



FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF LOCAL GOVERNANCE STUDIES

**THE PROVISION OF HEALTH SERVICES AS A DEVELOPMENT
INITIATIVE BY LOCAL AUTHORITIES .THE CASE OF CHEGUTU
RURAL DISTRICT COUNCIL**

BY

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**Dissertation submitted to the Midlands State University Department of
Local Governance Studies in partial fulfilment of the Bachelor of Science
Honours Degree in Local Governance Studies**

MAY 2018



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DEDICATION

This dissertation is dedicated to the Almighty God for his unconditional love and everlasting grace that has taken me this far. My loving mum, Happymore Makiyi ,a great woman who have moulded me through support and great words of encouragement up until now. My loving Dad, my hero , Kazaka Makiyi who has showed me nothing but love, concern, encouragement and support. My three great little sisters who have been my strength throughout this academic life.

ABSTRACT

The research sought to explore that provision of health services can be used as a solution to development challenges thus enabling the improvement of the lives of the rural people. Local Authorities who have adopted provision of health services have been treating it as a social goal and not a development goal hence in turn they have been failing to implement successful development initiatives in rural areas. The research was based on one broad objective which is to establish the extent to which provision of health services can be used to improve the living conditions of the rural people and sub objectives which were to highlight the importance of the relationship between health services and development ,to identify the extent to which the health service provision can improve the living conditions of the rural people ,challenges being faced in implementing this development initiatives and to establish possible mechanisms that can be utilised to address the challenges .health and development has been viewed by various scholars as a cornerstone for development in which they highlighted that when an individual is healthy ,they can perform better ,develop to their full capabilities be productive and earn for themselves .The absence of good health will lead people into poverty traps thereby promoting high death rate in the society. Economic development without improvement on the well being of the people is considered a waste because development should be able to target the health of the people first and make it a priority. To improve the lives of the rural people the health services should not benefit the rich only but the poor, the disabled and those living in hard to reach areas that are usually left out so that they equally benefit from healthcare.to further discuss the literature theoretical framework based on the livelihood approach, dualistic development theory and the capability approach was adopted for the study. The research used qualitative and quantitative approaches to research and data was collected using in depth interviews, questionnaires and observations to collect information from village health workers, Chegutu Rdc employees and health staff, community members, community leaders and councillors. A case study was adopted for the study examining the position of Chegutu Rdc towards provision of health services .The population size used for Chegutu Rural District was 110 000, 2 699 as the target population and a sample size of 85. The researcher used sampling techniques like simple random sampling, convenience and purposive sampling to select the sample for the research .The research findings deduced that the provision of health services is relevant to the development needs of the rural people in Chegutu Rural District as the majority of them echoed that indeed the provision of health services has managed to alleviate their hardships despite that the clinical services are still of poor quality. However those in hard to reach areas and resettlement areas most the elderly, children and pregnant women still lead impoverished lives with deteriorating health due to limited access to healthcare. The research then concluded that for the lives of the rural people to improve there is need for provision of more health centres for improved access as well as ensuring that every social group in the society benefits from the health services. The health services have to be improved as well as the participation of the people in issues concerning their health and development .the research also detected that the health budget is little hence the council is confronted by lack of funding which has promoted poor quality, unavailability of drugs in clinics, lack of a mobile clinic to mention but a few. Given this the research then made recommendations which include the increasing of the health budget so that the council may be able to effectively finance the provision of health services and the need to link development goals and health service provision so that targeted development goals .

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CHAPTER 1

INTRODUCTION

1.0 Introduction

This chapter creates the foundation and a set path for the study through discussing the background of the study, the problem statement, the set objectives and the research questions. The chapter also provides the significance of the study, justification of the study, delimitations as well as limitations to the study. This research focuses on the provision of health services as a step towards development in local areas in Zimbabwe with reference to Chegutu Rural District Council in particular. On the particular issue the researcher argues that investing in the health of the people especially the rural poor, the marginalized and those in rural hard to reach areas can enable the eradication of poverty and improvement of their living conditions. The provision of health facilities encompasses issues of construction of public toilets at ranks and market places for the local people, sanitation, provision of potable water to the rural population, construction of clinics and provision of affordable medication and health facilities. This research further focuses on how some rural local authorities like Chegutu Rdc have tried to reach out to those people in hard to reach areas, the marginalized, the poor in rural areas who cannot easily have access to basic health services in a bid to improve their living conditions and bring about development.

1.1 Background to the study

Development has been a challenge affecting many countries globally with institutions like the World Bank coming up with various programmes aimed at making the situation better. Most African countries are still trapped in under development and poverty especially in most rural areas.

Over the years Zimbabwe has come up with various development initiatives aimed at alleviating poverty and improving the living standards of people. Matunhu and Mago (2013) postulates that the government of Zimbabwe initiated programs like the Growth With Equity (GWE) in 1981, the 1982 three year Transitions National Development Plan, the Prime Ministers Directive of 1984 in order to stimulate development at grass root level as well as the National Development Plan of 1986. These programs were implemented in a bid to improve the living conditions of the people however they failed to achieve the intended

results. Levels of rural poverty continued to increase as well as underdevelopment. The government then came up with yet another initiative which is the Economic Structural Adjustment Program (ESAP) aimed at addressing the development challenges that had befallen the country. The ESAP was one of the remedies recommended by the World Bank to developing countries without a stable budget. However Lele (1992) argued that instead of cooling the economic heat ESAP added fuel to the fire thereby creating harsh conditions for the disadvantaged social groups. Due to its shortcomings, ESAP was abandoned and the government adopted a homegrown programme which aimed at reducing the levels of poverty in the country, the 1997 Zimbabwe Programme of Economic and Social Transformation (ZIMPREST). However due to funding constraints, the programme failed dismally and did not in any way reduce the levels of poverty in rural areas.

The programmes had good intentions of ensuring development at both national and local levels however the programmes did not produce the intended results. Till this day, efforts to solve development challenges continue with scholars coming up with various initiatives to try and stimulate development at grass root level. Rural Local Authorities are characterized by high levels of poverty and vulnerability to diseases in which Chegutu Rural District is not an exception. According to Andrew (2001) rural communities are shown by lower income levels, a high rate of poverty, poor sanitation, poor infrastructure as well as high death rates. In as much as health is concerned, it is only the rich and those that have access who benefit much whereas the poor and those in hard to reach areas who have failed to gain access to healthcare are greatly disadvantaged. The Zimbabwe Demographic and health survey (2011) stipulates that Zimbabwe health care is private as well as out of pocket hence the cost weighs much more on those people that afford least. Ill health promotes impoverishment thereby crippling socio economic development in the sense that unhealthy people become incapable as acknowledged by Sen (2001) who depict health as freedom enhancing, thus the increase of the ability to do what we have reason to do. Poverty and low life expectancy is closely linked hence given that life expectancy is a development indicator it then becomes vital to improve life expectancy through prioritizing or investing in the health of people.

1.2 Statement of the problem

The provision of health services in rural areas by most local authorities has been treated as a social goal rather than a development goal. They have adopted it as an obligation with no much focus on eradicating poverty caused by ill health, improving access of the poor and

those in hard to reach areas to healthcare doing away with health inequalities. This has promoted less effort being put in investing in the health of the local people thereby paving way for ill health. Given such a situation it has been difficult for local authorities to implement successful development programmes as they have turned a blind eye on the essence of good health to development. Sir Michael Marmolot (2010) review on health inequalities concluded that the local government plays a pivotal role in the lives of citizens and in the prospects of the areas for which they are responsible through prioritizing the health of people and reducing health inequalities hence turning a blind eye on the impact of health service provision on development is tantamount to the failure of development programs.

It then becomes vital to note that development goals have to be linked with health service provision for them to be a success. Development objectives have to be set right with the final goal of improving the living conditions of the people not that per capita income increases whilst poverty, vulnerability to diseases ill health , inequality to mention but a few continue to become worse by the day, Seers (1969).

1.3 Research objectives

1.3.1 Broad objective

- To establish the extent to which the provision of health services can be used to improve the living conditions of the rural people

1.3.2 Sub objectives

- To highlight the importance of the relationship between provision of health services and development.
- To establish the challenges being faced by the local authority in implementing this development initiative.
- To identify the efforts that has been made by Chegutu Rdc to foster development through provision of health services to the rural people.
- To establish possible mechanisms that can be utilized to address the challenges that are being faced in making development initiatives a success.

1.4 Research questions

- What is the relationship between health service provision and development?

- Has the provision of health services managed to improve the livelihoods of the local people? If it has, to what extent?
- What are the challenges hindering the effectiveness of the provision of health services on development?
- What solutions can be proffered to address these challenges?

1.5 Assumptions of the study

The study used the assumption that people were going to participate fully in the study through providing useful and truthful information .These people include the council employees and its various stakeholders who are well vexed with the provision of health services in the rural communities, the challenges they are facing, the areas that they need improvements to mention but a few.

The study was also based on the assumption that investing in the health of the local people would positively turn around their lives, eradicating poverty and improving their living conditions. This positive change would then enable the stimulation of development in the rural areas.

The study also used the assumption that health service provision and development are interlinked hence they work hand in glove .This is a relationship where ill health maintains poverty and good health promotes well being .This is because the previous studies done by the World Health Organizations acknowledged health as a cornerstone for development .

1.6 Justification of the study

Schwandt (2007) postulates that justification of the study reveals the significance of undertaking the study. The study seeks to possibly expand the existing information on health and development thereby shedding more light on the topic. Having been given an opportunity of fulfilling the desire to aid vulnerable social groups so that they can also benefit equally from the health services being provided the researcher hopes that the research will be fruitful to the body of knowledge ,local authorities and the rural population at large .These social groups will be given the chance to participate in the study and to be heard .Despite being researched upon by previous researches ,the issue of health services and development remains significant as hoped to the body of knowledge as the information gathered through

this research will not be applicable in Zimbabwe only but can be adopted in other developing countries world over.

The study aims at bringing in new information on reducing health inequality gaps, improve health care access through discussing the factors behind poor health which have promoted underdevelopment in rural areas. By so doing the research will thus highlight the importance of prioritizing health towards the improvement of the quality of life of various individuals. Through the study various stakeholders are persuaded not to be spectators only but to be fully involved and redouble their efforts to the realization of various development goals in their communities as the research highlights the importance of stakeholder participation.

The study is also centred on the argument that development cannot be seen in terms of per capita increase, agricultural growth or infrastructural development only whereas poverty and death rates continue to rise among the poor, the challenged and those in hard to reach areas who have limited access to healthcare. Previous scholars like Evans H.E (1990) limited rural development to agricultural growth which has dismally failed the reason being that an individual can only be productive if they are healthy. Given this scenario, the researcher hopes that the research will shed more light on the need to invest health at a local level and ensure that all disadvantaged groups are catered for.

1.7 Delimitations of the study

The study will be limited to Chegutu Rural District in Mashonaland west province, the reason being that the council has been providing health services to the rural people including constructing clinics .So it then becomes ideal for the study because it will be easier for the researcher to assess the extent to which they have managed to improve the living conditions of the rural people and structures that the council has put in place towards health service delivery which will then allow for the drawing of tangible conclusions on the case under study.

Chegutu RDC is situated 107 km along Hre-Byo highway .It is surrounded by councils like Mhondoro –Ngezi Rdc to the south east, Kadoma city council to the south, Zvimba Rdc to the west and Manyame Rdc to the east. The council is made up of 29 wards with 29 ward councillors’ .According to the 2012 census, Chegutu RDC has a population size of 153,655 in which there are 76,989 males and 76,666 females.

1.8 Limitations

- **TIME** - the time to travel to different intended locations was limited as the researcher had only a few days to carry out the research yet the time available could not match the areas to be covered. The research intended to cover all 29 wards of Chegutu Rdc however due to limited travel time about 17 wards were covered .The time available was thus used to gather essential information on the study and complete the study in due time .
- **Finances** –financial constraints was also another limitation to the study ,travelling from one location to the other required a lot of finances hence could not match the budget of the researcher. Due to these financial constraints the researcher was limited to nearer communities in which travel money was not much .However the information gathered from these areas was of great importance and relevant to the study.
- **Availability of information** - availability of information was limited basing on the fact that during the time the research was being conducted most of the council management team had gone out for a workshop in which information which was meant to be provided by the management ended up being given by their vices. However the research made use of the available information that was provided by the other council employees to the benefit of the study.
- **Limited co -operation** – due to the sensitivity of health issues some respondents were not willing to freely take part in the research for fear of being quoted .However the researcher managed to convince them that their confidentiality was guaranteed and that the research is meant for academic purposes only.

1.9 Definition of terms

1.9.1 Development

The term development has been defined in various ways by different scholars .Sen (1999) defines development as the expansion of real freedoms that is enjoyed by the people. His argument was that freedoms are not only concerned with means only but the ends in development as well and encompassing healthcare, education, political and civil rights as the determinants of freedoms.Sen’s definition by Sen is backed up by Todaro (1981) who postulates that development refers to a physical reality, and the state of mind which the society has through a combination of economic, social and political process which can secure

the way of obtaining a better life. Therefore development again is seen in terms of enriching the lives of the people in the society, Edwards (1993). However authors like Chamber (2002) deduce development as the good change that is necessary.

1.9.2 Potable water

According to Magara (2000) potable water refers to suitable water for human consumption and the water that is seen fit for domestic purposes as well as personal hygiene.

1.9.3 Health

According to the World Health Organization (1948) health is, “a state of complete physical, mental and social well being “. Health in this context is not seen in the absence of diseases only but also total social, physical and mental wellbeing of an individual within a society.

1.10 Chapter summary

This chapter has laid the foundation of the study on the provision of health services as a development initiative. It further highlights the background of the study tracing the issue of development back to the post independence era till date .Many scholars have come up various initiatives as efforts to try and solve development challenges in rural areas. The background to the study paved way for the statement of the problem which has motivated the study. The research objectives and questions have also been outlined which can identify with the information that is to be gathered on the study. The chapter has also discussed the significance of the study, its assumptions, delimitations, limitations as well as the definition of terms. So, basically the chapter introduces the research.

The next chapter will review the literature that has been put across by various scholars on the same topic which will then enable the researcher to identify the gaps that have been left out by previous scholars.

CHAPTER II

LITERATURE REVIEW

2.0 Introduction

This chapter seeks to unravel the opinions, arguments and the ideas put across by different authors as well as scholars on health service provision as a development initiative including the theoretical and conceptual framework applicable to the study. The relationship between health and economic growth can only be understood if health is analyzed in a broader sense. The research does not focus on health in isolation but health as it impacts development. It has been proposed that health doesn't only represent the absence of illness but also the ability of the people to develop to their full potential during their entire lives. In this context it can be highlighted that health affects development internally and externally hence the need to prioritize health. A healthy population paves way for the use of natural resources that used to be inaccessible due to poor health and sickness hence an enabler of poverty reduction. In the past years emphasis was put on high economic growth and increasing savings for development to be attained however with the changes coming, the present generation now views development in terms of human development.

2.1 Conceptual framework

2.1.1 Human and Sustainable Development

The first Human Development Report to be introduced in the 1990s by the United Nations Development Report (UNDP) paved way for the adoption of the concept by most development organizations. It deduces that income is a means not an end thus places value on people's long life, knowledge and access to the resources required for one to earn a decent life. Therefore the absence of one of these basics will pave way for the inaccessibility of other opportunities. In support Amartya Sen (1985) depicts poverty as a deprivation of capability as he analyses the relationship between poverty and human development. He views development as freedom thus he focuses more on the people's capabilities as well as their freedom. This is essential in that one cannot have a free will when he/she has poor health.

The term development has been redefined as an attack on the chief evils of today that is malnutrition, diseases, illiteracy, slums, unemployment and inequality. Development being

seen in the context of growth rates has been successful whereas in terms of jobs, justice and the elimination of poverty it has dismally failed, Streeten (1981). The issue of development was set on improving their living conditions and one way is through provision of health services. In most developing countries, there was an experience of high growth rates of per capita income but little change in the living conditions of the population's larger part. In most cases it is the poor, the elderly and those in hard to reach areas who continue to be sidelined. Seers (1969) advocates for a change that is necessary in setting out development objectives through questioning whether the development goal is that per capita increases whilst poverty, inequality and unemployment continue to become worse by the day. This is because many researchers have failed to acknowledge that development cannot be seen in terms of increase in growth or income only but also in terms of the improvement of the lives of people that is well being and living conditions, thus a gap which the research will cover. One may then want to argue that, "how can we talk about development without first improving the living conditions of people, their environment and the conditions in which they are living in. The gospel of development is being preached but little is being done to invest in people's lives for development. However according to Seers (1979) during the period the focus was not confined to economic growth only but also concentrated on poverty reduction, inequality and unemployment in which quality of life showed whether a country was developed or not.

The view on development goals thus changed dramatically as a result of diseases, malnourishment, and death occurring in everyday lives. This implied that health had to be dealt with first because failure to do so would mean lack of free will to go to work or cater for one's self due to ill health thereby causing many to fall into poverty traps. Many scholars contributed to the change in the development goals set by governments including Stiglitz (1998) who proposes development objectives that include improvement in income distribution, environment, health and education. This highlights the importance of a broader perspective of development goals which then becomes a necessity as noted in the World Bank Development Report (1991) which is to improve the quality of life". The existence of better education, higher standards of health and nutrition, less poverty, a cleaner environment, more equality of opportunities, greater individual freedom and a richer cultural life, shows the evidence of development. The work of Sen (1985) sheds more light on the issue of development as he depicts that the ultimate goal of development is to enhance human capabilities. This is defined as "the freedom that a person has in terms of the choice of functioning, given his personal features and his command over commodities hence higher

income is necessary but not sufficient in terms of quality of life”. Basing on his approach to development, development goals change from promotion of growth to the promotion of people’s well being .This therefore presents a shift in which development initiatives now focus more on improving the living conditions of people.

According to the World Commission on Environment and Development (1987) sustainable development is regarded as the progress whereby the needs of the present generation are met without harbouring the ability of the future generation to meet their own needs. The sustainable development concept emanated from the link between development and the environment .This is deduced by the view that neglecting the environment can affect global eco systems and humanity itself e.g. solid waste, litter, sewer disposal among others. Thampapillai (2002) argues that environmental economists have become concerned by the issue that the long time neglect of the environmental assets is likely to jeopardize the durability of economic growth. Therefore sustainable development aims at the improvement of the quality of life in a comprehensive manner thereby including economic prosperity, social equity and environmental protection.

2.1.2 The Local Economic Development approach

The World Bank (2010) defines Local Economic Development (LED) as an approach towards the achievement of competitiveness, job creation, and the alleviation of poverty within an area. This kind of development puts emphasis on the local people within a specified local area through the partnership between the local community and development partners for instance the local authorities and other private sector organizations .According to Swinburn (2006) LED aims at improving the economic prospects and the living conditions of the local people through capacity building. The LED concept has therefore replaced the phrase ”community development “as it has become a common phenomena in the developing world .In support of the above statement Clark (1997) advanced that LED was a result of the fact that the central government had become incapable of stimulating the growth of the regions that were declining .Therefore, it was an answer or possible solution to the local challenges that were being faced hence local authorities had to come up with their own plans and strategies to solving development challenges in their areas of jurisdiction. The LED approach by the ILO enables local institutions to better identify and articulate the socio-economic needs and priorities in their area .They have to develop an integrated implementation strategy for local economic development and strengthen the capacity of local

authorities and partners to provide infrastructural services and training .When it comes to local development in an area there is need to understand that local development and infrastructural investment work hand in glove, both hard and soft infrastructure. This encompasses capacity building, construction of clinics to mention but a few hence this investment is vital when it comes to prioritizing the health of the local people. Clinics and roads have to be available in remote areas so that investors and other multinational organizations can be attracted in the area thereby offering a helping hand to local authorities in improving health conditions of the people as well as providing quality health services .Blair (1996) further submits that in order to make LED a success there is need to put in place certain infrastructural services and socio economic capital. This leads to the improvement in the living conditions of the local people. However it has been proven that the benefits of economic growth do not always go down to the grassroots level in most rural remote areas where the marginalized and those in hard to reach areas are usually left out. Investment in infrastructure paves way for improved access to transport as well as health facilities .Good roads promote construction of more clinics in most rural areas and the attraction of health care through the use of mobile clinics in those hard to reach areas .It is argued that investing in infrastructure is a positive step towards attraction of investment thereby creating long term employment opportunities among others.

In case of health facilities, local authorities may be able to attract other organizations like UNICEF who can partner in providing better health conditions for the rural people for example safe drinking water through borehole drilling and drugs given that local authorities are facing financial constraints as far as provision of services is concerned. In the long run the lives of the people can improve due to the availability of a healthy environment because the challenge to development has been in the unavailability of health services promoting ill health where people's living conditions continue to deteriorate day by day.

2.1.3 Capacity Building and Development in Zimbabwe

Nwankwo et al (2013) deduced capacity as the capability of a person, an institution or organization to perform a given task effectively, efficiently, continually and with reduced dependence on external resources .This definition highlights the concern on human resource development that is, the people. Many definitions for capacity building development have been put across by many scholars with others highlighting it as an approach towards the reduction of poverty .Other scholars argued that it is a development objective targeting

organizational development or that of individuals hence it is critical to build the capacity of local government as well as that of individuals. It is of great concern that building the capacity of local government becomes a priority for central government and other government partners so as to ensure that local governments are able to provide efficient services in their constituencies. Blair (1996) proposed that a good local government does not end on the creation of the right legal, political and institutional framework only. The capacity of a local authority has to be built on understanding and skills and the ability and desire to learn. Blair acknowledges the fact that effective local government calls for good leadership and strategic management, good service provision and good community participation .It is argued that officials have been carrying out their functions without proper qualifications required hence this has paved way for the inefficiency utilization of available resources for accelerated and sustainable rural development. As a result, there has been the compromisation of quality and quantity of the services being provided.

At the attainment of independence in Zimbabwe the rural councils were better capitalized with the capacity to provide services efficiently than district councils. However, with time this has changed as the rural councils are becoming incapable of providing decent services to the people including development and health. Many capacity building initiatives have failed due to lack of a comprehensive strategic framework towards capacity development. Chakaipa and Chakunda (2015) postulates that , the absence of capacity at the rural district council level has been caused by the failure of rural communities to effectively participate in development and decision making process of their areas after independence. This challenge was meant to be addressed by the capacity building programme which was set up by the government .The project aimed at developing RDCs capacity to enable them to plan, implement and manage their own district development programs and the provision and maintenance of necessary services to the rural population. The focus was on promoting the provision of a solid base required for adopting meaningful policy measures aimed at building local skills and capacities for planning and managing rural development at decentralized levels. The elements encompassed the provision of grants for the funding of rural district council development programs, Paradza (2010). The grants were accompanied by the external facilitators to all RDCs who were trained in order to identify or spot the weaknesses of the RDCs and help in providing solutions. However despite the fact that these initiatives managed to improve the provision of local services and finances for a short period of time, they dismally failed due to donor withdrawal as they heavily depended on funding. With time

the ability of both rural and urban local authorities to deliver services rapidly deteriorated as local authorities failed to provide water, waste removal, security, health, infrastructure and maintenance. These programs were victims to the deteriorating Zimbabwe government donor relations and corruption, Ndoro (2012). Hence due to the downfall of donor funding in Zimbabwe the government became responsible for funding local authorities which up to date is proving to be difficult due to the financial constraints. This situation is still prevailing making it difficult for local authorities to kick start development in their respective areas. Thus there is need for a strong, effective, representative and resourceful local government which has the potential to raise revenue and investment capital as this plays a pivotal role in capacity building and sustainability of local government structures.

2.1.4 Poverty and Development challenges in Zimbabwe rural areas

The World Bank (2005) describes poverty as a situation where people live on less than dollar a day. Poverty is depicted as being deprived of well being. One is considered poor when there is hunger, lack of shelter, clothing, to be sick with no one to care, illiterate and no education. Due to lack, poor people are usually vulnerable to events and situations beyond their control for instance diseases outbreak. Many institutes tried to address the issue of poverty however, many people continue to stay poor with a few escaping it. According to the Chronic Poverty Report (2004), chronic poverty is seen in the context of those people who benefit the least from economic growth and development. Hence in many different circumstances people are affected by chronic poverty with its varying from household to household. Many researchers have highlighted social discriminations, disadvantages among others as some of the causes of chronic poverty. However the concept of poverty is still changing and defined in various ways.

The rise in the political and economical crises in Zimbabwe paved way for the rise in poverty and social decline. The poverty assessment study survey showed a sharp increase in poverty between 1990 and 2003. Just like in most cases among developing countries rural households show a higher poverty rate than urban households thereby putting the rural population at a disadvantage causing them to be left out in terms of development. The infrastructure in rural areas has deteriorated, poor road networks, poor sanitation and water facilities leaving the poor people at the mercy of disease outbreaks, poorer health conditions which continue to affect their lives day by day. The economical crises in Zimbabwe has led to the migration of rural young man to the urban areas in search of employment leaving the elderly, women and

children who cannot properly cater or take care of themselves. Hence these vulnerable groups are usually disadvantaged. This economic crisis exacerbated poverty and the decline of social and public health service delivery.

Mazula (2010) submitted that after the independence of Zimbabwe the government became concerned with rural development ,education and health through introducing the socialist state capitalism .However with the whites continued control over most of the fertile land, there was deprivation of land to the blacks who were left without land to properly earn a living on .This perpetuated the rise of poverty rate in most rural areas despite the efforts by the government to make things right .This deprivation has continued to be an issue of great concern in the today Zimbabwe. Despite the fact that Zimbabwe has been initiating many programs over the years aimed at alleviating poverty, improve the living conditions of people and enforce development many rural communities are still lagging behind. For example the indigenous business development centre (IBDC) which was formed in 1990 in order to promote black entrepreneurship, however it did not consider the reduction of rural poverty, Mazula (2010).These were efforts by the government to stir development however, little effort was concentrated on the rural people as some of the programs failed to make rural poverty reduction a priority. As a result as noted by Andreasson (2010) the rural population and communities continued to wallow in poverty and under development. Till date the aim is still on bringing about development as there continues to be many various initiatives being proposed as efforts to stimulate development within various rural communities however the rural communities have remained under developed. Efforts are still being made with the government and various scholars moving to and fro trying to come up with programs that can promote development in rural areas. Hence it becomes vital for the government and local Authorities to fully understand the needs of the community and development challenges being faced in order to come up with development initiatives that are sustainable.

2.1.4.1. The rural development concept

Rural development is defined by Chambers (1983) who submits that it is a strategy seeking to enable the poor men and women to have better living standards .It is impossible to talk about development in exclusion of rural development as the development cycle will not be complete without mentioning rural development. Rural development aims at equalizing opportunities and access to all the rural people so that development can benefit both the urban and rural areas. Rural poverty and under development has devoured many rural communities

in Zimbabwe thereby affecting the majority of the population leaving in rural areas more than those in urban areas. Rural development as a strategy can ensure that the poorest in the rural and isolated areas are identified and helped through alleviating their hardships, improving their living standards and economic well being .In support of this Matunhu (2012) submits that rural development is a strategy that seeks to eliminate poverty, reduce social disparity gaps and unequal access to public goods and services. However these authors like Lipton (2005) highlight that poverty in rural areas is reduced through agriculture thereby ignoring the role that can be played by health as a rural development initiative. One cannot farm or earn for themselves when they are ill or when they are facing risks that can affect their lives or health .The fact that they will not be able to earn for themselves will cause their living conditions to continue worsening .Therefore rural councils need to prioritize the health of the rural people first as a first step towards rural development considering the fact that urban people are provided with better health services than those in rural and marginalized areas.

2.1.5 Health, A step towards development

Good health is a cornerstone for development hence if the health of the population is taken care of, developmental goals can be achieved. The relationship between health service provision and development is very vital such that investing in health should be prioritized in many communities. The Mexican Minister of health and chair of the (2004) meeting of OECD suggested the need to resolve inequalities in access and in health conditions of different groups. Investment in health and the design of health financing policies should be discussed in terms of interaction between health and the economy .They went on to propose that health performance and economic performance are inter-linked as depicted by the fact that wealthier countries have healthier population thus healthier populations will positively impact economic growth. It is of great importance to note that poverty, mainly through infant mal-nourishment and mortality greatly affect life expectancy hence the effect of poor health on development cannot be ignored. It is argued that countries with weak health and education conditions find it difficult to achieve sustainable growth as the communities are continuously affected by poor services when it comes to health. Evidence confirms that a 10% improvement in life expectancy at birth is associated with a rise in economic growth of 0.3-0.4 % in a year. The question then becomes ,how can life expectancy be improved when local authorities in most developing countries are associated with lack of safe drinking water, lack of health facilities ,poor solid and liquid waste disposal which affects the living conditions of the people in one way or the other?.In such a case, it is impossible to talk about development

unless local authorities begin to prioritize the health of the local people, improving service provision, attracting of investors who can help in the provision of quality health services to the people .Such tactics will help in the financing of health projects like drilling of boreholes in rural areas, construction of clinics and donation of drugs both for the treatment of water and people. However, it is the local authorities that have to take the first step towards improving the health of people so that their living conditions can as well improve. Poor health is a barrier to institutional performance for instance the lower the life expectancy is, the more adult training and productivity is affected.

The policy makers among their public responsibilities should take into consideration the fact that decisions taken in one sphere may affect conditions, stakeholders etc. Therefore the effect that health plays in development should not be underestimated as it plays a significant role in society and the economy .The ILO find the basis of human rights on health and social protection at large .In this case, they argue that provision of social health protection and equal access to quality health care has a critical effect on individual and public health, economic growth and development.

2.1.6 The Impact of health services on development

It is argued that by being unhealthy one is deprived of the ability to work productively and the ability to invest in human capital .The health experts, economists and international development advocates have cited the link between poor health, poverty and under development. Inadequate health standards cause suffering that is exacerbated by hunger, unclean water and lack of sanitation each paving way or making people vulnerable to diseases. The report by the Mexican commission on macro- economics and health showed that being healthy implies a complete state of physical, mental and social well-being and the absence of illness is not an exception. Hence it can be noted that development goals should not be seen in terms of infrastructural development only but evolve around promoting growth and poverty reduction and the researcher argues that one way to eradicate poverty is to invest in the provision of health services. Where poverty is eradicated, the living conditions of people will improve thereby attaining development objectives. When a family is healthy, both parents can hold a job, earn money which allows them to feed, protect and send their children to school .In terms of development at a local level, a healthy community can have the will to engage in small businesses, entrepreneurial activities, be trained with the aim of having better lives hence where health is prioritized it is possible to talk about

development. Healthy and well nourished children perform better in school thus a performance in school can positively impact their future income therefore, provision of quality health services can not only benefit the present generation but also the future generation. The poor are mostly affected by loss of health, the reason being that they only have their body as the greatest asset and possession .They have nothing to offer in terms of health as a result they are usually left out because they cannot afford. Cross country macroeconomic studies suggest that health positively affects growth based on the notion that if people are healthy, with their well being catered for then development goals can be achieved. Most children who come from poor households reach adulthood with chronic health problems that affect their abilities thereby showing a chasm between them and their future income .Health brings independence because when people are sound, they will no longer depend on others but can earn for themselves .So it can be said that health is an asset for development and its role cannot be underestimated.

2.1.7 Why health?

Investing in health is crucial for development. Ill-health hinders productivity and job prospects at the same time affecting human capital development, Sen (1999). Not much is being spent towards investing in health for instance India spends very little on health which is lower as compared to middle income countries like China, Brazil and S.A .There is need for Local Authorities to work with the Ministry of health so that health can be achieved at both national and local level. In Brazil it was stressed that ,state governments should be incentivized to expand health coverage to the poor ,marginalized and hard to reach areas focusing on cost effective interventions. As well as incentivizing states to improve health care, such policies offer higher prospective rewards to those states with low health coverage thereby providing scope to achieve fiscal equalization between richer and poorer states thus reducing disparities in health spending. Budgeting should be according to needs and focus on investing in health.

2.1.8 The public health concept

Local authorities play a significant role in the improvement of people's health within their areas through provision of information and advice ,providing services designed to promote healthy living .These include provision of services or facilities for the prevention ,diagnoses or treatment of illness .In Zimbabwe many rural councils like Chegutu RDC have adopted the concept of public health through construction and provision of clinics, outreach trips

,sanitation programs ,solid waste disposal ,licensing restaurants and canteen based on health reports with the final objective of achieving development goals. It is a local authority's duty to provide assistance to help individuals to minimize any risks to health arising from their accommodation or environment as well as making other services available, NCB Health and Social Care Act (2012).Local authorities play a role in public health thus ensuring the setting up of plans aimed at protecting the local population health wise. According to the National Children's Bureau (2016) the role played by local authorities in public health is monitored by the director of public health in liason with its health and well being board. The reforms that commenced in 2013 however did not include children under the age of five as responsibility for councils until the 2015 briefing which highlighted the nature of ,policy context for the services that councils are to commission for children and young people as part of their public health role. This presented the opportunity for the integration with other functions of the local authorities.

In order to improve health many local authorities have taken responsibility for putting in place a range of services aimed at promoting health and development reviews .When targeting health, provision of health services should be able to benefit everyone in the community from the children to the elderly thus services provided have to be available as well as accessible. The report by Clive Betts MP on the 2012 -2013 meeting at the House of Commons voiced the idea that local authorities have to look beyond services traditionally but adopt a holistic approach to tackle the issues that are affecting complex health problem. There is need for relationship building with individuals with responsibility for the social determinants of health, those working in education, planning and economic development. The report highlighted that, the government should consider devolving further responsibilities to local government thereby enabling local authorities to address the determinants of poor health at a local level. Clive Betts MP suggested that the “return of a responsibility to improve the health and well being of local people represent an existing opportunity for local authorities hence it must be fully grasped using all the resources at their disposal to tackle not just the causes of poor health but the causes of the causes .”He argues that initiatives that targeted individual behaviours in isolation has dismally failed thus paving way for the need to adopt a holistic approach thereby addressing multiple causes of complex health problems. Government should be prepared or willing to use national levers to support local level initiatives.

The discussions of the health care reform in United States highlighted on the issue by noting the need for government public health agencies to provide health services .Taking for example in the United States ,public health agencies are there to protect, assess and ensure individual ,community and environmental health. In a way this can be achieved through partnership building thereby ensuring that there is access to adequate health services in a community and addressing the health care service needs of the most vulnerable and at risk. Public health agencies also regulate sources of risk and promote health and safety practices through licensing restaurants and health facilities and regulating water and air quality. The change in many local authorities however has perpetuated many elected members and senior officers to come to terms with the fact that it is vital for local authorities to work in liason with their new public teams in redefining an effective public health function within a local authority context. In this regard the political traditions of a council, its wide range of services that address the social determinates of health, its democratic connections with citizens and its role as a local leader has to be taken into consideration. However, despite the acceptance of public health, the challenge is still being experienced in the current environment. This is because local authorities have been experiencing huge and deep cuts in their financial support from the central government which then affects the services that some of their vulnerable citizens rely on .The issue of unfunded mandates affects the local people thereby impacting their health and wellbeing negatively both physically and mentally. Partnerships play a central role to public health however Hayes et al (2012) argues that despite the fact that partnerships working between health and local government is considered the best practice, little evidence showing any effect on health outcomes is shown.

2.1.8.1 Community participation in health issues

According to the World Health Report (2004), a community comprises of groups of people living near each other, so with various social connections and often with a shared sense of purpose or need .This can be taken to mean the clients or users of health services as well as the providers of these services. The role that is played by community participation in health issues cannot be ignored as it is very crucial. Local authorities cannot work in isolation when it comes to the provision of healthcare but with the community as evidenced by the existence of ward health teams in both rural and urban set up at a local government level. In some cases the existence of a public health centre is accompanied by a health centre committee to provide for collaboration participation in the functioning of health centre in Zimbabwe's

catchment areas. Since independence, Zimbabwe has crafted some novel development plans centred on passive participation, with the objective of reducing poverty hence prioritizing the health of individuals through deployment of community health workers. The fact that the traditional top down development approach failed to alleviate poverty and improve people's living conditions especially the poor has led to an increased popular participation in development. When it comes to provision of health services both the community and local authorities have to work in liason so that developmental goals can be achieved. A community based focus enables a mutual relationship to exist between providers and users of health care services at a local level for example in this case, the local authority and the local people. This has promoted the notion that health professionals have to work together with the community so as to enable the sharing of information, development and strengthening of the community to care for themselves. Community have a say or they have to take part in issues or decisions that affect their lives or wellbeing because it is them who know the kind of services that they need in their areas hence they can say their concerns to the council in charge through their own representatives. Encouraging community participation can help the marginalized groups to be better organized and become involved in decisions pertaining to their own health. Therefore, the decentralization of health sector services working hand in glove with community participation can pave way to increase in capacity building of the local people and fostering provision of quality health services.

The role that is played by the community when it comes to issues that concerns them cannot be underestimated and if a council is to be successful in their projects and planning towards development, it has to work with the community. According to Katarwa and Richard (2001) the volunteer selection by the community members to distribute treatment for river blindness in Uganda was more successful than those selected by the local government. This because those who were selected by the local government might have been viewed with some suspicion. The result was that the annual dropout for the group selected by the community was less than 2% whereas for the other group it was 95%. So the community participation is equally important.

2.1.8.2 The need to promote community participation

It is of great essence to note that community participation is important in health issues as it is also equally important in development. Women, children and men get drinking water at community or local level as well as the identification of nutritional differences and the

control of wastes in order to prevent diseases. Hence if a local authority is to take a step towards development there has to be the will to work with the community because projects aimed at improving access to and use of basic health services cannot achieve their objectives and ensure sustainability unless there is evidence of a genuine partnership with the communities. The link between health services and local perceptions of needs, managed with the support of the local people can cause these services to achieve their objectives as well as becoming sustainable. For example, where public health institutions are weak, community participation in management and financing can improve efficiency, increase public accountability, restore user's confidence, mobilize additional resources to complement government resources thereby improving the quality of services.

2.1.9 Health inequalities

Leon (2001) notes that health inequalities or disparities is the gap that exists in terms of the health status of communities or groups of people due to differences in resource allocation, access to health facilities ,lifestyle and opportunities. This is usually between those who can afford and those who cannot afford. In most cases the provision of health services usually benefits those that are well off especially in urban areas whereas the poor in rural areas continue to wallow in poor health thereby continue to be impoverished .Most developing countries show evidence of income related disparities where access to health services is according to income hence the poor who cannot afford suffer ill health, lack of access to potable water, sanitation services thereby remaining poor with increasing death rate. The increase in death rate is due to the fact that outbreak of diseases mainly affect the poor who cannot afford health care or who lack basic health services thus no equity exists when it comes to health care opportunities. As much as people may fail to afford, the community may suffer due to poor quality of health care being provided in the area. Health inequalities can exist under these terms:

- Accessibility
- Affordability
- Availability

On accessibility ,health care might be present in a rural area but far away hence due to distance not many can access it .In such cases a few people of those near it can gain access and benefit in terms of safe drinking water ,sanitation and medication .These people are usually the ones living in growth points whereas on the other hand the elderly ,poor of the

poorest living in marginalized and hard to reach areas can fail to gain access due to distance barriers and age when it comes to travelling for a long distance for healthcare. Distance and travel time is indeed a barrier when it comes to access of health services as good roads are rare in poor areas of most developing countries. Lack of communication as well limits access especially in remote areas where communication can be cut off during adverse weather conditions. Therefore disparities can be seen where there is no equity when it comes to access. On the second note, affordability presents a situation where services are available but due to the different incomes between the poor and the rich, the poor on most cases fail to have access to these services. On availability, usually the local people may fail to attain the services because the services are not available. This is true of most rural local authorities where roads are bad and they are finding it difficult to provide health services as evidenced by the high rate of diseases outbreak, lack of portable water, poor sanitation as well as high rate of poverty.

2.1.9.1 Poverty and access to healthcare in developing countries

Developing countries show that the poor suffer most when it comes to provision of health facilities. It can be said that the relationship that exists between poverty and healthcare is a common subject of research and policy. Poverty can be described as the lack of freedom to lead the life people have reason to value. The relationship between poverty and access to health can therefore be seen as part of a larger cycle where poverty leads to ill health and ill health maintains poverty. Mostly lack of financial resources or information opens doors for barriers in accessing services being offered within an area. Deprivations that lead to ill health have become common phenomena in developing countries affecting mostly the poor in these countries. Sen (1985) argues that relative income is vital because it translates into capabilities, or what you are able to do with what you have hence it is important that everyone is able to access health services. People's risks of diseases and ability to purchase health services are largely affected by the levels of income. Many definitions have been offered on access to health services with most researchers noting that access is related to the timely use of resources according to the need. However, other researchers distinguish between supply and opportunity for use of resources and the actual use of health services. Despite the importance attributed to pro-poor health policies, in practice it is yet to be a clear priority to many national governments.

2.10 Empirical Evidence

2.10.1 A case study: India

A survey was carried out in which data was collected in 2002 and 2003 in a poor rural area of the state of Rajasthan in India called Udaipur. Udaipur is one of the poorest districts of India thus data was collected from 100 hamlets of this area in conjunction with two local institutions including the NGOs that work on health in rural Udaipur .the sample was based on access to a road and out of the 100 hamlets, 50 hamlets were at least 500 metres from the road .a facility survey was conducted on which information was collected on the activities, types and costs of treatment ,availability of medication and the quality of the physical infrastructure in all the public facilities in all 143 facilities. A weekly visit to all the public facilities serving the villages was done including a household and individual survey. The data was intended to provide information on economic wellbeing, integration in the society, education, fertility history perception on health and subjective well-being and experience with the health system both public and private.

The results showed a bleak picture on the health of the rural people with a high rate of absenteeism in most public health facilities. The public health facilities thus open infrequently causing people to find it of no use to travel over half an hour covering a distance of 1.4 miles only to find the clinic closed. Given the situation it was deduced that the villagers have poor health conditions which are worsened by the poor quality of public health services in the area.

2.10.2 Cambodia

Evidence from a case study shows that the issue of limited access to health services in the developing world has become a thing of today as deduced by the Demographic Health Surveys (DHS).The DHS showed greater inequalities in immunization where surveys conducted in the 1990s showed that among the poorest households 56% cases of childhood diarrhoea are treated with oral rehydration compared with 71% of the richest households. This is because households are valued according to the assets, (refrigerator, sanitary toilet, safe drinking water etc) thus failure to acquire these, one is considered poor. Lack of protection of the poor in terms of immunization has led to high death rate and failure to improve the living conditions of the poor. Furthermore, same results were found in Africa

and South Asia where there are high rates of rich-poor disparities .No more than a third of the poorest children in South Asia and Sub Saharian Africa are fully immunized .The better off are first to benefit from marginal gains in coverage hence there is need for pro -poor distribution of healthcare reducing these inequalities.

The available resources are not allocated fairly rather they are concentrated in big cities and at most the poor especially those in rural areas are left out .Despite the WHO Alma Ata declaration ,the bulk of public expenditure continues to be absorbed by hospital based delivered at some distance from poor rural populations. Insufficient resources, inappropriate allocation and inadequate quality of health services are barriers to the delivery of effective health care that caters for the poor hence an impediment to development .There has to be exemptions when it comes to clinical fees basing on the existence of different groups in the society. This will ensure that provision of health services is concentrated on those in need both financially and medically so as to ensure that poverty and ill health coincide rather than being dissipated across the whole population .There has to be a decision on the exemption criteria thereby identifying those that are vulnerable to falling into poverty through ill- health. Exclusion might be to slum dwellers, the poor of the poorest etc.

In the region of Cambodia ,hospital care for the poor is paid for by a fund which is financed by aid organizations and administered by a local NGO .This is done through verification of eligibility and the patience are covered by the fund .However, although the impact of utilization has not been established ,more than 40% of the hospital users are from the deprived social group .This idea can be borrowed by local authorities where they can form partnerships with other governmental or none governmental organizations who can help in the achievement of developmental objectives .Most people fall into poverty traps due to unavailability of necessary public goods for health and education for example drinking water ,drainage to mention but a few. There has to be schemes that target everyone in the community for the betterment of health service provision for development. The distance barrier has to be reduced through either taking people to services or services to the people that is, exercising the close to the client system .In case of local authorities they can organize outreach teams where they visit those in hard to reach areas, the elderly on a weekly basis and provide them with the health services they might require so that their living conditions can be improved.

2.11 Theoretical Framework

2.11.1 The Dualistic Development Theory

The theory notes that resources flow from the “periphery” of poor and underdeveloped states to the “core” of wealthy states enriching the latter at the expense of the former. The theory depicts that the poor states are impoverished and rich ones enriched thereby deducing inequalities existing in states or communities when it comes to development. Thus the theory came about as a reaction to the modernization theory which was an earlier development theory. This theory held that all societies progress through similar stages of development that today’s underdeveloped areas are in a similar situation to that of today’s developed areas at sometime in the past. Hence, the aim of helping the underdeveloped areas out of poverty is to accelerate them along this path of development. This can be done through investments, technology transfers and closer integration into the world market according to the modernization theory. However this view was rejected by the dependence theory which argues that underdeveloped countries are not merely primitive versions of developed countries but they have features that are unique and structures of their own and they are in a situation of being weaker members in a world market economy. However the dependence theory has been criticised by some scholars as it no longer have many proponents as an overall theory but some writers have argued for its continual relevance as a conceptual orientation to the global division of wealth.

The dualistic structure entails the co existence of two socio economic technological environments that are different within the same country. These two groups being different exhibit different socioeconomic behavior, values, relationships and technological sophistication and specialization. The dualism shows the existence of the super rich people and areas, also the extremely poor vast masses within broader areas of poverty. The thesis brings out the gap and differences noticeable at various levels between the rich and poor similarly between rich and poor countries. This is a common phenomenon where development and provision of basic services including health benefit the rich and disadvantages the poor be it in a rural or urban setup. In a country there would be a noticeable gap between people living in rural areas and those in urban areas. For example urban communities usually have drinking water, health facilities ,refuse collected and better sanitation however although these provisions are usually poor they are far much better than those in rural areas .This approach hence put forward four arguments that are..

- Simultaneous existence of superior and inferior conditions at some specified area
- The co-existence of different conditions is not something new or transitional rather a phenomena that has always been existing for quite a long time.
- These levels of differences do not seem to fall or decline rather they keep rising up
- No effect exist in terms of superior factors on inferior when it comes to the betterment of inferior conditions, on the contrary they further get denigrated.

However it is argued that the theory offers little explanation on how development can be initiated and sustained .This has led to it being described as a permanent state of domestic and global relations. It is expressed as centre and margins, vulnerability and comfortable adaptability, exclusion and inclusion to mention but a few .The major issues discussed form the basis of development.

Using the theory it is vital to note that when it comes to development, inequalities need to be done away with and local authorities have to ensure that people within a specified area have equal access and opportunities. Many development initiatives have failed because little focus has been put on empowering the poor and the marginalized rather they concentrated on those that are better off .For example the provision of health services have to be in such a way that everyone within a community benefits so that the existing level of differences can be reduced. Poverty is enmity to development hence equality may help in improving the community's quality of life .Therefore the gap that exists between the poor and rich or urban and rural communities has to be reduced through providing equal opportunities and access to services being provided within a local area.

2.11.2 Livelihood perspective

The livelihood approach came to be recognized the past two decades in which most researchers used it to address the issue of poverty and under development. This perspective calls for a better understanding on the factors that influence the poor including all their living aspects and means of living. According to Chambers and Conway (1992) livelihood comprises of people, capabilities and their means of living .This definition comprises of the involvement of food, income and assets in a human's life. Livelihood is concerned about people and their capabilities such as health, skills, the capability to access tangible and intangible assets to mention but a few .Hence these elements are fundamental in assessing rural poverty as well as the strategies that can be used in eradicating poverty .The livelihoods

of people depend on various issues including environmental factors. The livelihood approach has become diverse encompassing the social and human issues that influence livelihoods. The perspective holds that there are five types of capital assets and these are human, natural, financial, social and physical assets, according to Turton (2000). These assets being available will determine the rural community's living standards at the same time the absence of some of these assets will cause people to be vulnerable. Human capital is defined as the skills, working ability and good health which will thereby pave way for an individual to achieve sustainable livelihoods. Scoons (1998) maintains that social capital implies social resources like networks, social claims, social relationships etc whereas financial capital include people's savings. Physical capital is the infrastructural facilities available to individuals living in an area. These assets pave way to the attainment of people's capabilities.

2.11.3 The capability approach

Robeyns (2004) deduced that the capability approach is a wide normative framework used for evaluating and assessing the well being of individuals and social arrangements, policy design and proposal about social change. It is therefore vital and applicable to various fields in development studies, welfare economics, social policy and political philosophy. This approach is broad used in poverty and human development and was first proposed by Amartya Sen in (1976). The approach arose as an answer or solution to issues of poverty through the attainment of the capabilities of the people. However since then the approach has been criticized and debated upon by many different scholars. This is because some of the approaches focused on the happiness of people, income or expenditure and consumption. According to the capability approach much focus is put on what people are able to do and to become that is on their capabilities. In this case one may be persuaded to argue that people can only develop to their full capabilities when their health is prioritized or when they are healthy.

Sen (1976) highlights the importance of the approach as an element that is highlighted in the past as the past economists have shown the importance of the functioning and capability to people's well being. With the changes in time over the years the concept continued to be revised and developed in the context of poverty and human development. The concept was highlighted in the UNDP report of (1997) as the approach is a bid to explain and measure poverty in a human development perspective. In this regard development is seen in terms of well being thus the effort to improve the well being of the local people can be done through

providing quality health services. Ill health caused by poverty will impede people capability's to function and be accepted in the society.

This has been a broad approach than other approaches to poverty and human development thereby connecting poverty and human development. This concept is based on two broad phrases below

- Functionings
- Freedoms

Sen (1987) sets out the difference between capabilities and functionings in explaining his capability approach. He describes a functioning as an achievement and capability as that ability to achieve. In this light, functionings are associated with people's living conditions whereas capabilities evolve around notions of freedom, the real opportunities that one has regarding the life he or she is leading. The Human Development Report (1997) depicts that functionings are those things that a person can do or be which are valuable. The functionings therefore relates to the person's living conditions for example being educated, well nourished, long life expectancy and being able to participate in the activities of society. Hence what is described as the capabilities are the choices encountered in life whereas the functionings are the outcomes. The functionings differ with some being elementary for instance being well nourished, good health or educated become part of elementary functionings, Sen (1995). Hence having good health is essential in the well being of an individual as well as the country at large.

The second part related to the capability approach is the of the concept is "freedoms". The book "development as freedoms" by professor Amartya Sen argues that development is the process of expanding the real freedom that people enjoy which however contradicts with the views of other authors who viewed it in relation to income, industrial or technological advancement. Alkire (2003) sees freedom in the light of development and poverty reduction as he argues that these things can be attainable if only people have freedom. Hence the question then becomes how can freedom be achieved so that people can gain their capabilities? In an attempt to address this one may argue that one way to make people achieve freedom is to provide them with a healthy environment, quality and accessible health services to mention but a few. This will thereby enhance people to gain their capabilities.

The terms functionings, capabilities and freedoms are interrelated as used by Sen in explaining the capability approach. The capability approach has associated freedom with the real opportunity to accomplish what we value. However Sen also acknowledged the freedom that one has to choose a particular lifestyle hence by so doing he ignored the fact that the poor might not be able to choose a lifestyle despite the choices being many. Despite the approach being useful in evaluating poverty and human development many scholars have however criticized it. This approach can however be essential in understanding the research through establishing the importance of the provision of health services to development as well as the relationship between the two.

The approach has been important in educational circles in which it was adopted by many development programs in order to achieve development goals and objectives. However some issues on the approach lacked clarity which paved way for the rise of many critics. They argued that it is difficult to measure an individual's capability as it differs from person to person and also change according to the living environment.

2.12 Gap in literature

Development is a phenomena that is multi faceted having many scholars explaining it in various ways. Perroux (1978) sees development in the context of mental and social changes amongst the population which will enable in its real and global products and Rogers (1990) sees it as a process of social change which is participatory aiming for material and social progress of individuals based on the understanding of their environment. The term development have been associated with economic growth hence many scholars have put emphasis on infrastructural development excluding construction of clinics and agricultural growth as development tools. Redefined by Sen(1999) ,it was then taken to mean improvements on people not only in their incomes but their choices as well freedoms and their capabilities. Again the emphasis by was on capabilities. Among the previous scholars not much was done to deduce development in terms of health service provision. The link between development and health services has been overlooked. Despite the acknowledgements by the various institutions like the World Health Organizations of health as essential in development they rather focused on issues of nutrition, malnourishment and the concepts of public health by the government. This is the reason why very little is allocated to health service provision by local authorities because much emphasis has been put on public health delivery by the central government. By so doing ,a blind eye was casted on

the rural population especially those living in hard to reach areas, the marginalized ,those in resettlement areas to mention but a few and the role that can be played by the communities and their local authorities in construction of clinics ,public health centres ,boreholes in each and every ward. This is the gap that the previous researchers have left which will be filled by the research through highlighting that Local Authorities can be able to kick start development on their own, in their localities through making health service provision a priority.

2.13 Chapter summary

Over the years improved health has been seen as a cornerstone for development following the shift from development being viewed in terms of economic growth to the well being of people. Deterioration in health affects production, the will to be independent and education thereby paving way for many to fall into poverty traps. These poverty traps can only be broken if health is prioritized through improving access to health services, provision of potable water, provision of preventive and screening services, improved participation of the community in health matters to mention but a few .treating health service provision as a development goal and investing more in the health of the local people will enable the improvement of their lives. Therefore the literature that has been reviewed in this chapter has discussed the empirical evidence, conceptual understanding of the relationship between health and development and theoretical framework submitted on the particular subject. Good health plays a crucial role in development hence a better understanding on the magnitude of this relationship and the mechanisms under which it operates can enable the design and implementation of more efficient policies that improve population's health and development in general. Chegutu Rdc having adopted the provision of health services in a bid to improve the living conditions of the rural people will be examined and data will be collected based on the methodology that will be discussed in the next chapter.

CHAPTER III

RESEARCH METHODOLOGY

3.0 Introduction

This chapter seeks to unravel the methodologies that the researcher used in collecting data based on primary and secondary sources. Secondary sources of data are used in the research in order to complement the primary sources. The researcher also gathered information from Chegutu Rural District Council (CRDC) employees in various departments and clinics, councillors, community members, community leaders and few village health workers. The research is a case study research using the triangulation method in data collection thus enabling the researcher to gather information from various sources through research instruments like observations, in depth interviews and questionnaires. The chapter will further discuss the other aspects of research methodology for instance research design, target population, data collection instruments, research approach, sampling techniques among others as the researcher argues how investing in health services and prioritising the health of the local people can stimulate human development as well as pave way for local economic development in the long run.

3.1 Research Methodology

Leedy (1997) submits that research methodology is an operational framework outlining how certain information to be gathered or collected for assessment so as to give meaning to the information so it can be better understood. On the other hand Fouche (2002) highlights that the research methodologies encompass description of various activities that are specific as well as measuring instruments to be used. Hence in this light, methodologies are the tools and techniques employed by the researcher in the data collection process.

3.1.1 Research instruments

A tool or device that is used for the systematic collection of data is referred to as a research instrument, Frankle (1993). Research instruments are measurement tools that are specifically designed for the collection of data according to the researcher's study area. The research instruments play a pivotal role in bringing to light the revelations that the study seeks to bring out. Research instruments are thus used in collecting, measuring and analysis of data in

relation to the study. The researcher gathered information from the CRDC employees, community leaders, community members, councillors and village health workers using questionnaires, interviews, observations and review of documents.

3.2 Research design

The research design encompasses a set of plans and procedures for the research to be carried out that span the decision from the wide range of assumptions to detailed methods of data collection and analysis, Cresswell (2009). On the other hand Kumar (1999) notes that a research design is a blue print which is detailed to guide a research study in the direction of its study. Hence both above authors voiced the idea that the design being a plan of action guiding a research will identify the population, data collection methods the instruments as well as the way of using these instruments thus showing how the gathered information is to be organised and analysed. The research sought to explore in detail the relationship of health services to development, its impact, unravelling how investing in the health of the rural local people can help in improving their living conditions. The methods used on gathering information have an impact on the quality of the research findings thus the research is influenced by the key issues under study as supported by Graziano and Raulin (2000) who views the research design as a blue print citing how a research is to be conducted.

The researcher used the triangulation method in research which refers to the use of two approaches to complement each other thus forming the base on which reliability of the research is achieved, Denzin and Lincoln (2003). This is supported by Martyn (2008) who submits that many social scientists have opted for the use of triangulation method as they consider it the best. The research engaged the use of both qualitative and quantitative research approaches thereby allowing for the use of two or more methods of data collection in a study hence the use of multiple data collection techniques enabled the researcher to strengthen research findings as well as the conclusions.

3.2.1 Qualitative Research

Cresswell (2009) deduces qualitative research as approaches to research that will enable one to understand and explore the meaning that individuals or groups assign to a problem. This hence will pave way for the interpretations of the meaning of available data thereby enabling the research design to be able to avoid a situation whereby the data provided fail to address the initial research questions.

The research employed the use of a case study which is a form of qualitative research aimed at evaluating the position of health service provision as a positive step towards development. Cresswell (2007) submits that when a research is referred to as a case study, it then implies that the investigator would be concentrating on a “case” following a period of time through a detailed collection of information from various sources. This therefore has allowed the research to adopt the use of more than one source in gathering data.

According to Cresswell (2007) qualitative research provides for the apprehension of a certain phenomena based on various views of individuals who would have lived it or are still living within the conditions surrounding the issue under discussion. From his view point, Cresswell depicts that the use of qualitative research will then allow the researcher to come across with personal assessment of opinions, behaviour as well as attitudes. Merriam (1998) voiced the idea that, the approach shows that relevance occur due to interaction and in the same manner it is not similar from one person to the other which is different from quantitative research. So, using this approach, the understanding of the case under study will be derived from observations, interviews and questionnaires.

The use of qualitative research caters for the participation of people in regards to the issues of their health and living conditions. In this light, insight into the participant’s physical and social functioning can be gained thus through qualitative research the researcher will not base on studies done by other researchers alone but also an in depth discernment of the case under study.

3.2.2 Quantitative research

According to Cresswell (2007) quantitative research aims at generating data following a quantitative form at the same time subjective to strict quantitative analysis be it in a formal or rigid fashion. Kumar (2011) goes on to suggest that this approach provides more clarity and distinction between approaches and methods of data presentation. Its findings can be replicated and tested which is an advantage that it has over qualitative approach. Therefore, with the quantitative approach to research the presentation of data is enabled at the same time making it easier for the generalisation of the research findings. The approach hence involves the studying of a population sample through questionnaires or observations in order to deduce its characteristics thus showing that survey research is required, Cresswell (2007).

3.3 Population

Leedy (1980) submitted that population is a group of interest from which the researcher can obtain results. Polit and Hungler (1999) further submit that population is an aggregate or totality of the objects, subjects or members conforming to a set of specifications. Hence a population is formed by the total set of objects be it in a statistical survey or a study, Chimedza et al (2006). In this study the population is the rural communities in all 29 wards of Chegutu district of all age groups involving the elderly despite educational status, residential areas or socio economic status. The study population also involved community leaders, council officials and employees involved in the provision of health services.

3.3.1 Target population

The entire set of units for which the survey data is to be used to make inferences is referred to as target population. Therefore, the target population refer to those units for which the findings of the survey are meant to generalize. Lind and Mason (1993) supports the view by noting that the target population defines the entire group of objects or individuals which consists or forms the researcher's interests upon which they can use to generalise their conclusions. The research thereby targeted the council employees including nurses, health workers, community leaders, and the general rural communities from the population size of an estimated number of 110 000.

3.4 Sampling techniques

It is vital to note that after deciding who to study, the researcher then needs to select a sample from the target population. In order to accomplish this, the researcher has to select a method from the two basic sampling techniques that is probability and non probability sampling. Sampling techniques are depicted by Dillman (2002) as methods that are used in drawing samples from a population usually in a way that will enable the facilitation determination of some hypothesis concerning the population. In this study, the researcher uses both probability and non probability techniques in liason for the gathering of data from the selected sample frame. The techniques are simple random sampling, purposive sampling and convenience sampling.

3.4.1 Probability Sampling

The probability sampling techniques according to Tashakkori and Teddlie (2003) are usually used in studies that are quantitatively oriented thereby involving, "selecting a relatively large

number of units from a population, or from specific subgroups (strata) of a population, in a random manner where the probability of inclusion for every member of the population is determinable”. Probability sampling hence is a sampling technique where every unit within a population stand an equal chance of being selected and it aims at achieving representativeness. Hence this can be referred to a non -zero probability of selection thereby ensuring the probability that the sample is representing the population. The probability sampling method used in this study is the simple random sampling.

3.4.1.1 Simple random sampling

The simple random sampling is a type of the probability sampling method where every unit from the population stands an equal chance or a probability of being selected. Stake (1995) argues that this technique is also referred to as chance or probability technique. Papers with numbers 1 to 5 were put in a container and members of the community from each respective ward were asked to pick. Those who picked the paper with the number 4 were selected. This is called the lottery system and the process was done on a voluntary basis. This technique is usually referred to as one of the sampling techniques “gold standards”, hence the reason why the researcher chose it is that it reduces the potential for human bias. Therefore, this technique provided a highly representative sample of the population under study allowing the researcher to draw conclusions that are externally valid about the population. The simple random sampling was used to select respondents from community members and village health workers. However the challenge remains there is no guarantee that a particular sample will be a perfect representation of the population.

3.4.2 Non probability sampling

The non probability samplings unlike probability sampling make use of the non randomised methods in drawing the sample. It is mostly based on judgement of the researcher where participants are selected due to easy access .However with non probability sampling the findings may lack generalizability. The types of non probability sampling methods used in this study are convenience and purposive sampling methods.

3.4.2.1 Purposive /Judgemental sampling

The purposive sample is also a non probability sample selected on the basis of a population’s characteristics and the objectives of the study. It then is also known as the judgemental or subjective sampling .The units are investigated based on the judgement of the researcher. In

most cases, it is used when the sample under investigation is small. According to Neuman (2000) this sample is usually used when small samples are involved for instance in a case study research and the researcher wants to select the informative cases. He further suggests the use of purposive sampling where the population that is desired for the study is difficult to locate or recruit. The researchers' focus was rather on the representatives regarding the challenges being faced and the health conditions that are under investigation. The researcher chose purposive sampling as it allowed her to focus on particular characteristics of a population which enabled the researcher to answer the research questions as well as gathering data from ideal people. This sampling technique was used on council employees and community leaders.

3.4.2.2 Convenience sampling

Convenience sampling is a non probability sampling technique in which participants are selected on the basis of their convenient accessibility or proximity to the researcher. A sample is taken from a group of people who are easy to reach or contact hence this type of sampling is also known as availability sampling. Stake (1995) submits that convenience sampling is a method where units of the population are selected due to their ease of access. Participants have to be accessible and willing to participate. This is an ideal method to approach councillors with as they can be easily accessed during full council meetings. Despite the fact that this technique might lack total representation of the population, it can be handy in this research as it is readily available and speedy. Most past researchers have used this technique because when time is of great importance, most researchers turn to convenience sampling for the collection of data.

3.5 Sample size

Sample size is basically total units selected by the researcher from the targeted population for the data collection. Evans et al (2000) refer to sample size as the number of observations within a sample. The table 3.1 deduce the sample size adopted for this study in which out of the targeted population of 2 699 the selected sample size is 85.

3.5.1 Sample frame

A sampling frame is described as a device or source material from which a sample can be drawn. The sample frame therefore is a list which encompasses all within a population. According to Stake (1995) a sample frame hence is a list from which an organisation,

household or individuals are selected. In support Schwadt (2007) postulates that a sample size will be formed by the number of participants that are to participate in a research process. He goes further to highlight that the sample should possess homogeneous characteristics with the population that is under study. Coming up with a good sampling frame will help the researcher to predict how the rest of the population can react to the research. A sample size that is more representative should not be less than 30%, Stake (1995). The study thus covered 50% of the 29 wards in Chegutu district. Through sampling there are low costs because only a sample of the population is picked instead of the entire population and time is also saved. Therefore, there is the possibility of ensuring homogeneity and improving the accuracy and quality of data since the data set is smaller.

Table 3.1 Sample size

Category of informants	Population	Sample population	Sampling technique
Council employees	40(approx)	10	Purposive
Community members	2 580 (approx)	50	Simple Random
Councillors	29	5	Convenience
Village health workers	40(approx)	10	Simple random
Community leaders	10 (approx)	10	Purposive
TOTAL	2 699	85	

3.6 Sources of data

The collection of data was done based on primary and secondary sources of data. The research hence was carried out based on primary and secondary data. Careful planning for data collection can help the researcher in creating realistic goals, Piece (2009) thereby giving credibility to the study.

3.6.1 Primary data

Primary data mainly focuses on first hand information that is gathered from the original source, that is, raw data. Leedy (1980) depicts that primary data is data that is extracted from the study. Primary data was gathered through questionnaires, interviews and observations

.This data was collected according to the experiences and observations of the researcher thus data was obtained from the responses obtained from the interviews, questionnaire and observations.

3.6.1.1 In depth interviews

Borg and Gal (1971) deduce an interview as a vital tool for research which allows for the verification of views and facts that are obtained from the subject. The researcher posed different questions related to the study in an effort to gather information from the selected sample. Information is gathered from the perspectives of the participants based on the topic being researched on. In this scenario, the participant being interviewed was the expert whereas the researcher became the student. This is because the researcher was asking questions and the participant was responding .In most cases this kind of research is carried out over the phone or face to face thereby paving way for further data clarification. In an interview open ended questions are asked thereby giving the respondents room to respond in their own terms as it does not pre –determine, Patton (1985) the answers .The research interviewed the council employees in various departments and council clinics to deduce how far they have gone with the initiative for development and the challenges they are facing in improving the living conditions of the rural people through providing health services. The interview was done using an interview guide which contained a list of the topics to be covered. The researcher decided to use this instrument because there might be respondents who might find it difficult to complete questionnaires due to tight work schedules or illiteracy.

Review of documents was used in this research in complementing in depth interviews with the employees of council.

3.6.1.1.1 Advantages

- Room for clarification. With an interview the researcher was able to dig deeper into the health issues and obtain an insight of the respondents thereby gaining more knowledge. Being face to face with the respondent allowed for better understanding and room to clarify more than in a focus group for instance the researcher may explain the question further where the respondent might seem not to understand the question.
- Faster and quick. When time is of great essence and the researcher wants to gather more information an interview is ideal than any other method.

- Information sharing .In depth interviews allows individuals to share their opinions without bias as well as offering ideas and be part of the study. This paves way for the researcher to obtain much valid information.

3.6.1.1.2 Disadvantages

- Might be time consuming. An in depth interview however is time intensive as much time is used in conducting interviews, transcribing them as well as analysing the results. This presents a need to schedule the interviews carefully so as not to waste time.
- The interviews may be costly due to phone calls that may be made to various respondents that the researcher may need to interview for example councillors.
- According to Wilkinson and Birmingham (2003) using interviews may diverge from the main research topic thus they need to be controlled strictly through referring to the objectives of the research from time to time.

3.6.2 Questionnaires

According to Schwandt (2007) a survey questionnaire is a data collection tool that is effective, mostly used in studying a social phenomenon such that the participants will give their responses or opinions in both unstructured and structured way. Issues related to health and poverty are very sensitive thus participants might not be able to reveal honest opinions about their lives, experiences and conditions they live in through interviews or observations. This is the reason why the researcher employed the use of questionnaires to complement other research instruments because with a questionnaire a participant can share information freely. The survey questionnaire contained both structured and unstructured questions which were of great essence in the sense that data was collected from a large sample and time was saved. The questionnaires were administered on the council health workers, the village health workers and the community members.

3.6.2.1 Advantages

- Responses through questionnaires are obtained in a way that is standardized hence more objective than interviews. There is room for the use of direct questions by the researcher thereby allowing the respondents to give direct and relevant information to the study.

- Respondents will feel free and at ease when giving information through a questionnaire since there is confidentiality
- The researcher will be able to obtain more information on the topic under study as data is collected from a larger portion

3.6.2.2 Disadvantages

- Participants might not be willing to fully participate as they may consider filling the questionnaires as a waste of time thereby limiting the data. However the researcher kept the questions few and simple in order to avoid the common mistake of asking too many questions.
- Questionnaires can only be distributed or applied to literate people only whereas those with physical disabilities, illiteracy and cannot read or right will not be able to complete them hence a disadvantage. However, the researcher ensured the provision of instructions and guidelines on how the questionnaire is to be filled.
- The fact that questions are standardized may make it impossible for the researcher to explain further the points in a question given that the participants misinterpret. However a questionnaire pilot testing was done to deduce if they can bring out the information that is desired.

3.6.3 Observations

Observations were used to ascertain the behaviour, living conditions surrounding the rural people, the operations of CRDC clinics and the provision of health services in general. This helped the researcher in obtaining a true picture on what is really happening on the ground pertaining to the provision of health services by CRDC for development. In this case, the participants were approached in their own environments by the researcher thus enabling the researcher to have an inside view of the life of the participants whilst at the same time remaining an outsider. An observation method plays a fundamental role in the obtainance of information about anything.

3.6.3.1 Advantages

- Observations will enable the researcher to have a deeper insight on the living conditions of the rural people in Chegutu rural district .This is based on the understanding of how they are affected by their social, economic or cultural environment.

- Observations help shed more light on the evaluation of the information gathered through interviews and questionnaires.
- Accurate and reliable data is collected. Data collected through observations can act as a most trustworthy medium.

3.6.3.2 Disadvantages

- Observations are time consuming as much time is spend on trying to understand the behaviours of individuals .In the case of an event ,the researcher may have to wait in order to study the particular event.
- With observations the researcher might not be able to study opinions and attitudes of people hence this may limit the information. Using observations alone can be a barrier to the obtainance of quality answers and conclusions which is the reason why the researcher used many instruments to complement each other.

3.7 Secondary data

The researcher has also used secondary sources to gather information for the study. The information used was obtained from journals, newsletters, textbooks, documentary reviews, internet, newspapers and legal instruments or provisions relevant to the study. There is need for the examination of these pieces of work that already exist so that the researcher may obtain current information that relates to the study.

3.8 Ethical considerations

Denzin and Lincoln (2003) deduce that ethic is a code of practice governing the way or manner of conducting a research process.Kovacs(1985) further argue that ethics is a branch of philosophy dealing with people ‘s conduct ,guiding their norms or standards of behaviour as well as their relationships with each other.

- All completed questionnaires pertaining sensitive issues were destroyed after data analysis and presentation.
- Anonymity and confidentiality (to protect the privacy of participants) .The participants were assured that there won’t be information sharing with others in a way that will jeopardize their identities or lives.
- The participants were not forced to participate in the research process rather they can do so voluntarily

- The research acknowledged the use of other sources of information.
- Participants were well informed and reassured that the data collected is strictly for academic purposes
- The research was conducted with respect for all groups in the society and CRDC workplace .This was regardless of race, age, ethnicity, religion or culture.

3.9 Validity and reliability

Validity and reliability form key and fundamental aspects of a research and these two terms are closely related. According to Lawrence (2007) validity refers to the gathered information's quality as well as its connection to the study. Validity can enable the research to establish if the targets of the research have been addressed following the research objectives. In support Joppe (2000) echoes the view that it determines if the instruments used are measuring up to the intended quantification or the honesty of the conclusions. Validity in a research thus focuses on the accuracy and truthfulness of the research findings, Le Comple and Goetz (1982) .Therefore a research should be able to demonstrate what actually exists and a valid instrument should measure what it is intended to measure.

On the other hand reliability deals with consistency where results yielded should be consistent over a period of time. According to Selltiz et al (1972:182),”reliability is concerned with the consistency, stability and repeatability of the informant's accounts as well as the investigators' ability to collect and record information accurately”. These are measures involving how findings can be repeated and yielding the same results over and over again, as such it can be considered reliable.

3.10 Pre-test

A pre-test was carried out through distributing the research instruments among colleagues and lecturers in order to establish the capability of the instruments to gather the information required. Johnston (2014) postulates that pre test constitutes of finding different people capable of effectively offer a concrete response and critic on the instruments as well as revealing their ability to detect if the questions can be comprehended. The pretesting of instruments would help to ascertain their validity, reliability, detect potential problems to mention but a few. Kumar (2011) is of the opinion that pre testing can enable potential problems that the respondents may have in the interpretation or understanding of the

questions to be detected. Based on the pre-test the results, views and recommendations were taken into consideration as the researcher took note of the corrections in designing the instruments for the actual data collection process.

3.11 Data analysis and presentation of tools

Sivia and skilling (2006) submit data analysis as a way in which relevant information is analysed and evaluated so that it aids the process of decision making. According to Shamoo and Resnik (2003) most procedures of analysis enable a way of drawing inductive references from the data and distinguishing the signal from the noise that is presented in the data. This research used quantitative and qualitative approaches to research thus data obtained was presented in both descriptive and illustrative ways. This encompass the use of charts or graphs in the presentation of information about the case under study based on the objectives of the research .Qualitative and quantitative data can be interpreted as well as analysed through using the thematic approach as proposed by Powel, Renner and Taylor (2003) .The data which is going to be presented will be in line with the objectives of the study. The theme will be further discussed in the data presentation chapter.

3.12 Chapter summary

The chapter offers a detailed discussion of the methodology adopted for the study showing the research methods and design ,data collection instruments to mention but a few. The research used both qualitative and quantitative approaches to research and data was collected using in depth interviews, questionnaires, document review and observations from an estimated population size of 110 000. The target population was 2 699 constituting of council employees and nurses, village health workers ,community leaders ,community members and the ward councillors using a sample size of 85. Simple random, purposive and convenience sampling techniques were used for data collection for the research. The methods of data collection enabled the researcher to have a vivid picture of the position of CRDC health service provision towards development in the rural area. Ethical considerations guiding this study were also discussed in the chapter thus data gathered will be presented and analysed in the next chapter based on the given methodology.

CHAPTER IV

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter will discuss the research findings gathered through questionnaires, interviews and observations from various respondents. The study has explored the relationship between development and health service provision through deducing the impacts of health services on development in rural areas. The information which was gathered by the research is presented and analysed following the research objectives as well as the research questions. Data which was collected from Chegutu RDC community members, employees, village health workers, health staff and councillors will be presented in this chapter through tables, graphs, pie charts thereby shedding more light on the literature which was given in chapter II.

4.1 Questionnaire and interview response rate

Table 4.1 shows the responses to questionnaires

Stratum	Administered questionnaires	Responded	Not responded	Response rate
Community members	40	36	4	90%
Village health workers	10	6	4	60%
Council health staff	10	8	2	80%
TOTAL	60	50	10	83%

Source: Research data (2018)

A total of 60 questionnaires were distributed by the researcher on Chegutu rural district community members, village health workers and the health staff. The questionnaires that were distributed add up to 100% and only 50 which is 83% were completed whereas the other 10 that is 17% were not completed. The questionnaires received an overall response of 83% which was quite impressive as most of the respondents took time from their busy work schedules to complete the questionnaires thus the information which was provided can help in providing a solid base for meaningful, analysis and interpretation of statistics and data. The questionnaires that were administered to the community members received a 90% response as the residents expressed their eager to be heard. Those given to village health workers had a

response rate of 60% which was better because the majority managed to comprehend the questions. However the few who did not participate feared being quoted despite the assurance given to them by the researcher that questionnaires were anonymous. The council health staff rated 80% which was a satisfactory response given that the respondents are well educated and had enough information to give hence they actively participated thereby adding adequate data that is essential for the researcher to draw conclusions .According to Sanders (2003) a total response rate of 60% and above is basically applauded for being a representative of the population whereas a lower response rate is associated with failure to fully represent the population. Hence from the above submission by Sanders (2003) the response rate is considered to have represented the total population thereby making the outcomes of the research reliable and valid.

Table 4.2 Interviews response rate

Population	Sample	Responses	Non responsive	Response rate (%)
Council employees	20	15	5	75%
Councillors	4	2	2	50%
Community members	5	3	2	60%
TOTAL	29	20	9	69%

Source Research data (2018)

Data gathered through interviews received an overall response rate of 69 % which was good response from the council employees ,councillors and community members .The council employees rated 75% as they actively participated through sharing vital information with the researcher concerning the provision of health services to the rural people .The employees are well versed with the information that the researcher wanted due to their experience as well as level of education hence their understanding of the interview questions managed to shed light on the case understudy .However the other 5 individuals who did not respond were not reachable as they had gone away for a workshop. The responses from the councillors rated 50% as the researcher failed to get in touch with them due to their busy schedules however those that responded provided tangible information through answering all the questions that were posed to them.60% response rate was from community leaders hence the interviews were useful as they helped in adding more significance and clarity to the study.

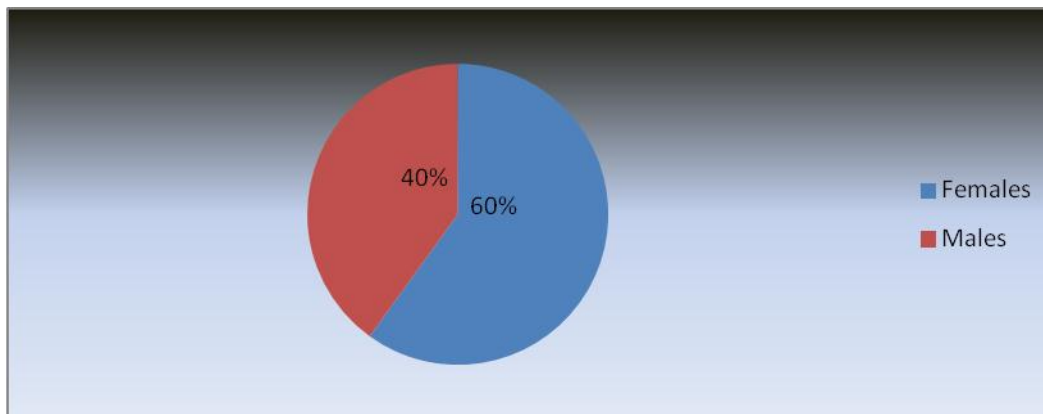
Table 4.3 Total response rate

Sample	Respondents who participated	Response rate (%)
89	70	79%

Source: Research data (2018)

4.2 Research findings

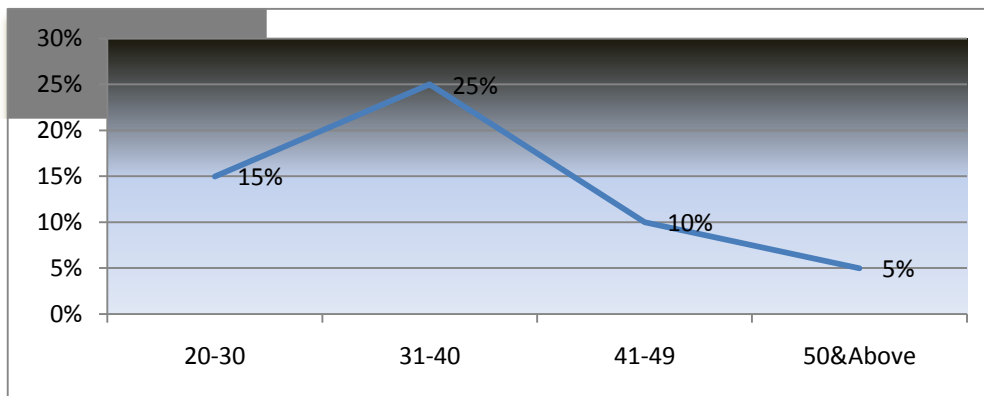
Fig 4.1 Gender of the respondents



Source: Research data (2018)

The gender statistics reveal a greater number of female participants more than males. This is due to the fact that Chegutu Rdc has a large number of female employees than males, the council clinics are comprised of a greater number of female nurses and health practitioners. This was the same scenario where most village health workers are females thus much information through questionnaires and interviews was provided by female respondents. At the council the researcher observed that the majority of the management and employees who happened to be males had gone out to a workshop leaving just a few of the management team behind which then also resulted in more females responding. The male respondents comprised of the councillors, community leaders and a few of the council staff and management who were present. Nevertheless the response from the community members was balanced between both female and male respondents.

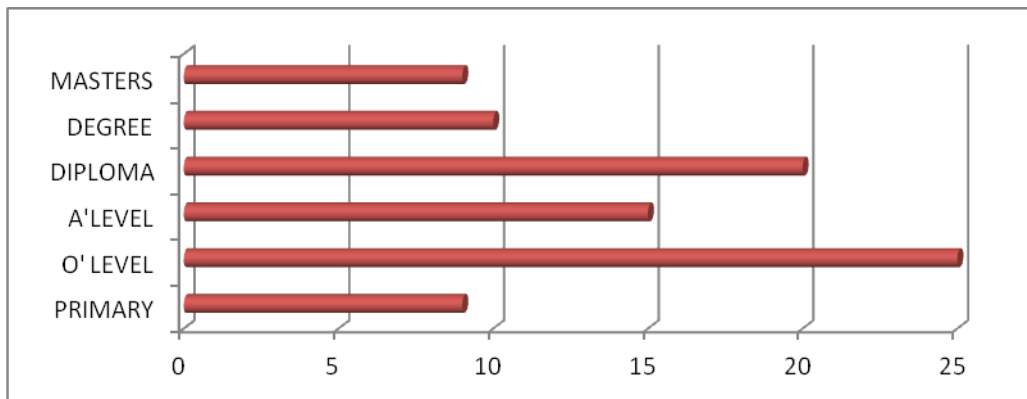
Fig 4.2. Age of the respondents



Source: Research data (2018)

Fig 4.2 shows the age of respondents which enabled the researcher to gather information from various age groups using questionnaires, interviews etc. From the age 20-30, 25% of the respondents actively participated in the research through identifying the efforts being made by the council towards development as well as the recent developments in the provision of health services by the council. This age group had the majority of council employees on attachment who through experience and information sharing have become eager to improve the living conditions of the rural people thus they had a lot to say on development and health issues. The participants from the age 31-40 had a response rate of 42% which had most of the community members, village health workers and health staff who have zeal on how the council is progressing in health service delivery and the achievements so far. The community members were eager to express their feelings, grievances and the development challenges that they are facing as well as the health services that they are not getting from council. The community members expressed their need for value for money given that some pay rates and levies to council. The response from the age 41-49 make up 17% which were mostly the councillors who participated through pointing out areas that need improvements in their wards as they have knowledge of the operations of council. They voiced out issues of concern and as well as development challenges being faced by the council which have promoted ill health in their wards thereby depriving people of better improved living conditions. The 7% was made from the age 50 and above comprising of council management, employees and community leaders who have worked with the council for many years. They highlighted development challenges that are recurring that the council have failed to solve over the years and also suggested mechanisms that might help to improve health service delivery.

Fig 4.3 Level of education of respondents



Source: Research data (2018)

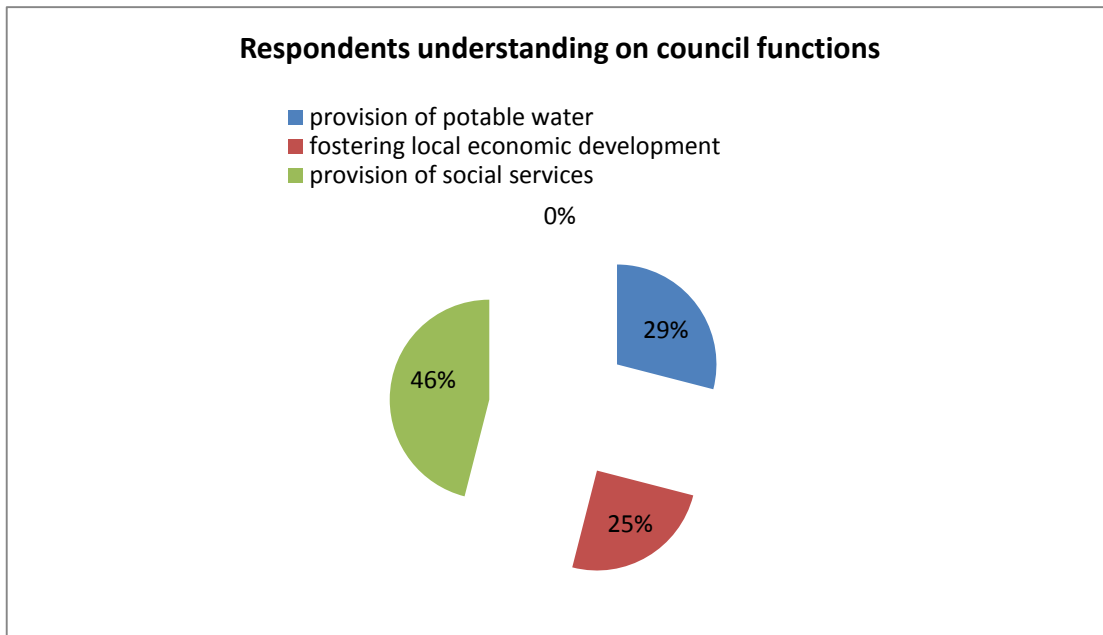
Fig 4.3 shows the level of education attained by the respondents which varied from primary education to masters degrees. The primary, ordinary and advanced levels of education were attained by the councillors and the majority of the rural community members and leaders whereas most of the health staff e.g. nurses and village health workers attained diplomas. The council management and other council employees have masters and general degrees thus the different levels of education enabled the researcher to gather diverse information which enabled the researcher to understand the respondents' situations and circumstances basing on their views and perspectives.

4.3 The relationship between health service provision and development

The researcher in order to establish the connection between health services and development started by asking various respondents from the community members if they understand any function of Chegutu rdc .The idea was that the council carries the mandate to perform different duties towards its community which include provision of social services, fostering local economic development and provision of portable water. The rural people being stakeholders in turn have to be well versed with these functions so as to be able to participate and work together with their local authority so that the provision of these services can be effective and improve their livelihoods. Out of the total respondents 46% of the community members showed that they understand that the council has to provide social services for them that is clinical care, education, welfare programs aimed at alleviating their hardships and improve their standards of living whereas 29% understand the provision of potable water which helps in safeguarding their health and prevention of outbreaks of diseases. The respondents revealed that they are not well versed with the council function of fostering local

economic development hence the response was 25%. This then shows the researcher that many rural people are not well versed with some of the functions of the council hence the council has to make people aware so that they are also able to participate in activities that concern their own development .The following diagram shows the functions that the respondents from community members understand .

Fig 4.4. Showing community members understanding of council functions



Source: Research data (2018)

However through interviews about 10% of the community leaders also highlighted that the council also provides affordable residential and business stands .Lack of adequate information and understanding on other functions of the council has a negative effect on development .When the local people lack understanding on the operations of council, it is difficult to engage them in the development planning process thus where there is no stakeholder or citizen participation development plans are bound to fail .Lack of understanding on the functions of council paves way for lack of appreciation of development issues by the local people as well as ignorance to issues that concerns them. Therefore, the role that is played by the community in health issues cannot be underestimated.

4.3.1 Rural development

Health services play a pivotal role in rural development hence in order to ascertain how Chegutu rural district council has invested in the health of the local people in order to

accomplish rural development goals. Rural development as a strategy aims at improving the social and social life of rural disadvantaged social groups including the poor, Mknadla (1997) The researcher distributed questionnaires to the village health workers and the health staff in order to identify what the council has done towards improving the livelihoods of the people through providing health services for them. The respondents gave diverse information on the council’s efforts towards the health of the people as will be shown from the summary of responses from the respondents below.

Table 4.4 Summary of responses to the investment by the council towards health of the people.

	Respondents	%
Construction of affordable clinics	14	52%
Provision of potable water and sanitation	4	15%
Provision of a mobile clinic to cater for those in hard to reach areas	4	15%
Establishment of more health facilities for expecting mothers	5	18%
Construction of more public toilets	0	0%

Source: Research data (2018)

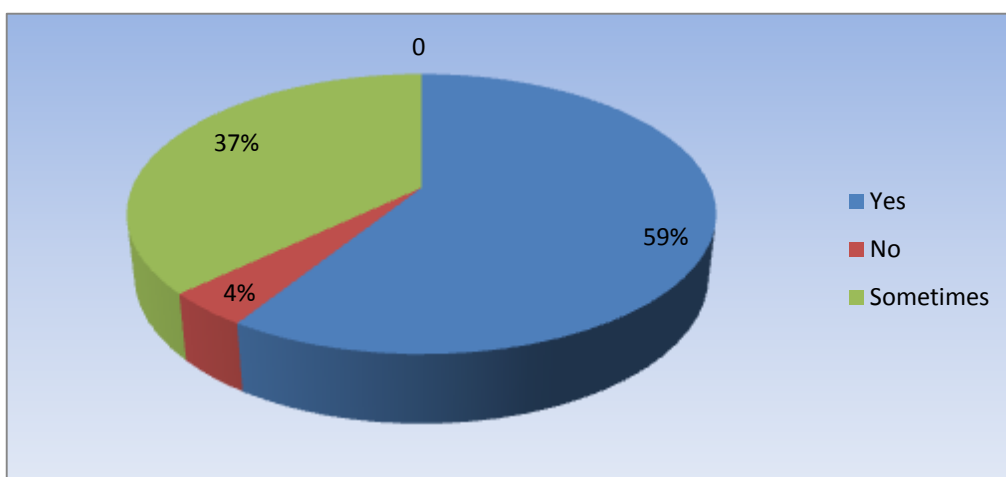
The table above shows the responses by the village health workers and the council health staff towards the investments in health of the rural people. The majority of the council health staff about 52% agreed to the idea that the council has been constructing affordable clinics for the rural people for easy access to clinical services like treatment and screening services .the provision of affordable clinics was aimed at providing a healthy community. The village health workers who made 15% responses expressed that the council has provided potable water and sanitation to the local people thus prioritising the health of people through providing them with safe drinking water given that dirty untreated water causes impediments to health who might be affected by diseases like cholera, diarrhoea as well as other water born disease that causes ill health. The researcher observed that the respondents who answered to the provision of a mobile clinic expressed some uncertainty as they were not sure if a mobile clinic really existed or it was just a myth which paved way for further research .Those who responded that the council has invested in the health of the rural people through providing a mobile clinic made up to 15%. Furthermore, 18% of the respondents expressed that the council has established more health facilities for expecting mothers whereas none of

the respondents said anything about construction of public toilets by the council which made the researcher question whether the respondents were not sure or that the council has done nothing to improve hygiene through providing public toilets for the rural people.

However the data provided shows that the council has done much to invest in the health of the rural people in a bid improve their living conditions and stir development in the rural area. In one way or the other, The respondents agree that the council has constructed affordable clinics, provided potable water and sanitation facilities ,establishment of health facilities for waiting mothers ,provision of a mobile clinic although recently there has not been many outings due to lack of a specific vehicle to use. These findings confirm the report by the Mexican minister of health and chair of the OECD meetings who suggested that health performance and economic performance are inter linked due to the fact that a healthy population will positively impact economic growth. This shows that the provision of health services is of great importance in tackling development issues.

A council can meet its goals towards rural development if there is proper engagement and participation of stakeholders in issues of development. The council and its stakeholders have to work hand in glove so that development targets will not remain a mirage .This confirms what Swinburn et al (2006) cited by depicting that the engagement of stakeholders have benefits like improved decision making, resources ,knowledge to mention but a few. The diagram below shows the responses to the participation of the public in the affairs of council.

Fig 4.5. Citizen Participation in council affairs



Source: Research data (2018)

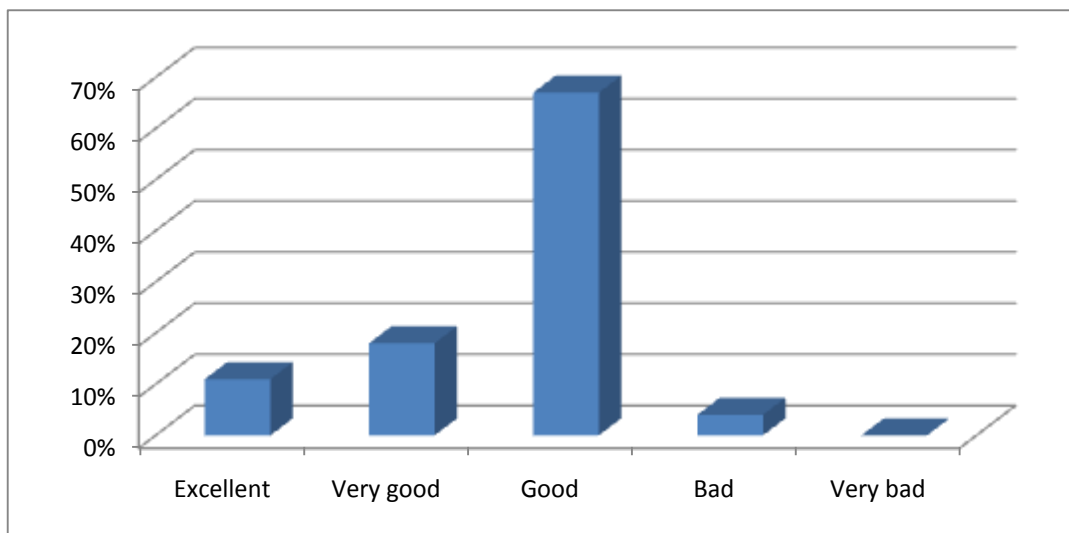
From the responses of the health workers and the health staff 16 individuals who made up to 59% agreed that the local people do participate in the affairs of council which involve decision making, making of plans or projects etc. Of the respondents 10 who make up 37% of the respondents were of the view that the public participate sometimes not all the time whereas 4% expressed that the public do not have a say in the affairs of the council .From the data that was gathered it became clear to the researcher that the majority of the rural people in Chegutu rural district actively participate and work with the council in making development goals a reality whereas a few does not participate at all.

Table 4.5 Showing level of co-operation between the council and its stakeholders

Level of co-operation	Respondents	Response %
Excellent	3	11
Very good	5	18
Good	18	67
Bad	1	4
Very bad	0	0

Source: Research data (2018)

Fig 4.6. Summary of the relationship between the council and its stakeholders



Source: Research data (2018)

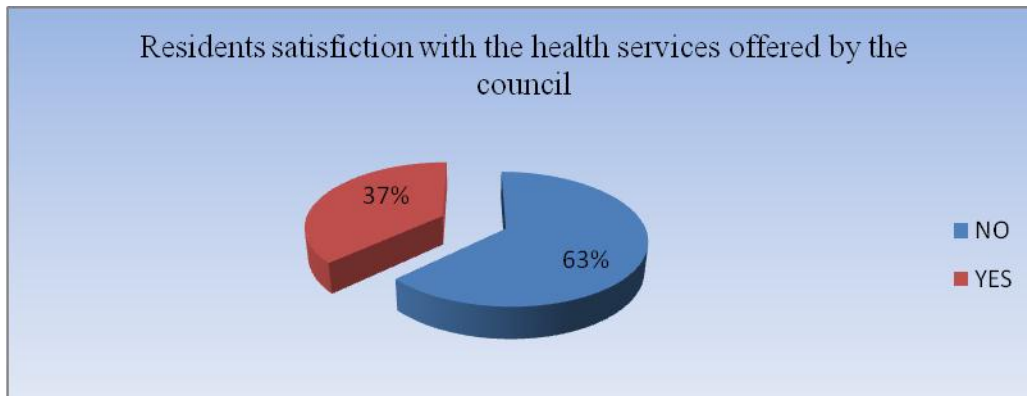
From the bar graph above it is vital to note that of the council health staff 11% were of the opinion that the council has an excellent relationship and relates well with its stakeholders,

18% expressed that the level of co-operation between the council and its stakeholders is very good. Those who were of the view that the relationship between the council and its stakeholders is good make up to 67% and 4% of the individuals who view the level of co-operation as bad. From the responses of the respondents it can be deduced that Chegutu rdc has maintained good relations with its various stakeholders and can be applauded for stakeholder engagement through holding budget consultation and stakeholder meetings. From the questionnaire responses, the majority of the respondents have acknowledged their involvement in various council meetings concerning their health, development and provision of basic amenities like potable water. Ward and village development committees are still held twice or thrice per year as well as residents association meetings where council stakeholders actively participate. The above results then are vital in acknowledging the importance of health in development as confirmed by Kickbusch (2010) by citing that health promotion has to be put at the centre of any development model.

4.4 Improvement of the living conditions of rural people through health services provision

80% of the community members echoed the view that many people fall into poverty traps due to ill health with no one to care and these are especially the poor, the elderly, those in hard to reach areas and mentally challenged who have nothing to offer in terms of incomes or for treatment. The issue of access to health facilities remains an issue of great concern as many rural people are failing to gain access to nearer clinics with others travelling long distances for treatment. In case of emergencies where health attention is required urgently many of these people end up losing their lives. In such scenarios rural communities continue to be characterised with high death rate and vulnerability to diseases due to lack of preventive and screening services thereby reducing the life expectancy rate. Research proved that the council however seeks to improve the livelihoods of the local people through provision of various health services like clinics. To ascertain whether the efforts by Chegutu Rdc in prioritising the health of the people have been fruitful the following responses were obtained from the community members after being asked if they were satisfied by the health services being provided to them.

Fig 4.7 Showing responses to satisfaction towards health services provided by the council

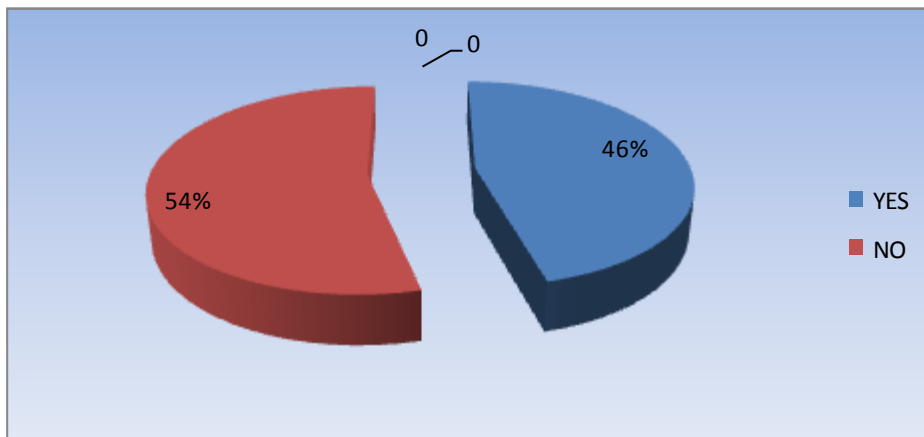


Source: Research data (2018)

The responses from the community members showed that 63% of the respondents highlighted that they are totally not pleased and do not recognise the efforts of the council towards improvement of their well being for levels of poverty continue to rise by the day. Those who were satisfied made up to 37% in which these were mostly the people living in areas that are nearer to clinics and have gained better access to the health services being provided be it clinical care or provision of safe, clean water. In this context it can be valid to note that where access is improved and all those people in hard to reach areas and the poor catered for, then it is possible for a council to eradicate poverty caused by ill health in rural communities. The findings are in line with the livelihood approach which holds that five capital assets are vital in the life of an individual (human, natural, social and physical assets), Turton (2000).The approach stipulates that the availability of these assets determine the rural community's living standards whereas absence of some of these assets will eventually affect the life of an individual for instance good health.

Questionnaires for community members to deduce if the provision of health services has managed to improve their living conditions yielded the following results:

Fig 4.8. Provision of health services towards improving living conditions



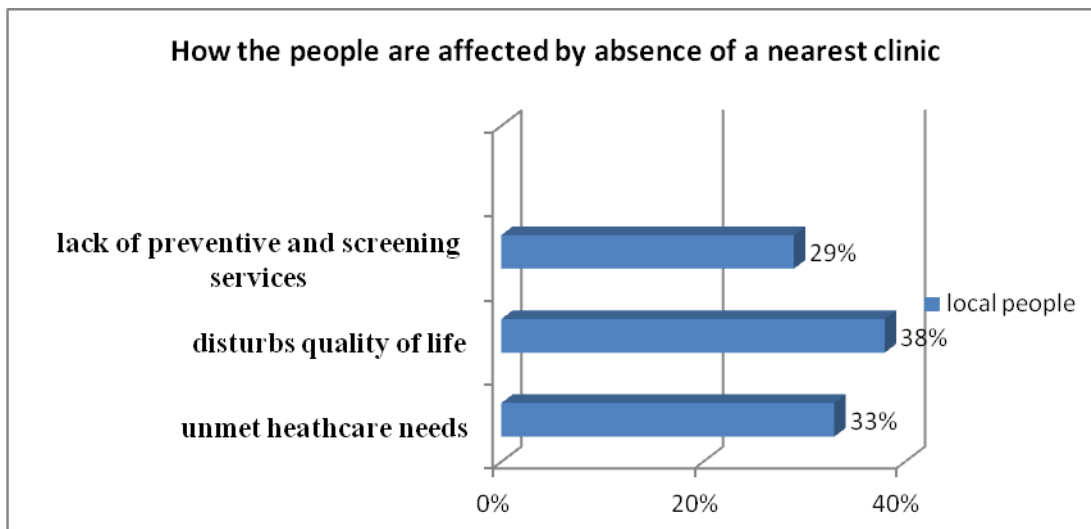
Source: Research data (2018)

The above pie chart presents the responses given by the community members where 54% of the respondents expressed that the provision of health services by the council has not managed to improve their living conditions in recent years. The other 46% were of the opinion that indeed their lives have been improved due to the provision of healthcare by the council. The fact that the greater number answered NO leaves room for improvement of these health services by the council as the majority of the respondents who answered NO expressed that they need improvements on the health services being offered by the council. However 46% of the respondents who have improved living conditions can help the researcher to ascertain that provision of health services has the probability of improving the living conditions of the people.

4.4.1 Absence of a nearest clinic

Moreover, on the improvement of the living conditions of the local people the research had to find out how the rural people are being affected by the absence of a nearest clinic. The responses from 75% of the community members showed that Chegutu Rdc provides health services in rural health centres however some of the rural people have failed to benefit from these services due to the fact that they live far away from these centres or that they cannot afford these services.

Fig 4.9 How the local people are affected by absence of a nearest clinic.



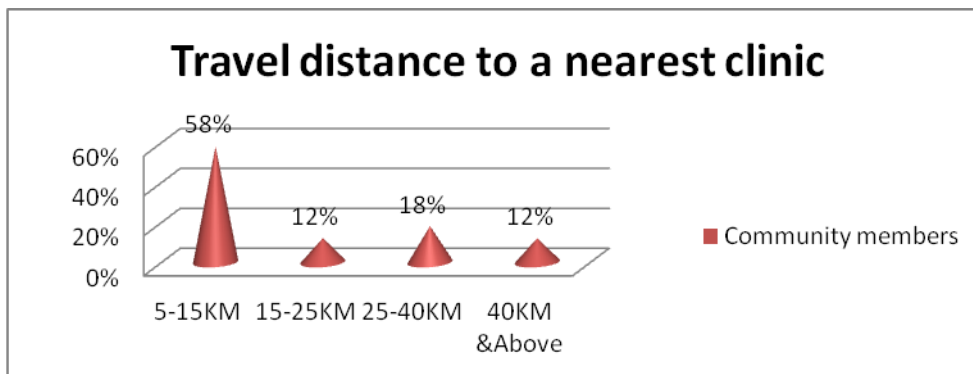
Source: Research data (2018)

The above graphical illustration shows how people responded to the impact of absence of nearest clinic on their lives with 29% of the respondents expressing that absence of a nearer clinic causes them to lack preventive and screening services which jeopardize their living conditions and puts their lives at risk .In an interview with one of the council employees it was noted that the elderly who live in hard to reach areas like Dombwe where transport is hardly available and people have to walk for more than 5km, they end up not attending free screening services due to failure to walk for long distances .Due to old age they would prefer staying at home and send the younger ones instead whilst their own lives remain disadvantaged. The Researcher deduced that the elderly by virtue of old age are mostly affected by different kinds of diseases thus they need regular treatment and checkups thus in events where they fail to access these clinical services their health continue to deteriorate .The other respondents who rated 38% showed that the absence of a nearer clinic basically disturbs their quality of life .This is because where there is no easy access to a clinic ,there are continuous disease outbreaks which can claim the lives of people, those who survive death may continue living with the diseases as part of them however it will be at their own risk because when people are ill they lack the will to cater and provide for themselves .Even children will lack concentration in school as well as perform poorly due to regular absences from school thereby causing a great chasm between them and their future income as it stands that healthy and well nourished children perform better at school thus a better performance in school may positively impact their future income. Due to lack of easy access to healthcare many rural people have fallen into deep poverty traps and unless something is done to

improve access development goals remain a mirage. The other respondents who make up to 33% expressed that the absence of a nearer clinic results in them having unmet healthcare needs. In such a scenario many have resorted to traditional healers and traditional methods for treatment for instance use of herbs which is tantamount to attracting diseases like cancer. People need to be constantly provided with healthcare services be it preventive or screening services, treatment or injections which will reduce vulnerability and protection against ill health. So, the data collected shows that absence of a nearer clinic affects the local people in one way or the other.

The researcher observed that the rural people travel for long distances for instance 12km in order to access the nearest clinic or health facilities .Mainly in a rural setup the people living in growth points benefit the most from the health services than those people in surrounding areas for instance Mubaira growth point has a rural hospital which is run by the government whereas people in other wards like ward 4 have to travel a long distance to a nearest clinic. The diagram below shows the distance that different community members have to travel in order to reach a nearest clinic.

Fig 4.10 Responses on travel distance to a nearest clinic



Source: Research data (2018)

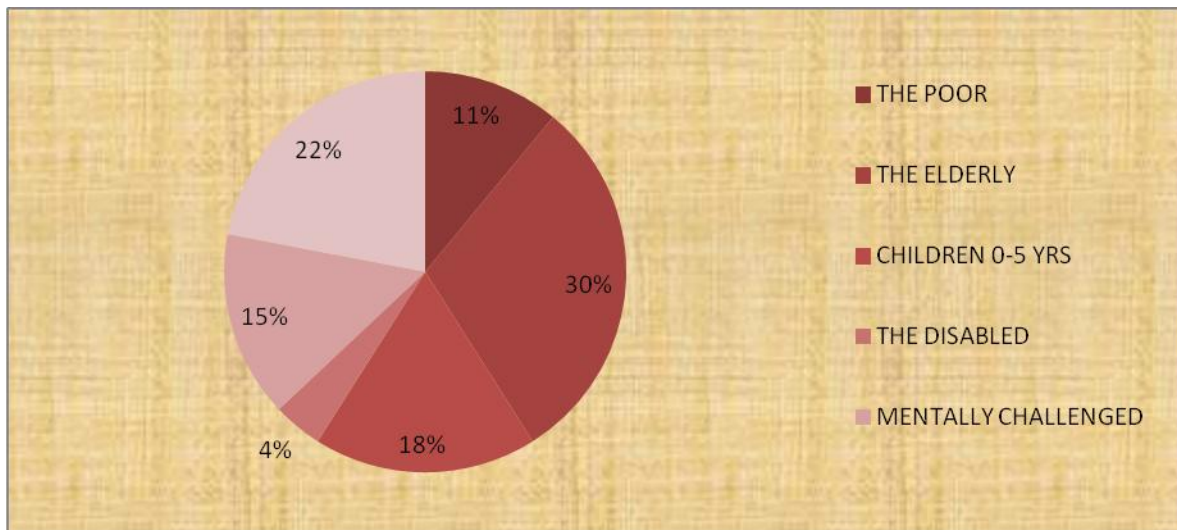
The data collected from community members from all the 29 wards of Chegutu rural district council through questionnaires showed that the majority travel for a long distance to the nearest clinic except for a few who live nearer to the clinics and the rural hospital which is in the growth point. The shorter distance being 5 to 15km and the larger distance being 40km and above. About 14 respondents making 58% travel the distance between 5 -15km to a nearest clinic, 12% travel the distance between 15-25km, 18% travel the distance between 25-40km whereas those who travel the distance of 40km and above add up to 12%.The recommended distance that one should travel to a nearest health centre in rural areas should

be 2km and below hence these long distances stand as a barrier to good health .Among the respondents some of them travel on foot and others by public transport but in other places like Neuso, Dombwe to mention but a few have difficulties in accessing transport as the transport is not easily available for instance Dombwe has few buses that travel there per day as the road is not busy and a few people live there thus transport is scarce. In the event that the people in these wards miss the bus they end up postponing treatment till the next day hence in case of emergencies these people are only left at the mercy of fate. Absence of easy access to health services has hence stand as a barrier to the improvement of the lives of the local people because they are failing to benefit much hence access need to be improved. In confirmation of the above findings the Mexican minister of health and chair of the (2004) OECD meeting highlighted that there is need to resolve inequalities in access and in health conditions of different social groups ,for it is only then that the living standards of the people may improve.

4.4.2 Free Medication

The researcher in order to ascertain if everyone is benefitting from the health services offered by the council asked who were benefitting from free medication. The development gap that exists between the urban population and the rural population also exists between the rich and the poor whether in an urban or rural setup. Given a rural community the people who are better off for instance the working class living mostly in growth points benefit the most from healthcare and have better quality lives whereas the poor, those in hard to reach and marginalised areas benefit less .The existence of various social groups has promoted health inequalities thereby making it hard for local authorities to implement successful development initiatives. This is also supported by Matunhu (2012) who cited that rural development as a strategy seeks to eliminate poverty, reduce social disparity gaps and unequal access to public goods and services. Hence if there is to be development in the area these disparities have to be done away with .About 80% of the health workers responded by noting that despite government initiative to administer free medication in government hospitals ,many council clinics were still charging except the other groups like children from 0-5 years. Recently late 2017 Chegutu Rdc adopted this government initiative in order to cater for other social groups.

Fig 4.11 Responses on people benefiting from free medication



Source: Research data (2018)

The above responses reveal that every social group in Chegutu rural district benefit from free medication and treatment from time to time. From the total number of village health workers and the council health staff ,30% expressed that the elderly from 65 years and above benefit from free medication in the council clinics ,11% echoed the view that the poor also benefit although there is still lack of criteria to determine who the rural poor are .The village health workers and the health staff adding up to 22% revealed that pregnant women attend free checkups as well as registering and breastfeeding women up to 6 weeks receive free medication, also 18% noted that children below the age of five benefit from free medication. Of the remaining respondents 15% expressed the mentally challenged as beneficiaries of free medication whereas 4% pointed to the disabled. The distribution of free medication by the council clinics to these social groups is an attempt to equalise opportunities to healthcare so as to do away with impediments to health. Every member of the community has to have an opportunity to receive health care so that no one is left lagging behind thus this will make people's health better thereby improving their wellbeing . A healthy society is able to change anything, improve productivity, increase access to food, grow local socio economies as well as help in service delivery. This is because by ensuring that everyone is healthy the council will be building the capabilities of the local people.

4.5 Chegutu Rdc achievements so far in the provision of health services

The interview with council employees revealed that Chegutu Rdc has a total of eighteen clinics that are run by the council and stationed in various wards .Among this is Neuso,

Mhondoro North, Watyoka clinic to mention but a few which aim in providing the rural people with quality and affordable healthcare .The council provides a variety of health services which involve clinical services, potable water and sanitation, screening and preventive services. The findings confirm the argument by Blair (1996) who submits that local development can be a success if certain infrastructural services are put in place and in this case clinics.

4.5.1 Water and Sanitation

In interviews with the council management team about 60% expressed that Ill health is promoted by many factors and among them is the use of dirty unclean water and the existence of poor sanitation facilities. From interviews held with the councillors and council employees the researcher gathered that council recently held a water and sanitation program (WASH) which aims at providing clean water and sanitation to the rural population. Through this program, the council has been encouraging the rural people to construct toilets in their households including donation of water and sewer pipes to aid in the construction of these toilets.

Through the rural WASH program the council donated 1 bucket ,1 jerry can and 2 bars of soap to each household which benefited 2 962 households in the district .This shows that the council has taken a role in prioritising the health of people by placing value on their health. The donated equipment was meant to create a healthy environment which can prevent them from contracting diseases.

4.5.2 Piped water schemes

According to 80% of the council employees, the rural WASH programme engaged in the piped water scheme which sought to provide the rural people with potable water .The 29 wards of Chegutu Rdc has four piped water schemes which are Msinami, Chingwere, Dombwe and Chakacha .The challenge was that people would travel for long distances in order to find clean water which paved way for the rise in high rape cases where young girls and women ended up being raped .In order to protect the girl child and women from such tragedies and sexually transmitted diseases, the council engaged in this scheme. The government having gotten assistance from DFID in which UNICEF was the fund manager through its drought response project enabled Chegutu rural district to benefit two piped water schemes worth \$40 000 each. This paved way to the establishment of Chakacha and Chingwere piped water schemes .Many partners of the council took part in the

implementation of this project in 2017 for instance National Action Committee, HELPAGE, WHH to mention but a few. Partnerships between the government and local government have been considered the best practice, Hayes et al (2012) hence an enabler of the improvement on health service delivery.

20% of the council employees noted that the Chakacha piped water scheme drilled a 42m deep borehole in 2013 under the rural WASH project and is situated at Chakacha village. This scheme serves three villages which are Mukono, Chakacha and Kaguve villages benefiting around 262 households. From the introduction of the scheme till date it has 1 447 beneficiaries in the district .The scheme has 26 total stand pipes with three storage pipes and capacity of 5000 litres each.

Plate 4.1 Chakacha piped water scheme in Chegutu rural district



Source :Research data (2018)

4.5.2.1 Chingwere piped water scheme

According to interviews held with council employees about 60% highlighted that Chingwere piped water scheme is situated in ward 8 Mhondoro serving 3 villages and a township in Makoni, a total of 83 households'. The borehole however used to be community owned having been drilled by DDF for the community before being rehabilitated to a piped water scheme. The 52m borehole is situated at Chingwere business centre and currently benefitting 2 749 people.

From the respondents, 40% of the employees of council went on to express that the council also engaged in repairing the boreholes that were no longer in function and as deduced by the council employees, more boreholes were repaired as the council received more spare parts and also some needed fewer accessories. They then drilled two other boreholes at health facilities and they received a total of 4 458 beneficiaries. All these have been roles played by the council in prioritising the health of the rural people through providing clean water for them and improving their quality of life.

4.5.3 Screening services

From the interviews held with village health workers, the research gathered that the council regularly hold screening services for free at the head office clinic. 75% of the village health workers expressed that the council trained a total of 328 village health workers on active screening for example the African vaccination week held in April 2017 which enabled 84% of the children to be reached with active screening. The screening services have been a success in promoting awareness as observed by the research as active screening by the village health workers managed to rise from 32% to a coverage of 69% in the past five months through routine services in Chegutu rural District.

4.5.4 Establishment of maternal home for expecting mothers

According to 85% of the council health staff the council has established more waiting homes for waiting mothers in its wards. The respondents from 15 interviewed council employees depicted that the council has been working with the Ministry of Health, Childcare and other development partners in constructing shelter and maternity wings for waiting mothers at all rural health centres in a bid to reduce home based deliveries and maternal mortality rate.

4.5.5 Conversion of old farm houses into clinics

Out of the 15 health staff or workers who were interviewed 10 who made up to 67% highlighted that the council together with the Ministry of health and childcare have been working together in converting old and former farm houses into fully operational clinics. These include Homedale in ward 12, Tasunungurwa in ward 14, Glenluce in ward 15, Lismore in ward 23, Brunswick in ward 24, Farnham in ward 25 and Mafuti in ward 28. This aim at improving access to health services so as to enable every society individual to benefit thereby reducing chances of poverty caused by ill health or health disparities.

4.5.6 Construction of a clinic

Findings through observations showed that there is a clinic under construction in ward 22. The council in partnership with the ward 22 community and Zimbabwe National Army (ZNA) is constructing a clinic at Danangwe business centre. According to the ward 22 councillor, the residents of this ward travel for a distance of 35km to Chegutu for health services hence this clinic will be a relief to these community members especially the breastfeeding and expecting mothers, children and the elderly. According to the council employees who were interviewed based on the construction of this clinic about 45% echoed the view that this project has an estimated number of beneficiaries of about 600 people.

Plate 4.2 Construction Danangwe clinic in ward 22



Source: Research data (2018)

4.6 Financing of health services

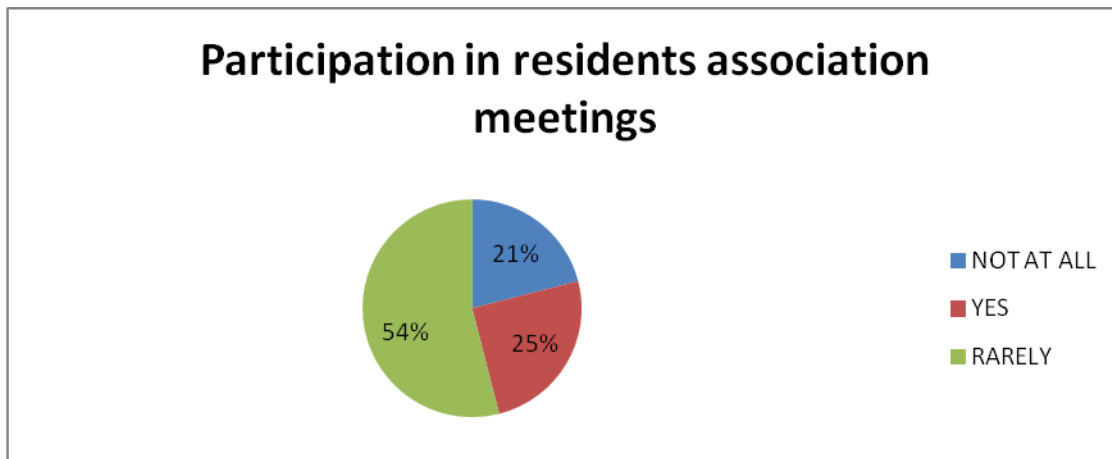
Findings from interviews with council employees revealed that the provision of health services is financed through revenue mobilised by the council in which health department receive a certain percentage. Also 80% of the health staff expressed that Chegutu RDC has various organisations that it partners with in the provision of health services like UNICEF, DFID, CHILDLINE, ITECH, Ministry of Health, Ministry of youth and National Aids council who provide funds, resources and equipment for the provision of better health services. However this year (2018) few private sector organisations renewed their MOUs and the health budget is little thereby making it difficult for the council to effectively finance the provision of health services. The funding of health services is very limited hence this challenge affects the efforts by the council to provide quality health services.

Moreso, the Result Based Financing Program at Chegutu head office clinic although adopted is not yet in function except for a few rural clinics. According to the sister in charge in one of the clinics, the RBF programme was supposed to start in January 2018 however no progress has been made so far .About 8 respondents from the council health staff to the interviews expressed that the council has no Result Based Financing Programme whereas the other 7 expressed that it was adopted by not yet in function.

4.7 The challenges hindering the effectiveness of the provision of health services for development

In order to establish the challenges being faced by Chegutu RDC in the effective provision of health services the respondents were first asked if they take part in residents' association meetings. The reason being that citizen participation is very crucial for development to take place because residents are the people on the ground who knows the day to day health challenges they face and can identify them. Thus residents' association meetings will give them an opportunity to come forward and present their grievances so that their representatives will take them to council.

Fig 4.12 Showing responses to citizen participation in residents' association meetings

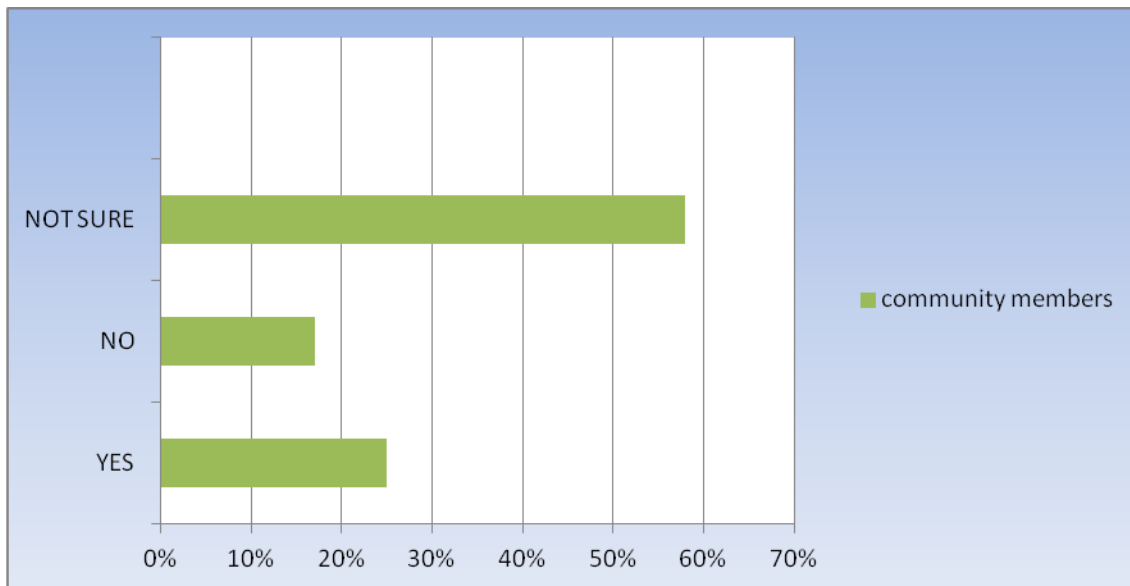


Source: Research data (2018)

The results obtained showed a greater percentage of 54% comprising of community members who rarely take part in residents' association meetings, 25% respondents who participate all the time and 21 % who never participate. In this kind of a community usually the people who do not participate are the ones who face many challenges and they can complain only yet reluctant to bring their challenges to council. This is a greater challenge to development that most councils including Chegutu RDC have been facing where there is poor public participation. With the majority of people rarely taking part in residents association meetings and a few taking part, the community is not well represented thus remain unaware of the recent developments going on in their areas. The interview by the ward 7 councillor revealed that many people are unaware of the challenges that the council faces in the provision of health services rather they prefer blaming the council for everything .Poor participation has promoted lack of accountability and transparency in most councils because there is no one to hold them accountable.

In order to make health service provision a successful tool for development councillors also have a role to play in their wards .Chegutu rdc has 29 wards and each councillor has to actively represent his or her community so that no one is left out in terms of development. About 65% of the community members expressed that they take their challenges and grievances to their councillors and in turn expect the councillors to take their petitions to council so that these challenges may be solved. To note if the citizens are fully represented by their councillor, the residents were asked if their ward councillor takes their grievances into consideration and the diagram below shows the results that were obtained.

Fig 4.13 Responses on ward councillor’s reaction towards people’s grievances



Source: Research data (2018)

The questionnaires distributed to community members from different wards yielded the above results in which 25% of the community members adhered to the fact that their ward councillors take their grievances into consideration. This is because they have made complaints and they have seen their councillors take actions including the construction of various clinics in their wards. The researcher observed that some of the wards in Chegutu rural district are more developed than others for example they have clinics , piped water , boreholes to mention but a few .This shows that their councillors are working with the community towards improving their livelihoods as well as producing a better community .The other respondents who make up to 17% expressed that their problems are not taken into consideration and these are the wards where there are no clinics or nearer water facilities. Many rural people complain about absence of sanitation programs as well as nearer clinics but for years now nothing has changed to alleviate their hardships .The interview with the councillor of ward 4 showed that the people in this ward travel more than 5km to the rural hospital in Mubaira growth point and up to now it has been over 5 years and nothing has changed .58% of the respondents expressed the view that they are not sure if their councillors consider their grievances or not. The reason being that they have taken their petitions to their councillors but no feedback on the issues was received over the years. The issue of feedback and communication breakdown between the council and the local people has greatly affected the relationship between the council and the public thus letting the council down in terms of effective health service delivery .People no longer trust their councillors and the council as a

whole because their grievances go in vain thus causing resistance among citizens to pay their dues to council. In an interview a community leader highlighted that he is tired of confronting the councillor about the challenges being faced because the councillor takes no action .Many councillors have failed to fully represent their communities well in council as they take money into their coffers instead of advocating for or developing their wards thus this has created a development gap between communities in different wards. As a result council has failed to reach its targeted development goals because the people who are supposed to inform them on what is to be done are not saying anything as far as development is concerned.

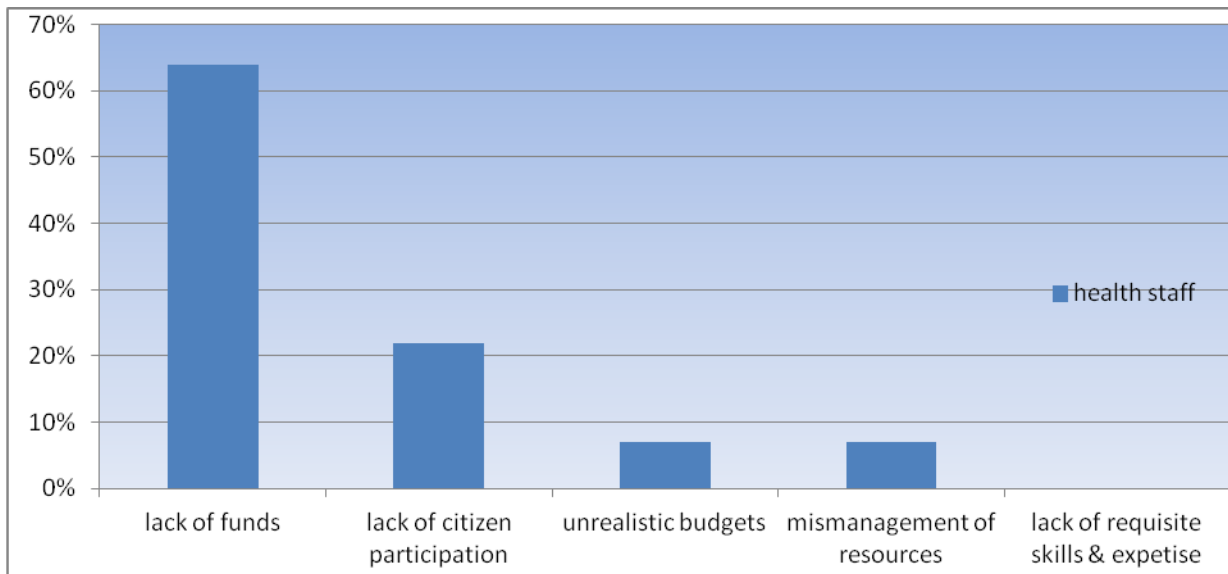
4.7.1 Challenges being faced by the council

The council health staff and the village health workers stipulated that indeed the council is facing challenges in providing effective health services thus hindering the successful attainment of development goals. The respondents being the people who have worked in the council for a long time, the researcher sought to understand deeper the challenges that the council is facing based on their views.

Table 4.6 Responses on the challenges being faced by the council in implementing development initiatives

CHALLENGES	Respondents	Rate (%)
Lack of funds	17	64
Lack of citizen participation	6	22
Unrealistic budgets	2	7
Mismanagement of resources	2	7
Lack of requisite skills and expertise	0	0

Fig 4.14 Summary of the responses on the challenges



Source: Research data (2018)

As cited above, 64% of the respondents cited that Chegutu RDC has shortage of funds to finance the provision of health services. Given the current harsh economic environment, many local authorities are finding it difficult to raise enough finances to finance service provision and Chegutu RDC is not an exception. The other respondents 22% expressed that there is poor citizen participation in the development planning process as the council is failing to engage citizen participation, 7% highlighted the existence of unrealistic budget in which the council end up failing to meet their targets. 7% of the respondents depicted that the other challenge the mismanagement of resources as there tends to be more expenditures in the council however none of the respondents cited lack of skills and expertise as a challenge. From the above responses it can be noted that lack of funds remains a threat and a greater challenge to the effective provision of health services by the council.

4.7.1.1 Lack of funds

Through interviews with council employees, 45% expressed that the council has inadequate funds that may enable the provision of quality health services. This is because the drugs that are required in council clinics are very expensive and also the equipment to use for instance toiletries etc which in turn has led the council to rely on donors. In support 30% of the health staff portrayed that in the event that donors are not found the whole burden is left for the council alone for example payment of salaries and allowances to the health workers, purchase

of clinic equipment and drugs .However with the current economic environment ,this is too much of a burden to the council as there are not enough funds to cater for all these .The finances allocated to the health department are not even enough hence as a result not enough medication is found in the council clinics leading to failure to cater for the people in need. The Constitution of Zimbabwe amendment No.20 of (2013) section 301 stipulates that local authorities are entitled to a share of 5% from the national budget yet it has been years now and councils have not received anything from the central government. The findings are confirmed by the (2014) chronicle as the Minister of health upon introducing the health services board on 9 August stipulated that the infrastructure and equipment found in most local clinic is poor and in bad condition which is due to lack of funds to purchase better ones. This financial crises has led to donor dependence syndrome in local authorities paving way for poor service delivery for example only three NGOs have renewed their MOUs with Chegutu RDC in this year (2018).

4.7.1.2 Lack of citizen participation

According to 20% of the interviewed councillors, poor participation has dragged development plans down the reason being that the council and the local people have to work together so that development becomes a success. The efforts by the council to improve the living conditions of the citizens can only be recognised with the appreciation of the citizens. In an interview a council employee highlighted that the council is facing great resistance from the local people which has been harbouring all efforts by Chegutu RDC to provide effective health services .50% of the council employees expressed that the water and sanitation programme (WASH) by the council encouraged the rural people to construct proper Blair toilets in their households so that they might not risk their health by depositing human waste everywhere including nearby bushes. The absence of a toilet at a household can attract outbreak of various diseases and promote poor sanitation .The research supported the argument by Raphael(2004) and Baum (2008) who confirmed that the creation of a sustainable environment for health can encourage the people to lead healthier lives. This was for their own good but about 70% of the rural people ignored and suggested that the council provide the resources for them except for a few 30% who constructed toilets in their households. The council went on to donate water and sewer pipes for them to use in constructing toilets however the majority of the local people sold these pipes. Resistance of the citizens is thus a poisonous venom that can destroy development plans faster hence a

challenge that the council is facing in improving the living conditions of the rural people through providing health services to them.

Moreover, according to one of the council management team, the issue of poor citizen participation is perpetuated by the fact that the majority of the rural people belong to the white garment churches which forbid them from going to clinics or taking any medication. 70% respondents from the council employees explained that despite that the council has provided clinics for the rural people, some of them deny going to clinics, taking treatment or having their children immunised due to the norms and values of their churches. As a result of reluctance, ignorance and resistance to receive treatment and free screening services infant and maternal mortality rate continue to rise. Most pregnant women who attend the white garment churches rely on their own midwives who are not experienced thus end up dying whilst giving birth. The question then remains can development goals be achieved when mortality rate, poverty levels and disease outbreaks continue to rise. This is a challenge indeed to the provision of health services by Chegutu RDC.

4.7.1.3 Too much Paperwork

From an observation in one of the council clinics, the researcher observed that there is too much paperwork in the clinics which affects the rate in which patients are served. The process is long and long queues leading to local people spending a lot of time at the clinic before they can be treated. Some of the local people can spend the whole day at the clinic only to be told to return the next day and considering that most of them come from far places it becomes disappointing. For example the details are still written down using manual means from one office to the other and the process is very slow. The council clinics are still lagging behind in terms of the adoption of ICTs or result based management components like e-government. Too much paperwork is another challenge affecting the provision of quality, effective and efficient health services by the council.

4.7.2 Services not provided by the council

The researcher also sought to find the challenges affecting the local people through asking the health services that the local people are not getting from the council. From ward 1 to ward 29 ,43% of the respondents highlighted that there is no establishment of more health facilities that can enable everyone in the society to benefit .The issue here is access to health services as the majority of the people who noted the issue are the people living far away from health facilities.

A councillor from ward 4 whom the researcher interviewed expressed that the people in ward 4 are not benefitting much from the health services being provided because there is no council clinic which is nearby and in turn they have to travel 15 to 80km to a rural hospital which happens to be their nearer health facility. The other respondents making up to 33% deduced that the council is not providing a mobile clinic to cater for them so that the burden of travelling longer distances for treatment can be reduced ,8% expressed that they are lacking access to safe water and proper sanitation programmes. The researcher observed that other communities have only one borehole feeding the whole ward hence in cases that it malfunctions, people are left with no choice but to travel long distances for clean water and some using dirty water from stream and rivers. The other 8% expressed lack of preventive measures due to lack of access. None of the respondents indicated that they are any services which they are not getting from the council hence these people are likely to be those who have gained access and are benefitting much from the health services being provided by the council. However the above response shows that there are still challenges in provision of health services in which others benefit whilst others do not thereby creating health inequalities that need to be improved.

4.7.2.1 Lack of a mobile clinic

An interview with council employees revealed that the council is supposed to have an outreach or health team who go out once per week from the head office clinic into hard to reach areas treating people, immunising children and holding free screening services. However recently there are no such developments due to lack of a specific vehicle for health services .Council vehicles are already few thus in cases that they are all in use ,there is no vehicle that is on standby for the health team. This has paved way for inconsistency in council health visits to other parts of the rural areas for example resettlement areas with no clinics. The researcher observed that all the council clinics have no ambulance for example Neuso clinic in case of an emergence will have to call and wait for a vehicle from the head office which is miles away thus this may lead to loss of lives. Another councillor noted that for almost five years now there has been no mobile clinic visits in ward 20 and people are still travelling long distances for treatment whereas other health facilities like the rural hospital in Mubaira clinic have ambulances and mobile clinics .It is only council clinics that are still lagging behind thus a barrier to quality health service provision.

4.7.2.2 Unfinished development projects

Interviews with various councillors helped the researcher in establishing that the council has failed to finish many projects in various communities. Some wards are still stagnant in terms of development as there are no recent development programs going on in their communities'. According to the ward 4 councillor the construction of a clinic in Mutanba business centre in ward 4 was left unfinished and till date nothing has been done by the council to finish the project and the people in this village are still disadvantaged.

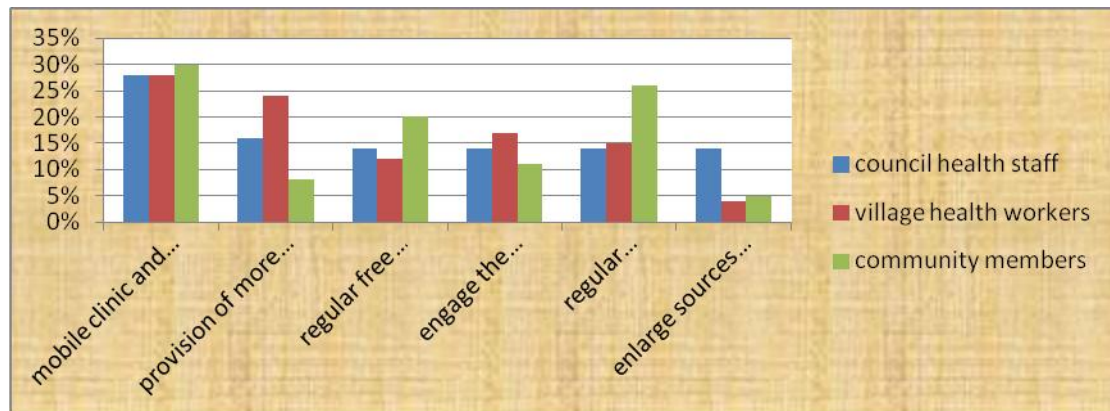
4.8 Respondents solutions that can be proffered to address the above challenges

Various respondents from the council employees to the community members forwarded their suggestions to the improvement of health services so that the council will be able to attain its targeted development goals. Some of solutions suggested by the respondents are as follows:

- Procurement and availability of affordable drugs by the council as well often doctor visits in clinics.
- Provision of a mobile clinic and regular door to door visits to the rural areas where access to health services is hard so that these people in hard to reach areas can equally benefit.
- Engage citizen participation in health matters.
- Improve waste management and sewer reticulation systems in Mubaira growth point
- Improve the provision of potable water through constructing more boreholes in every community or business centres
- Increase accountability and transparency in health issues
- Enlarge sources of revenue and resource mobilisation for the funding of health service provision
- Stationing of ambulances at each clinic or health facility
- Holding regular awareness campaigns to educate people on the importance of their health as well as hygiene
- The health budget for rural health centres has to be increased
- The construction and establishment of more health facilities that are nearer to the people and easily accessible in order to improve access and reduce health inequalities
- There has to be equal decentralisation of resources which can enable the health sector to equally benefit from the council budget or the available resources
- Construction of more public toilets in business centres to improve sanitation

- Engage the private sector and attract investment in development plans or process
- Adoption of the RBM components like ICTs and e-government in order to reduce paperwork in the clinic

Fig 4.15 Summary on the mechanisms that can be adopted for the improvement of health service delivery by Chegutu rdc



Source: Research data (2018)

The above bar graph shows some of the responses from the council health staff, village health workers and the community members to the questionnaires as they expressed the solutions that can be used by the council to solve the challenges that they are facing in the provision of health services. The respondents also echoed areas of improvements which if taken into consideration can enable the council to achieve its targeted development goals. The council has to establish and consider the construction of more health facilities that can enable better access to health services given that the majority of the rural population are still finding it difficult to easily access health services. A mobile clinic has to be put in place or a vehicle that is specifically for health services which will pave way for regular visits to the people who live in hard to reach areas where they can easily be treated and offered screening and immunisation programs given that distance is a great barrier to a healthy life. So, the provision of an effective mobile clinic will reduce the distance. In Interviews 80% of council employees supported these responses by expressing that people who live in hard to reach areas like Dombwe are greatly disadvantaged as they have limited access to health services. We cannot talk about development when only the rich and those who are well off are the only ones who benefit, in order to close the gap between the poor and the rich or reduce health inequalities the council has to put in place regular free treatment programs which can enable the poor, disadvantaged or the disabled to equally benefit. The council also has to enlarge its sources of revenue and be able to

engage the private sector in the development planning process so that they may be able to finance the provision of health services .Also ,some of the rural people still resist because they are not aware of the implications of health in their lives thus they need to be reminded from time to time .The council has to hold awareness campaigns from time to time educating the people on what it means to be healthy and how poor health can continue to affect their lives as individuals and as a society.

4.9 Chapter Summary

The chapter has analysed and presented the findings obtained at the field study following five broad themes. These are the relationship between health service provision and development, improvement of living conditions, achievements in health service provision, the challenges and suggested solutions. The research received a total response rate of 79% .The findings stipulated that without proper treatment or access to healthcare the lives of the local people are negatively affected which then proves it hard to uplift their living standards thereby deducing the crucial role played by health in development. According to the findings Chegutu RDC has been making efforts towards improving the living conditions of the people through prioritising their health and these include piped water schemes ,construction of clinics ,establishment of waiting homes for expecting mothers to mention but a few. However the various respondents including the health staff, village health workers, community members, council employees cited various challenges in most areas that they need improvements thereby suggesting possible solutions to these problems. From the findings it can be clearly deduced that given the improvements in the health of the people, the provision of health services can improve the living conditions of the people and stir development in rural areas. These findings will enable the researcher to draw conclusions as well as make recommendations in the next chapter which consists of summary, conclusions and recommendations.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

The research was based on exploring the connection between health service provision where good health promotes development and ill health promotes poverty thus the only way to attack poverty is to invest is to make the health of the local people a priority. In the research the researcher holds the view that the provision of health services can be used as a tool for development. This chapter then gives a summary of the views and ideas that were raised in the previous chapters. The conclusions drawn based on the research findings are also discussed in this chapter as well as the major recommendations made by the researcher.

5.1 Summary

The research topic was on the provision of health services as a development initiative by local authorities and Chegutu RDC being a council that has adopted the provision of health services to the rural people was used as a case study for this research. In order for the researcher to establish that the provision of health services can be used to unlock rural development and improve the living conditions of the people, the research was guided by the broad research questions.

Chapter I provided the introduction to the study through deducing the background to the study which brought to light the development cycle which can be traced back to the post independence era. The changing economical environments persuaded the government of Zimbabwe to come up with various development initiatives over the years aimed at improving the economy and kick start development .However the initiatives by the government dismally failed to solve the development challenges that had penetrated the country affecting mostly those living in rural areas yet since then till now various authors and researchers are still suggesting various initiatives that can solve under development in Zimbabwe. These development challenges paved way for the identification of the problem statement .Focus has been put more infrastructural development and economic growth when people's lives especially the poor ,those in hard to reach areas and the disabled in rural areas

continue to be impoverished with their health deteriorating day by day .Health service provision has been treated as a social goal rather than a development goal aiming at improving the living conditions of the rural people as a result targeted development goals have failed to be achieved .The research was thus guided by the broad objective which is to establish the extent to which the provision of health services can be used to improve the living conditions of the rural people and other sub objectives which were to highlight the importance of the relationship between provision of health services and development, to establish being faced by the local authority in implementing this development initiative to identify the efforts that has been made by Chegutu Rdc to foster development through provision of health services to the rural people and to establish possible mechanisms that can be utilized to address the challenges that are being faced in making development initiatives a success. The chapter also discussed the research questions as well as the assumptions, significance, delimitations, limitations of the study and the definitions of key terms within the research. Therefore this chapter laid the foundation for the study.

Chapter II provided the literature that was submitted by previous authors or researchers on the same topic so as to give relevance to the study. The literature was divided into conceptual framework, empirical evidence and theoretical framework all portraying what other scholars had to say about health services and development. The literature was reviewed following the research objectives so as to avoid divergence from the topic. Previous work by other researchers indicated that good health is a cornerstone for development as they cited the link between health performance and economic performance. To explain further other researchers deduced that wealthier countries have healthier populations hence healthier populations will positively impact economic growth. Many scholars have cited the importance of investing in health thereby shedding light on the importance of health services to development. According to the literature reviewed the term development has been redefined over and over again thereby being attached to different meanings like economic growth, well being to mention a few. A few of the previous scholars acknowledged development as the improvement of wellbeing of the people .They showed that addressing the well being of the people and building their capabilities can ensure development through removing health disparities, improving access to health care given that poor health affects productivity and hinders job prospects. The theoretical framework was also discussed based on the capability approach, livelihood approach and the dualistic development theory. The writers acknowledged the fact that health service delivery has not been spared from various challenges thus causing it not to

be effective and efficient. Among the challenges cited by the scholars is financial constraints, limited stakeholder participation and donor dependency syndrome .this challenges led to the provision of poor health services which have failed to improve the livelihoods of the people causing poverty levels and high death rates to continue rising in rural areas. The solutions to these challenges based on the literature in chapter 2 included improved availability and access to healthcare as well as the engagement of stakeholders. The reviewed literature the gap that other researchers have left out which the research covered through stressing the need to treat health service provision as a development goal, reaching out to the disadvantaged social groups who are usually left out and construction of clinics as well at the provision of potable water.

Chapter III of the research discussed the methodologies that were adopted for the study and used both qualitative and quantitative research approaches. The research used the triangulation method thereby enabling data to be gathered from various sources .Data collection instruments were discussed in which data was gathered from primary and secondary sources. The researcher used questionnaires, in depth interviews and observations to collect information from the target population of 2 699 and these instruments were pretested before the actual data collection process. The study population was 110 000 and the sampling techniques including simple random sampling, purposive and convenience sampling were used to select the sample from the population. The chapter also discussed the validity and reliability of the study, ethical considerations and the data analysis and presentation plan .Therefore this chapter was a set guideline on how data was collected.

Chapter IV finally presented, analysed and interpreted the data that was collected from the field using the data collection instruments discussed in chapter three. This chapter highlights the findings of the researcher after collecting data on health services provision and development from Chegutu RDC. The research received a total response rate of 79% showing a higher response rate which was a representative of the population and the data was presented through graphs, pie charts, narrations as well as pictures. Among the major issues highlighted by the findings was the fact that the majority especially those in hard to reach and resettlement areas are still failing to benefit from the health services being provided due to limited access thus their living conditions have not improved much. However the findings also acknowledge that various health services have been put in place by the council in an effort to uplift the living standards of the rural people. The research portrayed that the council

has been providing clinics for the rural people including one which is under construction ,water and sanitation services, screening services and establishment of waiting homes for expecting mothers. However Chegutu Rdc is still facing challenges in the provision of quality health services like poor funding affecting the quality of clinical services, poor participation to mention but a few.

5.2 Conclusions

The results that the researcher came up with are closely related to the findings that were deduced by other previous scholars on the same subject. Having taken development as an improvement on the well being or quality of life of the people which can unlock their capabilities thereby causing them to become productive ,the research hence stressed that development can only be achieved if the well being of people is taken care of. When the well being of the people becomes a priority for the Local Authorities, their living conditions will eventually improve. So in order to improve the well being of the people ,their health should be prioritised through provision of easily accessible and affordable clinics, potable water and sanitation, preventive and screening services ,maternal and immunisation services to mention but a few .When the health of the people improve, development goals can be achieved .This is because ill health with no one to care or any access to health care affects an individual's ability to cater for themselves and be productive thus they end up being trapped in the vicious cycle of poverty .Ill health maintains poverty and good health can eradicate poverty thus development and health are inter linked. The research then established that if health service provision improves targeting every member of the society including those in hard to reach areas who are usually left out then it is possible for rural development to be achieved .Local Authorities that are still facing development challenges then need to take the health of the local people seriously and make it a priority to address ill health and health inequalities first for them to attain their achieved development goals given that health has implications on development.

The research also established that:

- The provision of health services was relevant to the development needs of the people in Chegutu Rural District through the provision of potable water and sanitation, home for waiting mothers, construction and provision of eighteen clinics and preventive and screening services.

- The poor, the elderly, mentally challenged, disabled, pregnant and breastfeeding women, children from 0 -5 years all benefit from free medication from the council clinics.
- A lot of people do not participate in development activities hence lack of co operation between the council and the local people has promoted resistance among the community members to adhere to initiatives aimed at improving their living conditions.
- The people living mostly in hard to reach areas have failed to easily access health services due to distance barriers as the majority of them travel long distances to the nearest health facility thereby ending up with unmet healthcare needs which affect their quality of life .
- Lack of an effective mobile clinic has greatly disadvantaged the elderly and pregnant women living in hard to reach areas who find it difficult to travel for longer distances.
- The clinical services provided by the council are not yet up to standard as there is lot of paperwork, inadequate drugs, poor equipment and lack of ambulances thereby promoting ineffectiveness in health service delivery.
- The majority of councillors fail to represent their communities in council.
- The health budget for the effective provision of health services is very little causing, funding constraints and reliance on donors by the council.
- The council is in partnership with various organisations like UNICEF, DFID and HELPAGE in the provision of health services however only 3 renewed their MOUs with council in 2018.
- The majority of the council clinics do not have a functioning RBF programme.

5.3 Recommendations

The research findings and the above conclusions has enabled the researcher to come up with following recommendations to effective health service provision which if taken into consideration maybe enable the achievement of development goals in Rural areas.

- It is recommended that the government has to ensure that the local authorities are capacitated for the mobilisation of funds aimed at improving health service provision.

Local authorities should be able to enlarge sources of revenue and mobilisation of funds for the betterment of health service provision.

- It is also recommended that the central government should increase the health budget for rural health services. There has to be equal decentralisation of resources which can enable the health sector to equally benefit from the available resources.
- The government has to put in place clear policies and legal frameworks guiding the provision of health services at grass root levels .There has to be strategies that aims at integrating health concerns with other various sectors as well as regular policy processes aiming to promote improved quality of life of the communities.
- Local authorities should aim at improving the living conditions of the local people through adopting an approach to health promotion treating health service provision as a development go not a social goal.
- It is also recommended that there is need by Local Authorities to formulate engagement plans which can enable the involvement of all stakeholders in health and development issues. Community members have to be consulted of any development plans and be engaged so as to enable improved partnerships between the council and its various stakeholders.
- It is recommended that Chegutu RDC has to have a functional result based financing programme in council clinics. Also there is need for the council clinics to adopt use of RBM components like use of ICTs to improve efficiency and reduce paperwork.
- Chegutu RDC has to improve access to healthcare to the people living in hard to reach areas through construction or establishment of more health centres so as to ensure that every community ward.
- Lastly the governance structures for the implementation of development initiatives have to be strengthened through financial decentralisation.

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4) Which ward are you located?

WARD	
1-5	
6-10	
11-15	
16-20	
20-29	

SECTION B: IMPORTANCE OF THE PROVISION OF HEALTH SERVICE & DEVELOPMENT

5) Which function of Chegutu Rdc do you understand?

Provision of social services	
Fostering local economic development	
Provision of potable water	

6) Are you satisfied with the health services being offered by Chegutu Rdc?

Yes { } No { }

7) What can you say about Chegutu Rdc clinical services?

Excellent { } Very good { } Good { }
 Bad { } Very bad { } Better { }

8) In what way does absence of a nearest clinic affect you?

Unmet healthcare needs.	
Disturbs quality of life.	
Lack of preventive and screening services hence putting life at risk.	

9) How many kilometres do you travel to the nearest clinic in your area?

5-15km	
15-25km	
25-40km	
More than 40km	

SECTION C: The challenges being faced in the effective provision of health services

10) Do you participate in residents association meetings?

Yes, all the time { } Rarely { } Not at all { }

11) Does your ward councillor take your grievances towards development into consideration?

Yes { } No { } Not sure { }

12) Which health service are you not getting from Chegutu Rdc?

Affordable treatment	
Mobile clinic	
Establishment of more health facilities	
Immunisation programs	
Maternity services	
Treated water and sanitation	
Prevention measures	

SECTION D: Efforts by Chegutu Rdc to foster development through provision of health services.

13) Has the provision of health services by Chegutu Rdc managed to improve your living conditions? Yes { } No { }

14) Do you need any improvements in the health services offered by the council?

Yes { } No { }

15) What do you feel about the clinical services offered by the council?

Quality and affordable	
Effective and efficient	
Poor quality	
Inefficient	
Unaffordable	

16) What are the mechanisms that can be adopted by Chegutu rdc to improve health service delivery?

Engage the private sector in health service provision	
Exercise transparency and accountability in health matters	
Enlarge sources of revenue for funding	
Construction of more clinics that are nearer to the rural people	
Ensuring that everyone is benefiting from the health services that are being provided	
Forming partnerships /twinning arrangements with other government ministries in the health sector	

Other Recommendations.....

THANK YOU FOR YOUR CO OPERATION!!!



APPENDIX II: QUESTIONNAIRE FOR CHEGUTU RDC VILLAGE HEALTH WORKERS AND HEALTH STAFF

My name is Beatrice E Makiyi R143820T, An undergraduate student studying a degree in Local Governance with Midlands State University in Zimbabwe. In partial fulfillment of the degree program, I am carrying out a research on **The provision of Health services as a development initiative by Local Authorities, the case of Chegutu rural district council.** I am kindly asking your contribution to the success of this research project by completing this questionnaire.

- a) **Your views and contributions will remain anonymous and as such please do not write your name anywhere on this questionnaire.**
- b) **Please tick where applicable**

SECTION A: Personal information/demographic information

1)Age

20-30	
31-40	
41-49	
Above 50 years	

2) Marital status

- a) Single { }
- b) Married { }

3) Gender

- a) Female { }
- b) Male { }

4) Academic Qualifications

- a) O’level { }
- b) Degree { }
- c) Diploma { }
- d) Any other {specify}.....

5) How many years have you worked at the council?

SECTION C: The impact of health services on development

11) Who benefits from free medication?

The poor	
The elderly	
Children from 0 – 5 years	
The disabled	
Mentally challenged	
Pregnant and breastfeeding women	

12) In which areas are the health services provided?

All 29 wards of Chegutu Rdc { }

Mubaira Growth point { }

Rural health centres { }

13) What improvements on health services can you suggest for Chegutu rdc?

Provision of quality treatment at affordable prices	
Provision of more rural clinics to increase access to health services	
Effective mobile clinic to cater for the people in hard to reach areas	
Regular free treatment programs which will enable the poor ,disadvantaged or disabled to benefit	

Other Recommendations.....

.....

THANK YOU FOR YOUR COOPERATION!!!!



APPENDIX III: INTERVIEW GUIDE FOR CHEGUTU RDC EMPLOYEES

My name is Beatrice E Makiyi R143820T, An undergraduate student studying a degree in Local Governance with Midlands State University in Zimbabwe. In partial fulfillment of the degree program, I am carrying out a research on **The provision of Health services as a development initiative by Local Authorities, the case of Chegutu rural district council**. I am kindly asking your contribution to the success of this research.

Your views and contributions will remain anonymous and as such please do not write your name anywhere on this questionnaire.

QUESTIONS

1. What are the health services that Chegutu Rdc provides?
2. Which people are benefiting from the health services offered by the council?
3. What are the policies, programs or projects that are in place towards rural development and poverty eradication?
4. What are the private partnerships in place?
5. Does the council partner with other government ministries in providing health services to the rural people? If yes which organizations does it partner with?
6. How is the provision of health services financed?
7. Does the council have a result based financing programme and how far have you gone with the program?
8. What are the challenges being faced by the council in the provision of health services and improvement of the living conditions of the rural people?
9. What are the achievements so far in the provision of health services?
10. What mechanisms can be used by the council so that there would be development in the district through the provision of health services?



APPENDIX IV: INTERVIEW GUIDE FOR THE COUNCILLORS AND COMMUNITY LEADERS

My name is Beatrice E Makiyi R143820T, An undergraduate student studying a degree in Local Governance with Midlands State University in Zimbabwe. In partial fulfillment of the degree program, I am carrying out a research on **The provision of Health services as a development initiative by Local Authorities, the case of Chegutu rural district council**. I am kindly asking your contribution to the success of this research.

Your views and contributions will remain anonymous and as such please do not write your name anywhere on this questionnaire.

QUESTIONS

1. What are the development programs going on in your area?
2. How are the people in hard to reach areas benefiting from the health services provided by Chegutu rdc?
3. What has the council done towards improving the living conditions of the local people?
4. How effective is the provision of health services by the council in your ward/area?
5. What development challenges are you facing in your area?
6. What mechanisms should the council use to ensure efficiency and effectiveness in health Service provision?



APPENDIX V: OBSERVATION CHECKLIST

THINGS TO BE OBSERVED

1. Standard on how care /treatment is provided by Chegutu rdc.
2. The minimum number of patients attended to each day and their age groups.
3. How the health services are organised.
4. If there are any council clinics under construction.
5. Major health problems affecting the rural people.