RELEASE FORM

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TITLE PROJECT          “CONTRIBUTION OF NON-GOVERNMENTAL ORGANISATIONS IN THE DELIVERY OF PRIMARY HEALTH CARE SERVICE. A CASE OF MEDICINS SAN FRONTIERS AT EPWORTH POLY CLINIC”.

DEGREE TITLE          BACHELOR OF SCIENCE HONOURS DEGREE IN PEACE AND GOVERNANCE

YEAR GRANTED          2018

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I certify that I have supervised NYASHA ZHUGA for this research titled “CONTRIBUTION OF NGOs IN DELIVERY OF PRIMARY HEALTH CARE SERVICES IN ZIMBABWE. A CASE OF MEDICINS SAN FRONTIERS AT EPWORTH POLY CLININC.” in partial fulfilment of the requirements of the Bachelor of Science (Hons) Degree in Peace and Governance and recommend that it proceeds for examination.

Supervisor

Name..................................Signature..................................Date..................................
DECLARATION
I Nyasha Zhuga do hereby declare that this research project is my own work and it has not been copied or lifted from any other source without acknowledgment,

SIGNED

DATE
DEDICATION
I dedicate this project to my mum, dad, sisters, brother and husband who sacrificed a lot to see my endeavours being fulfilled.
ACKNOWLEDGEMENTS
Firstly I would like to thank God for guiding me through this journey of completing my project. Special thanks go to Mr T J Katsinde my Supervisor for assisting me during the research. Success always comes as a result of notable advice and support from unsung people. Your guidance was my pillar of strength during the course of the whole project. May you continue to receive abundant blessings. I would also want to appreciate the Bindura University of Science Education Peace and Governance department staff for their unwavering support during the whole time I was doing my project. My heartfelt gratitude goes to Tafadzwa Mutumha, Susan Makondo, Mr Kadzere and Mr Banda who also helped me in completing my project.
ABSTRACT
The study seeks to explore the contribution of NGO’s in delivery of primary health care services. The related literature review shows that non-governmental organisations play a pivotal role in the delivery of primary health care services. The study was situated within the concept of health security whereby NGOs are contributing towards improving people’s security and well-being. The study used qualitative method because the study is social in nature. A case study design was used. Interviews were conducted to gather information at a primary health care clinic with the target population of poly clinic patients, health workers and sampling size of 2 project managers, 8 health workers and 10 patients. Purposive sampling was used whereby the researcher selected the participants who were relevant for the study. The research findings revealed that NGO’s are positively contributing in the delivery of primary health care services through providing treatment services, preventive measures and care towards patients. However the findings also showed that there are some issues of concern which were raised such as giving little attention to some other diseases which are not aided by the NGOs. This made some other patients complain about the services that are provided at the clinic. The researcher went on recommending that The Government health department should work closely with NGOs, share plans quarterly, yearly and see what gaps exists and that NGOs should fill in. The researcher proposed a topic for future research that is assessing the collaboration of NGOs and Local Government in the delivery of primary health care service.
**LIST OF ACRONYMS AND ABBREVIATIONS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>WB</td>
<td>World Bank</td>
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<tr>
<td>NGO</td>
<td>Non-governmental Organisation</td>
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<td>MSF</td>
<td>Medicines Sans Frontiers</td>
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<td>ANC</td>
<td>Antenatal Care</td>
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<td>PNC</td>
<td>Post-natal Care</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>WHO</td>
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CHAPTER 1
INTRODUCTION

1.1 Background of the study
There has been a rampant decline of Zimbabwe’s economy since 2000 which led to the financial problems in the state. Though it is well known that for many countries it is the responsibility of the government to provide health care services, in Zimbabwe the public health agenda has become so large that the government became unable to provide adequate primary health care services to all of its citizens. Health care services could not reach some other areas, the poor and underprivileged, a number of people died as a result of continuous various disease problems, inequality, inequity and inefficient health services. This led organisations outside the government to assume that they can be responsible for the provision of services on behalf of the government. According to Korten (1991), WHO (2001), there is a growing recognition by government and International organisations that the involvement of all stakeholders is needed if health services are to reach the poor.

Since the primary health care is the essential health care, it has been found useful and important for non-governmental organisations to work in Zimbabwe to support the delivery of primary health care services as it will improve the health of the individuals and equal access to the services. This promotes the healthier life and the services could reach the vulnerable populations like the poor, children and women. According to the National Health Strategy for Zimbabwe 2016-2020, primary health care was primarily launched to improve maternal, neonatal and child health among others. The ongoing economic decline has led to diminishing budgets available for health care resulting in reduced provision at all levels.

According to the World Bank (2016), Zimbabwe relies to a large extent on Development Assistance for Health (DAH) hence the government does not stand on itself, donors assist in delivering those services to be provided by the government. It can also be noted that NGOs deliver services and embark on their projects within national policies and strategies (MOHCC 1998). Thus they operate under the rules and regulations of the government. The lives of people are in the hands of the heath care system. According to the WHO (2003), people in different countries seek protection on their health system. In Zimbabwe the primary health care system is weakened and is facing difficulties to provide efficient health services on its own. In Africa poor health is one of the worst things because it causes pain and suffering, reduces human energy and destruction of human capital hence underdevelopment is the order
of the day. The United Nations Charter on Right to Development Article 8 states that, every person has a right to health care. Without good health systems development cannot be realized at a high level since it begins with people but not with goods.

The SDGs have been proposed (SDG number 3-Good Health and Well-being) as a mechanism to improve the health system but this cannot be archived by the government of Zimbabwe on its own thus a collective action in search for a good society is necessary in Zimbabwe. Edwards (2005) has noted that groups have often successfully come together, to pull resources to save others or each other. Due to the fact that Zimbabwe is a weakened state that cannot be able to provide adequate primary health care to all of its citizens this has triggered interest for one to research about the contributions of Non-governmental Organisations in helping the government in delivering primary health care services. Zimbabwe has witnessed the political instabilities and economic meltdown which has practically destroyed the whole economic, political and social systems. The public health system along with every other sector virtually collapsed leaving Non-Governmental Organizations (NGOs) intervening and providing the majority of primary health services to the population. Most of the intervention by Non-governmental Organization has taken place at a polyclinic.

The period 2013-2015 saw a dramatic drop in economic growth and the prospects for the next five years are predicted to remain sluggish. Consequently, government fiscal space is likely to shrink thereby increasing the need for external funding to support the health infrastructure, retain health workers, medicines and commodities supply and distribution, The National Health Strategy for Zimbabwe (2016-2020). The contribution of Non-governmental Organizations in providing health services has not been assessed in terms of their impact at a primary level. This study is going to reveal more about their impact at a primary health care clinic.

1.2 Statement of the problem
The declining role and failure of Zimbabwean government to provide efficient primary health care services has led to a dramatic increase in the number of NGOs operating in it. Continuous occurrence of people’s deaths due to weakened health care system, health inequalities and recurrence of variant diseases especially HIV and AIDS has become a concern for NGOs. Now there are more than 100 NGO’s that are operating in Zimbabwe and many of these organisations are delivering health care services. Many Services that are government’s responsibility are now commonly supported by Non-Governmental
Organizations (Ghauri, 2005). Given the fact that there has been a lot of support from the International donors (NGOs) to the health sector in Zimbabwe, the contribution of Non-Governmental Organizations in delivering primary health services is something which has not been examined. Non-Governmental Health Organizations have been criticized because despite the tremendous amount of money they receive little is known about their overall contributions to health. Thus, there is a need for research investigating the contribution of Non-Governmental Organizations at a clinic.

1.3 Aim
To assess the contribution of non-governmental organizations (MSF) in delivery of primary health care services at Epworth poly clinic.

1.4 Objectives
1. To assess the treatment services provided at Epworth clinic.
2. To analyse the preventive measures employed at a primary level.
3. To evaluate the care that is provided to patients.

1.5 Research questions
1. How are NGOs contributing in the treatment of diseases at Epworth clinic?
2. How are NGO’s helping in prevention against diseases?
3. How are NGO’s contributing in providing care to patients at a primary level?

1.6 Justification of the study same as significance
Mugenda and Mugenda (1999) propounded that justification of the study highlights the reasons for conducting the study as well as the importance of carrying it out. The research topic has been triggered by the incapability of the State government to deliver adequate health care services because of the economic crisis and shortage of services and drugs due to lack of foreign currency to buy the medicines. Non-governmental Organisations are playing a significant role worldwide and they have been given a full recognition of their activities in as of assisting the developing countries in various projects. Health service delivery is not only a national problem but also a global problem and it has persisted despite several initiatives directed to reduce it below acceptable figures at least according to Sustainable Development Goals.
The research seeks to provide information related to primary health care services improvement in the health sector which will bring accessibility to health care in the entire community. Although many researchers have emphasized on the contribution of Non-Governmental Organization to service delivery, little consideration has been given to primary health care services thus the gap called for intervention. This study will provide data on the level of contribution of NGO’s in delivering primary health care services at a clinic. The study will create an opportunity to supplement the little existing knowledge in the field of Peace and Governance and also act as a basis for further research which will lead to effective primary health service delivery in the entire health sector and the country at large. The study will provide the health sector with some information that can be shared with donors and government for better collaboration and contribute to advancing effective services to the citizens.

1.7 Assumptions
The underlying assumptions of this study are that the Non-governmental Organisations are providing in the delivery of primary health care through provision of drugs for patients, they offer cheap services or even free treatment services as compared to government led clinics, they have effective preventive measures which are accessed by almost everyone in the community and also give adequate care to ill patients.

1.8 Delimitations of the study
The research will focus on the contributions of Non-governmental Organisations (MSF) in delivery of primary health care services at Epworth clinic in Zimbabwe. The study will focus on the Epworth area and no other areas because it is the core centre of the study. Epworth is a peri-urban of Harare which has two poly clinics Overspill clinic and Epworth clinic which is also known as Domboramwari clinic. The focus is on Epworth poly clinic which is currently supported by Medicins San Frontiers an international NGO, it was structured as a hospital but it is a primary health care clinic. The nurses and doctors at the clinic, the patients who come for primary care services at the clinic and the Medicins San Frontiers project managers who are running the project at the clinic are the people who are going to be involved in the study because they have the relevant information to the topic.
1.9 Limitations of the study

The research anticipated challenges in getting full information from the participants and patients because of unwillingness of providing any information and also the busy schedule of respondents makes the collection of information a difficult one. Also the sense that participants were afraid of providing adequate information they, were convincingly explained the real meaning of the research as strictly academic so as to enable them to open up and give the necessary data and were also informed that their information will be kept confidential and names anonymous.

1.10 Definition of key terms

**Primary health care** refers to goods or services which individuals obtain for maintaining their personal functioning or preventing pain, which they can access directly and receive in settings which allow them to continue their normal activities of daily life at home and at work, WHO (2003).

**NGOs** are private, not for profit organizations that pursue activities to relieve suffering, promote the interests of the poor, protect the environment, or undertake community development” (Hecht and Tanzi, cited in Waters, 1995). NGOs are private, autonomous organizations made up of individuals with similar social interests, and are not controlled by any government body (Malwaski, 1993)

**Health systems** are all organizations, institutions and resources that are devoted to producing health actions (WHO, 2000). According to Geneva cited in WHO (2000), the definition includes a full range of players engaged in provision and financing of health services including public, non-profit and for profit private sectors, as well as the international and bilateral donors, foundations and the voluntary involved in the funding or implementing health activities.

1.11 Proposed chapter outline

**Chapter one** gives the background of the contribution of ngo’s in delivering health care services and the current economy of Zimbabwe. It also provides adequate information on the objectives of the research and to provide the way in which the research is going to be carried. The objectives looks at what the study seeks to achieve and they set the benchmark for the
study, statement of the problem, research questions and the assumptions of the study are also looked at in the first chapter.

**Chapter two** gives the literature review and theoretical framework and acknowledged the work done by previous researchers on the topic and gives a theoretical dimension to the study. The chapter also looks at various theories which were developed and are relevant to the study.

**Chapter three** is the research methodology and it aims to indicate the research design strategy, the instruments which will be used to collect data, population sample and sampling techniques among others. It also provides a guide on how data will be analyzed.

**Chapter four** includes data presentation, analysis, and links between the related literature review and the new findings and analysis.

**Chapter five**, thus the last chapter will provide a summary of the whole study giving conclusions and recommendations
CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction
This chapter presents and reviews the related literature on the contribution of non-governmental organisations in delivering primary health care services that has been recognized by various authors in the area of study. The literature was reviewed according to the most important themes of the study as identified in the specific objectives.

2.1 Conceptual framework: Health Security
The aspect of health care is an imperative part of human security which necessitates individual, national and international efforts. McInnes (2005) postulated that due to the growing difficulty of health security challenges there is a need of an effective response which requires the close collaboration of governments, international organizations, civil society, the private sector and other partners. The World Health Organisations continuing to promote effective partnerships for health and closely collaborate with the European Centre for Disease Prevention and Control and the European Commission to enhance health security throughout the world. Intergovernmental and nongovernmental organizations, independent foundations and think-tanks have launched many health and security related international initiatives worldwide over the past 15 years (WHO, 2005). Several recent joint United Nations initiatives and processes are closely linked to health and security and WHO is a fundamental partner in these as the United Nations specialized agency for health. The many new initiatives show that global health security is progressively recognized as a political priority.

It has even been said that health and human security are central to human survival in the 21st century (Chen 2009). This new awareness and responsiveness needs to be appropriately harnessed to improve health security globally, nationally and in communities in the future. An apparently widely accepted assumption is that the deteriorating health of a population can lead to socio-economic instability and therefore to more generalized insecurity, whereas healthier people tend to form more stable and secure societies. It remains unclear, however, to what extent poor health actually contributes to internal instability and whether improving health and health care can stabilize states, particularly in a post-conflict environment. According to Chen (2009), for over the past decade policy makers and health workers have recognised the detrimental influence that health crisis may have on national and regional interest. There is an increasing awareness among the scholars and researchers about the
health inequalities and lack of adequate health security because of economic crisis and this resulted into some non-state actors’ interference in a way of helping the nation improve the health security. According to Fan and Silverman (2012), the SADC health policy intends to heave the regional standard of health for all citizens to an acceptable level by promoting, coordinating and supporting efforts of member states to improve access to high impact health interventions. According to Gareth (2008) SADC proposed policies, strategies and priorities in the following areas; health research and surveillance, health information system, health promotion and education, HIV/AIDS and sexually transmitted diseases, communicable and non-communicable disease control, disabilities, reproductive health, health human resource development, nutrition and food security and violence and substance abuse.

2.2 Concept of Non-governmental Organisations

NGOs are private, not for profit organisations that pursue activities to relieve suffering, promote the interests of the poor, protect the environment, or undertake community development” (Hecht and Tanzi, cited in Waters, 1995). According to the World Bank (1994) the term NGOs is usually applied only to organizations that pursue varied social aims that have political aspects but are not openly political organizations such as political parties. NGOs can also be referred to as legally constituted corporations created by natural or legal people that operate independently from any form of government. The term originated from the United Nations and normally refers to organizations that are not conventional for-profit businesses and not a part of a government. In the United States the NGOs are typically non-profit organizations. In the cases in which NGOs are funded totally or partially by governments the NGO maintains its non-governmental status by excluding government representatives from membership in the organization.

Cousins (1991) pointed out that since the early 1980s; many governments have regarded the role of NGOs as that of facilitators of change whose contributions are essential to the achievement of development goals. Many governments have highlighted the indispensability of collaboration between government and NGOs and encouraged the formation of community-based organizations (CBOs) and village-level participation in development efforts.

The engagement of the non-religious NGOs in health activities in the developing countries is recent although dating for about 100 years. The post-World War II period represented the era when the number of NGOs increased significantly in the developing countries. Red Cross,
Oxfam (1985) stated that the work of NGO’s was firstly restricted to the emergency and disaster times and in supporting and rehabilitating war victims. Next to that most of these NGOs started developmental activities including health aspects although some of them continued to restrict their activities to emergency.

The work of these Red Cross and Oxfam in the health sector was influenced by the ideological and philosophical changes accompanying the development of the health sector while Primary Health Care (PHC) concepts reigned over-marking the time 1980s in which it was focusing on the concepts of equity, community participation, linking development and health and redirecting health resources towards health aspects other than the curative medicine services. One can also note that the period of 1990s witnessed the attentiveness on the concepts of health system reconstruction which directly influenced the work of NGOs due to the prevention from the weak public sector performance in regard to medical services provision in working out to the deteriorating resources available for the health sector and the structural adjustment of policies dominating that period of time. All these factors influenced the work of NGOs and gave them the great opportunity to be presented as an alternative for the public sector in services provision, predominantly in health fields as mentioned by the Red Cross, (Oxfam 1985).

Van Slyke (2006) propounded that since the 1980s, NGOs and other civil society organizations have grown exponentially and climbed the centre stage of the development arena. For others, development NGOs are a magic bullet that can be fired in any direction and would still find its target, while for others they are the most overestimated actors on the national and international political stage. Their increasing importance is an “association revolution”, comparable in importance with the rise of the nation state in the nineteenth century.

It has been noted that whilst governments have become increasingly interested in partnerships with NGO’s they continue to remain selective about the actual roles that NGO’s can play. Cooperation almost always devolves into co-optation and in some activities where the language of partnering or relational contracting are used, the actual relationships are transactional and even confrontational, (Boviard 2004).
2.3 Categories of NGOs

NGOs are private, autonomous organizations made up of individuals with similar social interests, and are not controlled by any government body (Malwaski, 1993). They are typically not composed of government representatives, and not interested in seeking governmental power (Martens, 2002). However, many NGOs have ties to the national governments of the countries in which they work, and they often receive funding from and work in conjunction with government agencies (Martens, 2002). In summation, NGOs are formal, professionalized, independent societal organizations whose primary purpose is to promote a common goal at the national or international level (Martens, 2002).

Due to their diversity, NGOs are often classified in terms of their attributes. Gardener and Weiss (1995) postulated that NGOs can be classified as private, self-governing, formal, not for profit organizations. The oversight of the word “voluntary” from this classification reflects to the increasing professionalism of the NGO sector (Vakil, 1997). In detail, it is the organizational attributes of NGOs that distinguishes them from social movements or other forms of collective action like public protests (Martens, 2002). NGOs own an organizational structure such as permanent offices, members, employees, and a constitution.

Several other attributes of NGOs are important to note their level of operation and sector thus NGOs are often classified according to their level of operation. According to Collingwood (2006) many NGOs are considered international organizations meaning they operate in many countries around the world. The level of operation often differs among NGOs and can vary depending on factors such as its size, structure, and purpose. According to Vakil (1997) ngo’s have four levels of operation which are; international, regional, national, and local. Furthermore, NGOs can be classified according to the sector in which they work. There is little agreement regarding to the number and type of sectors in the NGO literature. The contemporary study focuses on NGOs working in the health sector.

2.4 Primary health care

The role of NGOs in the health sector was instigated by changes in the thinking regarding to development and health policies in the last two decades (Jareg and Kasaje, 1998). One such shift was the introduction of primary health care policy. Primary health care (PHC) was launched by the World Health Organization in the 1987 Alma Ata declaration with the goal of improving health for all by 2000 (WHO, 2007). The Alma Ata declaration transformed the traditional understanding of health by recognizing health as a human right and overhauling
the service delivery system to incorporate all stakeholders in health (Jareg and Kasaje, 1998). Primary health care policies shifted the focus of health care from the biomedical model and placed priority on combating all the causes of poor health by engaging sectors outside of health care.

According to Edwards and Hulme (1995), NGOs play a significant role in primary health care provision in rural Bangladesh and they provide most of these services in urban areas. Seven hundred indigenous NGOs have been active in health and development since the country’s independence in 1971. Government - NGO collaboration increased in the 1970’s and 1980’s on national programmes such as tuberculosis, leprosy, immunization, family planning and nutrition. However, for political reason and possibly competition for international donor funds, relations have undergone difficult phase.

NGOs delivery of primary health care is enormous and inexhaustible, its activities cut across all sphere of human endeavours. In this regard more is expected to be put in place by the growing number of NGOs for the overall well-being of the society in Edo state to be able to meet up with millennium goals. The challenges before the NGOs in Nigeria currently is fashion out ways to get rid of the increasing challenges of diseases like malaria, hiv/aids etc (Leonard, 2004).

According to De Maesseneer (2009), African countries have continued to occupy the lowest rung of the ladder in the area of primary health care delivery. In spite of the various global efforts including funds and technical support health care in most African countries has remained deplorable, unattractive and irresponsive to people’s needs. Deaths from preventable causes have become a norm for the poor and the underprivileged while politicians in leadership and those with government affiliations seek health care abroad at the expense of the poor.

2.5 Prevention against diseases by NGOs
Primary health care opens opportunities for disease prevention and health promotion as well as early detection of diseases. It is not acceptable that in low income countries primary care would just be about treating common ailments (WHO, 2007).

Nature of primary health care services provided by different primary health care providers (NGOs) in Myanmar is complementary in nature. Public primary health care providers emphasise mostly on preventive care and targeting to reduce high mortality and morbidity disease in accordance to the MDGs now SDGs set by WHO. NGOs, charity and religious
bases clinics provide community or home-based care to vulnerable communities. Thus, universal health coverage for the poor in rural community is not an unacceptable situation which is expected in Myanmar a developing country with limited health care financing, (Tin Myo Han, 2012).

The contribution of NGOs in prevention of diseases can be noted through the Nigerian government which has failed to act towards the prevention of HIV/AIDS as ascribed to the following aspects; economic instability, political instability, poor health care systems, poor education about HIV/AIDS and lack of public services and facilities. The NGOs joined forces to combat the spread of HIV/AIDS in Nigeria. Different NGOs in Nigeria adopted a multi-sectoral approach in their strategy to prevent the spread of HIV/AIDS. The HIV/AIDS prevention programme was designed to reach as many communities as possible for example the religious organisations, women’s and men’s organisations, youth organisations, commercial sex workers, people who are HIV infected and the community leaders, Numeh and Ejike (2004).

In many public opinion surveys NGOs are ranked as the most trusted institutions in society and in dominating issues such as health care services. NGOs like UNICEF supports actions of governments in preventing parent to child transmission of the virus prevent other diseases like marasmus, polio, and measles among others. In 2004 640,000 babies became infected with the HIV/AIDS virus either during their mother’s pregnancy, birth or through breastfeeding. Pregnant women with HIV can halve the chance of passing HIV on to their babies if they have access to anti-retroviral drugs. UNICEF (NGO) is helping in strengthening government capacities to ensure that both women and children receive an equitable share of ARV treatment, UNICEF (2005).

NGOs are effective in delivering primary health care services. The USAID evaluation of 13 primary health care projects found that NGOs were able to provide health services such as ORT, immunization, blindness prevention, PMTCT, HIV prevention in some of the third world’s poorest, most neglected and most remote areas, (Mburu1989). The report states that NGOs were able to test and demonstrate imaginative, cost effective primary health care strategies largely because of the hard work of their devoted staff members and their ability to work closely with individuals and communities in small focused interventions. The report also found that NGOs had a significant impact at the community level. This intends that non-governmental organisations have been operating in the health sector for a long period of time.
Therefore, the researcher still need to carry out a research on the contribution of NGOs in delivery of primary health care services because little has been revealed about their contributions in Zimbabwe, most of the studies about NGOs contribution were studied out of Zimbabwe as evidenced by the cases of Bangladesh, South Sudan among others.

2.6 Treatment of various diseases by NGOs
NGOs have been active in large numbers of African states for decades, serving as the sole provider of health care treating and educating the public about HIV/AIDS in sub-Saharan Africa which sees the most deaths and cases of the disease in the World. Of the 14.6 million people in need of antiretroviral treatment the WHO estimated that only 5.25 million people were receiving it in developing countries and the NGOs continuing to help governments in increasing research and development into treatments to decrease cost and increase availability, (WHO 2007).

The appropriate treatment of common diseases and injuries by Non-governmental Organisations at a primary level in Lesotho is also functional with an estimated percentage increase of 70% in 2008 from 45% in 2004. Most of the locally identified endemic diseases have been treated and controlled with the appropriate drugs available. Majority of people do not just take their illnesses for granted because they know where to go in order to treat even those very common diseases such as tuberculosis. Besides the outcome-based performance assessment of the PHC in Lesotho, the extent of commitment and participation of the community members in the program and the accessibility of the products and services to the target population also form part of performance indicators in this study (Muriisa, 2010).

According to Williams (2016), Doctors on Board (NGO) in Dawei it remained the main provider of disease treatment. The NGO contributed in treating HIV patients co-infected with diseases such as tuberculosis (TB), cytomegalovirus retinitis and hepatitis, C patients started a new, more affordable and more effective oral treatment. But due to a worsening political situation and the inability for NGOs to secure access for international staff to work in the region, medical activities in Dawei were limited in 2016. Even though assessment is commonly championed as a tenet of good NGO effort, the cooperative body of industry evaluations reveals very little about their definite impact in the delivery of primary health care services (Edwards and Hulme 1996).

According to an OECD (1997), survey of such assessments, there is still a lack of secure and reliable evidence on the impact of NGOs contribution in the delivery of primary health care
services at a primary level and mostly several of such studies have been conducted out of Zimbabwe. Most publicly available programmes evaluations by NGOs like case studies on website are descriptive, rarely contain rigorous statistical analysis and almost never report some of the negative outcomes. A more precise and transparent approach to these studies might present a clearer judgement of NGOs contribution.

2.7 Care towards the patients
The NGOs have been recognised for their significant role in providing care to the ill patients, new-born and maternal. They are providing ANC and PNC services as well as health education which are relatively contributing to the low neonatal mortality. Health education on topics covered by NGOs includes vaccination against tetanus, health and hygiene and aseptic delivery which reduces risks of neonates, Nicolau (1989). These are the important roles of NGOs in primary health service delivery. NGO programmes provide ESP services effectively to a large, widely distributed population and achieve high coverage and relatively good health outcomes. Local NGOs are able to reach the poor women and children whose access to government or profit-making services is restricted to them.

According to Regalia and Castrol (2007), the NGOs play a significant role in health care services, they enter into contracts that cover an expanding proportion of the population and are based on standardised package of care which includes maternal and new-born care, child health and immunization, public nutrition, communicable disease and the supply of essential drugs. Two pregnant mothers who came to receive antenatal care at Martha primary health care complemented that the NGO led clinics has a good handling of patients more especially the children and pregnant mothers. The way in which the Martha primary health care is managed by the church, health Centre staff and the NGOs reported to suggest that more emphasis have been put on core values.

According to Muriisa (2010), Non-governmental Organizations programs in Bangladesh have been recognised as important actors in contribution of care at a primary level. They increased contraceptive use by 78%, child immunizations by 67% and antenatal care by 78% (Paxman, Sayeed, Buxbaum, Huber, &Storver, 2005). In terms of customer satisfaction, non-governmental organizations run health facilities received higher marks than government run facilities. A study in Mexico found that women attending non-governmental organization services reported more satisfaction than women who attended public clinics (Gomez-Jauregui, (2001)). Leonard (2004) found that the African rural poor viewed non-governmental
organizations health care services to be of higher quality and more attractive despite the fees they charged.

The human right to health means that everyone has the right to the highest attainable standard of physical and mental health, which includes access to all medical services, sanitation, adequate food, decent housing, healthy working conditions and a clean environment. The human right to health care means that hospitals, clinics, medicines, and doctors’ services must be accessible, available, acceptable, and of good quality for everyone, on an equitable basis, where and when needed. The design of a health care system must be guided by the key human rights standards and principles (Article 25 of the Universal Declaration of Human Rights 1948). In this case the researcher is going to reveal more about the NGOs contribution in the delivery of primary health care services, getting first-hand information from the case study and compare whether it matches with other scholar’s findings.

2.8 Summary
The chapter was about the related literature review from other scholars who have studied topics which are in line with the contribution of NGOs in delivery of primary health care. Different views by different scholars have been discussed and the chapter also explained the conceptual framework which supports the study.
CHAPTER 3
RESEARCH DESIGN AND METHODOLOGY

3.0 Introduction
This chapter reveals all the activities and procedures conducted in carrying out this research. Research methodology is going to cover the research design, sources of data, research instruments, data collection procedures, target population, sampling techniques.

3.1 Research Methodology
The research used qualitative method, according to Dudwick et al. (2006), qualitative research is interpretive research that accommodates the idea that human behaviour is subjective and influenced by environment and circumstances. It is used for studying and understanding human opinions and actions and it encompasses methods such as interviews and focus group discussions. Qualitative data is typically words or text though it can include photographs, videos and recordings, (Dudwick et al., 2006). It can also be noted that the qualitative research method helps the researcher to collect information that is not easy to be captured through structured instrument that could find out any hidden information. Qualitative data method captures more depth and provides insights to “why” and “how” of attitudes and behaviours, clarify quantitative data and sometimes puts it into the context of people’s lives and experiences (Maxwell, 2012).

According to Babbie and Mouton (2005) qualitative research seeks to gain first hand holistic understanding of a phenomenon, using flexible methods such as interviews and open ended questions. He further noted that it aims at gaining the subject’s experience of a certain phenomenon. Qualitative data collection methods result in descriptions of problems, behaviours and events and can provide narrative descriptions of people’s thoughts and opinions about their experiences, attitudes and beliefs. The qualitative research design was utilized due to a number of advantages associated with it such as it is descriptive research and has been recognized as a very important method because it makes people understand and think systematically about aspects in a given situation, offering ideas for hidden information and research that make certain simple decisions (Sekaran, 2003). This was important in the research of the contribution of NGO’s in delivery of primary health care since it gave participants the opportunity to say their opinions and thoughts towards the activities of the NGOs and it was also suitable for social sciences research.
3.2 Research design
This study used a case study research design. Burns and Grove (2003) defined a research design as a blueprint for conducting a study with maximum control over factors that may interfere with the validity of the findings. A case study makes the research easy to conduct and quick to collect data. A case study research design means carrying out a research in a specific case for example a community, organisation or person. A case study also gives the researcher an opportunity to understand the interactions of certain individuals in a given context and try to understand factors that govern that interaction. According to Gable (2011), the aim of a case study is to give a picture of features that form a social activity or behaviour in a particular context and also to identify factors influencing that situation. Thus the researcher collected data from a particular case to understand the health services delivered and projects that are carried out by (MSF) Medicins san frontiers NGO.

3.3 Target population
According to Parahoo (1997), population is the total number of units from which data can be collected. Macus (2006) argued that a study population is the total members of a defined class of people, objects, places or events because they are relevant to one’s research questions. In this research the Medicines Sans Frontiers (MSF), poly clinic health workers and the poly clinic patients were the targeted population for data gathering processes because MSF is the NGO that was providing the primary health services whilst the clinic and patients were the beneficiaries who were benefiting or receiving from the health services delivered by the NGOs.

3.4 Sample
Grinnel (1999) defined a sample as a collection of units and people that has a capability of being selected. The main purposes of sampling are, economies on the resources required for the collecting and managing the data from a smaller sub-group and improving the quality of data by focusing on a smaller group (Curie, 2005). The sample was made up of 8 poly health workers and 10 patients at a poly clinic, these were chosen because they were the beneficiaries of the NGO who had relevant information to the study and the reason of selecting these numbers was to avoid collecting data from a lot of people due to time constrains. The research also conducted the 2MSF project managers since they also had the information which was very important to the study and it is the Non-governmental Organisation which the study was focused on their contributions.

3.5 Sampling
According to Majumdar (2011) sampling refers to the aggregate of objects or persons within a defined space (geographical or social) in an effort to obtain numerical characteristics of the individuals. Bhattacherjee et al. (2012) defined sampling as a statistical process of selecting a subset called a sample of a population of interest for purpose of making observation and statistical inferences about that population.

3.5.1 Purposive sampling
According to Oso and Onen (2005), purposive sampling is a sample selected in a deliberative and non-random fashion to achieve a certain goal, this technique was chosen because it is sampling with a purpose in mind of the research. It is a non-random technique that does not need underlying theories or a set number of informants. Simply put, the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience (Bernard 200). This is a very important sampling method as it focuses on respondents who have the idea of the topic in question and the respondents can provide adequate and reliable information (Kothari, 2005). According to Amin (2005), in purposive sampling, the researcher selected a sample based on the knowledge that respondents have the information required. It can also be noted that it selects samples without bias from accessible population (Oso and Onen, 2005). From the targeted population the researcher purposively sampled eight health workers, two NGO project manager and ten patients including pregnant women. It is advantageous in the sense that it helps one in selecting only those respondents whom the researcher feels they will exhibit the issue that she is interested in researching, the power of purposive sampling is in selecting the rich information which is useful for a deepness analysis associated to the main agenda of the study.

3.6 Types of data
To obtain a detailed understanding of the contribution of NGO’s in delivery of primary health care services two sources of data were used that is primary and secondary sources of data. According to Maxwell (2012), data collection is a systematic approach to gathering information from a variety of sources to get a complete and accurate picture of an area of interest. Data collection sources encompasses the following steps; making appointments with research subjects through telephone, fax or letters, distribution and administering of instruments on the sample for example by hand, mail or through research assistants and lastly through retrieval of instruments. The researcher used interviews as a source of primary data.
collection and reviewed the journals which were related to the study as form of secondary data.

3.6.1 Primary data
Primary data is first hand data obtained through the conducting of interviews, issuing of questionnaires and observations, (Maxwell, 2012). Maxwell further noted that primary data is the first hand account of an event or experience. Primary data is also data for the specific problem at hand. Face to face interviews were conducted to MSF project manager, poly health workers and the patients. Primary data is advantageous because it meant for the subject at hand and is up to date, (Ghauri, 2005). On the other hand, primary data can be costly to gather.

3.6.2 Secondary data
According to Ghauri (2005), secondary data refers to data relevant to the subject collected by other persons for a subject related or unrelated to the research problem. Literature review will be conducted by the research in order to obtain secondary data. Secondary data can be obtained from textbooks, National health policy, National health strategy, newspapers, journals, and other relevant publications. Secondary data is relatively cheap to obtain and it broadens the base at which conclusions can be made however sometimes the data may not suit the subject at hand. Ghauri (2005), also postulated that secondary data collection is advantageous as it saves time due to the new technology that have revolutionised the world. It also saves money in the sense that it much less expensive than other ways of collecting data.

3.6.3 Data collection procedures
Data collection was carried out at a poly clinic in Epworth. The researcher used a letter of authorization from Bindura University of Science Education Department of Peace and Governance to seek authorization and permission by confirming that the researcher is a student and need to carry out a research for academic purposes. The researcher was also granted a permission letter from the Ministry of health and child care (MOHCC) to conduct the research at Epworth primary health care clinic. The researcher went on asking for permission from the District administrator, the Medicins San Frontiers project managers, and health workers including sister in charge at the clinic as well as the patients. The researcher practiced informed consent whereby she explained the purposes of the research before conducting the interviews.
3.7 Research instruments
In this study, the researcher employed interviews as primary sources of gathering data. These tools are preferred because they are the best in determining the affective domain of the respondents. According to Touliatos and Compton (1988), they are the best tools for getting views, perceptions, feelings and attitudes of respondents. Primary data is very vital in this study as it is original therefore is very helpful especially for solving the problem at hand.

3.7.1 Interviews
The researcher conducted interviews as a tool to obtain first-hand information from the respondents on their perception about the contribution of non-governmental organisations in delivery of primary health care services and their convenience. Interviews are qualitative, in-depth interviews of people selected for their first-hand knowledge about a topic. The interviews are loosely structured, relying on a list of issues to be discussed, or a simple interview guide, and resemble a conversation, allowing a free flow of ideas and information. According to Kothari (2005), key informant interviews involve service delivery questioning of key respondents who are directly related to the area of research and they are likely to produce reliable and valid responses due to their technical know-how and expertise in the focus area.

As postulated by Amin (2005) interview is appropriate data collection tool because the researcher was able to explain and clarify the questions asked. It assisted the researcher to analyse in depth information on the contribution of non-governmental organisations. The method had a number of advantages which included; according to Amin (2005), it ensured interaction and social situated-ness, it was motivational to both the interviewer and the interviewee, it gave an opportunity for getting highly personalized data, eased probing and finally gave a good return rate. The interviews are also non-verbal communication can be observed on a face to face interview and there is room for asking further questions in order to gain clarity. However, there are also some weaknesses of interview which can be noted and these are; it may be difficult for the interviewer to be allocated interview time during busy schedules and due to the sensitivity of the practical research problem respondents may not give practical examples.

3.8 Reliability and validity
(a) This refers to the way how the researcher measures reliability of instruments. Punch (2010) promulgated that reliability is a central concept of measurement and basically means
consistency. A highly reliable instrument is the one that gives the user a dependable measure of significant features despite the fluctuations.

(b) According to Punch (2010), Validity is the extent to which an instrument measures what it is claimed to measure. The researcher applied a number of techniques to ensure that the instruments are valid, for example the pilot testing was done before carrying out interviews to determine the validity and to test whether the instruments will accurately answer the research questions which provide the required information for the study as noted by Khothari (2005). To ensure validity of the research, the researcher used questions that gives a proper picture of what is being studied, thus content validity was addressed.

3.9 Data presentation and data analysis

3.9.1 Data presentation
Creswell (2013) argued that data presentation is classifying and organising collected data in such a way that it becomes easily readable and interpretable. The researcher organized and presented the data using tables, bar graphs, pie charts and percentages calculated to show the various responses of the respondents for each question.

3.9.2 Data analysis
According to Wellman (2005), data analysis is a process of gathering data with the aim of highlighting useful information, suggesting conclusions and supporting decision making. Data collected was analyzed carefully so as to check for completeness and accuracy of data responses obtained. Thematic analysis was also used in analysing data. According to Creswell (2013), thematic analysis is a form of analysis that counts and reports the frequency of concepts, words and behaviours held within the data.

3.10 Ethical considerations
According to Buckle (1993), ethics is a systematic approach to understanding, analyzing and distinguishing matters of right and wrong, good and bad and admirable and deplorable as they relate to the well-being of and the relationship among sentient beings. This research is based on respect, confidentiality, integrity, and appreciation. The ethical morals and values of people and further the poly clinic population of study area are of the paramount significance since it affects the outcome of the study. Participants had the liberty to withdraw from the research at any given time. No incentives were offered to minimize bias and manipulation of participants. Participants’ confidentiality was of paramount importance, confidentiality of participants was protected by ensuring that information prior to the research will not be made
available to anyone who is not directly involved in the study and their names will not be disclosed. The research was conducted responsibly, thus prospective research participants were given as much information as might be needed to make an informed decision about whether or not they wish to participate in a study and they were not be forced to respond to questions they don’t wish to answer.

3.11 Summary
The chapter outlined how the research is going to be conducted by highlighting the research methodology, research instruments, sample and sampling techniques as well as the targeted population. The ethical considerations that are guiding the research with participants have been discussed and how the respondents were protected during the study.
CHAPTER FOUR
DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.0 Introduction
This chapter is going to cover the presentation, analysis and discussion of the data and information obtained from interviews. The analysis is going to review the contribution of NGOs in delivery of primary health care services at a clinic. The participants have been given pseudonyms thus the names that are not their real names. Before addressing the objectives, the background information about respondents is given to contextualize the study. The background information is about the age of respondents, education levels, and sex of respondents.

4.1 Background of respondents

4.1.1 Age
The researcher asked respondents about their ages, the results are presented in the figure 4.1;

![Figure 4.1 Age](image)

The statistics in Figure 4.1 indicate that the larger number of respondents 6 (30%) was between 18-25 and 36-45 followed by those who are between 26 and 35 which is (5)25% and lastly 36 and above which is (3)15%. The statistics shows that the respondents were drawn from different categories of age groups. Therefore, this provided chance of balanced opinions.
about the contribution of NGOs in delivery of primary health care services at Epworth poly clinic.

4.1.2 Education levels
The researcher further went on collecting data about the level of education of the respondents regarding the contribution of NGOs in delivery of primary health care services. The responses are shown as below;

Table 4.1; Level of education

<table>
<thead>
<tr>
<th>Level of education</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tertiary level</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>Secondary level</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Primary level</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Never been to school</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

According to Table 4.1, the majority of the respondents 12 (60%) attained tertiary level of education, 4 (20%) had attained the secondary level and 2 (10%) primary level and below. Looking at the data in the table the majority of the respondents had attained an education level of secondary and above.

4.1.3 Gender of respondents
The researcher was interested on the gender of respondents because it gives the researcher an opportunity to understand which group is mostly accessing the health services offered by the MSF at a clinic.

Figure 4.1.2 Gender
The statistics in Figure 4.1.2 indicate that the majority of respondents 14 (70%) were female.

4.2 NGOs contribution in the treatment of diseases against patients
The study set out to identify the NGOs role in treating patients. The findings below show that there are various contributions that are provided by the Medicines Sans Frontiers at Epworth poly clinic.

4.2.1 Skills employed in treating different diseases
The research findings revealed that there are a number of skills used by NGOs in treating different diseases at Epworth poly clinic. The NGO provided different wards for patients with different health problems thus the HIV and TB ward, ART centre, maternal ward and family ward. Nurse Rutendo pointed out the construction work done;

“Medicines sans frontiers helped in constructing and renovating the HIV/TB ward, Maternal ward, Family ward meant for children and mothers and ART centre in partnership with the government as a way of avoiding treating people suffering from different diseases to be treated in the same ward because some other diseases are contagious.”

The findings also revealed that there are community home based care givers who also visit people at their homes and provide them with treatment services as well as help them take their medication. The community home based care giver Melisa argued that;

“We are required to visit the patients dressing bed ridden clients and offering psychosocial support, because a patient staying at his house there are chances that the relatives are not experienced they might worsen the situation so we were trained to help those patients and give them their treatments whilst at home.”

It has been showed that the NGOs also train nurses who would provide treatment services on behalf of the doctors. Nurse Tendai mentioned that;

“All the nurses were trained by MSF on how to offer treatment services to patients in the absence of medical doctors because doctors are few and sometimes they will not be around so we will do the task on their behalf.”

The data presented above indicate that the NGOs have contributed in the treatment of diseases. It can be noted that in this sense NGO’s do not work on their own but they enter into partnership or contract with the government of the host country in order to implement
their projects thus MSF reconstructed the clinic and divided wards in partnership with the government. This is supported by Boviard (2009) who stated that NGO’s have increasingly become interested in partnership with the government. Home visits by the home based care givers were meant to dress the bed ridden patients and helping in taking their drugs. This was seen as the way of reaching everyone in the community and increasing equity in accessing treatment services. It was also exposed that the NGO trained nurses and community home based care givers who would offer treatment in the absence of medical doctors so that the process of treatment will still go on. According to Mcloghlin (2008), NGO’s support the drive to treatment towards task shifting whereby nurses are trained and they could put HIV patients onto ART and perform other treatment responsibilities. Thus basing on this information it is clear to that NGOs contribute to the delivery of primary health care services.

4.2.2 NGO’s provision of medicines and equipment for treatment

The researcher also asked a question about whether the NGO provide the clinic with treatment equipment and medicines. The MSF project manager exposed that they do provide drugs and treatment equipment to the clinic. He said

“We have been providing drugs since 2011. We discovered that the patients at the clinic were lagging behind in terms of accessing adequate treatment services. So we provide the clinic with medicines and we have offered the GeneXpert machine for rapid detection of MDR-TB as well as detection machines for cervical cancer.”

Doctor Mandi revealed that the organisation provided drugs in addition to equipment;

“It will be a lie if I say MSF does not provide drugs for treatment because they have always been supportive in terms of treatment equipment. It provides drugs such as ARV’s, vaccines, ORT and TB medications”

It has also been showed that drugs were provided but not every time, there are times when the donors go for some time without providing the medications. Nurse Martha pointed out that;

“The NGO provide medicines and equipment but not on regular intervals, sometimes they provide few drugs and expect them to last for a long time so we will end up giving people drugs for one month instead of 3months”

The findings imply that the Non-governmental Organisation working at a clinic do provide medicines and equipment for treatment thus they contribute to the treatment of patients at the clinic through the delivery of drugs and equipment. According to the UN cited in Zimbabwe
health financing report (2002), a pharmaceutical company in India agreed with Medicins San Frontiers to provide African countries with the medicines for $350 a year per patient. Mburi (1989) noted that NGOs often have drugs and supplies in comparison to government hospitals which are plagued with shortages and one constraint to those government health services is the lack of foreign exchange which is needed for supplies and drugs. However although it has been mentioned that the NGO provide drugs and equipment it has also been revealed that they do not provide these things on regular intervals, this is because sometimes the donor funding run dry so they will wait for the next intervention thus people will have to be shared the few drugs that are available at that moment. But the most significant thing is that the NGO supply the clinic with the drugs as compared to some non-NGO led clinics, thus they contribute to the delivery of primary health care at a primary level.

4.2.3 Payments for treatment services
On the issue of treatment fees respondents were asked whether patients pay for treatment services. Nurse Nomsa showed that there are free treatment services at the clinic and some have been cheapened;

“We offer free treatment services to those who are old aged, 5years and below and other patients who are HIV positive, TB patients, maternal, victims of cervical cancer, typhoid, malaria and cholera. Then the other diseases are paid for but at a lower price which is $3 for consultation, which is the government fee”

The respondent gave details about the free HIV and TB treatment services provided at the clinic. The patient Maricho who was interviewed during the time when research was being carried out revealed that;

“I was treated for free and I am still getting free TB and HIV treatment services, I never paid any cent, I was brought here seriously ill, I had no money because I was no longer going to work, I was initiated on the HIV treatment programme and always come for CD4 count checking but I was then asked to come with one dollar for drugs for every visit that is after 6 months.”

The MSF project manager George made an addition that they treat patients at a free cost but when there is little funding they tend to reverse the free cost and require the patients to pay as little as one dollar for HIV patients per visit. George postulated;
"We started our project in Epworth to treat people and make sure that we reach everyone who is in need of the services. So we make sure that patients are treated without any cost. Due to lack of increase of funding we are forced to reverse the treatment services that is why now the HIV patients are required to pay a dollar for every visit that is after 6 months. There is also another issue that there are some diseases which are not part of our project so patients will have to pay for them."

The interviews have clearly illustrated that the NGO (MSF) provides free treatment services at Epworth poly clinic but there are some instances whereby people are required to pay one dollar after 6 months, some are required to pay $5. According to the patients who are required to pay for treatment services revealed that the payment of the cost sharing is appreciated and the cost is not high compared to services in the government clinics which are non-NGO led clinics. Kebede (2004) asserted that Non-governmental organizations are thought to provide services more efficiently and effectively than governments, to give better value for money, and reach the poorest communities.

However some other diseases are not part of MSF’s project. They have their own budget which is meant to cater for HIV, TB, maternal and new born, Malaria, Cholera and Typhoid treatment but these are the service that have made for free at poly clinic but when the funding is few they tend to reverse the free treatment method. This is supported by Gauri and Galef (2005), who postulated that most of the time the provision of health care services and sanitation by NGO’s are free, but it is not uncommon for NGOs to have beneficiaries pay part of these cost. WHO (2005), noted that NGO’s are continuing to help governments in increasing research and development into treatments to decrease cost and increase availability. Some NGOs had successfully worked with government in HIV treatment and care services, resulting in positive changes to staff attitudes and the removal of charges for ‘free’ services.

4.3 Prevention against diseases
The study set out to establish the NGO’s involvement towards the prevention of diseases at Epworth poly clinic. The findings below revealed various mechanisms that are used.

4.3.1 Methods used to prevent the spread of diseases at a primary level
The researcher asked about the preventive methods that are being implied in preventing the spread of diseases at a primary level. The education programmes, awareness campaigns implemented as prevention tools. The Msf project manager (George) responded that;
“As a way of fighting against the spread of HIV and AIDS, we initiated the education programme and spreading the awareness to the people because we noticed that in this Epworth suburb most of the people were lacking information about the HIV and AIDS pandemic, how can one get infected with TB and that is the reason why many people became victims of such a disease some of the information was not reaching the vulnerable” (the Project Manager George).

The research also revealed that NGOs offer PMTCT programmes; free testing and counselling amongst others. HIV positive women are expected to start the pmtct programme. Nurse Martha said;

“With the support from MSF we offer free HIV and AIDS testing and counselling, free cervical cancer testing, commencing the PMTCT programme whereby pregnant women are required to (it is a must) get tested for hiv and if found positive they are place on ART and prevention methods towards preventing them from passing the virus to the unborn child.”

The study shows that pregnant women prevent the spread of diseases such as HIV to newly born babies through attending the antenatal care (ANC) visits which whereby they get tested for HIV in every three months to avoid mother to child transmission. Sibo a pregnant woman said that;

“I always come for Antenatal Care visits and get tested for HIV after every 3months to avoid the passing of HIV to the baby. My husband was also tested”

The research unearthed that the NGO has engaged into a number of activities as methods of preventing the spread of diseases and these include free hiv testing and voluntary counselling, PMTCT programme, awareness campaigns, education as preventive measures meant to prevent the spread of diseases at a primary level. However some of the methods used to prevent the spread of diseases seemed not to be effective and efficient enough because most of the respondents did not mention about it. But some of the instrument proved to be relevant as they were mentioned by a number of respondents. This is supported by Mburu (1989), who said NGO’s were able to provide health services such as PMTCT and HIV prevention in some of the third world’s poorest, most neglected and most remote areas. This supports the contribution of MSF in prevention against various diseases at a primary level.
4.3.2 Emergency mechanisms
The researcher went on a question about the NGO’s emergency mechanisms of preventing the outbreak of typhoid, malaria and cholera. A nurse Rutendo said that the NGO improved the sanitation, drilled a borehole for the clinic and renovated the clinic:

“MSF has been supporting in times of cholera and typhoid outbreaks. It supported with the emergency response during the first spike of the outbreak from October 2011, it drilled a clinic borehole, renovated the clinic and improves the sanitation”

Noku the community home based care giver was also asked about the NGOs emergency responses. She showed that home based care givers visit patients at their homes providing information about preventive measures of cholera and typhoid, provide purification tablets:

“I walk door to door distributing water purification tablets and spreading the awareness about cholera, that is what I have been required to do by the MSF since many cholera incidents were raising spontaneously at the clinic”

The NGO also support with the WASH programmes, provide free diagnosis and vector control activities for malaria. Nurses are trained to perform these activities at a primary level. The project manager George mentioned that:

“Cholera and typhoid outbreaks we help in improving the sanitation and the WASH programme in the community and the clinic. It is an emergency response that we provide whenever we are called on. For malaria the disease is not that common in this city so we do not dwell much on it but whenever the case raises we provide free diagnosis and vector control activities and we trained nurses for those activities.”

Almost all of the interviewees mentioned similar activities that are being carried out by MSF at the clinic. These findings therefore show that NGOs are flexible to implement various activities and contribute more at a primary level and this depends with their funding from donors thus they are able to implement all this as compared to non-NGO led clinics. According to National health report (2013), MSF played an effective role in Beitbridge as an emergency response to cholera outbreak; the project had an important component of emergency response including continued epidemiological surveillance. Thus this is the same project that they are implementing in Epworth poly clinic. They are also providing emergency response at Epworth clinic through improving sanitation, providing clean source of water among others. this is supported by Palmer (2006) NGO’s are contributing through creating a source of clean water and this is usually achieved by modifying an existing water
well, digging a new well or starting a water treatment project to obtain clean water for a population.

Please see suggestions made above to improve your work. From here

4.3.3 Drug shortages
The researcher wanted to find out whether the clinic has ever experienced shortages of preventive drugs after the support of NGOs. It was showed that the chances of experiencing drug shortages are low because MSF always provide them with drugs for patients, they might be few but not to such an extent that they can call it a shortage. The doctor mentioned that;

“Since the MSF started to support this clinic drugs have been always available. They might be few but I cannot call it a shortage because they make sure the pharmacy will not run shortage of drugs.”

Nurse Rutendo pointed out that supported that shortage of drugs at the clinic is not a common thing it does not necessarily happen;

“Shortages of drugs at Epworth poly clinic does not necessarily happen”

The findings revealed that the NGO has always been providing drugs for the clinic. So the issues of drug shortages at the clinic are not a common thing. There are sometimes when the drugs are distributed in a smaller number but they will make sure they cater for everyone in need. This is evidenced by Muriisa (2010) who said that NGO led clinics and hospitals are always filled with drugs as compared to non-NGO led clinics. Mburu (1989) also supports that NGO’s often have drugs and supplies in comparison to government hospitals which are plagued with shortages. The argument therefore supports the notion that NGO’s contribute to the delivery of primary health care service and complementing the state government.

4.4 Provision of health care at primary level
The study has also meant to establish the NGO’s provision of care to patients at the clinic. The maternal and the new born have their own care which is different from other general patients.

4.4.1 Care towards the maternal and new born
The research was established to find more about how the maternal and new born are given care at Epworth poly. The maternal are sometimes treated harshly by the midwives. they will be threatened that if they fail to corporate they will be referred to Harare hospital but when it
comes to giving the maternal education about handling the new born, they tend to be good and the new born are immunised earlier after birth. The pregnant woman Sheila said;

“This is my second time delivering at this clinic, the midwifes are harsh when it comes to us pregnant women because they believe that pregnancy is not illness, when you are coming for delivery they do not allow anyone to carry bags for you they do not understand the pain they even threaten us by saying I will refer you to Harare hospital. But in terms of educating us they give us full education on how to handle ourselves during pregnancy and new born babies will be immunized and come after 3days for identification of any complications.”

The pregnant women prefer to deliver their babies at an NGO led clinic because they are educated about good health care when pregnant, initiate the prevention of passing the virus to the unborn baby and also to note that there is the good care they are offered at the clinic. Tracy highlighted that;

“I prefer delivering here because we are handled in a nice way, I attend Antenatal Care visits, educated about good health care whilst pregnancy, examined, tested for HIV so as to prevent transmitting the virus to my unborn baby and they give me iron tablets.”

The research found out that the maternal and new born are given their own special care which is vital or very important during pregnancy as they will be under midwifes supervision. The NGO is providing these services so as to reduce the high mortality rate. Epworth poly clinic has been said that it has a good handling of patients more especially the children and pregnant mothers. According to Nicolau (1989), the NGOs have been recognised for their significant role in providing care to the new-born and maternal. This means that NGOs are contributing in the delivery of primary health care services. They are providing Antenatal Care and Postnatal Care services as well as health education which are relatively contributing to the low neonatal mortality. Health education on topics covered by NGO’s includes vaccination against tetanus, health and hygiene and aseptic delivery which reduces risks of neonates. This therefore supports the contribution of MSF in delivery of primary health care services. Regalia and Castrol (2005), postulated that NGO’s are based on providing standardised package of care which includes maternal and new born health.

However there are some instances whereby the midwives tend to be difficult on pregnant patients because they believe that being pregnant does not necessarily mean they are sick so they are required to carry their luggage on their own when they come for delivery.
4.4.2 Care towards ill patients

The researcher further went on asking about how ill patients are handled at Epworth poly clinic. The ill patients were said that if they behave in a good manner all goes well with their nurses thus they are harsh on patients who are naughty. A patient called Samson stated that:

“When we fail to corporate the nurses will treat us harshly, I was once denied to take drugs because I was rude to one of the nurses but I then changed my attitude because I am the one who wanted to get treated.”

Prosper showed that he receives good care at the clinic, they are provided with breakfast, help in prayers. Prosper was mentioned that;

“I have been given a very good care, the nurses and doctors are kind they even help us through prayers, give us breakfast, I think that is the reason why this clinic is always flooded by a lot of people.”

The clinic sometimes pays little attention to some other patients who are suffering from other diseases which are not HIV and TB. John who was suffering from High blood pressure highlighted that;

“This clinic gives little attention to patients like us and gives more attention to HIV and TB patients only”

The last patient Smockey who was also a patient testified that he receives good care at the clinic, he stated that:

“The care I am given is adequate for my health status even though sometimes the nurses tend to be hard on us, the Day care has been a good thing during my treatment period”

The research revealed that the care provided at Epworth poly has been identified as one of the best care that one could receive at a primary level. This clinic has been flooded by variety of people from different places due to the good care they provide. It also showed that people receive a good care although sometimes the nurses tend to be harsh on them. The ngo’s have renovated the clinic to make the environment friendly, chairs to rest and food for patients. However some of the findings revealed that some other patients were not given full attention as compared to those of HIV and TB. This shows that the NGO’s are goal oriented hence they focus on their objectives this the then undermine some other problems being faced by the patients because those problems are not part of their objectives. The fact that the MSF is putting an effort in providing the good care to patients at a clinic shows their contribution in
delivery of primary health care services at a primary level. This can be evidenced by other scholars who argue that the NGO’s have been recognised for their significant role in providing care to the ill patients, new-born and maternal (Nicolau, 1989). Thus the vital role of NGO’s in delivery of primary health care services.

4.4.3 Challenges faced in working with NGOs
The researcher further wanted to find out whether there are some challenges that are being encountered in working with Ngo’s at the clinic. Nurse Martha exposed that the working schedules are very tight there are no free hours for rest, they tend to work overtime;

“We receive a good salary but the schedules are tight to such an extent that sometimes we tend to work overtime, we attend to some of the patients and others will not be attended to because they are many”

One of the patients Tapiwa who was present when the research was being conducted supported the view that sometimes nurses tend to attend other people and some will be left without being attended to, most of the time the nurses will not be in their offices, patients might spend the whole day without being attended to. He said;

‘Yesterday I was referred to see the nurse in room 2, I spent the whole day waiting for her but she did not tend to appear, today I have come to see her but she is also not in her office, I think I am going to spend the whole day here again”

Tendai supported the view that there are hard working conditions and the clinic is always occupied by a lot of people;

“The working conditions are too harsh, we do not have time to rest because the clinic is always full of patients who needs our attention”

It was established that the nurses do not necessarily encounter serious challenges in working with NGOs. The only problem is that their working conditions are harsh because they are always busy and the clinic is always full of patients who need the health services. This makes them to attend to some and left some other patients. The NGO’s are time bound so they work very hard and continuously so as to meet their target or objectives within their specific given time. It can also be noted that NGO-led clinics are always busy as compared to non-NGO led clinics because NGO’s provide better health care services and they are way cheaper than others.
4.5 Summary
This chapter reflects the view that NGO’s contribute in the delivery of primary health care services. There is some evidence suggesting in this research that NGOs make successful contributions to health in certain circumstances. NGOs have made significant contributions to treatment of various diseases at Epworth poly, prevention against diseases, provision of care to maternal and new born hence making the health services accessible to the whole community by lessening the treatment fees. The research also found that effectively run NGO reproductive and child health services have decreased child and maternal mortality at Epworth poly clinic. They introduced some other various techniques so as to reach the whole community and thus free HIV testing and counselling, free TB treatment, awareness campaigns and education
CHAPTER 5
SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction
This chapter summarizes the whole research project. The researcher came up with some research findings that are important on the contribution of NGO’s in delivery of primary health care services. Conclusion and recommendations are also presented in this chapter.

5.1 Summary

5.1.1 Summary of the whole project
Chapter one gives the background of the contribution of NGOs in delivery of primary health care services and the current economy of Zimbabwe. This study indicated that the declining role and failure of Zimbabwean government to provide efficient primary health care services due to the economic crisis led to the dramatic increase in the number of NGOs operating in the health sector. The chapter also provides adequate information on the objectives of the research and the way in which the research is going to be carried. The objectives looks at what the study seeks to achieve and they set the benchmark for the study, statement of the problem, research questions and the assumptions of the study are also looked at in the first chapter which seeks to provide information related to primary health care services improvement in the health sector. The justification of the study that highlights the reasons for conducting the study as well as the importance of carrying it out has been presented in this chapter.

Chapter Two gives the literature review and theoretical framework. From the literature view, as far as achieving the main objective is concerned, the NGOs contribute more in the delivery of primary health care services. However the literature review also indicated that there are some circumstances whereby the governments remain selective about the actual roles of NGOs can play and also for political reasons and possibly competition for international donor funds the relationship between the government and NGOs have undergone difficult phase.

Chapter Three was about the research methodology and its aims to indicate the research design strategy, the instruments which were used to collect data, population sample and sampling techniques among others. The research used the qualitative research method; this method was preferred because the research question was social in nature. The study population and sample used was the poly clinic whereby the doctors, nurses, patients and the MSF project manager were interviewed. Sampling was used whereby the purposive sampling
approach was engaged. In primary data collection the researcher used the interviews. The ethical considerations that guided the research where explained in this chapter thus providing safety, confidentiality and respect for participants.

Chapter Four includes data presentation, analysis and linking the related literature review with new findings and analysis.

Chapter five was about the summary of the whole project, summary of findings and suggesting recommendations as well as concluding the whole project.

5.1.2 Summary of findings
NGOs engaged in a broad range of skills beyond the narrow definition of health. They introduced skills that are aimed at solving specific problems as well as improving the health status. That is the renovation of the clinic in partnership with the government in order to treat patients suffering from different diseases separately. They trained nurses and community home based care givers who would provide treatment services when the medical doctors are not around, they provided the clinic with the treatment equipment such as the Gene Expert for rapid detection of MDR-TB, viral load testing for patients and drugs. With the support of CIPLA they provide drugs for patients and offer the treatment services for free. By targeting the marginalized group the MSF gave an opportunity to reach everyone in the community through the home based care givers who would walk door to door dressing bed ridden patients and offering free treatment services so that no one will be marginalised. The patients and nurses acknowledged the delivery of treatment services by NGO’s. Thus in this sense MSF contribute in the treatment of patients at a primary level.

Quality information about contributions of MSF through the participation of patients and health workers testified to the various skills used by MSF to treat patients against various diseases such as HIV, TB, Malaria, Typhoid and Cholera. The NGO’s have implemented different prevention mechanisms. Since some of the people were becoming victims of some epidemics like HIV and TB they realised that it was lack of knowledge about certain diseases. So they initiated the awareness campaigns, education and counselling. In this case MSF played a significant role in the prevention of diseases at a primary level since they manage to implement mechanisms which the government could not offer on its own thus free testing and counselling, free PMTCT programme. Non- NGO led clinics they do not always engage in such activities due to lack of funding and little budget that will cater for all the programmes. To the cholera, typhoid and malaria outbreaks MSF has also provided emergency response
and mechanisms through collaborating with the Harare City Health Department (government) in providing safe drinking water.

The role of NGOs in providing care has been said to be efficient but not to all patients. The NGO have tended to be selective on what they focus on in. The findings revealed that pregnant women and new born receive better care than the other patients. This can be supported by Regalia and Castrol (2007), NGOs are based on providing standardised package of care which includes maternal and new born health. This is because the NGOs do not usually implement different number of projects at the same time. In this sense some of the participants who complained about the inefficient care they receive at poly are because the MSF is not implementing project on those problems. However the MSF provided ANC and PNC services as well as health education which is relatively contributing to the low neonatal mortality, health education on topics covered by NGO’s includes vaccination against tetanus, health and hygiene and aseptic delivery which reduces risks of neonates, introduction of the Day Care for HIV and TB patients. Respondents recognize that NGO are playing a significant role in the provision of health care at a primary care clinic.

5.2 Conclusions
It is evidenced in the arguments above that the NGO is positively contributing in the delivery of primary health care services. The NGOs in chapter one were described as major players in the health sector, reaching the whole community, the poor and underprivileged. They realize that health security is key essential in the human life and development because development begins with manpower, (Mburu, 1989). This has been evidenced by the interviews which were conducted at poly clinic. MSF has been recognised for making the health efficient, accessible and effective. The importance of Non-governmental Organizations (NGOs) in the delivery of treatment services have gained recognition in terms of filling gaps in government programmes, the research also established that the importance of Non-governmental Organizations and has also provided people with a choice of service outlets and to create an effective voice in respect of service needs and expectations. These findings provide us with a better idea of contributions NGOs are making to health system. The NGOs stressed the importance of networking. By establishing partnership with the local government, the NGOs felt they could achieve their goals more efficiently and effectively. Conducting of interviews in this research has helped to explore all the treatment services that were provided by the MSF.
The NGOs engaged in a variety of preventive measures. They are impacting positively on the prevention measures against diseases at a primary level. Therefore the findings on the verification of NGO’s preventive measures implemented highlights that MSF is positively helping in prevention of diseases hence the delivery of primary health care services at a clinic and making the health services accessible to everyone in that community. This implies that NGOs are effectively contributing in the delivery of primary health care services in Zimbabwe, ensuring the health security approach whereby they realised that there is an increasing health inequalities and lack of adequate health security because of economic crisis and thus the NGO had to play this vital role.

The provision of care towards the patients by MSF indicated that they deliver effective care that patients and the maternal should always receive at a standard clinic. Their concern is for the good health care for the patients, although some have complained about the nurses’ behaviour but that is when they fail to corporate with them. However, to a lesser extent NGOs projects are time bound and are based on certain objectives. Some other diseases which are not part of the MSF’s project are kind of neglected and this proved that some other patients who were interviewed also mentioned that they are given little attention because they are not HIV and TB patients. Also to note putting pressure on nurses and doctors who are attending to patients, this however might hinder their project because the more the doctors and nurses work on harsh conditions the more they give ineffective primary care services to the patients and patients end up complaining about the services being offered and the nurses also end up handling patients in a bad manner.

5.3 Recommendations
Findings showed that the clinic is always occupied by a large number of people and others sometimes return home without being attended to. Therefore, NGOs should train and employ more nurses who would assist each other in delivering health services at a clinic.

It has been revealed that there are harsh working conditions for nurses at the clinic. The project managers should allow shifts whereby nurses will have to shift tasks in order for them to work with a willing heart and attend to patients in a nice way so as to avoid ill-treatment of patient.

Since the findings revealed that the NGO works with the local government in providing clean source of water. The researcher recommend the Government of health department to continue
working with the NGO’s, share quarterly and yearly plans to see the gaps existing so that NGOs should fill in.

Since NGOs play an important role in the delivery of primary health care services. The Government should honour the NGOs contributions so that they can improve on the services they deliver.

The findings also showed that the NGOs provide education, awareness campaigns and PMTCT programmes to the community. In this case the researcher recommend the community members to assist NGOs by verifying with the safety measures from the medical staff, the government policies and the MSF policies.

Findings also revealed that NGOs provide a number of preventive measures. The community should increase their participation and interest in community programmes especially water and sanitation programmes and community education,

5.4 Areas of further Research
Assess the collaboration of NGOs and Local Government in the delivery of primary health care service.

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Zimbabwe Health Financing Report

APPENDICES

Appendix A

Interview guide
I am Nyasha Zhuga a student at Bindura University of Science Education (BUSE) pursuing honour degree of Peace and Governance in Social Sciences department. I am researching on the contribution of non-governmental organisations (NGOs) in delivery of primary health care services, a case of MSF at a clinic. Please may you answer the questions to the best of your knowledge as well as your experience and also note that there are no right or wrong answers whatever you say is of much importance. All information given will be treated with confidentiality and the data provided will be used strictly for academic purposes.

Research Questions

1. How are NGO’s contributing in the treatment of patients?
2. How are NGO’s helping in prevention against diseases?
3. How are NGO’s contributing in providing care to patients at a primary level?

Section A: Background Information

1. Age group [18-25] [26-35] [36-45] [46 and above]
2. What is your education level?
3. Gender [Male] [Female]

Section B: Treatment of patients

1. What skills are being employed by NGO’s in treating different diseases?
2. Are NGO’s providing medicines and equipments of treatment?
3. Do patients pay for treatment services?

Section C: Prevention against diseases
1. What methods are being used by NGOs to help in preventing the spread of diseases at a primary level?

2. What emergency mechanisms do MSF have towards prevention of the outbreak of epidemics like cholera, typhoid and malaria?

3. After the support of MSF, have you ever experienced shortages preventive drugs?

Section D: Care towards the patients

1. How is the maternal and new born being taken care of?

2. How is the ill patients handled?

3. Have you ever faced any challenges in working with MSF?
Appendix B

Approval letter from Bindura University of Science Education

FACULTY OF SOCIAL SCIENCES & HUMANITIES
P. Bag 1020
BINDURA, Zimbabwe
Tel: 263 - 71 – 7531-6, 7621-4
Fax: 263 – 71 – 7534
Peace & Governance Department
cmuchemwa@buse.ac.zw
Cell 0773429935

BINDURA UNIVERSITY OF SCIENCE EDUCATION

TO WHOM IT MAY CONCERN

RE : REQUEST TO UNDER TAKE RESEARCH PROJECT IN YOUR AREA

This serves to introduce the bearer...ZHUGA NVASHA, R10595808...who is an
HBSc PEACE & GOVERNANCE student in the Department of PEACE & GOVERNANCE,
Bindura University of Science Education and is carrying out a research project in your area.

Your usual co-operation and assistance is therefore being sought.

Thank you for the continued support.

Yours faithfully,

MUCHEMWA C (DR)
CHAIRPERSON – PEACE AND GOVERNANCE

APPROVED/NOT APPROVED
DIRECTOR

16 JAN 2018
19 APR 2018
MINISTRY OF HEALTH AND CHILD CARE
DIRECTOR POLICY & PLANNING
ZIMBABWE
Appendix C

Approval letter from the Ministry of Health and Child Care (MOHCC)

19 April 2018

Ms Nyasha Zhuga
9183 Glen Norah C Extension
Harare

RE: APPROVAL LETTER TO CONDUCT RESEARCH AT A PRIMARY HEALTH CLINIC.

The above refers

My Ministry has approved your request to conduct your research at a clinic for academic purposes. Kindly share the findings with us. The Ministry is grateful with your service whilst on attachment at the Ministry.

Regards

S.Banda (Mr)
Director Policy and Planning
For: Secretary for Health and Child Care