the sustainability of the local health systems and the extent of their coverage to remote communities (Green & Matthias, 1996; Kebede, 2004). Similarly, Pfeiffer (2003) observed that, NGOs have the advantage of being able to identify needs and build upon existing resources with minimal harm to the environment. The elements of Primary Health Care reflect the prior experiences of NGOs. This resourcefulness has allowed NGOs to pioneer new technologies, such as oral rehydration therapy (Tracey, 2015). NGOs also provide quality services (Edwards, 1999) in line with national policy frameworks as well the implementation deliberate policies to build the capacity of government services. Moreover restrictive bureaucratic policies of governments are discouraged whiles creating and facilitating policy environment for collaboration between NGOs and governments (Tracey, 2015).



For example, in Papua New Guinea, a project was implemented and the important aspect is ensuring an established partnership among key stakeholders like the local government, the NGOs and civil society to enable a sound implementation of health promotion activities at the community level which was an attempt to facilitate a policy environment for collaboration (Bhat, 1991). The initiative was geared towards enhancing government to develop and successfully implement community health programs, to widen the scope of government in the design and implementation of community health policies, to formalize relationship between government and NGOs, and to aid in the development and implementation of monitoring and evaluation mechanisms for tracking community outcomes (Bhat, 1991). Their activities showed that there was a sustained improved activity at the community level (Bhat, 1991). Well designed and functioning health system that delivers essential services using tailored interventions is much needed by mothers and children. Many countries in Sub-Saharan Africa are already making significant impact; countries like Tanzania have recorded a 15-20% decline in under-five mortality through an increased in coverage of immunization programs as well as vitamin A supplementation and integrated management of childhood illness (Kebede, 2004; Bhutta & Lassi, 2010). In a related development, an 87% reduction in maternal mortality has been recorded by Sri Lanka over the past four decades by ensuring an overwhelming 99% of pregnant women receive not less than four antenatal visits and ensuring supervised delivery at the facility (Kebede, 2004; Bhutta & Lassi, 2010).



2.6 Theoretical foundation of the study

The research adopted the stance of community organization model as one that views enabling processes through which individuals or communities and is empowered to take control of their

lives. The crafting of strategies to see to healthy atmosphere and promotion of community participation in health programs are the key to attaining improved focus on health care practices and the provision of health care (Minkler, 1990; Wallerstein, 1992), and health care promotion models focusing on communitywide collaborations. This study takes look at the promotion of accessible and affordable health care services to the population through the application of the community organization model by communities. In Ghana like many developing countries, the citizenry enjoy public health services rendered to them through NGOs as a result of the collaboration between these NGOs and the government of Ghana, notwithstanding the fact the National Health Insurance remains the most dominant funding scheme for the provision of health care in Ghana alongside other private insurance schemes, it is observed that the marginalized groups of the population are uninsured or underinsured. These marginalized groups become the utmost beneficiaries of these nonprofit health services for primary and preventive care services due to their inability to afford health insurance. The contributions NGOs make to health services delivery has been acknowledged by scholars (Chin, 2009; Marwell, 2004) and tout the significance of community organizing for promoting health and health care (Curtis, Waters, & Brindis, 2011).



The community organization model is a designed to be a participatory decision-making process that seeks to improve health through community empowerment. It underscores community active participation in identifying key health issues and earmarking modalities to addressing them. Communities focus on their capabilities and collaboratively mobilize to develop programs to achieve stated health objectives.

Features of the Community Organization Model comprise of:

- A selfless understanding the context and root causes of health issues
- Collaborative decision making and problem solving
- Focusing efforts on specific issues
- Actively engaging participation from various groups and organizations within the community
- Developing and maintaining capacity and power to produce lasting change
- Providing feedback to the community”

Implications of the Community Organization Model

Members of a community may offer their support for community organization through activities targeted at gathering support for policy and social changes. Active community involvement is the bed rock of successful implementation of maternal and child health programs. When the identification of priorities and strategies are jointly done by community members and seeking appropriate remedies, the tendency of the program to affect change is high. Needs assessment is conducted for targeted population toward attaining the needed information required for a successful implementation of maternal and child health programs. By this, programs are able to identify priorities for health promotion and disease prevention efforts, and others such as possible difficulties and appropriate measures to address them. This competence is integrated into program planning, development and implementation. This module offers significant implementation considerations for health promotion and disease prevention programs.

Rural health promotion and disease prevention programs require sustainable financing. The sustainability of these programs can be achieved through others interventions such as:



strengthening partnerships, building capacity, diversifying funding streams, implementing organizational changes and developing effective messaging.

2.7 Summary of the findings

In assessing performance many NGOs have developed effective health interventions which have led to significant enhancements in health status of the individuals. The importance of Non-governmental Organizations (NGOs) in the delivery of services is fast acquiring legitimacy not only to counterpart government programs in health care delivery to the people, but also create alternative opportunities for people to choose what source service to seek healthcare in an effort to meet expectation. While many researchers have emphasized on the contribution of Non-Governmental Organization to health care service delivery, little consideration is given to health services cutting-edge the context of maternal and child health services. Most of the studies reviewed were descriptive cross sectional in nature.

CHAPTER THREE

METHODS

3.0 Introduction

This chapter deals with the profile of the study area, research design, and research population as well as the general methodological approach to the study.

3.1 Description of study area

The study was conducted in the Kumbungu District of Northern Region of Ghana. The District shares boundaries with North Gonja District to the North, Sagnarigu Municipality to the South,



Savelugu Municipality and Tolon to the East and West respectively. Geographically, the district lies between latitude 9°16 and 9° 34 North and longitudes 0° 36 and 0° 57 West (GSS, 2010). The district has 144 communities, one hospital, three health centers and ten Community-based Health Planning and Services (CHPS) completed compounds (GSS, 2010).

The general population of the Kumbungu District, according to the 2010 Population and Housing Census, is 39,341 inhabitants. Males constitute 50.0 percent of the population. The people in the district live in rural settings, where majority depend mainly on farming as their main occupation where they cultivate food crops such as maize, groundnuts, rice and many others

The study was conducted in 10 communities including Kpulyini, Zangbalun, Tibung, Jegbo, Kuli, Gupanerigu, Mbanayili, Bognayili, Cheshegu, and Gbulung. These communities are located within the catchment area of Mbanaayili, Gbullun, Kumbungu, Dalung, Gupanerigu and Voggu sub districts where the study was conducted in the health facilities. Figure 3.1 shows the map of the Kumbungu District and the study communities.



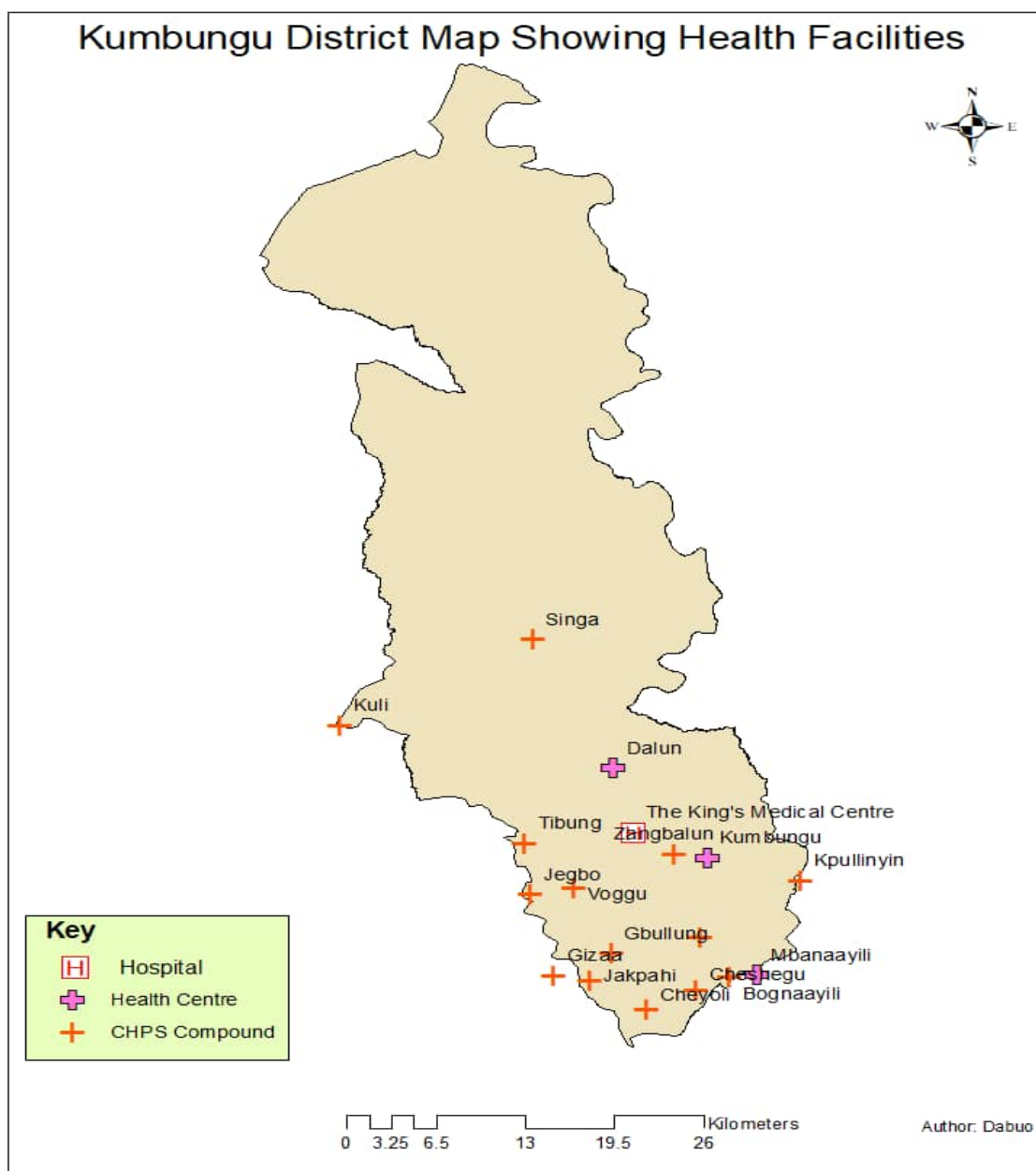


Figure 3.1: Map of Kumbungu district

3.2 Study design

The study employed a descriptive cross-sectional design using a mixed method approach. A cross sectional design attempts to document current conditions or attitudes or situations, about a topic of interest at the study area.

3.3 Study population

The study population consist staff of the Ghana Health Service (GHS) working in the Kumbungu District, officials of NGOs working in the area of maternal and child health, opinion leaders of beneficiary communities, Traditional Birth Attendants (TBAs), community health committees and beneficiary reproductive age women.

3.3.1 Inclusion Criteria

NGOs working in the area of maternal and child health, staffs of the Ghana Health service who are directly involved in rendering maternal and child health services and beneficiary women and households who benefited from these programs and are available during the study period were included in the study.

3.3.2 Exclusion Criteria

The study excluded NGOs that are not into maternal health services, GHS staff who do not provide maternal and child health services and communities that are not beneficiaries of the programs of the NGOs.

3.4 Sample size

The study population included 100 respondents that constituted four (4) officials from the District Health Management Team (DHMT), one representative each from three NGOs working in the area of maternal and child health in the Kumbungu District, sixty (60) beneficiary reproductive age women, eight Traditional Birth Attendants (TBAs), nine health committee members and/or opinion leaders, nine community health volunteers and seven health workers in health facilities located in the district.



Given the mixed methods nature of the study no mathematical formula was used to determine the sample size. Respondents were selected and interviewed throughout the study period until till the point of saturation whereby further data collection did not yield new findings.

3.5 Sampling technique

Probability and non-probability sampling techniques were used in selecting samples for the study. The researcher used purposive sampling to select health staffs and representatives of the NGOs while simple random sampling technique was used to select health committee members, traditional birth attendants, opinion leaders of beneficiary communities, and community health volunteers at the selected communities. With this technique, the researcher wrote YES or NO on pieces of paper and folded them with the “YES” being equal to the sample size. The potential participants were then asked to individually pick one folded paper and open. Those who chose “YES” participated in the study. Convenience sampling technique was used to select beneficiary reproductive age women based on who came to the facility for routine immunization sessions or to seek health care during the period of the data collection. The Table 3.1 shows the distribution of respondents and the sampling technique used.



Table 3.1 Sampling technique

Category	Population	Sample size	Technique	Data Collection Tool
DHA staff	8	4	Purposive Sampling	Interview Guide
Health workers (CHN and Midwives)	28	7	Purposive Sampling	Questionnaire
NGO officials	5	3	Purposive Sampling	Interview Guide
Health committee members/opinion leader	103	9	Purposive Sampling	FGD
Community Health Volunteers	160	9	Purposive Sampling	FGD
Women in reproductive age	2012	60	Convenience sampling	Questionnaire
Traditional birth attendants	40	8	Purposive sampling	FGD
Total	2324	100		



3.6 Study Variables

The key variables of the study were how NGOs implement their activities and programs; effectiveness of the programs and activities of NGOs; sustainability of the activities and programs of the NGOs working in the area of maternal and child health.

3.6.1 Procedure for data collection

The research was conducted taking into account ethical considerations, more especially issues of confidentiality, anonymity, informed consent and harm/risk to participants. The University for Development Studies gave approval to the permission sought to undertake the research. The researcher as sought the permission from the Regional and District Health Administration of Ghana Health Service. Informed consent of respondents was also sought; respondents were assured that the information provided was not to be used against them but rather treated confidentially and their anonymity guaranteed.

Respondents who are staff of NGOs were interviewed individually in their offices in the district. Beneficiary women, community health volunteers, health committee members, TBAs and opinion leaders were invited to the CHPS compounds of the selected communities for the interviews and focus group discussions.

Research assistants were trained and deployed for the data collection. The researcher relied heavily on primary data with a considerably amount of secondary data for the study. The research team maintained good rapport with the study participants throughout the data collection exercise.



3.7 DATA COLLECTION TOOLS

Data was collected using interviews, questionnaires and focus group discussions. There was review of NGOs and GHS official reports (Annual reports 2016 – 2018).

3.7.1 Interviews

The study conducted interviews using an interview guide. The interview was conducted with NGOs staff and Health officials. It used to collect information on activities and programs, effectiveness and sustainability of the activities and programs of the NGOs working in the area of maternal and child health in the district. Each interview lasted for a duration of 30 to 45 minutes.

3.7.2 Focus group discussions

Focus group discussion was held to complement the individual interviews. A total of 3 focus group discussion were held with an average of 9 people per group. The FGDs were held for community health committee members/community opinion leaders and community health volunteers, and TBAs. Informed by a guide, the focus group discussions explored the perspectives of these groups of participants regarding the activities of the NGOs, effectiveness of the activities, and the sustainability of those activities at the community level. Averagely, the focus group discussions had a duration of about one hour.

3.7.3 Structured questionnaire

Structured questionnaire was used to collect data from individual beneficiary women and staff of Ghana Health Service at the district management team. The questionnaire was structured according to major headings. This questionnaire was administered to the respondents at the study area. Only closed ended questions were asked and respondents had the option to select from



predetermined answers. The questionnaire was used to collect data to answer specific objective one, two and three which relate to how NGOs the effectiveness of these programs and activities and sustainability of the NGOs programs that NGOs implement in the area of maternal and child health and demographic characteristics of respondents.

3.8 Data analysis and presentation

The quantitative data was analyzed using the Statistical Package for the Social Sciences (SPSS) windows version 25.0 and Microsoft word excels 2016. The results of the data were presented using simple frequency tables to make it easy for reading. The results were also presented using content and narrative analysis. Qualitative data that was collected using the interview guide was analyzed through coding. A code book was generated from the transcribed data which was then fed into a Dedoose (<https://www.dedoose.com/>) software to produce code reports. The code reports were summarized manually and presented as themes. A review of the annual reports of NGOs and GHS was done in a triangulated manner to reinforce the quality of the qualitative data.

3.9 Ethical issues

In order that the research was conducted devoid of ethical bridges, permission was sought and approval for the research granted by the Ethical Review Committee of Ghana Health Service with reference number GHS – ERC 032/06/19.

3.10 Pilot testing.

Questionnaires were pretested in the Tolon district in the Northern Region, which has similar characteristics as communities in Kumbungu district. This helped to identify issues that are not clear in the questionnaire and also to enable the researcher to know the estimated time that would



take to administer a questionnaire. After the pretest, the questionnaire was modified as appropriate and finalized for the actual field work.



4.0 CHAPTER FOUR - RESULTS

4.1 Demographic characteristics of respondents

Table 4.1 shows the demographic information from beneficiary women sampled at the study area. Half (50%) of the beneficiary women were aged between 26-30 years, 41.7% were engaged in farming and 83% were married. From the results, 41.7% of the beneficiary had no formal educational training and slightly over half (53.3%) had more than two children.

Table 4.1: Demographic information of beneficiary women (n=60)

Variable	Frequency	Percent (%)
Age in years		
18-25	7	11.7
26-30	30	50.0
31+	23	38.3
Occupational categories		
Unemployed	17	28.3
Petty trader	18	30.0
Farmer	25	41.7
Education status		
No formal education	25	41.7
Primary	13	22.75
Junior High School	17	28.3
Senior High School	5	8.3
Marital status		
Single	6	10.0



Married	50	83.0
Separated	4	6.7
Parity		
1-2	28	46.7
2+	32	53.3

Table 4.2 shows the demographic information of health staff sampled at the study area. Sixty percent respondents were aged between 26-30 years, 80% were males and 50% said they were married. From the results, 70% of the health staff had Diploma certificates and 80% were nurses.

Table 4.2: Demographic information of health officials and staff (n=14)

Variable	Frequency	Percent (%)
Age in years		
26-30	10	60.0
31+	4	40.0
Sex		
Male	8	80.0
Female	6	20.0
Marital status		
Single	5	20.0
Married	9	80.0
Highest qualification		
Diploma	7	70.0
Degree	5	20.0



Masters	2	10.0
Job description		
Nurse/ Midwife	8	40.0
Surveillance Officer	2	20.0
District leader	1	10.0
Nutrition officer	1	10.0
Nurse manager	1	10.0
Information officer	1	10.0
Years of work		
1-3	9	70.0
3+	5	30.0

Table 4.3 shows the demographic information of NGO officials sampled at the study area. Two respondents were aged between 26-30 years, and 2 of the NGO officials said they had Degree certificates. The results showed that, 2 of the respondents were field staff.



Table 4.3: Demographic information of NGO officials (n=3)

Variable	Frequency	Percent (%)
Age in years		
26-30	2	80.0
31+	1	20.0
Sex		

Male	2	80.0
Female	1	20.0
Highest qualification		
Degree	2	80.0
Masters	1	20.0
Job description		
Field staff	2	80.0
Project Officer	1	20.0

4.2 Role of the NGOs working in the area of maternal and child health in the Kumbungu District

Respondents identified NGOs that work in the area of maternal and child health in the district.

In addition, respondents were asked to state the various roles of each NGO working in the area of maternal and child health. These are provided in boxes 1 to 3.

Box 1: The United States Agency for International Development (USAID) - Systems for Health

- Support in health infrastructure
- Training of health staff
- Improving data quality
- Support in supervision, monitoring and evaluation of health activities

“Support in provision of health infrastructure and training of health staff, support in supportive supervision and improving data quality for decision making. Within Ministry of Health and



Ghana Health Service to scale up evidence-based, high-impact interventions at the national level. The project goals are aiming at preventing maternal and child illness and death and reduce unmet need for family planning,” (Female participant, Health Staff)

Box 2: Catholic Relief Services (CRS)

- Supporting transport for emergencies (e.g. motor king as ambulance)
- Improving commodity supply
- Empowering community members through training
- Building the capacity of health staff and community

“Support to improve hospital delivery to reduce maternal morbidity and mortality by providing emergency transport (motor king as ambulance) for remote villages access to health empowering community members through training, improve commodity supply to health facilities and capacity building of health staff” (Female participant, Health Staff)

Box 3: The United State Agency for International Development (USAID)- Resilience in Northern Ghana (RING)

- Supporting in the provision of funding for projects
- Improving logistics supply and office equipment
- Empowering community members through training
- Capacity building of health staff

“Supports in the provision of funds logistics supply and office equipment, capacity building of health staff and empowering community members. Project goals are targeted at improving the



nutritional status of pregnant women and young children, and promote gender equity” (Female participant, Health Staff)

4.3 How NGOs implement their programs and activities in the area of maternal and child health

At the study setting varied respondents were asked to state how these NGOs working in the area of maternal and child health implement their activities. Most of the respondents felt that NGOs involved everyone in their implementation processes in the study area. The main steps identified by the respondents are shown in list 1.

List 1: How activities are implemented

- Engage key actors in the health sector
- Identify health needs in the community
- Provide support in the form of logistics supply and funding
- Provide capacity building of health staff to improve health care delivery to the affected
- Provide monitoring and supervision to ensure intervention are
- Effectively evaluate their intervention from time to time

Health staff interviewed at the study area revealed that, they were able to implement the intervention of NGOs except that sometimes, there were funding issues related to how to carry out certain activities.

“To me the interventions of the NGOs are something that we already know, and this makes it easy when it comes to implementation, there is no problem at all, but partly because of funding to certain activities you have to wait” (Male participant, Health Staff)



4.4 Gaps in implementing NGO activities

The following were some of the gaps identified by health staff and NGO staff in the implementation process of NGO activities.

Inadequate funding: NGO staff mentioned inadequate funding from donor support as a gap in the implementation of some activities.

“hmmm, the donors’ funds are restricted to particular projects so and it is difficult to use for other equally important issues, their activities are budgeted for and restricted to those projects and the processes that the funds pass through before the actual implementation processes the funds dwindles “(Female participant, NGO Staff)

Short duration of NGO activities: Staff mentioned relatively short duration of NGO set up to carry out a specific activity within the study area.

“Mostly projects last for short period and at the time community members are getting to understand the objectives, donor would roll out” (Male participant, NGO Staff)

Poor communication of project activities: Health staff cited inability of NGO to explain their operations to community members well.

“all I can say is that, the community members have high expectation for monetary reward for taking part in activities and Sometimes, the community members even ask for money for the implementation of NGOs activities that will benefit the people and after they are gone then, that project ends “(Male participant, Health Staff)

Poor community engagement: Community members mentioned partial local community involvement in the implementation process of NGO activities.



” some of them come to us with what they already planned for and if our culture does not permit us, then people cooperation is usually small because we have no option sometime, we just try accept things the way they are” (Male participant, opinion Leader)

Poor evaluation of activities: Health staff mentioned lack of evaluation of activities of NGO after implementation of intervention at the study area.

“I say this because we go back to the same issue after the NGOs are gone. I wonder if whether they evaluate their projects” (Female participant, Health Staff)

4.5 Measures to address gaps

Respondents suggested the following as ways to address gaps in the implementation process.

Active involvement of community members: Health staff mentioned that community members would be actively involved in the implementation process of NGO activities at the study area

“Left to me, community participation is key to addressing the gaps. There is the need to get everyone involved” (Female participant, TBA)

“I think NGOs should allow the community members to be involved in the planning and implementation process so that they can fully understand the process well” (Male participant, Health Staff)

Effective communication: Health staff mentioned that, there should be provision of adequate explanations on activities of NGO to community members.

” It is important that NGOs when they meet the local people, they explain their activities for them to understand well. Because sometimes, people have high expectation about NGOs” (Male participant, Health Staff)

“We should let the community members understand the issues at hand for them understand why they need to do certain things; they would not want any monetary gains. I say this because if



the NGOs roll out, we don't have that kind of money to give” (Female participant, Health Staff)

Health staff mentioned that, there should be effective communication flow between NGO staff and health staff on health-related activities

“You see, some of the NGO staff usually feel that, after all they brought their money and would not want to listen to we those already working in the community they stick to what they want and it is final and some of them would only involve staffs providing reproductive health services and not all in the facility. They need to get everyone involved” (Male participant, Health Staff)

All the NGOs stated that health sector staff should take full responsibility for ensuring that NGO intervention are sustained after they have rolled out their intervention.

“The donors are only supporting to improve upon the health indicators. Government workers in this area needs to continue with our gains for continuous improvement” (Male participant, NGO Staff)

4.6 How effective are NGOs programs and activities towards improving maternal and child health?

Respondents stated that NGOs intervention are effective. They provided reasons why NGOs programs are effective.

NGOs has helped in improving our living standards.

“They train us on so many things example food demonstration, breastfeeding practices, shea nuts procession rearing of animals, provision of safe drinking water provision of funds and training o new born care. This reduces maternal and child morbidity and mortality in the district” (Female participant, TBA)



“The interventions of the NGO have helped in reducing sickness and deaths of women and children unlike those days that children use to die like fowls” (Male Participant, opinion leader)

“In fact, some of the NGOs provide motor king tricycle ambulance for us to transfer any woman who is in labor to the nearest health facility, provide food supplement to children, give pregnant women food. Others even give them money to trade and farm” (Male participant, Opinion Leader).

“There is a lot of infrastructural development by these NGOs. They have contributed a lot to the development of the district in fact we are using some of their buildings as offices and residential accommodation for some government staff” (Male participant, opinion leader)

Most of the respondents were of the view that NGOs support in the provision of health care in the area of maternal and child health services. They mentioned the following kind of support;

- Providing of resources including logistics, training and financial support
- Provision of food and nutrition security.
- Infrastructural development; construction of health facilities and provision of portable water.

“NGOs are working towards strengthening health systems building blocks including an expansion of community-based health planning and services and encouraging the integration of services to create a more robust, flexible, and sustainable health care system to ensure that quality services are provided to every client at every encounter, enhanced technical competence in the use of data and continuous monitoring and supervision” (Female participant, Health Staff)



“NGOs provide funding to address the needs of food security and improve livelihood and development. This transforms families and communities and to improve nutrition status of women and children below five years of age, they are also into capacity building of beneficiary to improve skills and knowledge. In all, they are aiming at reducing maternal and infant morbidity and mortality” (Female participant, Health Staff)

“NGOs provides motorbikes, training of beneficiaries, improving water and sanitation issues, provide means of transport for emergency access to medical care to improve skill delivery especially during maternal and child health emergency. Building capacity of beneficiary on social and cultural factors that affect health service access and quality and also provides logistics to health facilities. This to improve maternal health and reduce infant mortality.” (Male participant, Opinion leader)

4.7 How NGOs programs and activities improve maternal and child health indicators

From the results showed in Table 4.41. 70% (n=42) of the beneficiary women agreed with the statement that, NGOs provided what has not been provided by the public system whilst 75% (n=45) of the respondents revealed that, the intervention of the NGOs in the study area was beneficial. The results also indicated that 15% (n=25) of the respondents disagreed with the statement that, beneficiaries require financial obligation to access the services rendered by NGOs and 90% (n=54) of respondents agreed with the statement that, interventions have impacted positively on beneficiaries.



Table 4.4.1: How NGOs improve maternal and child health indicators

Variable	Disagree	Agree
The NGOs provides what has not been provided by the public system	18 (30.0%)	42 (70.0%)
The deficit gap has been filled through the intervention of the NGOs	15 (25.0%)	45 (75.0%)
Services provided by the NGOs are the same as that provided by state institutions	43 (71.6%)	17 (28.4%)
Beneficiaries require financial obligation to access the services rendered by NGOs	45 (75.0%)	15 (25.0%)
Interventions has impacted positively on beneficiaries	6 (10.0%)	54 (90.0%)

As shown in Table 4.4.2 90% (n=54) respondents disagreed with the statement that no change can be envisaged with the intervention of NGOs among beneficiaries at the study area whilst 67% (n=40) of the respondents strongly agree with the statement that, the interventions of the NGOs are easily accessible to beneficiaries at the study place. It was also shown that 83% (n=50) respondents agreed with the statement that, NGOs deliver their programs on schedule and 18% (n=11) agreed with the statement that, products and services offered by NGOs have help to reduce maternal and infant morbidity and mortality.

Table 4. 4.2: How NGOs improve maternal and child (Health workers response)

Variable	Disagree	Agree
No change can be envisaged with the intervention of NGOs	54 (90.0%)	6 (10.0%)
The interventions of the NGOs are easily accessible	20 (33.0%)	40 (67%)



NGOs deliver their programs on schedule	10 (17.0%)	50 (83%)
Products and services offered has helped in reducing maternal and infant morbidity and mortality	11 (18.0%)	49 (82.0%)
Beneficiaries receive the intended benefits of programs and interventions	20 (33.0%)	40 (67.0%)

4.8 Sustainability of the activities and programs of the NGOs working in maternal and child health in the Kumbungu district

All categories of respondents were asked during the interviews to expressed their opinion on sustainability of the activities and programs of NGOs in maternal and child health in the district. In Table 4.5, 88% (n=53) respondents disagreed with the statement that, interventions of NGOs fits into their social settings whilst 90% (n=54) respondents disagreed with the statement that, programs of NGOs places financial burden on beneficiaries. The results also indicated that, 65% of the respondents disagreed with the statement that, productive hours are lost in order to access interventions of NGOs whilst 92% (n=55) respondents disagreed with the statement that efforts applied to access programs do not commensurate benefits derived. The results further showed that, 93% (n=56) respondents agreed with the statement that, programs and interventions of NGOs are friendly to the natural environment.



Table 4.5: Sustainability of NGO Programs

Variable	Disagree	Agree
Activities and programs of NGOs fits into our social	53 (88.0%)	7 (12.0%)

settings		
Programs of NGOs possess financial burden on beneficiaries	54 (90.0%)	6 (10.0%)
Productive hours are lost in other to access interventions of NGOs	39 (65.0%)	21 (35.0%)
Efforts applied to access programs do not commensurate benefits derived	55 (92.0%)	5 (8.0%)
Programs and interventions of NGOs are friendly to the natural environment	4 (7.0%)	56 (93.0%)
Processes and activities of NGOs are less bureaucratic	8 (13.0%)	52 (87.0%)

During focus group discussions, community members, NGO staff and health workers were optimistic that NGO activities can be sustained.

“these NGO officials’ do not involve all communities in their interventions because they are selective. if they involve every community and everyone in the community and then form committee members for their projects if even, they leave we still know those leading the projects so it will not just die; “(Male participant, Community health volunteer)



They provided ways by which NGO activities can be sustained

Involvement of community members: Involvement of community members in the planning Implementation process so they can take ownership of the activities was identified by

participants as a way of sustaining activities of NGOs. *“we the NGOs solely can achieve little, but if everyone gets involved then we can make it”* (**Male participant, NGO Staff**)

.” I think the only way to sustain NGOs activities in this community is to bring everyone to be involved in the process. When the local people are actively involved in the process of NGOs, then they can sustain the operations of the NGOs” (**Male participant,**)

“I always believe in community participation. If you get them to understand the issues and monies are not given to them at meetings, they would not be influenced” (**Male participant, NGO Staff**)

On the part of opinion leaders, they also suggested ways by which NGOs activities at the study place could be sustained to maximize benefits to the people.

“Some of the NGOs will find out what you think you can do to support your family and the funds you already have then if they find out from you whether you can take up to their plans to improve upon it before they will support you. Others form committee members for their programs and after they have rolled out, those people ensure that the program does not collapse” (**Male participant, Community health volunteer**)

The community members stated that NGOs should ensure that every member in the community gets involved in all activities instead of being selective of some members.

“When they come, they should also allow us to select people who can work as leaders instead of relying on permanent community volunteers. When there are no funds for some programs then no one wants to take up that task” (**Male participant, community opinion leader**)

They also elicited that, the NGOs should discuss with community members to identify what their needs are and plan with them before implementing their intervention.



” Am saying this because, you can find two or more NGO carrying out the same activities in the same community so if you ask us, we will tell you what we need” (Female participant, TBA)

Sustained funding: All the NGO staff also mentioned sustained funding from government as a way of sustaining the activities of NGO in the study area. The sustained funding should come from government as expressed by respondents.

”I will say that government should continue to support projects that are rolled out so that all efforts will not be in vein“ (Female participant, NGO Staff)

All the health staff identified support from the government (health sector) as a way of sustaining NGO activities at the study place

“government funding delays and it might not even come at all but if government funds are regular it would supplement” (Female participant, Health Staff)

In addition, community members on their part said NGOs should not pass any support like funds and other logistics through any office, but bring them the elders of the community or inform the community leaders what they have given out to the officers.

“Left to me they have to avoid the issue of using educated people to represent us during meetings because before you release, they are going for further studies and that program would collapse and sometime some of the things they give don’t even get to us, they should bring it to our chiefs” (Male participant, Health Volunteer)

Continuous monitoring and evaluation: Respondents discussed that the government should ensure continuity of NGO intervention by providing for continuous monitoring and supervision.

” Continuous monitoring and supervision are important.it can be incorporated into regular activities that are funded by government in the health sector” (Male participant, NGO Staff)



5.0 CHAPTER FIVE

5.1 Discussion of results

This chapter discusses the results obtained from the study participants. The discussing was done in line with existing literature on the subject under investigation to ascertain whether the result has supported some finding or otherwise. It tried to compare them with the reviewed literature presented in chapter two of this work.

5.2 How are these NGOs implementing their programs and activities to improve maternal and child health?

NGOs implement programs and activities that aims at improving maternal and child health. From the findings, majority of participants revealed that, NGOs engage key stakeholders in identifying the health needs of communities, provide logistics support (for instance provision of tricycle motor ambulance), construction of health facilities, and building the capacity of community members and health staff through trainings to improve knowledge and skills. This study findings agrees with the assertion of Edwards (1999), in London who showed that NGOs implemented their activities by engaging communities, providing health facilities and building capacity of community members to enhance community participation and ownership. This approach helps in building mutual trust and ensure community participation and ownership of the program by community members.

Despite the successful implementation of programs and activities by NGOs, certain gaps were identified by respondents. The findings showed that the implementation of activities of some NGOs are hampered by inadequate funding. This is probably due to the lack of adequate funding for planned projects.



In addition, short duration of the programs of NGOs was identified as a gap in the implementation of activities. The short duration of the programs did not allow for community members get to understand the aims and objectives of the NGO and the role of the donor. Poor communication of the mission, purpose and objectives of the NGO to the stakeholders was also found to be a barrier to the effective implementation of NGO activities.

It is important to state that, poor communication of how NGOs implement their activities affect them especially among how community members perceived their projects and activities. Poor communication of how their activities could be implemented may allow partial involvement of community members and this may lead to poor ownership of the project. And this may subsequently affect the sustainability of the project.

According to the findings of Pfeiffer (2003) so many conditions may drive unpredictable and rapid situational changes in the implementation of NGO programs and activities in the area of maternal and child health services. Perhaps, the NGO in an attempt to implementing the activities need to take note of situational changes and its bearing on the implementation process and how to minimize the effect on maternal and child health in the implementing area.

Findings in a study by Bhutta and Lassi (2010) are similar to the findings of this study that the active involvement of community members in the implementation process of NGOs, led to empowerment of community members to take the project as their own and that resulted in the project yielded the needed results. Community engagement from the beginning and at every step of the implementation process is thus key to the sustenance of the implementation process of the activities of the NGOs working in the area of maternal and child health.



5.3 How effective are programs and activities of NGOs towards improving maternal and child health?

The findings of this study found that majority of participants discussing that NGOs were effective in implementing their activities that resulted in improved maternal and child health. It was found that activities of NGOs usually have a large coverage which enabled them to reach hard to reach areas.

It was also found that NGOs are effective in improving maternal and child health due to the fact that they usually provide the needed logistics and resources. Provision of logistics to NGOs specially to support maternal and child health services would go long way to help improve the situation. Lack of resources and logistics do affect NGOs activities at certain times of their operations leading to temporal halt. Therefore, provision of such resources will ensure continue operations of their activities throughout the year.

In addition, NGOs built the capacities of health workers, community health volunteers and TBAs that led to improved competency and the provision of quality maternal and child healthcare. In consonance with the findings of this research, Pounds (2006) showed in a study that the objective of community participation is recognized as a social empowerment, building beneficiaries' capacity, improving project effectiveness, efficiency and project cost sharing.

Effective community participation requires communities "ready" to participate and NGOs "ready" to work with communities and allow true participation. According to interviewees in health care and NGOs sector, they cited the need for government to collaborate with NGOs in the provision of health care to people. This study finding agrees with the findings of the study done by Pervaiz, Shaikh and Mazhar (2015), that showed the need for government to collaborate with NGOs to provide health care to people. But it is important to add that, organizational



structures of government machinery adversely affect the collaboration and implementation of health related projects. Successful collaboration of NGOs is hindered by the bureaucracy on the part of the Ministry of Health. Whereas there appears to be more flexibility in taking decisions, the Ministry of health does take some time to arrive at decisions due to the hierarchy of command that has to be followed. For that matter NGOs feel that their quest to implement health programs is hampered this difficulty in collaboration with the central government. On the other hand, donors hold mistrust for the government ability to implement health related project, for that matter they are more likely to release funds to NGOs rather than government, despite the interest of government for donor support to implement health programs. Therefore government sees its area of influence been taken over by NGOs in the health sector. NGOs will be committed to partnerships in health programs rather than providing funds to the government to do so.

The results also found majority of the study participants reporting that the availability of NGOs interventions at the study area have filled the deficit gaps in the area of maternal and child health care. This finding from the study concurs with those of Kebede (2004) in Addis Ababa in which the availability of NGOs in poor communities were able to provide health services to fill the service gaps that hitherto was not provided by government.

The findings of this study also showed that NGOs in the area of maternal and child health in the study used local community-based health volunteers to assist in carrying out their activities among their own people. This approach resulted in improved community engagement and involvement in the planning of implementing activities. In all of these, effective communication flow between NGOs, and all stakeholders is very paramount for effectiveness.



5.4 Sustainability of NGO Programs

From the study, it was found that the activities of the NGOs working in the area of maternal and child health are sustainable as majority of participants revealed that NGO activities: do not place financial burden on the beneficiaries, are less bureaucratic, can be accessed easily by participants and are environmentally friendly. This finding differs from the study done by Pfeiffer (2003), in Mozambique who revealed that, NGOs activities were implemented with minimal benefit to the study area. This assertion of the participants could be due to the reason that, the NGOs assessed were so much involved in the environment and their activities did relate so much to the study area.

Although it was found that the activities and interventions of NGOs working in the area of maternal and child health were sustainable, participants felt that NGO activities and interventions do not fit into the social setting of beneficiaries. This finding from the study disagrees with those of Boyce and Neale (2006) who reported that, NGOs have the needs of the people before their activities were carried out to sustain them. Most of the donors are concerned about sustainability aspect of a project and often fund projects which have well defined sustainability plan in place.

Strategies on how to make NGO activities more sustainable were discussed by participants. It was reported that the involvement of community members in the activities and interventions of NGOs could make them more sustainable when they exit. This could be done by making them part of committee members within the community to lead the project, then after their exits the committee members would ensure that the programs are continued. They were also of the view that if NGOs should involve community members during the planning and implementation process, they can then use the interventions after the NGO has exited. The finding of the study agreed with the findings of a study conducted in Kenya and Ethiopia that found that NGOs



projects should address the real access needs of the people so that it would optimize the use of local resources from a cost perspective (Wamai, 2008). To the extent possible, they should be planned, designed, implemented and maintained with participation from the communities in order to ensure continuity of the programs after the exit of the NGO.

The results also showed respondents reporting that in order for NGOs at the study setting to be able to sustain their activities, there should be sustainable funding from government to ensure that NGO activities are continuous after their exit. This finding from the study agrees with those of Alkema et al. (2016) who showed that, NGOs regionally and globally can sustain their activities by involving community members.

The findings also showed that NGOs were not regularly evaluating their activities. This is at variance with those of Ahmed et al. (2006) who showed in Bangladesh Dhaka that, NGOs were actually evaluating their activities at the study place. To ensure sustainable programs, NGOs programs and activities, projects must be monitored and evaluated. For NGOs to evaluate their projects, they would need to compare the before and after project situation.

Some of the beneficiaries were also of the view that productive hours are lost in other to access interventions of NGOs. This could reduce performance of community participation and could affect sustainability of programs. NGOs activities are key and should be handled in a manner that would encourage everyone to be actively involved in their operations

5.5 Limitations

The researcher could not control potential bias emanating from staff of NGOs and GHS who may have the edge to overstate the successes of NGO intervention in the district. This potential was however managed by taken extra time to review records of NGOs and GHS and triangulated to ensure reliability of the findings.



6.0 CHAPTER SIX

6.1 Summary, conclusion and recommendations

This chapter contains the summary, conclusion and recommendations made by the study to help authorities develop strategies to improving maternal and child health services in the study setting.

6.2 Summary of the findings

On the part of how NGOs implement their programs and activities in the area of maternal and child health, the findings showed that, community members were partially involved in the planning and implementation process. On the part of how NGOs programs and activities improve maternal and child health indicators, beneficiary women agreed with the statement that, NGOs provided what has not been provided by the public system. Concerning the effectiveness of the programs and activities of NGOs working in the area of maternal and child health, respondents revealed that, NGOs programs were effective in the study setting. The findings also showed that, NGOs put in measures to ensure sustainability of the programs and activities implemented by NGOs working in the area of maternal and child health.

6.3 Conclusions

Generally, NGOs in maternal and child health in the Kumbungu district implemented their activities successful and followed the general accepted ways of implementing project activities. The implementation process of NGOs at the study setting generally involved the community members. The findings also showed that, NGOs activities at the study area were effective in the area of maternal and child health services and measures were put in place to ensure the sustainability of their gains.



6.4 Recommendations

- NGOs interested in carrying out activities and health related projects at the study settings should involve community members in the planning and implementation process
- NGOs staff at the study settings should collaborate with Ghana government on some of their activities to sustain them after burnt out from donors
- NGOs working in the area of maternal and child health services could collaborate to avoid duplications of projects
- NGOs from time to time should try to evaluate their activities to assess the benefits to the people
- Community members and beneficiary women of NGOs intervention should be committed and owe the intervention even after exit of the NGOs.

6.5 Implication for future practice

The findings of study have provided more information on NGOs projects and activities in the area of maternal and child health that health care workers can gain in-depth knowledge on the subject matter if management deemed it necessary to use the findings to improve practice.

In addition, development practitioners in NGOs will have useful original source materials on how effectiveness and sustainability of intervention in maternal and child health to guide the implementation of project activities.

Policy makers such as the Ministry of Health and development partners could use the findings of the study to guide maternal and child health policy planning.



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8.0 APPENDIX I

UNIVERSITY OF DEVELOPMENT STUDIES

SCHOOL OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF COMMUNITY HEALTH AND FAMILY MEDICINE

Structured interview guide for NGOs Officials / Reps

Topic:

Effectiveness and sustainability of non-governmental organizations working in the area of maternal and child health in the Kumbungu district of the Northern Region of Ghana

General information

All information you provide will be used only for academic purposes and will be kept confidential. The discussion will be a one on one interaction. Feel free to express your views as this will be handled confidentially.

Section A: Demographic Information

Code number

1. Tell me about yourself

❖ Age

❖ Sex.....

❖ What is your highest educational qualification.....?

❖ What is your job description.....?

Section B: Guiding questions (Interview guide)

2. How long have it been operating here?



3. What informed your organization to choose kumbungu district as a site to implement your programs?
4. Who are your target beneficiary group?
5. What are your programs objectives?
6. Have you achieved the objectives of your programs?
7. How were your activities implemented?
8. How effective were your activities?
9. What strategies do you use to implement the activities?
10. What are your experiences in implementing your activities?
11. Are those strategies effective?
12. Has your program helped in reducing maternal and child morbidity and mortality in the district?
13. Have your activities been sustainable? If yes/no explain
14. How can NGOs programs be sustained?
15. What are some of the things put place to ensure sustainability of your gains?
16. Are there gaps in implementing your activities?
17. What measures are put in place to address those gaps?

What other relevant information can you add.....?

Thank you



9.0 APPENDIX II

UNIVERSITY OF DEVELOPMENT STUDIES

SCHOOL OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF COMMUNITY HEALTH AND FAMILY MEDICINE

Structured interview guide for health officials (DHMT)

Topic:

Effectiveness and sustainability of non-governmental organizations working in the area of maternal and child health in the Kumbungu district of the Northern Region of Ghana

Indebt Interview (IDI) for health officials (DHMT)

General information

All information you provide will be used only for academic purposes and will be kept confidential. The discussion will be a one on one interaction. Feel free to express your views as this will be handled confidentially.

Section A: Demographic Information

Code number

Tell me about yourself

- ❖ Age
- ❖ Sex.....
- ❖ What is your highest qualification.....?
- ❖ What is your rank.....
- ❖ What are your roles.....
- ❖ How long have you worked in this district?



Section B: Guiding questions

1. Are there any NGOs operating in the District? (probe for names)
2. If yes, what are some of the names of those that operate in the health sector?
3. What are their specifications in Maternal and child health?
4. Who are the targeted beneficiaries of these interventions?
5. What specific interventions/programs do they offer to the beneficiaries?
6. Are services provided by the NGOs any different from that provided by state institutions?
(probe for differences)
7. Do beneficiaries require some financial obligation to access the services rendered by NGOs? (probe)
8. Do beneficiaries benefit positively from these interventions? (probe for further examples)
9. What type of support does management gets from the NGOs? (probe)
10. Do you notice any significant impact with the interventions by these NGOs? (probe for examples)
11. Are the programs and interventions of the NGOs readily accessible? (probe)
12. Do NGOs take full responsibility of outcomes of their intervention and programmes?
(probe)
13. Do NGOs deliver their programs on schedule? (probe)
14. Do you think beneficiaries receive the intended benefits of programs and interventions?
(Explain)
15. What are some of the challenges related to the partnership between NGOs and health services?



www.udsspace.uds.edu.gh

16. How sustainable are the activities?

17. What can be done to ensure sustainability?

18. Please provide any additional information of relevancy?

Thank you

UNIVERSITY FOR DEVELOPMENT STUDIES



10.0 APPENDIX III

UNIVERSITY OF DEVELOPMENT STUDIES

SCHOOL OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF COMMUNITY HEALTH AND FAMILY MEDICINE

Focus Group Discussion (FGD) for community members/opinion leaders

Topic: Effectiveness and sustainability of non-governmental organizations working in the area of maternal and child health in the Kumbungu district of the Northern Region of Ghana

General information

All information you provide will be used only for academic purposes and will be kept confidential. The discussion will be a one on one interaction. Feel free to express your views as this will be handled confidentially

1. Please tell me the roles you play in your community.
2. How long have you served as a community volunteer?
3. Are there any NGOs operating in the District? (probe for names)
4. Do some of them operate in the health sector? (probe further)
5. Who are the targeted programs beneficiaries?
6. What are the specific interventions/programs do they offer to beaneries?
7. Who are the targeted beneficiaries of these interventions?
8. What are the implementing strategies?
9. Are services provided by the NGOs any different from that provided by state institutions?
(probe for differences)



10. Do beneficiaries require some financial obligation to access the services rendered by NGOs?
11. Do beneficiaries benefit positively from these interventions?
12. Has the activities had any effect on maternal and child health?
13. Do you notice any significant impact with the interventions by these NGOs?
14. Are the programs and interventions of the NGOs readily accessible?
15. Do NGOs take full responsibility of outcomes of their intervention and programs?
16. Do NGOs deliver their programs on schedule?
17. Do beneficiaries receive the intended benefits of programs and interventions?

SECTION B

1. Do NGOs involve community members in implementing their activities?
2. Are community members participating fully in NGOs programs?
3. What strategies do they use to involve community members?
4. Are those strategies sustainable?
5. Has NGOs activities led to improvement in maternal and child health indicators?
6. What measures can community members adopt to sustain NGOs activities?

Thank you



11.0 APPENDIX IV

UNIVERSITY OF DEVELOPMENT STUDIES

SCHOOL OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF COMMUNITY HEALTH AND FAMILY MEDICINE

Structured questionnaire for beneficiary women

Effectiveness and sustainability of non-governmental organizations working in the area of maternal and child health in the Kumbungu district of the Northern Region of Ghana

General information

All information you provide will be used only for academic purposes and will be kept confidential. The discussion will be a one on one interaction. Feel free to express your views as this will be handled confidentially.

Section A: Demographic data of respondents.

Instructions: Tick (✓) the appropriate option and write in brief where required.

1. Age of respondent []
2. Religion [] Islam [] Christianity [] Traditional [] Others
3. Marital Status [] Single [] Married [] Divorced [] Separated [] Widow []
4. Level of education [] none [] Primary [] JHS [] Sec/Tec [] Tertiary/ College []
7. Occupation of respondent. [] Public/Civil Servant [] Farmer/Fisherman [] Trader []
Others.....
8. Parity []



Section B: How Effective are NGOs Programs and activities improve maternal and child health indicators

Indicate the extent to which you agree, disagree or remain neutral with the following statements as how NGOs implement their programs and activities in the area of maternal and child health

Check (✓) the appropriate box that corresponds to each question

		Strongly disagree	Strongly agree
	Program implementation processes		
1	The NGOs provides what has not been provided by the public system		
2	The deficit gab has been filled through the intervention of the NGOs		
3	Services provided by the NGOs are the same as that provided by state institutions		
4	Beneficiaries require financial obligation met to access the services rendered by NGOs		
5	Interventions has impacted positively on beneficiaries		
6	No change can be envisaged with the intervention of NGOs		



7	The interventions of the NGOs are easily accessible		
8	NGOs deliver their programs on schedule		
9	Products and services offered has help to reduce maternal and infant morbidity and mortality		
10	Beneficiaries receive the intended benefits of programs and interventions		



SECTION C

Sustainability of NGO Programs

Check (✓) the appropriate box that corresponds to each question

		Strongly disagree	Strongly agree
1	Activities and programs of NGOs fits into our social settings		
2	Programs of NGOs possess financial burden on beneficiaries		
3	Productive hours are lost in other to access interventions of NGOs		
4	Efforts applied to access programs do not commensurate benefits derived		
5	Programs and interventions of NGOs are friendly to the natural environment		
6	Processes and activities of NGOs are less bureaucratic		

Thank you



12.0 APPENDIX V

UNIVERSITY OF DEVELOPMENT STUDIES

SCHOOL OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF COMMUNITY HEALTH AND FAMILY MEDICINE

TOPIC; Effectiveness and sustainability of non-governmental organizations working in the area of maternal and child health in the Kumbungu district of the Northern Region of Ghana

Structured questionnaire for health workers

General information

All information you provide will be used only for academic purposes and will be kept confidential. The discussion will be a one on one interaction. Feel free to express your views as this will be handled confidentially

Section A: Demographic data of respondents

Instructions: Tick (✓) the appropriate option and write in brief where required

1. Sex of respondent. [] Male [] Female
2. Age of respondent. []
3. Religion [] Islam [] Christianity [] Traditional [] Others
4. Marital Status [] Single [] Married [] Divorced [] Separated [] Widow (er) []
5. Level of education [] none [] Sec/Tec [] College [] Tertiary



6. Highest Qualification attained [] SSSCE [] Certificate [] Diploma [] Degree [] Masters []

7. What is your Job description?

8. How many years have you served in the health facility?

Section B: How NGOs implementing their programs and activities in the area of maternal and child health

Which Non-Governmental Organizations is supporting your facility on maternal and child health?

.....
.....

What type of health support do these Organizations give?

.....
.....

Who are their targeted beneficiaries?

.....
.....

What in your Opinion is a good example of the collaboration with the NGOs in the delivery of the basic health services in Kumbungu district?

.....
.....

What are the activities of the NGO?

How have they implemented these activities?



To what extent do you think their activities are effective?

What role have the NGOs played to improve competences?

.....

Are you able to implement what you have learned from the NGOs at your working place?

.....

Do you think there is improvement in the maternal and child health indicators?

.....

What are the implementation gaps?

What challenges do you faced in the delivery of health care support from NGOs in your facility?

.....

.....

What do you think can be done to address those challenges?

.....

In your opinion, what are the best ways to sustain the delivery of NGO programs in the district?

.....

.....

What success stories do you have to share?

.....

.....

Please provide any additional information that you deem relevant of relevancy

.....

Thank you

