VOSESA

VOLUNTEER AND SERVICE ENQUIRY

SOUTHERN AFRICA

FIVE-COUNTRY STUDY ON SERVICE AND VOLUNTEERING IN SOUTHERN AFRICA

ZIMBABWE COUNTRY REPORT

JULY 2006

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Acknowledgements

Contents

Acronyms

ACT   Aids Counselling Trust
CPS   Child Protection Society
DOMCCP   Diocess of Mutare Child Care Programme
FACT   Family Aids Counselling Trust
SAHRIT   Southern African Human Rights Trust
YWCA   Young Women's Christian Association

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Executive Summary

The Zimbabwe country study on service and volunteering in Southern Africa was part of a regional project covering Botswana, Malawi, South Africa, Zambia and Zimbabwe. The aim of the study was to document and analyse civic service and volunteering in Zimbabwe. The specific objectives were (i) to identify formal and informal civic service programmes in Zimbabwe; (ii) to conduct country profile studies of civic service initiatives with reference to the nature and scope of civic service and the meaning of civic service for the servers and beneficiaries in Zimbabwe; (iii) to determine what policies and incentives exist to promote civic service; (iv) to examine the implications of civic service for social development policy and practice.

A mapping exercise was carried out to identify civic service programmes and the organisations under whose auspices the programmes were being run. A snowballing technique was used to identify all the relevant organisations. The mapping exercise revealed that a major formal civic service programme was the National Youth Service Programme. However, given the political sensitivity of the programme, it was considered not advisable to include it in the study.

In terms of methodology, the study used a qualitative descriptive research design and a purposive sampling method. The purposive sampling resulted in the selection of the following organisations and programmes: AIDS Counselling Trust (for home-based care for the terminally-ill), Catholic Diocese of Mutare Child Care Programme (for community-based orphan care programme), Child Protection Society (for community-based orphan care programmes), Family Aids Counselling Trust (for community-based orphan care programme), Southern African Human Rights Trust (for *Zunde raMambo*), and the Young Women Christian Association (for women empowerment programmes). Letters were written to the organisations inviting them to participate in the study.

The data were collected using structured interviews with key informants from government, non-governmental organisations and a donor agency. Focus group discussions with service providers were held. The senior research team supplied both the structured interview guide and the structured discussion guide.

The study revealed that the term service was given different interpretations and meanings. The consensus that emerged that was service was seen as unrewarded effort whose objective is to assist less fortunate members of society. Service providers preferred to refer to volunteering rather that service because in their own opinion what they were doing was giving up their time for a good cause.

Volunteering was seen as a reflection of one's commitment to change things around him/her. This change is manifested through an improvement in human wellbeing. In the *Zunde raMambo* programme, service was seen as a community's responsibility to look after the less privileged members of the community. In this programme, community members volunteer to grow crops in a communal field that will benefit orphans and other vulnerable groups in the community.

On the motivation to engage in civic service, volunteers indicated that they were driven by their religious faith. Most of the volunteers were Christians who saw civic service as an expression of Christian faith. Others were motivated by the need to use volunteering as a stepping-stone towards securing employment. Some service providers saw service as an embodiment of cultural norms and values. For them,

participating in civic service is in line with the expectations of society and is an indication that one is a responsible member of society. Thus civic service denotes collective responsibility at the community level. There is also the expectation that service may be reciprocated in the future.

In terms of the profile of service providers, the study revealed that service providers were generally of a very low socio-economic status and that most of them were not gainfully employed. They were thus struggling to meet their basic needs. Furthermore, service providers were mainly women. This is in line with traditional stereotyping of women as caregivers. Women have also tended to accept this ascribed role. The ages of service providers ranged from 25 to 72 years, although there was one volunteer who was just 14 years old.

The study also revealed that the issue of incentives was a sensitive one with most key informants indicating that the use of incentives defeats the whole purpose of civic service. However, in some of the programmes volunteers received incentives in the form of food packs; volunteers thus benefited from the food packs they distribute to orphans. This is in recognition of the fact that volunteers were poor and struggled to meet their own basic needs.

The researchers recommend that organisations should provide some incentives as a matter of principle as this would serve to motivate volunteers. The volunteers also need to be empowered economically so that they can improve their own situation. This will in turn enable them to devote sufficient attention to their civic service roles. There is however, need for further research in the area of civic service, particularly focusing on the contribution of the *Zunde raMambo* (Chief's granary) in addressing the problem of food in security among childheaded households. This is necessary because the Government of Zimbabwe is encouraging the resuscitation of the *Zunde raMambo* concept.

Section One: Introduction

1. Introduction

This study was undertaken as part of a regional study on civic service and volunteering in Southern Africa covering Botswana, Malawi, South Africa, Zambia and Zimbabwe. The study was undertaken under the auspices of the Centre for Social Development in Africa at the University of Johannesburg and Volunteer and Service Enquiry Southern Africa (VOSESA) based in South Africa with funding from the Global Service Institute (GSI) at the Centre for Social Development, Washington University in St. Louis, in the United States of America.

1.1 Aim and Objectives of the Study

1.1.1 Aim

The aim of the study was to document and analyse civic service and volunteering in Zimbabwe.

1.1.2 Objectives

The specific objectives of the study were as follows:
- To identify formal and informal civic service programmes in Zimbabwe.
- To conduct country profile studies of civic service initiatives with reference to the nature and scope of civic service and the meaning of civic service for the servers and beneficiaries in Zimbabwe.
- To determine what policies and incentives exist to promote civic service.
- To examine the implications of civic service for social development policy and practice.

1.2 Approach and Process Followed

The research team did a mapping exercise of civic service programmes in Zimbabwe both formal and informal. The mapping exercise entailed identifying organisations that are involved in civic service. The formal civic service programme that was identified was the National Youth Service Programme being implemented by the Ministry of Youth Development and Employment Creation. This was introduced in the late 1990s to allow youths to follow a three-month training which serves to inculcate patriotism among the youth. The National Youth Service Programme is voluntary and targets school leavers. The youth receive political orientation and engage in community service. The programme has the potential to contribute towards national building. However, political opponents of the government have not accepted it as they allege that it is being used as a tool for repression. The programme has thus received negative media reports. Because of the sensitivity of the programme and the political tensions it was considered inappropriate to include the national youth service in the study.

The snowballing technique was used to identify organisations involved in formal civic service programmes. The organisations that were identified include the Southern African Human Rights Trust (SAHRIT), Young Women's Christian Association (YWCA), AIDS Counselling Trust (ACT), Catholic Diocess of Mutare Child Care Programme (DOMCCP) Family AIDS Counselling Trust, Rusape (FACT), Child

Protection Society (CPS). The study took the form of qualitative descriptive research design and used purposive sampling method. Key informants who were knowledgeable about civic programmes and directly involved in influencing or supporting civic services programmes were purposively selected. A structured interview guide was used to collect data from key informants. In addition, to interviews with key informants, focus group discussions with service providers of community based volunteer programmes were carried out. No focus group discussion was held with national and international organisations running structured service programmes because it was not feasible to bring the officials together. They did not have the time to participate in focus group discussions. Furthermore, the organisations were operating from different parts of the country. It also became apparent that some international organisations had moved out of Zimbabwe. From the mapping exercise, the following volunteer programmes were identified:

- Community-based Orphan Care programmes;
- Home-based Care programmes for the terminally-ill;
- *Zunde raMambo* (Chief's granary); and
- Community empowerment programmes for women.

Letters introducing the project were written to the organisations involved in the different civic programmes. These organisations include; Young Women's Christian Association (for community empowered programmes for women), Southern Africa Human Rights Trust (for *Zunde raMambo*), FACT Rusape (for community-based orphan care programme), AIDS Counselling Trust (for home based care for the terminally-ill) and Catholic Diocese of Mutare Child Care Programme. These organisations were invited to participate in the study and they all agreed. With respect to the *Zunde raMambo*, permission also had to be sought from the District Administrator of Murewa District in Mashonaland East Province where the programme is located. The research team then embarked on a literature review before interviewing key informants.

1.3   Terms of Reference

- To study two types of programmes, namely structured civic service programmes and informal service programmes.
- To draw research questions from those used in the global assessment by the Global Service Institute.
- To undertake a literature search and produce a literature review.
- To use standardised data collection methods that comprise of in-depth interviews for key informants and focus group discussions with volunteers.
- To analyse the findings and compile a country report.

2. Context

2.1 An Overview of the Social, Political, Economic, Cultural Conditions in Zimbabwe

Zimbabwe is a landlocked country with a land area of 390 757 km^2. It is bordered by Mozambique in the east, Zambia to the north; Botswana in the west and in the south is South Africa. It has a population of about 11.6 million people. Though Zimbabwe is has abundant natural resources and an economy that is diversified, with relatively viable commercial industrial, mining and agricultural sectors, her fortunes took a nosedive from the onset of the second decade of independence. Since the year 2000, Zimbabwe has been experiencing multifarious socio-economic

and political problems that have compromised the growth and development of social policies in response to these challenges. Social policies in Zimbabwe are generally not well developed and are to a very large extent fragmented.

Poverty in Zimbabwe has not only widened but it is also deepened as more and more people join the ranks of the unemployed and low-income earners. Zimbabwe's isolation as a result of unresolved political problems and criticism of the manner in which land reform was implemented among other factors have resulted in the shrinking of the formal sector, shortages of much needed foreign currency and shortage of basic goods and services. Inflation is also Zimbabwe's major enemy. As at the end of May 2006, annual inflation was sitting at 1,193 per cent and with all indications that it is on an upward trend. The hyperinflationary environment is hampering all efforts aimed at turning around the economy. Fuel prices in their uncontrolled nature in Zimbabwe also conspire to exert additional pressure on inflation. The price of fuel is going up on a daily basis and this has a devastating effect on production in industry and the cost of goods and services.

Analysts observe that the spiralling economic melt down in Zimbabwe continues to worsen. Inflation continues to push the parallel market rate (now a dominant market force) in foreign exchange dealings and the price of other goods and services while at the same time movements in the official rate as a result of other exogenous factors, such as imports and forex shortages also feed into inflation. Consequently, with no meaningful foreign currency inflows to stabilise the exchange rate in Zimbabwe, the parallel rate is expected to remain on the upside thus stifling any attempts to resuscitate the economy.

The Poverty Datum Line (PDL) now stands at Z$52 million and because of inflationary pressure, it is increasing at an accelerated pace on a monthly basis. Analysts point out that the middle class has disappeared in Zimbabwe and most people are now classified as poor and in need of government support to meet their basic needs and to enable them access other social services. Though social services including health, education and social welfare programmes are implemented by government, local authorities, churches and voluntary organisations with varying degrees of involvement; the prevailing political, social and economic problems have worsened the exclusion of the majority of the people from accessing social services. The exclusion also gets worse as one moves away from urban to rural areas as there has been a gradual retreat of developmental agencies, especially NGOs, from these areas, owing to urban biased provision of services and to a certain extent inadequate funding and sometimes perceived interference from organs of the state.

However, it is fundamentally important to point out that at independence Zimbabwe inherited a lopsided and dual economy based on racial segregation and neglect of the rural sector. It was therefore incumbent upon the new government to address the inequities characterising the socio-economic landscape of the country. A series of policy pronouncements were made in an attempt to promote equity and socio economic development. These include the Growth with Equity Policy of 1981, the Zimbabwe Transitional National Development Plan, 1982-1985 and the First Five Year National Development Plan 1986-1990. Admittedly, tremendous social change and growth in the economy were experienced in the first decade of independence.

However, at the dawn of the new millennium, the country witnessed a reversal of its social and economic fortunes. In an attempt to arrest the economic and social decline, government adopted the Economic Structural Adjustment Programme in 1996 and then replaced it with Zimprest in 1998 and subsequently with the

Millennium Economic Recovery Programme (MERP) in 2001. In 2003, the government launched yet another economic stabilisation programme, namely the National Economic Revival Programme (NERP). And more recently, government pronounced yet another economic revival programme, the National Economic Development Priority Programme (NEDPP) at the beginning of the year. Considering the limited successes of policies adopted in the past, there is a temptation to believe that the new policies could face the same fate as poverty and social exclusion continue. This puts paid to the view that the prevailing socio-economic conditions demand voluntary organisations and initiative to play a bigger role in the provision of social welfare services.

It is evident that in spite of all the development initiatives implemented so far, Zimbabwe's macroeconomic instability remains a cause for concern. The land reform that was implemented from 2000, the HIV and AIDS pandemic and droughts that have been experienced in Zimbabwe have all had a deleterious effect on the economy. The Zimbabwe Millennium Development 2004 Progress Report acknowledges that agriculture was a major contributor to the Gross Domestic Product (GDP) at 4.7% by 2001. The major exports were in the sectors of tobacco, maize, cotton, sugar and groundnuts and this contributed significantly to foreign currency in flows into the country. Ironically, Zimbabwe is now a net importer of the staple food (maize) from being a net exporter prior to the land reform exercise.

Agricultural productivity has suffered as a result of inadequate capitalisation of the "new farmer", problems of foreign currency and HIV and AIDS which has depleted the labour force in this sector. Agriculture has therefore been dealt a major blow as a result of these factors. Persistent droughts have also compounded the situation and government has been forced to divert resources from developmental initiatives to importing food to feed the people. It is hoped that the National Economic Development Priority Programme shall bring about the restoration of Zimbabwe's agricultural sector to its status as the breadbasket of Southern Africa.

The economic challenges facing the country have also not spared the health sector as resources are diverted to other sectors. Health services remain largely urban based and focused mainly on curative care. Shortages of foreign currency and the international isolation of Zimbabwe have impacted negatively on health care delivery in Zimbabwe. Shortages of drugs and high cost of drugs and medical care now characterise the health delivery system in Zimbabwe. A major challenge of the health delivery system is the HIV and AIDS scourge as it has a negative impact, not only on the health sector but the economy as a whole. As pointed out elsewhere, HIV and AIDS is one of the major factors behind the declining economy of Zimbabwe. Zimbabwe is at the epicentre of the HIV and AIDS pandemic with one of the highest rates of infection in the world.

It is estimated that nearly one in four adults aged between 19 and 45 years are infected with the HIV and AIDS virus and in addition to the havoc this has caused to the economy, life expectancy is also estimated to have dropped from 61 years in the early 90s to 35 years by the end of 2004. Over 1.3 million children in Zimbabwe have also been orphaned by the disease and indications are that there is an escalating OVC crisis in the country. Although the official position in Zimbabwe is that HIV infection rate is on the decline, from 24% in 2003 to 20.1% in 2005, responses to the crisis have been adhoc, piecemeal and inadequate. Responses to the HV and AIDS menace have also been compromised by the lack of consistent support from the international community. The World Bank, quoted in Felsman (2006) reports that Zimbabwe receives the lowest level of donor support amongst the 15 countries in the world with the highest HIV and AIDS prevalence rates.

Though Zimbabwe has a National AIDS Fund that is administered by the National AIDS Council, there have been reports in the media to the effect that the majority of people living with HIV and AIDS and those affected are failing to access support from the Fund. As drugs are simply not available in some cases, especially the antiretroviral drugs (ARVs). It is estimated that of the 250 000 people who need ARVs, less than 50 000 have access to these drugs. It is also sad to note that Zimbabwe has not benefited as much from the Global AIDS Fund that provides financial and technical assistance fro HIV and AIDS programmes because of its perceived violation of human rights. All these problems bedevilling the health sector have also frustrated the health providers precipitating an exodus of skilled personnel to the Diaspora.

It is self evident that the health sector is not adequately equipped to deal with the challenges facing this sector and therefore without the participation of the voluntary sector the health of the people will be very much at high risk. In respect to education, it is also very evident that orphans and other vulnerable children (OVCS) are living under the threat of withdrawing from schools, as they cannot afford the exorbitant schools fees and levies required by school authorities. The number of school dropouts is unprecedented as the HIV and AIDS pandemic takes its toll. The harsh economic environment is also making matters worse. Though government has come up with a school fees assistance programme namely, Basic Educational Assistance Module (BEAM) the extent of the problem is such that government cannot cope with demand for this facility.

It is also evident that Zimbabwe still erroneously believes in the extended family as the first line of support for the individual in times of need. Social security protection in Zimbabwe is fragmented and largely excludes the unemployed. Zimbabwe's public assistance scheme as an example is meant to cater for the poor, but it is administered on the assumption that the extended family support system is still functional. Assistance is only given after a thorough means test and investigations showing that there are no relatives in a position to help. Culturally therefore, the belief in the extended family is still dominant though in reality, the system has been eroded as it no longer has the capacity to provide for the welfare of members.

Given this scenario, it is fundamentally important to strengthen the turnaround development strategies government is pursuing through the development of social institutions, building of community wealth, and arrangements that promote endogenous socio-economic development. There is need to strengthen and foster the culture of volunteerism and self-reliance if socio-economic development is to be realised.

2.2 History of Service and Volunteering in the Country

Volunteering has always been a feature of African communities and is seen as a cultural phenomenon. Traditional support systems based on the principles of solidarity and reciprocity have always provided a medium for volunteering. It is a cultural expectation that members of the extended family or kinship group should provide support to other members experiencing life-cycle crises. For instance, it is common for members to build a hut for an elderly person or to plough and weed the fields for a sick relative or member of the community. Volunteering is undertaken on the assumption that it will be reciprocated in the future. Volunteering therefore, promotes togetherness and a sense of belonging.

With the coming of colonialism, urbanisation and industrialisation, voluntarism was extended beyond the extended family or kinship group to neighbourhood or community in urban settings. This was intended to assist new migrants or the casualties of economic development and those unable to adapt to urban conditions. Initially volunteering was informal but was gradually formalised as a result of the involvement of non-governmental organisations and donors. Thus informal service was gradually transformed into structured service. The volunteer movement also became a protest movement as it was seen as a response to the injustices of colonial governments. This created political consciousness and as a result the volunteer movement was closely linked to the birth and expansion of the nationalist movement. Many of the country's African political activists were able to use the volunteer movement as a smokescreen for their political activities in order to avoid repression and detention by the colonial governments.

During the post-independence era, the government has introduced the National Youth Service as a nation-building programme. This followed a realisation that youths were not channelling their energy towards national development. It was therefore, hoped the National Youth Service would help transform youths into useful and responsible citizens of Zimbabwe. The National Youth Service as the only national programme would help the youths to grow and be motivated to play their part in the political and socio-economic transformation of Zimbabwe. It was designed to make the youths proud of their heritage. This is an expensive programme that calls for an outlay of huge resources which Zimbabwe does not have at present. As a result the government has not been running the training programme on a regular basis and this has undermined the contribution of the programme towards nation building. Also the political disagreements in the country have impacted negatively on the acceptability of the programme nationally.

Today, the HIV/AIDS pandemic has put into focus the importance of service or volunteering. Because of the pressure exerted on health facilities, the government in collaboration with other stakeholders such as non-governmental organisations and churches has been promoting home-based care for the terminally-ill. This is being implemented either as a structured service through organisations or informally in the communities. Home-based care has become an appropriate response to the HIV/AIDS pandemic.

Zimbabwe has an HIV prevalence rate of 20.1 per cent within the 15-49 years age group. This represents a decline from a peak of 29 per cent in 1998. The pandemic is impacting negatively on national development as it is decimating the most productive age group. Productivity at the workplace is affected by high levels of absenteeism as employees succumb to opportunistic infections. Furthermore, employers are also spending more resources on replacement of labour and retraining. The pandemic has also resulted in an increase in the number of orphans. It is estimated that there are about one million orphans in Zimbabwe today and the formal social welfare system is unable to cope with this huge increase in the number of orphans. It has become apparent that the usual responses of foster care and adoption are no longer feasible or appropriate given the numbers involved hence the need for community-based intervention. It has also become apparent that the extended family system is no longer able to act as a social safety net. This is because the system has become overwhelmed by the magnitude of the problem and thus lacks the capacity to intervene effectively. The problem has also been exacerbated by the fact that the values that underpin the extended family system are disappearing as a result of globalisation.

2.3 Policy and Legislative Framework

Zimbabwe introduced a National Youth Service policy in the late 1990s designed to promote civic service among the youth. The National Youth Service policy seeks to inculcate a sense of patriotism among the youth. This policy is implemented by the Ministry of Youth Development and Employment Creation. National Youth Service is not compulsory but school leavers are free to avail themselves of this service. The training is wholly funded by the state. During training, the youths participate in community service and this is intended to enable the youths to appreciate the concept of civic service and to contribute to the development in the country.

There is no overall policy or legislation on welfare or development in the country. The policies that exist are sectoral. However, it is apparent from the Private Voluntary Organisations Act, 1996 that the provision of welfare is not a responsibility of the government alone. This Act provides a framework for voluntary organisations to participate in welfare provision. Voluntary organisations therefore promote civic service and most voluntary organisations are able to mobilise volunteers to engage in welfare activities designed to improve social functioning among individuals, families and communities. Notable among these, are efforts directed at reducing poverty and promoting food security.

Civic service is also incorporated in health and education policies. These policies acknowledge that the delivery of health and education services is not a responsibility of government alone. Rather it is a shared responsibility between the state and other stakeholders. Thus individual and community initiatives are encouraged in order to improve service delivery. For instance, community initiatives have resulted in the construction of schools, teachers' houses, clinics and nurses' houses. Individuals and communities volunteer to undertake these tasks without any remuneration.

It is also a policy of the Ministry of Education Sports and Culture that every school should have a school development association composed of parents whose responsibility it is to spearhead the development of schools with a view to improving the quality of education offered. In addition, most secondary schools have an association of former students formed specifically to mobilise resources in support of the school's activities. Such fundraising efforts have resulted in the construction of additional classrooms, recruitment of additional teachers and purchase of computers for use by both staff and students. These voluntary initiatives have been instrumental in improving the quality of education.

Because of lack of access to health services by the poor, some medical doctors voluntarily give their services in poor rural communities, a situation which has enabled many people to have access to health services. These various voluntary efforts constitute an important cog in endeavours to improve the quality of life. This is critical now given the international isolation of Zimbabwe and the resultant economic crisis. State resources alone would not be sufficient to meet human needs hence the need for voluntary initiatives.

Because of the HIV/AIDS pandemic, volunteering has become more pronounced in the care of orphans and that of terminally-ill persons. To this end, volunteering with respect to orphans is informed by the National Orphan Care Policy, which was approved by the Government of Zimbabwe in 1999. The National Orphan Care Policy is premised on the understanding that traditional support systems are not able to cope with the growing number of orphans. This is being exacerbated by persistent droughts and the harsh economic conditions. Consequently, there is need to

mobilise communities to provide care and support to orphans living in the community with some assistance from the government and non-governmental organisations. This enables orphaned children to remain in their communities under voluntary adult supervision.

In addition, to the National Orphan Care Policy, Zimbabwe has established the National Plan of Action for Orphans and Other Vulnerable Children. Its aim is to facilitate the provision of basic social services to orphans and other vulnerable children. The Children's Protection and Adoption Amendment Act, 2001 is a key legislation for the realisation of this aim.

Home-based care for the terminally-ill is provided for under the National Policy on HIV/AIDS for the Republic of Zimbabwe. According to the National Policy, home-based care refers to a continuum of care provided by a volunteer or a member of the household. This approach acknowledges the serious challenges imposed on the health delivery system by the HIV/AIDS pandemic and it thus reduces pressure on health facilities.

3. Literature Review

There is no universally accepted definition of civic service, as the meaning tends to vary from country to country. VOLSA (2004:6) observes that how one defines volunteering is influenced to a greater extent by the history, politics, religion and the culture of a region: Not withstanding the difficult of defining civic service or volunteering, this study adopts the definition by Moore McBride, Benítez and Sherraden (2003) who note that "*Civic service is a construct defined as an organized period of substantial engagement and commitment to the local, national or community, recognized and valued by society with minimal monetary gain to the participants.*" VOLSA (2004:6-7) identifies the core characteristics of volunteering as follows:-

• The activity is not undertaken primarily for financial gain or reward.
• The activity is undertaken at free will without cohesion
• The activity is undertaken to benefit someone or the society at large rather than the volunteer her/himself.

An example of formal civic service programme in Zimbabwe is the National Youth Service which was introduced in the late 1990s. This programme was introduced after the Government realized that youths were generally not conversant with the history of the liberation war and that they were not patriotic and committed to consolidating the gains of independence. The programme is open to all school leavers on a voluntary basis.

National Youth Service Training is undertaken at training centers in the provinces and is for duration of three months. The training includes physical drills and political orientation. During training, the youths undertake community service which often entails cleaning public facilities. Youths who have done National Youth Service are given preference when they apply for places in tertiary institutions such as teacher training colleges and nursing schools. They are also given preference when they apply for positions in the police, national army and the public service in general.

The National Youth Service programme has not been accepted by all Zimbabweans. There are some who see the programme as an attempt by the ruling party to entrench itself in power. They thus argue that graduates of National Youth Service are partisan. Despite this controversy, the National Youth Service programme is an important attempt to inculcate a sense of self discipline and patriotism among the

youths. Ultimately, Zimbabwe stands to benefit if the youths become responsible citizens. However, the full impact is yet to be realised because only a few young people have gone through the programme because of resource constraints .

The STRIVE TIMES (2004) gives a distinction between volunteering in the West and in Africa. It notes that in Western societies where the economic status of most citizens is sound, volunteering is mainly done by the rich who have accumulated a lot of material wealth and can therefore; afford to give up both time and resources for the benefit of the less privileged. The situation is however very different in the African context where volunteers tend to be poor. The extended family system that worked as a safety net for vulnerable people is no longer as effective as it used to be because of urbanisation and westernisation and also because of the growing complexity of human needs. The situation has further been worsened by the impact of HIV and AIDS which continues to decimate a significant part of the population leaving a lot of children orphaned and millions who are terminally ill. The consequence of this, is that fewer people are available to assume the role of volunteers. Few volunteers therefore shoulder the burden of care.

Furthermore, the volunteers, particularly older people, are vulnerable to infection when caring for the terminally-ill because of ignorance and poverty. Whilst volunteers are motivated by altruism, they are also motivated by the possibility of reciprocal assistance in the future. This is based on the realisation that what is happening to their beneficiaries may happen to them in the future and will therefore need similar support. It is also typical of Zimbabwean volunteers to use volunteering as a stepping stone towards securing employment, particularly given the high unemployment rate estimated to be 60 per cent. Volunteering therefore gives volunteers the necessary exposure and experience which will count in their favour when looking for employment.

SAFAIDS (2004) notes that a typical volunteer in Zimbabwe is very vulnerable and would personally qualify to be a beneficiary of the programmes he/she serves. However in spite of their situation, they are willing to dedicate time to serving other vulnerable people in the community.

Volunteers in Zimbabwe typically offer their services in orphan care programmes and home-based programmes. In these programmes, the duties of volunteers as stated by Viva Network (2001) are to:
• identify beneficiaries in the communities and provide these households with limited development –oriented material support
• carry out home visits, and
• liaise with other community groups, leaders and organisations concerning the progress of the programmes in the community.
The Population Council (2005) notes that for volunteers to be effective, there is need for them to be provided with appropriate training, supervision and support not only by the community as a whole but also by organisations that facilitate the programmes they work in.

The STRIVE TIMES (2004) notes that given the vulnerability of the volunteers and the duties they carry out, burnout is inevitable. SAFAIDS (2004) asserts that this burnout is worsened by the lack of incentives for the volunteers in an environment where survival is very difficult for people who have no reliable source of income. SAFAIDS (2004:6) further notes that *"…because volunteers come face to face with the stark realities, sometimes they do not want to go on. The challenge becomes how to keep them and how to motivate them*". This is also highlighted by Population

Council (2005), which states that it is illogical to imagine that even committed volunteers can continue as active participants when they are not receiving any form of incentives. Thus, organisations that work with volunteers also face the challenge of how to offer sufficient incentives to them so that they stay involved.

4. Methodology

The study took the form of a qualitative descriptive research design using a purposive sampling method. It involved interviews with key informants and focus group discussions with service providers. Thus service providers in structured civic service programmes and informal community-based civic programmes and key informants from government and non-governmental organisations constituted the study population. The civic service programmes operated in both urban and rural settings.

4.1 Sampling

Purposive sampling was used to select organisations promoting the following civic service programmes;
• Community-based care for orphans
• Home based care for the terminally ill
• Zunde raMambo
• Community empowerment programmes for women

The following organisations running the civic service programmes were purposively selected:
• AIDS Counselling Trust (ACT)
• Family Counselling Trust, Rusape (FACT)
• Diocese of Mutare Child Care Programme (DOMCCP)
• Child Protection Society (CPS)
• Southern Africa Human Rights Trust (SAHRIT)
• Young Women Christian Association.

Because there were many volunteers involved availability sampling was used to select participants for the focus group discussions. The participants were service providers drawn from the six civic service programmes. A total of 65 service providers were selected for 6 focus group discussions with each focus group consisting of between 6 and 18 participants. The biggest focus group was the one composed of SAHRIT service providers which had 18 members. The size could not be reduced for political reasons and this was a concession the researchers had to make in order to win political support for the focus group discussion. The participants were predominantly women because the majority of the volunteers are women. It was not possible to have just one focus group with service providers given the variety of civic service programmes. Furthermore, the fact that the organisations had civic programmes in different parts of the country made it difficult to have just one focus group.

It was also not possible to have a focus group with national and international organisations running structured service programmes because representatives of national organisations were too busy and did not have time to participate in the focus group discussions. Furthermore, these representatives were located in different parts of the country and therefore it was not possible logistically, to bring these together. Also, it was apparent that most international organisations had ceased operating in Zimbabwe for political reasons.

A total of nine key informants were purposefully selected as follows: two representing government, namely from the Ministry of Public Service, Labour and Social Welfare and from the National Aids Council; six representing each of the participating non-governmental organisations and one from the Catholic Relief Services representing the donors. There were more key informants selected from non-governmental organisations because of the diversity of the civic programmes being implemented.

The criteria used to select key informants were that they had to be knowledgeable about civic service policies and programmes and directly involved in facilitating or supporting civic service programmes. They were also experts and senior managers involved in service delivery.

4.2 Data Collection Methods

The following data collection methods were used;
• Structured interviews with key informants from government, non-governmental organisations and a donor agency. A total of nine key informants were interviewed. The senior research team supplied the structural interview guide.
• Six focus group discussions with service providers. There was one focus group discussion per civic service programme. A total of 65 service providers participated in the focus group discussions. The composition of each focus group ranged between 6 to 18 participants. A structured discussion guide supplied by the senior research team was used.

4.3 Data Analysis

Data were analysed manually according to the themes of the study.

5. Limitations of Study

• The fuel crisis in the country impacted negatively on the timely collection of data.
• For logistical reasons, it was not possible to combine the service providers into one focus group discussion. The focus group discussions were arranged according to the organisations supporting the volunteers.

Section Two: Findings and Discussion

1. Meaning of Service

The study sought to understand the meaning of service in the Zimbabwean context. There was no common definition of service given by the respondents. Consequently, there were varied meanings and interpretations given by respondents on the meaning of service. However, there was convergence of thought on the overall objective of volunteerism which is to assist less fortunate members of society. Volunteerism denotes the process of getting involved because of one's commitment to change things around them or to change the lives of others. It was revealed that the effort one puts into service has no immediate monetary benefit. Service is therefore understood as unrewarded effort that is often for the benefit of disadvantaged members of society. It came out clearly that in Zimbabwe the term volunteering is more commonly used than the term service. This is because, volunteering is regarded as giving up one's time for a cause whereas service is perceived to have an element of state compulsion. Volunteering also entails offering one's services for free and this requires total dedication. In a nutshell, all those interviewed alluded to the fact that volunteering is giving one's time and skills without being paid for it.

In the *Zunde raMambo* (Chief's granary) run by SAHRIT, volunteering specifically meant giving up one's time to grow crops in a communal field (known as *zunde*) for the benefit of the less privileged members of the community. It is seen as a community's responsibility to look after the less privileged members in the community, particularly orphans. However, volunteers operating under the Young Women's Christian Association's community empowerment programmes for women give up their time to take part in empowerment activities that are aimed at improving the status of women in society. The empowerment activities focus on a wide range of income generating projects and social skills.

The research participants were asked what had motivated them to become volunteers. The majority indicated that they were driven by their religious faith which calls for earthly deeds that result in heavenly reward. Others hoped that if they provided voluntary service they were likely to be absorbed as employees in the programmes that they serve. Participants reported that they were already volunteers with the church before they joined the programmes in which they serve. In the community empowerment programmes run by YWCA, service had a religious connotation whereby it is seen and understood as putting one's faith into action. This was also shared by the volunteers from the orphan care programme run by the Child Protection Society and the Family Aids Counselling Trust's home-based care programme. In the latter organisation, the scripture of Galatians 5:13 which states that "**by love, serve one another**" is taken as the foundation of the volunteer programme. This was confirmed by a key informant from FACT who noted that when the programme started and they were calling for volunteers, their entry point were churches where the spirit of volunteerism is rife. Women came up to offer their services because they have a heart for volunteerism**.**

At DOMCCP (child care programme), service had a traditional connotation whereby it was seen as a duty enshrined in the culture and norms of the community. It is seen as part of *hunhu*, meaning being a responsible human being. This traditional perspective is institutionalised in the community with the village head taking a leadership role. This was particularly true of the *Zunde raMambo* programme which

has always been seen as community social responsibility. Within their *Zunde raMambo* programme, participants reported that they do not consider themselves as volunteers or those who help others, rather the programme helps them. In essence they are helping themselves. Participants noted that service within the *Zunde raMambo* programme is understood as a mutual relationship where the community works to alleviate its own suffering. Fulfilment comes from being able to solve community problems especially those of orphaned children, widows and the elderly, particularly as they relate to food security. It is also understood as giving one's time to work without anticipating pay for the sake of enhancing the welfare of others.

Participants reported that the concept of *Zunde raMambo* has been there for a long time even in the days of their forefathers where the community would go to work in a designated land. The harvest from the *Zunde* would be used to assist those households that were deemed in need mostly those with orphans, widows and the elderly. This was an embodiment of the concept of community responsibility whereby the strong are obliged to support the weak. A problem affecting an individual is not seen as a personal problem but is seen as a community problem. In other words, it is seen as everyone's responsibility. There was thus collective responsibility and this is why Africans were seen as a group-oriented people. The values that underpin the concept of community responsibility are internalised during the socialisation process. They reported that with time this concept faded but has now been revived with the help of SAHRIT to address the problems the community is facing especially those to do with children orphaned and made vulnerable by HIV and AIDS. However, some of the key informants noted that in a few cases people volunteered because they had expectations of securing employment with the organisations in the long run. This arises from the fact that most volunteers in Zimbabwe are generally of very low socio-economic status and are generally not gainfully employed.

Respondents from the different organisations noted that the concept of volunteerism is based on true altruism unlike the Western volunteers who have a lot of resources and are "richer than the President". This serves to point to the fact that African volunteers tend to be persons of a low socio-economic status. They engaged in daily struggles to survive or meet their basis needs. In some instances, they seek to benefit from the programme by accessing part of the benefits that accrue to the beneficiaries. This was seen to be true of volunteers involved in the orphan care programme run by the Child Protection Society. The majority of volunteers in orphan care programmes in urban areas are unemployed, and volunteering therefore provides them with an opportunity to be socially useful and acquire skills and experience that may enhance their marketability in the formal labour market. The majority of the respondents indicated that the concept of volunteering has always been there in the African culture whereby certain members of society were assigned duties to care for the sick, and to assist orphans and the elderly. The caring duties were largely carried out by women because traditionally women were seen as caregivers. Generally, women have tended to accept this ascribed role. It is also assumed women perform this role better than men. This therefore explains why there are more women volunteers: a situation which is reflective of the traditional stereotype about the status and role of women in society. African culture places the burden of care on women.

These volunteers/servers were highly respected in society. However, times have changed whereby there is now a high incidence of poverty such that the volunteers themselves have nothing to give to the disadvantaged members of society. They are faced with the challenge of fending for their own families and at the same time finding time to do voluntary work, hence they look at the benefit of volunteering as opposed to just rendering their services without being paid. Although there were these

challenges, respondents indicated that they still volunteer because either they have no jobs or because they also benefit from the food packs that are distributed to orphans.

Volunteerism has its origins in our history. In extended families, all family members were expected to look after orphans and the elderly. Help was extended to members of the community regardless of whether they were blood relations or not. Thus local words that were used then to refer to people who offered help are still being used today. Within a home-based programme they are referred to as volunteer caregivers; within an orphan programme they are known as village caregivers. Despite these varied terms assigned to servers, there is a common understanding that they are all volunteers. The term volunteer is always used irrespective of the programme. Local terms assigned to volunteers were *vabatsiri; vanozvipira; vanetsiyenyoro.* These terms are still being used today.

However, new values are emerging which are negating the concept of community responsibility. Globalisation has made some Africans to become more individualistic and inward-looking. Consequently, many no longer look beyond their nuclear families. Thus they no longer feel obliged to assist their extended families and the community at large. This is also a function of the difficult economic environment which is preventing many from extending a helping hand to their extended family as they are preoccupied with their own daily struggles to survive.

2. Form, Scope and Age of Service Programmes

The SAHRIT programme started in 1998 after consultations with the local community on the need to resuscitate the traditional concept of the *Zunde raMambo.* Orphans in the community were going hungry due to lack of food. SAHRIT organised the community leadership to enable the programme to run.

The *Zunde raMambo* programme is organised along village lines. Each village has its own *Zunde raMambo.* At the inception of the programme, village heads in each village allocated two acres of land for the programme. A *Zunde* Committee was set up incorporating a chairman, secretary and treasurer. The task of the committee is to allocate duties to community members so that they take turns to work in the field. The committee is also in charge of distributing food to identify needy households. It was reported that some villages have since increased the *Zunde* acreage beyond the initial two acres. The *Zunde raMambo* initiative sought to strengthen the capacity of the community to respond to the needs of orphans and other vulnerable children by providing them with food. The community members reported that they are also providing orphans with school fees and uniforms from the income earned from selling the surplus harvest.

Child Protection Society's orphan care programme was started in 1988 though the organisation has been in existence since 1952. It focuses on strengthening the capacity of communities so that they can provide care and support to orphans and vulnerable children. The programme started as a direct response to the impact of HIV and AIDS on children. The programme is urban based and works with 34 volunteers in Harare's three high density suburbs of Highfield, Kambuzuma and Mufakose.

AIDS Counselling Trust's home-based care programme was started in 1988 to alleviate the plight of terminally ill patients who had been discharged from hospitals. The programme works with 24 volunteers who operate in four urban areas of Harare, namely Mbare, Mabvuku, Tafara and Highfield. YWCA unlike the other programmes,

has been in existence since 1957. Its coverage is wider as it covers the whole country and has structures in both urban and rural areas. Its primary focus is on improving the status of women through skills training in income generating projects.

FACT was established in 1987 as a direct response to the impact of HIV and AIDS. As the number of people who were being infected increased, the hospitals could not cope and hence some patients were discharged to their homes whilst they were still in need of care. Thus, FACT identified a need to train the community on the care of the ill in a home setting. The programme works with over 400 volunteers in the town of Rusape and in 66 wards in the rural district of Makoni. DOMCCP runs a child care programme in Rusape which was started in 2000. The organisation works in 129 villages from six wards with a total of 67 volunteers. The profile of servers reveals that they are predominantly female. The following table summarises the age of each programme and the profile of its service providers.

Table 1: Profile of Servers as per Organisations and Civic Programme

Organisation	Programme	Age of Programme	No of Servers	Age Range of Servers	Gender of Servers
ACT	Home-based care for terminally ill	18 years	24	25-46	Predominantly female only one male.
CPS	Orphan care programme	18 years	34	33-60	Female
DOMCCP	Child care programme	6 years	67	29-55	Both female and male
FACT	Home-based care for the terminally ill	19 years	400	50-60	Both female and male
SAHRIT	Zunde raMambo	8 years	102	14-64	Both female and male
YWCA	Empowerment programme for women	49 years	fluctuates	27-72	Female

3. Service Role: Time Commitment and Compulsory Nature of Service

The role of the servers differed depending on the programme they were working with. However, it was interesting to note that the roles of volunteers working in orphan care programmes and those involved in home-based care were similar. Their roles were spelt out as follows;
- Participating in identifying orphans and other vulnerable children (OVCs) in consultation with the community.
- Maintaining up to date registers of OVC's.
- Monitoring the programme to ensure that assistance goes to the intended beneficiaries.
- Maintaining links between beneficiaries and service providers.
- Assisting in distribution of handouts to beneficiaries.
- Suggesting alternative ways of providing support to beneficiary population.

The volunteers involved in home-based care also have additional roles. These include:

• Assisting with the actual care of the sick, namely bathing and feeding.
• Teaching primary care givers on how to care for the terminally-ill e.g. demonstrations on how to give bed baths.
• Giving talks to the community on home based care.

For the volunteers that are involved in the *Zunde raMambo,* their roles involve performing agricultural tasks such as ploughing, planting, weeding as well as harvesting the produce. There is a duty rooster that indicates who is to work at a particular time and what duties are to be undertaken. The *Zunde* Committee decides on what activities are to be undertaken and at what time. The Secretary of the *Zunde* keeps a register of those who attend to the fields. SAHRIT is also involved in promoting awareness of child rights. Communities are also encouraged to report any cases of child abuse or violation of children's rights. There is thus empowerment of communities through imparting knowledge on child rights. In addition, SAHRIT runs human rights courses for the benefit of practitioners working in non-governmental organisations. Under the empowerment programme for women run by the Young Women's Christian Association, beneficiaries receive training in income generating projects. It is the responsibility of the organisation to mobilize the community and resources needed to run the courses. The other role played by YWCA volunteers is that of imparting Christian values so that young women become responsible citizens. YWCA also promotes fellowship for the diffusion of ideas and experiences which contribute not only to the well being of the women but their families and society as well.

The time the volunteers dedicate to the work they do varied from one organisation to the other. The volunteers in the FACT home-based care programme work for 3 hours and for two days a week. This is purely for supervision purposes because in reality due to the situation on the ground they are compelled to work more hours. However, the volunteers at times work around the clock, because they are known in the community and community members call upon the volunteers for help at all times. In the DOMCCP childcare programme however, the situation was different in that no working hours are prescribed for the volunteers. It is up to them to decide when they want to work and for how long. In the orphan care programme run by CPS, volunteers dedicate two hours a week towards meeting the project goals. It is up to them to choose which days they want to work. In the *Zunde raMambo* programme, the community is expected to turn up once a week on a Thursday. This day was chosen because individuals do not go to their own fields. Volunteers in home-based care for the terminally-ill run by the AIDS Counseling Trust are supposed to work once a week but because of the need in the community, they end up working almost on a daily basis. Finally, members of YWCA attend training meetings once a week on a day that is convenient to the whole group.

4. Servers, Service Areas and Goals

4.1 Servers

As pointed out earlier on, volunteers were found to be predominantly women and ranging between the ages of 14 to 60 years. This can be attributed to the fact that most of the volunteering is confined to caring for orphans and the terminally ill, a duty that has traditionally been performed by women. There is also a perception that women perform this function better that men. It is also noted that in urban areas, unemployment is more pronounced among women and who thus have the time to

engage in voluntary work. The men are left to concentrate on their role as breadwinners. Furthermore, voluntary work is often seen as a stepping-stone towards securing paid employment. The researchers are aware that some nursing schools give more favorable consideration to applicants who have done voluntary work, particularly those who were engaged in home-based care for the terminally-ill.

The age range suggests that volunteers have to be mature people who can relate well with the beneficiary populations. The profile of the volunteers therefore points to the fact that volunteers in urban areas are largely unemployed women who are, therefore, of a low socio-economic status. The rural volunteers are also poor.

4.2 Service Areas and Goals

The discussion that follows focuses on service areas and goals of each participating organisation. Brief background information is given first in order to help contextualise the service areas and goals.

4.2.1 Young Women Christian Association

Young Women Christian Association is a voluntary organisation that has a worldwide membership of Christian women**.** The organisation is registered under the Private Voluntary Organizations Act (registration number 18/68). YWCA Zimbabwe was founded in 1957 by one white Christian woman who had been influenced by the South African YWCA and on coming back to Zimbabwe (then Rhodesia) decided to start a Zimbabwe chapter. From its early beginnings, YWCA membership brought together women, mostly of the white race who were wives of men of high social standing in society such as headmasters, and colonial administrators among others. Members of YWCA met and prayed together. The association also served as a forum for socialising and learning skills such as baking. As these women continued to meet, they started to look at social issues. One case in point was the issue of shortage of grade three teachers in the early 1970's. The YCWA membership approached the colonial government at the time and offered to volunteer their services to teach grade three pupils.

During their meetings, the YWCA members would give contributions to assist the less privileged. They began to engage in projects such as building of hostels, a concept borrowed from other YWCA's in other regions. With Zimbabwe's independence in 1980, most of the white membership began to phase out giving in to black membership. Some donated their properties to the association such as land and buildings.

The organisation is national and operates in all of the country's ten provinces. It operates in both urban and rural areas. The goal of YWCA is to unite women and girls in its endeavours to develop the leadership and collective power of women and girls to achieve social and economic empowerment, human rights, health, security, dignity, justice and peace for all people inspired by the Christian faith.

4.2.2 Child Protection Society

The Child Protection Society is a child welfare organisation that started in 1952.It is registered as a welfare and voluntary organisation. The organisation focuses on child welfare. In the light of the increasing number of orphans, the organisation introduced a community-based child care programme to ensure that children are cared for within the family. This programme was first piloted in 1998 initially in Highfield and later on to other high-density suburbs of Harare. The programme relies on volunteers who are the back borne of the programme.
The organisation operates in three high-density suburbs in Harare. These are Highfield, Kambuzuma and Mufakose.

The service goals of the orphan care project are as follows;
- to increase the nutrition levels of 1000 families through training in permaculture and life skills with a bias towards child headed households by June 2005.
- to strengthen and establish community based early learning centres to benefit 200 orphans and other vulnerable children by June 2005.
- to motivate formal and informal foster families through foster care advocacy

4.2.3 AIDS Counselling Trust

The organisation provides service to people who are infected and affected by HIV and AIDS. The organisation runs a home-based care programme and the Young People We Care Project. The organisation is urban-based and operates in four high-density suburbs in Harare, namely Mabvuku, Tafara, Mbare and Highfield.

The service goals of the home-based care programme are to strengthen the capacity of families and communities to provide care and support to people infected and affected and train, support and motivate community volunteers to care for individuals and families infected and affected by HIV and AIDS in the project site areas.

4.2.4 Family Aids Counseling Trust

The programme started in Mutare in 1987 when a pediatrician and Christian members in the community realized the impact of HIV and AIDS in the community. They then mobilised local resources with the aim of alleviating the plight of people that were infected and affected by the virus. Rusape experienced a high rate of infections because it is a transit area between Harare and Mozambique. Thus, truckers used to frequent the area and "vendors of another type" would thus flock to Rusape to offer sexual services to the truckers. The organisation started a prevention programme because it was felt prevention is better than cure. Programmes include home-based care, youth and HIV and AIDS prevention, farm and workplace prevention and voluntary counseling. The home-based care programme was started in May 1995 with the aim of continuing holistic care while the patient was at home.

The organisation operates in the town of Rusape as well as in the rural areas of Makoni District where they cover 66 wards. The service goals of the Family Aids Counselling Trust are as follows;
- to strengthen the capacity of families and communities to provide care and support to people infected and affected by HIV/AIDS.
- to provide emotional, material and spiritual support to people infected and affected by HIV and AIDS with a focus on self-reliance.

- to train, support and motivate community volunteers to care for individuals and families infected and affected by HIV and AIDS in the project site area.

4.2.5   DOMCCP STRIVE Project

The Diocese of Mutare Child Care Programme (DOMCCP) formed a partnership with Catholic Relief Services (CRS) and started a STRIVE project. The acronym STRIVE stands for "Support to Replicable, Innovative Village/Community Level Efforts for Vulnerable Children in Zimbabwe. As the name of the project implies, it seeks to build on or strengthen already existing structures for the care and support of children. The project is an offshoot from the DOMCCP CORE projects that deal mainly with home-based care. The STRIVE project started as a pilot in 2000 up to the year 2002.In 2003 the actual project was started and has been running for three years. The organisation works in six wards in Makoni District and 129 villages are being targeted.

The main service goal for DOMCCP is to enhance the capacity of the community to implement effective and sustainable social and economic strategies to support OVCs. Specifically, the programme seeks to;
- provide access to education to 760 OVCs in the selected six wards (3, 7, 8, 9,10 and 35) in Makoni North District by 31 August 2007.
- strengthen nutrition and food security programmes for the benefit of 3000 OVCs in the selected six wards (3, 7, 8, 9,10 and 35) by 31 August 2007.
- build the capacity of the Community Management Board, members of staff and the local community to provide quality service to 3760 OVCs by 31 August 2007.

4.2.6   SAHRIT

The entire community is all involved in serving in the *Zunde* field. Each village has a leadership structure of the *Zunde raMambo* that incorporates a chairman, secretary and treasurer. The chairmanship is mostly held by the village head. He is responsible for allocating the *Zunde* land, food storage and is the custodian of the keys to the store. The secretary of the *Zunde* keeps records of all activities to be undertaken at any particular time and a register of attendance to the fields. The treasurer, on the other hand, is in charge of income from surplus sold and for keeping records of expenditure.

The SAHRIT programme is confined to some rural wards in Murewa. However, *Zunde raMambo* programmes are found in most of the rural areas of Zimbabwe. The *Zunde raMambo* initiative seeks to address the nutritional needs of orphans by mobilising the community to take charge of their own community problems and needs. Community involvement in the long-term is seen as the most sustainable way of addressing the problem of orphans and vulnerable children. The community ultimately is expected to devise its own ways of solving problems without or with little outside assistance.

The discussion has revealed that the civic service programmes tend to be confined to specific areas in Harare and Rusape. The only exception is YWCA which has empowerment programmes for women nationwide. It should however be pointed out that even though these programmes were confined to specific geographical areas, there were also similar programmes in other geographical areas. Consequently, these civic service programmes are nation-wide and both urban and rural areas are served.

In terms of service goals, it is apparent that community-based interventions are preferred and these serve to strengthen the capacity of families and communities to care for orphans and persons infected by HIV. The assumption is that families and communities are willing to provide care and support but are precluded from doing so because of their lack of capacity. It is for this reason that orphan care programmes provide food packs to families and pay school fees for the children. This therefore removes the burden from the families. Similarly, care programmes for the terminally ill focus on imparting knowledge on how to care for terminally-ill persons and providing gloves and disinfectants. The community-based programmes help to locate the problems in the community and to allow communities to find solutions to their problems with technical and material help from outside. This guarantees relevance and immediacy.

5. Institutional Dimensions: Access, Incentives, Information and Facilitation

5.1 Access

Participation in the programmes was voluntary though guidelines are set as to who could volunteer. In the programmes that are community based, the community plays a leading role in the selection of the volunteers in that it sanctions who can and cannot be a volunteer. People take the initiative to be part of the programme. This was true of volunteers from FACT, CPS, ACT and DOMCCP. In all programmes, the selection was based on the following consideration;

- Background of the individual, particularly as this relates to their conduct in the community. Those interested to be volunteers were supposed to be well known in the community and with good morals.
- Age of the volunteer. The age range of between 18 and 60 years is preferred. The justification for not involving youth was that young people were not keen to participate if there are no incentives. The elderly could participate in the programmes as long as they were physically fit to do so.
- Literacy - this was important as volunteers were expected to administer monitoring and evaluation tools.

The majority of the programmes had female volunteers and both the volunteers and key informants were in agreement that the typical volunteer in the projects were female because of the nature of activities undertaken. Traditionally, women played a major role in taking care of the ill. Thus naturally more women than men would volunteer to participate in home based care for the terminally-ill. However, the DOMCCP programme has a third of its volunteer base being men and this was attributed to the intense mobilisation that the organisation did in the community before the inception of the programme. In the ACT programme, the only male who is volunteering in the programme indicated that he had lost a brother to HIV and during his illness the volunteers of the home based programme had given him a lot of support. After the death of the relative, he then made a decision to help other families who were looking after terminally ill patients. FACT also works with professional volunteers who come in with specialised skills. These apply to the organisation for positions. Persons with specialised skills include agricultural experts and information technology specialists. Specialists are either head hunted or they apply for the positions.

The *Zunde raMambo* initiative incorporates all community members. During the resuscitation of this initiative, consultative workshops were held with the community facilitated by SAHRIT. As a result of these workshops, community members realised the need to address the plight of orphans**.** To elect the *Zunde raMambo* leadership,

the community holds a meeting at which names of leaders are proposed. These have to be people who are reliable and respected in the community. This ensures that there are trustworthy leaders who can be relied upon to be good custodians of the harvest. These leaders remain in office subject to their performance. If they fail, the community has a right to elect a new leadership.

5.2 Incentives

The issue of incentives was very sensitive and got mixed reactions from the participants .Key informants clearly spelt out that no incentives were given to the volunteers. This was particularly so with the orphan care programmes that have linkages with STRIVE which has a policy of not giving any incentives to volunteers. Their justification is that STRIVE is coming to support community efforts. In the past, the community would raise funds to pay school fees for orphans, now STRIVE has taken on that role and thereby relieving the community of that responsibility. Critical questions to ask are; why should we pay the community for doing its own programme? Whose children are they? In the past, volunteers under the DOMCCP core programme would get allowances but this had to be stopped due to resource constraints. However, the reality is that the issue of incentives is very sensitive as it affects the quality of work. For instance, hunger on the part of the volunteers can hinder the amount of time that they can dedicate to the programme.

In the CPS programme, in order to ensure sustainability of activities, no incentives are given to the volunteers. The key informant noted that however because of the vulnerability of the volunteers, the organisation had negotiated with one of their donors who give food packs to families in the community to also include all volunteers on the beneficiary list. The justification for this is that it is not logical to expect a volunteer to take a food pack to a client when they themselves are hungry and are in the same vulnerable position as the client. ACT also has a similar policy of including the volunteers in the beneficiary list. Volunteers from the two organisations have been getting the food packs on a monthly basis. Included in the food packs are; 25kg mealie meal, 1 kg beans, 750 ml cooking oil and 12.5 kg corn soya blend porridge.

However, the volunteers have been made aware that this arrangement will last for the duration of the contract with the donor who is supplying the food. When the contract expires, the incentives that they were getting would also stop .The volunteers from the two organisations were satisfied with this arrangement and noted that it had come as surprise because when they joined the programmes, they were not expecting any incentives. However, they raised the issue of wanting uniforms, tennis shoes and hats so that they could be easily recognized in the community.

In the FACT programme, there is a mixture of paid and non-paid volunteers Professional volunteers, particularly those that offer technical expertise are given an allowance to meet their basic needs. As for non-professional volunteers, some get allowances and others do not. This irregularity is caused by the fact that different donors with different policies operate in the different wards of the district. Some of these donors have very rigid policies and do not give allowances to volunteers yet others offer these allowances. Thus, volunteers who work in the wards that are being funded by donors who offer allowances are paid an allowance of Z$150 000 (about US$1.50) per month.

In the SAHRIT programme, the community members indicated that there are no monetary incentives they receive for dedicating their time to serve in the *Zunde*

fields. They are motivated to work in the fields their desire to make a difference in the lives of the orphans, the sick and the elderly. They develop a sense of security by the assurance that even if they themselves were to die, their children will be taken care of by the community. This feeling they noted gives them the strength to continue serving. Volunteers of the YWCA programme are not given any incentives to participate in the activities. However, there was a general feeling that the skills the women got after attending training could be considered as incentives.

5.3 Information and Facilitation

In all the programmes that involved volunteers, it was clear that the organisations who were working in partnership with the volunteers were just facilitators of a process and not direct implementers. The justification for this is that history has shown that programmes that are donor driven "die" when donors pull out. In the programme that is run by DOMCCP, this is not a problem because the programme is community run and DOMCCP is just a facilitator who provides resources, fees, food packs and seed packs. The organisation does not own the programme and this guarantees the sustainability of the programme. Thus, since the major thrust of STRIVE is to support efforts that have already been established by the community, DOMCCP simply built on the already existing volunteer structure that was being used by the community for the care and support of OVCs, the infirm and elderly persons. All the programmes that are run by the organisation are community driven.

CPS which is also a STRIVE partner is run along similar lines. The volunteers report to a community-based committee made up of representatives from the community. CPS provides technical support in training the volunteers on topics such as basic counselling, basic monitoring and evaluation, psychosocial support with special focus on memory books, and facilitating support groups for children in the community and bereavement counselling.

SAHRIT provides inputs and training and collaborates with the Department of Agricultural Research and Extension (AREX) who conduct field days to educate the community on farming practices. The AREX field days continue to provide the community with knowledge and skills that enable them to increase yields in the *Zunde* fields. In FACT's home-based care programme, the volunteers receive intensive training covering such areas as basic nursing care, counselling and care of bed ridden patients. During the initial one-week training, staff from the Ministry of Health is invited to facilitate.

Volunteers from ACT indicated that they would want training in basic nursing as the training they got was only counselling. Such training would equip them with practical skills they could impart on primary care givers during their visits. The key informant noted that the first group of volunteers they had trained had received training in all aspects of home-based care. Due to high turn over of volunteers, these volunteers had since left and they could not retrain the current group of volunteers because of resource constraints. This high turn over of volunteers can be attributed to the fact that the volunteers use volunteering as a stepping stone towards securing remunerated work. They thus use the experience and skills acquired to secure paid employment and once they secure employment they quit their positions as volunteers.

6. Programme Administration

In the FACT programme, monthly meetings are held with the volunteers where the volunteers meet and discuss the work they would have done in the month. Training and refresher courses are organised at least once a quarter to give the volunteers practical skills in carrying out their duties effectively. The volunteers conduct the meetings on their own and once a month they meet with the supervisors. The supervisors then report directly to FACT. The success of the programme is dependent on the commitment of the volunteers as they have to operate with minimum supervision. It was apparent that allowing volunteers to take the day-to-day decisions had contributed to the success of the programme. The supervisors also gave the volunteers the support they needed.

As far as the *Zunde raMambo* is concerned, the committee meets once a month to discuss what activities need to be undertaken. If it is during the planting season, they discuss what type of inputs are needed. At the end of the season, they hold a community meeting in which they give feedback of how they performed and what amount of harvest was realised. This meeting also serves to plan for the following season. There is a strong sense of community ownership of the programme even though the programme is being supported by SAHRIT. As a result, the community views the programme as theirs. However, there is always the temptation for community members to concentrate on their own activities for personal gain at the expense of the community programme. At the end, the burden tends to fall on few members of the community.

In the CPS programme, the volunteers report directly to a community based committee made up of representatives from the community. Volunteers are divided into five groups, which operate in specific areas of the community. Each team has three volunteers. A team leader is selected from the three and the leader reports to the committee. Communication from CPS to the volunteers is through the committee. A similar arrangement is in place at DOMCCP, where a community management board oversees the operations of the volunteers. A supervisor of the volunteers at village level reports to the board which then reports to DOMCCP. In the orphan care programme of FACT and the child care programme of DOMCCP, programme administration is decentralised so that day-to-day decisions are taken at the local level. This contributes to greater responsiveness to local problems and issues.

7. Policy and Legislation

There is a diversity of areas of civic service and volunteering in Zimbabwe as these are dependant on a multiplicity of factors including availability of resources for programme support and constantly changing human needs. Despite the long history of civic service and volunteering in Zimbabwe, it is very evident that they have not received the necessary policy and legislative attention. Consequently, the policy and legislative framework in Zimbabwe can best be characterised as fragmented and rudimentary and in some cases non-existent. However, the policy and legislative framework in the areas of child welfare and health where civic service and volunteering is quite extensive have a reasonably well-developed policy and legislative framework.

Civic service and volunteering generally take place within the context of non-governmental programmes. Non-governmental organisations in Zimbabwe are required to register under the Private Voluntary Organisations Act, (1996) which is to be repealed in favour of the NGO Act. The proposed NGO Act is however, currently at the Bill stage awaiting Presidential assent. In terms of the NGO Bill,

voluntary organisations will be required to apply and register with the relevant authorities. The Bill also spells out the nature of civic service activities organisations can be involved in. This obviously has implications on the nature and extent of civic service and volunteering in Zimbabwe and the socioeconomic problems and needs that can be addressed. It is apparent that civic service and volunteering are essential elements in the pursuit of the Millennium Development Goals (MDGs) of eradicating extreme poverty and hunger and achieving universal primary education and health in Zimbabwe by 2015, among other goals.

Zimbabwe is committed to the welfare of children and as evidence of its commitment; it is a signatory to the UN Convention on the Rights of the Child (CRC) of 1989 and the African Charter on the Rights and Welfare of the Child. The UN Convention basically serves three principal objectives namely;
• Securing the basis for subsistence, growth and development for children.
• Securing a framework for children's participation in the making and implementation of decisions which affect them.
• Protecting children against all forms of harmful treatment.

In compliance with the provisions of the UN Convention on the Rights of the child and the OAU Charter, the Government of Zimbabwe enacted the Children's Protection and Adoption Amendment Act, 2001 that provides a legal framework for childcare and protection. The Act provides the framework for adoption and foster care of children among other provisions. Foster care refers to an arrangement whereby the court places a child in the care of an adult who may or may not be related to the child until the child reaches the age of 18 years. Adoption on the other hand, is an arrangement whereby a court allows a couple to assume full parental rights and obligations over the child. The child therefore assumes the identity of the adoptive parents. It should be pointed out that volunteers deal largely with informal foster care which is common in the community. Consequently, informal foster care operates outside the framework of the Children Protection and Adoption Amendment Act, 2001.However, volunteers are guided by the same Act when trying to ensure that the rights of children are being upheld. Volunteers also assist in identifying children that can benefit from adoption.

In view of emerging socioeconomic problems and needs as a result of HIV and AIDS, government also introduced the National Orphan Care Policy. This was also in recognition of the fact that children are important both to their immediate families and to the community. The importance of communities and traditional leaders in protecting vulnerable children was also acknowledged through government's facilitation and establishment of community level child welfare forums. The National Plan of Action for Orphans and Other Vulnerable Children (OVC) was also launched in 2005. It is aimed at addressing the basic needs of orphans and gaps that had been identified in previous child welfare legislation. Such gaps include the lack of linkages between laws and emerging problems, for example, the increasing number of orphans and child headed households that previous legislation did not provide for.

Civic service and volunteering is also quite pronounced in providing a supportive environment for people living with HIV and AIDS. Zimbabwe has a National AIDS Policy and a National AIDS Council (NAC) was established through an Act of Parliament to spearhead the setting up of an AIDS Fund and support of HIV and AIDS programmes. There is also a policy on HIV and AIDS at the Workplace. These policies have necessitated the setting up of Voluntary Counselling and

Testing Centres (VCT), HIV and AIDS awareness and prevention programmes, and community home-based care programmes.

It is quite evident from the above analysis that the policy and legislative framework in Zimbabwe is still developing and as a result some areas and issues are lagging behind others and in some cases policy is non-existent.

8. Factors Promoting or Hindering Service and Volunteering

The factors that promote or hinder service and volunteering were identified as follows:

8.1 Factors Promoting Service and Volunteering

The study revealed a number of factors that are promoting service and volunteering and these include the following;

- Clear impact of the programme encourages volunteers to carry on, as there is evidence that it is helping many vulnerable people in the community.
- Community ownership of the programme. The manner in which the programmes are started have a bearing on volunteering. If proper channels are followed and the community is adequately consulted at the programme inception stage, then an environment that is conducive for volunteering is created.
- Competitions among the various villages for the best *Zunde.* These competitions spur the volunteers to continue providing a service.
- Visits by outsiders to learn how they are conducting their programmes. This gives the volunteers a sense of pride in realising that other communities want to emulate their work.
- Unity among community leaders as these are the people whom the volunteers report to.
- Link with resource systems for practical support. In the SAHRIT programme, volunteers appreciated being linked with AREX who provided them with technical support.
- Strong relationship with organisations that are facilitating service programmes at community level.
- Capacity building in the form of workshops on child protection issues, counseling and memory books. This serves as a motivating factor in that after training, there is a high zeal to put into practice what the volunteers would have learnt. This was so in the programmes that worked with orphans such as DOMCCP and CPS.
- Regular meetings with staff and amongst themselves. These provide a forum for the volunteers to share experiences and draw strength from each other.

8.2 Factors that Hinder Service and Volunteering

A number of factors that hinder service were highlighted and these were;
- Being looked down by members of the community. Some people laugh at volunteers and say hurtful words that they are being used by donors.
- High expectations by the beneficiaries. Due to limited resources, not all identified cases in the community receive material assistance from the volunteers. Those that are left out often accuse volunteers of using their names to source for funds.
- Poverty that makes it difficult for the dedicated volunteers to continue working when they have to look for resources to fend for their families.

- Political interference particularly at the initial stages when some politicians thought that some of the programmes were linked to the opposition. Thus, when volunteers were carrying out home visits, they were accused of trying to mobilise support for the opposition.
- Participants involved in the *Zunde* reported that there was crop failure because of too much rain. They also indicated that some of the community members fail to turn up for their duties especially during the day of resting (*zuva rechina).* The ever-increasing number of orphans was also a demotivating factor as it engenders a sense of helplessness.

9. Regional Collaborations

The study revealed no evidence of regional collaboration. Although there is often exchange of information, ideas and experiences in the region at governmental level, there was no evidence that the same was happening at the grassroots level.

Key informants observed that it is very difficult for countries to collaborate because of the differences in the availability of resources in the various countries in the region. South Africa and Botswana for example have economies that are stable and are receiving a lot of funding from donor organisations. Zimbabwe has runaway inflation yet it is receiving limited funding from donors.

Despite this, it is important to point out that community based care for orphans and home based care for terminally ill are topical areas in SADC. Consequently, organisations continue to learn from the experiences of others in the region. The collaboration is through workshops and conferences but only the officials participate. At national level however, there is collaboration among organisations through workshops.

10. Future Research

The area of volunteerism remains a fertile ground for research as there still remain unanswered questions. Areas that need further research include the following;
- The role of incentives on volunteerism. There is need to determine whether the use of incentives contributes to the success of civic service programmes.
- An assessment of the contribution of *Zunde raMambo* in addressing the problem of food insecurity among child headed households.

Section Three: Conclusion and Recommendations

1. Conclusion

The study on civic service and volunteering has revealed that there is no precise definition of civic service. However, there was consensus that civic service or volunteering entails giving up one's time to serve the less fortunate members of society. There is thus an element of altruism and volunteers were motivated by their Christian faith. However, it was also apparent from the study that some volunteers participate because they see volunteerism as a stepping stone to securing employment.

The study also revealed that as a general practice, most programmes do not provide incentives to volunteers for fear of defeating the purpose of volunteering. Only two programmes were reported to provide some incentives. This is in recognition of the fact that the volunteers are poor and often struggle to meet their basic needs. Thus they cannot be expected to distribute food packs for example, when they themselves also need those food packs.

It is also apparent from the study, that volunteering is a response to unmet needs in the community. Volunteers are thus filling gaps in service provision. The government has become so overwhelmed by the impact of the HIV/AIDS pandemic which has seen a phenomenal increase in the number of orphans that it cannot cope with the demand for its services. The usual government and community structures are not able to deal with this problem effectively. Because of the increasing number of people who are terminally-ill because of HIV/AIDS, hospitals have to discharge the terminally-ill early in order to create beds for other patients. The government cannot be expected to deal with these problems on its own but rather there has to be partnerships between the government and other service providers. There is therefore no doubt that volunteering is contributing towards the realisation of social development objectives.

2. Recommendations

A few recommendations arise from this study. These are as follows:
- There is need for all programmes to provide incentives for their volunteers. This would help to motivate the volunteers to apply themselves seriously and provide humane service.
- There is need to empower the volunteers so that they become self-supporting. This would help to reduce absenteeism among volunteers who are preoccupied with placing food on their tables.
- There is need to carry out awareness campaigns so that communities can appreciate the importance of civic service and volunteering.
- There is need to promote collaboration among volunteers in different programmes so that they can exchange ideas and information and thus benefit from the experiences of others. Furthermore, volunteers in Zimbabwe should network with other volunteers in the region so that there can be an exchange of ideas and cross-fertilisation, which can ultimately help the beneficiary populations.

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Appendix A: List of Participants

Key Informants

Name	Organisation	Position
Shakespear Mabhunu	DOMCCP	Programme Manager
Ashbel Vudzijena	DOMCCP	Operations Research Officer
Patricia Mudzimuirema	ACT	Project Officer
Rumbidzai Kawadza	CPS	Project Officer
Portifer Buta	FACT	Programme Manager
Esther Chiwasa	FACT	Programme Manager
Loveness Mupfeka	SAHRIT	Assistant Project Officer (HBC) Project
Ms S. Bhebhe	National AIDS	Officer.
	Council	OVC Coordinator
Mrs N. Dhlembeu	Dept of Social	
	Welfare	National Coordinator/National Plan of
Dr K. Felsman	Catholic Relief	Action for OVCs.
	Services	Chief of Party

Focus Group Participants

Name	Sex	Age	Area
YWCA			
F. F Chibvongodze	F	28	Glenview/Harare
E. Chambwera	F	64	Glenview/Harare
V. Gwerevende	F	30	Glenview/Harare
C. Jonasi	F	72	Glenview/Harare
J. Liwonde	F	60	Glenview/Harare
J. Samaya	F	42	Glenview/Harare
F. Gwerevende	F	36	Glenview/Harare
S. Muchena	F	27	Glenview/Harare
E. Chinyanga	F		Glenview/Harare
ACT	M	25	New / Old Canaan/Harare
Mandy Gwenzi	F	34	New / Old Canaan/Harare
Tomson Warikundwa	F	36	New / Old Canaan/Harare
Steria Murindagomo	F	34	Western Triangle/Harare
Nyarukai Chutape	F	42	Western Triangle/Harare
Judith Nyanga	F	27	Zororo/Harare
Primrose Chigumbuka	F	46	Engineering/Harare
Jesca Mangana	F	46	Lusaka / Paradise/Harare
Sostine Mulongoti	F	46	Egypt/ Jerusalem/Harare
Christine Chihera	F	44	Egypt / Jerusalem/Harare
Chinyerere Sitembile	M	46	Pwd / Old Highfield/Harare
DOMCCP – Rusape			
Sithabiso Ndlovu	F	37	Gowakowa- Makoni North
Leocadia Chirombo	F	37	Zone 10
Esther Chinyenye	F	36	Zone 8
Juliet Ndaona	F	53	Zone 35
Name	**Sex**	**Age**	**Area**

DOMCCP – Rusape			
Anna Mugota	F	55	Zone 2
Kevin Murahla	M	32	Zone 14
Thomas Kativhu	M	29	Zone 3
Toftret Mugoti	M	30	Zone 20
Getrude Samuneti	F	38	Zone 12
Everjoyce Chibvuri	F	40	Zone 18
Susan Nyamupachitu	F	44	Zone 17
SAHRIT			
Anna Tseriwa	F	52	Chadenga/Murewa
Roza Chadzamira	F	32	Chimani/Murewa
Spiwe Mutare	F	32	Chimani/Murewa
P. Jenje	F	50	Chimani/Murewa
T. Magwenzi	F	58	Chikwati/Murewa
J. Chaya	F	34	Mbundire/Murewa
S. Chiguma	F	35	Chikwati/Murewa
Cecilia Bota	F	37	Chidawaya/Murewa
Evelyn Muzanenhamo	F	40	Nhaurwa/Murewa
Beauty Munemo	F	54	Chinhoi/Murewa
Ernesia Nhinga	F	64	Chadenga/Murewa
Elizabeth Mhondiwa	F	20	Chitsaga/Murewa
Rudo Mutandiwa	F	18	Chitsaga/Murewa
Hellen Chatereza	F	42	Chihumbiri/Murewa
Sylvia Saki	F	42	Chihumbiri/Murewa
Jannifer Masungweni	F	14	Chihumbiri/Murewa
Agnes Janhi	F	30	Hukuimwe/Murewa
Chipo Muchero	F	24	Chanetsa/Murewa
FACT - RUSAPE			
Constance Chikosha	F	51	Ziweya/Rusape
Arimson Salijen	M	65	Ziweya/Rusape
Evelyne Chanyandura	F	52	Ziweya/Rusape
Mable Hera	F	50	Nyambiya/Rusape
Evelyn Kaukutangwi	F	50	Mavunda/Rusape
Christine Chinyama	F	51	Hera/Rusape
CHILD PROTECTION SOCIETY			
Naome Jesinah	F	52	Highfield/Harare
Olivia Juliano	F	34	Highfield/Harare
Tuwalife Mtembo	F	33	Highfield/Harare
Muchaneta Kuvengwawasara	F	35	Highfield/Harare
Judith Mhundwa nee Mutasa	F	36	Highfield/Harare
Gladys Makamure	F	30	Highfield/Harare
Alice Zere	F	60	Highfield/Harare
Alice Nyamundanda	F	61	Highfield/Harare
Sabhina Zvabata	F	41	Highfield/Harare
Memory Goko	F	32	Highfield/Harare
Ndakaziva Maunze	F	46	Highfield/Harare