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FACULTY OF SCIENCE AND ENGINEERING

DEPARTMENT OF SUSTAINABLE DEVELOPMENT

THE EFFECTIVENESS OF NON-GOVERNMENTAL ORGANIZATIONS SUPPORT SERVICES ON HIV POSITIVE OVCs: THE CASE OF MAZOWE DISTRICT

BY

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APPROVAL FORM

The undersigned certifies that they have supervised and recommended to Bindura University of Science Education for acceptance of the dissertation entitled 'The effectiveness of NGO support services on HIV-positive OVCs, a case study of Mazowe District submitted in partial fulfilment of a Bachelor of Science Honors Degree in Development Studies.

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DECLARATION

I Gamuchirai S Muponde B210966B do hereby declare that the work contained in this project is entirely a product of my own original work with some quotations and references attributed from other sources. I hereby declare that this work has never been previously submitted in partial fulfilment of the Bachelor of Science Honours Degree in Development Studies and Geo-Sciences at Bindura University of Science Education.

DEDICATION

This project is dedicated to my beloved mother, whose unwavering love, sacrifices and constant encouragement have been the foundation of my journey. Your strength and support have inspired me every step of the way. I would also dedicate this work to my family members, whose faith in me and continuous support have been a source of motivation throughout this academic pursuit. Thank you for always believing in me.

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ABSTRACT

This study explores the effectiveness of NGO support services in improving the health and well-being of HIV-positive OVCs in Mazowe District. With NGOs playing an increasingly critical role in providing care and assistance to HIV-positive populations, the research focuses on evaluating the outcomes of such interventions, understanding the factors that contribute to their success and identifying the challenges faced in service delivery.

The study was guided by three main objectives: to assess the effectiveness of NGO support services, to analyse elements that enhance their efficacy including the nature of services offered and the extent of community participation and to identify obstacles faced by NGOs in delivering support, with a view to recommending practical solutions. A qualitative case study approach was employed to gain in-depth insights into the lived experiences of program participants and service providers.

Data were gathered through interviews and interviews with a randomly selected sample consisting of 20HIV-positive OVCs, 20 caregivers, 4 NGO staff members, 2 community leaders and 4 healthcare workers. Thematic analysis was used to interpret and categorize the data.

Findings indicate that NGO interventions have made significant contributions to improving the lives of HIV-positive OVCs, particularly in areas of healthcare access, psychosocial support and educational assistance. The effectiveness of these services was largely influenced by community involvement, coordinated stakeholder support and adaptability of NGOs local needs. However, the study also revealed several challenges including limited resources, cultural barriers, stigma and difficulties in reaching remote areas due to poor infrastructure.

The study concludes that while NGO support services are vital in addressing the needs of HIV-positive OVCs, their full potential can only be realized through enhanced collaboration, sustainable funding mechanism and culturally sensitive programming. These findings offer valuable insights for policymakers, NGOs and development practitioners seeking to strengthen child-focused HIV response strategies in similar context.

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ACRONYMS

AAH   **Action Against Hunger**

AIDS   **Acquired Immunodeficiency Syndrome**

ART   **Antiretroviral Therapy**

ARV   **Antiretroviral**

BEAM   **Basic Education Assistance Module**

CAMPFERED **Campaign for Female Education**

CBT   **Cognitive Behavioural Therapy**

CCWs   **Community Care Workers**

CHWs   **Community Health Workers**

CLHIV   **Children Living with HIV**

DREAMS   **Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe**

DSD   **Department of Social Development**

FAO   **Food and Agriculture Organisation**

FAs   **Field Agents**

FGD   **Focus Group Discussion**

GBV   **Gender-Based Violence**

HIV   **Human Immunodeficiency Virus**

IMBC   **Integrated Mother Baby Course**

NGO   **Non-Governmental Organisation**

OECD   **Organisation for Economic Co-operation and Development**

OI	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
POCs	Point of Contacts
SAfAIDS	Southern Africa HIV and AIDS Information Dissemination Service
SDG	Sustainable Development Goals
SILC	Saving and Internal Lending Community
SSQ14	Shona Symptom Questionnaire
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations International Children's Emergency Fund
USAID	United State Agency for International Development
USG	United States Government
VL	Viral Load
WHO	World Health Organisation
ZHI	Zimbabwe Health Interventions
ZimSTAT	Zimbabwe National Statistics Agency
ZNNP+	Zimbabwe National Network of People Living with HIV
ZY+	Zimbabwe Young Positive

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1. CHAPTER 1: INTRODUCTION

1.1 INTRODUCTION

The AIDS/HIV pandemic has led to a wide range of vulnerabilities encountered by Orphans and Vulnerable Children in Mazowe District. A number of vulnerable families are found in Zimbabwe with a focus in Mazowe District with high rates of HIV prevalence leading to increased poverty rates, low life expectancy (due to poor adherence of antiretroviral therapy) and low education levels. The most recent report on (OVC) from USAID via the (PEPFAR) projected that worldwide in 2022 there were approximately 13.9 million children aged 0-17 who had lost one or both parents to HIV/AIDS. By 2022, roughly 1.5 million children aged 0-14 were living with HIV, with merely 57% of these children receiving life-saving HIV treatment. Furthermore, approximately 130,000 children aged 0-14 contracted HIV for the first time in 2022, and teenage girls in Sub-Saharan Africa face disproportionately higher HIV acquisition rates compared to boys due to cultural beliefs, gender-based discrimination and socio-economic circumstances.

In a quest to achieve its objectives to prevent, care and support OVC, Non -Governmental Organisation in Mazowe District such as Vana Activity in partnership with Development of Social Development (DSD) and other government line ministries (Women Affairs, Ministry of Youth, Sports, Arts and Recreation) have helped to cab challenges such as struggling to access basic needs like healthcare services, education and social support. To minimise stigma, poverty and limited access to life- saving antiretroviral therapy (ART) which increased the risk of high viral load to HIV-positive OVCs and more vulnerability to mental health issues, the non-governmental organisations serve an essential function in delivering support services. Some of these support services are social support and cognitive behaviour therapy (CBT) through community integrations, psychological counselling, medical care through ART treatment adherence, education support through school supplies and economic empowerment through vocational trainings and livelihood support for both OVC and their caregivers. Thus, this study is focused on addressing the critical challenges by evaluating the effectiveness of the non-governmental organisations support services on HIV- positive OVCs health outcomes and psychological well-being in Mazowe District. It also investigated on the impacts of non-governmental organisations interventions on ART adherence, viral load suppression and psychological well-being of HIV- positive OVCs

1.2 BACKGROUND OF THE STUDY

In providing child and family-focused, superior-quality OVC services and assistance, prioritizing the assurance that children living with, impacted by and susceptible to HIV can endure, flourish and achieve their complete potential . Worldwide, USAID in 2023 supported more than 5.6 million OVC and their families affected by HIV in twenty-three countries, with

this it represents nearly 80% of OVC programming across PEPFAR agencies. More than 1.3 million girls and boys aged 10-14 years accessed and completed USAID supported evidence-based prevention of HIV and sexual violence interventions. 442.000 children and adolescents living with HIV were enrolled in USAID as of 2023 into the OVC Comprehensive program which includes nearly 74% of children below 15 years of age are registered in PEPFAR clinical programs that implement OVC initiatives. 95% of these children and adolescents participating in USAID's OVC Comprehensive program have established HIV status, and 100 percent of children and adolescents living with HIV are documented as receiving treatment.

According to Barrel et al (2012), Sub-Saharan Africa has 25.5 million people living with HIV, of which 1.85 million were children below 15 years. The nations most severely affected by this pandemic include African states such as Swaziland, Botswana, Lesotho, Malawi, Namibia, Nigeria, Kenya and Zimbabwe. Nonetheless, the largest population of HIV-positive individuals is found in South Africa, hosting more than seven million people with AIDS including around 320,000 minors, making it among the countries with the highest HIV prevalence rates globally. The primary factors contributing to HIV transmission in Africa are economic deprivation, insufficient healthcare provision, inadequate prevention and awareness programs, social stigma and cultural taboos, risky sexual conduct and sex work, as reported by UNAIDS (2022).

Therefore, the HIV/AIDS has led to devastating impacts in Zimbabwe particularly on OVC. According to UNAIDS (2022), roughly 1.3 million individuals with HIV (PLHIV) in Zimbabwe has made significant progress in managing the diseases by achieving 95% awareness and 97% viral suppression among those receiving treatment. Despite the progress Mashonaland Central Province in particular Mazowe District is one of the top with new infections. This is due to the fact that they are two hardest hit mining communities Jumbo and Rosa where there is the attraction of migrant workers who are isolated from different reasons leading to increased engagement in risk behaviours. Some of these risk behaviours are unprotected sex, transactional sex and multiple sex partners which increase the risk or statistics of exposing the parties to HIV and other sexually transmitted diseases.

These sites in Mazowe District are mainly characterised with a population of young sex workers, fairly high number of school dropouts among girls and a large portion of artisanal miners. In accordance with the 2022 HIV prevalence summary developed by the Ministry of Health and Child Care, roughly 11.17 percent of residents in Mazowe are infected with HIV. Therefore, this research concentrates on evaluating how non-governmental organization

programs are vital in reducing the effects of HIV/AIDS on OVC. It additionally examines the influence of these assistance services on the health and wellness of HIV-positive OVC in Mazowe District.

1.3 STATEMENT OF THE PROBLEM

A number of HIV-positive OVCs in Mazowe District face challenges to access essential healthcare services for ART, limited access to education and also limited access to basic necessities. Stigma associated with HIV-positive OVC has led to social isolation and discrimination which reduces their participation in educational opportunities and some defaulting from the ART treatment. Halperin et al (2011), projects that young females aged fourteen years operate as street sellers during daylight hours and participate in prostitution during nighttime for extra money for sustenance. It is also because of the marginalization these OVC experience that compels them to better their situations, thus amplifying their risk and they are unable to require protective barrier methods or other safeguarding approaches which subsequently causes increased transmission rates. Many OVCs in Mazowe District face economic hardships as they struggle for a living and some with the absence of parental support, it limits them the ability to access basic necessities. Non-governmental organisations do a pivotal role especially in delivering assistance services like mental health support, educational assistance, healthcare services and economic empowerment. Therefore, there is need for a thorough research that investigates how the support services by the non-governmental organisations (NGOs) are considered by the OVCs and their caregivers, their impacts on health and education outcomes and the obstacles the NGOs face in delivering effective interventions. Thus, this study aims to analyse the gaps by evaluating the effectiveness of the NGOs services for HIV-positive OVCs in Mazowe District also contributing to a deeper insight of how to refine the well-being of this vulnerable group

1.4 RATIONALE AND SIGNIFICANCE

This research is significant to the investigator, the society and the decision-makers given that it offers a comprehensive understanding of the influence of the assistance programs. by non-governmental organisations to HIV- positive OVC in Mazowe District. It is important to have a research based on evidence in Mazowe District, as many non-governmental organisations work in the area but there are far-fetched evaluations of their effectiveness to the community. By exploring what the non-governmental organisation achieve, the study may offer valuable information to both the community workers and policymakers. The research goes beyond just

academic interest but rather help non-governmental organisations and government line ministries involved in HIV/AIDS programmes to identify successful strategies and areas that need improvements. The study can also help non-governmental organisations to enhance their efforts to support HIV-positive OVCs leading to better policies that address the needs of this vulnerable group more effectively at both local and national level. Additionally, the study can help on the social impact by focusing on the well-being of the HIV-positive OVCs also aiming to improve their lives and building resilience within families and communities.

1.5 MAIN RESEACH QUESTION

How effective are the non-governmental support services in the lives of HIV-positive OVC in Mazowe District?

1.5.1 RESEARCH QUESTIONS/ HYPOTHESIS

- How does the provision of support services by the NGOs impact the well-being and health outcomes of HIV-positive OVCs?
- What factors contribute to the effectiveness of the Non-governmental (NGOs) provided support services for the HIV-positive OVCs and how can these factors be maximised?
- What challenges do NGOs face in providing effective OVCs and how can these challenges be addressed?

1.6 AIMS/ GENERAL OBJECTIVES

- To evaluate the influence of NGO assistance programs on the welfare of HIV-positive OVCs in Mazowe District.
- It also seeks to identify some of the factors that drives to the effectiveness of the support services given by the non-governmental organisations as well as identifying the challenges they face in service provision in order to provide recommendations to promote effective reaching out of the services to HIV- positive OVCs.

1.7 SPECIFIC OBJECTIVES

- To assess the effectiveness of the NGOs provided support services in improving the health and well-being of HIV-positive OVCs.
- To analyze the elements that enhance the efficacy of NGO-delivered assistance programs for HIV-positive OVCs including the nature of service offerings and the extent of community participation.
- To analyse any obstacles that the NGOs face in providing effective support services for HIV-positive OVCs so as to develop recommendations for addressing these challenges.

1.8 DEFINITION OF TERMS
Non-governmental organisation

As stated by Mapfumo (2017), non-governmental organizations may be characterized as development agents that can help enhance social connections and cross-sector networks which can function as a basis for unified action and expanded democratic involvement.

Support services

Support services can be defined as resources that help individuals and families cope with challenges, achieve well-being and increase community inclusion (UNAIDS 2020). These support services can also be used to facilitate student performance and contribute to their success in academic and carrier plans

Orphan

A child under 15 years of age who has been bereaved of their mother (maternal orphan) or both parents (double orphan) due to HIV/AIDS is defined as an orphan by UNAIDS (2020). Nonetheless, many investigators and intervention groups commonly raise the age to 18 years. UNICEF (2006) generally defines orphans as children under the age of 18 who have lost one or both parents to death. Although the definition of children extends to eighteen, this study is hinged on a double orphan child less than eighteen.

Vulnerable children

According to Aldgate (2010), vulnerable child is defined as someone below 18 years who has little or no access to basic needs or rights. Skinner et al (2006), defines vulnerable children as those not having certain of their basic rights fulfilled. Such children usually suffer emotionally, psychologically and socially and are sometimes stigmatised by the society including their own age mates. Quite a number are orphans, poor and living with disability to which this study delimits itself too.

OVC

Regarding OVCs, USAID (2016) defines them as individuals below 18 years of age who have suffered the death of one or both parents due to HIV/AIDS or who have been rendered vulnerable by HIV/AIDS, and who are at risk for unfavourable psychosocial and cognitive results. Kielland (2004) posits that OVCs are children in a particular local environment who are most likely to fall outside the scope of regular programs, policies, and traditional safety nets, and consequently merit specialized focus during the conceptualization and implementation of programs and policies.

1.9 LIMITATIONS OF THE STUDY

According to Chiromo (2016), issues like partiality in sampling, operational challenges, monetary limitations, or time pressures that impact the dependability and soundness of your results are designated as the study's limitations. The researcher's study may be affected by sampling bias this is finding it challenging to access representative samples of HIV-positive OVCs due to confidentiality concerns. Also resource constrains due to limited funding, personnel and equipment which may hinder data collection. The researcher's study may be affected with informed consent issues whereas there is need of obtaining informed consent from vulnerable children even their guardians.

1.10 DELIMITATIONS OF THE STUDY

This research will be carried out in Mazowe District which is in Mashonaland Central Province. The study will be targeting a specific age group for the HIV-positive OVC which is from 0-17 years in Mazowe District. This research will also consider the HIV disclosure status where participants' willingness to disclose HIV status may impact data accuracy and representation.

2. CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

The escalating presence of HIV among OVCs in Mazowe District has led to a pivotal inspection of the support services furnished by NGOs. Given that these groups perform an essential function in addressing sundry challenges faced by HIV-positive OVCs, judging the utility of the services is paramount. A previous study by Teguru (2016) admitted the ramifications of economic instability on the operations of the NGOs in Zimbabwe. Thus there is need for a thorough research on the effectiveness of the services in addressing challenges faced especially in marginalised communities. With these children usually bearing the burden of loss of parents and stigma, it requires extensive care that stretch beyond medical assistance. Thus, they need psychological support, educational opportunities and social integration. Through the non-governmental organisations initiatives perspective, this essay will explore the extent to which these support services not only meet the immediate needs of HIV-positive OVC but also empower them to live healthier and more fulfilling lives. As a result, Linsk (2011), notes that understanding the impacts of NGO interventions is vital for informing policy and improving service delivery to vulnerable population such as OVC.

2.2 THEORETICAL FRAMEWORK

According to Creswell (2014), theoretical framework can be defined as a conceptual model or paradigm that supports the research study's logic and rationale. The theory elucidating the research problem's existence is introduced and detailed. It delivers a theoretical perspective to the ongoing research. The theoretical framework provides the study with a robust and validated

basis for its arguments. This framework explains the relevance and legitimacy of the investigation. Furthermore, it indicates where the researcher seeks to address lacunae in knowledge and practical application. The framework fortifies the study through the following methods:

1. It allows the audience to scrutinize the presuppositions.
2. Links the investigator to current understanding.
3. Inquiries such as 'Why and How' are answered, guiding the researcher to progress from merely depicting an observed occurrence to drawing broader conclusions about diverse facets of that occurrence.
4. Restrictions on broader conclusions are identified, and ultimately, it clarifies the significance, character, and difficulties of a phenomenon frequently encountered **but** not elucidated in our existing world, so that we might utilize that knowledge and comprehension to operate in more knowledgeable and impactful manners.

2.2.1 Bronfenbrenner's Ecological Systems Theory

In accordance with Bronfenbrenner's ecological systems framework, the unfolding of a child is socially affected by a range of diverse systems. Bronfenbrenner's ecological model of human development conducts a qualitative and situational appraisal of the child's expanding environment. Shelton (2019) notes that Bronfenbrenner, feeling discontent with the dearth of child development research directly examining environmental impacts on development, suggested an ecological model to furnish a framework and common vocabulary. He further highlights that its purpose is for understanding the environment and discerning how interactions and relationships among the ecosystem's constituents could affect children's growth. It has been established by Bronfenbrenner (1988) that the direct, personal encounters and enduring connections he referred to as proximal interactions are essentially the most significant determinants in forming permanent aspects of development. This involves the reciprocal effects from contexts such as households, academic settings, peer circles, classrooms, and local neighbourhoods. The growing child resides at the nexus of these overlapping frameworks.

The theory describes five systems that impact on children's development within their environments of existence. Santrock (2008) identifies these as the microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

According to the theory, the ecology of human development includes the forces within an individual's environment that shape and affect their behavior. Santrock (2008) asserts that ecological theory maintains that child development is clarified by the reciprocal effects between children and the settings forming their environment. For example, friends are a crucial aspect of a child's milieu. The way the child experiences treatment or perception from their peers (acceptance/rejection or the child's sociability) affects the child and prompts a mutual response that influences the peer dynamic.

Of central importance to a child's development are how parents engage with their offspring, their approach to resolving disagreements that occur with the child, parental actions concerning other children in the family, and the parent's personal disposition and ideas about upbringing. For example, parents who are supportive, who apply affectionate discipline effectively and suitably, and who exhibit a true concern for their child's thriving, foster a markedly different setting for their child than those parents who are negligent and have minimal interaction with their child.

Micro-system- involves interactions of the child with the family but may also expand to include those others with whom the child interacts with for example neighbours and peers and school. It is the developing child's immediate social environment which comprises of the domestic units, learning establishments, companion circles, and the full local area. Thus, NGO interventions to HIV-positive OVCs such as psychosocial support and support groups directly impact the child's social environment thereby seriously shaping the child's development.

The meso-system, as delineated by Bronfenbrenner in his ecological systems model, constitutes the second system, where the diverse micro-systems engage both socially and contextually. The interaction between caregivers and schools or NGOs can enhance or hinder the effectives of the support services.

Bronfenbrenner's ecological model of child development includes the exo-system as its third tier. This system involves organizations in which the child is not directly involved, but which nonetheless possess an indirect bearing on the child's unfolding, for instance, medical services or funding policies that influence NGO operations.

Emphasized by the ecological theory, the chrono-system focuses on environmental factors and changes occurring throughout a developing person's life, in addition to socio-historical conditions, as crucial in human development. This covers changes through time, like a program

participant (aged above 17) graduating, or adjustments in financial provision and the direction of programs.

Therefore, this theory enables an analysis of how different support network interact and influence the outcome for HIV-positive OVC.

2.2.2 Social Support Theory

Cobb (1976), emphasized that support is not only about physical help but also about the perception that one is cared for, valued and part of a network of mutual obligation. House (1981) later expanded on this by identifying four .Each type contributes in different ways to the resilience and functioning of individuals, particularly those facing social and health-related vulnerabilities.

Emotional support refers to expression of love, care, empathy and reassurance. This form of support helps individuals feel understood and accepted. For HIV-positive OVCs, emotional support is essential in helping them cope with grief, stigma and psychosocial distress. When caregivers, NGO staff or community members offer consistent emotional encouragement, the children are more likely to develop a positive self-image and emotional strength which are crucial for their healing and development (House 1981)

Instrumental support involves tangible assistance such as food, clothing, educational supplies and shelter. NGOs often provide this kind of support to meet the immediate material needs of vulnerable children. According to Taylor (2011), access to basic resources reduces stress and allows children to focus on their growth and health instead of daily survival.

For instance HIV-positive children who are educated about their condition and treatment options are better equipped to manage their health. House (1981), pointed out that when individuals receive accurate and timely information, they are more likely to make informed decisions which enhances their copying ability and self-management skills.

Appraisal support refers to feedback an affirmation that helps individuals assess their strengths and challenges. Their type of support boosts confidence and helps individuals reflect on their progress. For OVCs receiving recognition and positive reinforcement from caregivers, teachers or NGO workers encourages self-worth and motivates them to keep striving toward their goal. Thoits (1995) noted that such feedback build resilience and maintain emotional balance during difficult times.

The use of Social support theory in this study is important as it provide a framework for analysing the multi-dimensional ways in which NGOs assist HIV-positive OVCs. Beyond providing services, these organisations often play a supportive social role that contributes significantly to emotional and psychosocial well-being of children. This theory also aligns with the study's objectives by helping to explain how different forms of support services especially emotional are can help children live healthier and more stable lives despite their vulnerabilities.

2.3 OVERVIEW OF HIV-POSITIVE OVCs IN MAZOWE DISTRICT

The surrounding for HIV-positive OVCs in Mazowe District shows significant challenges increased by historical and socio-economic factors. OVC in Mazowe District usually stress which results from the loss of parents due to HIV/AIDS. Furthermore, the absence of strong family support system especially in marginalised areas worsen their challenges as many live in informal and unstable living conditions. For example, some initiatives which aim to improve livelihood options not only benefit the OVC directly but also empower their caregivers in improving their well-being and create sustainable living environments. According to Bryant and Beard (2016), understanding the complex interplay of these factors is crucial as it underscores the necessity for the targeted interventions to elevate the well-being of HIV-positive OVC in the region. Thus, community based programmes that may involve caregivers and local stakeholders are important to create a supportive environment for OVC in Mazowe District.

2.4 ROLES OF NON-GOVERNMENTAL ORGANISATIONS

2.4.1 ECONOMIC SUPPORT

Saving Group- Non-governmental organisations improve OVC's life socially through saving groups such as helping facilitate saving and internal lending community groups (SILC).Saving and internal lending communities is a microfinance mechanism that helps struggling families save and borrow money to increase their income. This is done through forming a group with a minimum of five people, were individuals self-select themselves and adopt a constitution that guides the functionality of the group. Members of the group which are mostly the OVC's caregivers save funds .

OECD (2014) defines financial literacy as having both the knowledge and comprehension of financial ideas and dangers, as well as the proficiencies, drive, and self-assurance necessary to implement that knowledge and understanding. He also stresses that this involves making efficient choices across various financial environments to uplift the monetary welfare of

individuals and the community, and to allow for engagement in economic existence. It is a process where program participants take part in educational offerings provided by organizational trainers, which intends to supply individuals with the awareness and abilities they require to arrive at educated financial determinations. Via these courses and workshops, they address a spectrum of subjects such as financial planning, accumulating capital, putting money to use, and managing borrowing and obligations. This can include the OVCs or their caregivers, in an effort to equip individuals with the requisite knowledge and capabilities to oversee their finances, undertake prudent investments, and strategize for their future fiscal state. Santini et al (2019) suggest that, financial literacy is determined to be culmination of good economic behaviour but many other elements also influence this behaviour. Thus, these financial training in Mazowe District are designed by non-governmental organisations to help OVC's caregivers better understand their finances and develop good financial habits which can lead to financial outcomes and more secure financial future.

Micro Value Chain Development- Baldwin et al (2014), assets that through the economic strengthening programmes, non-governmental organisations are realising non-governmental organisations offer support to improve small scale businesses that are involved in a specific product. Through micro value chain program participants especially adolescents and young women gain skills and knowledge to identify ways to improve the efficiency and effectiveness of the value chain steps in order to increase profitability and competitiveness for their small businesses.

2.4.2 PSYCHOSOCIAL SUPPORT

Psychosocial Assistance- From the non-governmental organisations point of view, promoting psychological support is a crucial concept and tool to help other programmes make sure that as many. With the understanding of good mental well-being of every individual, non-governmental organisations such as Vana Activity in Mazowe District offer social and emotional support. This type of service is mostly provided to OVC experiencing stress, trauma or other mental health issues. It can also include individual and group therapy, counselling, peer support and other forms of support that promotes good mental well-being. According to Mhangera and Lombard (2018), The non-governmental organisation main goal is to help individuals cope with emotional and physical impacts of stress, trauma or other difficult life experiences to promote healing, recovery and resilience in Mazowe District.

Non-governmental organisations facilitate case conferences to survivors of child abuse and gender based violence (GBV) with other government line ministries involved in care and support of HIV-positive OVC. Case conferences help to unlock some situations when a case is not progressing through goals or where a child is at high risk for example children with high viral loads (VL). With the help of clinical and community based partners such as Zimbabwe Health Interventions (ZHI), the DSD, the Ministry of Health and Child Care and case management officers it results in different approaches to treatment or care for critical cases. Some of the outcomes of the case conferences especially for high viral load beneficiaries are According to Long (2014), addressing some issues may require various approaches, thus some programmes offer referrals to connect the victims with essential services such as medical care and legal assistance to purse justice.

Reports of Child Abuse- Non-governmental organisations in Mazowe District work hand in hand with other local professionals such as clinical and community based partners to fight cases of physical, emotional and sexual abuse. Child protection support is essential as many OVC are growing up in poverty and unsafe condition which associate them with significant threats to physical, mental health, brain development and learning. Various researches shows that girls have the highest number of abuses in Mazowe District this is due to lack knowledge and proper counselling and ignorance at household level without consulting the organisations for help. Therefore, non-governmental organisations participates in helping children who experience abuse as they may suffer from a range of physical, emotional and psychological symptoms which may require long-term support and treatment to recover from their experiences.

2.4.3 SOCIAL SUPPORT
Educational Cost Provision: Non-governmental organizations additionally offer assistance with school fees to ensure that children with HIV (CLHIV) receive a good education. With the deterioration of the economic scenario and escalating inflation, many parents and caregivers are finding it impossible to afford school fees, leading to children being pulled out of school. According to Garutsa and Masuku (2020), providing school fees aid is significant considering the unmet educational demands of OVCs in Zimbabwe. This financial assistance from the non-governmental organisations helps ensure that all children's fees is paid and attainment of their right to education. It also ensures that poverty is reduced as education is a key factor in breaking the cycle of poverty as many of the OVC are school dropouts because of financial constrain. Education also linked to improved knowledge of health and well-being and lower risk of exploitation of many of the HIV-positive OVC as many of them live in marginalised areas.

Stationery and Uniform Support- Non-governmental organisations consider that some families are facing financial constrains thus they provide stationery, uniforms and school shoes supporting children living with HIV to ensure that they have access to quality education. Providing the necessities such as school uniforms and stationery such as books, covers and pens can help ensure that OVC living with HIV have the resources they need to succeed in school and can also help reduce the burden on families who may be struggling to afford the items especially in marginalised communities. Eneji and Archibong (2021) state that the death of parents for various reasons frequently causes numerous African children to discontinue their schooling and assume household duties. Despite governmental initiatives like the Basic Education Assistance Module (BEAM), designed to permit OVCs to stay enrolled, these endeavors have not extended to all OVCs or fulfilled their educational requirements beyond tuition fees (Garutsa & Masuku et al, 2020).

Sanitary Wear-Many organisations in Mazowe District promote the provision of sanitary wear to orphans and vulnerable girls as a way to ensuring access to good hygiene and dignity. This is because a number of these OVC may not have financial means to purchase sanitary wear, which then cause them to miss school lessons or suffer from health issues. Providing sanitary wear can help to reduce stigma and improve the well-being of the girl child while also promoting their access to education and other opportunities.

2.4.4 HEALTH SUPPORT

HIV Adherence Support- The health department is one of the crucial thematic areas that constitute the most crucial aspects of the whole program of a non-governmental organisation. OVC programmes ensures that receives to other people. The non-governmental organisations takes part in educating and counselling program participants on how to take medications correctly, reminders and prompts to take medication on schedule and support in addressing any challenges that may interfere with adherence such as side effects, transportation and stigma. According to Bernays et al (2016), its well-known benefits in improving the overall health and quality of life. It is also the role of the non-governmental organisations to educate program participants on the consequences of inadequate adherence to antiretroviral (ARV's) therapy which can include development of drug resistance, limiting the person's later choice of effective ART regimes.

Literacy in HIV Treatment: Non-governmental organizations play a role in enhancing the knowledge and understanding of HIV treatment and care among people living with HIV

(PLHIV), enabling them to make informed health decisions. It additionally involves comprehending the operational aspects of HIV treatment, its possible side effects and associated risks, and strategies for managing these side effects. This holds importance as it can assist, especially OVCs living with HIV in remote areas of Mazowe District, to feel more emboldened and in charge of their well-being and therapy, and can boost their adherence to HIV drugs. According to Dube (2020), Zimbabwe has implemented the "treat all" recommendation, meaning all individuals with a verified HIV diagnosis qualify for ART irrespective of their World Health Organization (WHO) clinical classification or CD4 count.

People Living with HIV Support Groups: As per Bateganya (2015), support groups are characterized as voluntary, small collectives established for achieving a common objective and providing reciprocal aid, and for addressing a shared challenge or circumstance that disrupts the usual trajectory of life. . Being conducted by trained health facilitators, these support groups provide a safe and supportive space for OVC living with HIV to share their experiences, connect with others and find emotional support. The groups take part in a mix of educational and therapeutic activities such as peer-to-peer support sharing of personal experiences and problem solving exercises. This is to help them manage the social and emotional challenges of living with HIV such as stigma, isolation, depression and improve their overall well-being and quality of life. . Being conducted by trained health facilitators, these support groups provide a safe and supportive space for OVC living with HIV to share their experiences, connect with others and find emotional support. The groups take part in a mix of educational and therapeutic activities such as peer-to-peer support sharing of personal experiences and problem solving exercises. This is to help them manage the social and emotional challenges of living with HIV such as stigma, isolation, depression and improve their overall well-being and quality of life.

Growth Monitoring- It involves tracking a child's weight, height and other physical measurements over time to ensure that they are growing and developing at a healthy rate. This is important especially for children born to HIV- positive mothers because they may be at increased risk for growth and development problems due exposed HIV-related factors such as poor nutrition and risk of infection. Mayhew et al (2014), asserts that the nutritional needs of their children. According to Marume (2017), evidence has shown that adverse nutrition outcomes can impact a child's mental capacity, immunity and social skills in later stages of life. By regularly monitoring a child's growth, healthcare providers can identify potential problems early and intervene with appropriate treatments or interventions to support healthy growth and development.

Integrated Mother Baby Course (IMBC)- The organisations focus on integrated management of mother and baby health, with a particular focus on HIV prevention and treatment. According to Mhongera (2020), The course provide participants with knowledge and skills they need especially breast feeding mothers to provide high- quality, comprehensive care for women and infants. Some of the course may include screening for HIV and other maternal child health conditions, provision of ART for pregnant women with HIV and management of complications related to HIV, pregnancy and childbirth.

Psychological Health Aid: Non-governmental organizations provide support intended to help individuals cope with mental health issues, including sadness, worry, emotional distress, addiction, and other psychological disorders. This is consistent with the Mental Health Act of 1976, which was replaced in 1996 by the Mental Health Act 1996 No. 15, an act that protects the rights of patients but nonetheless stresses the placement in institutions of individuals deemed mentally unwell after a mental health assessment. These services include individual and group referring to therapy, counselling, referring to psychiatric care and peer support group. There are also indigenous tools for mental health screening to accommodate the marginalised areas such as the Shona Symptom Questionnaire (SSQ14) to track mental health issues. Mental health support is important because it can help OVC manage their symptoms improve their overall well-being and reduce the risk of mental health issues impacting their daily lives.

2. 5 EFFECTIVENESS OF NGO'S SUPPORT SERVICES

Where public service delivery has proven difficult, a wide range of non-state, non-market institutions especially non-governmental organisations have emerged. Non-governmental organisations are considered to have a moral obligation to act in the public interest, being also accountable for what they say and the position they take on certain issues. According to, Banerjee et al (2015), since the early 1990's the reference of accountability has been ascendant with demands from funders, taxpayers and concerned citizens and clients for non-profit.

Therefore, determining the effectiveness of a non-governmental organization involves multiple dimensions and cannot be measured using just one factor. Evaluating an organization's overall effectiveness is important because it shows whether the organization has successfully connected its internal workings with the results of its programs, which is necessary to judge how successful it has been. Aldashev (2018) states that assessing impacts and identifying indicators of an organization's success are vital for transparency to the public, reporting to

financial supporters, and boosting the organization's level of effectiveness. The goal of this research is to evaluate the effectiveness of the non-governmental organization and help it concentrate more efficiently on its planned results, which will then enhance the socio-economic condition of those it serves and ultimately offer better life experiences.

2.5.1 IMPROVED ACCESS TO HEALTHCARE SERVICES AND TREATMENT ADHERENCE

Patients undergoing treatment for persistent conditions face numerous hurdles to adherence, and no one intervention is seen as enough to ensure strong adherence to therapy is sustained, according to Shubber (2016). He continued by suggesting a persistent requirement to reinforce and customize various intervention tactics to specific adherence challenges for chronic illnesses such as HIV/AIDS. In endeavors to tackle adherence to HIV and AIDS treatment, behavioral and psychological elements, educational initiatives, coordinated care, and patient self-care interventions have been examined.

Telephonic counseling and text messaging have been suggested by other research efforts, as per Moyo (2016). messaging or reminders (mobile health/ mhealth) packaging/ medication boxes, home visits, drug level monitoring and consistent clinical monitoring. Though still limited in areas such as Mazowe District, non-governmental organisations such as Vana Activity are trying to regularly (after every three months) monitor OVC in partnership with Howard Mission Hospital so as to improve their well-being.

2.5.2 ENHANCED EDUCATION AND PSYCHOSOCIAL OUTCOMES

It is suggested by Kieling (2011) that theories emphasizing child rights and human needs necessitate that OVC initiatives adopt an all-encompassing method for meeting children's requirements. This present study endeavored to ascertain the scope to which the interventions put into practice by diverse organizations across different regions, especially disadvantaged areas such as Mazowe District, fulfill both the tangible/physical and psychological needs of school-aged OVCs registered under their care.

Regarding mental needs, these encompass children's areas of cognitive growth, including formal education (school attendance), informal education (chances for learning through observation and adaptive capabilities), and broader skills (life skills, general awareness). Social needs incorporate children's vital social requirements, which also involve integrating children into communal life without them feeling ostracized or unique, particularly for HIV-positive OVCs, to cultivate a feeling of belonging, establish peer relationships, form community

connections, attain acceptance, develop identity, and gain acknowledgment from contemporaries. Spiritual requirements allow children to foster future hope, commonly directed by a belief in a higher power. Suboptimal psychosocial well-being results in an elevated likelihood of risky behaviors such as intentional harm to self, consumption of tobacco, alcohol, and illicit substances, and engagement in unsafe sexual practices. Therefore, non-governmental organisations are improving access to education and psychosocial outcomes through adequate education as a way of eradicating stigmatisation and paying fees for program participant school dropouts.

2.5.3 INCREASED ECONOMIC EMPOWERMENT AND FOOD SECURITY

Non-governmental organisations in Mazowe District play global challenge with food security being one of the most pressing issues of our time. Recently, Zimbabwe was one of the countries which faced unexpected droughts which resulted in limited food especially to vulnerable populations which required the intervention of non-governmental organisation such as Action Against Hunger (AAH). AAH focused on protecting livelihoods, improving water access, providing sustainable food and income and integrating HIV/AIDS education into nutritious programs. Their multifaceted approach encompasses advocacy community development, emergency response, researches and collaboration with different stakeholders. By utilising local knowledge and expertise, non-governmental organisations customise their interventions to meet the specific needs of communities.

Furthermore, vocational training assists in equipping program participants with the expertise to expand their small enterprises into substantial income-generating ventures. The Food and Agriculture Organization (FAO) calculates that two billion individuals globally are encountering moderate or severe food insecurity. Hence, interventions by non-governmental organizations are necessary to aid particularly orphans and vulnerable groups in enhancing economic empowerment and food security, thereby improving their well-being.

2.5.4 REDUCE STIGMA AND DISCRIMINATION

Ever since HIV/AIDS was initially identified as a deadly illness, it has generated extensive apprehension, lack of knowledge, and repudiation, leading to prejudice, mistreatment, and aggression not solely against individuals living with HIV (PLHIV) but also encompassing their relatives. Stigma and discrimination against people living with HIV not only negatively affect individuals' health and contentment but also represent human rights infringements and significant impediments to realizing a world free from AIDS. UNAIDS has characterized HIV-

related stigma and discrimination as unfavorable convictions, sentiments, and dispositions towards individuals living with HIV, groups linked with PLHIV (for example, their families), and other crucial populations at elevated risk of HIV acquisition, including people who inject drugs, sex workers, men who engage in sexual activity with men, and transgender individuals. Therefore, HIV-related discrimination is any distinction, exclusion or restriction (sometime referred to as acts of commission) based directly or indirectly on a person's real or perceived status.

2.5.5 IMPROVED CHILD PROTECTION AND CARE

The safeguarding and enduring livelihoods component persistently extends its reach to OVCs, adolescents, youth, and their families (caregivers) across Zimbabwe, offering initiatives designed to lessen the adverse effects of HIV and AIDS through the provision of an extensive and consistent array of services. Certain of these components execute five-year programs (2022-2027), including "Space for OVC" (Sustaining, Prevention, Increasing Access to Care, and Empowerment for Orphans and Vulnerable Children) and DREAMS-SMART (Support, Maintain, Advocate, Reduce Risk, and Transform). These programs are operational and effective in districts with a high HIV prevalence, such as Mazowe District, with the goal of assisting communities and local entities in delivering a thorough set of services to enhance the health and psychosocial well-being of children impacted by and living with HIV. Muchacha et al (2016) propose that non-governmental organizations also ensure these children can obtain HIV prevention, care, and treatment services, as well as prevention of and response to Gender-Based Violence (GBV).

2.6 CHALLENGES FACED BY NON-GOVERNMENTAL ORGANISATIONS IN IMPLEMENTATION

2.6.1 FUNDING CONSTRAINS

Inadequate funding from the Zimbabwean Government and donors exists to resolve all the difficulties and obstacles faced by OVCs, especially within Mazowe District. In an attempt to mitigate some of these crises, financial aid from the United States Government (USG) HIV/AIDS strategy for Zimbabwe, as contained within PEPFAR, is undertaking a major role in addressing the OVC crisis, among other organizations like UNICEF. All USG-backed interventions are committed to building leadership and developing both human and organizational capacity to increase the sustainability of programs. Muzingili and Taruvinga (2017) indicate that non-governmental organizations also work closely with the widespread

faith-based communities to leverage their contributions and support community endeavors in providing high-quality services through educational initiatives, food security efforts, economic strengthening, and psychosocial support activities.

Notwithstanding the USG's dedication of resources to support OVCs in Zimbabwe, these resources are constrained, accounting for only 10% of needs. This is insufficient, causing many marginalized localities in Mazowe District, including rural households, to be excluded despite their demand for non-governmental assistance. Hence, one of the principal challenges encountered by non-governmental organizations, particularly in Zimbabwe, is financial limitations, chiefly because the country is not designated as a PEPFAR focus country, and consequently receives only a portion of the funding allocated to nearby focus countries.

2.6.2 LIMITED ACCESS TO HEALTHCARE FACILITIES

The successful developments in Zimbabwe has been the slight increase in availability of ARVs for children and also mothers. Research argue that only a number of the people accessing ART are children and a number of challenges remain .Due of limited health facilities in Mazowe District where programme participants have to walk long distances to access medical care it has resulted in not turning up to prescribed dates for next resupply. In some healthcare centres there are limited healthcare workers resulting to failure to attend to all critical patients and thoroughly explaining some of the medications specifications.

It has been noted by Akullian (2016) that limited availability of health services is identified as a primary barrier to accessing the healthcare system, thus impeding HIV testing, treatment, and care. Takah (2016) suggests that even when healthcare facilities are present, people living with HIV confront geographic and social difficulties. This spectrum of setting-specific challenges therefore results in the global burden of HIV being disproportionately distributed, with Sub-Saharan Africa holding the greatest share.

2.6.3 SHORTAGE OF TRAINNED PERSONNELS

Lack of trained personnel has led to a great challenge to the delivery of HIV/AIDS services to vulnerable populations including OVC in marginalised areas. This is because trained personnel are needed to implement productive interventions, provide counselling and support and also delivering important services such as HIV testing, treatment and care. Non-governmental organisations work with other community collaborations such as community care workers (CCWs), field agents (FAs), and point of conducts also known as POCs. These groups of

community collaborations help to create connections between OVC with healthcare providers by providing culturally appropriate services as some of them are stationed at and work in the OI department at facilities interacting with beneficiary records.

However, many of these groups of people are not trained thus sometimes submits incorrect data leading to misinterpretation during the data quality assessments. Some of these OVC cases require specialist thus without trained professionals to provide counselling, testing, treatment and support OVC may face significant challenges in accessing important care services necessary. According to Hall (2016), some of the challenges of non-governmental organisations service operation in marginalised areas are largely attributed to lack of infrastructure like roads, schools and electricity which inhibited adaptation by urban-educated specialist.

2.6.4 STIGMA AND DISCRIMINATION

Children's access to healthcare is facilitated by parents and other guardians. Their participation in HIV testing and ART, attendance at clinic visits, and adherence to treatment are contingent upon caregivers' readiness to engage with HIV services, which can be affected by stigma. According to Krauss et al (2016), the apprehension that children will face stigmatization diminishes caregiver disclosure, and children's unawareness of their HIV status is linked to poorer treatment adherence (Machine et al, 2016).

The implementation of community-based support to foster engagement with HIV care has been growing, typically provided by local community health workers (CHWs) (Hall et al, 2016). However, stigma can impede the effectiveness of NGO service delivery, including acceptance by HIV-affected households. Consequently, families who stand to gain from support aimed at increasing engagement might be those most prone to avoiding programs, dropping out, or finding it difficult to adapt specific required actions. Thus, children and adolescents living with HIV generally exhibit lower engagement with health services and a high rate of loss to follow-up (Kranzer et al, 2017).

2.7 RECOMMENDATIONS

The study examined the effectiveness of non-governmental organisations support services to HIV positive OVC in Mazowe District also pulling out the challenges faced by these organisations in their implementation process. The findings revealed that non-governmental organisations are playing a crucial role in providing services that address economic, social and

also psychosocial hardships faced by OVC in different areas in Mazowe District. Some of the assistance enables the fulfilment to their right to education, good health and also basic needs. These initiatives have led to a number of OVC being able to acquire knowledge of acceptance through support groups, empower themselves through education from SILC groups and also access to education with all the necessities.

However, they are challenges faced by these non-governmental organisations in enhancing the effective service delivery such as funding constrains, stigma and discrimination leading to some program participants to default from their medication. Thus, to enhance the effectiveness of interventions it is recommended that non-governmental organisations operating in the same area collaborate and pool their financial, material and knowledge resources. Collaborations would foster complementarity and synergies in capacity-building projects such as gardens even poultry.

To ensure that services are allocated fairly across different areas with unique needs, non-governmental organizations should also work to secure more funding and infrastructure to extend their operations to other wards where OVCs are currently unsupported. It is additionally important to avoid the concentration of multiple non-governmental organizations in single wards, while other needy areas, despite having many OVCs facing similar difficulties, remain unattended. In the education sphere, non-governmental organizations should increase their financial and material assistance at both primary and secondary levels, as this contributes to the overall development of OVC capacities. Therefore, it is also important for non-governmental organisations to establish good relations with church and counselling organisations so as to promote provision of psychosocial support services for OVC even in schools.

3. CHAPTER 3: METHODS AND MATERIALS

3.1 INTRODUCTION

This section of the study is devoted to research techniques and offers a through outline of the steps that were taken to keep the research and track and create relevant conclusions and recommendations. The justifications for selecting a particular approach are also clearly stated in this chapter. This research will use a qualitative approach to support the selected area of study.

3.2 RESEARCH DESIGN.

The research explores the effectiveness of NGO support services for HIV-positive OVC in Mazowe District using a qualitative methodology. This of the experiences and views of OVC also including their caregivers with some also participating in SILC and Value Chain groups regarding the support services provided by the non-governmental organisations in Mazowe District. Cleland (2017) contend that skills are also effective in determining and identifying intangible factors such as, socio-economic status, social norms, gender roles, ethnicity and religion whose role in the research may not be readily apparent.

Targeted population for this research includes the HIV-positive OVC aged 0-18 and their caregivers residing in Mazowe District. The non-probability sampling was used to randomly select program participants who have direct experience with non-governmental organisations services. According to Campbell (2020), The sample will consist of ten caregivers and ten OVC, ensuring a mixed representation in terms of age, gender and the specific services that are utilised by both the caregivers and their children.

The interviews will be conducted in a comfortable and safe environment so that participants feel free in sharing their stories or experiences. Open-end questions will guide the conversation, covering various areas such as type of services received, the impact of these services on their lives and any challenges faced in accessing these services. Kotzur (2020), suggest that the. Each interview will be recorded with the participants consent and detailed notes being captured for non-verbal signs and contextual information.

Data analysis will follow a thematic analysis approach, which include coding interview slips to easily point out frequently arising themes and patterns on the effectiveness of non-governmental organisations support services. This allows the researcher to easily understand the program participants' experience and other issues that contribute to or hinder the effectiveness of these support services.

Also ethical considerations will be critical in this study. Informed permission will obtained from caregivers, and approval will be required from the OVC involved. Confidentiality needs to be strictly maintained, so that all identifying information is not publicly reviewed from the data. The researcher will also seek approval from an ethic review board to ensure adherence to ethical guidelines and also child safeguarding methods.

Thus by utilising a qualitative methodology, the research will aim to provide rich and detailed understanding into the effectiveness of non-governmental organisations support services for HIV-positive OVC in Mazowe District thereby also leading to improved decision making and contributions in service delivery for this vulnerable group and their caregivers

3.3 MATERIALS
The qualitative research approach was utilized in this investigation. Punch (2013) maintains that qualitative research is the exploration of phenomena's inherent nature, covering their attributes, varied presentations, the environments in which they manifest, or the perspectives from which they can be understood, but it does not encompass their extent, frequency, or role

in a factually determined sequence of cause and effect. For enhanced comprehension of concepts, beliefs, and experiences, qualitative research incorporates the collection and analysis of non-numerical data, potentially including written content, video footage, or audio recordings. As per Bandari (2022), the objective of qualitative research is to acquire a thorough comprehension of social phenomena within their natural settings. He further asserts that it depends on individuals' direct experiences as agents who construct meaning in their everyday existence, and it centers on the 'why' instead of the 'what' of social phenomena. He concludes that findings obtained through statistical methods are quantitative.

In this approach, the investigator monitors actions and other surrounding factors, logging them via descriptions. It shows less interest in numerical metrics compared to quantitative research and requires no statistical evaluation. It employs non-random sampling techniques, and the group studied is usually limited in number. A diverse range of data collection methods (triangulation) are employed, with a strong reliance on on-site investigation. Interviews and surveys are the chief instruments for data acquisition. The investigator acts as the principal means of collecting information, and the outcomes lack generalizability.

It elicits data concerning people's emotions or their lived experiences and feelings, employing versatile vocabulary. . It allows for a study in-depth and detailed. One can also probe the participants. The research is easy as it is free from statistical burden, which most people are not comfortable with.

The research method is time consuming. There are so many systematic ways of data analysis with that it becomes unreliable. There are inconsistencies in language use among qualitative researchers and this can be a serious handicap to the researcher and inexperienced

3.4 DATA COLLECTION METHODS.
3.4.1 INTERVIEWS
Key informant was gathered using structured key interview guides. Responses were obtained verbally from HIV-positive OVCs and their caregivers and recorded by the researcher. The interviews took place at designated locations with the selected participants from the study population. This method is distinct in that it involves a direct exchange of information between the researcher and the respondent. The key informant included stakeholders such as beneficiaries and staff from non-governmental organisations, who provided valuable insights into their lived experiences and obstacles they encounter.

Interviews are widely recognized by scholars as an effective way to explore people's thoughts, interpretations and understanding of various situations. This technique allows respondents to express themselves in their own words and provides rich, context-specific information that reflects their reality

Employing interviews guarantees a question is comprehensively grasped by the interviewee. During an interview, the interviewer has the ability to reword the query if the respondent did not clearly comprehend it, thereby enabling adaptability. Interviews also cater to hesitant and elusive individuals who might otherwise avoid questionnaires. Those respondents who might have been unwilling to address certain questions initially may be persuaded to answer inquiries they might have previously sidestepped.

One advantage of interviews, is that they allow for clarification if a question is misunderstood. The interviewer can adjust the phrasing to ensure comprehension, offering flexibility that other methods may lack. Interviews also tend to engage participants who might otherwise be hesitant to respond to written questionnaires, enabling the collection of more complete data.

As noted by Chiromo (2016), interviews play an important role in verifying and complementing data obtained through other methods such as questionnaires and observations thus contributing to methodological triangulation. They also allow researchers to ask follow-up questions and explore unclear areas further facilitating deeper understanding.

George (2022), emphasizes that interviews give the researcher the ability to manage the flow of conversation and keep participants focused on relevant topics. During the study, the researcher ensured participants followed a logical sequence in their responses and provided sufficient detail. Interviews often achieve a higher response rate compared to other data collection approaches.

Nonetheless, interviews have certain drawbacks, including being time-consuming and relatively costly. To mitigate these issues the researcher chose to work with a manageable and readily available group of participants.

3.4.2 OPEN-ENDED QUESTIONNAIRES

According to Sreejesh (2014), a questionnaire is essentially structured tool comprising a set of questions presented to participants, often during interviews along with clear instructions on how to respond and in what order. It is designed to collect data from respondents in a systematic

manner. In essence, it is a document that contains specific queries meant to gather relevant information from participants.

Ropa and Rani (2012), highlights three critical components of questionnaires design: the overall format, the order of questions and how the questions are framed and worded. In this study the researcher ensured neutrality by avoiding any influence of verbal prompts helped to elicit more sincere answers, which enhanced the credibility of data. However, using questionnaires also assumes that respondents are literate and capable of reading, comprehending and writing their responses.

The questionnaire included two primary types of questions, particularly when the research variables were broad or not tightly defined. According to Stantcheva (2022), when used in a mixed method approach alongside closed-ended questions, open-ended responses provide valuable qualitative context that explain and enrich quantitative findings. On the other hand, close-ended questions limit participants to selecting from predefined options such as ticking or underlining answers or filling in blanks. In this study, open-ended questions were primarily used to encourage detailed and descriptive responses.

One key benefit of using questionnaires is that they allowing multiple topics at once. Additionally, using digital tools to distribute questionnaires can be more cost-effective than physically visiting participants. Data from closed –ended questions is typically straightforward to analyse, while open-ended responses require more effort and interpretation. The method also ensures that data collection is not affected by the researcher's personal characteristics and anonymity can be maintained which may encourage more honest participation. Closed-ended questions further contribute to data consistency by reducing off-topic or vague answers. Since all participants are presented with the same wording, this enhances the reliability of instrument.

Rashid (2022), notes that questionnaires are particularly useful when working with large and geographically dispersed populations due to their cost efficiency. However, analysing open-ended responses can be challenging. Moreover, this method is limited to respondents who are literate, which may exclude certain groups such as children, the elderly or those who cannot read or write. Tuckman and Monette (2011), argue that close-ended questions can restrict participants' ability to fully express themselves. Additionally, the lack of opportunity to clarify questions or rephrase them may lead to misunderstandings. There is also the potential for low response rates; for instance, if questionnaires are sent to 100 people and only 78respond, this

can complicate data analysis. To improve response rates, the researcher maintained regular communication with participants, encouraging them to complete the questionnaire on time.

3.4.3 FOCUS GROUP DISCUSSION

A focus group discussion, according to Bennett et al (2017), is a technique in which a researcher convenes a group of people to deliberate on a chosen topic, with the goal of extracting complex personal experiences, beliefs, perceptions, and attitudes from those involved through guided interaction. A focus group discussion can additionally be defined as a data gathering method commonly utilized to accumulate in-depth qualitative data across various studies. Focus group discussions served to provide participants with an avenue to speak with each other about specific study areas, with the researcher providing guidance for the discussion.

There is contention among researchers regarding the similarity of techniques between the interview method and the focus group discussion. Therefore, interviews involve an individual, qualitative, comprehensive dialogue where the researcher operates as an examiner. This stems from the researcher's role in asking questions, managing the conversation, and interacting with particular individuals one at a time. Conversely, in a focus group discussion, the researcher served as an enabler for those participating. Therefore, unlike interviews the researcher took an outlying where all the information was collected after all the discussions. According to Gibson (2012),

Crucial for decisions about natural resources is the relationship between human perceptions and their socio-cultural environment, as most individuals derive their concepts, mental models, and interpretations from their direct surroundings and accumulate practical knowledge.

For each of the categories which were done separating adolescents from other group of vulnerable population a focus group discussion was done for the males and another for the females with some heading households to ensure that the respondents would be free enough to express themselves about sexuality issues without feeling restricted by the other sex. This helped to establish the sort of socio-economic as well as psychosocial problems and other dilemmas they are facing. Thus, the focus group sought to clearly understand what challenges these OVC face with some being the head of their families.

Birt et al (2016), asserts that through the data collected during, it allows to look beyond the facts thus confirming the meaning behind the facts through the survey methodology. However, the researcher faced challenges such as individuals trying to provide discussed responses which

were nearly if not the same. Thus, it may be very useful for needs assessment and project evaluation just like assessing the effectiveness of non-governmental organisation support services on OVC who are HIV positive using the monitoring and evaluation method.

3.5 Data collection procedure

The University and the Ministry of Health and other community stakeholders gave the student authority to get into the field. The researcher visited the respective OVC under 18 years of age also including their caregivers and administered questionnaires and interviews to the program participants under study. The researcher also made appointments with organisation stakeholders so as to work with their program participants after acquiring permission both from them and their caregivers for confidentiality and child safeguarding principles.

3.5.1 Ethical considerations

In academic work, conducting research is a core requirement because it plays a crucial role in expanding existing knowledge. New understanding that can be shared with scholars and public through publications such as academic journals, theses, dissertation and books. It is essential that researchers uphold ethical standards throughout the research process from data collection to dissemination of findings. This discussion outlines five key ethical considerations that must be observed, especially when dealing with vulnerable populations. To begin, it is important to define the concept of an ethical issue.

The Department of History and Philosophy defines ethics as the philosophical study of morality, involving careful reflection on decisions and behaviours to help interpret situations accurately. Similarly, Shah (2011) views ethics or ethos as a way of life. Chiromo (2016) describes ethics as a branch of philosophy concerned with determining the rightness or wrongness of actions and the goodness or badness of intentions and outcomes. Ethics, therefore offer a framework or code of conduct that guides researchers in their work. These ethical principles foster important values such as trust, accountability, fairness and mutual respect. Simply put, ethics are societal norms that distinguish between acceptable and unacceptable behaviour.

According to Fouka and Montzorou (2011) most scrutinise academic institutions have ethics review boards responsible for evaluating research proposals to ensure ethical compliance. The reason for this is that ethical conduct in research is crucial as it protects the dignity of participants and ensures responsible handling and reporting of research findings.

Steele (2014), defines ethics as personal principles that influence how individuals behave and make moral choices in specific situations. From a teleological perspective, the outcome or benefit of the research may be used to justify the means, suggesting that positive results might outweigh the use of questionable methods. Conversely, deontological ethics argue that unethical research methods are never acceptable regardless of the potential benefits. Beauchamp and Childress (2019), states that ethics in research are fundamental to ensuring responsible conduct, protecting participants, maintaining scientific integrity and fostering public trust.. Deontological theorists maintain that moral standards must guide research conduct, independent of its consequences. Thus, unethical practices cannot be justified as a means of achieving valid and reliable results.

One critical ethical issue in research is Advocacy and ensuring safety of participants. Blumberg et al (2005) emphasize that researchers must design studies that do not violate the rights of participants. Researchers are responsible for safeguarding and promoting participant rights and must explain any potential risks clearly to avoid unexpected harm. Given today's increased awareness of human and animal rights, reseacher must exercise extra caution in protecting participants.

Another major ethical concern is maintaining Anonymity, confidentiality and privacy especially when working with sensitive groups like HIV-positive individuals. Research must avoid disclosing participants' names, cultural or ethnic backgrounds or any other identifiable information. Palmer, cited in Kathori (2019), highlights that confidentiality is the ethical duty of a researcher to protect participant information. Tuckman and Monette (2011), further explain that anonymity means that a participant's identity should never be revealed. Research must commit to safeguarding all data shared in confidence and if disclosure is necessary, consent must be obtained. This ethical responsibility ensures honesty and protects participants from emotional or physical harm. It is also crucial that researchers do not pressure participants into providing information that might violate their privacy. In this study, participants were assured that their information would remain confidential and be used solely for academic purpose.

 Researchers who interact directly with participants must clearly communicate the purpose of the study and its intended benefits. According to Childress and Beauchamp (2019), beneficence as a principle rooted in the Hippocratic oaths which require that research should contribute positively to participants' welfare and avoid harm. In essence, beneficience stresses the

importance of conducting research that is both useful and ethically sound, while avoiding bias and deception.

Deception is regarded as one of the most ethically problematic practices a researcher can engage in. Participants should be provided with accurate and complete information about the study. According to Blumberg et al (2005), deception occurs when only partial information is shared or when the truth is distorted or withheld altogether. This usually happens when researchers are influenced by personal bias or are attempting to protect the interests of a study's sponsor, which directly violates the principle of informed consent. However, there is a contrasting viewpoint suggesting that deception may be permissible if it does not cause harm to the participants. Mugenda (2011), argues that if the knowledge gained outweighs the ethical breach, then the use of deception might be justified under a cost-benefit analysis particularly when it is the only way to uncover critical findings.

Burns and Grove (2005) introduce the concept of non-maleficence in research, which focuses on minimizing or preventing harm to participants. This includes avoiding any actions that could result in physical, emotional, social or financial distress. Non-maleficence emphasizes that researchers should take care not to cause injury or discomfort either bodily or psychological. Treece and Treece (1982) caution that asking intrusive or sensitive questions or pressuring individuals to reveal personal information can lead to anxiety, embarrassment or distress. Therefore, it is the responsibility of researchers to clearly communicate any potential risks and ensure these are carefully weighed against the benefits of research. They also recommend a debriefing session at the end of the study to inform true clarify why full disclosure was not possible initially.

Another fundamental ethic principle is Voluntary and informed consent. This means that individuals should willingly and knowledgeably agree to participate in research without any form of coercion. As Arminger (1997), explains participants must receive enough information about the study in a clear manner to make an informed decision. Mugenda (2003) further emphasizes that informed consent requires participants to understand the study's objectives, procedures and any associated risks before agreeing to take part. For example, in studies that involve surveys or focus group discussions, participants must be free to respond to questions based on their own discretion.

It is essential for researchers to uphold the principle of voluntary participation and ensure participants understand their whether to get involved the study. According to Beauchamp and

Childress (2001), informed consent is rooted in the idea of autonomy allowing individuals to goals and comprehending of potential risks and benefits. This principle is especially important when dealing with vulnerable populations such as orphans and vulnerable children, individuals with disabilities or those facing poverty or illness. In such cases, it is necessary to obtain permission from guardians, caregivers or relevant authorities before involving these groups in research activities.

The researchers fully briefed about the research objectives and processes. Consent was obtained before the study commenced and participants were given all necessary information to help them decide whether to take part, ensuring that their involvement was entirely voluntary and well-informed.

3.5.2 Trustworthiness

Researchers adopt different standards for assessing the quality of their studies, particularly through various strategies aimed at ensuring trustworthiness. Leung (2015), notes that while most scholars agree on the importance of trustworthiness in research, there is on-going debate about what exactly defines it. As a result, qualitative researchers often rely on four key criteria which is credibility, transferability, dependability and confirmability to demonstrate the integrity of their work.

Trustworthiness reflects one can place employed in a study. According to Statistics Solutions (2020), it is the quality that makes research findings acceptable and reliable. In qualitative research, trustworthiness involves not just achieving the four criteria but also convincing others that the findings can be built upon, used to inform policy, guide individuals decision and contribute to community developments.

One of the widely accepted frameworks for trustworthiness in qualitative research comes from Lincoln and Guba (1985), who identified credibility as a foundational component. This element refers to the believability of research findings. To assess this, researchers analyse and evaluate the data to determine whether the results accurately reflect the participants' perspective. As noted by Shenton (2004), he systematically explains how each of the four criteria can be addressed through various strategies making the abstract concept more tangible.. To enhance credibility, methods such as member checking and various forms of triangulation including methodological data source, analyst and theoretical triangulation can be used. Goertz and Mahoney (2012), define triangulation as techniques, sources or viewpoints to obtain a comprehensive problem. This strategy strengthens the depth and accuracy of findings, making

the study more convincing. Allowing participants to review and clarify interpretations further supports the credibility of the results.

Dependability is another crucial aspect of trustworthiness. It focuses on the research process and whether it can be traced and evaluated. Tracy (2010) describes dependability as a detailed account of the steps taken from the beginning of the research through to the presentation of findings. In research, dependability aligns with the concept of consistency or repeatability, commonly emphasized in qualitative studies (Wilson, 2010). In qualitative research however, dependability is demonstrated through clear, logical reasoning and coherent narrative. Researchers must document their in detail, making the study replicable and auditable. Techniques such as using overlapping methods, stepwise replication (involving multiple independent research teams analysing the same data) and inquiry audits can all support dependability. These approaches help ensure the findings are rooted in the data and the methods used, reinforcing the overall trustworthiness of the research. Furthermore, researchers must acknowledge and explain any changes in the research settings that may have influenced the study, thereby maintaining transparency.   .

Rai and Thapa (2015) describe it as the ability of readers to judge whether results from one setting are relevant to another. According to Heffner (2017), in qualitative studies it is typically the responsibility of the reader not to research to assess the transferability of the findings. Nevertheless, researchers can enhance this aspect by offering in-depth contextual details and articulating their assumptions clearly. Burmeister and Aitken (2012), highlight that qualitative research embraces the notion that each investigator brings a distinct viewpoint, which must be acknowledged and accounted for

Moser et al (2018), stress that confirmability involves demonstrating that interpretations are firmly grounded in the data. Achieving this requires the researcher to maintain neutrality and transparency throughout the study. To establish confirmability, an audit trail that includes raw data, analytic notes, synthesis drafts, methodological records, personal reflections and early conceptual frameworks should be maintained (Moser, 2017). Korstjens et al (2017), further argue that qualitative research often involves small, purposeful chosen samples allowing for detailed and meaningful exploration of information-rich cases. Such an approach strengthens confirmability and consequently the overall trustworthiness of the research.

3.5.3 Pilot study

According to Thabane et al (2010), describe a pilot study as the essential phase of the research process, typically conducted on a smaller scale to help with the planning and refinement of the main study. This preliminary study involves testing research instruments on a small group of individuals who share characteristics with the target population, in order to obtain relevant feedback. As noted by Youn and Hsu (2017), it includes assessing recruitment and retention rates, participants eligibility criteria and the preparation of interventions or instruments. It plays a vital role in validating the chosen methodology and ensuring that all components function as intended. Tuckman and Monette (2011), add that pilot testing often reveals minor issues that could compromise the entire study if left unaddressed. It also offers insight into potential problems, allowing for adjustments before significant time and resources are invested. Nonetheless, because a pilot study is limited in scope, it might not be generalizable to a broader population (Arain et al (2010). In this case, however the researcher ensured that the insight gained from the pilot did not lead to incorrect assumptions when scaling the research to the larger Mazowe District context

3.6 DATA ANALYSIS PROCEDURES

For qualitative inputs such as interview transcripts, the researcher developed a coding framework to categorize emerging themes and key insights. Participant demographics including age, gender and education level were summarized using frequency distributions and percentages. Additionally, the frequency with which participants accessed various NGO services was analysed and presented using tables, bar graphs and charts. The researcher thoroughly reviewed interview and focus group transcripts to identify common themes and recurring patterns concerning the effectiveness of support services. Consent analysis was applied to open-ended surveys responses and other qualitative data, allowing the researcher to classify and quantify the presence of specific thematic categories.

3.7 THE STUDY AREA
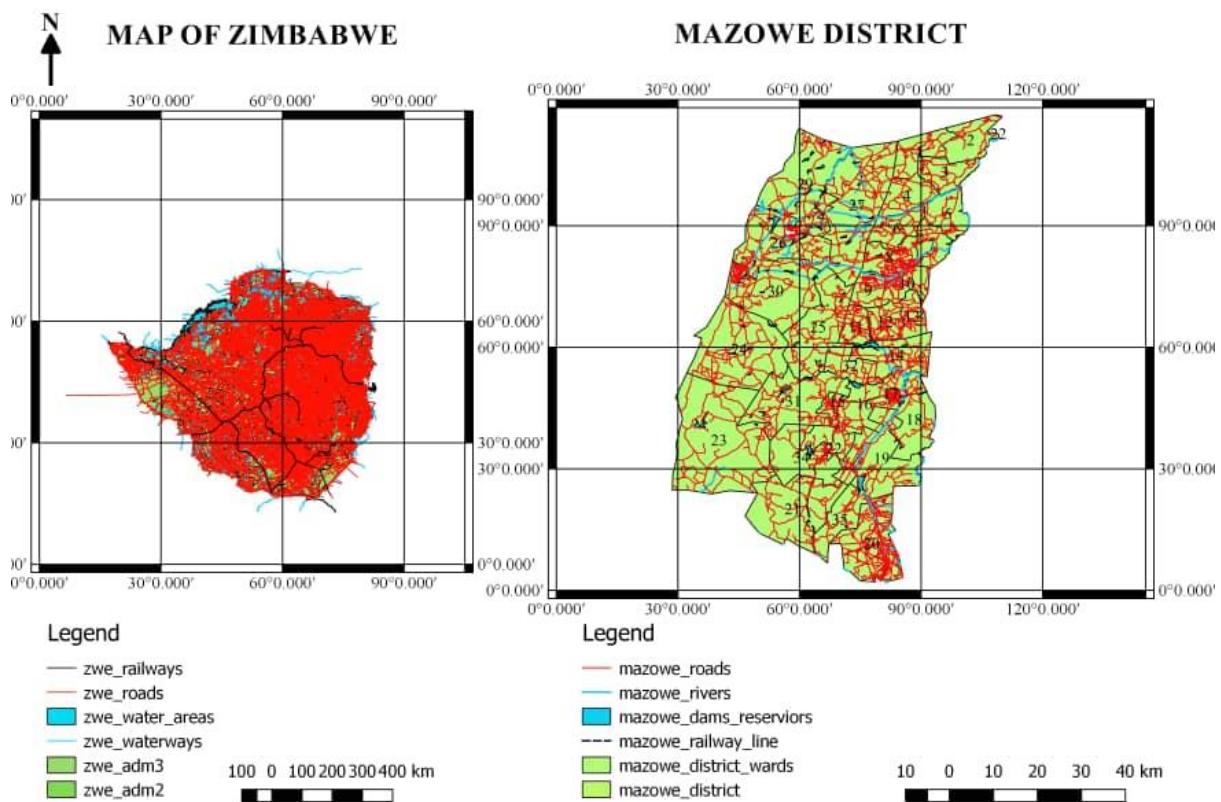
Figure 3.1: shows a map of the study area

The study area is located -17º 44¹ 28″S, -31º 17¹ 32″ to the western part of Mashonaland Central Province of Zimbabwe. Mazowe District encompasses both rural and urban communities presenting a diverse socio-economic landscape. The area has been significantly impacted by HIV/AIDS which has led to a number of OVC in the area The Ministry of Health and Child Care's 2022 HIV estimates report indicates that around 11.17 percent of the populace in Mazowe District is affected by HIV. Pertaining to the mining areas in Mazowe District most impacted, such as Jumbo and Rosa mine, Ms. Janet Bhila from Zimbabwe Young Positive (ZY+), a national support system for HIV-positive youth, mentions that the 2023 HIV and AIDS estimate overview reveals Mazowe as a district with a significant incidence in Mashonaland Central. This arises because mining sites are distinguished by a population comprising young sex workers, a considerable quantity of girls who have left school prematurely, and a large segment of artisanal miners.

Many of these children have lost parents to this epidemic, living them at a higher risk of social and economic hardships such as limited access to health, education and emotional support. In line to these challenges, different non-governmental organisations such as Vana Activity,

DREAMS and CAMPFED have established programmes aimed at providing crucial support services to HIV-positive OVC. These interventions include medical care, educational assistance, nutritional support and psychological counselling all aimed to improve the overall well-being of this vulnerable population.

This area of study aims to evaluate the effectiveness of the support services offered by non-governmental organisations in Mazowe District. By examining the outcomes of these interventions the research aims to clearly show how effectively they address the specific needs of HIV positive OVC. Thus clearly explaining the perceptions of the beneficiaries pitting into consideration the quality and impact of services received.

3.8 SUMMARY

To conclude, the research design adopted was phenomenology, and the rationale for this choice was substantiated. Ten OVCs and ten caregivers participating in SILC groups with children as program participants were chosen via purposive sampling, followed by the application of simple random sampling. Before commencing the study, approval was secured from the relevant authorities at both the university and district levels. The researcher ensured that participants were free from harm during the study. The research approach used was the qualitative model. The research instruments used included interview questions and in-depth interviews schedules as well as focus group. Trustworthiness issues like credibility, dependability, transferability and conformability were discussed and triangulation issues were discussed. The next chapter covers findings and their interpretation under themes.

4. CHAPTER 4: RESULTS/ RESEARCH FINDINGS

4.1 INTRODUCTION.

The preceding chapter centered on research methodology, encompassing the description of the research design, the delineation of research instruments, and the process for data acquisition. This current chapter highlights the research outcomes derived from the data collected during the study. Numerical data was arranged into tables, while qualitative information was structured into themes that mirror the principal concerns identified in the literature, presented in the sequence these elements were addressed. With the study population, the study engaged a relatively small number of participants this was due to some ethical considerations and sensitive nature of the study population. The effectiveness of non-governmental support services to HIV-positive OVC was considered through looking into detail the access of this vulnerable population to basic needs such as healthcare services, psychosocial support and also education necessities. The researcher presented on the challenges faced by the non-governmental organisation so as to come up with recommendations which help save lives of OVC in Mazowe District.

4.2 Demographic Profile of Respondents.

Table 4-1:Demographic Characteristics of Respondents

The table below shows participants by gender

Participants by gender (n=50)

Category	Male	Female	Total	%
HIV + OVC's	10	10	20	40
Caregivers	6	14	20	40
NGO Staff	2	2	4	8
Community Leaders	1	1	2	4
Healthcare Providers	2	2	4	8
Totals	21	30	50	100

The research comprised of 50 participants. Of the participants, 20 were HIV- positive orphans and vulnerable children (OVC) constituting 40% of the sample. Caregivers were 20, constituting 40% while non-governmental organization staff were 4 constituting 8%. There were 2 community leaders constituting of 4% and lastly the health care providers were 4 constituting 8% of the sample.

The data on table 4.2.1 shows that of the 20 OVC's randomly selected 10 were females and 10 were males thus maintaining gender balance. This was done to take note of different perspectives from different genders at the same time from a number of beneficiaries. On the caregiver sample 6 were males while 14 were females. This implies that in many households, women particularly mothers and grandmothers usually serve as primary caregivers for children. This responsibility usually drives them to actively participate in research related to their children's health and well-being. Apart from OVCs and caregivers there were 4 non-

governmental organization staff, 2 males and 2 females. This was to maintain confidentiality with their beneficiary's information and also preserving gender balance.

On the community leader sample there were 1male and 1 female. This was to maintain trust and credibility because community leaders hold a position of trust within their communities. Their approval encouraged participation from the organization's beneficiaries and their families making it easier to reach vulnerable populations. Lastly, on the health care providers they were 4 with 2 males and 2 females. These health care providers helped in collecting useful clinical data regarding the health status, treatment adherence and the overall well-being of HIV-positive OVCs during reoccurring check-ups. They also helped identifying eligible participants for the program also during different researches.

Table 4-2:shows participants by age (n=50)

Table 4.2.2 Age (years)	HIV+ OVCs	Caregivers	NGO Staff	Community Leader	Healthcare Provider	Total
0-10	3					3
11-20	17					17
21-30		4	1			5
31-40		6	2		1	9
41-50		4	1		1	6
51-60		4		1	2	7
60 and above		2		1		3
Total	20	20	4	2	4	50

Table 4.2.2 gives that 3(6%) of the OVCs were aged 0-10 years and 17 (34%) of the OVCs as well were aged between 11-20 years. Four (8%) of the caregivers were aged 21-30 years, 6(12%) were between 31-40, 4 (8%) were in the range 41-50, 4(8%) were in the range 51-60

and 2(4%) were aged in the range of 60 and above. 1(2%) of the NGO staff were aged between 21-30, 2 (4%) were aged between 31-40 while 1(2%) was aged between 41-50. 1(2%) of the community leaders was aged between 51-60 while the other 1(2%) was aged between 60 and above. 1 (2%) of the healthcare providers was aged between 31-40, 1 (2%) aged between 41-50 and the other 2(51-60).

Table 4-3:shows respondents educational status/level (n=50)

Educational level/status	HIV+ OVCs	Caregivers	NGO Staff	Community Leader	Healthcare Providers	Total	%
None		2				2	4
Primary	3	4				7	14
Secondary	17	14		2	3	36	72
Tertiary			4		1	5	10
Total	20	20	4	2	4	50	100

The data in the above table 4.2.3 shows that of the 20 OVC's, 3(6%) are still in the primary level whilst 17(34%) are in their secondary level. Two (4%) of the caregivers did not have any educational status, 4 (8%) attained their primary level, 14 (28%) attained the secondary level. The 4 (8%) non-governmental organization staff were degree class holders. 2 (4%) as the community leaders attained their secondary level. 3 (6%) of the healthcare providers also attained their secondary level and 1(2%) is a degree class holder.

Table 4.2.4 shows caregiver's relationship to the OVC's (n=20)

Caregiver's Relationship	Frequency	%
Parent	10	50
Grandparents	5	25
Relative	4	20
Other	1	5

Total	20	100

The data on the table 4.2.4 that 10 (50%) are parents of the orphans and vulnerable. This shows that some mothers did not have enough information on the prevention measures which sometimes is known as mother-to-child transmission (MTCT). Due to a non-effective treatment of breast feeding mothers it can lead to HIV transmission from mother to the child. 5 (25%) of the caregivers are grandparents. This may be due to the loose of one or both parents. 4 (20%) of the caregivers are OVCs relatives. This is because discrimination leads in isolation, making it challenging for caregivers to maintain custody of their children or access to support. 1(5%), of the caregivers had other relationship status with the OVC.

4.3 ASSESMENT OF NGO SUPPORT SERVICES
4.3.1 Health Services

Regular Check -ups- Usually helps in early detection of other health issues, this is because through monitoring HIV Progression health care providers can make necessary adjustments to treatment (which can be the type of drugs). opportunistic infections thus through regular check-ups co-infections can be identified early allowing healthcare providers to take necessary solutions. According to through regular check-ups helps for preventive medicines. The integration of numerous medical and diagnostic specializations occurs, thereby forging partnerships rooted in solid bases to yield comprehensive answers for sustained health advancements and disease prophylaxis. Frequent health assessments also assist in the timely discovery of HIV-infected infants via the early infant diagnosis programs provided by non-governmental organizations to HIV-positive mothers.

Availability of Antiretroviral Therapy (ART): Globally, the timely procurement of antiretroviral (ARV) medications and antiretroviral therapy (ART) by those afflicted with HIV (PLHIV) has been shown to notably lessen sickness and fatalities, reduce the number of HIV-infected individuals and imperfect ART compliance, boost employment rates to what they were before HIV acquisition, and improve the general standard of living, asserts Mutevedzi (2014). Assess to ART improves in viral load suppression this is because antiretroviral therapy helps in reducing the viral load to undetectable levels. These levels then improve the health of HIV-positive Orphans and Vulnerable and reduce the risk of other unexpected infections. Adhering to the antiretroviral therapy also improves the immune function as consistent medication use strengthens the immune system allowing orphans and vulnerable children to live healthier lives.

Mental Health Services- These services help in addressing issues of trauma as many orphans and vulnerable children experience trauma related to their HIV related diagnosis, loss of caregivers or even stigma especially from peers. Monteiro (2015), suggest that considering the persistent issues financial and systemic limitation, exploring the nature and experience of mental health service provision in low-resource communities remain to an important indicator to assess the state of mental health service provision. Thus, through mental health services by different organizations, it helps them process these experiences thus moving on with life. Mental health services also help in building resilience through counselling and therapies it can foster coping strategies and resilience also helping OVCs to overcome their challenges effectively.

OVC's Access to Health Services (n=20)
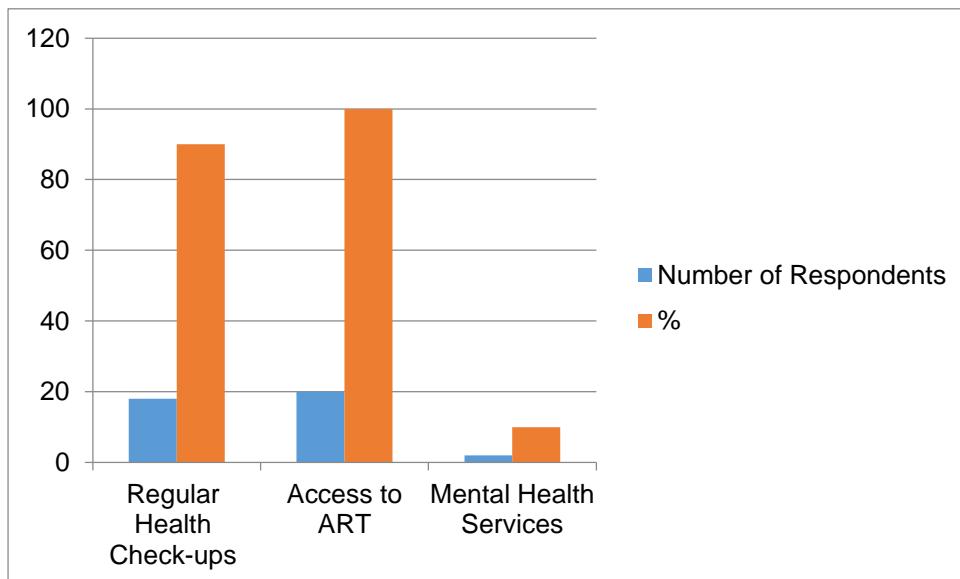
Figure 4.1:shows Orphans and Vulnerable Children Access to Health Services

Fig 4.3.1 above indicates that the majority of the OVCs 18(90%) had regular health check-ups due to the knowledge shared from the non-governmental organisations on the benefits of maintaining a good health. 20(100%) has access to antiretroviral therapy which contributes in viral load suppression, improving immune function and reduce risk of opportunistic infections. Fewer 2(25%) reported to be receiving mental health services. This suggests area of improvement for the mental health service as some beneficiaries faces challenges due to long distances and lack of full knowledge on the benefits of the mental health screening.

4.3.2 Educational Support

HIV stigma and discrimination can prevent children living with HIV from accessing quality education, therefore non-governmental organizations ensure that all children specifically in Mazowe District have the right to go to school and receive necessary school necessities. Their role is important as they help to address educational needs by regularly providing them with school fees, stationery, uniform and sanitary support. These education services increases Orphans and Vulnerable Children's self-esteem, confidence and also provide them with knowledge and skills necessary to live healthy productive lives. Services offered under education are:

School Fees Support- Non-governmental organizations provides school fees support as way of ensuring that children living with HIV have access to quality education. This financial assistance from these program helps ensure that all children's school fees from primary level to tertiary is paid and attain their right to education. Their aim is trying to ensure that poverty is reduced as education is a key factor in breaking the cycle of poverty which is the Sustainable Development Goal number 1. Therefore, education is linked to improved health and well-being and lower risk of exploitation especially to orphans and vulnerable children.

Stationery and Uniform support- Considering that many households in Mazowe District are facing financial constrains to access both fees and other necessities, non-governmental organizations provides stationery and uniform support for they have access to quality education. Providing children living with HIV with school uniforms and stationery such as books, covers and pens can help ensure that they have the resources they need to succeed in school and can also help to reduce the burden on families who may be struggling to afford the items. Oyedele et al (2016) suggest that , highlights the important role the NGOs are playing in addressing these challenges with various educational interventions

Sanitary Wear- Non-governmental organizations promotes provision of sanitary wear to orphans and vulnerable children especially in the marginalized communities in Mazowe District as a way to ensuring that they have access to good hygiene and dignity. Many orphans and vulnerable children may not have financial means to purchase sanitary wear, which then cause them to miss school or suffer from health issues. According to Mtigwe et al (2014), inadequate menstrual hygiene management in communities may perpetuate. Thus, provision of sanitary wear by the non-governmental organizations can help to reduce stigma and improve

the well-being of the girl child while also promoting their access to education and other opportunities.

OVCs Access to Education (n=20)
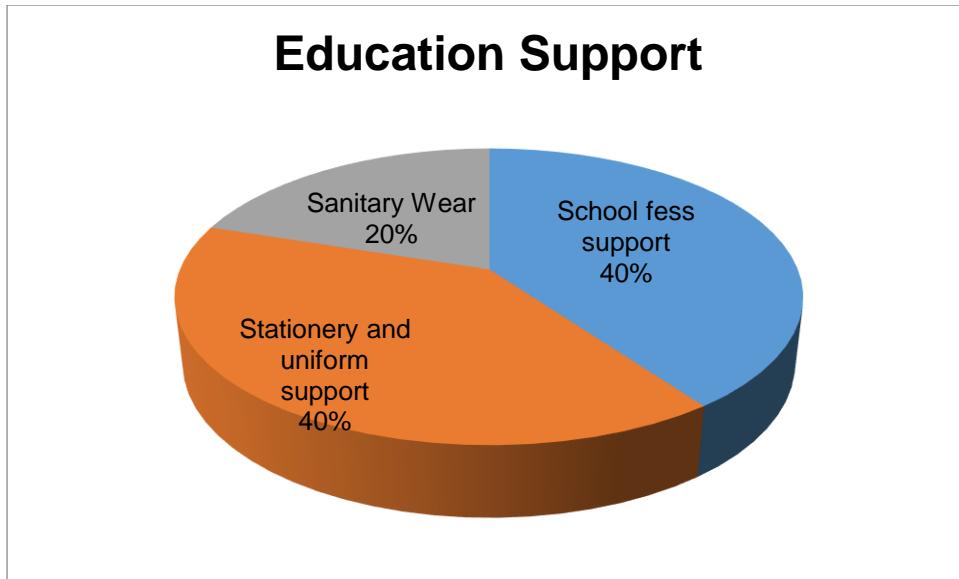
Figure 4.2:shows program participants benefiting from educational support

Fig 4.3.2 above indicates that 20(40%) of the OVCs are receiving school fees support. This shows the positive contribution of NGOs in reducing financial barriers and improving educational attainment especially in remote areas in Mazowe District. 20(40%) of these OVCs also receive stationery and uniforms. This help boost confidence in OVCs and increase school attendance therefore promoting equality. Of the 20 OVCs, 10(20%) are girls receiving sanitary wear. This helps to maintain personal hygiene, promote confidence and maintain dignity which is very important especially in marginalised areas as some miss classes because of menstrual issues. However, during the study, the researcher came across issues of dropouts due to early pregnancy which is an area of concern which needs to be addressed.

4.3.3 Psychological Support

With the NGOs understanding of good mental well-being of every individual, they offer social and emotional support that is provided to individuals who are experiencing stress, trauma or other mental health issues. This includes individual and group therapy, counselling, peer support and other forms of social support. According to Christen (2012),). Therefore the NGOs

aim is to help individuals cope with the emotional and psychological impacts of stress, trauma or other difficult life experiences to promote healing recovery and resilience.

Case Conferences**-** NGOs facilitates case conferences to survivors of child abuse and gender based violence (GBV) with other professionals involved in the care and support of individuals. This is one of the modern methods of unifying various professional known to be working with a child in a way of developing interventions that can more effectively address the OVCs needs. According to Masuka et al (2012) Thus, importance of case conferences is to share information, discuss different approaches to treatment or care and make decisions about the best course of action for a particular case. Addressing some issues may require various approaches, thus the program offers referrals to connect the victims with essential services such as medical care and legal assistance to purse justice.
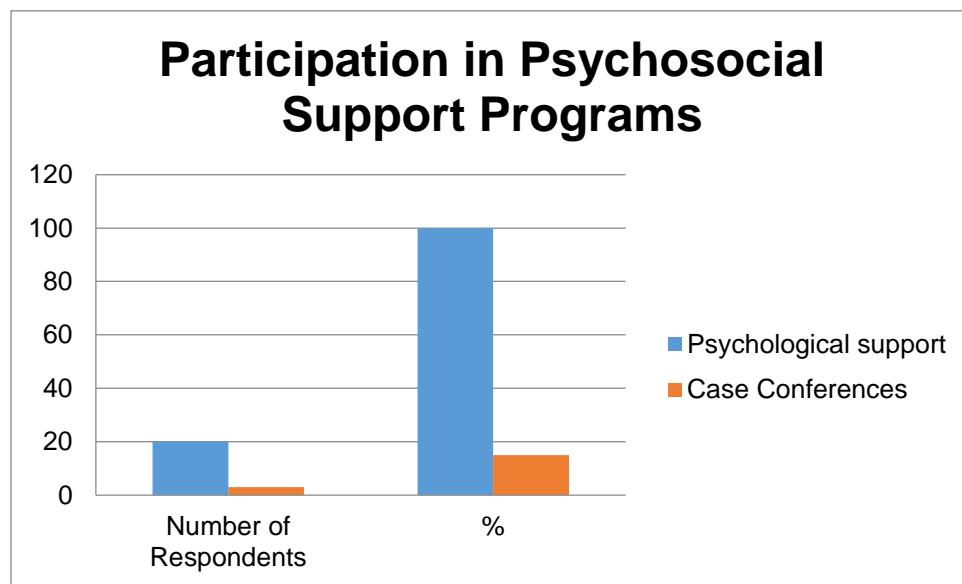
Figure 4.3:shows OVCs participation in Psychosocial Support Programs

Data on fig 4.2.7 shows that many respondents 20 (100%) expressed improvements in emotional well-being which shows the importance of psychosocial support in their lives. 3(15%) cases which included high viral load and survivors of sexual abuse were addressed through case conferences. Through the efforts of NGO and government line ministries some of these respondents reported improvements in their case issues and the researcher also had time to go through their case notes.

4.4 Response from stakeholders on the Effectiveness of NGOs Support Services
NGO support services for HIV-positive OVCs in Mazowe District, responses were collected from key stakeholders including OVCs, caregivers, NGO staff, a community leader and

healthcare providers. Overall, the findings indicate that the services have of HI-positive OVCs particularly in access to treatment, emotional well-being and school attendance. The findings are categorised below based on the structured questionnaire.

The OVCs interviewed had been receiving NGO support for a period of time ranging from one to four years. The support they received includes healthcare, educational assistance and psychosocial support. These were some of the responses from the OVCs varying from the services they are offered.

"I was on the verge of dropping out of school due to financial difficulties. However, after being enrolled with the NGO last year covered my school fees and provided me with stationery and a uniform. I am truly grateful for their support. (0VC1-educational support beneficiary)

"I have been participating in support groups that we attend every Saturday. These sessions have been helpful in helping me accept my status by allowing as to share our experiences and engage in games that help shift our focus away from negative thoughts"(OVC2-healthcare support)

"Although l am about to graduate from the program, the NGO has provided immense support in my case. While l am not comfortable sharing the details, l was a victim of sexual abuse and they ensured l receive psychological support and referral for medical assistance which greatly helped my life."(OVC3-Psychosocial support)

"I am currently undergoing vocational training in building in Chiweshe, which is helping me develop valuable skills for my future. I believe l am not academically gifted but this training provides me with practical knowledge and opportunities that will enable me to build a better life."(OVC4-Empowering skills)

"Financial constrains remain one of the challenges I still face as an OVC. At times I miss school due to illness after doing small piece jobs trying to make ends meet"(OVC5)

"I believe NGOs in Mazowe District should consider supporting financially struggling individuals like me by providing even small basic food supplies to help ease our burden a bit."(OVC-6)

Remaining Challenges: Some of these children highlighted continued cases of stigma from home and also from peers. Due to this, there is need for more recreational activities and mentorship programs to help reduce these cases for the OVCs mental well-being.

4.4.1 Responses from Caregivers

This section presents the responses from caregivers of HIV-positive OVCs who have benefited from the support services provided in Mazowe District. The caregivers expressed deep appreciation for various forms of assistance offered. Their testimonies highlight the positive impact these interventions on both the well-being of children and resilience of their households:

This program from the NGOs has helped my two children get education and school supplies that I could not afford because I don't have a job. (Caregiver 1)

I have only one child benefiting from the program, who is my grandchild. As the caregiver, I am part of the SILC group which is helping me with my small poultry business, which is now our source of income. (Caregivers 2)

I think the community has now reached a point where they are starting to accept people for who they are, especially with NGOs like Mavambo Orphan Care working in our area. Of course, there are still a few cases of stigma and discrimination, particularly in schools where more education is needed so that everyone can be treated equally. (Caregiver 3)

I think the NGOs should employ more community care workers who interact with OVCs in the community because currently due to limited numbers one worker has to cover a large area, which becomes a burden without a proper transport. However, aside from that I would like to appreciate the efforts made by the NGOs in improving my child's life especially through educational support services as I am a struggling single mother. (Caregiver 4)

At first it was difficult for me to disclose my child's status to him, but I eventually built up the courage through lessons from Community Care Workers. With the support groups he attends every Saturday, I have seen a great improvement in how he accepts his condition. He is now able to express when something feels wrong with his health and even reminds me when it's time for him to take his medication. (Caregiver 5)

Remaining Challenges: Due to inadequate or inconsistent support, NGO assistance are failing to fully meet the caregivers' needs in areas like food aid and transport which may be affected by funding constrains thereby affecting the continuity of care.

4.4.2 Responses from NGO Staff

Two NGO staff members working with HIV-positive OVCs in Mazowe District were interviewed. Their insights provided a professional perspective on the design, implementation and impact of the program as well as the challenges they face in their daily operations. The responses below are based on a set of structured interview questions focusing on services delivery, impact assessment operational challenges, success stories and potential areas for program improvement.

We offer a comprehensive package of services that includes access to antiretroviral therapy (ART) adherence support, psychosocial counselling, education assistance (such as fees and supplies) and caregiver support through income generating projects. We also run awareness campaigns and life skills training for both OVCs and their guardians (NGO staff 1)

To assess the impact of our service we conduct routine home visit, work closely with local health facilities to track treatment adherence and use feedback forms and beneficiaries testimonials. We also monitor school attendance and performance for those receiving educational support. Our success is also measured by the improved well-being of children, including their physical, health, emotional stability and academic performance. (NGO Staff 2)

The biggest challenge NGOs face is limited funding which limits the number of OVCs we can reach. Transportation in remote areas especially in lower rural areas is also difficult. Stigma remains a major barrier for a few making some families hesitant to seek support. Lastly there is burnout among staff due to emotionally demanding nature of work. (NGO Staff 3)

One of our success stories is a young girl who had dropped out of school due to illness and financial constrain. With the help of the interventions she received proper medical care, counselling and school support. She's now in secondary school and wants to become a nurse. Her caregiver also joined the SILC group which is helping them sustain for the family. (NGO Staff 4)

Some of the improvements that should be made are more mental health support for both OVCs and caregivers as many are suffering silently. Expanding vocational training for older OVCs would also empower them to become self-reliant. More partnerships with local government and community structures would improve sustainability (NGO Staff 1)

I believe NGOs should increase their focus on adolescent-specific programs especially those related to sexual and reproductive health. Digital tools could also be used to improve communication and education among OVCs and caregivers. (NGO Staff 2)

Remaining Challenges: NGOs support services are often limited and may not fully cover some household needs such as food and clothing leaving caregivers struggling to meet daily demands. Dependency on NGO support services affect many caregivers as they highly depend on external aid without sustainable income leading to remaining vulnerable when support reduces or ends.

4.4.3 Responses from Community Leaders

To understand the broader community perspective on NGO interventions, a local community leader in Mazowe District as the councillor was interviewed. Their views offer important context on how NGOs programs are received, supported and challenged at community level.

NGOs play a very critical role in our community. They provide services that many families would otherwise never access-especially for vulnerable children affected by HIV. Their support fills the gap left by limited public resources and they bring both materials and emotional relief to families.(community leader1)

The impact of NGOs is very visible. Many of these OVCs who were once withdrawn, sickly or out of school are now actively healthy and attending school regularly. Caregivers also show improved confidence and knowledge in handling HIV-related issues. The stigma has reduced significantly as people see positive outcomes from the NGO programs.(community leader 2)

Challenges we face now are few. Some families are still sceptical or unwilling to participate due to stigma or misconceptions. Also NGOs sometimes face logistical issues like reaching remote areas or lack of cooperation from certain individuals. Limited resources mean they can't help everyone in need.(community leader1)

The community generally support the work of NGOs, especially those who have seen benefits first hand. We try to mobilize people and raise awareness. However, there are still a few who resist, often out of fear, misinformation or cultural beliefs that conflict with modern approaches to HIV care.(community leader2)

Remaining Challenges: Limited community engagement as most of the interventions may be donor-driven and may not fully include local leadership in planning or decision-making thus

weakening sustainability and local ownership. There is also sustainability concerns as community leaders usually worry about the long-term sustainability of support once the NGO funding ends, especially in areas where there are few local resources to continue programs.

4.4.4 Responses from Healthcare Providers

Healthcare providers working closely with HIV-positive OVCs in Mazowe District shared their experience regarding the collaboration with NGOs. Their insights highlight the medical impact of NGO interventions, on-going health-related challenges and the importance of coordinated services delivery.

NGO support has greatly improved health outcomes. Most of the OVCs under NGO programs show better nutritional status, fewer opportunistic infections and improved general well-being. NGOs ensure that these children have regular follow-ups access to medication and are supported emotionally and socially which are keys for recovery and long-term stability (Healthcare Provider 1)

Yes there is noticeable improvement in many of these HIV-positive OVCs. The adherence levels have gone up significantly among children receiving support. NGOs assist with transport to clinics, reminders for medication and counselling services which help both the children and their caregivers understand the importance of sticking to treatment schedules. (Healthcare Provider 2)

Malnutrition remains a challenge in some households, particularly where food insecurity is high. Mental health issues and trauma are also common, especially in OVCs who have lost both parents. Some still face challenges with stigma, which can lead to treatment defaulting if not managed well. (Healthcare Provider 3)

The collaboration is generally very strong. NGOs share treatment records attend clinic meetings and work together with healthcare staff to monitor patient progress. There is good communication and referral system in place though sometimes delays occur due to understaffing or resource constrains (Healthcare Provider 4)

There should be more focus on mental health support and community based health education to combat stigma. Increasing food aid or linking families with agricultural support could also help reduce malnutrition. Lastly, improving data sharing and digital record-keeping between NGOs and clinics would make tracking patient progress even more efficient. (Healthcare Provider 1)

Remaining Challenges: Some of the remaining challenges healthcare providers face in delivering services to OVCs is limited resources and funding as shortages of test kits and essential medicines affects consistent treatment. Inadequate funding affects the outreach and follow-up efforts especially for home visits and psychosocial services. Also the issue of transportation and accessibility affect both the caregivers and OVCs to access clinics due to distance and costs.

4.5 Overall Effectiveness of NGO Support Services

NGOs are playing a very crucial role in assisting HIV-positive OVCs in Mazowe District. Their efforts include healthcare, education, psychological support and economic welfare all of which enhance the overall welfare of these vulnerable children. This section will assess the effectiveness of NGO support services, emphasizing their achievements, challenges and potential areas for improvements.

NGOs support services have been vital in improving the lives of HIV-positive OVCs in Mazowe District. Through this research it indicates that these organisations offer essential healthcare services such as access to antiretroviral therapy (ART), routine medical check-ups and psychological support. Furthermore, children benefiting from NGO assistance demonstrated better health outcomes including improved adherence to ART and fewer opportunistic infections. Additionally, NGOs provide educational support by covering school fee, supplying learning materials and implementing mentorship programs which have led to higher school retention among HIV-positive OVCs in Mazowe District.

A comparative analysis of children supported by NGOs versus those relying solely on government or community initiatives such as BEAM shows significant difference in outcomes. While government programs offer policy guidance and limited aid, NGOs provide direct and customized interventions that cater to the specific needs of HIV-positive OVCs. This focused support has resulted in higher school completion rates, enhanced psychological well-being and improved access to healthcare compared to children without the NGO support especially in marginalized areas.

The study also revealed several success stories that highlighted the positive effects of NGO interventions. Beneficiaries or program participants reported better access to essential healthcare, improved empowering skills through vocational skills and enhanced emotional well-being through peer support initiatives. However, NGOs also encounter challenges that hinder their effectiveness. Funding limitations remain a significant concern, impacting the

sustainability of their programs. Additionally, some of these children living in remote areas in have faced challenges in accessing these services, leaving certain children undeserved. Social stigma and discrimination against HIV-positive children further complicate efforts to fully integrate them into their communities.

The effectiveness of NGO support services can be measured using key indicators such as ART adherence, school attendance rates. Findings from this study indicate that children receiving NGO support services show significant higher ART adherence, lower dropout rates and better psychological health. These indicators underscore the critical role NGOs play in promoting the well-being of HIV-positive OVCs.

Stakeholders including caregivers, healthcare providers and community leaders have provided feedback regarding the contributions of NGO in supporting HIV-positive OVCs. Many caregivers expressed appreciation for the financial relief and emotional support offered by NGO programs. However, NGO representatives emphasized the necessity for increased funding and stronger collaborations with government agencies to improve the reach and sustainability of these initiatives.

4.6 Challenges Faced By NGOs In Providing Effective Support Services

Despite the positive impact of the NGOs support services in the HIV-positive OVCs mental health and well-being several challenges were identified during the research which includes:

Distance and Transportation- Considering that some of these OVC lives in marginalized areas such as the rural areas and farms (mapurazi), their biggest challenge is the geographical distance to health facilities. According to Tarisayi (2023), many OVCs live in remote rural areas where NGOs may have limited physical presence or capacity to deliver services due to poor infrastructure. He emphasize that this makes it difficult for OVCs to physically access services points or for NGOs to reach them effectively. Thus, physical strains and missing of medical appointments can lead to disease progression, treatment failure or drug resistance. Thus, NGOs are trying to address these challenges through community outreach programs to accommodate the need but due to inconsistent funds it is impossible to consider them at the same time.

Stigma and Discrimination- Despite all the efforts of awareness campaigns and education, stigma and discrimination remains a major problem to accessing NGO support services for HIV-positive OVCs. Many of the respondents expressed their experiences on school and

community discrimination. A number of these OVC responded that they still face cases of bullying at school or excluded from other activities due to misconception of how HIV can be spread from one person to another. Campell et al (2013), stigma from teachers and peers leads to low school attendance, poor academic performance and increased dropout rates.

Some households refuse to take their children to NGOs or nearest health facilities for medication resupply out of fear of being exposed of their status. Some respondents also expressed their view on some health care workers who still holds discriminatory attitudes leading to some beneficiaries to be hesitant in seeking treatment. Due to constant reminder and discriminatory attitudes, many OVCs are facing NGOs are trying to address these challenges through community education programs, support groups and advocacy campaigns but changing some societal attitudes may take thus being a significant to HIV-positive OVCs.

Limited availability of services- Even when OVC can overcome stigma and transportation issues, reality still strikes that in Mazowe District NGO services are insufficient to accommodate all children in need due to funding shortages, poor infrastructure and high demand. Many of these NGOs rely on international donors and the funding can be inconsistent leading to negative impacts of program participants who rely on these services. Zinyemba (2011), states that internal organizational weaknesses such as insufficient planning, late disbursement of funds and lack of consistent policy application can hinder the effective service delivery by NGOs. For example the recent USAID's funds freeze in 2025 disrupted services for thousands of HIV-positive children. Some of the NGOs in Mazowe District focus on medical treatment not putting into consideration that many of these HIV-positive children need counselling, nutritional support and educational assistance. Thus, to improve service availability, NGOs need sustainable funding, government partnerships and decentralization of HIV services to reach out for more OVCs.

Cultural Barriers- Due to the deep rooted cultural beliefs especially in rural areas, some caregivers prefer traditional medicines over ART, believing that spiritual healing or some herbals can cure the disease. Kaleebu et al (2019), suggest that many children were withdrawn from ART and given herbal treatments, leading to poor health outcomes. Even with some religions discourage HIV treatment, believing that faith alone can heal. This greatly affects OVC living with HIV as caregivers lack open communication with their children which prevents them from clearly understanding their condition and adhering to treatment. To address such cases NGOs need community engagement programs, collaborations with traditional and

religious leaders with culturally sensitive awareness campaigns to encourage HIV-positive OVC to seek medical care.

4.6 Summary

Focusing on the analysis, presentation, and interpretation of gathered data, this chapter revealed that NGOs are supporting a considerable quantity of OVCs with various services, including health, school tuition, apparel, and skill-building. Nonetheless, despite these efforts, both the OVCs and the NGOs still experience difficulties that must be addressed for optimal impact. The upcoming chapter will provide a summary of the study, alongside its conclusions and recommendations.

5. CHAPTER 5: DISCUSSION/ CONCLUSION/ RECOMMENDATIONS

5.1 INTRODUCTION

Discussion also considers the effectiveness of the services, the factors contributing to that effectiveness and the challenges encountered by the NGOs aligning the findings with the research objectives and existing literature.

5.2 INTERPRETATION AND DISCUSSION OF THE RESULTS

5.2.1 EFFECTIVENESS OF NGO SERVICES IN IMPROVING HEALTH AND WELL-BEING

Many program participants highlighted improved access to antiretroviral therapy (ART), educational assistance and psychosocial care. For example, caregivers observed that the children under their care had improvements with a more stable health due to regular check-ups and more confident in school participation after receiving NGO assistance.

The psychological support services offered by NGOs such as counselling and peer group activities, plays are very important role in enhancing the emotional resilience of the OVCs. One adolescent OVC shared that attending support group meetings helped reduce feelings of isolation and anxiety. This indicates that NGOs are not only addressing the physical aspects of HIV management but also the emotional.

The findings are consistent with existing literature, including Mupambireyi et al (2014) and UNICEF reports which have shown that well-structured. NGO intervention significantly

improve outcomes for children affected by HIV. This shows the important role of NGO as service providers and advocates for vulnerable children in resource-limited. settings.

5.2.2 FACTORS CONTRIBUTING TO THE EFFECTIVENESS. OF NGO SERVICES

A range of factors were found to influence the effectiveness of NGO services which includes the type of services offered. The most impactful services, according to program participants are those that directly addressed survival needs particularly medical and education support. Health services that ensure continuous ART access, follow-up consultations and emergency referrals were mostly valued.

The regularity at which these services are offered emerged as the key determinant of success. Families that received support consistently reported more sustainable improvements in health and education outcomes. On the other hand, interruptions in service delivery due to funding gaps or logistical challenges negatively affected treatment adherence and school attendance. Thus funding requires the need for dependable support systems

Community engagement also proved essential for influencing the effectiveness of NGO support services. NGO staff collaborated with village heads, caregivers and local health workers to identify vulnerable children, monitor their progress and ensure that services are culturally acceptable and well-targeted. This participatory approach helped foster trust between NGOs and beneficiaries and ensure that support reached those most in need. Tsegaye (2018), argues that community ownership enhances the effectiveness and sustainability of support services.

5.2.3 OBSTACLES FACED BY NGOs IN PROVIDING SUPPORT SERVICES

Despite the success recorded, NGOs in Mazowe District encounter several challenges that limit the scope and consistency of their services such as inadequate and inconsistent funding. NGO representatives reported that donor dependency affects their operation to uncertainty resulting in service disruptions or scaled-back activities when funds were delayed or reduced. For example the recent USAID suspension in January 2025, where there was immediate suspension of its funding to Zimbabwe affecting over 1.2 million Zimbabweans who rely on its life-saving programs. The suspension includes millions in funding, with 83% of USAID's programs in Zimbabwe being cut.

Stigma associated with HIV also remains a persistent barrier. Some caregivers and children were reluctant to participate in programs discrimination within their communities. This limited

the effectiveness of outreach programs and undermined efforts to achieve full inclusion of HIV-positive children

Another obstacle faced by NGOs in providing support services is lack of effective coordination with government institutions. In some cases, the absence of structured referral system and weak collaboration between NGOs and public services providers resulted in service duplication or missed opportunities for holistic care. These challenges are consistent with findings from other studies. conducted in sub-Saharan. Africa, which identify similar systemic and social barriers to effective NGO programming.

Overall, these obstacles highlight the need for more resilient and collaborative frameworks that can support NGOs in delivering uninterrupted and equitable services to HIV-positive OVCs.

5.3 CONCLUSION

This chapter has discussed the outcomes of the study in relation to its objectives and existing literature. The results confirm that NGO support services significantly contribute to improving the health and well-being. of HIV-positive OVCs in Mazowe District. Factors such as the type and consistency of services and community involvement were shown to enhance effectiveness while challenges such as funding instability, logistical constraints and stigma limited the reach and impact of these services. These conclusions directly relate to the study's aim of evaluating the effectiveness of NGO support and confirm the hypothesis that NGOs have a measurable and generally positive impact on the lives of HIV-positive OVCs. However the realization of this impact depends on the sustainability of services and the capacity to overcome operational challenges.

5.4 RECOMMENDATIONS

This section focuses on the recommendations drawn from the conclusions in order to suggest what could be done to address or to improve the prevailing situation for the better by the non-governmental organisations, government, government partners and policy makers. The following were made

- Enhance Financial Sustainability- NGOs should diversify their funding sources through partnerships, income-generating projects and engagement with local stakeholders to reduce reliance on external donors and improve service continuity.
- Strengthen Government Collaboration- Greater coordination between NGOs and public health and social welfare departments is needed to create integrated referral systems and avoid duplication of efforts.

- Invest in Community Mobilization- Community leaders, caregivers and youth should be engaged in the design and delivery of programs to increase acceptance, reduce stigma and improve coverage.

- Address infrastructure gaps- NGOs should consider partnering with local transport providers or investing in mobile outreach services to improve access to remote areas.

- Promote anti-stigma education- Sustainable community awareness campaigns should be implemented to combat HIV-related stigma and encourage participation in support services.

- Establish Monitoring and Evaluation Systems- Regular assessment of program impact can help NGOs identify areas for improvement and demonstrate effectiveness to potential funders and partners.

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APPENDICES

Questionnaire for NGO Staff

Introduction

My name is Gamuchirai Samantha Muponde registration number B210966B. I am a student at Bindura University pursuing a Bachelors Honors Degree in Development Studies. I am required to carry out a project in partial fulfillment of the requirements for the degree. The title of my research project is: The Effectiveness of NGOs support services on HIV-positive OVC in Mazowe District, Mashonaland Central Province. I am kindly asking for your assistance as participants to the research under study by filling in the questionnaire. The responses you will provide will be treated with utmost confidentiality and will be used exclusively for academic purposes. Do not write your name. Please answer all questions honestly. Your cooperation is greatly appreciated.

Section A: Demographic Data.

Kindly indicate your answers by ticking where appropriate in the boxes and writing in the spaces provided.

1. Gender of participant   Male   Female ☐

2. Age of participant   26-40   41-50   51 and above
                                     ☐   ☐   ☐

3. Designation

_____

4. Highest professional qualification   Diploma ☐   Degree ☐

                                        Masters ☐   Other (specify) ☐

5. Years of engagement at your present work?   1 to 2 years   3 to 5   5 and above
                                               ☐   ☐   ☐

6. What are the main services your NGO provides to HIV-positive OVCs?

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_____

_____

_____

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7. How do you assess the impact of your services?

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8. What are the challenges that your NGO face in delivering services effectively?

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9. Are there any success stories you can share about how NGO interventions have changed lives?

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10. What improvements or additional programs do you think should be implemented?

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Thank you

Questionnaire for Healthcare Providers

Introduction

My name is Gamuchirai Samantha Muponde Registration Number B210966B. I am a student at Bindura University pursuing a Bachelor Honors Degree in Development Studies. I am required to carry out a project in partial fulfillment of the requirements for the degree. The title of my research project is: The effectiveness of NGO support services for HIV-positive OVCs in Mazowe District, Mashonaland Central Province. I am kindly asking for your assistance as participants to the research under study by filling in the questionnaire. The responses you will provide will be treated with utmost confidentiality and will be used exclusively for academic purpose. Please do not write your name. Answer all questions honestly. Your cooperation is greatly appreciated.

Section A: Demographic Data.

Kindly indicate your answers by ticking where appropriate in the boxes and writing in the spaces provided.

1. Gender of participant   Male ☐   Female ☐

2. Age of participant   26-40 ☐   41-50 ☐   51 and above. ☐

3. Designation _____

4. Highest Professional Qualification.   Diploma ☐   Degree ☐

      Masters ☐   Other (specify) ☐

5. Years of engagement at your present work   1-3years ☐   3-5years ☐   5 and above ☐

6. How has NGO support influenced the health outcomes of HIV-positive OVCs?

_____

_____

_____

7. Have you observed any improvements in ART adherence among OVCs supported by NGOs?

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8. What are the main health challenges faced by these children despites NGO interventions?

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9. How well do NGOs collaborate with health facilities?

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10. What improvements do you suggest for strengthening NGO support services?

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_____

Thank you

Interview Guide for OVCs

Interview questions

Age..................

Sex...............................

Educational level………..

1. How long have you been receiving support from an NGO?
2. What type of support do you receive (eg healthcare, education, psychosocial support)?
3. How has the NGO support helped improve your health and medication adherence?
4. Has the NGO support helped improve your health and medication adherence? If so how?
5. What challenges do you still face despite receiving NGO support?
6. What additional support do you think NGOs should provide?

Interview Guide for Community Leaders

Interview questions

Age.............................

Sex...........................

Community leader Title...................................

1. How do you perceive the role of NGOs in supporting HIV-positive OVCs in your community?
2. What impact have you observed from NGO interventions?
3. What challenges do NGOs face in your community?
4. How does the community support or hinder the efforts of NGOs?
5. What do you think should be done to enhance effectiveness of NGO programs?

Interview Guide for Caregivers

Interview questions

Age...................

Sex...............................

Marital status..

Occupation...

Educational Qualification..

Relationship to OVC...

1. What kind of support has the NGO provided for the child under your care?
2. How has this support impacted the child's health, education and well-being?
3. What challenges do you face in caring for an HIV-positive OVC, even with NGO assistance?
4. How has NGO support affected your financial situation?
5. Do you think the community is supportive of HIV-positive OVCs? Why or why not?
6. What recommendations do you have for improving NGO services?

RESEARCH LETTER

CHAIRPERSON'S OFFICE

Thursday 03 April 2025

TO WHO IT MAY CONCERN

Dear Sir or Madam

RE: RESEARCH SUPPORT LETTER FOR SUSTAINABLE DEVELOPMENT STUDENT

I am writing on behalf of the Sustainable Development Department requesting your collaboration on the research of our fourth-year student, GAMUCHIRAI SAMANTHA MUPONDE **REGISTRATION NUMBER** B210966B.

The student is studying for a 4-year Bachelor of Science (Honours) Degree in Development Studies (HBSc.DG). During the fourth year of study, students are required to do field research which require them to do their data collection for research purposes.

We will be highly obliged to furnish you with additional information about the research project if our request meets your favorable consideration.

Yours faithfully,

Bowora

Dr. J. Bowora
(Chairperson)

CHAIRMAN
GEOGRAPHY DEPARTMENT
FACULTY OF SCIENCE