

AN ASSESSMENT OF SERVICE DELIVERY IN RURAL DISTRICT COUNCILS
IN ZIMBABWE: A CASE OF CHIMANIMANI RURAL DISTRICT COUNCIL

BY

DOUGLAS MAKHOMEYA

A DISSERTATION SUBMITTED TO AFRICA UNIVERSITY IN PARTIAL
FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER IN
PUBLIC POLICY AND GOVERNANCE IN THE INSTITUTE OF PEACE,
LEADERSHIP AND GOVERNANCE OF AFRICA UNIVERSITY

2014

ABSTRACT

This study was conducted in Chimanimani with the aim of assessing service delivery in the district. The study was done in a bid to suggest ways that could be done to improve service delivery in rural district councils. The study was prompted by an outcry from residents of poor service delivery in many different rural district councils across the country. A descriptive survey, using qualitative and quantitative methods was used. A sample of 125 respondents, consisting of 25 heads of council schools, 5 nurses (sisters in charge) in council health institutions, 7 ward councillors, 5 committee members of schools and clinics, 3 council officials and 80 residents participated in the research. Questionnaires, interview guides, documentary analysis and focus group discussions were the instruments used to collect data. Purposive and convenience sampling methods were used to sample wards and respondents for the research. It emerged from the research that councillors were very visible in the wards and performed a number of duties and responsibilities in the wards. Council had established the largest number of schools and health institutions and these offered a wide range of services. Council's main role was sourcing for developmental partners to develop schools. Council's role was minimal in irrigation schemes. Roads were substandard although they were frequently serviced. It was recommended that: Councillors be provided with bicycles or motorcycles to access every part of their wards. The job of a councillor should be a full time and that government should avail more financial resources to rural district councils. Councils should improve revenue collection by engaging the services of debt collectors.

DECLARATION

This dissertation is my original work except where sources have been acknowledged.

The work has never been submitted, nor will it ever be, to another University in
awarding of a degree.

Supervisor.....

Date:

Supervisor.....

Date.....

COPYRIGHT

All rights reserved. No part of this dissertation may be reproduced, stored in any Retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise for scholarly purpose, without the prior written permission of the author or of Africa University on behalf of the author.

ACKNOWLEDGEMENTS

I wish to acknowledge the assistance received from the following people who made it possible for this document to be put together. My supervisor, Dr. W Kachere, who tirelessly guided me in conducting and compiling the entire research project, Mr T Marango, my wife and friends who gave me the encouragement and patiently put up with the difficulties and frustrations faced in getting the work done. I also want to express my gratitude to the staff at Chakohwa Clinic, Chimanimani Polyclinic and Chimanimani Rural District Council for their patience and assistance, the school heads and residents of Chimanimani who took part in distributing and filling in the questionnaires. To all, I want to say most sincerely, thank you!

DEDICATION

This dissertation is dedicated to my wife Lydith Chipu and my four daughters

Ruvimbo, Pearl, Kerry, Marvel and son Divine favour.

ACRONYMS

TTL	Tribal Trust Lands
LSCF	Large Scale Commercial Farms
UA	Urban Areas
APL	African Purchase Lands
UC	Urban Councils
RC	Rural Councils
DC	District Councils
VIDCO	Village Development Committees
WADCO	Ward Development Committees
RDC	Rural District Council
RDCs	Rural District Councils
MDGs	Millennium Development Goals
CEO	Chief Executive Officer
ACPD	Africa Community Publishing Development Trust
NGOs	Non Governmental Organisation
LGRUD	Local Government Rural and Urban Development
CRDC	Chimanimani Rural District Council
MILGRUD	Minister of Local Government Rural and Urban Development
MDC	Movement for Democratic Change
PB	Participatory Budgeting
USA	United States of America

CSO	Civil Society Organisation
LA	Local Authority

TABLE OF CONTENTS

ABSTRACT.....	i
DECLARATION	ii
COPYRIGHT.....	iii
ACKNOWLEDGEMENTS	iv
DEDICATION.....	v
ACRONYMS.....	vi
TABLE OF CONTENTS.....	viii
LIST OF TABLES	xii
LIST OF FIGURES	xiii
LIST OF APPENDICES	xiv
CHAPTER 1: BACKGROUND	1
1.1 Introduction.....	1
1.2 Historical Background.....	1
1.3 The Prime Minister’s Directive.....	2
1.3.1 Local Government.....	3
1.3.2 Types of Local Government in Zimbabwe.....	3
1.3.3 Rural District Councils (RDCs).....	4
1.3.4 Structure of councils.....	5
1.3.5 The role of RDCs in their areas of jurisdiction.....	5
1.3.6 Role of Councillors.....	7
1.3.7 Competencies of a councillor.....	8
1.3.8 Key stakeholders in Rural District Councils.....	9
1.3.9 Government Institutions.....	10
1.3. 10 Local Government Associations.....	11
1.3.11 Tertiary institutions.....	11
1.3.12 Forum for interaction between residents and councillors.....	12
1.4 Statement of the problem.....	12
1.5 Purpose of the study.....	13
1.6 Objectives of the study.....	13

1.7 Research Questions.....	13
1.8 Justification of the study.....	14
1.9 Assumptions of the study.....	14
1.10 Delimitation of the study.....	14
1.11 Limitations of the study.....	15
1.12 Definitions of terms.....	16
1.13 Summary.....	16
1.14 Organisation of the research.....	16
CHAPTER 2: LITERATURE REVIEW.....	18
2.1 Introduction.....	18
2.2.1 Arguments for decentralization.....	18
2.2.2 Devolution.....	20
2.2.3 Delegation.....	21
2.2.4 De-concentration.....	22
2.2.5 Privatization.....	23
2.3 Decentralization in Zimbabwe.....	23
2.3.1 Power of the local authorities.....	24
2.3.2 Local elections.....	24
2.3.3 Popular participation.....	26
2.3.4 The deficiencies in the Lancaster House Constitution.....	26
2.3.5 Excessive Powers of the minister of local government – under the delegated system.....	28
2.3.6 De-concentration in Zimbabwe.....	29
2.4 Institutional mandate overlaps.....	30
2.5 Alternative approaches to service delivery.....	32
2.5.1 Privatisation.....	33
2.5.2 Creating partnerships.....	34
2.6 Councillor effectiveness.....	34
2.6.1 Well connected councillors.....	36
2.8 Models of political leadership in local authorities.....	39
2.8.1 Participatory budgeting in Porto Alegre in Brazil.....	40
2.8.2 Service Charter.....	42

2.8.4 Capacity building programs in local authorities in Zimbabwe.....	43
2.9 Summary.....	44
CHAPTER 3: RESEARCH METHODOLOGY	Error! Bookmark not defined.
3.1	
Introduction.....	Error!
Bookmark not defined.	
3.2 Research design.....	45
3.3.1 Qualitative research design.....	45
3.3.2 Quantitative research design.....	46
3.4 Population and sampling techniques.....	46
3.2 Description of study area.....	47
3.4.2 Sampling of respondents.....	49
3.5 Data collection methods and techniques.....	49
3.5.1 Documentary analysis.....	50
3.5.2 Questionnaire.....	50
3.5.3 Developing and pilot testing the questionnaires.....	51
3.5.4 Interviews.....	52
3.5.5 Focus group discussion.....	52
3.6 Ethical considerations.....	53
3.7 Sample size.....	53
3.8 Methods of data presentation and analysis.....	54
3.9 Summary.....	55
CHAPTER 4: DATA PRESENTATION, ANALYSIS AND INTERPRETATION	56
4.1 Introduction.....	56
4.2 Attendance to council meetings.....	58
4.3 Crafting of Annual Plans.....	60
4.4 Councillors as representatives of council.....	60
4.4.1 Role of councillors in wards.....	62
4.4.2 Functional WADCOs and VIDCOs.....	64
4.4.3 Attendance to meetings and contributions in council meetings.....	67
4.4.4 Other roles played by the councillor in serving the community.....	68

4.4.5 Supervision of government ministries.....	70
4.5 Extent of contributions of CRDC to education of its communities post – 1980..	70
4.6 Services provided to schools by CRDC after 1980.....	76
4.7 Construction of secondary schools.....	78
4.7.1 Construction of school libraries.....	78
4.7.2 Construction.....	78
4.8 Health.....	80
4.8.1 Services provided by council health institutions.....	82
4.8.2 Services expected to be offered but not offered.....	84
4.9 Health plans.....	85
4.10 Irrigation schemes.....	86
4.10.1 Role of council in irrigation schemes post-1985.....	86
4.10.2 Dam construction.....	87
4.11Tertiary roads.....	88
4.11.1 Road reconstruction post_1990.....	88
4.12 Interpretation of findings.....	90
4.13Lessons learnt from other Local Authorities.....	91
4.14 Summary.....	92
CHAPTER 5 : SUMMARY, CONCLUSION AND RECOMMENDATIONS	
5.1 Summary.....	93
5.2 Major findings.....	93
5.3 Conclusion.....	95
5.4 Recommendations.....	96
REFERENCES	98
APPENDICE	101

LIST OF TABLES

Table 1: Composition of respondents.....	57
Table 2: Distribution by gender.....	57
Table 3: Actual attendances at council meetings for 2009.....	58
Table 4: Views of the respondents.....	61
Table 5: Functionality/ non-functionality of committees in different wards.....	63
Table 6: Distribution of primary and secondary schools by responsible authority pre1980.....	71
Table 7: Distribution of health institution by responsible authority pre1980.....	80
Table 8: Distribution of health institutions by responsible authority post 1980.....	81

LIST OF FIGURES

Figure 1: The reporting structure of Rural District Councils	4
Figure 2: Administrative hierarchies in the Ministry of local Government, rural and urban development.....	30
Figure 3: Institution mandate overlaps,	31
.Figure 4: Chimanimani District wards.....	47
Figure 5: Wards with strategic plans and functional WADCOS	66
Figure 6: Distribution of primary schools by responsible authority.	72
Figure 7: Distribution of secondary schools by responsible authority.....	74
Figure 8: Distribution of Council Educational Institutions post 1980 period.....	75
Figure 9: Share of health contribution by different responsible authorities.....	82

LIST OF APPENDICES

Appendix A: Interview Guides for Councillors	101
Appendix B: Interview Guide for Councillors.....	102
Appendix C: Interview Guide for Health Institutions.....	103
Appendix D: Interview Guide for Educational Institutions	104
Appendix E: Interview Guide: School/ Clinic Committees.....	105
Appendix F: Chimanimani Rural District Council District annual plan Year 2010	106
Appendix G: Health And Social Services Sector.....	108
Appendix H: Questionnaire- Residents	110
Appendix I : Rain water harvesting system	111
Appendix J : A newly constructed state of the art clinic in ward 4	112
Appendix K : Part of a clinic funded by European union.....	113
Appendix L: Part of an irrigation scheme in ward 3.....	114

CHAPTER 1: BACKGROUND

1.1 Introduction

This section traces the evolution of the local authorities in Zimbabwe, from 1891. The reforms were meant to remove disparities in level of development or even development among Tribal Trust Lands (TTLs), Large Scale Commercial Farms (LSCFs) and Urban Areas (UAs). It also focuses on the role of councillors in wards. The broad mandate of councillors is to promote development in the wards they reside.

1.2 Historical Background

Wekwete (1988) traces the development of the local government system in Zimbabwe back to the colonial period when the Salisbury Sanitary Board was established in 1891. The system was based on separate development of races. A number of pieces of legislation created Urban Areas (mainly for the whites), large scale commercial farms (LSCFs) which were for the whites, Tribal Trust Lands (TTLs) and African Purchase Lands (APLs) (Mushuku, 2012). Mushuku (2012) identifies three types of local government authorities namely: Urban Councils (UCs), Rural Council (RCs) in large scale commercial farms and African Councils catering for blacks in (TTLs) and (APLs) during the colonial period.

Makumbe(1998) notes that this system resulted in well developed Urban Centres and (LSCFs) and underdeveloped TTLs and APLs. TTLs and APLs lacked basic infrastructure such as good roads, schools, clinics and electricity. These were readily available in Urban Areas and (LSCFs).

In 1980, the government introduced reforms aimed at removing disparities in level of development among the local authorities. Makumbe (1996) observes that the amendment of the District Councils Act resulted in creation of larger but fewer district councils which were assumed to be more viable in terms of their capability to marshal local resources. He says that disparities continued to exist in the level of development between the (RCs) and (DCs).

1.3 The Prime Minister's Directive

A 1984 Prime Minister's Directive guided the establishment of grassroots participation structures, namely the Village Development Committees (VIDCOs) and the Ward Development Committees (WADCOs). These were meant to provide the grassroots level in rural areas with an opportunity to participate in the decision making process for development planning and implementation in their areas. In 1988, The Rural District Councils (RDC) Act amalgamated DCs and RCs to form Rural District Councils according to Makumbe (1998). Rural District Councils were established to promote rural development through the provision of infrastructure and services in their areas of responsibility.

1.3.1 Local Government

Local government is often called “the third sphere” of government in countries like Australia. It is an elected system of government directly accountable to the local community. Each council is an independent, statutory corporation responsible for administering the local government area over which it has jurisdiction. Leadership of councils is provided by the “council”. These elected representatives or councillors work together to provide good governance for the benefit of their local community.

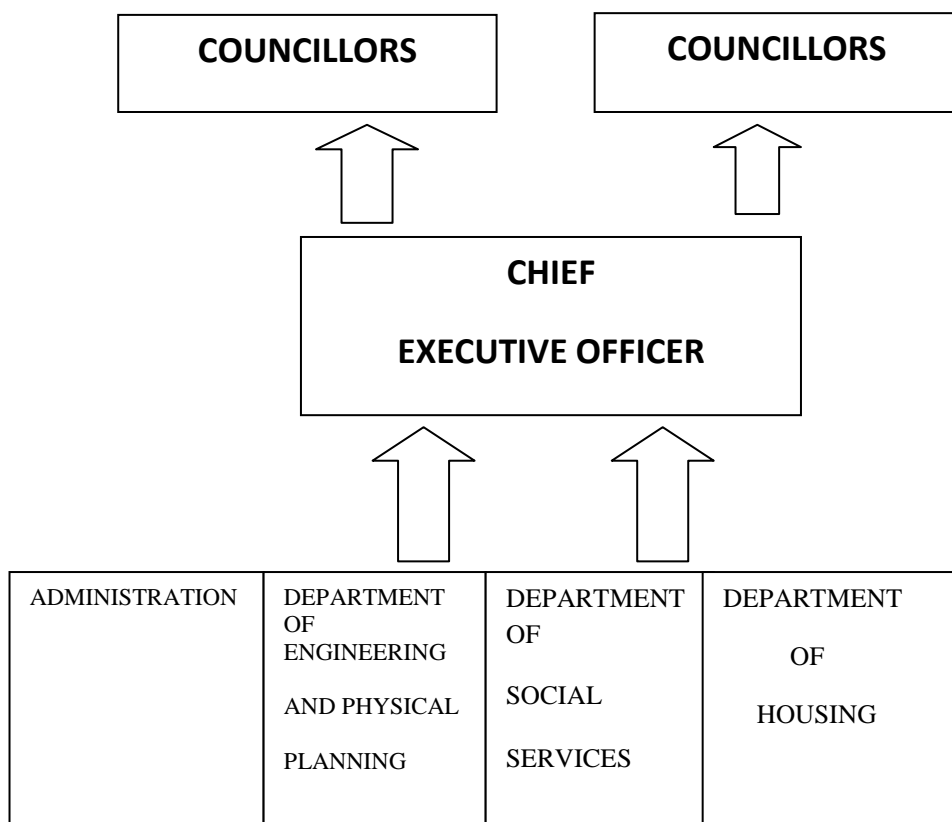
1.3.2 Types of Local Government in Zimbabwe

Two basic types of local government systems exist in Zimbabwe namely the traditional and the modern local government systems. The traditional type operates in rural areas and the latter is functionally in urban areas. Modern system of governance follows a democratic system. “The local government is a sector that has an immediate catalytic effect in improving the well being of people, especially the poor and most vulnerable groups” (Mapuva 2010: p.5). The local authorities are strategically positioned towards contributing to the attainment of the MDGs in areas of service delivery such as primary health care, primary education, water and sanitation. Councils are divided into wards. Each ward is represented by a councillor elected by a simple majority. The broad mandate of councillors is to promote development at the local level.

1.3.3 Rural District Councils (RDCs)

Zimbabwe has 10 administrative Provinces. Councils are divided in wards. Ward boundaries in rural areas do not coincide with a mosaic of hereditary chieftainship (Mushuku 2012). In rural areas, local authority policy making spaces are the village assemblies, ward assemblies and full council. Wards are made up of village assemblies whose boundaries coincide with those of traditional villages (Chatiza 2010:15). Chimanimani is one of the seven districts in Manicaland. This district has 23 wards. Each ward is made up of two or more villages.

Figure 1: The reporting structure of Rural District Councils



Source: Chimanimani Rural District council (2012)

RDCs are composed of the chief Executive officer (CEO) who runs the day to day council business and councillors who are the policy makers.

1.3.4 Structure of councils

Councils practise separation of functions. This means councillors should not become involved in the day to day operations of the council and members of staff (the executive) should not be involved in the political aspects of council i.e. campaigning for a mayoral candidate for example.

1.3.5 The role of RDCs in their areas of jurisdiction

According to the rural district councils Act chapter 29:13, in this first schedule, rural district councils have about sixty four powers which are outlined as follows:

In rural areas district councils provide and maintain roads, bridges, canals, reservoirs, dams, culverts, water courses and furrows. Tertiary roads (access/link roads) are the responsibility of RDCs. The RDCs are mandated to name roads and streets. Councils also provide parking areas. RDCs are to take measures for conservation or improvement of natural resources. They achieve this through control, extinguishing and prevention of bush fires. They should provide fencing of public or common grounds and for the maintenance and repair of such fences. Such fences control the movement of people and livestock.

RDCs are mandated to construct, alter, keep clean and repair drains. They also extend drains, sewers, combined drains and sewage works, inside and outside of

council area. RDCs are mandated to provide, operate and maintain schools and other educational institutions. They should also provide facilities and amenities connected with these institutions. They also have to provide libraries, museums, theatres, public halls and public lecture rooms. Amenities include sanitary facilities and water supplies.

Councils are supposed to provide sanitary conveniences on land under the control of council. They are mandated to provide and operate a service for removing and treating trade or other effluent, refuse and human waste from the council area or any portion thereof and to make the use or the service compulsory. They are supposed to provide and operate a cleansing service for sewage installations on private premises. RDCs are mandated to provide and operate hospitals, clinics and dispensaries. These councils should provide any facilities which are considered necessary for the maintenance of health, including dental health. RDCs are supposed to provide and operate an ambulance service inside the council area or outside the council. Councils are supposed to provide and operate services for care and welfare of newly born infants and for giving of advice, guidance and instruction to expectant mothers and mothers of newly born infants. Councils are also mandated to provide and operate services for child spacing and family planning.

It is the duty of council to remove any obstruction, other than works constructed under the authority of any enactment, which interferes with the flow of public stream. Council is also mandated to prevent pollution in any form, whether of water, the atmosphere or otherwise including the power to require any person to take the

necessary steps to achieve such purpose. Councils have to provide land for parks and other facilities for recreation, swimming or other sports, bathing, camping and caravanning. It should provide facilities necessary for the operation of recreational facilities. These include premises for sale of food and drink. The RDCs are responsible for pegging sites for schools, clinics, shops and market sites and inspection of buildings. They solicit for donor agencies for development of existing and new facilities. They approve building plans and inspect construction of structures.

1.3.6 Role of Councillors

The role of elected councillors, as part of governing board of a council, is spelled out in the Administrative Handbook (1992). It is to:

- Take an active part in reviewing matters before their council and debating issues.
- Review council's objectives and policies to ensure that they are appropriate for the local area
- Review council resource allocation expenditure and activities, and the efficiency and effectiveness of its service delivery

Councillors play a very important policy-making role, requiring the identification of community needs, setting objectives to meet those needs, establishing priorities between competing demand and allocating resources.

Councillors can make decisions and act only through a majority vote decision of the council or committee. An individual councillor does not have the authority to act or

make any decision on behalf of the council, unless the council has delegated such authority to the councillor. For example, a council may assign to the Mayor the authority to sign a particular contract on behalf of the council.

The role of a councillor as an individual elected member is to represent the interest of residents and rate payers. This role requires a councillor to provide community leadership and guidance and to facilitate communication between the community and the council. It is therefore expected that each councillor will:

- Attend council meetings
- Read and consider the agenda and reports before council meetings to be ready to constructively take part in council debate.

All councillors present at a council meeting (other than the Mayor) must vote on every motion and amendment for decisions, unless the conflict of interest provisions apply.

1.3.7 Competencies of a councillor

A number of skills are needed in order to be a councillor. Some of the skills are inborn and others have to be developed over time. The Zimbabwean Councillor Induction Handbook (2009) identifies the following key competencies:

Leadership is the ability to get people to follow you as a leader. The easiest way to achieve this is to be an example to others. This implies that a leader must be dependable. Representation is the skill to be able to speak on behalf of others. The

people represented by councillors are different from him/her but expect the representative to speak their language. Consultation is the process of gathering information from stakeholders in order to make an informed decision in council. Consultation is done in formal meetings such as feedback meetings. It can be done informally when you meet with your clients. A councillor should never make a decision on behalf of others without seeking their opinion on the matter.

Communication involves giving and receiving information for the purpose of understanding. It involves speaking and listening. Both parties need to speak and listen. Decision making is the selection of the right choice where there are alternatives and good decision making involves weighing the pros and cons for each alternative. Negotiation involves taking and giving in order to reach a consensus. Facilitating is the process of helping somebody to do what they can and should be doing for themselves. This means creating an environment conducive for certain things. These skills are required for one to be smart in dealing with the public.

1.3.8 Key stakeholders in Rural District Councils

ACPD (2006) has identified the following as key stakeholders in RDCs:

Political parties

The role of political parties is to provide democratic participation in elections, and provide residents with a choice of alternative development agenda. The party a minority checks on progress of the council, points out weaknesses and makes

suggestion. This can improve service delivery. The business community can partner with the local authority to provide services such as planning, land surveying, development of infrastructure just to name a few. In countries like South Africa, the private sector is increasingly involved in social investment. Institutions like churches play a valuable role in rural districts by providing health and education services.

Mapuva (2000) has described, civil society as groups, networks and relationships that are not organised or managed by the government or state. These form or are part of Non Governmental Organisations (NGOs). NGOs assist RDCs by providing food during drought, introducing safe water, sanitation, giving health care, information and are also involved in projects for caring for the orphans. They provide food for children under the age of five years particularly in rural areas which are prone to drought.

1.3.9 Government Institutions

Government ministries and agents work with RDCs to promote rural development. These ministries include Education, Sports and Culture, Gender and Women Empowerment, Health and Child welfare. Government Agencies like District Development Fund are involved in the construction of roads and bridges.

Members of House of Assembly also assist the RDCs through providing funding for certain projects from the Constituency Development Fund.

1.3. 10 Local Government Associations

These are established to bring together councils to approach local government issues from a common point. The following are their functions according to Chakaipa 2010 p. 56:

- Lobby government, legislators and relevant organisations on local government issues.
- Conduct research in challenging and key policy areas.
- Promote good management and organisational practices.
- Initiate programmes in areas, such as capacity building, gender mainstreaming, civic education and community participation.

1.3.11 Tertiary institutions

Tertiary institutions in Zimbabwe have partnered with local authorities in human resources development. Domboshava, University of Zimbabwe and Africa University offer programmes that help to train personnel in local governance. The following programmes are offered by some of these institutions Diploma in local government offered by Domboshava, bachelor of arts (local authority) offered by Midlands state University and master in public policy and governance Africa University. These programmes are meant to equip personnel in the local authorities with the pre-requisite skills to efficiently run local authorities. These programmes are highly subscribed in some of these institutions.

1.3.12 Forum for interaction between residents and councillors

Residents and their elected representatives interact at different forums. These include public notices at the local authorities' offices, notices in newspapers calling for objections in more than one issue of the newspaper, the right of the community to attend council meetings, budget resolutions and ward development committee meetings.

1.4 Statement of the problem

In spite of the reforms that were made in the local authorities to achieve development in the localities, Zimbabwe's media is full of stories of poor performance in service delivery by urban and rural district councils (The Manica Post 5-11 October 2012, The Herald 14 October 2010). Residents of Mabvuku, Highfields and Glen Norah Harare, demonstrated against Harare City Council demanding urgent improvement in water delivery in households and debt cancellation. There has been an outcry from residents, because councils were just collecting money from residents without giving them corresponding service. Problems such as lack of water, lack of electricity, outbreaks of medieval diseases, pothole, withdrawal of road transport operators just to mention a few have dogged most local authorities (Chakaipa (2010). Blame for poor service delivery has been heaped on "incompetent" councillors resulting from lower academic qualifications, poor interpretation of laws, policies, ignorance of their duties and responsibilities in council (Zinyama 2013). Shumba (2013) has blamed the Minister of Local Government Rural and Urban Development (LGRUD)

for being a meddler in the affairs of local authorities. Nyadoro (2013) blames council management for failing to translate resolutions into action.

1.5 Purpose of the study

The aim of this research was to assess service delivery by Rural District Councils. The study sought to establish the extent to which leadership and governance had contributed to the quality of service delivery in rural district councils.

1.6 Objectives of the study

The objectives of the study were to:

- Investigate the effectiveness of councillors as representatives of the people, in rural district councils.
- Examine the extent to which rural district councils contributed to educational and health services to their residents.
- Examine the road and irrigation infrastructural services provided by rural district council to their residents

1.7 Research Questions

The following were some of the questions asked:

- How effective are councillors as representatives of the people?
- To what extent have rural district councils contributed to educational and health services to their residents?

- What infrastructural services are provided by rural district councils to their residents?

1.8 Justification of the study

This study will enhance the quality of public debate on the role of ward councillors in development in rural district councils. The study will influence policy changes by contributing to the debate on impact of rural district councils on service delivery. It will improve the quality of interaction between residents and their elected representatives. Non Governmental Organisations may use the information especially in coordinating their developmental projects targeting to improve standards of living in rural areas.

1.9 Assumptions of the study

The study had assumed that there was a cordial relationship between council and the residents, which it later found to be true.

1.10 Delimitation of the study

The study focused on council institutions. These included schools and clinics. It also focussed on roads and irrigation schemes. These were found in most wards. The study focused on Chimanimani Rural District Council, for the following reasons:

It was relatively cheap in terms of money to conduct the research here. Chimanimani was of interest because of the political composition of the council. It was made up of almost equal numbers of councillors from Zimbabwe African National Union Patriotic Front (ZANU PF) and Movement for Democratic Change (MDC-T). The views given in interviews were likely to be balanced. The council area incorporated a range of different settlement type's i.e. large scale commercial farms, a densely populated urban area and the communal areas (former tribal trust lands). This enabled comparisons to be made among these areas in terms of development. This study focused on RDCs in service delivery in Chimanimani. Issues like standards of behaviour expected of councillors or code of conduct, channels of communication for complaints against a sitting councillor, and allowances paid to councillors were beyond the scope of this study.

1.11 Limitations of the study

The study was done in May 2013 when campaigning for party primaries had started by aspiring candidates. This resulted in most of the planned interviews being rescheduled thus spending more time on data collection, than originally planned. This was circumvented by rescheduling the interviews. In some cases the informants were unwilling to disclose information on whether council collected levy from its schools for fear of breaching the Official Secrecy Act. The researcher had to impress upon them that the purpose of the research was purely academic. The study was limited by the time available to do the research and complete it within the time set. The researcher took advantage of the April and May 2013 committee meetings to

collect most of the data when some councillors were present at Chimanimani Council Offices.

1.12 Definitions of terms

For purposes of this study the following terms shall have the following meanings as defined below:

Infrastructure services refer to any work done on roads or irrigation schemes to construct, maintain or upgrade these structures.

Local government refers to the sub-national level of government (Mushamba 2010, p2).

1.13 Summary

This chapter has highlighted the development of the local authority system in Zimbabwe. The role of councillors has been spelt. Purpose, significance, assumption, delimitation and limitations of the study have been highlighted. Terms have been given operational definitions.

1.14 Organisation of the research

This research is organised in the following manner. Chapter one has focused on the background to the problem, purpose, significance, assumptions, delimitation and limitations of the study. Chapter two focuses on the conceptual framework, decentralisation system in Zimbabwe, models of leadership and governance. Chapter

three presents research methodology, including population, sample, research instruments, sampling methods, ethical considerations and methods of data presentation. Chapter four presents and discusses the findings of the research. Chapter five gives a summary of the report, discusses the major findings, recommendations and the conclusion.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The purpose of this literature review is to scope key issues including decentralisation and the policy framework under which rural district councils operate. This section also provides alternative approaches to service delivery and models of leadership in councils in some selected countries for the purpose of comparison and to draw lessons for the improvement of local government service delivery. This section also describes powers of the minister of Local Government as spelt in the Rural District Councils Act.

2.2 Conceptual framework

This research is informed by the concept of decentralisation by Wittenberg (2003). Decentralisation is the dispersing of power, authority and responsibilities to lower structures of government (Wittenberg 2003 p.5). The thrust of decentralisation according to Wittenberg (2003) are democracy, efficiency, development and popular participation. Shumba (2009) concurs with Wittenberg (2003) that decentralization has been at the heart of development policies in sub-Saharan Africa at independence. Most countries embarked on decentralization with a view to initiate development by bringing government closer to the people, the argument goes.

2.2.1 Arguments for decentralization

Wittenberg (2003) has argued that decentralization brings the following benefits; it is associated with democratisation. Decentralization brings government closer to the

people. This proximity has meant a number of things including the locals accessing government services at reduced distances. Communication is greatly improved as the person (government) is near to the people. Feedback is quick because of a reduction of physical distance. Local government is likely to be more accountable to its people. He also contends that the local government structures are a training ground for national leadership.

The decentralized system in its various forms of guises has also been hailed for its efficiency. Wittenberg (2003) has argued that low transaction costs are involved in providing services locally. These transaction costs include delays in negotiating command chains which extend to the national head office, lower monitoring cost if officials are based in the area. There is improved use of local knowledge. He contends that there is likely to be a closer fit between the preferences of local population and the services rendered if decisions are made locally. There is better tax collection the argument goes.

Popular participation is a tenet of democracy for local government. It entails government bringing on board citizens to express their wishes on issues of governance. Citizens vote people of their choice into office to represent them.

The local people are involved in decision making through consultation and electing office bearers. More governing units mean more opportunities to take part in governing as representatives and more opportunities to exercise electoral choice.

Saunders (2004) has identified a number of problems that can be addressed by decentralization.

- Decentralization requires power to be shared. It diffuses power and provides checks and balances on central power.

- Lack of responsiveness on the part of central government to the needs and preferences of peoples as a whole, because central government appears far removed from the people with decentralisation, the local government gives quick feedback.

Forms of Decentralization

The following are forms of decentralization: devolution, delegation, de-concentration and privatization.

2.2.2 Devolution

Devolution is conferral of legislative and executive and sometimes judicial power on other levels of government in a manner that gives them substantial autonomy without complete surrender of formal control by the centre. It has clear legally recognised boundaries. It has corporate status with the power to secure resources (Shumba 2012). Wittenberg (2003) has identified the following as the key strengths of devolution. Devolution increases participation in some obvious ways. More governing units mean more opportunities to take part in governing as representatives and more opportunities to exercise electoral choice.

Saunders (2004) has advocated the following as potential weakness of devolution:

- A reduction in the effectiveness of government, unless attention is paid to the capacity of all orders.
- A fragmentation in policy making unless effective procedures are put in place to enable collaboration and co-ordination of all levels of government.

2.2.3 Delegation

Delegation is allocation of power by the centre to other levels of government in what remains essentially a unitary state in which the centre retains authority to withdraw the delegated power or to direct its use (Yuliani 2004). Typically the power delegated is executive or administrative power or minor law making power.

Strength of the delegated system

There is policy co-ordination or no fragmentation of policy, and programmes that are done are in line with national priority goals. Rondonelli (1990) argues that it is easier and convenient to hold locally elected representative and officials accountable than those at the centre.

Weakness of delegation

Power is not “closer to the people” Harmon(2008). The centre retains power and it can be taken away at any time. The centre meddles too much in the affairs of the local authorities. Delegation is associated with delays or is not efficient. Since most of the projects that the local authority has to engage in, need the blessing of the

centre. Harmon (2008) bemoans a likelihood of a mismatch between the local preferences and the service delivery where the centre interferes or has the final say. He argues that services that are delivered are not likely to reflect the preference of the local population.

Rondonelli (1990) bemoans the lack of autonomy saying it stifles reactivity, in terms of resource mobilization and how best to meet the local preferences. Rondonelli (1990) has observed tendencies for recentralization where there is delegated type of decentralization. He argues that the centre uses a number of instruments so that the local authorities are “whipped” into line.

2.2.4 De-concentration

It is the passing down of selective administrative functions to lower levels or sub-national units within central government ministries (www.wikipedia.org/wiki/participatory_budgeting). De-concentration is the least extensive form of decentralization. It does not result in some dispersal of power; few decisions can be taken without reference to the centre. Central governments have most of the power.

Hope (2000) says that de-concentration is very efficient because of uniformity of law and administration throughout the country. The strength he argues is visible in the spheres of foreign policy and national defence, where uniform enforcement of law is most desirable and necessary.

Unitary government creates a favourable atmosphere for government of national sentiments. There are no local interests as against national interest. The following are weakness of de-concentration:

There is lack of autonomy in the system. This stifles creativity. The centre determines how the local authority mobilises resources and how they are used. There may be weakness in the institutional capacity of the local level related to the poorly qualified personnel and implementing strategies.

2.2.5 Privatization

According to Wikipedia, privatisation refers to the shift of responsibility or functions from the public to the private sector. Privatization allows functions that had been primarily or exclusively been the responsibility of government to be carried out by business, community groups, co-operatives, private voluntary associations and other non-government organizations. Privatization can range in scope from leaving the provision of goods and services entity to the free operation of the market to 'public, private partnership' in which government and the private sector cooperates to provide services on infrastructure.

2.3 Decentralization in Zimbabwe

Zimbabwe operates under a delegated and de-concentrated system of local governance, as described on pages 20 and 21 respectively.

The local authorities are established by acts of parliament in Zimbabwe namely: Urban Councils Act, and the Rural District Councils Act.

2.3.1 Power of the local authorities

In the second schedule of the Rural District Councils Act, to section 71 allocates 64 powers local authorities have the following powers among others: erect, innovate, permit, charge and make by laws. The local authority's power is largely developmental. Local authorities collect and spend revenue with the approval of the Minister.

Under this delegated system, the Minister has to approve the budget of the local authority. Inputs of residents on budget or other issues may not be effected because it is up to the Minister to approve the proposals or not. In this system most of the power is at the centre. Poor service delivery is difficult to quickly attribute to poor performance of council. This may be due to reductions in the budget proposal by Minister resulting in failure to meet the targets set by council. Zimbabwe has 1200 wards, 59 rural district councils and 30 urban councils.

2.3.2 Local elections

Councillors are elected into office by citizens. Frequent holding of elections is a basic tenet of democracy. Elections afford citizens opportunities to make choices of people whom they want to be their representatives. It also affords people (citizens) to

take part in governing. Council elections in both urban and rural areas are held after every five years. Any citizen can vote in a local election provided he/she is:

- Over 18 years
- A registered voter on the voters roll.
- A resident in the area which is under a specific council.
- Any citizen can be a candidate in council elections provided that he/she is:
- Registered voter.
- Supported by 10 local people who are also registered voters in the same area.
- A resident in the area who is under a specific council.
- Not in debt to the council.
- Has not been convicted of any criminal offence.

Candidates can stand as independents. They do not have to belong to a political party. Although theoretically residents have the democratic right to vote, and stand as candidates in local elections, in practice there have been many problems associated with party politics according to ACPD (2006).

- Apathy (less than one third of residents vote)
- Vote buying
- Intimidation and violence.
- Un-free party primary elections and imposed candidates.

ACPD (2006) bemoans lack of participation by the following categories of people:

- Farm workers.
- Adults living on mining settlements.
- Adults living on mission stations.

2.3.3 Popular participation

One of the tenets of democracy is popular participation in decision making. Decentralisation has encouraged popular participation in structures such as ward development committees or ward assemblies and village development committees or village assemblies. Village assemblies ward assemblies and full council are the forum for policy making. Districts are under District Administrators who are appointed officials.

Structures for citizen participation: Zimbabwe is divided into ten administrative provinces. These provinces are under appointed governors. Provinces are divided into districts. Districts are made up of wards and, wards in turn made up villages.

Makumbe (1996) observes that Zimbabwe local government system is organised to encourage grassroots participation. The existence of a modern local government system and traditional system ensures participation by different people in decision making, this encourages development.

2.3.4 The deficiencies in the Lancaster House Constitution

The Lancaster House Constitution is silent on local governance. This gap is filled in by various acts of parliament mainly the Rural District Councils Act (chapter 29: 13). The fact that this system of local governance is not contained in the constitution reveals a measure of uncertainty regarding its permanency (ACPD 2008). The laws are easy to change as a result they are being changed always. ACPD (2008) further observes that there is no sufficient power given to the local government.

There is continued dominance of national government in local governance. There are more than two thousand cases in which the minister of local government or the president intervenes in the day to day running of a council (ACPD 2008). The MILGRUD dismisses elected councillors. Local government does not receive a fair share of resources. A council gets only 0.4% of the mining taxes from their district while a ward is meant to get 80% of campfire funds from wildlife, resources but in practice some are getting only 20% and the council gets the rest. (ACPD 2008)

There is a lack of clear local governance structures at ward level with legal autonomy and adequate resources. Devolution as a new system of local governance is now enshrined in the current constitution giving powers and responsibilities to provincial and local authorities. Devolution has the following objectives:

- a) To give powers of local governance to the people and enhance their participation in the exercise powers of the state.
- b) To recognise the right of communities to manage their own affairs and to further their development.
- c) To ensure the equitable sharing of local and national resources.

The current constitution (of 2013) i.e. Devolution empowers local authorities to ensure good governance by being effective, transparent, accountable and institutionally coherent. This new system of local governance ensures permanency because it is contained in the constitution and therefore it is now difficult to change the constitution. Under this new system of local governance local authorities are empowered to raise their own revenue to be able to run their own affairs.

2.3.5 Excessive Powers of the minister of local government – under the delegated system

The local authorities have delegated authority from the Minister of Local Government, Rural and Urban Development the Acts (named above) empowers the minister to dismiss, suspend councillors, the entire council and set a Commission to run the affairs of the local authority. The Minister is also mandated to appoint special interest councillors, who may not exceed 25% of the elected councillors. These special interest councillors may represent certain interest or groups such as business or the disabled persons. These councillors do not vote, but enjoy benefits entailed to the elected councillors. This defeat the essence of democracy, where one is not elected by just appointed. This system is abused by Minister of Local Government, Rural and Urban Development. The Minister belongs to a political party and may project his influence by appointing councillors who would have lost in the election. These losing candidates go into council via the back door.

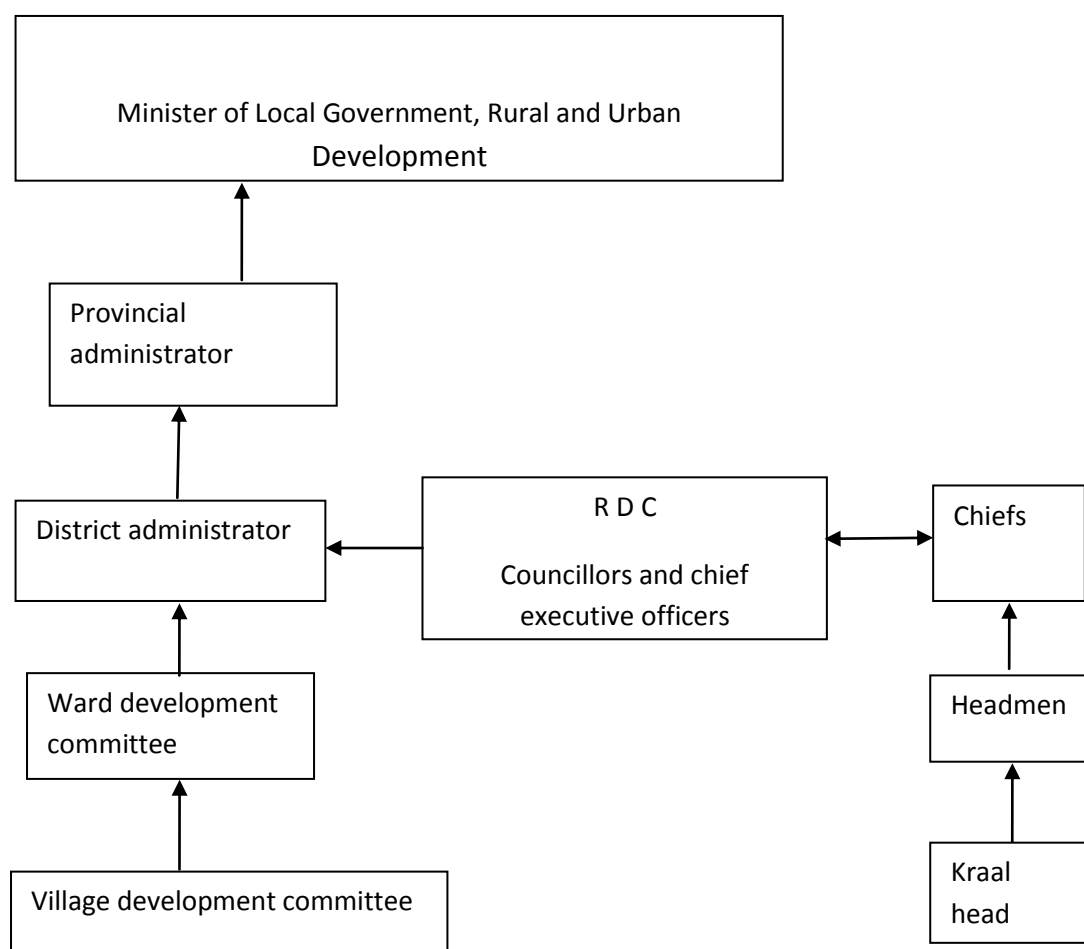
Councillors are allowed to cross the floor i.e. change the party of allegiance and still remains elected representatives of the people. Once elected, only the minister has the power to dismiss or suspend the councillors. The party on whose ticket the councillor was elected may wish to recall the council but cannot dismiss him/her, only the minister has the power to dismiss him/her. The councillors serve on special communities such as social services (education and health), finance, human resources, natural resources and infrastructure (roads). Under this delegated system the council chair or mayor is the first among equals, i.e. he just chairs meeting, day to day running of council business is the responsibility of the town clerk, chief

executive officer or senior council executive who are answerable to councillors or council. The minister approves by-laws.

2.3.6 De-concentration in Zimbabwe

Zimbabwe also operates under a de-concentrated system of administration. The Prime Minister's Directive of 1984 and 1985 saw the creation of de-concentrated administrative system establishing a hierarchy from village to ward, to district and province levels of administration (Shumba 2009). This new arrangement tended to duplicate and super cede or override the existing traditional local government institutions like the kraal heads, head men, and or chiefs (Makumbe 1996 p.14). This arrangement also saw the emergency of the office of the provincial governor (now called Governor and Residents Minister)

Figure 2: Administrative hierarchies in the Ministry of local Government, rural and urban development



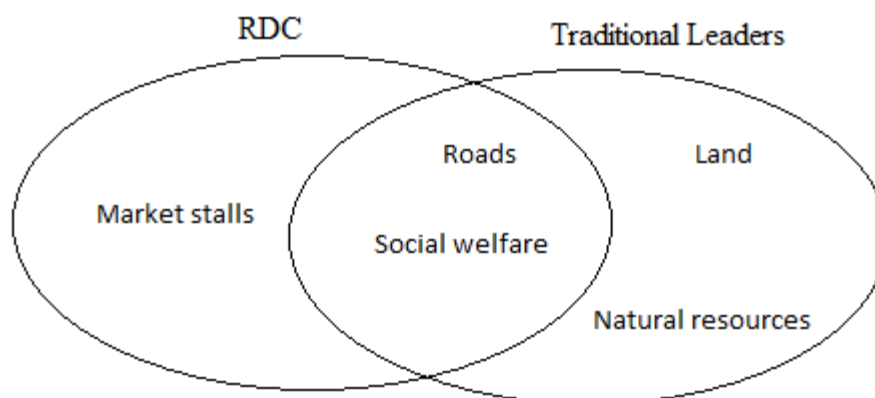
Source (Shumba 2012)

2.4 Institutional mandate overlaps

The Directive together with a host of pieces of legislation such as Urban Councils Act, Rural District Councils Act and Planning Acts has resulted in institutional mandate overlaps. This has generated a lot of conflict. Chiefs, councillors and environmental management agency (ministry of environment) have mandate over

laps in terms of natural resources such as land and trees. Both councillors and chiefs (traditional leaders) distribute land to the locals, particularly in rural areas. The diagram below illustrates institutional mandate overlaps.

Figure 3: Institution mandate overlaps,



Source: Shumba (2012)

The three institutions namely traditional leaders, council and parliamentary representative have institutional mandate overlaps. The three institutions are involved in social welfare. The traditional leaders are involved in mobilization food through a program called Zunde Ramambo and also in the distribution of food handouts from central government. Council also has a social welfare system and the Member of House of Assembly also mobilizes food hand outs for orphans in his or her constituency. The Member of House of Assembly uses the Constituency Development Fund for construction of roads, bridges, classroom blocks and provision of furniture in schools or clinics. Council, Member of House of Assembly and traditional leaders are all involved in the rehabilitation of roads. This has generated a lot of conflict or negligence of mandate.

Land allocation

The allocation of communal land has long been contentious issue. The Traditional Leaders Act section 26(1) states that “No land shall be allocated in terms of this Act except with the approval of the appropriate rural district council”. Section 26(4) states: “No inhabitant shall dispose of communal land used by him, or subdivide such land for any purpose, without approval of the village head”. Sections 5(19) and 9(19) provide for chiefs and headmen to have a part in land allocation. What obtains on the ground is that village heads allocate land without the knowledge of the RDCs. Village heads are alleged to be involved in illegal deals of selling land.

2.5 Alternative approaches to service delivery

In many parts of the world new approaches to the delivery of municipal services are emerging, with many councils no longer providing services themselves Siftung (2002 p.11). There has been a shift from local government as service provider to local government a service assurer or guarantor. This means that local government takes responsibility for ensuring that services are delivered, they are not necessarily responsible for carrying out all service themselves. Local Government has shifted from being a provider of services in areas such as education, health, transport (i.e roads) and refuse removal. In countries like South Africa, some roads have been privatised. A number of models are used in different countries. In some cases private companies construct roads and operate them (collecting money from users of the roads) and transfer (surrender) the roads to the government. This model is called

BOT (Build Operate and Transfer). The role of government is managing and regulating the private sector contracted to provide the service.

Huge service backlog and prohibitive costs have forced governments world-wide to rethink how they deliver services (Stiftung 2002, p.11). Many have shifted away from owning, building and operating large infrastructure and other projects, to managing and regulating the private sector which is contracted to carry them out. Another reason for this shift is that local government administrations are not able to meet these challenges, as their internal structures are inadequate. There is also a line of thinking that argues that because local government administration have not been structured like business, they are sometimes inefficient, wasteful and unable to meet the new demands that confront them. In order to redress this, new ways of delivery services have been identified. Stiftung (2002 p.12) has identified some new mechanisms in: Corporate entities or public utilities: these public agencies are given semi-autonomous status in order to promote effective operation along business lines. The public agency is then separated and operates at arm's lengths from the council bureaucracy. This does not mean that the entity is no longer accountable to the council as policy direction can still be set by the council.

2.5.1 Privatisation

Privatisation of local government assets in South Africa has been limited to sale of non-essential assets. In Johannesburg, for example, the council has sold an airport as well as Metro Gas, a service which was used by only 12000 people and was running

at a loss. Current thinking seems to favour only limited privatisation of local government assets, preferring to seek partnerships in order to insure that municipalities retain policy control over how a service is being delivered (Stiftung 2002 p. 13). There are a number of private players in education and health in countries such as Botswana, South Africa and Zimbabwe. In education the players range from provision of pre – school, primary and secondary education, to university education. It is generally believed that private schools offer better quality education. However, private tuition is generally very expensive and therefore is not accessible to most people in Zimbabwe. Private health institutions also offer better services although they are generally more expensive than public health institutions.

2.5.2 Creating partnerships

Some of the world's most successful towns and cities owe their success partially to strong community involvement in civic life and partnership with different stakeholders (Smith 2010 p.6). In South Africa partnership is becoming increasingly central to effective local governances. Public involvement in planning and policy decisions helps to ensure that council services are meeting needs, and the private and non-profit sector is becoming increasingly involved in municipal service delivery partnerships.

2.6 Councillor effectiveness

Good consultation involves a two-way flow of information. Consultation can be a very effective way of increasing community understanding of an issue, and a way to

increase support for council policies and decisions. This makes councillors effective (Ndlovu 2006). If community members feel that they have the opportunity to actively participate, in consultation and that their participation is meaningful, they may be more willing to participate in the process in the future. Ndlovu (2006) has identified different methods of consultation including: Public meetings are the most common method of sharing information. They are a useful way to provide members of the community with direct access to the councillors. Surveys can be useful for collecting information from small sample of the community on specific issues. However, the usefulness of surveys can be limited for community members who have literacy or language difficulties.

Letters can take the form of formal mass mail outs to a broad cross-section of the community or smaller scale personal letters to targeted groups and individuals. Letters should be well-researched and appropriate in content and style. Like surveys, the usefulness of letter writing can be limited for community members who have literacy or language difficulties. The telephone can be a useful way of directly contacting individual members of the community. It is particularly useful in the case of targeted consultation, as the more broad scale telephoning of individual can be a time consuming exercise.

Public meetings and surveys are the most suitable ways of consulting communities in developing countries such as Botswana, Malawi, Zambia and Zimbabwe. In these countries councillors are not given budgets to run affairs of their communities. Such forums as public meetings and surveys can be used for consultation and feedback on

issues affecting the community. Public meeting can be used to deal with issues in schools, clinics and irrigation schemes.

2.6.1 Well connected councillors

Councillors play an important role in building partnerships by building personal links with organisations working in their wards and facilitating their access to council decision-making. Strong relationships between organisations and the council can also help to ensure that service delivery and development programs are effective.

2.7 Councillors' poor performance

Councils have progressively failed to effectively govern and develop their areas. Roads in rural areas are in a deplorable state because of lack of maintenance (Chakaipa 2009). Mushuku et al (2012) investigated the constraints militating against service delivery in Chivi Rural District Council. He found that financial deficit, unstable political environment, poor budget performance as well as lack of qualified personnel.

Gwakuba (2012) concurs with Zinyama (2013) that corruption in local authorities throughout Zimbabwe has led to poor service delivery. He cites low frequency collection of refuse in most municipalities. He also cites poor drug supply in council health institutions. Gwakuba (2012) blames councillors for milking local authorities by granting themselves hefty allowances, embezzling public funds or selling themselves public property such as land and houses usually for next-to-nothing. He

also observes that most municipal councillors have a weakness of thinking that being a councillor is or should be a well paying job.

Zinyama (2013) observes that chronic corruption in local authorities has contributed significantly to poverty, inequality and inefficiency in social spending programmes. He advances three lines of arguments namely:

- The councillors joined local authorities with virtually no experience and expertise in local governance.
- The quality of councillors in analysing legislation and budget is extremely poor. He blames them for their inability to interpret the relevant pieces of legislation, i.e. Urban Councils Act Chapter 29:15, The Regional Town and Country Planning Act Chapter 29:12 and Rural District Councils Act 29:13
- There is lack of policy formulation and budget analysis skills and competencies in the local authorities in deplorable.

Local government Rural and Urban Development Minister Dr Ignatius Chombo expressed his dismay at the performance of the local councillors in his address to the media. He suggested the need to introduce the minimum education qualifications for councillors with a view of enhancing the craft literacy and competence. He noted with concern the poor performance of 2012 local authorities' budgets. Inferred is from the Minister's statements is that councillors lack capacity i.e. the ability to conceptualise, formulate, manage and evaluates policies and programmes of action as well as monitoring and evaluating municipal resources.

Zinyama et al (2013) concurs with Gwakuba (2012) that councillors do not know their job description and view it as a full time job through which they earn a regular income, accumulate wealth and politically meddle in the implementation of their own decisions. Zinyama (2013) bemoaned poor leadership qualities exhibited by councillors particularly during 2013 pre-budget meetings. Councillors could not articulate budget issues. They lacked the capacity to be real affective policy makers.

The Marondera Town Council blames management for failing to translate resolutions into action resulting in poor service delivery to residents - The Zimbabwean (2013). Nyandoro (2013) blamed the council management for stalling service delivery to discredit the council led by MDC-T. To supervise council operations and ensure speedy quality service delivery to rate payers' three special committees were set in terms of section 100 of Urban Councils Act, by Marondera Town Council.

Mapuva (2011) argues that Residents Association is a solution to address the issue of poor service delivery in local authorities. He says that these can confront the local authorities demanding improved service delivery, transparency and participatory good governance. Mapuva (2011) cites examples of poor service in clinics, hospitals and schools in town councils. He observes that there is erratic supply of drugs in clinics and hospitals. He blames council management for awarding themselves hefty salaries at the expense of service delivery in health institutions. Muchada (2012) contends that poor service delivery in Zimbabwe is due to the politicization of important government functions and lower levels which is endemic in the inclusive Government. He further observes that Zimbabwe might not meet the 2015 Millennium Development Goals (MDGs) deadline. He argues that local authorities

are a potential instrument in the achievement of the six MDGs which are eradicating extreme poverty, hunger, improving maternal health, promoting gender equality and empowering women through local governance participation. He blames disfunctionality in the inclusive government for certain projects' failure to be completed. He cites certain roads where some business persons were not allowed to do maintenance for fear by some politicians that these business people might gain political mileage. Communities were therefore robbed of development which belonged to them.

Former minister of local government John Nkomo observed that political activities in local authorities were hindering development. Many rural district councils had succumbed to the political ambitions of individuals and have failed to implement projects, thereby robbing their communities of what belonged to them. He argued that there were instances in some RDCs where developmental projects such as schools and clinics failed to take off because of political ambitions of some individuals. He alleged that these individuals would block efforts of developmental partners from establishing clinics or schools in certain areas.

2.8 Models of political leadership in local authorities

This section summarise models of service provision and leadership in two countries for purposes of comparison and to draw some lesson from the models.

2.8.1 Participatory budgeting in Porto Alegre in Brazil

Participatory budgeting (P.B) in a city was an innovative reform program to overcome severe inequality in the city and improve living standards (Jewell 2000, p 25). One third of the city's residents lived in slums in the outskirts of the city but participatory budgeting has resulted in the rapid improvement of living standards for the poorest inhabitants of the city. Access to sewage network increased from 46% in 1989 to 85% in 1996. Elements contributing to P.B according to Heller (2001) are access to information, active participation of the poor and accountability.

Participatory budgeting is a process of democratic deliberation and decision-making and a type of participatory democracy in which ordinary people decide how to allocate part of municipal or public budget (Heller 2001 p 15). Participatory budgeting allows citizens to identify, discuss and prioritise public spending projects, and gives them the power to make real decisions about how money is spent (Heller 2001 p17).

Various studies have suggested that participatory budgeting results in more equitable public spending higher quality of life increased satisfaction of basic needs greater governments transparency and accountability increased levels of public participations (especially by marginalized or poor residents) and democratic and citizenship learning (Jewel 2000 p45). The first full participatory budgeting process was developed in the city of Porto Alegre, Brazil starting in 1989. Participatory budgeting was part of number of innovative reform programs started in 1989 to overcome severe equality in living standards amongst city residents.

Around fifty thousand residents of Porto Alegre now take part in the participatory budgeting process (compared to 1, 5 million city inhabitants), with number of participants growing year on year since 1989. Participants are from diverse economic and political backgrounds. The participatory budgeting cycle starts in January and assemblies across the city facilitate maximum participations and interaction. Each February there is instruction from the city specialist in technical and system aspects of city budgeting. The mayor and staff attend to respond to citizen concerns. The main function of the municipal council of the budget is to reconcile the demands of each district with available resources and to propose and approve an overall on municipal budget. The resulting budget is binding, though the city council can suggest, but not require changes.

Outcomes

A World Bank paper suggests that participatory budgeting has led to direct improvements in facilities in Porto Alegre. For example, sewer and water connections increased from 75% of households in 1988 to 98% in 1997. The number of schools quadrupled since 1986. (Heller 2000 p17) The high number of participants after more than a decade, suggest that participatory budgeting encourages increasing citizens involvement, according to the paper. Also Porto Alegre's health and education budget increased from 13% (1985) to almost 40% (1996). The quality of education and health therefore improved.

The section concludes that participatory budgeting can lead to improved conditions for the poor. It leads to noticeable improvements in the accessibility and quality of

various public welfare amenities and services such health and education. Based on Porto Alegre more than 140 (about 2, 5%) of the 5,571 municipalities in Brazil have adopted participatory budgeting.

2.8.2 Service Charter

Local Government Act 1993 of Australia has a council service charter.

This sets out the things council needs to consider when carrying out their responsibilities:

- Providing directly, or on behalf of other levels of government, adequate, equitable and appropriate services and facilities for the community.
- Ensuring that provided services are managed efficiently and effectively.
- Keeping the local community informed about its activities
- Having regard to acting as the custodian and trustee of public assets.

2.8.3 Citizen participation law in Mexico City

The government passed citizenship participation law in 1998. This was meant to promote citizens participation in decision making. Neighbour committees were set up as one of the main pillars of formalised participation at the local level. These committees comprised a coordinator and up to four members. The purpose of the committees was to serve as a link between residents and authorities. There was improved service provision and governance in Mexico City. There were improvements in refuse collection and provision of electricity. The quality of education and health improved drastically. The number of schools increased.

2.8.4 Capacity building programs in local authorities in Zimbabwe.

The urban institute (UI) provided technical assistance and training to urban and rural local authorities from June 2004- July 2005. The program covered six local authorities. The program focused on promoting transparency, accountability and greater capacity in management of decentralization services. Participatory budgeting process was developed in consultation with community stakeholders. Newly elected councillors were trained. Civil society organisations were also involved in the program. The capacity building which was done in local authorities also enhances service provision.

Local governments support program achievements (2003 to 2005), resulted in:-

Improvement Communication and Participation in Bulawayo

Ndhlovu (2006) noted the following improvements in communication and participation in Bulawayo after the capacity building program.

- Dialogue and communication systems have been consolidated through the local government support program.
- At least six consultative meetings are being held annually involving a diverse range of CSOs active in the city of Bulawayo.
- The LA maintains an up to date inventory of all key stallholders for regular meetings.
- The quality of services in clinics improved.
- Councillors became more visible in schools.

2.9 Summary

This passage has highlighted the policy framework under which rural district council's work. The Literature review gives some best practices on the role of councils in service delivery in some selected countries. Different authorities have advanced different explanations for the poor showing of local authorities in service delivery in Zimbabwe. Some authorities have blamed ward councillors; others Minister of Local Government, Rural and Urban Development's excessive power or council management. The forthcoming chapter 3 discusses research methodology.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

The purpose of this study was to assess the role of Chimanimani Rural District Council in service delivery with the following specific objectives: to investigate the effectiveness of councillors as people's representatives, to examine the extent to which CRDC contributed to the educational and health sectors in areas under its (jurisdiction) and to examine infrastructure services provided to its residents. In this chapter, the researcher details, the research design area of study, the population, sample, sample size, sampling techniques, methods of data collection, presentation and analysis.

3.2 Research design

The study used both qualitative and quantitative research designs. The research was mainly qualitative in nature.

3.3.1 Qualitative research design

The approach is a mere descriptive one. The research design is one of a descriptive interpretation (Gwimbi 2003). Qualitative research accepts the possibility of search for multiple realities or worldviews in the hope of finding the internal ideas, feelings and motives of human beings. Qualitative data involves documenting real events, recording what people say, observing behaviour, studying written documents or examining visual images (Gwimbi 2003 p.56). In qualitative research design, the mainly used techniques for data presentation are photos, maps and graphs or tables. It

is common in qualitative research that the researcher often uses direct quotations to support the meaning to a particular concept derived from the interviews. Gillham (2000, p. 6) observes that this method 'Enables you to carry out an investigation where other methods such as experiments are neither practical nor ethically justifiable'. The research design was suitable for this enquiry because it involved documenting what people said about the effectiveness of councillors and council in service provision in education and health. This enquiry also involved studying written council documents. Data presentation involved use of photographs, maps and tables.

3.3.2 Quantitative research design

Gwimbi (2003) says that this design is all about quantifying relationship between variables. This type of research normally deals with figures. Quantitative research involves precise measurements and statistical analysis. Data collection is normally done through questionnaires and laboratory measurements.

3.4 Population and sampling techniques

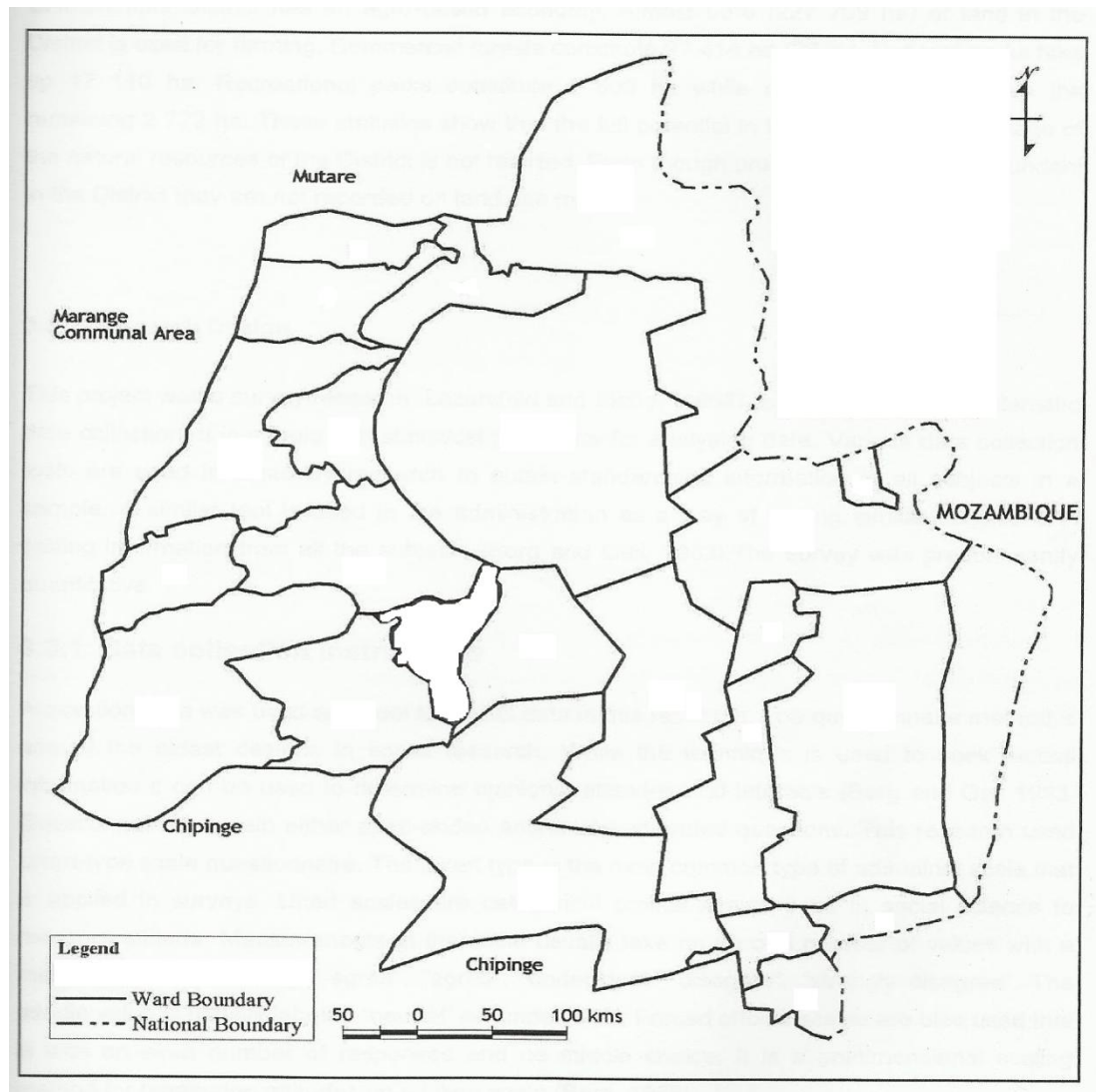
The population from which the sample was drawn consisted of ordinary residents, ward councillors, council officials (heads of departments), business people and members of civic organizations specifically members of Residents Associations, school heads, committee members of schools and clinics, and sister in charge of health institutions.

3.2 Description of study area

Chimanimani District in Manicaland Province is found in the Eastern part of Zimbabwe (Figure 3.1). It shares borders with Mozambique, Mutare District, Buhera and Chipinge Districts to the east, north, west and to the south, respectively. The district covers a geographical area of 3450 square kilometres and is the second smallest in Manicaland Province. There are about 133 810 people in the district according to the Zimbabwe National Statistics Agency (2012). Males make up 64 332 of this population. Twenty three wards make up the district, with eighteen of them being rural and communal areas. One ward is a resettlement area and the other urban. The remaining three wards are mainly larger scale commercial farms.

Altitude ranges from 6000 metres in the East to 600 in the West. Average rainfall is about 1000mm in the East and 200mm in the Western part. Chimanimani District is richly endowed with natural resources, including forests, fertile soils, and precious minerals such as gold, diamonds, lime, a highly rugged terrain, typified by the Chimanimani Mountains, characterise the district. It boasts of tourist sites such as the Bridal Veil Falls, Peza Falls, the Vimba Botanical Reserves and Mawenje Mountains. This makes the district a viable tourist destination. Chimanimani District has an agro based economy. Almost 66 % of land in the District is used for farming. Commercial forests take up about 28% of the land. This description shows the potential the area has for development.

Figure 4: Chimanimani District wards



Source: Chimanimani Rural District Council (2012).

Selecting Research Area

Purposive sampling was used. The researcher subjectively chooses areas or respondents that appear to meet the purpose of the study. Purposive sampling is a sampling technique in which “the researcher uses his or her own judgement about which respondents (or site) to choose, and picks only those who best meet the

purpose of the study” (Bailey 1982 p. 99). Wards with have irrigation schemes were chosen.

Eight wards out of the twenty three wards participated in the study. These were Mhandarume (ward 2), Guhune (ward 4), Rupise (ward 6), Shinja Resettlement ward 7), Chimanimani urban (ward 15), Mhakwe (ward 18), Chakohwa (ward 3) and Chayamiti (ward6). These wards were purposefully sampled. Chakohwa and Mhandarume were close to each other and therefore could be easily reached. Four wards had irrigation schemes and schools. Chakohwa had a health institution. Chimanimani urban ward was unique in the sense of it being urban. It was expected that service delivery could be for better than in other wards.

3.4.2 Sampling of respondents

The researcher used convenience sampling. This refers to the selection of the closest possible available respondents by the researcher. This was used to select educational and health institutions. Purposive sampling was also used to select female councillors.

3.5 Data collection methods and techniques

The collection of data refers to the gathering of information relevant to the subject matter of the study from the units under investigation. The method of data collection depends upon the nature, purpose and scope of inquiry on one hand, and the availability of resources and time as observed by (Gwimbi 2003).

3.5.1 Documentary analysis

This involved the study of council documents such as Annual Plans, Strategic Plans, and budget and committee reports. Documentary analysis revealed the following information: Sources of funding for the different council projects were obtained from the Council Annual Plan for 2010 see appendix F. This showed that council had a number of foreign sponsors. The researcher had an opportunity to study council minutes for the year 2009. Motions, resolutions and attendances of councillors to meetings were scrutinised from the minute book. The quality or nature of debates was analysed. The researcher had access to books of accounts which revealed that council was owed large sums of money. The advantage of this source of information is that it is very reliable and that it is not affected by the presence of the researcher.

3.5.2 Questionnaire

A questionnaire was used to solicit for information on how often residents were consulted and their perception of the performance of ward councillors. A questionnaire was distributed to residents (business people) chairpersons of school development committees and clinic development committees. Questionnaires contain either open-ended and/or closed questions. This research used the likert type scale questionnaire. The likert type is the most common type of attitudinal scale that is used. Likert scale is categorical ordinal scales used in social science to measure attitude. Measurements at the scale usually take on an odd number of values with a

middle point e.g. “strongly agree, “Agree”, disagree”. The middle value is usually labelled “Neutral” or “Undecided”.

Gwimbi (2003) has identified the following as strengths of a questionnaire method:

- It reaches scattered populations
- It is free from the bias of the interviewer and so ‘sensitive’ information can be revealed.
- Respondents have adequate time to give well thought answers out. He also argues that the method is economical in terms of money and manpower. The following have been noted as weakness of the questionnaire method: It cannot be used for illiterate or uneducated people. The researcher administered the questionnaire to educated people.

3.5.3 Developing and pilot testing the questionnaires

Structured questionnaires (see appendix H) were pre tested. Pre testing of data collection tool is important in that ambiguous questions are corrected. Respondents were given room to give comments to improve the questionnaire. Pre testing of the questionnaire also improves the composition of questions (Gwimbi 2005). The questionnaire contained entirely closed questions, which required responses on a likert type scale of 1 (strongly disagree) to 5 (strongly agree). The questionnaire was pretested in ward 4 (Guhune). Four research assistants were recruited and trained to administer the questionnaire. The researcher supervised the data collection process.

3.5.4 Interviews

Interview guides were prepared. Five categories of interview guides were prepared for the different informants' namely council officials, councillors, heads of schools, head of health institutions and committee members of health and educational institutions. One on one in-depth interview was to get information from councillors, council officials, council schools, clinics and residents. 'Interviews involve probing to extract more information on interesting items' (Gwimbi 2003). Interviews allow for observation of non verbal response during the interview. The biggest weakness of an interview is that it is time consuming. The researcher used research assistants to reduce time taken to complete the research. This was compensatory. In this study questions were very clear and the sessions were short.

3.5.5 Focus group discussion

The aim of the focus group discussion was to further interrogate some of the issues which had been raised in individual councillor interviews and to give an opportunity to councillors who might not have participated in the one-to-one interviews. Focus group discussions created a forum or platform where different councillors freely articulated issues. The group discussions gave the researcher an opportunity to observe council interaction. The questionnaire, interview, focus group discussion and observation methods complemented each other. The data gathered from council officials were verified by that gathered from residents.

3.6 Ethical considerations

Tronchim (2006) asserts that research ethics ensure that research participants are not violated at any stage of the study. Various ethical principles were observed. These principles include voluntary participation, informed consent, confidentiality, and anonymity. The respondents were informed about the purpose of the research. The researcher in analysing and reporting on the findings of the study tried to reflect the broad perspectives and opinions of the respondents and the factual information of the local authority. This was done as honestly and accurately as possible. In some cases direct quotes were used to try to capture as accurately as is possible the views and emotions of the interviewees. In others, the sensitive nature of the situation in the rural district council negates the use of direct quotes as this would betray the anonymity of the interviewees who would have volunteered information. The qualitative nature of the research could have made its findings more subjective, but the researcher believes the finding of the report reflected the situation on the ground. This may be used as a basis for policy making around the role of councillors and council in service delivery in schools and health institutions.

3.7 Sample size

A sample size of one hundred and twenty five people was used. This consisted of 7 councillors, 3 council officials, 25 educators, 5 health personnel and 80 other residents. Interviews were done on 7 councillors, 3 council officials, 25 educators and 5 health officials. 4 councillors participated in the Focus Group Discussion. Questionnaires were administered on 80 residents including business people. This

represented about 37.7% of the target population. This was significant to draw valid conclusions.

3.8 Methods of data presentation and analysis

Data was processed using a computer package called Microsoft Excel. Tables, pie charts, bar graphs, maps, photographs and descriptions or text were used to present information. Tables have been used to show the response rates, the composition of participants (respondents) and the percentage (proportion) of the samples. Average meeting attendances by councillors for the year 2009 were shown using a table. Tables were also used to show committees that were functional and non functional in the wards that were studied. These were schools, clinic, irrigation and borehole committee.

Maps were used to show wards with functional ward development committees, and strategic plans. Maps were also used to show the distribution of educational institutions in Chimanimani District. Bar graphs were used to show the distribution of primary schools by responsible authority (council, church, commercial, government). They were also used to show the distribution of secondary schools by responsible authority. Photographs were used to show the infrastructure in schools and clinics. They were also used to show the focus group discussion held during the data collection process. Photos have also been used to show one of the irrigation schemes.

3.9 Summary

This chapter has described the area of study. Qualitative and quantitative research methods have been described. Face to face interviews were conducted on five different groups of informants namely councillors, council officials, school heads of council schools, sisters in charge of council health institutions and committee members of council schools, clinics and irrigation schemes. Questionnaires were administered on eighty respondents. A focus Group discussion was held with four councillors. Methods of data presentation and analysis have been discussed. The following techniques were used for displaying data in the next chapter: tables, bar graphs, pie charts, maps and photographs. The next section chapter four presents and discusses findings of the enquiry.

CHAPTER 4: DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter discusses the findings of the research. The following issues are discussed; effectiveness of ward councillors in executing their duties as council representatives to the people in different institutions such as schools, health centres and irrigation schemes. A councillor as a representative of the people focuses on attendances to council meetings and their contributions in the debates, which were done. Feedback and councillor accountability is also discussed here. This chapter also discusses contribution of council to the educational and health sectors under the justification of Chimanimani Rural District Council (CRDC). Challenges being faced by the local authority in areas trying to provide service to the education and health sectors are going to be highlighted. Infrastructural services (irrigation and roads) are also discussed.

Table 1 shows the composition of respondents of the face to face interview in percentages. School heads contributed the largest (20.8%) sample of the respondents. Health personnel and school/ clinic committee members contributed the least (4.2%) to the sample.

Table 1: Composition of respondents

RESPONSE RATE =45

CATEGORY	POPULATION	SAMPLE	% of total population
School Heads	74	25	20.8
Health personnel	10	5	4.2
Councillors	23	7	6
Clinic/ school	10	5	4.2
Council committees	3	3	2.5
Total population	120	45	37.7

Source: Own calculation from surveys (2013)

Table 2 shows the composition of respondents by gender. There were more females (56%) who participated in the research than men (44%).

Table 2: Distribution by gender

Category	Sample	Males	Females
School heads	25	15	10
Health personnel	10	1	9
Councillors	7	6	1
Clinics/school committee	5	3	2
Council officials	3	3	0
Residents	80	35	45

Source: Own calculation from surveys (2013)

4.2 Attendance to council meetings

Councillors were expected to attend committee, subcommittee or full council meetings. All the minutes of the meetings held in 2009 were made available to the researcher at CRDC offices. An analysis of these minutes revealed the attendance of the councillors, the motions, comments, and contributions they made in council meetings.

The table below shows actual attendances and Committee attendance for 2009.

Table 3: Actual attendances at council meetings for 2009

Committee	Expected number of meetings	Actual number of meetings attended	Actual number of meetings as %	Number of councillors in attendance for each meeting as %
Finance	12	6	50	100%
Other committee	4	3	75	95%
Full council	4	3	75	92%

Source: Chimanimani Rural District Council minutes (2009)

The table 3 above shows that for other committee the actual number of meetings held was less than the expected number of meetings. The finance committee meetings had the largest short fall of 50%. Full council and other committees had the least

shortfall. A council official attributed the negative variance to lack of resources. He said that council did not have enough resources to meet the stipulated number meetings. An amount of US\$989 was needed to pay travel and subsistence for councillors hence there was need to reduce the number of meetings. Minutes of CRDC (2009) revealed that the few meetings were well attended. Finance had a 100% attendance followed by other committees with 95% and lastly full council with 92 % as shown in table 3. The business time for days of the meetings would be extended to make up for the lost days. Many motions were moved. This record showed that committee meetings were very vibrant. All member councillors had raised a number of issues from their wards. A ward 5 councillor was on record for raising and making follows up on the issue of what he called “neglected” roads in his ward. The same councillor was on record for the issue of rehabilitation of a defunct irrigation scheme Nenohwe irrigation scheme.

An analysis of the minutes of 2009 and 2010 revealed that the debates were very informed ones. The councillors showed mastery of government policies and in particular the Rural District Council Act. Evidence of research before the debate could be seen from the citations in the minutes.”Hiring of a motorized grader for five years would be equivalent to buying a new one after the five years”. A council official commented that the debates by the current crop of councillors were very vibrant despite the fact that councillors sometimes received agendas in less than the stipulated forty eight hours. A number of resolutions were passed and most of them implemented. The servicing and opening of roads closed by cyclone Eline, dam scooping in ward 18 Examples of the planned projects that were completed and

reported in 2010 Chimanimani Rural District Annual Plan were Gonzoni, Causeway, Ruwaka Causeway, Borders and Merry Waters roads. The findings indicated that councillors were knowledgeable about their duties and responsibilities. This contradicts with earlier findings by Shumba (2013) who contends that councillors lack the ability to analyse legislation. 100% (7 out of 7) councillors interviewed were able to describe how policy was formulated in council.

4.3 Crafting of Annual Plans

All (100%) of the committees had Annual plans of their thematic committees. CDRC had its Annual Plan also.

CDRC had adopted the use of strategic planning. This enabled greater clarity in determining the planning approach and priorities to be adopted. Committees and sub committees came up with goals and objectives for each subcommittee of the CDRC.

4.4 Councillors as representatives of council

Councillors were council representatives in the wards they serve. Councillors articulated council and government policies at different forums or platforms.

The table below shows responses by residents (business people, plot holders, chairpersons of development committees of schools and clinics) to the questionnaire.

Table 4: Views of the respondents

	Agree	Disagree
Toilets are enough in schools	84%	16%
Roads are always maintained	75%	25%
Clinics provide adequate child and family planning services	71%	29%
Clinics offer poor services	22%	78%
Clinics are provided with enough drugs	73%	27%
Council attends to irrigation schemes problems promptly	14%	86%
Council consults residents often	60%	37%
Council schools have adequate classrooms	60%	40%
Schools have enough safe drinking water	90%	10%
Councillor holds ward meetings at least four times a year	75%	25%

Source: Own calculation from surveys (2013)

63% of respondents said that the councillor often consulted them on issues that affected them. Only 37% of the respondents said that the council did not consult them.

The following were some of the platforms used by councillors to articulate council policies or give residents feedback: churches, school meetings, at functions such as

weddings, funerals, at ward centres (meetings convened by the councillors and distribution of humanitarian aid.

The inquiry revealed that at weddings or birthday celebrations the councillors took the opportunity to preach unity in the families and wards to achieve development in the ward. This was common practise in Ward 15. At funerals the councillor would announce dates and venues for village or ward meetings. 75% of the respondents said that the councillor held ward meetings at least four times a year. They emphasized that councillor held meetings as and when necessary. 25% of the respondents said that the councillor called for meetings when there was need to distribute food relief. Ndlovu (2006) has described such types of councillors as effective. Such councillors use different methods at their disposal to reach out to the people. He identifies face to face, surveys, letter writing and letter as means of reaching out to the residents

4.4.1 Role of councillors in wards

Councillors were very visible i.e. that fully involved in the affair of the communities in wards. Wards in Chimanimani had a number of facilities which belonged to council. These include schools, health centres, irrigation schemes, boreholes, dip tanks, roads and beer halls. The councillor set a committee to run each facility. For example, a committee running an irrigation scheme would see that it was that it was well fenced repairs or (maintenance) was done, equipment such as ploughs and holes were well taken care of. The committee saw to it that water was equitably distributed. The councillors set up committees such as School Development

Committees in Schools, and Clinic Committee for instance. The table below shows the different committees (clinic, irrigation, school) in the different wards, whether they are functional or not.

Table 5: Functionality/ non-functionality of committees in different wards

Ward	Clinic/hospital committee	Irrigation committee	School or SDC committee	WADCO committee
2	No clinic	Functional	Functional	Functional
3	Functional	Functional	Functional	Non functional
4	Functional	Functional	Functional	Functional
5	No clinic	Functional	Functional	Functional
6	Functional	Functional	Functional	Functional
7	No clinic	Functional	Functional	Functional
15	Functional	None	Functional	
18	No clinic	Functional	Functional	

Source: Own observation (2013)

The table (5) reveals that all (100%) the committees in the wards were functional, except wards 2, 5, 7 and 18 where there were no clinics. The councillor was an ex official of each committee. From interviews with residents, it emerged that the committees were very vibrant. The clinic committee in Ward 4 successfully mobilized the community to mould bricks for the construction of Nhedziwa Clinic

for example (Fig 4.6). Development partners for the irrigation scheme in Ward 5 always demanded to meet with the irrigation scheme committee to release farm inputs and equipment.

4.4.2 Functional WADCOs and VIDCOs

86% (6 out of 7) of the wards had functional Ward Developmental Committees (WADCO) and Village Development Committee (VIDCO) as indicated in table 5. Contrary to earlier findings by Shumba (2003) there were cordial relationships between WADCOs and councillors. In most wards, WADCOs and VIDCOs were functional. VIDCOs identified needs and requests in their villages or areas and forwarded them to the WADCO for deliberations and transmission to the relevant council committee. WADCOs were made up of influential members of society. These included civil servants, business people, traditional leaders and ZINATHA . The councillor chaired this committee, and the committee met quarterly or four times per year. The functions of the WADCOs were:

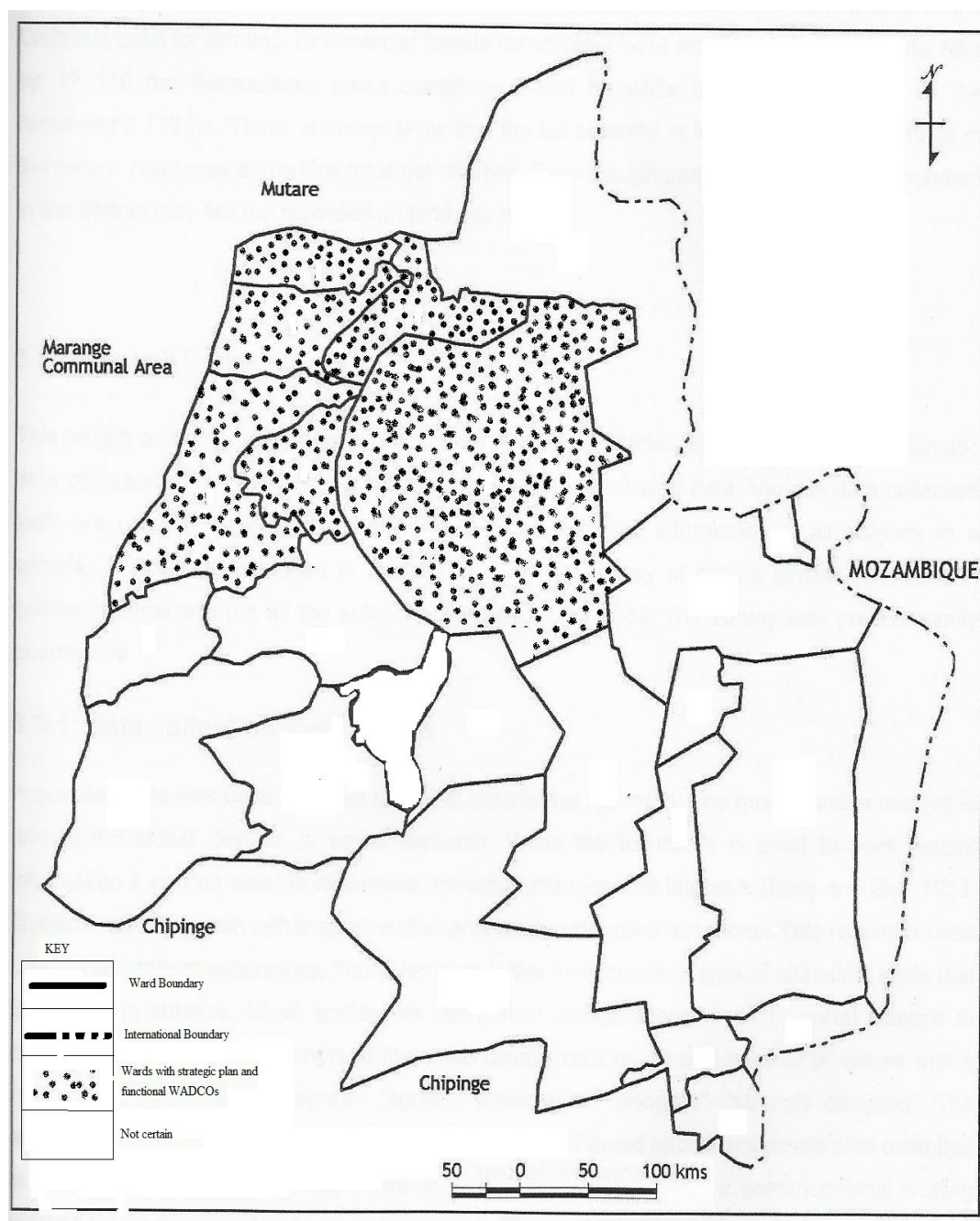
- Received and deliberated on requests from VIDCOs
- Assessment of projects

Projects that were proposed by the ward 3 residents (Mandarume) include fencing of the canal that leads water from Umvumvu river to the irrigation scheme, servicing of the road that leads irrigation scheme from the Nhedzihwa Wengezi road , and the establishment of a new clinic near Mhandarume Business Centre. Fencing of the canal was given first priority

- Drawing of strategic annual plans for the ward.

Every ward had a centre for holding meetings, and information dissemination. Most of these ward centres were schools. Ward 5 met under some baobab trees. They had a two hole toilet at the site, which the community built under the leadership of the ward 5 councillor. The map below shows the wards that had strategic plans and functional WADCOS. WADCOS and VIDCOs were forums for interaction among the grassroots. This observation concurs with Witternberg (2003) that desecentralisation enhances popular participation. Issues that affected the community were debated here and resolutions made. WADCOS and VIDCOs were policy making spaces. As observed by Witternberg (2003), democracy was practised in VIDCOs and WADCOS in the choice of leaders. Every resident of the ward had a democratic right to vote or stand as a candidate in local elections.

Figure 5: Wards with strategic plans and functional WADCOS



Source: Own observation from survey (2013)

4.4.3 Attendance to meetings and contributions in council meetings.

A councillor attended a number of meetings in the ward. He/she had a number of duties and responsibilities in these institutions. 20 out of 25 respondents in schools were of the view that councillors attended school meetings once a month. This represented about 80% of the respondents. Only 4 out of the 25 respondents were of the view that councillors attended school meetings twice a term. This represented about 20% of the respondents there was a general agreement that the councillors executed their duties well in the educational institutions. Councillors would make request from institution such as schools, clinics and irrigation schemes to council on behalf of their communities. Council would in some partner with developmental partners to provide the needed services or dam scooping.

In schools, she/he was an ex official member of the school development committee. He presided over Annual General Meetings in schools. He spelt out council policy in these institutions. These included site plans of the schools. The councillor attended to problems of non payment of school fees. He advised defaulting parents to settle their debts through terms or instalments. The councillor advised parents on the need for timeous payments of school fees. He mobilized parents to provide local available building materials such as moulding bricks. Ward 4 under the leadership of the councillor, successfully moulded bricks for Nhedziwa Clinic and Guhune Secondary School. In health centres, with the help of the community he or she maintained the road that led to the facility to make facility accessible to everyone. The councillor checked to find if the premises were well labelled. The councillor also sourced funds

for non paying patients in clinics from the Department of Social Welfare. He/she recommended patients from poor backgrounds to be exempted from paying the medical fee. The councillor also sourced drugs for the health centres.

The elected representative helped schools under his or her ward to source funds by acting as a surety or guarantor. He did stock taking in clinics. He checked for proper or abuse of equipments in the health institutions.

4.4.4 Other roles played by the councillor in serving the community

The councillor played a major role in social welfare. The councillor identified the needy in the community such as orphans and the elderly. Ward 18 councillors said that the orphans were classified into two categories i.e. those who lost one parent or those who lost both parents. He actually kept a record of this and forwarded the names to well wishers or developmental partners. Councillors were involved in supervision in the distribution of humanitarian assistance such as maize, clothes, food for work and any other activity that required their input. Some residents in Ward 4 and 7 were of the view that councillors were generally more transparent in their dealings with humanitarian aid than the traditional leaders such as kraal heads, who in their view were not subject to questioning.

Councillors in most wards were involved in the implementation of empowerment projects. Wards 3, 6 and 7 had consolidated gardens. Wards 2 and 7 had the “Goat-pass on” project. A she goat is assigned to five households and as soon as it gave birth it was passed on to other households. Households benefited from the young

which would remain or now belonged the household which was the custodian when it gave birth.

Councillors were involved in educating their communities. According to the sisters in charge of clinics in Wards 3 and 6, councillors were involved in health education. They educated people about malaria, diarrhoea and other diseases. In areas which were prone to malaria, councillors were involved in malaria control including distribution of mosquito nets. They also educated people on the need for healthy livestock hence the need to have community animals regularly dipped. These elected representatives of the people also educated parents on the need to send their children to school. In this regard councillors therefore impressed upon the community the need for timeous payment of school fees. Disputes or conflicts that arose in council institutions such as clinics, schools, irrigation schemes, dip tanks and boreholes were settled by the councillor. Disputes in schools could take the form of parents accusing the head of school of embezzling funds, teachers not doing their duties, in irrigation schemes boundary disputes, in clinics ill-treatment of patients and in dip tanks, the dip tank attendant not doing his/her duties diligently. Councillors resolved these disputes that were linked to the local authority. The inquiry has revealed that councillors had good leadership competencies. The fact that WADCOs and VIDCOs were functional was a clear demonstration that councillors had leadership skills ability to have people follow you as a leader. Councillors had also demonstrated communication skills in the different committees. Consultive skills were also shown

in coming up with plans for wards. Councillors had facilitated discussions at WADCOs centres education and health institutions.

4.4.5 Supervision of government ministries

Councillors were involved in supervision of government ministries. Councillors supervised Agritex officers in irrigation schemes, road maintenance teams in their Wards, schools and clinics. The councillors would quickly approach the relevant ministry or ministries and register their discontentment

4.5 Extent of contributions of CRDC to education of its communities post – 1980

The section presents and discusses findings on the contribution of CRDC in education of its communities. The focus is on the nature of educational the services council offered to these schools and the curriculum offered in these schools.

One of the mandates of rural district councils is provision education to its communities (Rural District council Act). CRDC has therefore been providing preschool, primary and secondary education. Partnering with CRDC in this regard is a number of organisations which include churches, private companies, government and individuals.

Pre – 1980 period

Table 6: Distribution of primary and secondary schools by responsible authority

Pre1980

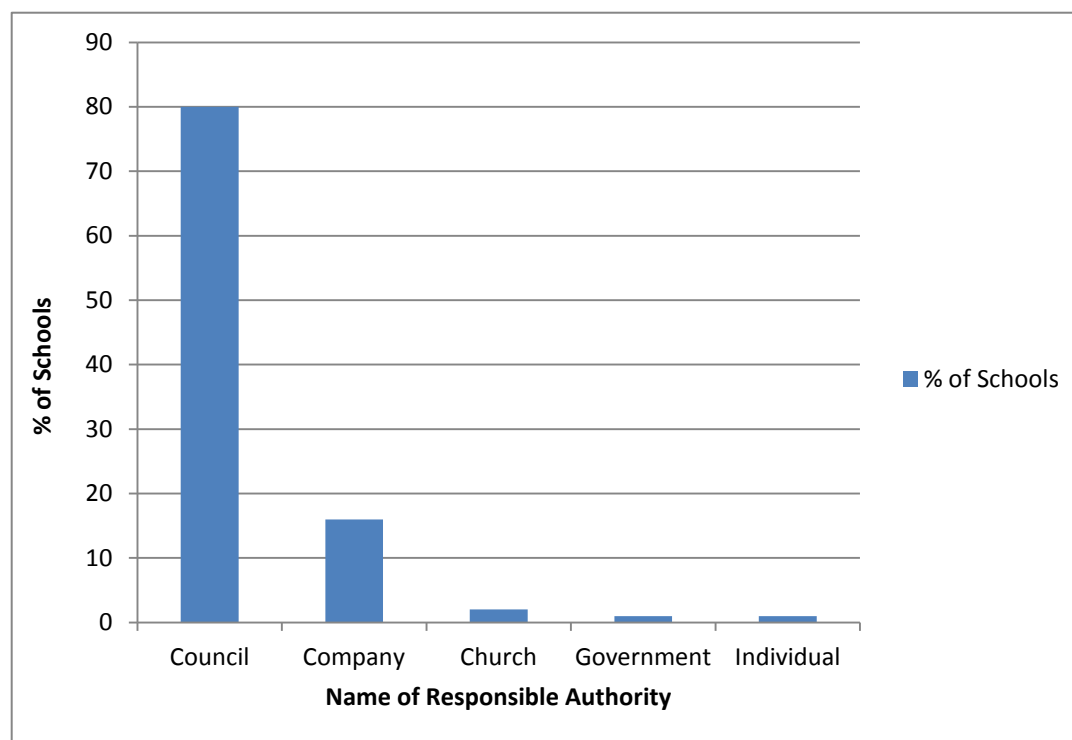
Responsible Authority	Number of primary schools	Number of secondary schools
Council	38	0
Government	1	0
Private companies	11	0
Churches	2	5
Individuals	1	0

Source: Ministry of Education, Sports and Culture (2013)

In the pre-1980 period Chimaninani district had 38 primary schools under the jurisdiction of council. Most of these schools had been established by churches which then surrendered them to council. Private companies particularly timber companies owned about 12 primary schools. The central government owned one primary school. Council only operated one pre-school. For the period under review council had no secondary school under its armpit. Central government also had no secondary school. Churches ran about five secondary schools. These offered up to ordinary level education. During this period council had the largest number (72%) of primary schools and no secondary school. Churches had the largest number of secondary schools and were the only institutions offering secondary education.

Post-1980 period

Figure 6: Distribution of primary schools by responsible authority.



Source: Own calculations from survey (2013)

The diagram above shows cumulative distribution of primary schools by responsible authority as at December 2012.

Between 1981 and 2012 council established a number of primary schools. The total number of schools established was 20 primary schools. These schools now offered primary education up to grade seven. Other developmental partners the likes of churches, government, individuals and private companies did not establish any schools during this period in Chimanimani district. Council established about 19 secondary schools after 1980. Of the 19 secondary schools, 5 offered advanced level

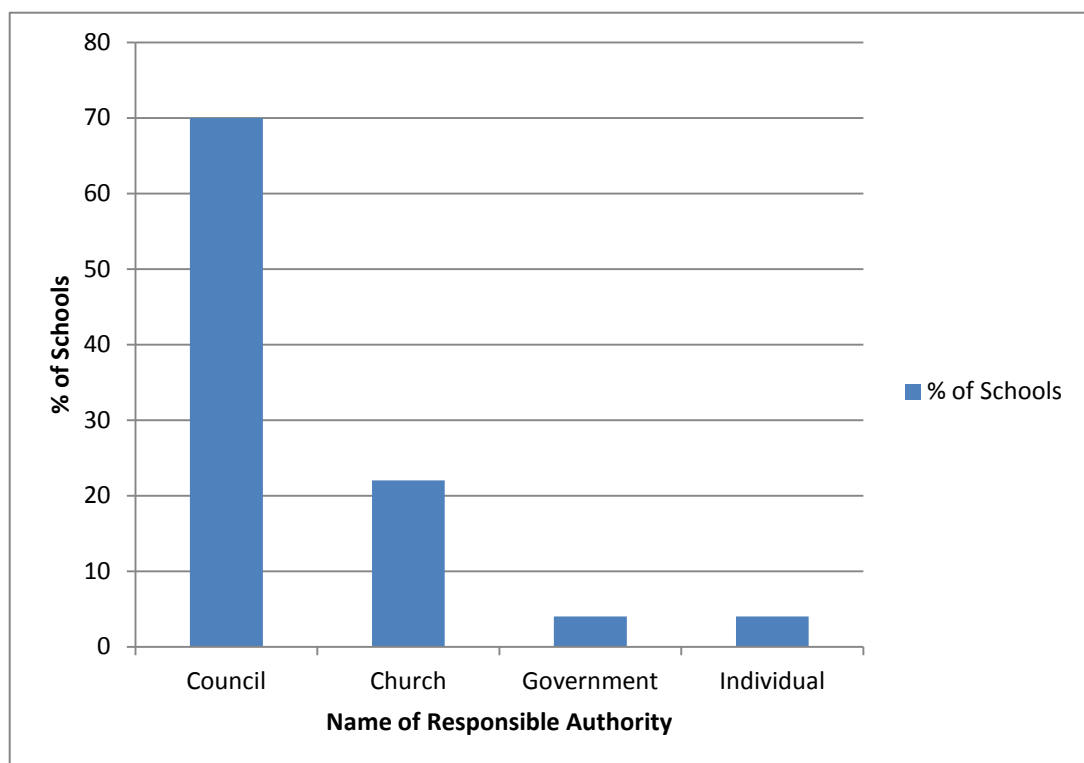
education. 13 secondary schools offered ordinary level education. Churches did not establish any secondary schools during this period.

About 80% of the primary schools now belonged to council, 16% belonged to private companies, 3% belonged to churches, 1% to government and 1% to individuals according to fig 4.2. Council provided preschool education in all its primary schools. Each primary school had pre-school. The pre-schools were for the 4-5 years old. The number of pre-schools was the same as that of primary schools. There were 74 pre-schools. The number of council primary schools was now almost five times the number of schools owned by private companies such as Boarder Timbers Limited and Wattle Company. On average the number of primary schools per ward was now three from an average of two before 1980.

Most of the schools sampled (96%) offered traditional subjects whilst only one school (4%) offered modern subjects i.e. vocational and technical subjects, such as computers, Agriculture, Fashion and Fabrics, Building, Food and Nutrition. Majority schools in the sampled wards offered only the traditional subjects such as English, Shona, Maths and General paper. Only one school in ward 18 offered vocational and technical subjects. Council now provided secondary school education. It had two secondary school education categories namely those that offer education from form one to form four and those that offer education up to form six.

The graph below shows the cumulative distribution of secondary school by responsible authority as at December 2012.

Figure 7: Distribution of secondary schools by responsible authority.

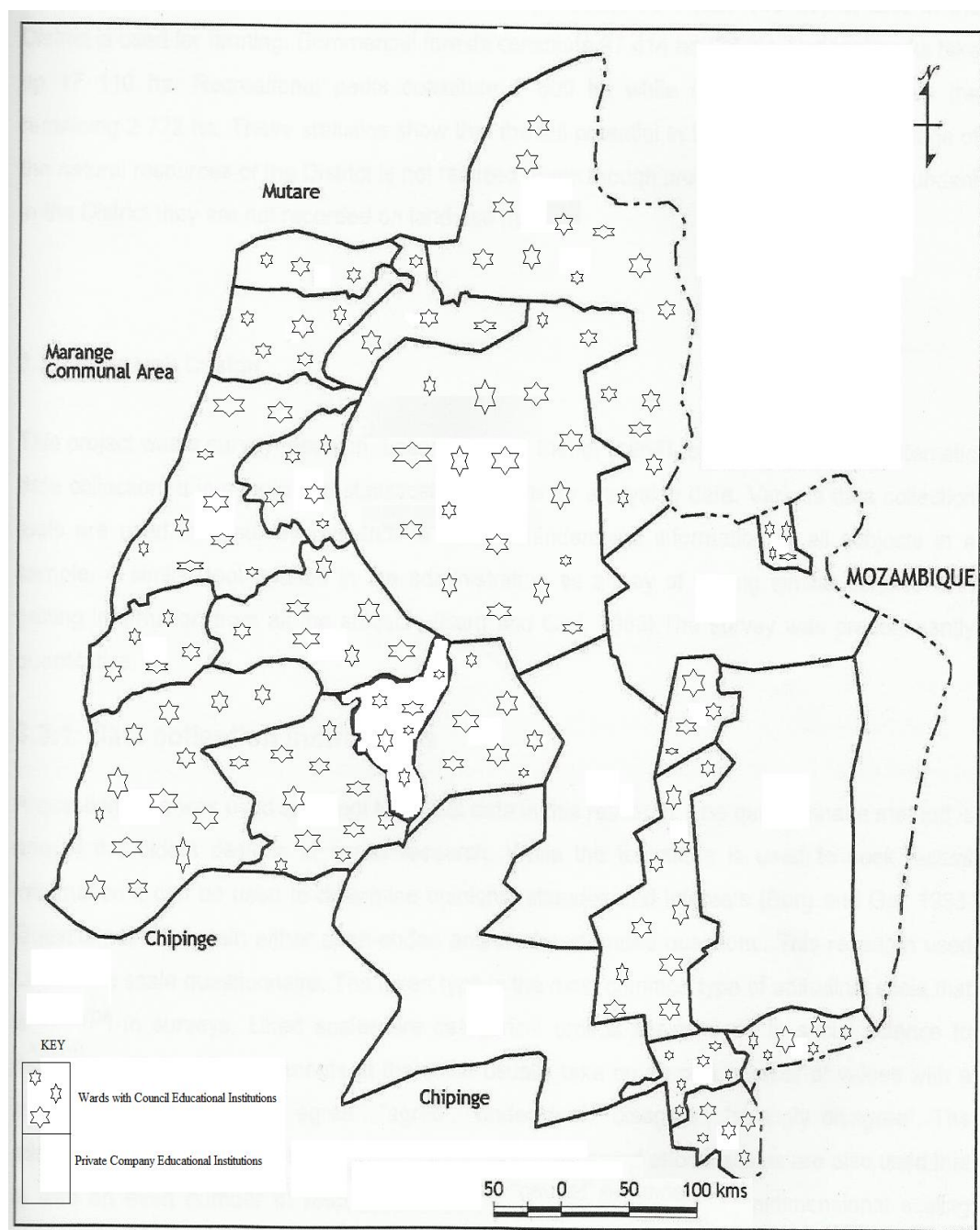


Source: Own calculation from survey (2013)

Council now provided the highest number of schools followed by church, and government was the least provider for the period after 1980. Council provided three times the number of all schools combined during this period after 1980.

The map below shows wards with council educational institutions.

Figure 8: Distribution of Council Educational Institutions post 1980 period.



Source Ministry of Education, Arts, Sports and Culture (2012)

4.6 Services provided to schools by CRDC after 1980

A number of services were being to schools by CRDC. Most of the services were provided by partnerships between CRDC and development partners. Some of the development partners included World Vision, Plan international and Restless Development. It emerged from the findings that most of the projects that were being done in schools and other council institutions were donor driven. These findings concur with those of Stiftung (2002) who observes that successful local authorities owed their success partially to partnerships. Stiftung (2002) observes that in South Africa partnership is increasingly central to effective local governance.

The following services were offered by council to its schools: Council was involved in pegging of school boundaries. It provided the site plans for the schools. Where there was a boundary dispute between a school and community, the council resolved the conflict by referring to maps from the Department of Physical Planning. Council was involved in fencing school premises. Flowers, trees in the orchard and crops in the garden would not be destroyed. A number of schools had received fencing material. The schools included Nhedziwa in ward 4 and Chimanimani High School in ward 15 to mention a few. Some schools in the drier parts of the district in ecological regions 4 and 5 were provided with water harvesting systems. Rainwater was harvested from roofs of classrooms and stored in some tanks. This development enabled a number of projects to take off at these schools. School gardens were now flourishing. There was sufficient safe water for drinking and for sanitary purposes. Beneficiaries included Mashonjowa Primary in ward 2 and Nenohwe Primary schools.

CDRC provided timber to its preschools that operated at council primary schools. The timber was used to make see saws, swings among other things at play centres. The local authority helped schools under its jurisdiction with timber in case of a natural disaster, for example hailstorms and strong winds which blew off the roofs. CDRC was also involved in aiding students from poor backgrounds, who excelled in their studies. It paid schools fees for these students i.e. from primary to advanced level. At the time of research, council was sponsoring three disabled students although the number was very insignificant considering the fact there were a number of school dropouts because of inability to pay school fees. Council was assisting some schools with the construction of fields for soccer, netball and volleyball pitches. An example of a beneficiary was Nhedziwa High School. The local authority had a lorry for hire by schools. The charges were relatively low. Schools that wanted to transport buildings materials and students for games or seminars were free to hire these.

The local authority provided receipt books in some primary schools. This was done to monitor how funds are being used by these schools. In some schools council provided furniture in the form of benches particularly newly established schools under the fast track land reform programme.

Council acted as a guarantor for schools that wanted to borrow money from banks. In spite of these contributions of council to the schools, some residents and school authorities viewed council's role as minimal. About 75% of the school heads interviewed said that council's role in the development of its schools was minimal.

They were of the view that council was supposed to provide auditing services, transport and equipment to construct sports fields to its school. Some people complained of council failing to provide audit services. Council was of the view that it did not get any administration or assessment fees from these schools.

4.7 Construction of secondary schools

In its 2010 Annual Plan Council had five secondary school projects to be accomplished at Bumba, Mhakwe, Tiya, Kushinga, Mukombiwani and Chakohwa Secondary schools. Various sources of funding were available PSIP (government grant), RCDF, council and DDF.

4.7.1 Construction of school libraries

Council through various sources of funding was constructing school libraries. Through government grant (PSIP) councils had on cards the construction of Chimanimani secondary school library.

4.7.2 Construction

CRDC constructed houses for teachers in its schools in order to provide decent accommodation for its teachers. In 2010, council managed to construct houses for teachers at Nyambeya, Demeni, Hangani and Ruwedza B primary schools (see appendix F). According to 2010 Annual Plan some of the projects that were still on the cards included Chimanimani, Tandai and Nyanyadzi vocational training centres. According to council chairperson, a number of projects remained on the cards because of lack of funding. The government grants (PSIP) had ceased coming.

Individuals and private companies who rented CRDC properties delayed their payments.

100% (7 out of 7) of the councillors and 60% of residents interviewed said that the number of schools per ward was adequate as indicated in Table 4. Council was able to establish at least one primary school per ward after independence i.e. twenty schools per twenty three wards. The total average number of schools per ward was three. The findings concur with Wittenberg (2003) that decentralisation makes local people to access government services at reduced distances. Schools were found to be located within walking distances of 2 -3kms in most wards. This therefore meant that locals could access services at their door steps. These schools were run by locals thereby meeting local preferences. Most of the schools were within walking distance of 2km- 3km. About 80% of primary school heads said that classrooms were adequate. Most classes in the wards studied, were well accommodated. Class sizes were within the recommended range of about forty pupils. On the contrary, classroom space was not enough in most secondary schools according to 60% of the secondary authorities. Classroom sizes ranged from 50-70 pupils per class. This figure was far above the recommended number of 45 pupils per class. Most (90%) schools had enough safe drinking water as indicated in Table 4. It ranged from tap water, borehole water to rain water. Most schools however, lacked electricity, which was a basic necessity in most secondary schools.

4.8 Health

Council under the Rural District Councils Act is mandated to provide health services to its residents. CRDC established health institutions (clinics, hospitals) and provided a number of services in these institutions. CDRC had partners in providing health care in the form of government, churches and private companies like Boarder Timbers Limited and Wattle Company.

Pre-1980 period

Before 1980 CRDC had only two clinics namely Chimanimani and Chakohwa clinics. It was the least (18%) provider of health services in terms of numbers of health institutions and the range of health services offered as shown in table 7 below. Private companies had the widest coverage serving 46% of the population in terms of numbers of health institutions. Mission or churches provided the largest service to the communities in terms of range of services offered. During this period the number of services offered by council was limited. The following services were offered: preventative, rehabilitation, deliveries and family planning services. The table below shows distribution of health institution during the pre-1980 period

Table 7: Distribution of health institution by responsible authority pre1980

Responsible authority	Numbers of clinics or hospitals	% contribution to the district health service
Government	2	18
Church/ mission	2	18
Company	5	46
Council	2	18

Source: Ministry of Health and Child Welfare (2013)

The table below shows the cumulative distribution of health institutions by responsible authority as at December 2012

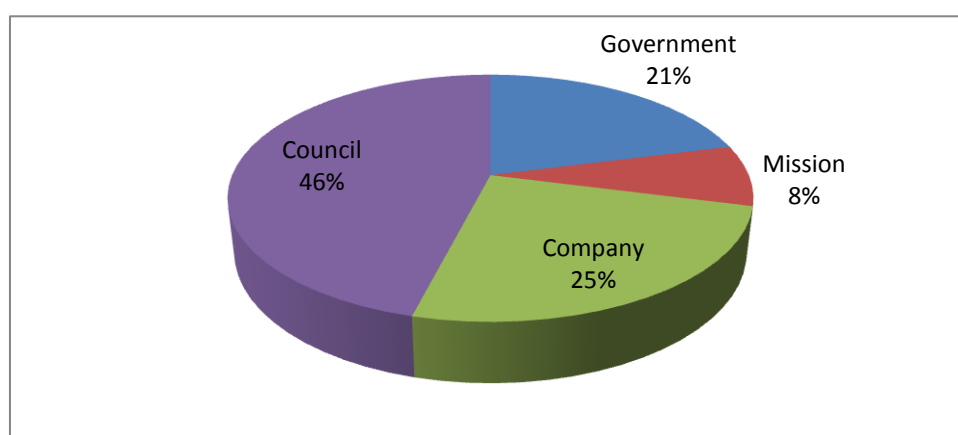
Table 8: Distribution of health institutions by responsible authority post 1980

Responsible authority	Numbers of clinics/hospitals	% contribution to district health service
Government	6	25
Mission	2	8
Company	5	21
Council	11	46

Source: Chimanimani Rural District Council (2013)

After 1980, the table (8) shows that the number of council health institutions increased almost six times. A hospital was also established. Council was now the leading health provider in the district in terms of numbers of health institutions, serving about 46%. Private companies such as Boarder Timbers Limited Wattle Company and Allied Timbers were the second largest provider.

Figure 9: Share of health contribution by different responsible authorities.



Source: calculation from survey (2013)

Council provided health facilities which were more accessible to its residents more than any of its counterparts. Fig 12 shows share of health contribution by different responsible authorities. Council had more of institutions in the different wards. Council was therefore more accessible to people who needed its services.

4.8.1 Services provided by council health institutions.

Council clinics now offered a number of services to the wards in which they were found and the surrounding areas. Most of these health centres were within walking

distance. A wider range of services were now being provided than the pre-1980 period. The following services were offered by council clinics:

Council clinics treated diseases such as malaria and some minor ailments such as headache and burns.

Preventative services:

These clinics offered preventative services. These included immunization of the seven major child killer diseases such as measles, malaria and tuberculosis to mention a few. They also provided health education on prevention of malaria, diarrhoea and dehydration.

Rehabilitation services

Rehabilitation was another service offered in health centres. This was restoration of health. Rehabilitation was done for fractures, mental health, ill health, and dental health.

Deliveries

Council clinics conducted deliveries. First time deliveries were referred to referral centres like Mutambara and Biriiri Hospitals. Family planning services were also offered at any council health centre. Distribution of contraception was done here. Voluntary counselling was done in these centres. In some wards, like ward 6 the service was very open to secondary school students. Prevention from mother to child Transmission (PMTCT) was another service offered at ward level or health service

centres. This involved testing pregnant mothers for HIV and giving medication that reduced transmission of the virus from mother to child during delivery.

Council health centres also had opportunistic infection and antiretroviral treatment to the residents. Tuberculosis (TB) screening was also done in these health institutions. Bilharzia treatment and Antenatal care (ANC) were offered. Bigger health centres like Chimanimani offered kangaroo care. This was the care of the under weights until they had reached the recommended weight. They offered services to both out patients and in patients. Councils employed staff at the clinic. It therefore met the expenses of paying the nurses, nurse aids and the grounds persons. Council provided drugs, uniforms for general hands and nurse aids, equipment such as Bp machines, thermometers, detergents and stationery. The local authority also maintained the structures by painting and other repairs. Council was involved in financial management since council clinics were fee paying institutions. It did auditing of accounts of health institutions. Council complimented efforts of the community by constructing or maintenance of the roads to the health institutions. Council was the policy maker.

4.8.2 Services expected to be offered but not offered

The research revealed that there were services these small centres were expected to give to the communities but could not offer such services. Some of these service included a mothers' waiting shelter or home. Mothers waiting to deliver were supposed to be accommodated at the clinic so that monitoring was done closely.

Some mothers had to walk 12 km to nearest clinic. There were shortages of accommodation in these health institutions.

Domiciliary visits

This involved visiting the homes of home based patients. Staff in local health centres was supposed to supervise caregivers. There was shortage of transport and because of this, it was impossible to offer services to these patients.

4.9 Health plans

Council officials disclosed that council had a number of projects lined up to provide affordable and accessible health care. The following were some of the projects on the cards: Chimanimani polyclinic needed to be upgraded to become the district hospital. Six new clinics were to be established. These included Rupise, Hangani, Nyabamba, Nyambeya, Mhakwe and Varspond clinics see Appendix G. Funding was expected to come from government grants. The number of health institutions was inadequate. At least one clinic per ward was ideal. Drug supply was erratic. The drug supply system changed every time. School health programmes had been suspended. These programmes involved health staff or nurses visiting schools to check diseases such as bilharzias, dental problems and signs of malnutrition. Health education was also provided on preventable diseases. Residents complained of lack of facilities such as mortuary. The clinics also lacked TV sets for assisting in diverting thinking (taking of minds of people from focusing on problems). Most of the clinics lacked nutrition

gardens to lead people by example. People needed to be taught to have gardens for the good of their health.

4.10 Irrigation schemes

Chimanimani had a number of irrigation schemes. Most of these were found in ecological regions 4 and 5.

Pre-1985 period

Council controlled most of the activities which were taking place in the irrigation schemes. Council through its workers maintained the irrigation schemes. They were responsible for dredging of canals. During this time Arex officials in the irrigation schemes were mainly whites. Plot holders paid a levy or rent to council. This money was used to pay general hands and for maintenance of the irrigation schemes. The money could also be used to meet any eventuality. Agricultural Shows were held.

4.10.1 Role of council in irrigation schemes post-1985

After 1985 the role of council changed in irrigation schemes. The irrigation scheme was now run by a committee set up by the councillor. Council was no longer collecting any revenue from plot holders and therefore not responsible for the maintenance of irrigation schemes. ZINWA was now collecting money from plot holders for water use. ZINWA was no longer maintaining the irrigation schemes.

Council in partnership with a number of developmental partners was doing a number of projects in different communities. It had rehabilitated irrigation infrastructure in areas such as Tonhorai and Mandima in Cashel. It was involved in dam scooping.

In ward 2, council had promised to fence the canals. It had also promised to service link roads to the scheme. Council had recently found developmental partners for rehabilitation of Zimunda irrigation scheme and development of Mataa irrigation scheme. The main function of council had been to source for funds from development partners, coordinate and evaluate activities of development partners.

4.10.2 Dam construction

Council was also involved in dam construction. The objective of dam construction was to improve food security. In its 2010 Annual Plan CRDC had five dams on cards namely Nhadza, Nyanyadzi, Chimanimani and Nyahondo dams. None of these dams was constructed because the PSIP grant was not released from government. A number of projects including the construction of a new canal in Rupise, ward 5, establishment of new irrigation schemes Masasi, Muererwa and Muzvizi had been lined up but because funds were not forth coming, these projects did not take off. The funding agencies for these projects were RCDF, European Union, GAA and government.

4.11 Tertiary roads

One of the mandates of rural district councils was the establishment and maintenance of tertiary roads.

Pre-1990

Rural District Councils were responsible for the construction and maintenance of tertiary roads. Central government would give RDCs a grant called PSIP. This money would be used for construction and maintenance of roads. During times of economic crisis around 1997 the grant was no longer being disbursed timeously. Since then the grant has stopped being disbursed. RDCs have therefore been struggling to maintain roads.

4.11.1 Road reconstruction post_1990

Generally residents of most wards concurred with council officials that roads were serviced just before and after the rain season. The councillor for ward 5 said that the road leading to Nemaramba Primary School was last serviced five years ago. A councillor (ward 15) and council officials concurred that the servicing was not standard. Both parties bemoaned the poor type of servicing done. In some cases maintenance was done using picks and shovels. Locals were hired to repair or service the roads. Council used old type of equipment. CRDC did not have a motorized grader.

In some wards (4, 18), Development District Fund (DDF) had gone out of its way to repair roads or construct new roads. In ward 4, DDF constructed a new road that linked Guhune Secondary School with Quaggas Hoek according ward 4 councillor. DDF also repaired the road that linked Nhedziwa Business Service with Guhune Secondary School. A number of roads needed reconstruction. These roads were damaged by Cyclone Eline some twelve years ago. The following roads were in bad shape: Charte-Nyahode-Kurwaisimba-Copper-Chipinge and Chimanimani Urban roads. Council officials revealed that cyclone damaged roads were Scenic Road, Muroti-Causeway and Merrywaters. Council officials estimated the cost of the repairs at US \$690 000.

Council chairperson (ward 7 councillor) revealed that council was facing a number of challenges in terms of inadequate financial resources. He said that government was no longer releasing grants (PSIP) to rural district councils. Council was therefore failing to implement its development projects. He also said that not all rate payers were meeting their obligations on time. He cited examples of non payments of unit tax, licence fees, and or delayed payments of rent. Mining companies were not paying royalties on time. These sentiments concur with findings by Mushuku et al (2012) who found that financial deficits and poor budget performance were militating against rural district councils development. He also said that council had no motorized grader such that the roads that were being constructed were substandard. He cited Chimanimani Urban roads as substandard. Muchada (2013) concurred with councillors that poor service delivery was partly attributed to politicization of council programmes. Contrary to the findings of Gwakuba(2013),

councillors in the rural district councils did not milk the local authority. This research contradict with the findings of Zinyama (2013) who found that councillors were not knowledgeable about council procedures .Most of the councillors demonstrated in depth knowledge of council procedures and by laws.

4.12 Interpretation of findings

In the process of decentralizing functions to lower structures central government did not give enough financial resources to support the functionality of RDCs. This was revealed by the study that rural district councils had limited resources. Rural district councils got only 0.4% from the mining proceeds. Councils also received very little from Zimbabwe National Roads Administration (ZINARA). Consequently, there was lack of development in most spheres of the local authorities. Communities had to mobilize their own resources in the construction of clinics and schools. Councils had adopted a strategy of over dependence on developmental partners. Appendix G shows the list of the developmental partners who were funding many projects in RDCs. This was evidence of lack of funding from central government. A number of projects were on the cards. This was attributed to reduction in funding from organizations such as European Union. Poor relations between Zimbabwe and the European Union resulted in reduced funding in its humanitarian assistance to Zimbabwe. This had impacted negatively on the pace of development. Capacity building programs initiated were not sustained after the withdrawal of major donors. Communities mobilized resources thereby achieving development. Communities moulded bricks from example, for the construction of classrooms and clinics.

4.13 Lessons learnt from other Local Authorities

Participatory budgeting

Participatory budgeting was democratic and progressive. Service delivery increased drastically. Sewage services, access to water and the number of schools increased by more than 70% in Porto Alegre. The number of school increased four times. Rural district councils were also urged to engage their communities in a similar way to improve services in education and health sectors.

Service charters

Service charters were very important. The community was kept informed about the activities of council. Services were managed efficiently and effectively. Service charters are needed in clinics.

Citizen participation law

This law was passed in Mexico City. The result was improved service provision and governance in Mexico City. Citizens should be part of decision making process.

Capacity building programs

The program focused on promoting transparency, accountability and greater capacity in management of decentralization services in Bulawayo, Zimbabwe. Newly elected councillors were trained. Dialogue and communication improved.

The programs discussed above have improved service delivery in many local authorities. They have promoted dialogue and council has met the preferences of the people (residents) in health and education centres.

4.14 Summary

This Chapter has discussed the findings of the enquiry. Councillors were found to be effective leaders. They were accountable to the people and were very visible in wards. They were also effective representatives of council. Council established enough schools within walking distance. The numbers of schools within a ward were enough. The number of classrooms was inadequate. Council's role in development of the schools was minimal. Council health institutions provided a comparatively large number of services to its residents. Council had the biggest share of clients in terms of health provision. Although council serviced its roads, the service was poor i.e. substandard. The role of council in irrigation schemes was minimal. It played a peripheral role. Some lessons have been learnt from the citizen participation Law, capacity building programmes, service charter and participatory budgeting. These were seen to improve service delivery by councils to their residents.

CHAPTER 5 : SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary.

The primary purpose of the enquiry was to assess rural district councils in the service delivery in Zimbabwe focusing specially on the effectiveness of councillors' infrastructural services, health and education services provided to their residents. Data was collected through in depth face to face interviews, questionnaires, documentary analysis and focus group discussion. Twenty five heads of schools, five nurses in charge, seven councillors, and five school and health institutions committee members participated in the in depth face to face interviews. Eighty participants responded to the questionnaire.

The study revealed that councillors were visible in the wards they serve. The numbers of schools were adequate per ward, council health institutions offered a number of services, and roads were not serviced to standard. A number of irrigation schemes were not functional. It was concluded that councillors were effective leaders.

5.2 Major findings

The enquiry unearthed a number of issues including: Councillors were very visible in the wards. Councillors served their communities in various capacities. They were supervisors of different ministries in their wards. They were peace builders. They coordinated developmental initiatives. They were involved in community

mobilisation and had legislative functions in council. They are very knowledgeable of their duties and responsibilities. Councillors are very accountable to the people that put them into office. Councillors gave quick feedback to their communities. These elected representatives also consulted their constituencies often. The enquiry revealed that council had established enough schools per ward. The average number of schools per ward was three to four schools. These schools were within walking distances of 2km- 3km.

Sizes of classes were too large, that is, exceeded the recommended size in secondary schools of thirty-nine students per class. The average class sizes were fifty-five. Most schools had adequate water and sanitary facilities. Council assistance to its schools was very minimal. It was availed in most cases only after devastation by natural disasters. It did not offer services such as auditing or other financial controls. Council had the largest number (50%) of health institutions in the district. These offered comparatively a larger number of services. Council had no hospitals but a polyclinic and clinics in the district. Most roads were serviced before and after the rainy season. It also emerged from the enquiry that the servicing was not standard. The reasons given to explain this situation was that council had no motorized grader to do proper reconstruction or servicing of roads. The other reason given was that council had no financial resources to do proper servicing because government grants were no longer being disbursed to rural district councils. Construction of new roads was minimal as was done by DDF, where it happened to have been done.

A number of irrigation schemes were non functional. Council on its own was doing very little in terms of money provision to resuscitate the irrigation schemes. Council in partnership with developmental partnership was trying to rehabilitate irrigation schemes. The main role of council in irrigation schemes was to coordinate developmental partners. Council appeared to play a peripheral role in this area.

This study also revealed that most capital projects were funded by donors (developmental partners) see appendix G. Council funded 10 – 20% of the projects only. 80% of the projects were funded by organisations such as European Union, Celuct, Tsuro and SAVE to mention but a few. A number of capital projects remained on the cards i.e. schools, irrigation schemes and roads. This was attributed partly to government grants not forth coming and reduced funding of donor assistance to Zimbabwe.

5.3 Conclusion

Councillors were very effective leaders in the wards. They were found in every sphere of the life of the community, i.e. water, agriculture, education, health, roads, and conflict resolution. Councillors were very accountable to the electorate. Council established adequate schools in wards. These were within walking distances. Generally infrastructure i.e. classrooms were not enough to accommodate all the pupils. The class sizes were far above the recommended sizes. Council played a minor role in the development of the schools after they have been established. Councils had the largest number of health institutions. These institutions offered comparatively a large number of health services. Developmental partners played a

more visible role than council in schools. Irrigation schemes were not fully functional. Council was playing a peripheral role in irrigation schemes. Roads were not adequately serviced, i.e. the service was not standard. This was due to use of old equipment. CRDC had a good vision for the communities as seen from the number of projects on the cards. CRDC was severely handicapped by lack of financial resources. Overallly council was offering good service to its residents although it was handicapped by lack of financial resources.

5.4. Recommendations

In light of the above findings, the following recommendations have been made:

Council should provide councillors with bicycles or motor cycles so that they access every part of their wards so that they attend to issues promptly. This will better enhance the objectives of decentralisation. Councillors should be awarded salaries that are comparable to a school head to incentivise them to work harder. Councillors do a lot of work for the communities. Council is present in the wards through the councillors.

More financial resources need to be availed to the rural district councils. Government under the new constitution should revisit the policy on the percentage of proceeds from mining and other resources remitted to rural district councils. The percentage should be reviewed upwards to at least 10%, from 0.4%. This will empower local authorities roll out developmental programmes in areas under their jurisdictions.

Government should resume disbursing grants to rural district councils. A number of projects remain on the cards because of non-disbursement of those monies. Council should levy or collect money from plot holders in irrigation schemes, in a bid to set up a fund to help revive or rehabilitate irrigation schemes in case of breakdown of pumps or damaged canals or weirs. This money can be made available for borrowing by plot holders thereby contributing to the functionality of irrigation schemes. Irrigation schemes can borrow money from banks and council can act as the guarantor or assurer if there is a fund set up.

Councils can help facilitate irrigation schemes to access money to expand or have dams expanded. These irrigation schemes would be weaned from donor funding. Councils should levy schools and set up a fund called Developmental Fund. The levy can be very little per child. This fund can be made available for borrowing by member schools for developing infrastructure such as classrooms, sports fields and even buying of new cars. This fund could be the answer to a number of projects that are on the cards. A number of classrooms, teachers' houses and sports fields need to be constructed. Councils were owed large sums of money in form of rents, royalties and taxes. Council should engage the services of debt collectors.

REFERENCES

- Chakaipa, S. (ed) (2010). *Local Government state in Zimbabwe: A Policy Dialogue: State, Peace security studie*. Harare, Community Law Centre.
- Chimanimani Rural District Council (2010). *District Annual Plan*. Chimanimani, Chimanimani Rural District Council.
- Chimanimani Rural District Council, (2010). *Minute Book*, Chimanimani District Council. Chimanimani.
- COPAC (2013), The Final Draft Constitution Of Zimbabwe, COPAC, Harare
- Government of Zimbabwe (1992). *Administrative Handbook*. Harare Government Printers.
- Government of Zimbabwe (1989). *Rural District Councils Act* chapter 29:13, Harare, Government Printers.
- Gwimbi P (2003). *Research methods in geography and environmental studies*. Harare, ZOU
- Harmon,T.(2008). *Local Government in Southern Africa*. Cape Town Academic. Pretoria
- Hope, J. (2000). *Decentralised development Planning: Issues and Early Lessons from UNCDF Supported, “Local Development Funds”, (LDF) Programmes*. UNCDF, New York.
- Jewell, B. (2000). *An Intergrated Approach: Business Studies*, Halow Person Education Centre
- Makumbe, J. (1998). *Development and Democracy in Zimbabwe*. Harare, Southern Africa Regional Institute for Policy Studies.

- Muchada, A. (2012). *State and Local Govderment*, 5th Edition. Emerald Group Publishing House, Harare.
- Mushamba, J. (ed) (2010). *Local Government state in Zimbabwe: A Policy Dialogue: State, Peace security studies*. Harare, Community Law Centre.
- Saunders,P.(2004). *Enhancing Participation and Institutional Performance*. London, Overseas Development Adminisration.
- Shumba, J. M. (2009). *Local Government Institutional Arrangements in Zimbabwe: Examining Policy Practice through the lens of the Institutional and Pluralist Theories*. Harare.
- Stiftung,F.(2002). *Decentralization in South Africa*, Kumanan Press. West Hartford
- Stimpson, P. (2010). *Business Studies: Cambridge International and A level* Cambridge University Press.
- Wekwete, K. (1991). *The Local Government Systems in Zimbabwe: Some perspectives on Change and Development Planning and Administration*. Harare
- W.W.W.Wikipedia org /wiki /participatory budgeting 30 May 2012
- Wittenberg, M. (2003). *Decentralization in South Africa*, University of Witwatersrand Johannesburg, School of Economics and Business Science.
- Zinyama, T (2012). Are minimum qualifications for local councillors Panacea? U.Z, Harare.
- Mapuva, J. (2011). “*Enhancing Local Governance Through Initiatives: Residence Associations in Zimbabwe*”. African Journal of History and Culture, Volume 3(1), PP 1 – 12 February 2011.

Mushuku,A.(2012). The Delivery of Social and infrastructural services by Rural district council. International Journal of politics and Good Governance, vol 3,p.76_95.

Rondonelli, DA. (1997). *Decentralisation in Developing Countries: A Review of Recent Experiences*. World Bank Staff Working Paper No. 581. World Bank. Washington DC.

Mukarati, L. (2008, October 15). Harare water source condemned. Herald p.5

Ndlovu,T.(2010, August 6_12). Councillor effectiveness.The Manica Post p.4.

Government of Zimbabwe (2012). *Schools With Their Responsible Authorities*. Ministry of Education, Arts, Sports and Culture, Chimanimani, Government Printers.

Shumba, T (2012 November 24). Forms of decentralization lecture at Africa University

Yulian, L.E (2004, April 27-30). *Decentralization, De-concentration and Devolution: What do they mean?* Address at Interlake workshop on Decentralization, Switzerland

APPENDICES

Appendix A: Interview Guides for Councillors

1. How often do councillors attend meetings?
2. How prepared are councillors for council meetings?
3. What developmental projects are you currently carrying out in school, clinics and irrigation schemes?
4. What services are you generally providing the institutions named above so that they run smoothly?
5. When did you last service tertiary roads in this ward or how often do you service roads?
6. What percentage of your annual budget is spent on servicing of roads?
What is the percentage which is recommended?
7. What are the priorities areas?
8. What is the total annual demand for residential stands? How many stands are pegged per year in the service centres?

Appendix B: Interview Guide for Councillors

1. What is your role, duties and responsibilities in the ward?
2. What council facilities are found in this ward?
3. What educational, health and infrastructural services are being offered by council in this ward?
4. Are resources adequate to implement council resolutions?
5. What can be done to improve service delivery by Chimanimani Rural District Council(RDCS)?
6. How do you rate RDCS in providing service to its residents compared to other RDCs?

Appendix C: Interview Guide for Health Institutions

1. How often does the councillor attend meetings here?
2. What role does the councillor play in the development of this institution?
3. What is council doing to develop this institution or what services are being provided by council?
4. Does this institution have enough drugs? What range of services does this institution offer? What services are you expected to offer which you cannot offer/ give?
5. Do you have enough facilities or amenities associated with a health institution? How many health institutions are in this ward? Are they private or public?

Appendix D: Interview Guide for Educational Institutions

1. How often does the councillor attend school meetings?
2. What role does the councillor play in the development of the school?
3. What is council doing to develop the school or what services are being provided by the council?
4. Has the school enough sanitary conveniences?
5. Does the school have enough safe drinking water?
6. Does the school have a library or hall? If yes, has it enough learning material? Any projects being funded by Non Governmental Organisation?

Appendix E: Interview Guide: School/ Clinic Committees

1. What educational, health or infrastructural services are found in this ward?
2. Is the councillor holding some meetings in this area? How often are they held?
3. Do you have any requests that have been put to council but council has not yet responded? How long does it take for council to give feedback?
4. What is your comment about services being offered by Chimanimani Rural District Council?
5. When did council last service roads in this ward?
6. What is the role of council in the irrigation schemes?

**Appendix F: Chimanimani Rural District Council District annual plan Year
2010**

**AGRICULTURE AND NATURAL RESOURCES SECTOR-BUDGET AND
ACTIVITY SCHEDULE**

Activity	Project Name (by priority)	Location	Funding Agency	Objective	Estimated Cost 2010 US\$
Dam construction	a)Nhadza	Rupise ward	PSIP	Improve food security	50 000
	Dam	Shinja ward			50 000
	b)Nyanyadzi	Chakohwa			50 000
	dam	Chikwaka/Shin			50 000
	(c)Chitinha	a			
	dam				
	(d)Nyahondo				
	dam				
Irrigation	Nyanyadzi	Nyanyadzi ward	RCDF	Improve	15 000
Rehabilitatio n of Canal	Scheme			food security	
Construction of new canal	Matovori Canal	Rupise ward	EU	Enhance food security	10 000
Establishmen t of 20ha new	Nyanyadzi South	Changazi	PSIP	“	30 000

irrigation at Masasi, Munwera& Muzvizi	Irrigation				
Establishment of new scheme	Mururo Irrigation Scheme	Shinja	RCDF	“	30 000
Opening of Small Irrigation	a)Chitopo Irrigation	Mhakwe	RCDF	“	15 000
	b)Quaggas Hoek irrigation	Cashel	RCDF	food security	15 000
	c)Albany	Gwindingwe	RCDF	“	15 000
	d)Chakohwa irrigation scheme completion of	Chakohwa	GAA		10 000
	e)Gudyanga Irrigation Scheme	Gudyanga	Gvt	“	15 000

Appendix G: Health And Social Services Sector

Activity	Project Name	Location	Funding Agency	Objectives	Estimated cost 2010 US\$
Construction of District Hospital	Chimanmani District Hospital	Chimanima ni Urban	PSIP	Establish district hospital	750 000
Extension of Nyanyadzi Rural Hospital	Nyanyadzi Hospital	Nyanyadzi	PSIP	Improve Health delivery Service	40 000
Construction of New clinics	a)Rupise clinic	Rupise Gwindingwe	PSIP	Provide health facilities	40 000
	b)Vorspond clinic	e Martin		mainly to	40 000
	c)Hangani clinic	Gwindingwe		newly resettled	40 000
	d)Nyabamba clinic	Cashel Mhakwe		farmers	40 000
	e)Nyambeya				

	clinic f)Mhakwe H/ Centre				
Procurement and delivery of food stuffs	Child supplementary feeding	23 wards	SAVE	Reduce malnutrition	1000 000
	Agricultural inputs for child headed families	23 wards	GAA TSURO Help Germany	Improve health and food security	150 000
Procurement and delivery of agricultural inputs	Agricultural inputs for disadvantaged Families	23 wards	Help Germany/CAD EC/WFP	Improve food security	150 000
Construction of public Toilets	Muchira RSC, Machongwe RSC, Chakohwa RSC	Ngorima A, Chakohwa. , Machongwe	Council	Provide sanitary facilities	8 000

Appendix H: Questionnaire- Residents

What is your response to the statement below?

Indicate by writing the letter corresponding to your choice in the space provided at the end of the statement.

Key: SA= strongly agree; A= Agree; U= undecided D= Disagree, SD= Strongly Disagree

1. Council schools have adequate classrooms.
2. Sanitary facilities (toilets) are enough in council schools.
3. Roads are always maintained.
4. Council officials always inspect properties at the business centre to make sure that they comply with building standards.
5. Councils provide adequate services for child spacing and family planning
6. Council clinics and hospitals offer poor services.
7. Council attends to problems in the irrigation schemes promptly.
8. Council consults the business community on budgetary issues.
9. Clinics are provided with enough drugs.
10. The councillor holds ward meetings at four times per year.

Appendix I : Rain water harvesting system



Source: Own field survey (2013)

Appendix J : A newly constructed state of the art clinic in ward 4



Source: Own field survey (2013)

Appendix K : Part of a clinic funded by European union



Source: field survey (2013)

Appendix L: Part of an irrigation scheme in ward 3



Source: Own observation from field work (2013)