ROLE OF CIVIL SOCIETY IN ACHIEVING HEALTH SECURITY: A CASE STUDY
OF FAMILY AIDS CARING TRUST IN KARIBA RURAL DISTRICT WARD 2 GACHE GACHE AND WARD 6 SIAKOBVU

By

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B1337368

A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR BACHELOR OF SCIENCE HONOURS DEGREE IN PEACE AND GOVERNANCE.

SUPERVISOR

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RELEASE FORM

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YEAR GRANTED 2017

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SIGNATURE .............................................

PERMANENT ADDRESS 4318 COLDSTREAM CHINHOYI
The undersigned certify that they have read and recommend to Bindura University of Science Education for acceptance, a research project entitled: **The role of civil society in achieving health security a case study of FACT in Kariba rural district Siakobvu and Gache Gache**

**SUBMITTED BY:** Tinashe P Zingundu

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**DATE...............................**

**SUPERVISOR: Dr Makwerere**

**SIGNATURE...............................**

**DATE...............................**

**CHAIRPERSON: Dr Muchemwa**

**SIGNATURE...............................**

**DATE...............................**
DEDICATION

To my beloved mother Miriam Zingundu and my lovely sisters Shumirai and Anesu Zingundu
APPENDICES

Appendix A: Households questionnaires

Household Questionnaires

INTRODUCTION

My name is Tinashe Zingundu. I am conducting a research on the role of Civil Society mainly focusing on Family Aids Caring Trust in achieving health security and I will be mainly focusing on the psycho social dynamics. Information collected from you will be confidential and no name of the respondent will be published or shared. This work is an undergraduate research in which, whose results are for academic purposes and its specific objectives are as follows:

- Explore the role of FACT in educating hard to reach populations about health related programs especially HIV and AIDS programs
- Examine the effectiveness of health programmes and initiatives by civil society (FACT) on the psycho social and behaviour change
- To analyse the challenges faced by civil society (FACT) in educating and providing health services to the community.

Please note that there is no benefit or incentives will be given to participate in the interview now or in the future. You are free to refuse to be interviewed if you don’t wish to take part.

INSTRUCTIONS.

i.  Do not write your name or any other person’s name on this questionnaire
ii.  Please tick where applicable.
iii. Write your responses in the spaces provided.
iv.  Answer all questions.

SECTION A: BIOGRAPHICAL DATA OF RESPONDENTS.
1. Gender
   Male [ ]   Female [ ]

2. Age
<table>
<thead>
<tr>
<th>Below 18 yrs</th>
<th>18-25</th>
<th>26-35</th>
<th>36-45</th>
<th>46-55</th>
<th>Above 56</th>
</tr>
</thead>
</table>

3. Level of Education
<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
<th>No schooling</th>
</tr>
</thead>
</table>

4. Marital Status
<table>
<thead>
<tr>
<th>Single</th>
<th>Married</th>
<th>Divorced</th>
<th>Widowed</th>
<th>Never Married</th>
</tr>
</thead>
</table>

5. Employment Status
<table>
<thead>
<tr>
<th>Employed</th>
<th>Unemployed</th>
</tr>
</thead>
</table>

SECTION B: INTERVIEWING THE GENERAL RESIDENTS
1. How long have you been staying in Siakobvu /Gache Gache

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2. Have you ever come across or heard about FACT

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3. Have you ever received a home visitation from FACT Behaviour Change facilitators

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4. Have you ever received specific counseling from an BCF or FACT personnel

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5. Have you ever been part of the FACT community dialogues and if yes what were you mainly discussing about

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………………………………………………………………………………………………
………………………………………………………………………………………………
6. Do you feel that there are any services that you cannot receive from the local hospital or service providers that you receive from FACT

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……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………

7. Do you feel that issues of stigmatization and discrimination are well addressed by the BCFs

……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………

8. Is there any other organization or institution that has been giving you similar services from what you get from FACT

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……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………

8. Any other comments.

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……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
Thank you very much for your assistance

(End Interview)

Other observations about /on the interview.

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APPENDIX B: INTERVIEW GUIDE FOR KEY INFORMANTS

Questionnaires for the Behaviour Change Facilitators

1. How long have you been working as a BCF?

2. How and where did you learn the information and counseling that you facilitate to the community?

3. Have you been seeing any impacts of the counselings and community dialogues that you conduct
4. What challenges have you been facing in the field and from the community at large

5. How have your sessions addressed issues of stigmatization and discrimination

**Questionnaires for FACT program and support officers**

1. Has been the program been producing desired results?

2. Have you received complaints from the local society or stakeholders about the services you offer to the community

3. Do you think you are doing enough to bridge the gap between the public service provider and the people

4. How have you been handling gender related issues

5. Do you think the BCFs are fully capacitated to bring the desired change to the community

6. What challenges have you been facing from the government or local authorities in delivering your services

7. What do you think is the reason that you are the only NGO that covers this area

**ACKNOWLEDGEMENTS**

I would love to stretch out my gratitude to my project supervisor and mentor Dr David Makwerere with whom I would not have been able to carry out this study without his assistance and support, I humbly appreciate your guidance and efforts. I would also want to acknowledge the assistance
and motivation that I received from the Family Aids Caring Trust family, you were my motivation in taking this study, May the Good Lord Bless you abundantly. I cannot forget my dear friends, Tanyaradzwa Nhawu, Thelma Mutandi, Joseph Miti, Andrew Muganiwa, Struggle Mukonde and Rabson Maperezano. You have always been my family away from home, assisting me in times of trouble with words and any other means possible and for bringing me hope when I am overwhelmed, for being that to me, I thank you from the bottom of my heart.

I would take this moment to appreciate the inspiration and financial support I received from my parents and family members because I could not have done it without any of you especially my mother Miriam Zingundu who has been there for me from the day she introduced me to this world and Shumirai Ashley Zingundu my older sister, for just the thought of you brings joy to my heart. You were my source of inspiration, and your love has been my pool of strength, I love you all.

Above all I would like to express my sincere gratitude and my deepest regards to my best friend and father, the Almighty God for listening to me when I would call to him, and for being there when I needed a friend and mostly for giving me strength and wisdom during the research process, I will forever cherish your love for me.

**ACRONYMS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Virus</td>
</tr>
<tr>
<td>BC</td>
<td>Behaviour Change</td>
</tr>
<tr>
<td>BCF</td>
<td>Behaviour Change Facilitators</td>
</tr>
</tbody>
</table>
ABSTRACT

In many developing countries like Zimbabwe, health security has remained a big challenge because of the failure of governments to provide all the adequate health care systems needed. This has prompted the third sector which is the civil society to act and try to bridge the gap between the government and its people and to compliment all the efforts by the government in an effort to achieve health security. The study looked at the operations of Family Aids Caring Trust and the areas of focus were Siakobvu and Gache Gache in Kariba rural district. The study followed a qualitative and a quantitative paradigm, which the qualitative paradigm was narrative in nature and adopted the case study design. The quantitative paradigm was more statistical and the use of
charts and tables is also evidenced. Thirty participants were questionnaire interviewed for the quantitative aspect and ten participants were interviewed for in-depth information on the study topic. For a deeper understanding of the study topic the research made use of the human security concept and the behavioral and civil society theories of change. Research findings proved that civil society organisations work in complementing government efforts in order to achieve health security and they help in penetrating hard to reach areas. It also found out that, civil society organisations help in achieving a psycho social balance. The study also proved that NGOs suffer a lot from political interference and recommended that NGOs be given room and ground to operate in their full capacity for a sound achievement of health security.
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CHAPTER 1: BACKGROUND TO THE STUDY
1.0 Introduction

This chapter commences by providing background to the study, statement of the problem, purpose of the study and the main research objectives. It also expounds on the basic assumptions linked to the study as well as limitations and delimitations of the study. It concludes by giving a summary of the whole chapter.

1.1 Background of the Study

The world has been characterized with acute human suffering because of different incurable, infectious and deadly diseases. People have been living in constant fear in the world because of diseases like Ebola, malaria, cholera, influenza, cancer and HIV /AIDS. This has shaken the world and questioned different notions of security that have always been in existence. When the cold war came to an end, its end brought with it a new debate about what security really means and since then a more diverse and complex range of issues began to appear on the national security agendas of states, ranging from different forms of illnesses, environmental degradation and even terrorism. With this paradigm shift other concepts of security, most importantly the idea of human security brought into light by the United Nations Development programme, began to question and challenge the traditional dominance of national security. Human security placed the individual rather than the State at the centre of security consideration. Many governments have failed to provide for the fully security of all the human needs including health. All this has left the burden to the civil society organisations to try and compliment the efforts by the government and fill the gap where the government is not adequately capacitated.
1.1.2 Location of Research

Kariba is a district and constituency on the shore of the popularly known Lake Kariba in Mashonaland West in northern Zimbabwe, and it is found along the border with Zambia. The constituency encompasses a total of 12 rural wards in Kariba Rural, also known as Nyaminyami Rural District, and a further 9 urban wards in Kariba Town, the district capital. According to the latest population census the district has a total population which is just under 60,000 UNDP (2015). The creation of the Kariba Lake led to a thriving fishing industry, but following Zimbabwe's economic collapse, Kariba became the least developed district in the country. By the end of 2011, 9293 people were on ART in Kariba District, of which 63.2% were females, 92.3% were above 15 years Mudede et al (2015). This shows a very high and alarming rate of HIV infection. Kariba is a high risk population because it is characterized by fishing and farming communities and the rate of HIV infection in these communities is high. Kariba also connects the high way to Zambia (Chirundu boarder) and the Zambezi river boarder and this means that truck drivers are constantly stopping in Kariba and this has caused high levels of prostitution and thereby leading to HIV and AIDS. Kariba also seems to be a neglected area by civil society organisations as there are only but a handful of NGOs in Kariba and very few deal with health issues. Medical facilities are also limited in Kariba and in the whole district only one hospital can provide for services like cervical cancer screening. Taking into account all these vulnerabilities one can note that there is need to assess the role being played by CSOs to bridge the gap.

1.1.3 Socio-economic Impact of HIV/AIDS and Other Chronic Diseases.

HIV/AIDS and other chronic illnesses like cancer and diabetes have had a very large bearing on the socio-economic state of the nation of Zimbabwe. The impacts of HIV/AIDS in particular have
raised alarms even in the international arena Booth (2012). It is different from most other chronic diseases because it strikes people in the most productive age groups and is essentially 100 percent fatal and has accounted for the loss of many lives. With an agreed national adult prevalence rate of 14.7%, no other imminent crisis in the history books of Zimbabwe has ever presented such a gruesome threat to social and economic wellbeing and progress, as has been done by this epidemic UNDP (2015). It has robbed the country of craftsman from all walks of life and all government sectors. No single government ministry or line of business that is existent in any African country has not been affected by the HIV epidemic Fashoyin (2012). It can be easily noted that the two foremost fiscal effects are a decrease in the labor supply and augmented costs. It is an agreed fact that 50% of Zimbabwe’s population stays in rural areas and depend on subsistence agriculture for their livelihood Dube (2013). Maseko and Ndlovu (2012) hold the view that decline in cultivated acreage for the seasons from 1998 to 2008 can also be due to reasons related to HIV/AIDS which include shortage of labor. They also are of the view that besides the decline in crop acreage, AIDS-affected households showed poor crop management and harvest.

1.1.4 Health Care Service in Zimbabwe

In Zimbabwe, the largest provider of health-care services is the public health system which comprises of public hospitals and clinics mainly owned by the government and local councils. They are complemented by Mission hospitals and health care delivered by NGOs. The Zimbabwean government has made many efforts to deal with chronic diseases and minimizing impacts. Legislation and policies like the National AIDS policy have been crafted in an attempt to deal with the impacts on day to day living. Zimbabwe's National HIV and AIDS Strategic Plan 2011-2015 saw the country adopt a Combination Prevention Strategy approach, which focuses on
a number of areas to prevent new infections Dube (2013). This approach remains in place and includes prevention of mother-to-child transmission, voluntary medical male circumcision, behaviour change communication, condom programming and STI management. This shows that the government has been making efforts to prevent and also deal with the impacts of HIV. Zimbabwe’s health sector faces a plethora of challenges which include an acute shortage of skilled personnel and health-care staff, moribund infrastructure complimented with ill-equipped hospitals, with many of them lacking functional laundry machines, kitchen equipment and boilers, and a lack of crucial medicines and commodities. The breakdown in the health care system has been exacerbated by unforeseen humanitarian crises such as the cholera and measles epidemics between 2008 and 2010 Dube (2013).

1.1.5 Family Aids Caring Trust

Family Aids Counseling Trust (FACT) organisation is the brainchild of the Pediatrician, Dr Geoff Foster. While practicing at Mutare Provincial Hospital in 1987, Dr Foster noticed an increase in the number of children infected with HIV/AIDS. Influenced by his Christian background his compassion led him to develop a Christian based organization to deal with the epidemic. He initiated and created HIV/AIDS awareness and mobilized many Christians to get involved with HIV/AIDS voluntary work. Family Aids Counseling Trust (FACT) later changed to Family Aids Caring Trust (FACT) in 1988 after an inaugural meeting.

Originally, a small team of three staff members and volunteers drove FACT. From then, FACT has grown to become one of the most progressive and leading HIV/AIDS organization in Zimbabwe. It has developed a reputation of being a community oriented NGO and has extended its operations to manage programmes throughout the eastern province (Manicaland and Masvingo). It has acted as a granter to NGOs and CBOs countrywide. However, by the end of
2012 FACT extended its operations to reach out to Mashonaland West Province through taking over programmes that Batsirai Group was implementing namely, New Start and New Life. In addition, it also embraced two programmes from GIZ-Youth SRH and Behaviour Change under the UNFPA funded Integrated Support Programme (ISP).

### 1.1.6 Behaviour Change

Behavior change is a vital intention in psycho social public health interventions, which places increased focus on prevention prior to onset of disease or catastrophe Eldredge (2016). It has emerged as one of the most sought after models of intervention to psycho social behaviour and even acceptance. Mosler (2012) rightfully notes that health predicaments and infections are usually associated with risky behaviors. Multiple sex partners, substance use, or unprotected sexual intercourse are some examples of risky behaviour associated with many people. It is quite a known fact that human beings have, in principle, control over their conduct. Schwarzer (2008) is of the view that behavior modification can be instrumental to the accomplishment of self-control and health-enhancing behaviors and that risky behavior can be done away with. Vogel (2012) concurs that behavior change is premised on the motivational, volitional, and exploit based processes of getting rid of such life compromising behaviors in favor of adopting and maintaining health and life enhancing behaviors. Many scholars have defined behavior in various ways and this helped shape behavior change. Aunger and Curtis (2008) view behaviour as functional interaction between a body and its environment, designed to help an organism to get what it needs to survive and reproduce.
1.2 Statement of the Problem

Kariba is a high risk population of HIV/AIDS and has a high prevalence rate because of its geographical location. The rate of new infections is also very high in Kariba and the rate of commercial sex work is alarming due to the fact that it is a border town. Medical facilities in Kariba are also not adequate to meet the needs of the people and in the whole district only one hospital can provide for services like cervical cancer screening. The district also encompasses some remote areas in the periphery of the peripheries like Siakobvu, Gache Gache and Mola where information about health related issues is not readily available. Taking into account all these vulnerabilities one can note that there is need to assess the role being played by CSOs to bridge the gap and reach the hard to reach populations as well as educate the high risk populations.

1.3 Purpose of the Study

This research is an assessment of the different measures taken by civil society (FACT) in complementing government efforts in educating and providing health related services to the Kariba rural community as well as providing psycho social support

1.4 Objectives

The objectives of this research are as follows

1. Explore the role of FACT in educating hard to reach populations about health related programs especially HIV and AIDS programs

2. Examine the effectiveness of health programmes and initiatives by civil society (FACT) on the psycho social and behaviour change
3. To analyse the challenges faced by civil society (FACT) in educating and providing health services to the community.

1.5 Research Questions

1. What health related projects especially HIV/AIDS related is FACT doing in Kariba urban and rural?

2. How effective has been the health programmes and projects by FACT?

3. What challenges have been faced by FACT in trying to implement the different programmes and projects?

1.6 Assumptions

Civil society organisations are helping largely in achieving health security and thereby bridging the gap between the government and the general masses. FACT is helping largely in HIV and AIDS programming, prevention, lobbying and treatment and thereby helping in health security. FACT is being instrumental in providing treatment for HIV related illnesses like cervical cancer in order to reduce risks of infection. It is also being outstanding in providing awareness through the Behaviour Change Facilitators (BCF) program in Kariba district. The vulnerability rate of Kariba because of its high risk populations is being decreased because of the different interventions. The girl child is being of prioritised in interventions as evidenced by the Sister to Sister groups.
1.7 Significance/Justification of the Study

Zimbabwe’s public health service delivery has deteriorated over the years because of many factors the most latent factor being economic instability. Important medications like Anti Retroviral drugs have sometimes gone out of stock and the government has been clearly overburdened. Public hospitals have had problems in providing services like cervical cancer screening. Psycho support has also been hard to come by from an already incapacitated local health delivery system. This has in turn left the responsibility to the non state actors to bridge the gap and to ensure health security. Due to the plethora of threats to health security that have emerged there has been a big need for civil society to fill the gap. Understanding the role that civil society plays in health security is vital because the government is continuously being inconsistent in service delivery. It is worth noting that since HIV is arguably the gravest threat to health security in Africa and the measures being taken by non state actors to combat this threat is of paramount importance. The contribution of FACT in Kariba rural district is very important because it is the only NGO that deals with HIV/AIDS programming in the district.

1.8 Limitations of the Study

Finances were a large constrain as the researcher had to travel from one place to the other as there are large distances from the two wards under study that could not be covered on foot. Some respondents did not fully cooperate because of the negative impressions that they had about FACT. The location of the research also made it difficult to easily get hold of information because it is a hard to reach area. The student also had a hard time getting authorization from the local leadership who thought the study was political and had to strongly convince them that the study was solely for academic purposes.
1.9 Delimitations of the Study

Due to the already established relationship between FACT where the researcher was attached, and the leaders of the communities and wards of research information will be highly available. Some of the village leaders are BCFs and the researcher worked with them during the period of internship so cooperation of village leadership was guaranteed. The key informants were also former workmates of the researcher during internship so it was easier for the researcher to get access to information.

1.10 Ethical Considerations

In conducting the research particular attention was given to the following ethics;

Informed consent; the researcher began by creating an agreement with respondents clarifying the obligations and responsibilities that each will be expected of. The researcher in this process explained the purposes of the research and guaranteed confidentiality in the process.

Confidentiality: the topic which the research explored is regarded as somehow political in some parts of different wards. As a result, respondents felt threatened by exposing personal and sensitive information. In this regard, the researcher gave assurance that data obtained from the research would be kept confidential and used only for the purposes of the research.

1.11 Key Definitions

Behaviour change - a vital intention in psycho social public health interventions, which places increased, focus on prevention prior to onset of disease or catastrophe Baumeister (2007)
**Behaviour Change Facilitators** - A group of individuals from different walks of life who are trained on different aspects of a subject that lead to behaviour change in order for them to teach to the other members of their society.

**Human Security** – Mainly concerned about human rights, good governance, access to education and health care and ensuring that each individual has opportunities and choices to fulfill his or her potential UNAIDS (2012)

**Psychosocial** - relates to one's psychological development in, and interaction with, a social environment.

**Sustainable livelihoods** - according to Scoons (1998), a livelihood is sustainable when it can cope with and recover from stresses and shocks maintain or enhance its capabilities and assets, while not undermining the natural resource base.

**1.12 Project Chapter Outline**

Chapter 1. This chapter provided introductory information about this research study. The chapter began by giving a brief background to the problem and relating the statement of the problem. Research objectives and research questions were outlined and these will guide the development of the research in the next chapters. This chapter also highlighted the assumptions and the significance of the study as well as outlining the limitations and delimitations of the study.

Chapter 2 will focus on giving the theoretical framework influencing this study. Literature surrounding this research project will also be reviewed critically and research gaps will be availed and it is this gap in knowledge concerning the research problem that this study seeks to answer.
Chapter 3 is an outline of the research methods and research design. The researcher will specify the research paradigm that this study will follow. Research methods and instruments used to gather and collect data for this study will be discussed in this chapter.

Chapter 4 primarily focuses on presentation of the data collected from the field. The data will be presented and analysed in relation to the research objectives and the data seeks to answer the research questions.

Chapter 5 will give a summary of the research findings, research conclusions and recommendations. If need be, areas for further research will also be recommended in chapter five.

**CHAPTER 2; LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

**2.1 Introduction**

In this chapter a comprehensive theoretical and conceptual framework guiding this research will be provided. An in depth analysis of the concept of human security will be done and a the researcher will show the consensus between the concept of human security and the study. The researcher will also review the existing literature related to the same field written by other scholars. The purpose of the literature review would be to identify information that is already available
concerning the research problem. The researcher will also identify gaps in the existing literature and efforts will be made to fill them in.

### 2.2 Human Security Concept

The term human security has had a topical and gradually increasing wide usage in reference to the well being of the whole universe. Since it was first advanced in the 1994 Human development report of the United Nations Development Programme the concept of human security has evolved as a holistic development-oriented acuity Nef (1999). There has been a paradigm shift in the way that security has been viewed in the world. Fidler (2004) rightfully notes that in international relations and foreign policy thinking, the notion of security has been viewed in terms of national security, or in a broader sense the security of the state from any form of military violence exercised or even threatened by another state. Garrert (2013) reiterates that the state-centric violence paradigm characteristically shaped and dictated how world leaders and their governments conceived and treated the notion of national security. As expected any other thing that fell outside the parameters of the threat of military force or violence from another state was not, by definition, a security issue. Ogata and Cels (2003) concur that public health problems and life threatening diseases, such as communicable disease epidemics, were traditionally outside the realm and scope of security and policies to o with security. Historically, security and health never developed any type of policy relationship.

Griffin (2008) posits that the end of the Cold War brought with it many varied debates about the real meaning of security and a wider range of issues and different conceptualizations of security found their way to the national security agendas of governments and states, ranging from life threatening diseases, to terrorism. Lisk, (2010) is of the view that other concepts of security, most
notably the idea of human security brought into light by the United Nations Development
programme, began to challenge the traditional dominance of national security. Lancet (2013)
stresses human security placed its emphasis on the individual rather than the State at the centre of
security consideration.

Fidler (2014) further stresses that the proliferation of all the state and non state actors efforts to
integrate and connect public health and security is evidence of the political importance of public
health, psycho social well being and the general lack of consensus about the reflection of what
security should mean in international relations and foreign policy Liden (2013). This has facilitated
the inclusion of virulent, fast-moving communicable disease pandemics such as pandemic
influenza and deadly diseases like HIV as security threats. Lee (2009) agrees that with all the
shifts that have shaken the true meaning of security from the late 20th century to early 21st century,
health has been increasingly connected and linked with different concepts of security. The whole
process has become popularly known and been viewed by scholars like Griffin (2008) as the
securitisation of public health According to the Committee on Economic, Social and Cultural
Rights (2000) the UN Security Council considers HIV/AIDS as a threat to international peace and
security. Strategic visions of reforming the United Nations prominently emphasised the
importance of public health to the concept of "comprehensive collective security.

2.2.2 SADC and Health Security

The Southern African Development Community (SADC) has shown its high resounding
commitment to the health of the region’s citizens. It endeavors to reach a tolerable standard of
health for all citizens and to reach specific targets within the objective of Health for all by 2020.
This goal emanates from the SADC Health Programme, which was initiated in 1997 in line with global and regional health declarations and targets Farmer et al (2001). Three vital policy documents have been orchestrated to strengthen the accomplishment of the Programme, and are being put into operation by the Social and Human Development, and Special Programmes Directorate. 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 Fan & Silverman (2012). This framework was developed by the SADC Health Ministers and approved by the SADC Council of Ministers in September 2000. It proposes policies, strategies, and priorities in the following areas: Health research and surveillance; Health information systems; Health promotion and education; HIV and AIDS and sexually transmitted diseases; Communicable and Non-communicable Disease control; Disabilities; Reproductive health; Health human resources development; Nutrition and food safety; and Violence and substance abuse Gareth (2013).

Of the 20 countries with the highest maternal mortality ratios worldwide, 19 are in Africa; and the Region has the highest neonatal death rate in the world. Then there is the strain on African health systems imposed by the high burden of life-threatening communicable diseases coupled with increasing rates of non communicable diseases such as hypertension and coronary heart disease. Basic sanitation needs remain unmet for many: only 235 58% of people living in sub-Saharan Africa have access to safe water supplies Committee on Economic, Social and Cultural Rights (2000). Africa’s Health Trajectory the Health of the People published in 2013 is the first report to focus on the health of the people living in the African Region of the World Health Organization, Council on Foreign Relations (2013).
2.3 Behavioural Theory of Change

In order to conceptualize behaviour change it is vital to understand the theory of change in regards to behaviour modification. The BC theory of change sets out the lowest chain which comprises of causes and effects that must undoubtedly happen for behaviour to change and have assurance that the desired impact is produced Lewis (2002). According to the theory of change in this regard the task is to design an intervention that can produce changes to the environment, which causes changes in the brains of the target audience, which, in turn, cause them to behave differently. The effect of behaviour change is a transformation in some state of the world, such as better health and community solidarity. It is vital to know that the theory of change is generic and explicitly assuming that successful interventions in retrospect, must generate a cascade of upshot via environments, through brains, to behavior and hence to the desired impact, such as improved health Mosler (2012). Ariely (2009) is in agreement that changes in behaviour are viewed as the consequence of a reinforcement learning process involving the targeting of evolved motives and changes to behaviour settings, and are produced by three types of behavioral control mechanism automatic, motivated and executive. The implications are that interventions must create surprise, revalue behaviour and disrupt performance in target behaviour settings.

2.4 Civil Society Theory of Change

The theory of change has emerged as one of the main guide lines and conceptual ground for civil society organisations. The Theory of change is an approach to the design and evaluation of social programmes and interventions by civil society Eyben et al (2008). It is being progressively frequently used in international development by a wide range of governmental, bilateral and multi-lateral development agencies, civil society organisations and international non-governmental
organisations Vogel (2012). It has been noted that a wide range of development organisations, ranging from grassroots initiatives in developing countries or underdeveloped countries to donor agencies, have established it as an accessible, intuitive and useful approach to engage strategic thinking and learning for programme development as well as evaluation Green (2011). James (2011) is of the view that theory of change thinking encourages organisations and programmes to elaborate and document their views on the long term change that they are seeking, the things that need to be changed and why they need to be changed and the context for the change and other actors that might be involved in it. Stufflebeam (2007) notes that the theory of change should not be about merely producing a document well articulated to share with donors and partners but instead, it needs to be a process that involves the people we exist to serve and those with whom we work with. The theory of change comes recommended because of a number of factors. Caldwell (2002) posits that it has emerged as a way of helping people come to a universal understanding of their work and surface any differences by developing the theory of change together as a group. It is also vital in strengthening the clarity, direction, effectiveness and focus of programmes by identifying what matters most. The theory of change according to Simpson (2007) is instrumental in providing a framework for review, learning, re-design and evaluation by clarifying the changes that need to happen at different levels and the beliefs that need testing. It is also vital in improving partnership by identifying key strategic partners and by supporting open conversations about the work with all kinds of partners, including donors.

2.5 Role of NGOs in Health Interventions

Non-governmental Organizations (NGOs) play an important role in the support of a wide range of development activities and health initiatives. According to the International Health Metrics and
Evaluation (2012) NGOs have been at the forefront in trying to bridge the gap between the government and the people and have made efforts to counter all health problems and have made efforts in initiatives including HIV/AIDS prevention and mitigation programs. The increasingly prominent role played by civil society organizations can be attributed to their innovative approaches to addressing the HIV/AIDS epidemic and the way in which these organizations have been able to channel funds to communities Muriisa (2010). NGOs and civil society organizations have also been recognized for their ability to improve the delivery of state services and to monitor national government policies (UNAIDS 2004). The work that NGOs have done in HIV/AIDS awareness and mitigation in Zimbabwe is testament of how impactful they can be and has played a crucial role in the promotion of human security and even to some extent gender equity in the country. At present in Africa the HIV/AIDS NGO sector is large and NGOs are recognized by donors as the champions of success in the prevention of HIV and in mitigating its effects Fawaliga (2009). These NGOs provide a range of services, including care and support, advocacy and policy shaping, and community sensitization and education campaigns related to HIV/AIDS transmission and prevention. The Committee on Economic, Social and Cultural Rights (2010) concurs that education and dissemination of HIV/AIDS-related knowledge by NGOs takes place through informal and formal group meetings and that group meetings and interaction between individuals facilitate discussions about the roles of cultural practices in increasing HIV transmission and how these practices and their impact may be alleviated.

2.6 Challenges Faced By NGOs in Zimbabwe

NGOs in Zimbabwe operate on very slippery ground where they are treated with utmost mistrust and suspicion Makumbe (2009) and they face many challenges in their quest to deliver services to
their target populations. Below are some of the challenges that they face in their field of operation. Makumbe (1996:81) says that the aim of NGOs in initiatives that have to do with community development is to raise the standard of living of people by encouraging them to actively participate in various development–oriented activities.

### 2.6.1 Political Interference

Several NGOs in the field of development operate in highly unstable, risky or conflict prone areas or operate alongside predatory states which may view their presence with suspicion Makumbe (2009). In many places in Mashonaland West, NGO leaders identified the interference of local politicians and civic leaders as a major hindrance to their work and this is mainly because it is a stronghold of the ruling regime Mushore (2015). Where NGOs get entangled in sensitive issues, such as land disputes, local leaders can threaten NGOs with de-registration or banishment. NGOs like FACT which receive funding from donors like USAID and UKAID are treated with grave suspicion and frequently monitored.

### 2.6.2 Lack of Funds

NGOs are expressing difficulty in finding sufficient, appropriate and continuous funding for their work. They find accessing donors as challenging as dealing with their funding conditions. They perceive there to be certain cartels of individuals and NGOs that control access to donor funds Munro (2003). They have limited resource mobilization skills and are often not looking for funds that are available locally, preferring to wait for international donors to approach them. There is a high dependency of donors and a tendency to shift interventions to match donor priorities Andreason (2006). There is a lack of financial, project and organizational sustainability.
2.6.3 Limited Capacity

NGOs recognize that many of them have limited technical and organizational capacity. Few NGOs are able or willing to pay for such capacity building. Weak capacity was identified in fundraising, governance, technical areas of development, and leadership and management. Some NGOs felt that the existence of quality standards would assist them to develop the required capacities Anand and lea (2011). The speed of technology changes is also a challenge particularly in areas of IT capacity.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter presented an overview of methods that were used in the collection and analysis of data in order to meet the objectives set by the study in chapter one. The researcher made use of qualitative methods. This chapter explained detailed and comprehensive procedures taken in gathering data for the study. It focused on the research design, population samples, sample unit and the procedures in which the data was gathered. It also included instruments used to collect data for the study. The chapter’s main objective was to outline the research plan that was used and how it was administered.

3.2 Research Methodology

A research paradigm refers to a perspective based on assumptions, conceptions and values held by researchers. Currently there are three research paradigms and these are quantitative research,
qualitative research and mixed research. The nature of this study which required an in-depth analysis of the research led to the researcher resorting to the use of the qualitative research paradigm. By definition, qualitative research paradigm relates to research that heavily base on the collection of qualitative data (Cresswell, 2013). Qualitative research is basically divided into five categories and these are: ethnography, phenomenology, case study research, grounded theory and historical research. The researcher endeavoured to gather qualitative information concerning the operations of FACT within the Kariba rural community

3.2. Research Design

Research design is the overall strategy chosen to integrate the different components of a research in a coherent and logical way to ensure the research will respond to the research problem. The research design provides a guideline for the collection, measurement and analysis of data (Neuman, 2005).

The research took a case study approach so as to gain an in-depth insight on the role of FACT in psychosocial behavior change and health security in Siakobvu and Gache Gache area in Kariba rural. In a case study, the researcher explores a program, event or activity in depth. A case study was chosen over other designs because a single case study focusing on Kariba Rural District is less costly. However, it should be noted that FACT operates in all districts in the provinces and in seven other provinces.

3.3 Population

Cresswell (2013) defines a study population as a group of elements or cases, individuals, objects or events that conforms to specific criteria and to which we intend to generalize the result of the research. The research targeted residents in Siakobvu and Gache Gache area in Kariba rural. This
included residents that had come across behaviour change facilitators and those that hadn’t been reached by these facilitators. The records obtained from the FACT provincial offices in Chinhoyi showed between 2013 and 2016 over 5000 people had been reached by the BCFs in their house to house home visits. FACT support officers and program officers also made up the target population.

3.4 Sample

Cresswell (2013) defines a sample as the actual group studied in a research. For the purposes of obtaining qualitative data, the sample population of the research was limited to a total number of 30 respondents. Of the over 5000 residents that received counseling services and one on one session with the BCFs 30 were chosen to participate in the research. For analysis, the researcher also chose 10 BCFs who were different people from different walks of life who had received capacity training. Two support officers and two program officers, where drawn into the sample population.
3.4.1 Sampling Techniques

Sampling refers to the process or criteria of determining and selecting people or other objects with which to conduct a study (Neuman)2005. The researcher had to mix sampling techniques in order to come up with a comprehensive sample population that could produce reliable valid data. The research used both probability and non probability sampling using. The researcher made use of purposive or judgmental non probability sampling for the BCFs and program officers as well as random sampling for the residence of Kariba rural district. The researcher purposively selected a group of people for their relevance to the issues being studied within the Kariba rural district and relevant stakeholders. This also ensures that the researcher accesses some information which can be hard to come across from any random member or employee of FACT. Systematic random sampling through the use of cluster or area sampling was used for the residence so as to ensure diverse and reliability of data as it will be coming from a variety of sources that would not have been compromised. Random sampling technique has an added advantage as this will enable generalization of the research findings to the larger population.
3.5 Data Collection Methods and Instruments

In carrying out this study, the researcher used interviews and questionnaires as primary data collection methods.

3.5.1 Unstructured Interviews

Interviews are defined as a process of purposeful conversation whereby an interviewer asks prepared questions about a carefully selected topic and the respondent answers them. This process is engaged so as to gain meaningful information on a particular topic or area of research interest (Cresswell, 2013). Interviews can be structured and unstructured and both these forms were employed in the collection of data. Structured interviews are characterised by carefully worded
questionnaire which are then administered. Unstructured in-depth interviews do not have a rigid form to follow during an interview.

According to Neuman (2005), interviews are based on the assumption that the perspectives of the participants are important, meaningful and knowable and their perspectives strongly affect the success of the project. This denotes that interviews are important and useful in understanding the respondents’ attitudes, perceptions and beliefs, values and practices.

3.5.2 Justification of Interviews

Interviews enable a researcher to examine and understand the level of understanding of the respondent towards a particular topic. Interviews provides a powerful form of formative assessment as they are used to explore how respondents feels about that particular topic before the researcher turns to other methods such as personal observation or in-depth interviews in order to gather in-depth information (Cresswell, 2013). Interviews as a research method are easy to standardize as all respondents are asked the same questions in a similar way and it is easy to replicate the interview. However, interviews come with their own flows. The quality of information obtained heavily relies on the quality of questions asked. Interviews are time consuming, expensive and they need a qualified and highly trained interviewer.

3.5.3 Observation

Observation is a data collection method whereby first hand data on programs, processes or behaviours is gathered through observation Cresswel (2013). Data is gathered by watching behaviour, events, or noting physical; characteristics in their natural setting. This can be done overtly or covertly. Covert observation has an advantage as people (the respondents) behave
naturally as they are not aware they are being observed. Overt observation was used in conducting the research.

3.5.4 Justification of observation

Observation allows for the collection of data where and when the activity is taking place. Observation does not rely on the willingness of respondents to provide information Cresswell, (2013). Instead of relying on second hand information where people tell you what they are doing or what they did, observation allows the researcher to directly see what people are doing or what they did. However observation has its own shortcomings. Observation is more susceptible to observer bias.

3.6 Field Work Experiences

The field work experiences for the researcher was a very overwhelming experience. The researcher gaining much insight on issues such as the daily experiences of the BCFs in their home visits and the challenges that FACT faced in trying to develop the community. The researcher from the information provided to him had a deeper appreciation of the role of CSOs and the role that they play in bringing about health security. This field research was eye opening as they researcher got to see things as they are on the ground for instance the way that he was treated when he was asked which political affiliation he subscribed to although he had already identified himself as a researcher and this was what the BCFs always had to go through in their home visits.

The researcher spent five working days in the field collecting data for the research; three days were spent collecting quantitative data through questionnaire interviews with the residents of Gache Gache and Siakobvu. The remaining two days were used for key stakeholder interviews with
FACT officers and local hospital staff. The field work however failed to come through as expected as one of the expected key informants or participants could not make it.

3.7 Ethical Considerations

Ethics were also considered so as to protect the rights of the participants in the research process and to report results fairly and accurately. In the interest of research the following ethical considerations shall be taken into account.

3.7.1 Voluntary Participation

The researcher is going to allow voluntary participation. Respondent has the right to withdraw from answering when he/she no longer feels comfortable with answering the questions.

3.6.2 Informed Consent

Asking for consent of respondents is required before engaging into the discussion with the respondent. The researcher will visit the research participants well before the actual data gathering exercise and kindly seek their consent to participate in the study. At the same time, the researcher will also fully explain the purpose of the study to research participants. In addition, the researcher will also prepare an information sheet detailing the scope of the research. The research information sheet will then distributed to all prospective respondents so that they could clearly understand the purpose of the study.
3.7.3 Anonymity and Confidentiality

As a means to protect those who would have participated as information shared might be sensitive and highly compromised, the researcher is going to take effort to ensure anonymity and confidentiality of all those who are to participate in the research. As part of ensuring anonymity, no names are going to be used to refer to contributions made by participants in this study. All information gathered in surveys is highly personal and sensitive. Confidentiality shall be maintained at all cost for the safety and the well being of the respondent.

3.7.4 Professionalism, Honesty and Integrity

Professionalism will be maintained by the enumerator at all times. Neutrality and impartiality will be maintained by the enumerator during the survey (data collection period). Work will be done without any political, religious, social, clan-based affiliation. It is neither necessary nor appropriate to comment on or defend any local, state or political policy. Falsifying data can be incriminating hence it should be avoided as at all cost.

3.8 Summary

This chapter gave a description of the research paradigm that the researcher resorted to, in conducting the research. The qualitative paradigm was chosen over the quantitative paradigm for its efficiency in providing quality data. The chapter also dwelled on the research design, a case study approach, and the data collection methods employed in the research and these are interviews, observation and document review. The chapter briefly highlighted on how the data will be presented and analysed in the next chapter. Ethical issues considered during the research process have also been included in this research.
CHAPTER FOUR; DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents the findings of the research which was done for the topic under study. Data collection from the local residents, BCFs and FACT personnel was done through the use of interviews. Questionnaires were also engaged for the collection of data from the residents of the selected areas of study. Three research questions were the major guide for the data collection process and the data was most helpful in answering major questions for the research that would be presented through different subtopics or themes. An analysis of the data and a presentation on these themes is going to reflect the role of civil society FACT in achieving health security in Siakobvu and Gache Gache area.

4.2 Gender profile of the participants

Females where dominant as many of the participants during the data collection were females with total number of 17 and 13 male as demonstrated in the table below. The general recent population trends indicate that there are more women in the area as men are usually at the lake fishing for livelihoods or working at the mines. However the researcher tried to get reach of some of the participants at work. The issue of psycho social health and health security convincingly proved to affect both men and women. The participation of women as well indicated that they are the most
affected by the psycho social issues and are usually the victims of stigmatization and general health discrimination.

### 4.2.1 Demographical Presentation

<table>
<thead>
<tr>
<th>Gender profile</th>
<th>Male</th>
<th>43%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>57%</td>
</tr>
<tr>
<td>Age</td>
<td>18-25</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td>26-35</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>36-45</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td>46-55</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>56+</td>
<td>7%</td>
</tr>
<tr>
<td>Level of education</td>
<td>Primary</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>Secondary</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Tertiary</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Not schooled</td>
<td>17%</td>
</tr>
<tr>
<td>Employment status</td>
<td>Employed</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>Unemployed</td>
<td>67%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response rate for interviews</th>
<th>Scheduled</th>
<th>Attended</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour Change Facilitators</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>FACT program and support officers</td>
<td>4</td>
<td>3</td>
<td>75%</td>
</tr>
<tr>
<td>Siakobvu Hospital Matron</td>
<td>1</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>13</td>
<td>93%</td>
</tr>
<tr>
<td>Response rate for questionnaires</td>
<td>30</td>
<td>30</td>
<td>100%</td>
</tr>
</tbody>
</table>
4.2.3 Age Groups

From the research conducted the highest number of people were found in the age group ranging from 26 -35 years, followed by the age group of 18- 25, the age group from 36 – 45 years was next being followed by 46-55 years and lastly those above 56 years which was the lowest age group. It is worth noting that the two dominant groups which have the highest number of participants constitute mostly of the youths who are arguably the most active recipients of the services offered by FACT and to be the most affected by psycho social problems. Those aged 56 and above are of a least number in the participation since they are no longer actively involved in issues to do with the psycho social dynamics or health related issues mainly pertaining to HIV and they are not active recipients of information.

4.2.4 Level of Education

Of all the interviewed respondents 17% had not received any form of education, 43% of the respondents attended primary school, 30% had reached secondary level. Only 10% of the respondents had attended tertiary institutions. The low levels of education can be attributed to early child marriages, the distance of the schools from some of the residents and a general lack of invested value in education. Of the 10% of the respondents who had tertiary education, most of them were the key informants who are experts.
4.2.5 Response Rate for Questionnaires

Of all the 30 questionnaires distributed, the researcher successfully managed to retrieve all of them, which was a complete and full response rate of the total number of the questionnaires as shown on the table above. The reason for the high response rate was mainly because the community is very receptive to FACT personnel and initiatives and they gladly participated in the activity. The full average of the questionnaire response rate is an accurate depiction to draw conclusions on the research problem from the data collected from the field.

4.2.6 Response Rate for Interviews

The researcher initially scheduled 15 interviews but the researcher managed to conduct 14 interview sessions out of a possible 15. The 1 interview that failed to materialize was because the individual had gone for a workshop. The table above shows the details of the field research that was carried out, illustrating the number of respondents who managed to attend the interview sessions. All the Behaviour Change Facilitators participated as scheduled and this can also be attributed to the good relationship between the BCFs and the researcher who worked with them as an intern. There was incomplete percentage of responses from FACT personnel because 1 of the 4 interviewees was not available. The researcher managed to meet with the local hospital matron.

Interviews and questionnaires that were collected in Siakobvu and Gache Gache reflected that the majority of the citizens knew of the operation of FACT within the area although some of the members of the community had not come into contact with either the BCFs or FACT personnel they had heard of the services that they offer. A minority showed no knowledge of the operations of FACT or any other civil society organisation in their vicinity.
4.3.1 The Role of FACT in Educating Hard to Reach Populations About Health Related Programs Especially HIV and AIDS Programs

From the responses of the BCFs and the Siakobvu residents the researcher found out that the area has been left out of many health initiatives by the government and other partners because of its geographical location. FACT is one of the few NGOs found in Siakobvu and Gache Gache and is the only health related NGO in Siakobvu. The researcher found out that because of its distance from main towns and because of bad roads a lot of initiatives and health services by the government have not reached the residents. Simple services like HIV counseling and male circumcision have not been readily available to the residents because it is a hard to reach area and has been largely neglected by many service providers. The researcher found out that many residents have to travel to very far distances to get access to some services like medical male circumcision and cervical cancer screening and NGOs like FACT bring such services to their doorstep. The respondents to the questionnaires concurred that only FACT provided services locally and making life easier for them.

The responses from the BCFs concurred that the roads that lead to Siakobvu and Gache Gache were dilapidated and as a result only one bus ferried people thrice a week but sometimes during the rainy season it would not even come because of the bad roads. In such cases the residents use boats to travel using water transportation but in some case it is also tricky to travel using boats because of the floods and waves that happen. One of the respondents explained saying “... kwedu kuno kuGache Gache hakusvikike nyore nekuda kwemakomba nemakoronga ari munzira zvekuti zvimwe tinongoperera kuzvinzwa muradio asi kwedu kuno hazvisvike.”(Gache Gache is a hard to reach area because of the potholes and broken bridges and some information only comes to us only through radios). This situation makes it difficult for some residents to go and access basic medical
services in Kariba which is the nearest town with a fully functional hospital. This means that the residents cannot get access to services like cervical cancer screening and male circumcision. One of the BCFs who is also a local village herdsman asserted that *many organisation started projects that they failed to finish in Siakobvu because they could not keep coming back to monitor and continue their projects*.

4.3.2 Incapacitated local health delivery systems

From the interview with the hospital matron the researcher gathered that the local hospital and local clinics are not fully capacitated to provide services to the population that is expected to receive services from it. The hospital that provides services for the whole of Kariba rural district catering for wards including Moola, Makande, Gache Gache and Siakobvu has a compliment of only 8 members of staff including two cleaners and two nurses in training. Furthermore from the interview the researcher gathered that the hospital usually does not fully operate fully at night because electricity is rarely available and therefore emergency cases that come in the evening cannot be fully attended to. The hospital is left with only two functional wards and full of archaic and old equipment. From the interview with the matron the researcher found out that with the limited staff compliment and pressure for service delivery the hospital does not offer services like male circumcision, cervical cancer screening and any psycho social services. The researcher also found out from the interview that the local clinics are not so much capacitated to deal with the needs of the residents but cannot act as provisions for minor medical attention. The senior nurse acknowledged that FACT has been complementing the gap between them and the local residents.

The research indicated that the local health service delivery alone cannot be sufficient to meet the needs of the local people. The senior nurse admitted that there were many psycho social problems
including stigmatization and discrimination evident in the community but the local health delivery structures where not well capacitated to deal with them because they already have their hands full with an incomplete staff compliment. The local hospital is too limited in terms of its capacity to deal with issues to do with psycho social well being or psycho social health.

4.3.3 Effects of Insufficient Attention on Hard to Reach Populations

The study found out that the lack of concentration on hard to reach populations by the government and civil society has had some undesirable effects in many aspects of their health security. From the interviews with the senior nurses and the FACT personnel the researcher found out that the Kariba rural district has been labeled a high risk population of HIV/ AIDS and this is because it is a mining and fishing area and this means that it requires a lot of education and attention from all development partners. The BCFs that were interviewed informed the researcher that from the home visitations that they conduct they have discovered that many girls get married in their early teenage years and do no finish school and that some of them are victims of abuse.

The research noted that hard to reach populations are deprived of many basic services that other communities get and are not fully paid attention to like other communities. Basic services like adequate medical attention are not usually a priority and there is need for that gap to be filled by the third sector which is civil society. As a result of all this, hard to reach populations usually remain primitive and backward in many regards. One BCF stated that “…anhu acho hawatosiirike zvipepa zvekuverenga nekuti wanogona kuverenga washoma” (You cannot even leave pamphlets because very few people can read them). This is evident of the negation of these communities even in literacy and educational issues.
It was noted that general interaction with the rest of the world is difficult to these hard to reach populations as the means of information are limited and scarce and the villages are so spaced that even if information comes it does not travel easily. The researcher found out the BCFs had to receive bicycles and motorcycles in order to reach some of the places to educate and counsel the people. One of the BCFs noted that “… kana bhasikoro rikafa ndotobva ndaziva kuti kune kumwe kwandava kusakwanisa kusvika kunobatsira vanhu nekuti mufambo wacho hausi wekutamba”(when my bicycle is not functional there are places that I cannot go to because the distances are very long). The researcher got to the understanding that the hard to reach populations are at a grave disadvantage and there is need for special attention even by the FACT to further capacitate the BCFs to maneuver in.

4.4.1 The Effectiveness of Health Programmes and Initiatives by Civil Society (FACT) on The Psycho social and Behaviour Change

The research found out that FACT with the aid of BCFs has been carrying out counseling in an attempt to achieve a psycho social balance in the community. The programs officer informed the researcher that they trained 30 BCFs in the whole district in order for them to be able to counsel the rest of the community. This training happened in an on and off one month training and the BCFs were later presented with a certificate. The counseling training encompassed different subjects including gender based violence, sexual abuse, HIV/AIDS counseling and drug abuse counseling. The programs officer stated that “…we believe that in order to achieve full behaviour change there should be counseling in all aspects that require behaviour change and that lead to risky sexual life and that is why we offer counseling for all the different life situations”
The researcher also found out that the community had suffered from stigmatization and that the people in the community still have to be educated more. One of the participants stated that “munhu anorwara nemukundombera haabatwe zvakafanana nevamwe munharaunda yedu ino ,pane katsika kekutosarurana kanoitika muno munharaunda katiri kugara tichizama kutsiurwa kuti kapere nemaBCF anogara achitishanyira mudzimba dzedu” (a person suffering from HIV is stigmatized in our area of residence and this is what the BCFs are constantly trying to teach us to stop when they come to our places of residence.

The research also found out that the community has high resistance for people suffering from HIV and in the end this leads to rampant stigmatization because of lack of adequate knowledge. One of the key informants from the local hospital stated that “… although it is now improving, the residents who are HIV positive still find it difficult to fit fully into the community to the extent that some still come to collect their medication on irregular days for fear of being known their status by the rest of the community” One of the interviewed BCFs also indicated that “patinongoda kutura nezvechirwere kune dzimwe dzimba unotoona kuti zviso zvevanhu zvinobva zvaratidza kubatikana zvekuti kuramba tichaura nezvenyaya izvodzo zvinenge zvototanga kuremera kunyangwe isu” (Sometimes when we visit some houses to talk about HIV we face so much resistance that we fail to continue with the session)

The research found out the community has been subject to many psycho social dilemmas and in some parts of the community people still believe in myths and this is a hindrance to their health security. One of the participants stated that “… kumwe kurwarirwa kwatakasangana nako kwakaita kuti timbozama kufamba kufamba kuda kuona varapi asi takazobatsirikana pakauya maBCF kuzoita hurukuro vakati zvimwe panoda kungotariswa ropa badzi” (We had faced an illness by our relative and we thought it was witchcraft but the session with BCF changed our...
mindset we were advised to get them tested and this helped us so much”. The findings of the research concurred that some parts of the community are somehow deeply embedded in traditional practices and beliefs that can be harmful to both their physical well being and psycho social well being.

The research found out that some residents go through painful and traumatic experiences and there are no other professional or trained counselors besides the already overburdened hospital personnel and the BCFs. The study found out that the BCFs sometimes have to deal with issues that are beyond their own comprehension and understanding but still have to find solutions. One of the key informants, a support officer stated that “… some of the issues that are brought to our attention by the BCFs are beyond our scope of knowledge and jurisdiction and we have to give referrals to the responsible departments and authorities to adequately deal with the issues.”

4.4.2 Girl Child Counselling

The study found out that the girl child has been prioritised in all the FACT counseling endeavors and specially trained BCFs are responsible for counseling the girl child especially those that are still in school. The programs officer indicated that special sessions were created which are called “sister to sister” whose purpose is to provide counseling and psycho social health to the girl child. The programs officer stated that “…the sister to sister sessions are meant to provide a comfortable environment for the young girls to open up and receive adequate counseling without fear and without being shy.” One of the interviewees stated that “nyaya dzakawanda dzekubatwa chibhoro kana kusachengezwa zvakanaka kwevanasikana tinodzibata patinoita masister to sister nekuti zvinotipa mukana wekunyatsotaura nekuongorora zvizere uye vasikana vanenge vari panharaunda yavakasununguka kutaura zvavanoda” (We usually get to know of rape issues
through the sister to sister sessions as they give us more time with the girls to get to know them better and at these same time providing a conducive environment).

The researcher got to the knowledge that the sister to sister sessions are done by girls in school and they take about two years doing different modules that groom them to be better prepared to face the world. One of the participants who had once gone through the sister to sister sessions professed that “…sister to sister vakandibatsira kuti ndisazvidzikisire kana kurega munhu achindidzikisira uye kuti ndizive kodzero dzangu semwanasikana” (The sister to sister sessions helped me to have high self esteem and to know my rights). The sister to sister sessions give the girls a chance to receive knowledge that they otherwise have not known and equips them to deal with the society better. The researcher also got to the knowledge that the sister to sister sessions actually reduced the number of girl child school drop outs and early marriages. One of the key informants, a support officer at FACT stated that “we have discovered that girls that attend the sister to sister sessions rarely drop out of school or engage in early marriages”. This shows that the sister to sister sessions capacitate the girls and make gives them a better psycho social standing.

The researcher also found out that a youth corner which was established by FACT has been pivotal in providing psycho social balance to both the girl and boy child in the community. The youth corner is a room where video screenings take place and the youths are visited frequently by the hospital matron who also happens to be the mentor of the youth corner. The matron concurred that “the video screenings and discussions that are facilitated by FACT at the youth corner are pivotal in striking a psycho social balance for the youth and empowering them with knowledge that ensures behaviour change”.
4.4.3 Community Dialogues

The researcher came to the knowledge that FACT has been conducting community dialogues which have also been educating the community and sensitizing it and at the same thriving to achieve psycho social health. One of the participants who once attended a community dialogue stated that “The community dialogues are so helpful as they help the whole community to reflect and agree on certain facts and ideas as well as enlighten each member of the society of the things that need to be changed in the society and how we can bring change”

The community dialogues bring different members of the society together for one common goal and help to address many outstanding issues that might be lurking or that need attention and the different topics discussed including gender based violence are useful in trying to get rid of some gender stereotypes and thus helping firmly in achieving psych social health. The research found out that the residents of Siakobvu enjoy attending the community dialogues because they are interesting for them and partially because refreshments are offered after the dialogues take place. These dialogues according to one of the key informants “..can be instrumental in bringing the community together and inserting a health conscious common goal and mindset in the community”.

The researcher however also found that some of the respondents could not even remember any one topic that had been discussed during the community dialogues and this prompted the researcher to assume that some of the residents attend community dialogues because of the refreshments that are offered after the meetings and not actually interested about the content of the meetings.
4.5.1 Challenges Faced by Civil Society (FACT) in Educating And Providing Health Services to the Community.

The researcher found out that one of the major challenges faced by FACT is that of political interference. The area they operate in is a strong hold of the ruling party and they are treated with great suspicion. One of the support officers noted that “…We are constantly under tight scrutiny and our activities are frequently monitored. We are constantly reminded to stick to our core business by the security agents.” This shows that they are treated with great suspicion and mistrust. Even in the recruitment of the BCFs the support officers noted that they had a difficult time in choosing because some of the potential targets to be BCFs were aligned to the opposition parties and the local leadership did not agree that they become BCFs. The programs officer stated that “…we had four BCFs who we had to let go because the local leadership felt that they were not fit to execute the duties because of their political affiliations. Fighting over the issue with the local leadership would lead us to being denied access to the area. In the end we had to let the local leaders give us a list of people who ineligible from the ones who we had attempted to make BCFs.” The interference by the local leadership and state security makes it a bit more difficult for the officers to execute their duties fully and competently. The support officers noted that in 2013 they had to suspend their operations for a little while because the BCFs where being victimized in their home visits and they feared for the safety of the BCFs and their well being.

One of the problems faced by FACT in trying to provide services to the communities in the district is the state of the roads that lead to Gache Gache and Siakobvu. The roads are sometimes so dilapidated that even our biggest and strongest vehicles cannot maneuver and this poses great problems. One of the support officers noted that “. during the rainy season the roads can be so
bad and the bridges too full that no vehicle can cross the road and we have no option but to go back to Kariba town and look for other means.” The researcher noted that the alternative transport to use is travelling by boat but sometimes the rivers will be also too flooded that traveling by boat will be too risky. The researcher further found out from one of the programs officer that “..even if we use water transport we will need a car to go and drop off stationery and refreshments to the BCFs and it will cost us more to hire a car there”. In the end they just find temporary solutions so that the work does not suffer much.

The researcher noted that another challenge faced by FACT is insufficient funding and lack of funders. The researcher found out that some of the donors that used to fund FACT have pulled out due to the hostile political operating ground. This means that the resources that will be wanted sometimes will not be available. The researcher also noted that the cash crisis has been a hindrance to the program activities because even if they have money sent in the accounts they cannot withdraw it and this is a problem to them because they need cash in hand for their work in the areas of operation.

The researcher also found out that the BCFs have sometimes not been so faithful and diligent in their execution of their duties and sometimes falsify information to please the donors and their superiors. The support officer noted that “some of the BCFs just write names of participants and household in their houses and pretend that they went for home visitation and when the time for verification comes we find out that they never went to that house”. Such behaviour sometimes chases away potential investors and even current donors and in the end the loss comes to FACT. The BCFs work voluntarily so there is nothing that the management can really do besides terminate their services which again is an extra expense of training a new BCF and capacitating them for the home visitation counseling and education sessions.
4.5.2 Challenges Faced by BCFs

The researcher found out that the BCFs face a number of challenges in trying to reach out to their fellow community members in achieving full psycho social and health balance. The researcher found out that some of the people in the community are conservative and primitive and do not believe in talking about sexual issues. One of the interviewees indicated that “kumwe kwatinosvika tikataura kuti tavya takamirira FACT tinototodzingwa kuti munotaura zvinhu zvisina hunhu zvebonde zvega zvega” (In some homes that we visit we are chased away accused of being ill-mannered and only concerned about sex issues). Some of the areas are so conservative that talking about sexual issues and sexually related issues are next to taboo. This kind of reception sometimes might de-motivate the BCFs as they would have travelled a long way just to be chased away by the residents.

The researcher also found out that in some instances the BCFs have to travel long distances to reach to the next household and sometimes they do not find people when they get there. This sometimes does little in motivating them to continue with the work that they do. One participant asserted that “Pamwe unokwenya zimufambo kuti unotaura nevanhu asi unosvika vasipo kana kuti pasara pwere bedzi dzisingatozive kana chimwe chete chatinotaura” (sometimes we walk for really long distances and we find no one at the places or really young children that you cannot make a conversation with).

The researcher also came to a discovery that the BCFs sometimes fall victim to political rivalries because some of the houses they visit are of rival politicians their intentions are misread. In some cases they are asked to identify their political affiliation by the owners of the households which they visit and this goes against the ethics of their job when conducting home visits and this puts them in really difficult situations. One participant noted that “ukasvika kune mimwe misha
unotanga watoitiswa slogan yemusangano kunzi uratidze kuti hausi mutengesi” (When you get to other households you are asked to do a party slogan to identify yourself and prove that you are not a sellout) This sometimes makes the BCFs hesitant to visit some other households in fear of being victimized and having their intentions being misinterpreted. One BCF noted that it is likely to get worse with the coming election and postulated that “…muna 2013 mahome visits aitotyisa kuita hameno kuti 2018 zvichange zvakamira sei” ( in 2013 we could not conduct home visits because of the hostile situation .we are not certain 2018 will be any better)

4.6 Discussion and Analysis

4.6.1 Civil Society Complimenting Government Efforts

The research findings proved that civil society has been bridging the gap left by the state in providing basic services to the community. The state is not fully capacitated to provide for the health and psycho social needs of the people and hence civil society bridges the gap by trying to provide the services that cannot be fully provided by the government .The study proved that the health service delivery in Zimbabwe are not up to standard and there is need for the efforts to be fully complimented by the civil sector in order to achieve health security and psycho social balance. This is in line with the findings by UNAIDS (2004) that NGOs and civil society organizations have been recognized for their ability to improve the delivery of state services and to and monitor national government policies.

The researcher also proved that in epidemics like HIV /AIDS the civil sector (FACT) has been helping the government in trying to educate the society and advocating for healthier behaviours. This is coherent with the ideas of Muriisa (2010) who postulates that at present in Africa the
HIV/AIDS NGO sector is large and NGOs are recognized by donors as the champions of success in the prevention of HIV and in mitigating its effects. The findings by the researcher are supported by the ideas of Vogel (2012) who asserts NGOs provide a range of services, including care and support, advocacy and policy shaping, and community sensitization and education campaigns related to HIV/AIDS transmission and prevention in Africa and compliment the efforts done by the governments.

The researcher proved that sometimes the government fails to fully provide services for its citizens and that it is necessary for the NGOs to pitch in and help by providing the services that they can. This is coherent with the theory of change which stresses the involvement of a variety of actors and stakeholders in order to achieve change in any context.

4.7 Behaviour Change`s Influence on the Psycho social

The research findings also proved that behaviour change has a huge bearing on the psycho social. The efforts to achieve behaviour change affect the psycho social structure of a society. The efforts of the BCFs to counsel and educate the community are all part of efforts to achieve behaviour change and eventually reach a better psycho social balance characterized by acceptance of all individuals. This is line with the ideas of Lewis (2012) who states that the aim of behaviour change is to design an intervention that can produce changes to the environment, which causes changes in the brains of the target audience, which, in turn, cause them to behave differently.

Behaviour change can cause the removal of risky behaviours that may cause harm to the individuals that partake in those activities. Counseling can have the desired effect of making the recipients to change their behaviour and way of life to live healthier and safe lives that are less harmful to them. This is in agreement with what was stated by Mosler (2012) that successful
interventions in must generate a cascade of upshot via environments, through brains, to behavior and hence to the desired impact, such as improved health and termination of risky behaviour on risky populations.

4.8 Political Interference in NGO Activities

The study found out that civil society is vulnerable to interference by political leaders and state security. Civil society has no power to counter state or political interference and are victims of political mayhem. This is in line with what Makumbe (2009) asserted that NGOs in Zimbabwe operate on very slippery ground where they are treated with utmost mistrust and suspicion and they face many political interferences in their quest to deliver services to their target populations. Makumbe (1996:81) says that the aim of NGOs in initiatives that have to do with community development is to raise the standard of living of people by encouraging them to actively participate in various development–oriented activities but although this benefits the government it can still attack the NGOs.

Mushore (2015) asserted that where NGOs get entangled in sensitive issues, such as land disputes, local leaders can threaten NGOs with de-registration or banishment and this is an effort to have them in the palm of their hands. The constant scrutiny makes many donors uncomfortable and sometimes they end up pulling out. The research found out that during elections and close to election time the atmosphere in which the NGOs operate then become hostile and they sometimes have to suspend their operations in order to protect themselves. Sometimes the political needs of the leaders override the needs of the community at large. The research came to understand that some development partners are willing to get involved in community development and rehabilitation but are rather scared of the atmosphere that they will face which is hostile. This
might be used to explain the limited number of NGOs that operate in hard to reach places in Zimbabwe as they are usually the strongholds of the ruling party and they are very cautious of the development partners that they accommodate to operate in those areas

4.9 Summary

The chapter has presented and analyzed data collected from participants from Siakobvu and Gache Gache. Civil society (FACT) has proved to be instrumental in achieving psycho social health and health security. It has also proved to be instrumental in complementing government efforts and helping in cases where the government is lacking or incapacitated to help. This chapter has proved that civil society penetrates in places that the government might not be able to concentrate on. The chapter has also proved that FACT is faced with a lot of challenges that include political interference and lack of funds but however continues to operate and help the residents in dealing psycho social and health problems. This chapter has also proved that NGOs sometimes operate in hostile environments but still endure for the sake of the greater good that they seek to achieve.

CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a summary of the research study which aimed assessing the role of civil society in achieving health security and psycho social wellbeing concentrating specifically paying attention to FACT’s operations in Siakobvu and Gache Gache in Kariba rural district. Areas covered from chapter one to four shall be summarized. Conclusions to the research study will be
revealed basing on the research findings discussed in chapter four. This chapter also provides recommendations pertaining to the research study.

5.2 Summary

This first chapter covered the foundations of the study and explains why the research topic was chosen. The chapter introduced the concept of human security and its implications on the domestic, regional and international scene. The study had an assumption that civil society organisations are helping largely in achieving health security and thereby bridging the gap between the government and the general masses and complementing all government efforts. It was therefore established that the study attempted to establish the role of FACT, an NGO in achieving health security. Hence chapter one covered background to the study, problem statement, research aims and objectives. Significance of the study was covered which showed how research outcomes stand to benefit the residence in Kariba rural and other civil society organisations and the health sector. Possible challenges which the researcher was likely to face during the research study as well as the research assumptions were also mentioned in this chapter.

Chapter two of this study revealed literature on the concept of health security, its importance at global level zeroing down to local levels. It also provided the link between health security and other concepts such as behaviour change. The chapter also scrutinized civil society and its roles and the different interpretations of civil society. It further looked at the concept of psycho social balance and wellbeing and its relationship with behaviour change. The behavioral and civil society theories of change where used to explain the relationships between behaviour change and a psycho social balance as well as the involvement of civil society. Challenges faced by NGOs in Zimbabwe were also discussed in the chapter.
Chapter three of the study discussed instruments of qualitative and quantitative research paradigms which guided the research study. Qualitative paradigm adopted case study design which proved suitable to answer the research objectives and making it an explanatory and exploratory research. Methodology adopted showed that the study was narrative and explanatory in nature. Justification for every research instrument used was done on chapter three. In an attempt to explore the roles of FACT in health security the study used case study where thirty participants were randomly sampled. Fifteen participants comprised of residents of Kariba rural district from two particular areas which are Siakobvu and Gache Gache and these were interviewed using questionnaire guides. Structured Interviews were used and the response rate was 100% as all the targeted respondents managed to participate in the study. Ethical considerations for validity and reliability upheld during the data collection process were covered on chapter three. Challenges encountered for using the stated research methodology were indicated as well as solutions done by the researcher.

In chapter four research findings were presented through the use of themes. The chapter explained data presentation procedure thus how themes were picked. Research questions were answered in chapter four and these responses from participants showed the role that is being played by FACT in trying to achieve health security and psycho social balance. Research findings were analyzed and linked with literature review and presented qualitatively through descriptive means and quantifiably through the use of percentages.
5.3 Conclusion

Basing on the research findings the researcher concluded that civil society organisations, FACT in this particular instance is instrumental in achieving health security. The methodology used by the researcher was efficient in producing the desired outcome as it represented the perceptions and reflections of the majority of the parties needed to come to the right conclusions. The results by the researcher were in coherence of that by a study by Chirongoma 2007 who also found out that civil society has been instrumental in achieving health security. Although in Chirongoma`s study the location was in an urban setting the roles of NGOs and civil society in general have proved to be very crucial in achieving health security. The study also concurred with the views by Makumbe 2007 who postulated that NGOs do not perform to their full capacity because of interference by the government. This was also the conclusion that the researcher came to. The literature that the researcher used was concurrent with the results of the research. The results of the research were in coherence with the behavioral theory of change and the civil society theory of change. The results were a true reflection of what was discussed in chapter two of the study.

It is justifiable to conclude that FACT has been instrumental in achieving health security through concertizing the community of the different health programs including cervical cancer screening and medical male circumcision and raising awareness. Through the behaviour change facilitators FACT has been able to disseminate information to the whole community about HIV/AIDS and related health issues that help to achieve health security. The local hospital is sometimes incapacitated to provide some services that are crucial to the people and there is need for intervention in helping where the local delivery systems fail and this usually comes from the civil society. The health delivery system in Zimbabwe is not fully equipped to deal adequately with all threats to health security and civil society then bridges the gap and complements all the efforts that
are done by the government. FACT and the ministry of health work hand in hand and the ministry is a major stakeholder which means that civil society is not there to compete with the government but to actually compliment its developmental efforts. Hard to reach areas are sometimes neglected by the government in terms of development in all its facets including health delivery and there is need for intervention by civil society

The researcher also concluded that FACT has been playing a pivotal role in achieving psycho social balance and creating a psychologically healthy society. BCFs have been working in getting rid of issues to do with stigmatization and segregation in the Siakobvu and Gache Gache community and this helps in bringing psycho social balance. They have also been instrumental in providing counseling to victims in the community and rehabilitating people who are neglected by the society. The counseling provided from BCFs which include domestic violence counseling, sexual behaviour counseling and drug abuse counseling are pivotal in creating a stable and less risk prone community. The behaviour change concept has proved to be an effective way of avoiding risky behaviours that can lead to HIV or other dangerous diseases like cancer. Behaviour change has proved to be crucial in addressing issues that can transform how communities perceive catastrophes and challenges like diseases and social problems like stigmatization, segregation and abuse which all affect health security.

The researcher also came to a conclusion that NGOs are sometimes victims of political battles and instability and their activities might be disrupted because of political reasons. They are under constant scrutiny and interrogation because they are treated with suspicion and this sometimes makes their operations difficult areas. Hard to reach areas are usually considered as strongholds for some political parties and attempts to help in developing them can be seen as attempts to change
the status quo. During and near election time the atmosphere and environment usually become hostile to NGOs and development partners because their intentions are not clear to the government.

5.4 Recommendations

From the respondents’ responses, the researcher noted recommendations that can be put in place for better achievement of health security by civil society and by the government as well as all development partners and relevant stakeholders. The researcher therefore recommends that:

- It is vital that communities be educated more about behaviour change in order to get rid of all risky behaviours that can lead to different diseases and social problems like stigmatization and segregation of people.
- The government must improve health service delivery systems in the rural areas and the periphery areas which are neglected because of their location by allocating more resources and effort.
- The government should give room to NGOs to perform their duties without interfering all the time for the benefit of the communities that they serve.
- Local health delivery system should establish stronger structures that can provide for the psycho social needs of the local population.

5.5 Recommendations for Further Study

- There is need for further study on the concept of behaviour change and its impact on the psycho social aspect.
- There is need for further studies on how governments hinder NGOs from carrying out their duties and NGOs can operate in more stable conditions.
More studies should be done on how NGOs can help fight against diseases which threaten health security the most

References


TO WHOM IT MAY CONCERN

RE : REQUEST TO UNDER TAKE RESEARCH PROJECT IN YOUR AREA

This serves to introduce the bearer...who is an HBSe 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,

KATSINDE TJ (MR)
CHAIRPERSON – PEACE AND GOVERNANCE

APPROVED/NOT APPROVED ............................................ DATE ................................

DIRECTOR