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Entrepreneurial Dimension of Non-Governmental Organizations (NGOs) for Health Amenities: A Study of the Makran Belt, Balochistan

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Abstract:

Current research was conducted in the Balochistan so as to determine the snapshot of respondent's perception about the entrepreneurial dimension of non-governmental organizations (NGOs) for health amenities, as a study of the Makran belt, Balochistan. The total population contained 200 respondents and the age limit was kept between 20 to 45 years. From the above mentioned results it is state that 45.5% respondents are disagreeing and among of them 20% respondents are neutral and also just on average 11% are agreeing so according to the statistical results we can say that Save the Mother Fund Society, Maternity and Child Welfare Association and Marie Stopes Society of Balochistan NGO's have not improved the health standards in Balochistan. However, 40% respondents are agreeing, 22% disagree and on average 10% are disagreeing it means that the NGO's urban orientation was the main cause of their failure to deliver maternal health and child nutrition facilities in Balochistan. On this question 52.5% are agreeing and just 6% people are disagreeing so it means that the campaigns to give public health facility, nutrition; clean water, education and awareness about health hazards totally failed. Further research ought to be carried out, applying the idea of exchange model to NGOs and recording consequences to show the trustworthiness of the agenda.

Keywords: Entrepreneurial, Dimension, NGOs, Health, Makran, Balochistan.

Introduction:

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In accordance with the Asian Development Bank report, there are more or less 35000-45000 NGO's are working in Pakistan most of whom are operating in the urban areas as NGO's normally based in urban areas. Despite being present in the province for decades and in spite of investing millions with the aim to eliminate the hazardous health risks of child mortality rate and improve the maternal health, polio vaccinations to elimination of other serious illnesses, the improvement is registered only in the sector of polio vaccinations while the rest are still posing a number of questions with regards to the credibility of the NGO's and present functions. SDPI, (Sustainable Development Policy Institute), Aurat Foundation and UNDP (United Nations Development Program) are some of the leading foreign funded NGO's operating in Pakistan. They are also heavily present in Balochistan and more importantly they are highly active in Makran, the newly, but rapidly emerging zone of Balochistan. They work out of the orbit of their manifestoes and they are actively engaged in activities that are seriously detrimental for the reputation and relations of Pakistan at the international level (Mumtaz, 2012).

UNDP is supposed to alleviate poverty from the country, but despite its presence for last six decades, poverty has instead increased in Pakistan. Aurat Foundation internationally condemns and defames Pakistan over every honor killing or a death in Balochistan, but they are never known to raise serious voice on the plight of the women who are suffering from malnutrition, diseases which remain undetected owing to lack of awareness for regular diagnosis and the early education and learning to improve child health and incorporate creativity. According to United Nations 38% NGO's are funded by government and low funding is in Balochistan province approximately 60 % NGO's are not getting any kind of helping form government. It is to be more easily understandable if we first analyze NGO's works from rural areas people because 80 % NGO's operate in the villages to give them basic life facility. Pakistan has some developed cities like Karachi, Lahore, Rawalpindi, and Peshawar and to some extent Quetta has also some facilities compared to other cities of Balochistan. Child mortality rate is still highest in Balochistan as compared to the rest of Pakistan. Mother health and death rate is the highest in Balochistan and the ratio of pregnant women dying while giving birth to their children is the highest in the province despite having the lowest population figures. NGO's started campaigning to support people to give them health facility, nutrition; clean water, education and awareness about how one society can progress, but their practical results are not up to the mark. The development of any country not only depends on its institutions, but the peaceful political situation is as much necessary for development like powerful institutions.

Presently round about 35000 or 40000 NGO's are working in Pakistan on different agendas to develop the society (Hayat, 2009).

The given research the role of NGO's in health development of Balochistan is focusing on the characteristics, role and entire performance of the NGO's working on health like Marie Stopes Society of Pakistan, Aurat Foundation, Bilgees Sarwar Foundation, Save the Mother Fund Society and Maternity and Child Welfare Association. Since Makran is the case study of the given research, a through overview of Makran Division is deemed necessary. Balochistan is divided into six divisions and Makran is the southernmost division of Balochistan. It is third most developed division after Quetta Division and Kalat Division. It contains the districts of Gwadar, Kech, and Panjgur. Its area is 52 067 km² and its population was 832 753 in accordance with the 1998 census that was the last census conducted in the country. District of Gwadar has an area of 12 637 km² and its population according to 1998 census was 185 498. The District of Kech contains an area of 22 539 km² and it contains a population figure of 413 204 according to 1998 census. The District of Panjgur has an area of 16 891 km² while its population is 234 051.

Makran entered the fold of the federation of Pakistan renouncing its status as a princely state in 1952 and at that time, it was one of the most backward princely states of British Empire. There was not a single NGO operating in the region and the parameters of health were not up to the mark (Mathews, 2009) the locals held every person from outside of their community with high suspicion; therefore, there was not even the remote possibility that a foreign NGO could establish its footing in Makran at that period. While the locals mostly relied on traditional patterns of treatment, Balochi herbs and even held cases of pregnancy with conventional techniques. These techniques were useful in small matters, but could not prove worthy in saving lives against the fatal diseases. Child mortality rate was very high because there was absolute lack of facility to go for Cesarean Operation (removing the fetus safely from the womb through surgery) (Pervez, 2011). Therefore, almost all the cases where surgery was needed ended with failure. Even the cases where the child was saved, the mother perished and the saved child then faced nutrition problem. Most of the children without breast feeding from their biological mothers faced nutrition problem and were not obviously very healthy. With the passage of time as they grew, more diseases they fell victim too.

On the other hand, the second reason was such a backward plight of health in Makran was that of the lack of proper control of Makran and lack of interest in the development of Makran by the British colonial masters. Balochistan as a whole and Makran in particular received significantly very less attention of the British government back in Delhi who merely used Makran as a frontier to guard the borders of its empire, but it never considered the scale of development for Makran which was initiated in Lahore, Karachi, Delhi, Mumbai and other major cities of British India. (Asghar, 1994) This lack of interest by the British coupled with the lack of space for the foreigners by the locals were the key reason that major and international health NGO's could not establish ground in Makran until its mergence with Pakistan. NGO's began to operate in Makran after 1952, but their numbers remained static during the first three decades. A massive boom was seen from the period of 1985 to 2000 when the number of NGO's rapidly grew, most of which were pertinent to maternal health and child nutrition.

Scope of the Research:

The research was focus on Makran Division as the case study where the particular analysis of the topic and its possible results will be interpreted. NGO's have been operating in Makran for decades among which many are working on health, but the standards of health are not yet improving. This research aims at conducting an in depth analysis in Makran Division over the health sector that how and to what extent are the NGO's affecting health either positively or negatively.

Objectives of the Study:

- 1. To examine the respondent perceptions regarding the health standards initiatives in Makran, Balochistan.
- 2. To explore the working pattern of NGO's as perceived by the respondents.
- 3. To analyze the respondent perceptions about campaigns of public health facility and health hazards in Makran division.

Research Methodology:

By nature, quantitative method of data collection was used in the current research. Universe of the present research was Makran Division. The total population contained 200 respondents and the age limit was kept between 20 to 45 years. Among the research universe, most of the respondents were youth as educated youth were preferred since they hold a better and broader image of the society in order to draw a better conclusion. For this purpose, closed-ended questionnaire was designed and distributed among the respondents hailing from tehsils and union councils of Makran Division. For most of the part, people from the health department, medical students

and doctors were pursued to conclude from their experiences. Besides them, NGO's working on health in Turbat, Panjgur and Gawadar were also included in the sampling. In order to conduct the technique for the gathering of data that is based on primary mode of the research, an interview schedule was designed by using Likert scaling in five-point like agree, strongly agree, neutral, disagree and strongly disagree giving the respondents with more options to conclude their remarks. Descriptive statistical method was incorporated based on the questionnaires collected from the respondents. The literatures gained from the views of the respondents were tested through the SPSS software.

Results and Discussion:

Table-1. Distribution of the respondents about improved health standards initiatives.

Scale	frequency	Percentage
Strongly Agree	22	11.0
Agree	23	11.5
Neutral	40	20.0
Disagree	91	45.5
Strongly Disagree	24	12.0
Total	200	100.0

From the above mentioned results it is state that 45.5% respondents are disagreeing and among of them 20% respondents are neutral and also just on average 11% are agreeing so according to the statistical results we can say that Save the Mother Fund Society, Maternity and Child Welfare Association and Marie Stopes Society of Balochistan NGO's have not improved the health standards in Balochistan as shown in table-1. The urban structure of the health is quite acceptable, but the nature and flaws of this sector in the least developed areas of Pakistan is lingering on the verges of collapse even a single sign of paramedics witnessed in these areas.

Scale	frequency	Percentage
Strongly Agree	44	22.0
Agree	80	40.0
Neutral	34	17.0
Disagree	31	15.5
Strongly Disagree	11	5.5
Total	200	100.0

 Table.2. Distribution of the respondents about NGO's working pattern and child nutrition facilities.

The table-2 results showed that the NGO's urban orientation was the main cause of their failure to deliver maternal health and child nutrition facilities in Balochistan on this statement most of the respondents are agreeing from the above mention results it was state that 40% respondents are agree, 22% disagree and on average 10% are disagreeing it means that the NGO's urban orientation was the main cause of their failure to deliver maternal health and child nutrition facilities in Balochistan. Throughout this questionnaire, a large ratio indicates the numbers of people who are neutral to the questions, in this question also 17 percent of the respondents are neutral staying silent on giving their opinion. The majority, however, believe that concentration of operations of the NGO's in the urban areas was pushed them toward the cities rather than the rural areas where they are most needed.

Table.3. Distribution of the respondents about campaigns of public health facility and health hazards.

Scale	frequency	Percentage
Strongly Agree	49	24.5
Agree	105	52.5
Neutral	18	9.0
Disagree	12	6.0
Strongly Disagree	16	8.0
Total	200	100.0

Have the campaigns to give public health facility, nutrition; clean water, education and awareness about health hazards totally failed, as shown in table-3. On this question 52.5% are agreeing and just 6% people are disagreeing so it means that the campaigns to give public health facility, nutrition; clean water, education and awareness about health hazards totally failed. The ill-performance of the NGO's working on agendas of health can be gauged from their failure in launching awareness

initiatives. Only 9 percent of the respondents are neutral. The awareness campaigns are very much essential for the public to be attracted toward the health initiatives carried out by the health NGO's. If they cannot make an impact with their awareness campaigns, they cannot achieve health standards in Makran or anywhere else.

Conclusions and Recommendations:

Makran is the main hub of NGO's where they are present in hundreds of numbers, but the work they have done on the ground is tantamount to nothing. The concept of accountability and proposes "democratic accountability" as a useful framework for policy making. It is based on an understanding of democracy as multiple mechanisms for selfdetermination, rather than elections. The NGO's working in Balochistan, particularly, in Makran should be brought under the process of democratic accountability. It further turns to the issue of NGO accountability in providing international development assistance, and reveals a wide range of responses to these issues from NGOs themselves, many of which have been running for some years and illustrate how NGOs can and are grappling with this issue on their own terms. The activities of these NGO's are portraying a very bad image of Pakistan at the international arena. NGO's are not non-government organizations because they gain funds from foreign governments and work as private sub-contractors of local government. These NGOs are not accountable to the local people but to overseas donors who review and oversee their performance according to their own criteria.

This is a preliminary take a look at that's prone to several barriers. The advice for in addition studies is being made, mainly in the place of policy improvement for Social Enterprises. While this is still wanted in some growing nations, the literature because it relates to the shape of NGOs in Developing countries is non-existent and the need for literature concerning the shape of the growing idea of Social Enterprises is properly needed. Focus ought to additionally be located on Social Investments that are needed for the development of Social Enterprises.

- Governments in developing nations have to also do not forget developing a 'Third Sector' for you to encompass all non-profit organizations and social firms.
- Further research ought to be carried out, applying the idea of exchange model to NGOs and recording consequences to show the trustworthiness of the agenda.

References:

Asghar, A. (2013). NGO's and survelliance operations . News Central Asia.

- Hayat, G. N. (2009). diviosn of women and child health, Balochitan Province Report . Agha Khan Hospital.
- Mathews, D. (2009). Intellectual property, human rights and development the role of NGOs and Social movements. Edward Elgar Publication, Cheltenham.
- Mumtaz, S. (2012). "Aid and Conflict in Pakistan. Pakistan Institute of Development Economics , 233.
- Pervez, M. (2011). Cancer profile of Hyderabad, Pakistan, 1998-2002. Asian Pac J Cancer Prev. 2005; 6:474-80.