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SUSTAINABLE DEVELOPMENT



THE ROLE OF NON GOVERNMENTAL ORGANISATIONS IN PROMOTING GOOD HEALTH TO SOCIETY: A CASE STUDY OF WARD 11, MUDZI RURAL DISTRICT.

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A DISSERTATIOM SUBMITTED TO THE DEPARTMENT OF SUSTAINABLE DEVELOPMENT, FACULTY OF SCIENCE AT BINDURA UNIVERSITY SCIENCE EDUCATION IN PARTIAL FULFILMENTT OF THE REQUIREMENTS OF THE BACHELOR OF SCIENCE HONOURS DEGREE IN DEVELOPMENT STUDIES

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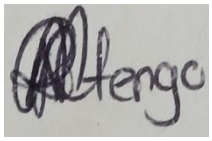
DECLARATION

I, Anesu Ruth Mutengo (B221179B), declare that this dissertation is my own original work and has not been submitted or presented for any degree or examination at any other university. All sources of information have been duly acknowledged and referenced in accordance with academic conventions.

I further declare that all information and opinions expressed in this work are my own and do not represent the views of Bindura University of Science Education, my supervisor, or any other individual or institution.



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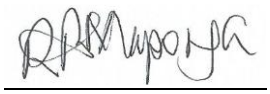

Dr Maponga (Supervisor)

Date: 25/05/26

DEDICATION

This dissertation is dedicated to the community members of Ward 11, Mudzi Rural District, whose resilience, trust and candid voices made this research possible. I also dedicated to my family, for their unwavering support, encouragement and sacrifice throughout my academic journey.

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First and foremost, I give praise to God Almighty for the strength, wisdom and guidance that sustained me throughout this academic journey. Without His grace, this work would not have been possible.

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I am grateful to the Mudzi District Health Executive and the non-governmental organisations operating in Ward 11, whose cooperation and openness were essential to the success of this fieldwork.

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Finally, I acknowledge all the scholars, researchers and practitioners whose published works informed and enriched this study. Their contributions to the field of development studies and rural health are invaluable.

ABSTRACT

This study investigates the role of Non-Governmental Organisations (NGOs) in promoting good health in Ward 11, Mudzi Rural District, Mashonaland East Province, Zimbabwe. Ward 11 is characterised by extreme poverty, food insecurity, geographical isolation and a severely under-resourced public health system, conditions that have created a significant dependency on NGO-led health interventions. Despite the active presence of multiple NGOs, the community continues to experience poor health outcomes including high maternal and child mortality, frequent outbreaks of malaria and diarrhoeal disease and chronic undernutrition.

Guided by the Social Determinants of Health (SDH) model and the Partnership Synergy framework, this study employed a convergent mixed methods design. Quantitative data were collected through a structured household questionnaire survey administered to 87 households across Ward 11, while qualitative data were gathered through 22 key informant interviews and 3–5 focus group discussions with community members, village health workers, traditional leaders, NGO representatives and district health officials.

The findings reveal that NGOs in Ward 11 perform a comprehensive portfolio of health promotion roles, with Village Health Worker (VHW) training and support (17%), HIV/AIDS services (15%), malaria prevention (15%), maternal and child health (14%), nutrition programmes (13%) and WASH activities (12%) being the most prevalent. Community perceptions of service quality were overwhelmingly positive, with 87.4% agreeing that staff were respectful and 83.3% reporting improved health attributable to NGO programmes. However, geographical distance was cited as a barrier by 73.6% of households, only 39.1% felt involved in programme planning, and only 21.8% believed NGO support would continue after project completion. VHW attrition was a critical constraint, with active VHWs declining from 15 to 7 over approximately four years.

The study concludes that NGOs in Ward 11 function primarily as gap fillers, substituting for an absent public health system rather than complementing or strengthening it. Weak inter-agency coordination, donor-dependent funding cycles and a failure to address the social determinants of health limit the long-term impact of NGO interventions. The study recommends a shift towards integrated, household-centred programming, the formalisation of VHW remuneration and career pathways, minimum three-year donor funding cycles with

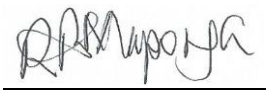
phased exit strategies and the establishment of mandatory ward-level coordination mechanisms.

List of acronyms

ACTS	Artemisinin-based Combination Therapies
AIDS	Acquired Immune Deficiency Syndrome
DHE	District Health Executive
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
MoHCC	Ministry of Health and Child Care
NCD	Non-Communicable Disease
NDS1	National Development Strategy 1 (2021–2025)
NGO	Non-Governmental Organisation
RDT	Rapid Diagnostic Test
SDH	Social Determinants of Health
TB	Tuberculosis
VHW	Village Health Worker
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
ZIMVAC	Zimbabwe Vulnerability Assessment Committee
ZIMSTAT	Zimbabwe National Statistics Agency

Approval form

The undersigned certify that they have read and recommended to the Bindura University of Science Education for acceptance of a research project entitled: **The role of NGOs in promoting good health in ward 11, Mudzi Rural District.** This is submitted in partial fulfilment of the requirements of the Bachelor of Science Honours Degree in Development Studies Education.

Supervisor DR R.B MAPONGA Signature  Date 25/05/26

Chairman DR BOWORA Signature  Date 10/08/2026

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CHAPTER 1: INTRODUCTION

1.1 Introduction

This study was undertaken in Mashonaland East Province in Mudzi District ward 11. Zimbabwe being the lower middle income country has experienced serious economic and social problems over the last twenty years, which have heavily affected health systems. This pressure is strong in rural areas such as Mudzi because it is a remote area far from cities, widespread poverty and poor roads which makes health problems worse. Non-Governmental Organisations (NGOs) have been become key players to provide health services and programmes at the community level. Therefore, the chapter provides introduction to the study, outlining the research problem, objectives, significance and ethical considerations regarding the role of NGOs in promoting good health in Ward 11, Mudzi Rural District considering its economic, social and environmental conditions.

1.2 Background to the study

Located in the rough, dry areas, Mudzi District found in Mashonaland East Province is also known for its high poverty, cholera and malaria outbreaks. It is listed as one of Zimbabwe's districts with most people who do not have enough food, conditions that directly damages health and the ability to fight sickness (ZimVac, 2022). This makes ward 11 in Mudzi an important place to study how outside help works in with great need but few resources.

The WHO's broad idea of health is often hard to achieve in areas like Mudzi. Mudzengi et al, (2013) refers good health to not having common infectious diseases like HIV/AIDS, tuberculosis, malaria and reducing the number of deaths among mothers and children. For a mother in Mudzi, good health might just means her child lives through the season without getting malaria, becoming badly undernourished and getting medicines regularly. The issues that demand attention in this research being carried out is despite the presence of NGOs in ward 11, Mudzi Rural District the population continues to suffer from poor health outcomes and there is limited detailed local research on the true effectiveness, long term viability and community perceptions of these NGO programmes.

The local government clinics , crucial services usually deals with the limits to help people, not enough basic medicines, old equipment and few nurses trying to care for too many people (Chitungo et al., 2021). This situation is found in many parts of rural Zimbabwe, which

created an environment where the official public health system even with hard working staff, find it difficult to give reliable and good health care.

Non-Governmental Organizational [NGO] are not just people who give out help but are active participants in making the health system stronger. They teach and help a group of Health Workers, local people who are the first and main support in their communities giving them the ability to handle common illness, encourage cleanliness and send very sick people to hospital (Zimbabwe Ministry of Health and Child Care, 2020). They run programs focused on the biggest health dangers, preventing and treating HIV/AIDS, projects to lower deaths in childbirth and work to improve food supply and diet, therefore tackling the root causes of poor health (Mavhura and Mushore, 2019).

This study has been motivated with the need to move beyond broad statements and provide a detailed examination of how NGOs work with local leaders, respect local customs and whether their programmes create permanent change or merely create dependency, shaped specially by what the people of ward 11 need and have lived through. However, how successful, long lasting and well-regarded these NGO-run projects are in the very specific setting of ward 11, Mudzi District is still not studied. How do these outside groups work with local leaders and respect local customs? How much do their programmes make a permanent change, or do they create a need for ongoing help? This study intends to go beyond broad statement and give a detailed examination of the part NGOs play in supporting good health, specifically shaped by what the people of Ward 11 themselves need and have lived through. In this way, it hopes to create more successful attentive, and cooperative strategies for improving health in rural Zimbabwe and other similar places.

1.3 Problem Statement

In Ward 11 of Mudzi Rural District there are a number of Non-Governmental Organisations (NGOs) that are active in the health sector, still the population suffers from substandard health outcomes. These include critical measures including maternal and child death rates, the frequency of illnesses such as malaria and diarrhoea, and long term undernutrition continuing to be alarming. Critical measures, including maternal and child death rates, the frequency of illnesses such as malaria and diarrhoea and long term undernutrition continue to be alarming (ZimVac, 2022). A shortage of detailed, local research means the true effectiveness, long term viability and how the community views these NGOs programs is not fully known. There

is uncertainty about how well these initiatives match the most urgent needs and cultural setting of the area. This research intends to address knowledge gap by conducting an investigation into the exact function and results of NGOs action in Ward 11. Hence, the goal is to pinpoint what limits their success and suggest ways to create more unified powerful health strategies.

1.4 Objectives

1.4.1 General objective

- To exact functions and results of NGO actions in ward 11, Mudzi Rural District.

1.4.2 Objectives

- To identify the role of NGOs on health in ward 11.
- Assess how ward 11 have health delivery services from NGOs in Mudzi Rural District.
- Determine the factor that enhance health delivery from NGOs in ward 11 of Mudzi

1.5 Significance of the study

The study will benefit the local community by ensuring their needs and voices are heard, leading to more responsive health programmes. NGOs will gain clear feedback to refine their approaches, avoid duplication and allocation resources effectively. Government and policymakers will receive evidence to formulate coordinated and sustainable health policies. Academia will benefit from localized research filling existing knowledge gaps. Health practitioners will experience improved coordination and support, while donors will gain insights to design more effective funding mechanisms. The research holds important value for the community and organisations by having a chance for their experience and needs to be heard which can lead to health programs that are effective. The NGOs and government will have clear feedback to improve coordination, avoid duplication efforts and use resources where they are needed the most. Providing a detailed on ground can help turn well intentioned aid into sustainable collaborative and impactful support. Hence, it also leads to policy makers to formulate policies that should enable them to more responsibly move towards more sustainable health initiatives in the country.

1.6 Definition of Key Terms

Non-Governmental Organisation (NGOs) are formal groups that are independent from the government and do not operate for profit. They are typically involved in development work, advocacy and providing humanitarian or social services (Tandi et al, 2015).

Non-Governmental Organisation (NGOs) in this context refers to organisations that are independent of the government, not for profit and manage their own operations. They can be based in Zimbabwe or other countries and are involved in health related development and aid work within ward 11, Mudzi.

Good health is a state of complete physical, mental and social well-being not merely the absence of disease or infirmity (World Health Organisation, 1948).

Good health for this study is defined as a condition where people can obtain services to prevent and treat illness, having enough nutritious food, access clean water and sanitation and possess the understanding to make healthy choices.

1.7 Ethical considerations

Conducting this research in a community facing significant health challenges requires a commitment to ethical principles that protect and respect every participation. The first priority is to ensure informed consent, this means taking time to explain the study purpose and methods clearly in the local language, ensuring everyone chooses to participate voluntary without any pressure. To protect peoples' privacy, upholding strict confidentiality by not using names so that no one can trace information back. The research being culturally sensitive, seeking guidance from local leaders and ensuring that the process of sharing their experiences does not cause distress the community members. These steps are not procedural only but are important to build trust which is necessary for honest and meaningful findings especially on health concerning issues. For example, the severe gap between need and care where thousands of people may rely on a single under resourced clinic (MoHCC, 2023).

The compound issues of the dissertation of complexity of attribution isolating the specific impact of NGOs activities on good health is difficult among the factors such as climatic conditions, national policies and traditional practices. The research is therefore must carefully frame findings to reflect contribution and perceptions rather than simplistic direct causation (Dickinson, 2020). The positionality of the researcher can make perceptions to be filtered

through a lens of what participants believe the researcher. Chilisa, 2020 notes that “ensuring findings are authentically community grounded, rather than reflecting perceived expectations requires rigorous reflexive practices and method throughout the research process.”

1.8 Delimitations of the study

To ensure this research if focused and achievable, it is crucial to clarify boundaries. Geographically the study is intentionally limited to ward 11 within Mudzi District. The findings are context specific and not generalised to the entire district or country. This means insights maybe relevant to similar rural wards, they are not representative of the broader regions. In terms of focus it will be specifically on health promotion activities of NGOs. This include health promotion activities such as HIV/AIDS prevention, maternal health, and nutrition, WASH, and malaria prevention. Other NGO work like agriculture, education or infrastructure is excluded unless directly linked to health outcomes. Timewise, the investigation will centre on the recent periods providing current data rather than having historical analysis. The study will examine the NGO activities within a five year period (2019-2025) providing details that are not historical shifts in health policy or NGO roles. Finally, while the perspectives of NGOs and government staff are crucial, the methodological emphasis will be on understanding community experience and the practical outcomes not conducting a financial audit of the organizations. The study will gather perspectives from NGOs, health workers and community leaders. The focus remaining on implementation, access, perception and collaboration. These delimitations help create a clear and manageable pathway for the research.

1.9 Conclusion

In summary, this introductory chapter has established the critical foundation for the research. It has outlined the profound health challenges faced by rural communities in Zimbabwe, using ward 11 of Mudzi District as a focused case study. The significant role of NGOs in bridging service gaps has been acknowledged, while the problem statement has clarified the persistent paradox between NGO activity and poor health outcomes, highlighting gap in localized, community perspective research. The defined aim, objectives and research questions provide a clear roadmap for the inquiry. By setting the scope, delimitations and ethical framework, this chapter ensures the study is both targeted and responsible. Finally, the following chapters will now build upon this foundation to execute the rigorous examination of the role of NGOs in promoting good health in ward 11.

CHAPTER2: LITERATURE REVIEW

2.1 Introduction

This chapter provides a comprehensive review of existing literature to establish the theoretical and contextual foundation for the study on the role of Non-Governmental Organisations (NGOs) in promoting good health in ward 11, Mudzi Rural District, Zimbabwe. The chapter is structured around three thematic areas which align with the study's objectives. This is by exploring what other scholars have found about health, aid systems and rural communities to build a solid foundation to this study. This review culminates in identifying a critical gap in the literature that is ward 11, Mudzi District, seeks to fill. Therefore, this chapter unveils an analysis of the current relevant literature.

2.2 Conceptual framework

2.2.1. Outline of the Thrust of the framework

This study is guided by an integrated conceptual framework that combines two complementary theoretical perspectives that are Social Determines of the Health (SDH) model, as articulated by the World Health Organisation. Health outcomes are fundamentally shaped by the conditions which people are born, grow, live, work and age conditions that are themselves influenced by the distribution of money, power and resources at global, national and local levels. In the Zimbabwean context, Dibie (2025) emphasises that citizens, particularly those in rural regions suffer from a high rate of communicable and non-communicable diseases, severe clean water and sanitation crises and limited access to health facilities all of which are manifestations underlying social determinants. The social Determinants of Health (SDH) model links directly to the research problem by directing analytical attention to the structural conditions that may constrain the impact of NGO interventions. Health in ward 11, Mudzi District, directs attention beyond clinical service delivery to fundamental issues of food insecurity, poverty, water access and infrastructure deficits that underpin disease prevalence and poor health outcomes. NGO programmes that focus narrowly on clinical service delivery or health education without addressing these

underlying determinants may have limited impact, explain why despite the presence of multiple NGOs, the population continues to suffer from persistent health challenges.

Complementing the SDH model, the Partnership Synergy framework provides a structure for analysing collaboration among diverse actors in health promotions. This framework focuses on how interaction between partners such as NGOs, government health services, traditional community structures and community members can create synergistic effects that produce outcomes unattainable by any single actor independently. Manyera at el, (2025), in their assessment of Results based financing programmes in Marondera and Zvishavane districts, notes that health systems strengthening requires coordinated efforts across multiple stakeholders within the Government of Zimbabwe needing to commit adequate resources while development partners provide technical and financial support. The Partnership Synergy framework therefore, enables this study to critically assess the coordination mechanism, collaboration dynamics and partnership quality characterising NGO, government and community interactions in ward 11.

2.2.2 Linking the conceptual framework to the Research Problem

The research problem addressed in this study centres on the presence of multiple NGOs actively working in the health sector in ward 11, Mudzi Rural District. The population continues to suffer from poor health outcomes, including high maternal and child mortality rates, frequent disease outbreaks such as malaria, diarrhoea and chronic undernutrition. The SDH model links directly to the research problem by directly analytical attention to the structural conditions that may constrain the impact of NGO interventions. As Dibie (2025) emphasises, citizens in rural Zimbabwe suffer from high rate of communicable and non-communicable disease, severe clean water and sanitation all of which are manifestations of underlying social determinants. If health outcomes in Mudzi are primarily shaped by poverty, food insecurity, inadequate water and sanitation infrastructure and geographical isolation, then NGO programmes that focus narrowly on clinical service delivery or health education without addressing these underlying determinants may have limited impacts. Complementing this, Manyera et al. (2025) note that health systems strengthening requires coordinated efforts across multiple stakeholders, with the Government of Zimbabwe needing to commit adequate resource while development partners provide technical and financial support. Therefore, the

partnership synergy framework enables this study to critically assess the coordination mechanisms, collaboration dynamics and partnership quality in ward 11.

A critical examination of recent literature on NGO led health promotion in rural Zimbabwe reveals several significant gaps that this study is designed to address. There is a scarcity of localised, granular research that delves into the lived experiences, perceptions and expected realities. Munyai at el (2025) in Beitbridge district provide valuable insights into village health workers roles and challenges that are necessarily context specific to Matabeland South Province. Mudzi District in Mashonaland East province presents a different agro ecological cultural and socio economic context yet no comparable in depth study exists for this area. This study address this gap by conducting a place based investigation in ward 11, generating context specific evidence that can inform programming in this particular locality while also contributing to the broader understanding of rural health dynamics in Zimbabwe.

Existing literature tends to focus either on the roles of specific health cadres, such as village health, health programmes such as HIV prevention and result based financing. While these focused studies are valuable, they do not provide a holistic picture of the complete portfolio of NGO health promoting activities in a single defined administrative ward nor do centre community perspectives in assessing the accessibility, suitability and perceived impacts of these diverse services. According to Chung et al (2025), in their study of vertical HIV prevention programme integration in Zimbabwe, emphasise the importance of understanding stakeholder perspectives, inkling those of community members and village health workers in assessing programme transitions. This study builds on this approach by making community perspectives the central focus, thereby addressing the gap in understanding how recipients of NGO services perceive and evaluate those interventions.

There is limited empirical research that investigates the micro dynamics of partnership and coordination between NGOs, local government health services and community leadership at the ward level. Manyera et al (2025) highlight the challenges that emerged when donor funded programmes transitioned to government ownership, noting that the institutionalisation of the Results bases financing programme in 2019 weakened health systems building blocks due to coordination failures. Similarly, Chung et al. (2025) identify resistance to change, loss

of power and job security concerns as psychological barriers to successful programme integration. However, these studies focus on national and district level dynamics rather than ward level partnerships that are the focus of this research. By empirically investigating coordination mechanisms and collaborative dynamics in ward 11, this study addresses the gap in understanding how partnership synergies or their absence manifest at the most local level of health service delivery.

2.3 The role of NGOs in Health promotion in rural communities

This section reviews literature addressing the first research objective of identifying the role of NGOs in health in ward 11. Gambe (2025) demonstrates how community based organisations address social determinants through programming and contribution to the national health strategies. The theme encompasses the multifaceted functions that NGOs perform in rural health systems strengthening, community health worker trainings, advocacy and addressing social determinants of health through integrated programming. Therefore in relation to this theme, the literature confirms that NGOs are performing diverse and integrated roles addressing the social determinants of health outcomes in resource constrained settings like ward 11, Mudzi District.

Recent studies on NGO role Zimbabwe rural health has been conducted in various locations across the country. Munyai and Mudau (2025) conducted their study in Beitbridge district, Matabeleland South province, a border town with the Republic of South Africa characterised by high burdens of maternal, child and reproductive health challenges and communicable diseases such as TB and HIV. While studies exist for Beitbridge, Manicaland and Matabeleland South Province, there is no comparable research for Mudzi District which is a geographical gap. Chung et al (2025) examined stakeholder perspective on integrating voluntary medical male circumcision services from donor funded to government owned models, conducting 54 semi structured interviews at national and subnational levels across Zimbabwe. A programmatic gap also exist in this case since studies focus on specific programmes whereas this study catalogues the complete portfolio of NGO activities in a single ward. Alao Gambe (2025), presented also a case study of Ongaeshi, a local humanitarian organisation operating the Gandanzara, Manicaland province using semi structured interviews national and subnational levels across Zimbabwe. Another include Ndlovu and Dube (2025) conducted a process evaluation of the National Development

Strategy 1(NDS1) 2021-2025 in Matabeleland South Province, employing the RE-AIM framework. This study intends to address these gaps by conducting a place based investigation in ward 11, Mudzi District generating context specific evidence and have a complete portfolio of NGO health promoting activities in a single defined administrative ward.

The key findings from the recent literature reveals the multi-faceted roles of the NGOs in rural health. Munyai et al (2025), found that village health workers, often trained and supported by NGOs, play essential roles in promoting health, preventing diseases, treating minor ailments and conducting community based disease surveillance. These functions directly address human resource shortages in Zimbabwe's rural health systems. NGOs have been instrumental I revitalising the village health worker programme through training, logistical supplies and supportive supervision. However, the village Health Worker Strengthening Plan was never fully operationalised due to unclear roles, limited coordination and duplication of services.

Gambe (2025) demonstrates how community based organisations address multiple social determinants through integrated programming including educational support, borehole drilling, digital inclusion and school gardening. Clean water provision reduced waterborne diseases and enabled small-scale irrigation supporting nutritional diversity. According to Chung et al (2025) highlights advocacy and policy influence that donors and implementing partners continue to exert significant influence over funding and program design even during transitions to government ownership. This therefore shows that NGO advocacy extends beyond service delivery to shaping the broader policy and funding environment.

This study addresses three gaps which include that while studies exist for Beitbridge, Manicaland and Matabeleland South Province there is no comparable research exists for Mudzi District (Dibie, 2025). Secondly, existing studies focus on specific programmes or cadres, while this study catalogues the complete portfolio of NGO activities in a single ward. Thirdly, while studies acknowledge coordination challenges, this study provides ward level analysis of how multiple NGOs interact with government and community structures.

2.4 Community Access to and Perception of NGO Health Delivery Services

This section reviews literature addressing the second research objective which encompasses geographical, financial and social dimensions of access, as well as perceptions of services quality, relevance, cultural appropriateness and trust. The Result based financing midline evaluation by Khulisa Management Services (2025) surveyed households across 166 enumeration areas throughout Zimbabwe, providing nationally representative data on health access patterns. Chigwenah et al (2025) also examined community participation in health systems strengthening through a case study of Matobo Village Health Sponsorship Model in Matabeleland South Province. Health service provider perspectives on village health work in Beitbridge District, yielding indirect insights into community access patterns (Munyai et al, 2025). Another scholar Gambe (2025) notes that employed participatory methods including community scorecards and participatory mapping in Gandanzara, directly centring community voices. The Gweru District NCD study (2022) employed a descriptive narrative review supplemented by semi structured interviews 14 healthcare staff and 30 adults living with disease or caring for adults living with disease. World Vision Zimbabwe (2023) documented community perspectives on clinic access in Matobo district. Also SPANS (2023) reported on community mental health outreach in Goromonzi District, reaching nearly 50,000 men and women.

On geographical and financial barriers Munyai et al. (2025) found that village health workers traverse long distance on foot, facing physical exhaustion and harsh weather conditions. The New Ziana (2025) report documents that many community health workers travel extensive distances, with some districts introducing bicycles to ease travel challenges. Wold Vision Zimbabwe (2023) also shows that before clinic constructions, communities travelled 7-9 Kilometres to the nearest clinic, leading many to skip treatment or give birth at home. Hence, it shows geographical barriers continued to limit reach despite service availability.

Community participation and programme relevance is documented that community members built the clinic together in consultation with the organisation, with one patient noting (World Vision Zimbabwe, 2023). Chingweh et al (2025) found that genuine engagements mechanisms are essential for ensuring services are relevant and appropriate to community needs. The Community Working Group on Health (2023) documented gathering community

and civil society inputs to develop a domestic health financing position paper submitted to Parliament and ministries, advocating for increased health spending. In this case a gap is derived such as advocacy efforts exist at national and policy levels, there is limited research on how community participation in health financing and budget formulation actually occurs at the ward level. Therefore, participation at community level in budget formulation gives greater depth to discussion and facilitates achieving overall health goals. This study will address this gap by examining the mechanisms of community participation in ward 11, assessing community engagement and effective funded health programmes at the grassroots levels.

This study addresses gaps such as access at regional or national levels, there is lack of ward level research centring community voices in assessing NGO services. Secondly, studies like Gambe (2025) and World vision (2023) are context specific, this study provides comparable evidence from Mudzi's different context. Thirdly, quantitative evaluations provide breadth but lack qualitative depth, this study employs qualitative methods to capture meaning community members attach to their experiences. Lastly, while trust is identified as critical limited research examines how trust in NGOs specifically in constructed, this study explores this dimension.

2.5 Factors enhancing and constraining effective NGO health delivery

The literature in this section address the third research objective whereby the theme encompasses enabling and constraining factors including funding mechanisms, coordination challenges, human resource, sustainability concerns and contextual barriers such as climatic shocks and poverty. Chung et al. (2025) examined stakeholder perspectives on integrating and sustaining HIV prevention programmes. Munyai et al. (2025) explored village health worker effectiveness in Beitbridge district. Also Ndlovu and Dube (2025) conducted a process evaluation of NDS1 in Matabeleland South Province. Magocha et al. (2023) explored the partnership between government and NGO in delivering HIV/AIDS services, identifying challenges in policies, structures and administrative issues.

According to Manyera et al. (2025) the Result Based Financing strengthened health delivery between 2011 and 2018 but institutionalisation in 2019 weakened health system building blocks due to coordination failures. They recommended incremental transition from donor support to government ownership and allocating 15% of national budget to health as per

Abuja Declaration. Magocha et al (2023) also highlights that over reliance on donor funding for HIV/AIDS healthcare services remains a concern in Africa, with differences in policies and administrative issues creating implementation challenges. Financing barriers including lack of domestic resource, transition from fee for service model and staff attrition, (Chung et al. 2025). The gap here is that existing literature discuss this challenge of over reliance on donor funding is at national and policy level with limited research on the effects per community level. To tackle this gap the study will explore community perceptions of programme sustainability and documenting challenges faced by the community when donor supported initiatives are withdrawn.

The study gaps in this section examines factors at district and national levels, limited research examines these at ward level where services are actually delivered. Also, existing studies focus either on internal programme factors or external contextual factors this study examines both systematically. Thirdly, psychological barriers identified by multiple scholars have received limited attention in rural health literature, while this study explores whether similar dynamics operating at ward level.

2.6 Chapter conclusion

In conclusion, while scholarly understanding of NGOs roles in Zimbabwean rural health has advanced significantly, critical gaps remain at the localised ward level. Several critical issues emerged from this chapter which include geographical and financial barriers, the absence of ward level research and limited context specific evidence. This study on ward 11, Mudzi District is designed to address these gaps by providing granular, community centred evidence that can inform both scholarly understanding and practical programming. The following chapter presents the methodology employed to conduct this investigation.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology used to investigate how NGOs contribute to promoting good health in ward 11, Mudzi Rural District. According to Creswell (2018), a research methodology serves as the overall plan that guides the systematic collection, analysis and interpretation of data to address research objectives. This chapter shows detailed description of the study area, explains the target population and sampling procedures, presents the methods used for collecting and analysing data and discusses how reliability and validity were ensured. A mixed methods approach that combines both quantitative and qualitative techniques. As noted by Bryman (2016), this approach enables researchers to capture both the measurable outcomes of interventions and the lived experiences of community member, making it particularly suitable for health research in rural contexts.

3.2 Description of the study area

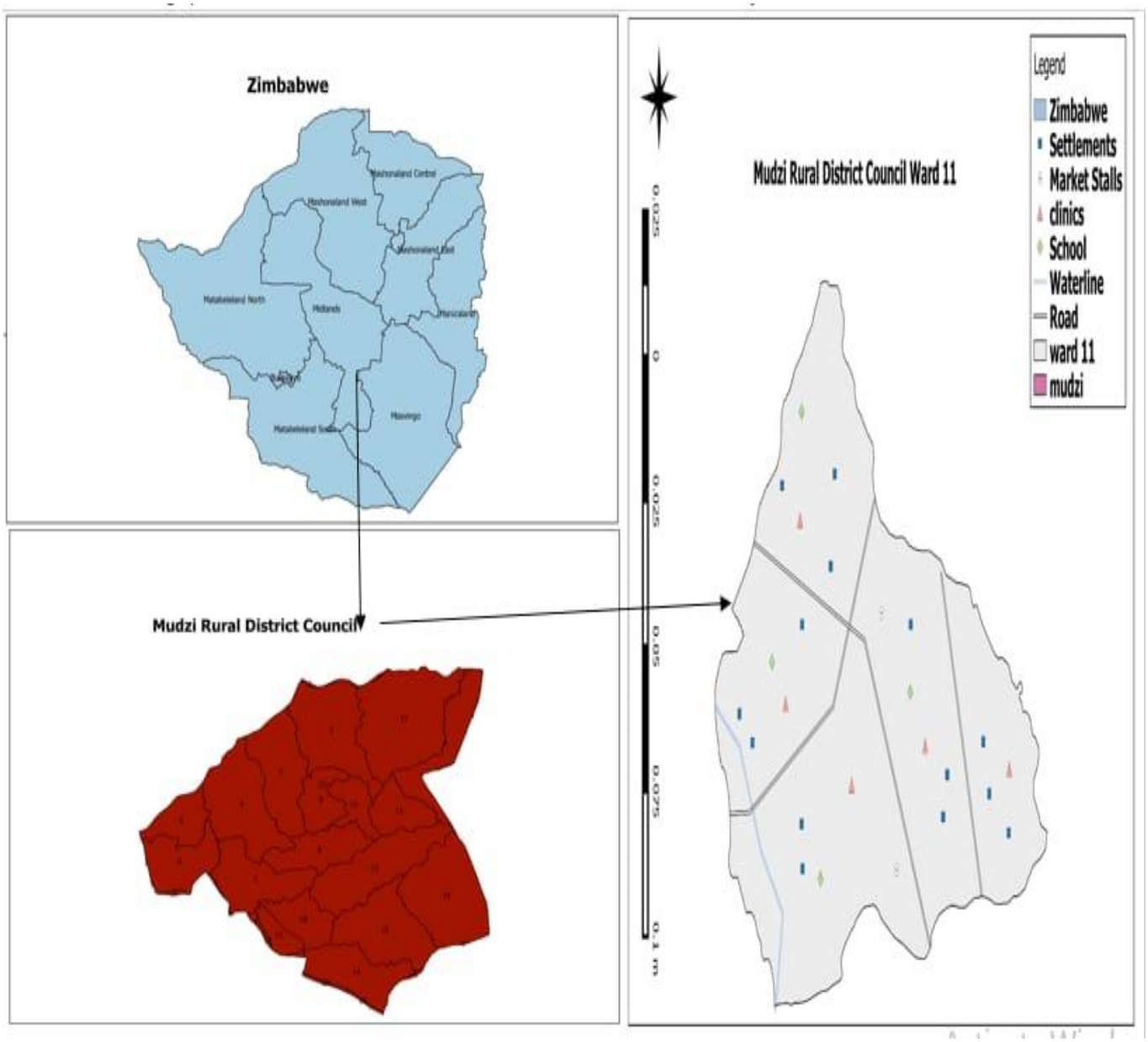

Figure 1 Map of study area

3.2.1 Location and administrative context

Ward 11 is located within Mudzi District in Mashonaland East Province, Zimbabwe. According to the Zimbabwe National Statistics Agency (2022), Mudzi District covers approximately 4,075 square kilometres all of which is classified as communal land. The district shares an international border with Mozambique to the northeast and is accessible via A2 highway, which runs from Mutoko through the district to the border town of Nyamapanda (Government of Zimbabwe, 2021). The 2022 national census recorded Mudzi District's

population as 158,478, showing modest growth from 135,378 in 2002. Dube and Ndlovu (2020) explain that this slow growth rate reflects significant out migration driven by pervasive poverty and limited economic opportunities in the area.

Mudzi District is divided into seventeen wards, grouped into three parliamentary constituencies: Mudzi West, Mudzi South and Mudzi North (Zimbabwe Electoral Commission, 2023). Ward 11, the focus of this study, represents a typical rural administrative unit characterised by communal land tenure and subsistence agriculture. Kotwa serves as the designated growth centre for the district, though Chirisa and Dube (2019) note that it remains under developed with limited infrastructure and services.

3.2.2 Physical Characteristics

The physical environment of Mudzi District significantly shapes the health and livelihood possibilities of its residents. According to Cephas and Bernard (2012), the area is characterised by rough, dry terrain typical of Zimbabwe's agro-ecological regions that are marginal for crop production. The district lies in a low rainfall zone, receiving inconsistent and often inadequate precipitation averaging 450-650mm annually. Muzvidziwa and Chirisa (2021) explain that this unreliable rainfall frequently results in crop failures and food insecurity. Rivers traversing the district include the Mudzi and Rwenya, though these water sources are seasonal and unreliable for consistent domestic and agricultural use.

The harsh physical environment directly influences the health challenges faced by ward 11 residents. According to Mavhura et al (2021), water scarcity contributes to poor hygiene and sanitation, increasing vulnerability to waterborne disease such as diarrhoea and cholera during the rainy season. Dube et al. (2022) note that dry, dusty conditions during much of the year exacerbate respiratory problems, while stagnant water during sporadic rainfall creates breeding grounds for mosquitoes, sustaining malaria transmission. These environmental determinants are fundamental to understanding why NGO interventions focused on water, sanitation and hygiene, as well as malaria prevention are critically needed in this context.

3.2.3 Socioeconomic Characteristics

Mashonaland East Province, within which Mudzi District, has a population of approximately 1.35million people and a literacy rate of 85% (Zimbabwe National Statistics Agency, 2022). However, Chimhowu et al (2019) caution that provincial average mask significant intra-provincial disparities, with remote districts like Mudzi lagging behind more accessible areas

in educational attainment, infrastructure development and economic opportunities. The province's comparative advantages include mining, agriculture, horticulture and animal husbandry. Mandizadza and Chigwenya (2020) observe that these benefits are concentrated in district with more favourable climatic conditions and better transport links such as Goromonzi and Marondera.

According to the Zimbabwe Vulnerability Assessment Committee (2022), Mudzi District is consistently identified as one of Zimbabwe's most impoverished districts, with high levels of food insecurity and limited access to basic services. The population depends primarily on subsistence farming with erratic rainfall and poor soils make this livelihood strategy precarious (Moyo and Ndlovu, 2021). The socioeconomic deprivation in ward 11 manifests in multiple health related challenges. According to Chirisa et al. (2021), limited household income restricts ability to pay for transport to health facilities, purchase prescribed medications or invest in preventive health measures such as insecticide treated mosquito nets. Food insecurity leads to chronic undernutrition, particularly among children under five, compromising immune systems and increasing susceptibility to infectious diseases.

3.2.4 Implications for the study

The physical and socioeconomic characteristics have direct implications for this research. According to Mertens (2020), understanding to context in which a study takes place is essential for designing appropriate research methods and interpreting finding accurately. The extreme poverty and environment harshness of Ward 11 create a setting where the role of NGOs in health promotion is potentially most significant but also most challenging to assess. Chilisa (2020) emphasises that research in such contexts must be sensitive to the fact that health outcomes are shaped by structural factors beyond the control of any single NGO programme. Understanding community perception of NGO interventions requires appreciation of the daily struggles residents face. According to Babbie (2021), researchers working in remote areas must plan for extended travel times, potentially challenging road conditions and need to work within community schedules.

3.3 Design of the study

The research design for this study is a convergent mixed methods design employing both quantitative and qualitative approaches. This provide a comprehensive understanding of community perception, lived experiences and local knowledge regarding NGO health

interventions inward 11, Mudzi Rural District. This design is particularly appropriate for evaluating the role of NGOs in promoting good health because it allows for the simultaneous investigation of measurable outcomes such as service utilisation and reported health improvements alongside the contextual factors that shape access, trust and programme sustainability.

Mixed methods research is valuable in exploring complex health phenomena where multiple factors geographical, economic, social and institutional to influence health outcomes. The convergent design is especially effective when researchers aim to capture both the breadth and depth of community experiences enabling the triangulation of findings from household surveys, key informants interviews and focus group discussions. In the case of ward 11, this approach allows for the a rich understanding of how community members perceive NGO services, barriers they face in accessing care and the mechanisms that enhance or constrain programme effectiveness. The research design involves collecting quantitative data through a structured household questionnaire (n=87 households) and qualitative through semi-structured key informant interviews (n=22) and focus group discussions (3-5 groups). The use of multiple data sources strengthens the credibility of findings and provides a holistic view of NGO health promotion in this resource limited rural setting.

3.4 Population and Sampling

This subsection describes the target population, sampling frame, sample size and sampling procedures employed in this study. A clear understanding of the population and sampling strategy is essential for evaluating the representativeness of findings and the extent to which conclusions can be generalised or transferred. Given the mixed methods design of this investigation, the sampling strategy combines both probability and non-probability techniques to address the quantitative and qualitative components. The quantitative household survey employs stratified random sampling to ensure representation across different villages in ward 11. While qualitative components utilise purposive sampling to select information rich participants who can provide deep insights into the research questions.

3.4.1 Target Population

Neuman (2014), a target population refers to the entire group of individuals or elements that possess the characteristics researches wish to study. The target population for this study comprises all residents of ward 11, Mudzi Rural District, who have direct or indirect

experience with NGO health promotion activities. This includes community members who are recipients or potential recipients of NGO health services, village health workers trained and supported by NGOs, local community leaders including traditional chiefs and village heads, the ward councillor and health facility staff operating within or serving ward 11. According to the Zimbabwe Vulnerability Assessment Committee (2022), the population includes vulnerable groups such as children under five, pregnant and lactating woman, elderly persons and individuals living with chronic illness including HIV/AIDS, all of whom are primarily targets for NGO health interventions.

3.4.2 Sampling frame and sample size

Bryman (2016) notes that a sampling frame is the list of all elements from which a sample is drawn. The sampling frame for this study consist of all household and key informants within ward 11. Keyes and Galea (2014) explain that sample size calculation in cross sectional studies must balance statistical power with practical constraints in resource limited settings. For the qualitative components, this study employs purposive sampling to select approximately 20-25 key informants for in-depth interviews and 3-5 focus group discussions. Guest et al (2020), sample size in qualitative research is guided by the principle of data saturation, where data collection continues until no new themes or insights emerge.

3.4.3 Sampling procedures

This study employs a multi-stage sampling strategy that combines probability and non-probability techniques appropriate for a mixed method design. According to Teddlie and Yu (2016), such mixed methods sampling strategies enables researches to address different research objectives with appropriate techniques while maintain overall coherence. The quantitative household survey, stratified random sampling being used to ensure representation across different villages and social groups within ward 11. Babbie (2021) notes that there should involve stratification of variables which include village location to capture geographical variation in access to NGOs, health facilities and household composition to ensure inclusion of vulnerable members. The qualitative components, purposive sampling is employed to select information rich participants who can provide deep insights into research questions. According to Patton (2015), purposive sampling involves intentionally selecting individuals who have relevant knowledge, experience or perspectives on the phenomenon of interest. Key informants are selected based on their roles and experiences for example village health workers, community leaders and NGO staff. Focus

group participants are purposively selected to represent different community segments, including man and woman, younger and older adults and individuals from villages with varying levels of NGO engagement. Creswell (2018), random sampling ensures quantitative findings can be generalised to broader ward 11 population with known confidence intervals, while purposive sampling ensures qualitative findings capture the depth and diversity of experiences necessary for understanding complex social phenomena.

3.5 Mixed approach of data collection

3.4.1 Overview of data collection approach

There is a convergent mixed methods design, collecting quantitative and qualitative data concurrently to develop a comprehensive understanding of NGO roles in health promotion. According to Creswell and Clark (2018) convergent designs are appropriate when researchers aim to obtain complementary data on the same topic and compare or combine results. This approach recognises that health interventions in resource limited settings cannot be fully understood through numbers alone, nor through narratives alone but require the integration of both types of evidences. Quantitative methods measure the reach, accessibility and perceived effectiveness of NGO programmes while qualitative method explore the meanings community members attach to these interventions, the contextual factors that shape their experiences and the mechanisms through which NGO achieve or fail to achieve their intended impacts (Fetters and Curry .2013).

3.5.2 Household questionnaire survey

According to De Vaus (2013), surveys are appropriate for collecting standardised data from large samples, enabling statistical description and analysis populations. The questionnaire is developed based on the research objectives. The household questionnaire survey will be structured containing closed-ended questions and a limited number of open-ended questions designed to capture standardised, quantifiable data from a large sample of community members. In ward 11, Mudzi Rural District the questionnaires will be administered through two modalities which are face to face and online distribution via WhatsApp groups to reach respondents who owned smartphones and had network access, particularly those villages with better connectivity. Groves et al (2019), face to face administration is particularly appropriate in contexts with limited literacy and telephone access. The questionnaire has both languages which include Shona and English to ensure accuracy and cultural appropriateness. This done

following the procedures recommended by Behr and Shishido (2016) for cross-cultural research. The type of data to be collected include household demographic characteristics, awareness and utilisation of specific NGO services (such as Village Health Worker support, HIV/AIDS services, malaria prevention, maternal and child health, nutrition programmes, WASH activities, TB services and mental health quality). Community perception of service quality (including staff respect, relevance to needs, trust in information, perceived health improvement and comparison with government clinics). The merit of this instrument is its ability to collect data from a relatively large sample efficiently, enabling statistics descriptions, identification of patterns across the community and generalisation of findings to the broader ward 11 population. However, the instruments has several demerits such as its structured format may not capture unexpected responses or the complexity of participant experiences, responses can be superficial and lack emotional depth, illiterate or semi illiterate responses. Quantifiable data that can be summarised statistically and used to identify patterns and associations across the sample however, surveys are limited by their structured format, which may not capture unexpected responses or the full complexity of participant experience (Fowler, 2014).

3.5.3 Informant Interviews

Informant interviews are conducted with individuals who have knowledge of NGO interventions in ward 11. According to Rubin (2012), key informant interviews are valuable for accessing expert knowledge and understanding complex phenomena from the perspective of those intimately involved. The informants include village health workers, traditional leaders including village heads and chief, the ward councillor, representatives of NGOs operating in the ward and district level health officials. The target population will about 22 informants and in ward 11, Mudzi Rural District interviews will be conducted at locations convenient and comfortable for participants which include respondent's homes, workplaces (such as clinics and NGO offices), community meeting places or health posts where village health workers could met without requiring them to walk. The guide for the questions is organised around the research objectives but allowing flexible participation. The type of data to be collected include informant perspectives on the specific roles of NGOs such as service delivery filling government gaps, training and capacity building, provision of medical supplies, health education and disease surveillance). Also factors affecting or enhancing effective service delivery. Kallio et al (2016), notes that the semi structured format enables

the interviewer to probe deeply into participant responses, clarify meanings and pursue emergent themes, generating rich, contextualised data. The merits of this instrument is its capacity to generate rich, detailed, contextualised data that reveals not merely what happens but how and why its happens, enabling deep participant responses, clarify meanings and pursue emergent themes that cannot be anticipated. The demerits include that interviews are highly time intensive in terms of scheduling, conducting, transcribing and analysing, the findings cannot be generalised to the broader population, there is risk of social desirability bias where informants may present their organisation favourable and some community members hesitate to discuss NGO programmes due to fear of losing benefits. Mertens (2020) note also that some community members may be hesitant to discuss NGO programmes due to fear of losing benefits or concern about critising powerful organisations.

3.5.4 Focus groups

Focus group discussions are conducted with community members to explore shared experiences, social norms and collective perspectives on NGO health interventions. According to Krueger and Casey (2015), focus groups are particularly valuable for surfacing community norms, generating debate about contested issues and observe how perspectives are shaped through social interaction. The focus group discussions will be guided by a topic guide that cover the same thematic areas as the key informant interviews but will be framed to encourage group interactions, debates and collective perspective sharing rather than individual responses. Groups are separated according to age or gender to create homogeneous environments where participants feel comfortable expressing their views, following recommendations by Morgan (2019). Focus groups are held in neutral community venues, such as schools, community halls and churches. Local language is used and is co-facilitated by note taking, recording even the non-verbal communications and group dynamics. The key merits of focus groups are that they efficiently generate data from multiple participants simultaneously, enable observation of how ideas are challenged, refined through social interaction, surface collective norms and shared experiences that individual interviews might miss and can be less intimidating for participants who may feel more comfortable speaking in a group. The demerits include that dominants or vocal participants may skew group discussion while quieter voices remain unheard, sensitive topics may not be discussed openly and findings cannot be generalised beyond the specific groups convened.

3.6 Mixed data collection methods analysis

This section describes the analytical procedures employed to process, analyse and integrate the quantitative and qualitative data collected during fieldwork in ward 11, Mudzi Rural District. The convergent mixed methods design, quantitative and qualitative data are analysed separately using techniques appropriate to each data type, before being integrated during the interpretation stage to develop a comprehensive understanding of NGO roles in health promotion. The quantitative data from household questionnaires are subjected to descriptive and bivariate statistics analysis to identify patterns, associations and distributions across the sample. The qualitative data from key informants and focus groups discussion are analysed using thematic analysis, following the six phase framework developed by Braun and Clarke (2021), to identify recurring themes, explanatory mechanisms and contextual factors. Integration strategies including data transformation and joint display are employed to compare, contrast and synthesise findings from both strands, enabling triangulation and the generation of richer, more nuanced conclusions than either method could achieve alone.

3.6.1 Quantitative data analysis

Quantitative data from the household questionnaire are entered into a secure database using Microsoft Excel. Descriptive statistics are generated to summarise household demographic and socioeconomic characteristics, awareness and utilisation of NGO services on health outcomes. According to Field (2018), descriptive statistics include frequencies and percentages for categorical variables and measures of central tendency (mean, median) and dispersion (standard deviation, range) for continuous variables. Tables and graphs are produced to visualise key patterns.

The bivariate analysis examines associations between household characteristics and outcomes of interest. According to Agresti (2019) chi-square test assess whether awareness of NGO programmes differs by village location, house head education or distance to health facility. These quantitative analysis reveal patterns, associations and potential relationships that can be further explored and explained through qualitative data.

3.6.2 Qualitative data analysis

Qualitative data from informant interviews and focus group discussions are analysed using thematic analysis, following the six phase framework developed by Braun and Clarke (2021). According to Terry et al. (2017), this systematic approach ensures rigour and transparency in

identifying analysing and reporting patterns within qualitative data. Jackson and Bazeley (2019), notes that software assists in managing and organising qualitative data but does not substitute researcher interpretation. Also potential themes are checked against coded extracts and the entire dataset to ensure accurate data representation. Saldana (2021) notes that codes are both deductive, derived from research objectives and interview guides and inductive, emerging from the data itself. Themes may be refined, split, combined or discarded during this process. Braun and Clarke (2021) emphasise that the goal is to develop a coherent thematic framework that captures the essence of participant experiences. The thematic analysis reveals the meanings participants attach to their experiences, the contextual factors shaping experiences and the mechanisms through which NGO interventions produce their effects.

3.6.3 Integration of quantitative and qualitative data

The mixed methods design requires intentional integration of quantitative and qualitative findings. According to Fetters et al (2013), integration occurs at multiple levels, during data collection where emerging qualitative insights may inform refinement of quantitative instruments, during analysis where quantitative patterns can be explored through qualitative data and qualitative themes can be tested against quantitative evidence and during interpretation where findings from both strands are brought together to develop a comprehensive understanding. Specific integration strategies include data transformation, where qualitative themes may be quantified to examine their prevalence (Sandelowski et al, 2019).

3.7 Reliability and validity

According to Bryman (2016), reliability refers to the consistency and stability of research findings. In quantitative component, reliability is enhanced through several strategies. The household questionnaire was developed using clear, unambiguous language and pilot tested to identify and correct confusing items (De Vaus, 2013). In the qualitative component, reliability is conceptualised as dependability, reflecting the extent to which the research process is logical, traceable and documented. Ensuring validity refers to the accuracy and truthfulness of research findings this is according to Creswell (2018). “In quantitative research, validity encompasses internal validity which is the extent to which casual conclusions can be drawn, external validity (generalisability) and construct validity (the

extent to which instruments measure what they intend to measure)" this is noted by Cook and Cambell (2002). The study design in study acknowledges this limitation and focuses on description and association rather than strong casual claims. In qualitative research, validity is conceptualised as trustworthiness, comprising credibility, transferability, dependability and confirmability (Lincoln and Guba, 1985). This is enhanced through prolonged engagement in the community study to build trust and deepen understanding. According to Korstjen and Moser (2018), triangulation cross methods, sources , investigators, member checking where the preliminary findings are shared with participants to verify accuracy, interpretation and negative cases analysis.

According to Denzin (2018), triangulation is a core strategy for enhancing both reliability and validity in mixed method research. This study employs multiple forms of triangulation such as data triangulation, collecting data from different sources at different times, method triangulation which is combining quantitative surveys with qualitative interviews and focus groups, investigator triangulation involving multiple research in data collection and analysis and the theory triangulation which interpreting findings through multiple theoretical lenses (Flick, 2018). Hence, triangulation strengthen the overall credibility of the research while also enriching the findings through multiple perspective.

3.8 Conclusion

This chapter has presented a comprehensive methodology for investigating the role of NGOs in promoting good health in ward 11. The mixed methods design has been used combining the quantitative and qualitative methods. The study area has been described in detail and a rigorous sampling procedure combining probability and non-probability approaches. There is also systematic data collection and analysis methods paying attention to reliability and validity to ensure the study meets high standards. The following chapters present the findings emerging from the implementation of this methodology.

CHAPTER 4: PRESENTATION, ANALYSIS AND DISCUSSION OF RESULTS

4.1 Introduction

This chapter present, analyses and discusses the findings from the fieldwork conducted in ward 11, Mudzi Rural District. The focus is structured around three research objectives that guided this study: (1) identifying the role of NGOs in health promotion in ward 11, (2) assessing how health delivery services from NGOs are accessed and perceived by the community and (3) determining the factors that enhance or health delivery from NGOs. The chapter integrates quantitative data from household survey with qualitative data from key informant interviews and focus group discussions, following the convergent mixed method design in chapter 3. Each thematic section follow a systematic analytical structure, presentation of results, description, explanation, interpretation of results , description, explanation, interpretation, discussion with reference to literature and a concluding synthesis of findings.

4.2 The role of NGOs in Health Promotion in ward 11

The following finding address the first research objective, the results draw on quantitative data from 87 household questionnaires and qualitative insights from 22 key informant interviews. The analysis reveals the range, prevalence and perceived importance of various NGO activities, from direct service delivery and training to health education and disease surveillance.

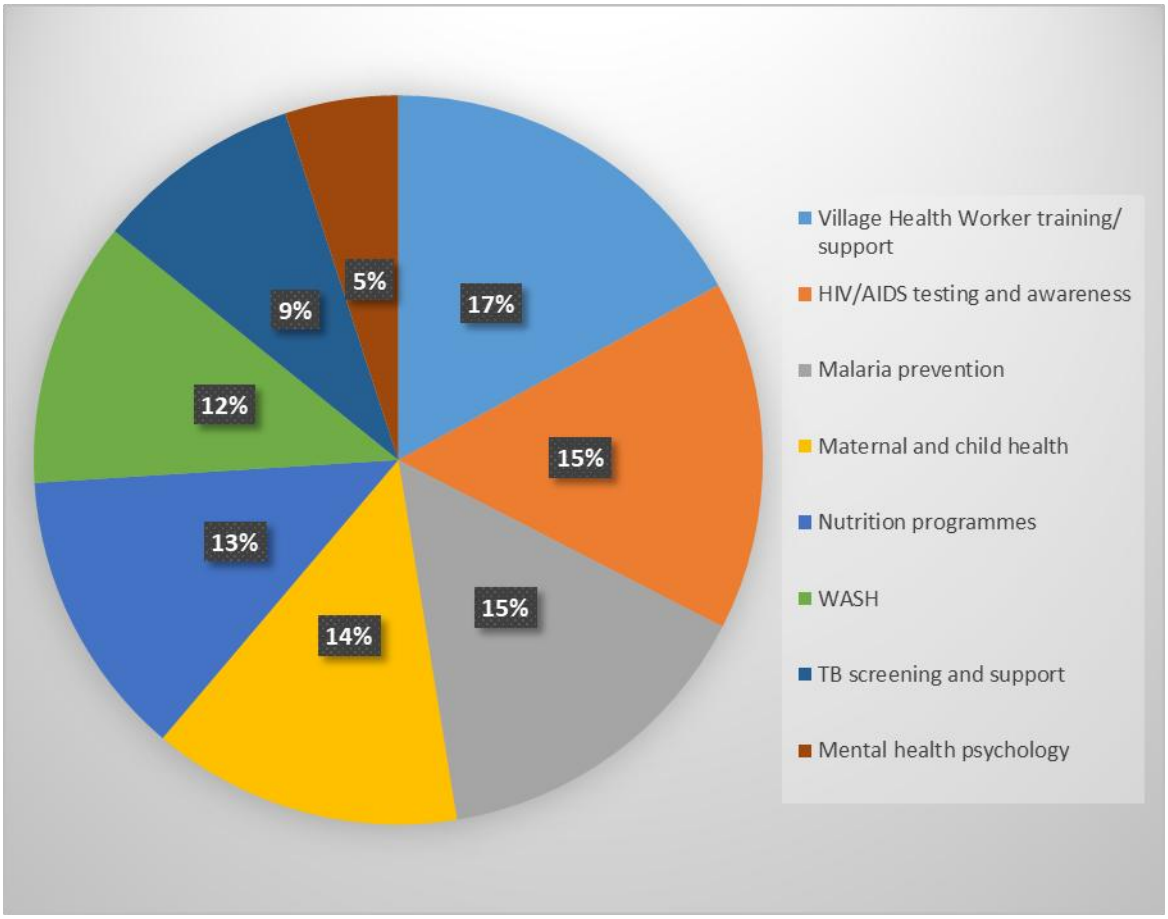

Figure 2: NGO Health activities reported in ward 11 (n=87 households)

The results reveals that NGOs in ward 11 perform multiple, interconnected roles. The results in fig 4.1 was collected from 87 households using questionnaires. Some of the questionnaires where responded online on WhatsApp platform and some were answered physically. The most prevalent activity is the training and support of village health workers (VHWs) in promoting good health, reported by 17%, HIV/AIDS services (15%) and malaria prevention (15%) follow closely. Maternal and child health services (14%) and nutrition programmes (13%) also feature prominently. WASH related activities (12%) while TB (9%) and mental health services (5%) are less common.

From the key informant perspective, 22 people were interviewed on the roles of NGOs in ward 11, Mudzi Rural District. The most dominant role cited is service delivery that fills gaps left by the under-resourced government system, cited by the vast majority of the 22 people interviewed. Training and capacity building alongside provision of medical supplies were

also frequently mentioned though slight less. Health education was noted by a smaller majority while disease surveillance was least cited role among the informants.

The prominence of VHW related activities reflects the strategic emphasis NGO place on community based human resources. In a context where the nearest clinic may be kilometres away and nurses are few, VHWs serve as the first point of contact for health needs. NGOs have revitalise this cadre through training provision, provision of bicycles, supply of basic medicines (oral rehydration salts, paracetamol, malaria rapid test) and monthly stipends or incentives. The multi-disease, intervention suggest that NGOs are responding to the syndemic nature of health challenges in Mudzi, where HIV, malnutrition, malaria and waterborne diseases interact to compound each other.

However, the lower reported presence of mental health services (26.4%) and TB services (48.3%) may reflect a gap in NGO programming or lower community awareness of these services. Mental health is historically underfunded and stigmatised in Zimbabwe and TB services are often clinic based rather than community based making them less visible to household. Given the dual burden of infectious and chronic diseases in rural settings, these absence may represent unmet community needs. Furthermore, while NGOs are actively in training and capacity building, the sustainability of these investments remains questionable when donor funding ends.

The findings align closely with Munyai et al. (2025), who found that VHWs in Beitbridge District play essential roles in health promotion, disease prevention and community bases surveillance. The present study extends this evidence to Mudzi District, confirming that NGO support VHWs perform similar functions across different rural contexts. However, Munyai et al also noted that the VHW strengthening plan was never fully operationalised due to unclear roles and duplication.

The multi-faceted roles identified correspond to Gambe's (2025) case study of Ongaeshi in Manicaland which demonstrate how community based organisations address determinants through integrated programming. The present study confirms this integrated approach exist in Mudzi, though with less emphasis on structural determinants like school gardening, which

Gambe highlighted, This difference may reflect variation in NGO mandates or contextual priorities between the two districts.

Notably, this study addresses the gaps identified in chapter 2. One of the gap which was geographical gap whereby there were existing studies of Beitbrige, Manicaland and Matabeleland South, no comparable research existed for Mudzi Districts. The second gap that existing studies focused on specific programmes or cadres, this study catalogues the complete portfolio of NGO activities in a single ward. Third, while coordination challenges were acknowledged in national level studies, this study provides ward level empirical evidence on the role differentiation and potential duplication.

The findings demonstrate that NGOs in ward 11 perform a comprehensive range of health promotion roles. These roles are predominantly framed as filling gaps left by under-resourced public health system. While the breadth of NGO activity impressive, notable gaps exist in mental health and non-communicable disease, making the sustainability of NGO supported capacity building remain uncertain.

4.3 Community Access to and perception of NGO health delivery services.

This subsection presents findings related to the second research objective of assessing how health delivery services from NGOs are accessed and perceived by the community in ward 11, Mudzi Rural District. Data were collected from 87 household questionnaires and supplemented by focus group discussions with community members including women, men and mixed adults groups. The analysis examines two interconnected dimensions which are barriers that constrain access to NGO services and community perception to service quality. Figure 4.2 below summarises community perceptions followed by qualitative insights that explain the lived realities behind these statistics.

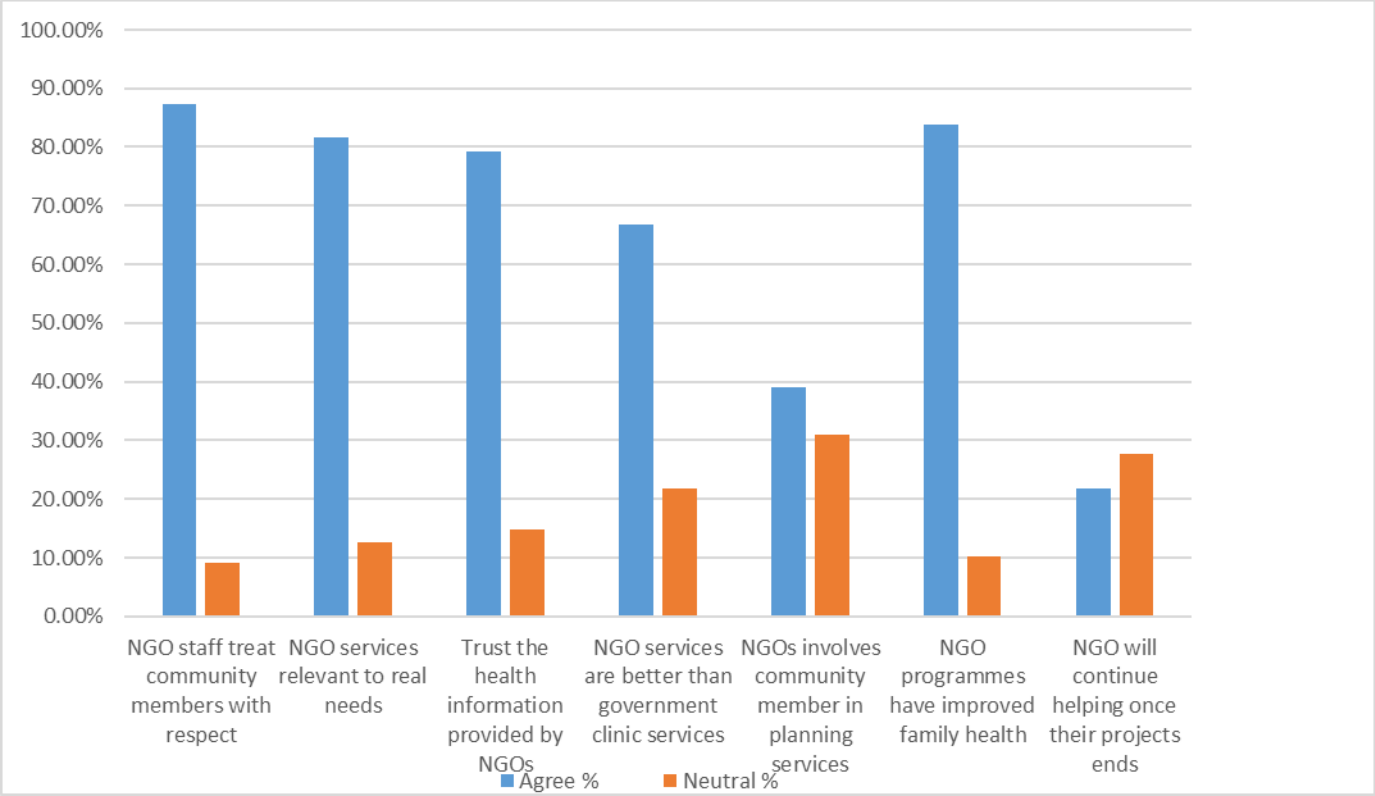

Figure 3: Community perception of NGO services quality (n=87households)

Community perceptions of NGO services from the questionnaires reveals a sharp divergence which are overwhelming positive regarding staff respect, trust in information and perceived health improvement. A clear majority consider NGO services superior to government clinic services. However, there is a dramatic and very low trend regarding NGOs involve community members in planning and community members express the least confidence in NGO's long term commitment that NGOs will continue helping after project completion.

Focus group discussion amplify these quantitative findings. VHWs are held in high esteem this was noted by Mai vana Tendai saying, "(VHWs) walk two hours to reach our village, we cannot pay her but she comes. That is love (FGD1, women, 45 years)" participants describing extraordinary personal sacrifice. Another respondent notes that distance remains a lived reality not merely a statistic when he said "the NGO has the medicines at kotwa Growth Point hospital but Kotwa is far so the time you raise transport money, the child's health would have worsened (FGD2, men, 52 years". Also from FGD3, mixed adults said access barriers are predominantly geographical and financial, "last year the nutrition programme stopped

donor's money finished and people started to lack enough medication assistance". Lastly cultural, language and stigma related barriers are less commonly reported but still present supported by the respondent statements that say "they come with plans already written, they tell us what they will do, they don't sit with us first and ask what we need (FDG1, women, 61 years)". The interruption of nutrition programmes due to donor funding gaps has created tangible health consequences and eroded trust in long term NGO commitment. Community members express a clear desire for genuine participation in programme design, rather than being passive recipients of pre-planned interventions.

The predominance of geographical and financial barriers is explained by ward 11's physical isolation, poor road infrastructure and pervasive poverty described in chapter 3. Even when the NGOs provide services, they are often centralised at growth points like Kotwa, requiring transport expenditure that exceeds many households daily income. VHWs mitigate but do not eliminate this barrier as they too face mobility constraints.

The high trust and positive perceptions of NGO services reflect that the stark contrast between NGO supported services and the under-resourced government system. NGOs typically provide reliable commodity supplies, regular staff supervision and transport allowance (elements absent in government system due to fiscal constraints). Community members make rational comparisons between the two and prefer the more reliable options.

The low perception of community involvement (39.1% agree) and sustainability (21.8% agree) reveals a fundamental tension. NGOs operate on project cycles tied to donor funding, typically 3-5years. Community members experience this temporary as repeated cycles of arrival, activity and withdrawal. Each withdrawal causes service disruption, forcing communities to adapt repeatedly. This pattern undermines the development of genuine community ownership and participatory planning.

The findings reveal a paradox that NGOs are simultaneously highly trusted and perceived as unreliable in the long term. Community members appreciate the quality and respectfulness of NGO services while doubting their durability. This paradox reflects the structural reality of

donor dependent humanitarian aid. Communities have learned through experience that NGO presence is episodic, not permanent.

The low community participation score (39.1%) is particularly concerning given the partnership synergy framework outlined in chapter2. Genuine synergy requires community members to be partners, not recipients. The findings suggest that NGO community relationship in ward 11remain largely transactional rather than transformational.

The finding that (83.9%) of households report improved health due to NGO programmes is significant and should not be dismissed. Despite access barriers and sustainability concerns, NGOs are demonstrably improving health outcomes. The challenge is to sustain and deepen these gains while transitioning from service substitution to genuine health system strengthening.

The geographical barriers identified align with Munyai et al (2025), who found VHWs traversing long distances on foot in Beitbridge. The present study confirms this pattern in Mudzi and adds quantitative dimensions: 73.6 % of households cite distance as a barrier. Similarly, World Vison Zimbabwe (2023) documented communities travelling 7-9 kilometres to clinics before NGO interventions. A finding that resonates with the persistent distance barriers reported, despite NGO presence.

The low community participation findings (39.1%) diverges from Chingwenah et al (2025), who found genuine engagement mechanisms in the Matobo Village Health Sponsorship Model. This divergence may reflect different community histories. In Matobo, the model was designed as community owned from inception whereas in Mudzi, NGOs may have adopted more top down implementation approaches. This difference warrants further comparative research.

The sustainability concern (only 21.8% believe NGOs will continue after project ends) addresses a gap identified in chapter 2. Manyera et al (2025) and Chung et al, (2025) discussed sustainability challenges at national and district levels, the present study provide ward level evidence of community perceptions of programme sustainability in Zimbabwe.

The finding that communities have internalised the temporality of NGO funding noting that "donor's money finished and programme stopped" has profound implication for programme design.

Community access to NGO health services in ward 11 is significantly constrained by geographical distance, transport cost and information gaps. Despite these barriers, community perceptions of Ngo service quality are highly positive with strong majorities reporting respect, relevance, trust and perceived health improvements. However, only a minority believe NGOs involve them in planning or that programmes will sustain beyond donor funding cycles. This sustainability paradox represent the central tension in NGO led health promotion.

4.4 Factors enhancing effectiveness of NGO health delivery

This subsection presents findings related to the third research objective. Data were collected from 22 key informant interviews with Village health workers, traditional leaders, NGO staff, district health officials and community representatives. The research distinguish between enabling factors that facilitates effective service delivery and constraining factors that undermine it. Table 4.1 below summarises the existence and effectiveness of coordination mechanisms among NGOs operating in the ward, followed by qualitative explanations of key enhancing and constraining factors.

Table 1 : Coordination Mechanisms among NGOs in ward 11

Coordination mechanism	**Exists (%)**	**Effective (%)**
District health meetings	19 (86.4%)	12(54.5%)
Informal WhatsApp communication	16 (72.7%)	14 (63.6%)
Shared VHW training events	11 (50%)	8 (36.4%)
Joint community needs assessments	6 (27.3%)	4 (18.2%)
Formal MOU between NGOs	2 (9.1%)	1 (4.5%)

The 22 key informant interviews conducted in ward 11, Mudzi Rural district revealed factors enhancing effectiveness NGO service delivery. This include factors on human and social capital dedicated VHWS with community respect this was noted 20people (90.9%), one of the interviews said “these VHWs walk for hours, even when they are sick themselves. The community knows them, trust them. Mai Chipo goes to the clinic, people listen because she delivered their neighbour’s baby (District health official, female 47 years)”. Another factor most frequently cited include strong relationships with traditional leaders supported by 18 interviewers (81.8%) supported by the NGO programme manager, male 39 years who said, “The chief opens doors if the NGO come. The chief’s blessings makes people attend meetings, accept home visits and follow advice. Without that relationship NGOs are just a stranger telling people what to do”. Following the reliable supply chains with (72.7%) which are 16 people, one of them noted that “when NGO provides malaria test kits and ACTs, the VHW can test and treat on the same day. That saves lives, when supplies run out, the VHW can only refer and many people do not travel. (Nurse in charge, female 44 years)”. Then NGO district health team collaboration 14 people (63.6%) noting one interview’s statement “We have WhatsApp groups with all partners. If there is an outbreak, we alert each other within hours. The district support NGO work because they see it as helping their targets (NGO field officer, male 34 years)”. The factor of local language use noted by 13 respondents (59.1%) is supported by statement “Shona is our language, when health messages come in English people pretend to understand but they do not. The NGOs train VHWs to explain in simple shona (Village head male, 68 years)”. Also 11 people (50%) responded to service integration saying, “A mother with HIV comes for her medicines. While waiting, the VHW checks her child’s MUAC and finds malnutrition. One visit addresses both problems (NGO monitoring offer, female, 31 years)”. Lastly the least number of respondents noted adaptive flexibility with 9people (40.9%) using this statement “Sometimes the donor says we cannot buy certain items and we have learnt to adapt e.g. using local material for hand washing stations, training families to make nutritious porridge from local grains. (NGO manager, male 52 years).

Coordination mechanisms remain generally weak, with informal WhatsApp communication being more effective than most formal structures, yet still insufficient for strategic needs.

District health meetings are widespread but far less effective than their high presence would suggest, while shared training events occur less frequently and are even less effective. Joint needs assessments are particularly rare and the least effective of all mechanisms and formal MOUs between NGOs are too few to strengthen coordination. Overall, no increasing trend in strategic coordination is evident, as the more structured tools show consistently lower performance compared to informal communication.

The prominence of VHWs and traditional leaders as enhanced factors is explained by Mudzi's social structure. In resource poor settings with weak formal systems, informal social capital become the primary mechanism for service delivery. VHWs are community members themselves, embedded in kinship networks. Traditional leaders control access to community spaces and influence health seeking behaviour. NGOs that invest in these relationships succeeds than those that bypass them fail.

Even the most trusted VHW cannot treat malaria without a rapid diagnostic test and Artemisinin-based combination therapy (ACT). The finding that 72.7% of informants cite reliable supplies as an enhancing factor reflects the reality that trust alone does not cure disease (supplies enables action). NGOs provides the necessary needs and services to improve health care delivery.

NGO home based services, while improving access, may inadvertently create expectations that all health services should be delivered at home. This undermines the referral system and places unrealistic demands on limited NGO resources. The facts that traditional leaders explicitly raised this concern suggests it has reached problematic levels.

Coordination gaps reflects the absence of a mandated lead agency for NGO coordination at ward level. District health meetings include NGOs but are government led and focus on reporting rather than strategic coordination. Informal WhatsApp communication enables tactical information sharing but not joint planning. The absence of joint needs assessments (only 27.3% existence) means multiple NGOs may assess needs separately, imposing survey fatigue on communities or may rely on outdated or inaccurate information.

The factors enhancing NGO health delivery in ward 11 are primarily relational (VHWs, traditional leaders and collaboration), while the constraints are primarily structural. This distinction has practical implications, relational factors can be improved through intentional NGO practice, while structural factors require changes in donor behaviour, government investment or multi sectoral approaches beyond any single NGO's control.

The finding that coordination mechanisms are weak despite multiple NGOs operating in the same small geographical area indicates a market failure in collective action. NGOs complete for donor funding, creating incentives for each to claim its own unique contribution rather than pursue joint programming. This competition undermines the Partnership Synergy Framework outlined in chapter 2. Synergy requires partners to subordinate individual organisational interests to collective outcomes (a difficult achievement in a competitive funding environment).

Climate shocks as a constraining factor highlight the limits of health focused NGOs. Malnutrition following drought is a health outcome with agriculture and economic causes. NGOs focused narrowly on clinical nutrition (supplements, therapeutic feeding) cannot address root causes. This finding support the social determinants of Health (SDH) framework: health outcomes are shaped by conditions beyond the health sector. Hence, effective NGO responses requires integrated multi sectoral programming.

The finding on coordination gaps directly addresses a gap identified in chapter 2. Manyera et al (2025) highlighted coordination failures at the national level when RBF institutionalised in 2019. Chung et al (2025) identified psychological barriers to integration at programme level. This study provides the evidence of coordination dynamics at the ward level in Mudzi District. The finding that only 18.2% of informants rate joint needs assessments as effective confirms that the coordination failures documented nationally manifest at the grassroots level.

The VHW attrition finding aligns with Munyai et al (2025), that the VHW Strengthening Plan was never operationalised due to unclear roles and limited coordination. The present study adds quantitative evidence from 15 VHWs in 2021 to 7 remaining at the time of data collection. This attrition rate (53% over approximately 4years) threatens the sustainability of

community based health systems. The findings also resonates with the Zimbabwe Ministry of Health and Child Care (2020) policy commitment that based on these findings remains incompletely realised.

The community dependency finding, has received limited attention in peer reviewed rural health research. This study provides empirical documentation that dependency expectations are recognised problem among health workers, traditional leaders and even some community members. This finding contributes new knowledge to the literature on unintended consequences of NGO health programming.

Effective NGO health delivery in ward 11 is enhanced by dedicated VHWs, strong relationships with traditional leaders, reliable supply chains and good collaborations with district health authorities. Coordination mechanisms, particularly joint needs assessments and formal MOUs, are weak. The constraints are more structural and systemic than the enablers, suggesting that while individuals NGOs can improve their practice, lasting improvements require changes at donor, government and multi sectoral levels.

4.5 Chapter Conclusion

In conclusion NGOs are indispensable to health promotion in ward 11 but operate within structural constraint that limit their effectiveness and sustainability. The paradox of high community trust alongside low confidence in sustainability demands attention. The weak coordination among NGOs undermines the Partnership Synergy framework. The vulnerability of NGO programming of climate shocks support the social determinants of Health Framework. The following chapter will synthesis these findings into conclusions and recommendations for policy.

CHAPTER 5: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a synthesis of the entire study on the role of NGO in promoting good health in ward 11, Mudzi Rural District. Beginning with a summary of the key empirical findings organised according to the three research objectives that guided the study. The chapter presents precise conclusions drawn from these findings, focusing on causative outcomes and underlying reasons for observed patterns. Also, this chapter offers actionable recommendations, specifying what should be done to address identified shortcomings and which actors (NGOs, government, community, donors) are responsible for implementing these changes.

5.2 Summary of findings

This section summarises the main findings of the study on the role of NGOs in promoting good health in ward 11, Mudzi Rural District. The results reveal that NGOs perform a wide range of health promotion activities, yet community access remain constrained by geographical distance. While perceptions of NGOs are trusted in the short term but viewed as unreliable over the long term due to donor dependent project cycles. Key enhancing factors include dedicated Village Health Workers and strong local relationships while weak coordination mechanisms, high volunteer attrition and climate shocks continue to limit overall effectiveness.

The study found that NGOs in ward 11 perform a comprehensive portfolio of health promotion roles. The most prevalent activities are training and support of Village Health Workers (VHWs) reported by 17% of households, followed by HIV/AIDS services 15%, malaria prevention 15%, maternal and child health 14%, nutrition programmes 13% and WASH activities 12%. From the perspective of key informants, the dominant role cited was service delivery that fills gaps left by the under resourced government system, followed by training and capacity building, provision of medical supplies. Mental health services (5% household reporting 26.4% key informant noting absence) and tuberculosis services (9% household reporting) were notably less present. NGOs function primarily as gap fillers, operating within a syndemic disease environment where HIV, malnutrition, malaria and waterborne disease interact.

The study revealed that community access to NGO health services is significantly constrained by geographical distance (73.6% of households cited distance as a barriers, community perceptions of NGO service quality were overwhelmingly positive: 87.4% agreed that staff are respectful, 81.6% rated services as relevant to their needs, 79.3% trusted health information provided, 83.3% reported improved health due to NGO programmes. However, only 39.1% agreed that NGOs involve community members in planning and only 21.8% believed NGOs would continue helping after protect completion. Focus group discussions amplified these findings revealing a sustainability paradox where NGOs are highly trusted in the short term but perceived as unreliable in the long term due to donor dependent project cycles.

The most frequently cited enhancing factors were dedicated VHWs with community respect (90.9% of informants), strong relationships with traditional leaders (81.8%) reliable supply chains (72.7%) and good collaboration between NGOs and district health team (63.6%). Coordination mechanisms were weak, while district health meetings existed (86.4%), only (54.5%) rated them as effective. Joint needs assessments were rare 27.3% existence, 18.2% effective. Key constraints include VHW attrition (reducing from 15 to 7 active VHW over approximately four years), climate shocks (drought induced malnutrition), community dependency expectations and donor funding cycles that interrupt programme continuity. The study found that enablers are primarily structural.

5.3 Conclusions

In conclusion, the first objective of the role of NGOs because NGOs have assumed a parallel service delivery role substituting for the under resourced government system, rather than strengthening public sector capacity. Their withdrawal inevitably leads to immediate service collapse, reinforcing long term dependency.

Also, the second objective of community access and perceptions because NGOs operate on short term donor funding cycles, communities have learned to trust the quality of services while doubting their durability, resulting in the paradox of high satisfaction alongside low confidence in sustainability.

Lastly, the third objective of factors affecting effectiveness because weak coordination mechanisms and the absence of a formal government led support system for Village Health Workers directly cause high attrition rates and duplications of efforts. The effectiveness of NGO health delivery remains structurally undermined despite strong local relationships.

5.4 Recommendations

To NGOs there should expand programming to include mental health first aid training for VHWs and community based screening for non-communicable disease (hypertension, diabetes), which are currently neglected despite their growing burden. (Implementing actors: Health focused NGOs; Timeframe: 12months).

To NGOs and donors there should adopt minimum three year funding cycles with predictable exit strategies that include transitional support to government systems. The current pattern of sudden programme withdrawal when “donor money finishes” must be replaced with phased handover plans that communities understand and can prepare for. (Implementing actors: Donor organisations, NGO senior management; Timeframe: Commencing next funding round).

The ward 11 community and NGOs to co-develop a formal memorandum of understanding for each NGO project that specifies community contributions (labour, local materials, meeting spaces) alongside NGO contributions (supplies, training, referrals). This addresses the dependency expectation identified in focus groups and moves relationships from transactional to co-productive. (Implementing actors: Village heads, VHWs, NGO field officers; Timeframe: At project inception for all new activities).

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Appendices

Appendix 1: HOUSEHOLD QUESTIONNAIRE

Questionnaire Number :……..Date of Interview:…….

Village :……..Interviewer Name:…….

SECTION A: Informed Consent (To be read to respondent)

Good morning/afternoon. My name is Anesu Mutengo. I am a student from Bindura University of Science Education conducting research on the role of NGOs in promoting good health in this community. Your participation is voluntary and all information will be kept confidential. No names will be used in any report. This interview will take approximately 30-40 minutes. Do you agree to participate?

[ ] Yes, I agree to participate

[ ] No, I do not wish to participate

Signature/Thumbprint of Respondent: ……. Date :……

SECTION B: Household Demographic Information

B1. What is your gender?

[ ] Male

[ ] Female

B2. What is your age group?

[ ] 18-25 years

[ ] 26-35 years

[ ] 36-45 years

[ ] 46-60 years

[ ] 61+ years

B3. What is your highest level of education?

[ ] No formal education

[ ] Primary school (Grade 1-7)

[ ] Secondary school (Form 1-4)

[ ] Form 5-6

[ ] Tertiary/College/University

B4. What is your main occupation?

[ ] Subsistence farming

[ ] Small-scale trading/business

[ ] Casual labour

[ ] Employed (formal)

[ ] Unemployed

[ ] Other (specify): _____

B5. How many people live in your household? _____ adults (18+ years) _____ children (under 18 years)

B6. Do you have any of the following vulnerable members in your household? (Tick all that apply)

[ ] Child under 5 years

[ ] Pregnant or lactating woman

[ ] Elderly person (65+ years)

[ ] Person with chronic illness (HIV, TB, diabetes, etc.)

[ ] Person with disability

[ ] None of the above

SECTION C: Awareness and Utilisation of NGO Health Services

C1. Are you aware of any Non-Governmental Organisations (NGOs) providing health services in your community?

[ ] Yes

[ ] No (If No, skip to Section D)

C2. Which of the following NGO health activities have you or your household members received or participated in? (Tick all that apply)

NGO Health Activity Received/Participated

Village Health Worker (VHW) support/services [ ]

HIV/AIDS services (testing, counseling, treatment support) [ ]

Malaria prevention (nets, spraying, testing, treatment) [ ]

Maternal and child health services (antenatal, postnatal, child vaccinations) [ ]

Nutrition programmes (supplements, feeding, growth monitoring) [ ]

WASH activities (clean water, sanitation, hygiene promotion) [ ]

Tuberculosis (TB) services (screening, treatment support) [ ]

Mental health services (counseling, psychosocial support) [ ]

Other (specify): _____ [ ]

C3. Which NGO health activity do you consider MOST important for your household? (Choose only one)

[ ] VHW support/services

[ ] HIV/AIDS services

[ ] Malaria prevention

[ ] Maternal and child health

[ ] Nutrition programmes

[ ] WASH activities

[ ] TB services

[ ] Mental health services

SECTION D: Barriers to Accessing NGO Health Services

D1. Do you face any challenges in accessing NGO health services? (Tick all that apply)

Barrier Yes/ No

Long distance to health facility/NGO distribution point [ ] [ ]

Lack of transport/transport costs too high [ ] [ ]

Lack of information about available services [ ] [ ]

Services not available when needed [ ] [ ]

Language barriers [ ] [ ]

Fear of stigma [ ] [ ]

Cultural/religious beliefs [ ] [ ]

No challenges [ ] [ ]

D2. Approximately how many kilometres is the nearest health facility or NGO service point from your home?

[ ] Less than 5 km

[ ] 5-10 km

[ ] 11-15 km

[ ] More than 15 km

[ ] Don't know

D3. How do you usually travel to access health services? (Tick all that apply)

[ ] Walking

[ ] Bicycle

[ ] Ox-cart

[ ] Private vehicle

[ ] Public transport (bus/commuter omnibus)

[ ] Other (specify): _____

SECTION E: Community Perceptions of NGO Service Quality

Please indicate your level of agreement with the following statements using the scale:

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

Statement 1 2 3 4 5

E1. NGO staff treat community members with respect and dignity [ ] [ ] [ ] [ ] [ ]

E2. The health services provided by NGOs are relevant to our community's needs [ ] [ ] [ ] [ ] [ ]

E3. I trust the health information provided by NGOs [ ] [ ] [ ] [ ] [ ]

E4. My household's health has improved because of NGO programmes [ ] [ ] [ ] [ ] [ ]

E5. NGO services are better than government clinic services [ ] [ ] [ ] [ ] [ ]

E6. NGOs involve community members in planning health programmes [ ] [ ] [ ] [ ] [ ]

E7. I believe NGOs will continue helping this community after their projects end [ ] [ ] [ ] [ ] [ ]

SECTION F: Open-Ended Questions

F1. In your own words, what is the biggest health problem facing your household or community right now?

……

F2. What would you like NGOs to do differently to better help your community with health?

……

F3. Any other comments or concerns you would like to share about NGOs and health services?

……

SECTION G: Interviewer Observations

G1. Respondent's literacy level:

[ ] Reads and writes comfortably

[ ] Reads with difficulty

[ ] Cannot read

G2. Mode of questionnaire administration:

[ ] Face-to-face (physical interview)

[ ] Online (WhatsApp)

THANK YOU FOR YOUR PARTICIPATION!

Appendix 2: KEY INFORMANT INTERVIEW GUIDE
Informant Category: (Tick one)

[ ] Village Health Worker (VHW)

[ ] Traditional Leader (Chief/Village Head)

[ ] Ward Councillor

[ ] NGO Staff/Representative

[ ] District Health Official

[ ] Community Representative/Health Facility Staff

[ ] Other (specify):……

Informant Code: ……. Date: ……

Duration of Interview: ……. Location: …….

PRE-INTERVIEW CONSENT STATEMENT

Thank you for agreeing to speak with me today. This interview is part of my research at Bindura University of Science Education on the role of NGOs in promoting good health in Ward 11. The interview will take approximately 45-60 minutes. With your permission, I would like to record our conversation to ensure accuracy. Your responses will be kept confidential and your name will not appear in any report. You may skip any question or stop the interview at any time.

Do I have your permission to record this interview? [ ] Yes [ ] No

Interviewee's consent: [ ] Agree to participate [ ] Decline

Signature/Thumbprint: _____

SECTION 1: Background Information

1.1. What is your current role or position in this community/organisation?

…….

1.2. How long have you been in this role?

…….

1.3. Which NGOs are you aware of that are currently working in Ward 11?

…….

SECTION 2: Role of NGOs in Health Promotion

(Aligns with Research Objective 1)

2.1. In your experience, what are the main health activities that NGOs are currently implementing in Ward 11?

Probes:

- What specific services do they provide?
- Which health problems do these services target (HIV, malaria, maternal health, nutrition, WASH, TB, mental health)?
- Are there any health needs that NGOs are NOT addressing?

……

2.2. How would you describe the relationship between NGO health services and government health services in this ward?

Probes:

- Do NGOs fill gaps that government cannot fill?
- Is there duplication of efforts?
- How do they complement each other?

……

2.3. What role do Village Health Workers (VHWs) play in NGO health promotion?

Probes:

- How are VHWs trained and supported?
- What challenges do VHWs face?
- How many active VHWs are currently in the ward? (Has this number changed?

……

SECTION 3: Community Access and Perceptions

(Aligns with Research Objective 2)

3.1. How accessible are NGO health services to community members in Ward 11?

Probes:

- What barriers do people face (distance, transport, cost, information, etc.)?
- Are there differences in access between different villages or social groups?
- How far do people typically travel to access services?

……..

3.2. How does the community perceive the quality of NGO health services?

Probes:

- Do community members trust NGO health information?
- Are services seen as respectful and culturally appropriate?
- Do people prefer NGO services or government services? Why?

……

3.3. To what extent are community members involved in planning NGO health programmes?

Probes:

- Are community needs assessments conducted jointly?

- Do community leaders participate in decision-making?
- Is there genuine participation or is it tokenistic?

……

3.4. What is your assessment of the long-term sustainability of NGO health programmes in this ward?

Probes:

- What happens when donor funding ends?
- Do communities believe NGOs will continue helping after projects finish?
- Have you seen examples of programmes stopping suddenly?

……

SECTION 4: Factors Enhancing and Constraining Effectiveness

(Aligns with Research Objective 3)

4.1. In your opinion, what factors make NGO health delivery MORE effective in Ward 11?

Probes:

- Role of VHWs and their relationship with community
- Relationship with traditional leaders (chiefs, village heads)
- Supply chains and availability of medicines
- Collaboration with district health team
- Use of local language
- Integration of different services
- Flexibility to adapt to local conditions

……

4.2. What factors constrain or limit NGO health delivery in Ward 11?

Probes:

- VHW attrition (loss of volunteers)
- Climate shocks (drought, flooding)
- Community dependency expectations
- Donor funding cycles and interruptions
- Coordination challenges between NGOs
- Human resource shortages

…….

4.3. Please describe the coordination mechanisms that exist among NGOs operating in Ward 11.

Probes:

- Are there district health meetings that include NGOs? How effective are they?
- Is there informal communication (WhatsApp, phone calls)?
- Are there shared VHW training events?
- Are joint community needs assessments conducted?
- Do formal Memoranda of Understanding (MOUs) exist between NGOs?

Coordination Mechanism	**Does it exist? (Yes/No)**
District health meetings	
Informal WhatsApp/phone communication	

Formal MOUs between NGOs	
Joint community needs assessments	
Shared VHW training events	

4.4. What happens when donor funding for a programme ends? Can you provide an example?

Probes:

- Are services withdrawn suddenly or phased out?
- Does government take over?
- What happens to VHWs who were supported?

……

4.5. How does the physical environment (drought, poor roads, seasonal rivers) affect NGO health delivery?

……

4.6. What recommendations do you have to improve NGO health delivery in Ward 11?

……

SECTION 5: Closing

5.1. Is there anything else you would like to add about the role of NGOs in promoting good health in this community?

……

5.2. Are there other people you recommend I speak with for this research?

……

THANK YOU FOR YOUR TIME AND VALUABLE INSIGHTS!

Appendix 3: FOCUS GROUP DISCUSSION GUIDE

FGD Number: …… Date: ……

Location/Village: …… Start Time: ……. End Time: ……..

Type of Focus Group: (Tick one)

[ ] Women's group

[ ] Men's group

[ ] Mixed adults group

[ ] Youth group (18-35 years)

[ ] Elderly group (60+ years)

[ ] Other (specify): _____

Number of Participants: _____ (Female: _____ Male: _____)

Facilitator Name: _____ Note-taker Name: _____

PRE-DISCUSSION CONSENT

Welcome and thank you for coming. My name is Anesu Mutengo and I am from Bindura University of Science Education. We are conducting research on the role of NGOs in promoting good health in Ward 11. We want to hear your experiences and opinions. This discussion will take about 60-90 minutes. With your permission, I can record the discussion so I do not miss anything important. Everything you say will be kept confidential. You do not have to answer any question you are uncomfortable with and you may leave at any time. There are no right or wrong answers, we want to hear your honest views.

Do I have permission to record this discussion? [ ] Yes [ ] No

Does everyone agree to participate? [ ] Yes [ ] No

ICEBREAKER (5 minutes)

Let's go around and introduce ourselves. Please tell us your first name and one thing about health in your community that you think is most important.

SECTION 1: Community Health Context (15 minutes)

1.1. Let's start by talking about health in this community. What are the biggest health problems people face here?

Probes:

- Which illnesses are most common (malaria, diarrhoea, HIV, malnutrition, etc.)?
- Who is most affected (children, pregnant women, elderly)?
- What makes these health problems worse?

……..

1.2. Where do people in this community usually go when they are sick?

Probes:

- Government clinic?
- Village Health Worker?
- Traditional healer?
- NGO services?
- Do people travel far? How far?

……

SECTION 2: NGO Services in the Community (20 minutes)

2.1. Which NGOs do you know that work in this community on health? What do they do?

Probes:

- Are there Village Health Workers supported by NGOs?
- Do NGOs provide malaria nets, HIV testing, nutrition support, clean water, etc.?
- Which NGO activity is most helpful to your household?

……..

2.2. How do you hear about NGO health services?

Probes:

- From VHWs?
- Community meetings?
- Radio?
- Word of mouth?
- Are there enough information?

……..

2.3. (For women's groups specifically): For mothers and pregnant women, what help do NGOs provide?

Probes:

- Antenatal care?
- Child vaccinations?
- Nutrition for children?
- Support during childbirth?

SECTION 3: Access to NGO Services (20 minutes)

3.1. What challenges do people face in getting health services from NGOs?

Probes:

- Is distance a problem? How far do you walk?
- Is transport affordable?
- Do services run out?
- Are there enough VHWs?
- Do cultural or language barriers exist?

3.2. Distance to reach medical center what are the constraints?

Probes:

- Has this happened to you or someone you know?
- What do you do when you cannot reach the health facility?

3.3. What do you think about the VHWs in this community?

Probes:

- Do you know your VHW?
- Do you trust them?
- What problems do VHWs face?

SECTION 4: Perceptions of NGO Quality and Sustainability (20 minutes)

4.1. How would you compare NGO health services with government clinic services?

Probes:

- Which one do you prefer? Why?
- Are NGO staff more respectful?
- Do NGOs have medicines more often?
- Are NGO services free?

4.2. Do you feel that NGOs listen to the community when planning health programmes?

Probes:

- Do they ask you what you need?
- Or do they come with plans already written?
- Can you give an example?

4.3. What are your perceptions to donor funding?

Probes:

- What programmes have stopped suddenly?
- What happened when they stopped?
- Do you believe NGOs will continue helping after their projects end?

4.4. If an NGO told you they were leaving next month and stopping all services, what would happen to health in this community?

……

SECTION 5: What Works and What Needs to Change (15 minutes)

……

5.1. What do NGOs do well in this community?

Probes:

- Which services are most helpful?

- Are there specific people (VHWs, traditional leaders) who make things work?

5.2. What should NGOs do differently to better help this community?

Probes:

- What services are missing (mental health, chronic disease, etc.)?
- Should they involve the community more in planning?
- Should they coordinate better with each other?
- How can they make services more sustainable?

5.3. If you could give one message to the NGOs working here, what would you tell them?

…….

5.4. If you could give one message to the government about health in this community, what would you tell them?

……
…..

CLOSING (5 minutes)

6.1. Is there anything important we haven't discussed that you would like to add?

……..

THANK YOU ALL FOR YOUR PARTICIPATION!

FACILITATOR'S NOTES (To be completed after FGD)

Overall group dynamics:

[ ] Very engaged, active discussion

[ ] Moderately engaged

[ ] Quiet, hesitant participants

Were there dominant voices that overshadowed others? [ ] Yes [ ] No

Were there sensitive topics that participants avoided? [ ] Yes [ ] No

Key themes that emerged (brief summary):

…….

Any unexpected issues or observations

Appendix 4: Research letters



Bindura University of Science Education

SUSTAINABLE DEVELOPMENT DEPARTMENT

BINDURA,ZIMBABWE
WhatsApp : +263773281212
E-mail: jbowora@buse.ac.zw or jb.bowora@gmail.com

BINDURA UNIVERSITY OF SCIENCE EDUCATION

CHAIRPERSON'S OFFICE

Friday, 17 October 2025

TO WHOM IT MAY CONCERN

Dear Sir/Madam

RE: RESEARCH SUPPORT LETTER FOR SUSTAINABLE DEVELOPMENT STUDENT

This is to confirm that **MUTENGO ANESU RUTH** Registration Number **B221179B** is our fourth-year student doing Bachelor of Science (Honours) Degree in Development Studies (HBSc.DG) at Bindura University of Science Education in the Sustainable Development Department.

In the fourth-year, students are required to do field research which require them to do data collection for their research purposes from various sources as part of their degree programme.

Kindly accord him/her the due cooperation the student truly deserves.

Yours faithfully,

CHAIRMAN
GEOGRAPHY DEPARTMENT
FACULTY OF SCIENCE

Dr. J. Bowora (PhD)
(Chairperson)



Bindura University of Science Education

P.O. Box 1030

Bindura

Date: 23 April 2026

MINISTRY OF HEALTH & CHILD CARE
KOTWA DISTRICT HOSPITAL
DISTRICT MEDICAL OFFICER
22 APR 2026
P.O. BOX 67, MUDZI
ZIMBABWE

To: The Medical Superintendent

Mudzi District Hospital

Mudzi District

Dear Sir/Madam

RE: REQUEST FOR ASSISTANCE WITH DETAILS ON HOW NGOS ARE PROMOTING GOOD HEALTH IN MUDZI DISTRICT

I am a final year student at Bindura University of Science Education. I am currently working on my final year dissertation titled: "Assessing the Role of NGOs in Promoting Good Health in Mudzi Rural District, Ward 11."

In this regard, I respectfully request your office's assistance. I would like to gather information on which NGOs are contributing to the health system in Mudzi and how they are promoting good health in the district.

To achieve this, I seek permission to conduct research at Mudzi District Hospital and engage with relevant stakeholders, including NGO representatives, clinic staff, and community members. All information collected will be used solely for academic purposes.

I would be grateful for your support and guidance. I am available to discuss this request further at your convenience.

Yours faithfully,

Anesu Mutengo

Bindura University of Science Education
P.O. Box 1030
Bindura
Date: 21 April 2026

The District Administrator
Mudzi Rural District Council
Mudzi

Dear Sir/ Madam

RE: REQUEST TO DO MY FINAL YEAR PROJECT RESEARCH IN MUDZI RURAL DISTRICT

I am a final year student at Bindura University of Science Education, currently pursuing my degree. I am writing to formally request permission to conduct research for my final year project in Mudzi Rural District, specifically in Ward 11. My research topic is "Assessing the Role of NGOs in Promoting Good Health in Mudzi Rural District Ward 11."

To successfully complete this study, I will need to engage with key stakeholders, including the non-governmental organizations operating in the area that are involved in health promotion, the district hospital, the local clinic, and members of the community.

I assure you that the research will be conducted professionally, ethically, and with respect for all local protocols and the privacy of participants. Any information gathered will be used solely for academic purposes.

I kindly request your office's permission and support to carry out this important research. I am available at your convenience to provide further details or to discuss the project in person.

Thank you for considering my request.

Yours faithfully,

Anesu Mutengo

MUDZI RURAL DISTRICT COUNCIL
PROCUREMENT OFFICER
21 APR 2026
P. O BOX 90
MUDZI