

An Investigation into the Impact of Constituency Development Fund (CDF) on Rural Development with Special Reference to Education and Health Sectors in Rufunsa Constituency

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Abstract- This paper was purposed to investigate the impact of CDF on rural development with special reference to education and health sectors in Rufunsa Constituency. The paper used a desk review and expert analyses of mosaic literature on the subject matter and ascertained that CDF resources have not had any meaningful developmental impact in the constituency in the sectors under review. Prima facie evidence suggests that the 14 schools and 24 health centres in the constituency are not only inadequate for the population but also encumbered with service delivery limitations owing to lack of sufficient input factors for quality service delivery. The paper came to a conclusion that one of the critical causation to inadequate impact of CDF resources on these rural communities was deviation by implementation officials of the fund from the legal framework and guidelines underpinning the the management of the resources to the effect that in 2013, over K1.3million (US\$ 68, 965.51) was fraudulently withdrawn and misapplied without the knowledge, awareness and consent of the community and the higher structure officials. This is a typical challenge epitomising the general trend of CDF resource utilization which has had a negative impact on the development of rural areas to the point that as at 2019, the number of children out of school in Zambia due to lack of space/distance to school, among others, had surged to over 800,000 from 195,000 in 2015 while maternal related deaths had reached up to 15 women per week by 2019 and was declared a public health emergency by government.

Index Terms- Constituency Development Fund, Impact, Investigation, Rural Development.

I. INTRODUCTION

The world at large deem education and health sectors to be primarily basic human right and the basis upon which to build peace, harmony, national progress and sustainable development (UNESCO, 2018). Todaro et al. (2015) also stress that health and education are very important in fostering economic development in both developed and developing countries. They are important ends in themselves (Todaro, 2015: 359). Education specifically

provides people with skills and competencies that allow individuals to perform productive roles; more literate and skilled labour force is likely to yield more returns on investment. Health care on the other hand, makes the people sound both in mind and body as they undertake what education provides. Thus both health and education promote social development and have strong links to poverty reduction especially in rural settings (Todaro, 2011: 359, UNESCO, 1997). United Nations Economic and Social Council (UNESC) further illustrates that development in general aims at changing social structures, popular attitudes, and national institutions; the acceleration of economic growth, reduction of inequality as well as the eradication of poverty (UNESC, 2018). This profound conception is equally posited and heralded by the Southern Africa Development Community (SADC) – a regional body to which Zambia subscribes. However, poverty and underdevelopment in most less developed countries have remained to be the major resounding threats to the effective and efficacious operationalization of these two social-based sectors despite their significance. Poverty is multidimensional and includes factors other than income (factors like education, health, politics, and society, vulnerability which ultimately lead to poverty). While poverty affects people in different ways, for sustainable development to be present, on the other hand, it requires meeting people’s basic needs and fulfilling any opportunity of every aspiration for a better life especially for the rural people (Olinto *et al.*, 2010).

In the light of the foregoing and in order to address the question of rural development and rural poverty, African countries have continuously emphasized on the role of health and education as a means to social and economic development. For rural development to meet sustainable development, it requires special resources and institutions such as health and educational facilities that will fulfil people’s aspirations for a better life. In the process of making these institutions present and functional, rural people have to be involved in the development of their respective communities (Pellissery, 2012: 222-225) for the sustainability thereof. In actualising this brilliant vision, Zambia’s National Assembly in 1995, made a historic decision to make mandatory the allocation of funds to respective constituencies represented by

members of parliament as a model of ensuring decentralised development from the lowest unit of society (GRZ 2006b:1). This annualised funding came to be termed as Constituency Development Fund (CDF) created through an act of parliament in 1995 (GRZ 2006b: 1). The rationale behind this initiative was to provide members of parliament and their constituent communities with the opportunity to make choices and implement projects that maximize their welfare especially in the areas of health and education. This fund was established mainly to assist fight poverty through the implementation of development projects at the local level and particularly those that provide basic needs such as healthcare, education, water, agricultural services, security and electricity (GRZ 2006: 2), among others.

Against this background, this concept paper was purposed to investigate the extent to which the CDF sent to these constituencies meet the stated blue prints with Rufunsa District as an epicentre of the study.

1.1. Problem Statement

Health and education still remain pertinent to the socio-economic development of any community especially rural communities (Todaro, 2011: 359). In 1995, the Government of Zambia introduced CDF as a tool to initiate projects in different sectors aimed at reducing poverty levels as well as improving rural lives (MoLGH, 2006). This endeavour of improving efficiency and utilization in health and education facilities and service delivery was to be carried out in partnership with faith-based organisations and Non-Governmental Organisations like the UNISAFE, CHAZ, World Vision amongst many others which are supporting health and education service delivery in the constituency with over 51,000 human population. In the health sector, part of CDF is intended to help in building health centres or posts, maternity wards, mortuaries, mothers' shelters among other things. While in the education sector CDF is expected to help make accessible and available educational materials like, physical educational facilities, sanitation blocks, science and computer laboratories, classroom blocks and classrooms as well as libraries. Also ablution blocks, science and computer laboratories among other things have either been constructed or helped to complete. Although such infrastructure and facilities aforesaid have been constructed or put in place, anecdotal evidence indicate that they have not all been funded by CDF and that the improvement (if any) in the lives of people cannot be attributed to CDF. Over and above, the number of health and educational facilities available are far less than the demand of the population as beneficiaries despite the annualised disbursement of the fund for such community-based developmental projects. Since the enactment of the CDF fund in 2005, no systematic and organised studies have been done to thoroughly investigate the phenomena in the subject matter area to which relevance this study will be.

1.2. Study Objectives

1.2.1. Main Objective

To investigate the impact of CDF on education and health sectors in stimulating rural development in Rufunsa constituency.

1.2.2. Specific Objectives

- (i) To assess the impact of CDF in the provision of health and education facilities in Rufunsa constituency.
- (ii) To examine community participation in CDF funded projects in the health and education sectors in Rufunsa Constituency.

II. THEORETICAL REVIEW OF LITERATURE

2.1. Rationale for Constituency Development Fund (CDF)

Zambia has 156 constituencies dotted country-wide and each represented by a Member of Parliament elected every after five years. In 1995, the Constituency Development Fund (CDF) was initiated in **Zambia** with the purpose to provide local authorities with discretionary **funds** whose utilisation was solely for the provision of social services such as education, health, water and sanitation, agricultural services and other ancillary benefits to the community. As this fund was envisioned to be purely for community service, its utilisation was expected to occur within a socially inclusive participatory framework to all community members. Against this background and in a hope to consolidate the fund's rationale, the Government of the Republic of Zambia through the National Assembly enacted an act of Parliament on 23rd December 2018 which would guide the disbursement, management and utilization of the fund. **Act No. 11 of 2018** of the Laws of Zambia states:

"An Act to provide for the management, disbursement, utilisation and accountability of the Constituency Development Fund established under the Constitution; establish Constituency Development Fund Committees in constituencies and provide for their composition and functions; and provide for matters connected with, or incidental to, the foregoing."

By this act of Parliament, it became categorical that the constituency development was national and legal matter which required adherence and compliance by officers in –charge to public finance management ethos in funds utilization. Kaduuli (2008) affirms the importance of CDF, "CDF was introduced within Zambia's wider decentralization drive as a public fund to finance development projects at the constituency level through elected Members of Parliament". Therefore, the fund is designed to actively engage the local citizens on their priority needs. It is in this vein that the fund holds strong opportunities in poverty reduction and national development if well managed. These projects have a great influence in the quality of life of rural people especially where poverty is over 70% and they include education and health as priority amongst others.

CDF is an increasingly central fund in national development and plays a key role in rural development as it is situated within the local government framework and was set up by the government to mitigate poverty and harmonize the spread of development throughout the country. According to Chileshe (2011), CDF is one of the most significant transfers disbursed annually to the 156 constituencies. In 2006, the budgetary allocation for CDF was approximately US\$ 13,000 per constituency and had risen to approximately US\$ 200,000 per constituency in 2012 (National Assembly of Zambia, 2012). Since

1995, all the constituencies in Zambia have been eligible to receive the CDF funds (Ministry of Local Government and Housing, 2006).

2.2. Rufunsa District

Rufunsa is one of the newest district in Lusaka Province which was declared by President Michael Chilufya in 2012. It is located in the eastern side of the Province and is largely a rural district. The district has 24 public health facilities ranging from the health centres to the sickbay. In terms of education the district has 11 primary schools and 3 secondary schools. Politically, the constituency has three wards, namely: Mwachilele, Nyangwenya and Bunda Bunda, each headed by a Councillor with 1 Member of Parliament as head of Council. For development purposes and pursuant to the Act No. 11 of 2018, the constituency has a 5 CDF members to co-ordinate development projects with communities. However, it must be noted that Rufunsa constituency has no district hospital. Over and above, the district as a whole has over 51,000 people as population (CSO, 2010).

The foregoing demographic analysis of the health and school infrastructural statistics relative to available infrastructural space clearly demonstrates an already troubled place in terms of education and health service delivery and requires liberation by way of infrastructure and other essential resources to match the growing demand.

2.3. CDF and National Development

CDF is meant to socio economically develop societies or the nation as a whole. Apart from the objective of poverty reduction, CDF is also aimed at enhancing people's participation in decision making processes, promoting good governance, promoting transparency and accountability (Francis et al. 2009: 11). In this framework, Members of Parliament (MPs) and local governments are assumed to be the primary agencies of providing social services to communities. Nonetheless, forms of CDF differ in terms of the amount, allocation principles and utilization. CDF is meant to respond to immediate, short-term community development needs and ensure that rural development spreads evenly throughout the country. However, unlike other development funds that filter from the central government through larger administrative organs and bureaucracies; funds under CDF program go directly to the local communities (NAZ, 1994: 1053). This gives local people the opportunity to participate in establishing local projects like health and educational programs which are perceived as the main challenge facing the rural local communities (Kimenyi, 2005).

In the recent past, Zambia made education and health services 'free' in order to bring them as closer to the families as possible and thus meeting the health and education needs of the Zambian people. Despite all these efforts made by the ministry of health and education, the health and education sectors have continued to face several challenges and constraints in terms of equity, accessibility, affordability, efficiency and effectiveness. Notably, rural communities and poor urban households have continued to have lesser accessibility and availability of quality health and education facilities and services. This is confirmed by the fact that people have to cover long distances in order to access health and education facilities or services. Other than the above, they also experience a lack of medicines, and high costs of living.

Nonetheless, this set of accessibility, availability and affordability constraints cause the poor communities especially in rural areas not to utilize these health and education facilities and services (Owino, 1997). Therefore, there is need for deeper understanding in terms of the impact CDF has played in the health and education sector to foster rural development as there is often misuse of resources allocated to the running of these funded projects because of lack of accountability, transparency, efficient financial supervision and participation by the target communities (Theil *et al.* 2007). This lack of accountability and transparency eventually paralyzes projects' facilities and service delivery. The Vice President of the Republic of Zambia, Ms Inonge Wina, confirms to the above, as she bitterly complained about the misuse and lack of monitoring of constituency development funds, which has contributed to poor workmanship (Zambia Daily Mail, 2016). It is with this background that the study seeks to investigate the impact of CDF on health and education sector in fostering rural development in Rufunsa Constituency between the years 2014-2019. The paper also investigates the extent to which these services are available and accessible by rural people at the community level through these members' participation.

Educational institutions are mandated to use education as a tool for social transformation. The success of a school is measured by the quality of input factors and the students it produces. The success of any educational institution is measured by the performance of its students in both academic and non-academic tests and this is a product of available infrastructure. Quality education is the hallmark of the MoGE in Zambia and resonating with and aligned to these philosophical / pedagogical conceptions, the vision of the Ministry of General Education (MoGE) is to provide, "*Quality, Lifelong Education for all which is Accessible, Inclusive and Relevant to an Individual, National and Global Value Systems*" (MoGE, 2019). Motifs of equity, accessibility, quality, relevance, inclusivity, lifelong learning, therefore, must be the guiding principles in developing any education system, platform, curriculum, intervention or philosophy in order to sustain these fundamental blue prints for human and national development. On the other hand, the none availability of proper healthcare systems impair any meaningful progress in the education sector.

2.4. The Concept of Rural Development

Rural development, has no universally accepted definition. The term is used in different ways in vastly divergent contexts. It connotes overall development of rural areas with a view to improve the rural quality of life. In short, rural development deals with multi-sectorial issues such as infrastructure, health care, hygiene, education, environment, water and sanitation, food security, governance as well as local income generation. Thus, rural development is a process that aims at improving the standard of living of the people living in the rural areas (Ogao, 2018).

With the result that rural development has the provision of social institutions such as education and health that could provide the catalyst to transform the rural areas, rural development may also be seen as an ideology and a practice because in essence it may imply a broad re-organization and mobilization of rural masses in order to enhance their capacity to improve their lives and with changes consequent upon this. Hitherto, rural development aims at improving the livelihoods by implementing

comprehensive development projects, programmes of strategies for rural areas where a majority of people in poverty live. Rural development can also contribute to reduce poverty in urban areas by reducing excessive population influxes from rural areas.

According to the World Bank (2001a) in their paper *Rural Development Strategy*, there is an attestation that rural development must be clearly designed to increase rural production. Thus, there should be improved food supplies and nutrition, together with basic facilities and services, such as health and education. Subsequently, this not only directly improves the physical quality of life of the rural poor, but can also indirectly enhance their productivity and their ability to contribute to the national economy. Therefore, in this study, rural development ensures that social inputs and welfare facilities and services are developed using constituency development funds; these include physical inputs (such as the provision of feeder roads, safe water and rural electrification), social inputs (namely health and educational facilities and service) and institutional inputs such as credit facilities, agricultural research facilities, rural expansion services among others.

2.5. Legal Framework, Management and Utilization of CDF

The 2018 *Constituency Development Fund Act No. 11 (2018)* provides the framework on the Principles of management, disbursement and utilisation of CDF Fund. Act 11 goes further to explain the roles and duties of Minister/s relating to Fund, Constituency Development Fund Committee, Functions of Committee, and the approval of the project. The CDF Fund shall be disbursed under the direction of Constituency Development Fund Committee constituted as per *part II* of the Act. The CDF Fund consists of monies appropriated by Parliament for the purposes of the Fund. The monies received by way of grants, fees, council contributions or donations should be used for purposes of the Fund specifically intended for funding projects.

All *unutilised funds* shall remain in the constituency account by the local authority and investments shall not be permitted elsewhere, except for funds meant for a project that is cancelled or discontinued. The Act further provides for the formation procedure and the operational structures to oversee the implementation of the fund. The Act also provides for how the CDF projects shall be identified, the number and type of projects to be funded.

And finally, Act. 11(2018) *Part IV* extrapolates the penalties of the Fund misuse by stating that, any person who misappropriates funds or assets from the constituency, or assists or causes any person to misappropriate or apply the funds otherwise than in the manner provided in this Act, commits an offence and is liable, on conviction, to a fine not exceeding five hundred thousand penalty units or to imprisonment for a term not exceeding five years, or to both.

This law provides some greater degree of protection of the fund against embezzlement by disgruntled persons in the course of duty and is also instructive on the need for community participation with regard to activities of the fund.

2.6. Theoretical Underpinning

This study was guided by sustainable rural development theory that is hinged on two models or approaches. The two

models are *Rural Endogenous Development approach* (IAMO, 2007; Hobo, 1996) and *Participatory Development approach* (JICA, 2004:179). These two models opine that sustainable rural development has four development objectives that need to be put in perspective for improving rural lives. These objectives being (JICA, 2004:180):

- Improvement of economic capabilities of rural people i.e. agricultural income improvement, non-agricultural income improvement, improvement of industries and development of infrastructures.
- Improvement of human capabilities, which entails general health improvement and development of educational standards.
- Improvement of protective capabilities of rural environment, which is conservation of natural environment and natural disaster prevention measures.
- Improvement of political capabilities; which encompasses the improvement of general political capabilities. This implies decentralization and improvement of policy-making capabilities leading to rural community participation in projects that foster rural development.

The foregoing theoretical tenets are of paramount importance in pursuing socio economic development especially in less developed countries where majority people live below the poverty datum line. There is need to re-organize and re-orient the development process in order to guarantee decency, dignity and self-esteem to many rural dwellers as per the prescriptions of these two models. There is no doubt that the development of the rural areas would also spread to the whole country. For the Zambian set up, the transformed and industrialised agricultural sector hold greater potential for this trajectory if properly invested into and incentivised.

2.7. Conceptual Framework

A conceptual framework refers a researcher's perception of the relationship between variables in the study and shows the relationship graphically or diagrammatically (Mugenda and Mugenda 2003). The conceptual framework of this study is illustrated in **Figure 1** below showing the relationship between various variables related to success in poverty alleviation in rural areas, and how sustainable Health and education have been impacted after the initiation of CDF in Rufunsa constituency.

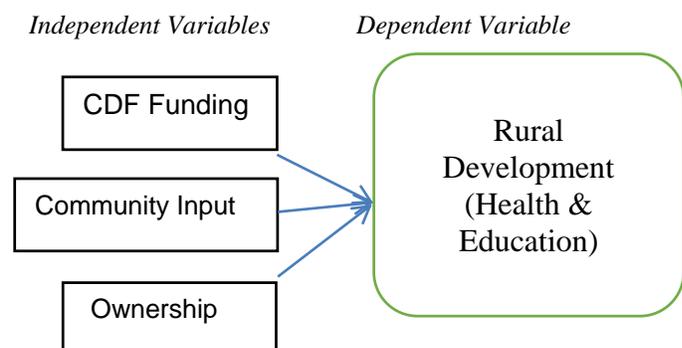


Figure 1: Conceptual Framework
Source: Author's Construction (2020)

The conceptual framework above demonstrates three independent variables, namely; availability of funds, community input by way of awareness / knowledge and participation in CDF projects coupled with the ownership of the same programmes / projects. The overriding assumption is that this model of CDF management would guarantee sustainable development of the rural habitats in the two singled sectors: health and education.

III. METHODOLOGY

This was a forerunner paper (concept paper) developed prior to commissioning of the main study. Therefore, it utilized an analytical desk review as methodological paradigm to ascertain data sets envisioned in set objectives while professional analysis was the anchor of analytical frame for determination of review outcomes.

IV. RESULTS

2.8. Impact of CDF on Education and Health Sectors

World Health Organisation (2002) commenting on both health and education in improving the lives of rural people, indicates that rural development in health and education sectors can only succeed through concrete and effective community action. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies. Thus, beneficiary participation offers new opportunities for creative thinking and innovative planning and development. Taken together, the voices of rural communities and professionals provide a convincing argument for giving priority to beneficiary participation as an active two-way process that may be initiated and sustained both by local individuals and communities and by local authorities, health and education authorities and other local organizations (Cf. Republic of Zambia 2006a, 149). Therefore, agreeing to the above, this paper will attest that, community participation can make an important contribution to achieving a number of rural objectives concerning health and education, in fostering rural development in Rufunsa constituency. The key objectives of the CDF fund are to fund projects with immediate social and economic impact of the citizens, with a view of improving lives, alleviating poverty and bringing general development (IEA, 2006). According to Kimenyi (2005), CDF is designed to fight poverty through the implementation of developmental projects at the local level, and particularly, those that provide basic needs such as education, healthcare, water, agricultural services, security and electricity. It must be noted that, up to date very few health posts and schools have been built and equipped through the CDF funds. CDF funds are there to help decongest larger district level hospitals (Ministry of Health, 2007). Furthermore, operational structure of the CDF allows local people especially in the rural communities to make their own expenditure decisions that reflect their tastes and preferences to maximize their welfare.

Indeed, in Zambia, for the past 5 years' health indicators show gradual but steady improvements in the accessibility and availability to basic services such as education and health. However, challenges such as financial constraints, inaccessibility, inefficiency, inequality and poor management are still a reality in

the provision of health and education facilities and services (Owino, 1997). CDF is conceived to tackle efficiency, inequality and accountability challenges in infrastructure service delivery, financial management (including budgeting), participatory planning and local governance, revenue mobilization, monitoring and evaluation, institutional reform, fiscal and overall decentralization (GoK, 2005).

Furthermore, Kemp et al., (2005), in the paper *Synthesis report between high expectations and reality: An evaluation of budget support in Zambia (2005-2010)*, highlighted the problems facing rural people in terms of improvement in the number health and education stuffs, teacher-student ratio and the student enrolment in the past five years 2014-2019. However, most rural people still fail to access the primary education and health facilities, institutional deliveries and improved immunization (National Health Strategic Plan 2006). Additionally, many challenges still remain in both education and health sectors. The number of both educational and health staff still needs to grow, economic problems leading to budget cuts in the social sector especially on basic health and education facilities and many others. Therefore, the question of whether or not CDF has played a role in making these facilities available and accessible in delivering better services to both the health and education facilities with high number of rural people turn out is of paramount importance.

It is worth noting that CDF funded project of health and education sector are meant to help rural communities, yet most of these rural projects have been poorly implemented with nothing substantial to show for the funds utilized (MoLGH, 2006). These funds are meant to mediate social needs of rural local communities in health and education sectors. However, the health and education projects still remain elusive and fail to stand the test of time due to the challenges of the actual implementation and lack of accountability of CDF funds (Cf. Silvius & Schipper 2010). This inability of the health and education projects to stand the test of time may be attributed to the inappropriate resources utilisation, mismatch of projects objectives and funders priority (government priority), lack of community involvement among other challenges.

As partly alluded hereinabove first value statistical evidence in Rufunsa district show that there are 24 health centres against over 51,000 people and only 11 primary schools and 3 secondary schools against the same population. Arithmetically, the pupil to facility ratios are indicatively abnormal. This to some extent imply some developmental conundrum of the area under review be it whether the funding is low, inconsistent or abused to the extent that it cannot meet the needs of the people. It is, however, well documented that the children out of school in Zambia has surged from 195,000 in 2015 to over 800,000 in 2019 (Lusaka Times, 2019) – a record which epitomises a troubled situation. As a matter of fact, the National Assessment Surveys in vital subjects like English and Mathematics at grades 5 and 9 levels indicate repetitive and progressive low learner outcomes of far below average benchmark of 40% across the board (World Bank, 2015; ECZ, 2017) in Zambia. The country has also not been spared to poor health services delivery to the extent that some maternal and prenatal deaths have been declared by the Government of the Republic of Zambia as public health emergency as 10 to 15 women are being lost per week due to such pregnancy related complications (Lusaka Times, 9th May 2019).

2.9. Malpractices in the Management of CDF

In Zambia, Members of Parliament have CDF money overspent, misappropriated and misapplied from the CDF bank accounts. This leads to incomplete projects and lack of beneficiary benefit. A case in point is the case of Rufunsa where about K1.3million was fraudulently withdrawn and diverted by the officials of the Ministry of Local Government and housing in December 2013 (*Zambia Daily Mail*, 2015). Similar cases have led some of the other MPs to lose or fail to retain their seats. This further points out that the success of the fund is pegged on the character and the commitment of the area MP to use the fund for general development in his/her constituency as prescribed by the Act.

According to Okungu (2008), a political analyst, 70% of the constituencies have reported mismanagement, theft, fraud and misappropriation and that CDF issues are of a political nature. Ongoya and Lumallas, (2005) are of the view that, CDF has the potential of being used by politicians to build their reputation in their constituencies and mobilize political support. As it were, the fund has no specific development agenda; hence, it stands out as a political tool (Gikonyo, 2008).

2.10. Community Awareness, Participation in and Ownership of CDF Projects

Community participation in decision-making, planning and action is a human right (European Sustainable Development and Health Series: 4 (2002). An increasing number of citizens are disillusioned with government and want to see more participatory approaches to democracy. Community development and community participation often works with specific groups of the population, especially those that are marginalized and disadvantaged. The actual process of participation can inherently empower individuals and communities to understand their own situations and to gain increased control over the factors affecting their lives. This can, in turn, enhance people's sense of wellbeing and improve their quality of life. Health and Education for all aim to give all people the opportunity of a high quality of life throughout their life (ibid).

According to Paul (1987), community participation refers to an active process by which beneficiary client groups influence the direction and execution of a development project with a view to enhancing their well-being in terms of income, personal growth, self-reliance or other values they cherish. A study on *factors influencing the implementation of CDF funded projects in Garsen Constituency*, by Zena (2012) established that most rural projects depreciated in their unfinished conditions and were therefore not addressing the needs of the local beneficiaries. Zena (2012) noted that some projects were started without involving the local beneficiaries in their identification and prioritization, which subsequently failed to solicit their support. From the Zambian context, Caritas Zambia (2016), in agreement with the foregoing, observed that community participation in the CDF projects, in most cases, was not in line with the provisions of the CDF Guidelines. This variance in the levels of participation has resulted in partisan attitudes which tend to influence project identification, selection and implementation. Since the projects are not prioritized within the local rural communities' needs, and also that the CDF amounts are inadequate as constituencies are large in geographical size, it is noted that the projects do not benefit the rural communities (Caritas Zambia 2016). World Health

Organisation (2002) commenting on both health and education in improving the lives of rural people, indicate that rural development in health and education sectors can only succeed through concrete and effective community action. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies (WHO, 2002). Thus, beneficiary participation offers new opportunities for creative thinking and innovative planning and development.

In terms of community awareness and knowledge of CDF funded projects, Caritas Zambia (2016), contend that community awareness and knowledge on CDF is considerably unsatisfactory in most cases and that elected constituent institutions can influence individual members of the community to have increased knowledge of CDF. The members of particular constituencies are expected to be active in the implementation phase to ensure that objectives of the project are met using resources allocated for them within a given period of time (CDF National Management Committee, 2004). Banda (2019) on the other hand indicates that training in skills, awareness and knowledge of basic project management should be emphasized in order to steer projects effectively. Given the above findings, it is in order to suggest that the government of Zambia through the minister of Health and Minister of Education to strengthen project management curriculum at all levels in the health and education ladder to equip local community people with project management knowledge and awareness that would help them obtain livelihoods from various local projects.

Capacity building and training in rural communities about CDF development projects to arouse awareness and knowledge is of utmost importance. Training is a process by which individuals gain knowledge, skills and attitudes that are helpful in shaping the lives of the people. Imparted skills and knowledge are important in solving emerging problems and challenges especially in health and education (ZIPAR 2015:3-4, Banda 2019). Gitonga (2010) enlightens that when the rural members of a society increase their personal knowledge, awareness and management of resources, rural sustainability and just distribution of resources will be attained. Through the acquired knowledge, abstract theoretical constructs are tested with real life challenges, hence the educated always take control of events with courage. Education brings about awareness and knowledge thus moulding the behaviour of individuals into a desired state. This offers opportunities for innovation and creativity necessary in addressing both current and future challenges.

V. DISCUSSION

The previous sections have provided mosaic literature with regard to the utilization of CDF for rural development with special reference to education and health services, among others. There is no dispute to the effect that these are the strategic social institutions which bedrock the socio economic development of society in all spheres of life.

From the literature analyses and expert judgement, there is prima facie evidence suggesting that Rufunsa constituency has developmental discrepancies and CDF management, utilization and application inadequacies. This translates into a foregone conclusion that the CDF resources have not equitably benefited the local communities either directly or indirectly due to the fact

that despite the population upswing, the constituency only has 11 public primary schools, 3 public secondary schools and 24 health centres/clinics but without any district hospital. The schools in this constituency have a number of schools unconnected to the national electricity grid, high pupil to teacher ratio, pupil to book ratio along with congested classes without enough water / sanitary facilities and furniture. The clinics on the other hand lack enough health personnel, medicines, maintained premises, among others. These factors have made the development of the area to be unsustainable.

On the other hand, it is clear that there is outright deviation from the CDF utilization Guidelines by the implementers of the fund in that while the guidelines require community participation in the selection, planning, implementation and ownership of CDF funded projects, this has been severally flouted. It also clearly explains how the Rufunsa CDF (K1.3 million) was fraudulently withdrawn and misapplied in 2015 by responsible officials in total breach and disregard of community trust and fund utilization guidelines. The participation, awareness, knowledge and ownership by the communities of CDF funded projects are paramount developmental ethos and principles which are pedestaled on firm grounds for community developmental sustainability.

VI. CONCLUSION

In the case of health and education facilities and service delivery in Rufunsa constituency, the CDF committee should live up to the CDF legal framework as injunctioned in Act No. 11 of 2018 and the guidelines thereof by engaging the constituents in the selection, planning, preparation and implementation of development projects as they are the beneficiaries and owners of the same. This will make the CDF resources bring about desirable transformation through the health and education sectors in the constituency. These issues also call for attention to address the budgetary implications in facilities and servicing which foster rural development in Rufunsa constituency.

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