Gaps, Challenges and Critical Success Factors in Health and Education Service Delivery in Rural District Councils: The Case of Gokwe South RDC

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Acronyms

BEAM	Basic Education Assistance Module
HIV/AIDS	Human Immune Deficiency Virus
ICT	Information Communication Technology
NDS 1	National Development Strategy 1
NGOs	Non-Governmental Organisations
ODF	Open Defecation
PSIP	Public Sector Investment Program
RDC	Rural District Council
RGN	Registered General Nurse
SDC	School Development Committee
UNICEF	United Nations Children Education Fund
WHO	World Health Organisation
ZIMCODD	Zimbabwe Coalition on Debt and Development
ZIMSEC	Zimbabwe Schools Examination Council

Executive Summary

Education and health are key pillars in human development processes. In Zimbabwe, equity and equality in the provision of education and health is placed as the main thrust of the system. However, inclusive education and health goals are still to be realized in Zimbabwe rural learning environments and health institutions. It therefore follows that ensuring quality education and the well-being of citizens are strategic governmental goals. Policy design and allocation of the relevant and required resources (e.g. financial resources) should be meticulously structured to enhance the accessibility of education and health facilities, essential medical drugs and competent and adequately trained education and health workers, as well as medical supplies. Globally, many countries are grappling with educational and health inequities. Despite the Government of Zimbabwe's pursuit of universal education and health since 1980, inequities and poor quality education challenges persist unabated in rural schools and health centers. Accessibility of education and healthcare in rural areas is globally impeded by a plethora of physical, material, human, financial and managerial resources and societal barriers in the education and healthcare system. Developing countries like Zimbabwe are significantly affected.

Studies have established that over 67% of Zimbabwe's school children do not have access to holistic, quality education that will ensure they can reach their full potential. The majority of Zimbabwean learners in both primary and secondary schools still receive a traditional rote education, not in line with the needs of a developing economy. Most of these learners live in marginalized rural areas, which lack basic infrastructure, such as running water and electricity. Additionally, they face enormous hardships, such as poverty, hunger, trauma, and school systems that do not provide them with the education that they need to escape poverty and build a better future. Political and economic instability has also had a negative impact on government revenues in Zimbabwe and this has resulted in underfunding of essential educational services. Additionally, thousands of teachers left the country to escape the economic collapse caused by hyperinflation, which peaked in 2018 after relative stability during the inclusive government between 2009 and 2013. This has led to a massive shortage of qualified and experienced teachers, which has affected teaching quality.

Moreover, inadequate funding of the education sector, coupled with the reduction of quality educators, due to low morale for the remaining teachers, means that quality education and the

realization of their true potential is now unattainable for the majority of Zimbabwean school children, particularly in the highest-needs schools. The widening economic crisis in Zimbabwe is contributing to a continuous decline in the quality of education at high-need schools. According to UNICEF (2022), Children from disadvantaged backgrounds are marginalized not only in access to and completion of education but also in terms of the quality of education received. A study by Mashingaidze (2022) established that students attending the 10 percent of schools with the best performance in Grade 7 exams were 40 times more likely to pass the exam than students attending the 10 percent of schools with the weakest performance. The top-performing primary schools were better funded, had better teacher/pupil ratios, and were more likely to have trained teachers. The gap in performance reflects grave inequities among schools and the children who attend them, this crisis in education is no longer tenable and the future of the majority of Zimbabwean school children is at stake. When the majority of our students are not learning this affects the entire country by increasing poverty and threatening our economy.

In relation to the health care system of Zimbabwe, in general and Gokwe South district in particular access to services is influenced by long distances and travel times to health facilities, the availability of financial resources to travel or pay for care and the availability of medical drugs as well as competent healthcare workers. The majority of Zimbabweans living in rural areas often have to walk between 10 km and 50 km to access the nearest health facility. Access is further impeded by a lack of infrastructure, such as dirty roads that are not maintained, resulting in poor road conditions and potholes that create barriers to transport. Due to economic challenges, bridges that have collapsed because of rain are not repaired, hindering travelling of patients during critical times and negatively affecting the timely delivery of medical drugs and medical supplies to rural health centres. The collapse of Sesame bridge in Nemangwe are of Gokwe South in December 2023 hinders access to education and health facilities at Gokwe centre and hence residents of Gokwe South will have to travel to Gokwe North RDC for the facilities. Even where healthcare services are available and affordable, access to medical drugs is limited. There is often a shortage in the supply of medical drugs, other medical supplies and equipment in public health facilities, leaving professional nurses with limited options to provide treatment

The continuing challenges prompted ZIMCODD to commission a study to investigate the factors hampering the realization of equity and quality education and health in rural communities in

general and specifically gaps, challenges and critical success factors in promoting quality and inclusive health and education service delivery in Gokwe South RDC. The study provides a case-specific account anchored on the expert perspectives and lived experiences of different stakeholders in Gokwe South RDC. Gokwe South RDC has 123 primary schools, 43 secondary schools and 30 clinics, with 6 currently not operating (refer to Annexure 1). The objectives of the study are:

- to gather public perceptions on the state of health and education services delivery in Gokwe South RDC.
- the explore the gaps and challenges in health and education service delivery in Gokwe South RDC
- to analyze factors that are critical in promoting improved access to quality health and education services in Gokwe South RDC

The study deployed a mixed methods design that used secondary data, a questionnaire and KII. The study is based on various secondary data sources which include council and government reports, 26 KII and 200 questionnaires. Quantitative data was analyzed using the descriptive statistics technique, cross tabulations and Likert ranking scale analysis whereas qualitative data was analyzed using thematic analysis and content analysis

Major Findings and Recommendations

There is massive decline in the state of infrastructure in most schools and council clinics which not only increase maintenance costs but expose institutions to severe damage especially in the context of climate change and climate variability. Over 82% of the schools require extensive renovations including new roofing. Between October and December 2023, 12 schools and 1 clinic had roofs blown off by severe rain induced winds. These include Mutange Primary in ward 24 and Ganye Clinic in ward 12.

The challenge of unfunded mandates has affected delivery of education and health services. This presents a severe constraining factor on funding of infrastructure and services through weak intergovernmental fiscal support. Whereas central government is expected to fund health and education service delivery through the Health grant and Education grant, the former is no longer

honoring these statutory grants. Rather the national government is now allocating Results Based Financing (RBF) to schools and clinics. To councils, national government is now only paying salaries for the Executive Officer responsible for social services. Whereas this is violation of a statutory commitment, the allocation and disbursement of the RBF remains weak and inconsistent.

The study shows that Gokwe RDC has a weak resources base to sustain health and education service delivery without the support of central government through grants. As noted above, council has weak capacity to finance local level health and education budgets

The education sector in the district is affected by a huge digital gap. The covid 19 pandemic presented a stark reminder of the necessity of developing robust communication systems to facilitate digital tools in teaching and learning. Covid 19 had a disproportionate impact on rural learners who constitute over 70% of the schools' enrolment. The study revealed that 95.1% of the learners lacked requisite digital devices to facilitate learning. The schools are also not supporting teachers with relevant digital systems and devices with a gap of 93.4%.

The study shows that the average distance to school and health center is 9.1km and 13.3% respectively. Whereas this is high, council is courting development partners in an effort to reduce the distances to 4.8% and 6.2%.

One of the major factors threatening the delivery of health and education are staffing issues. The country is hit by massive resignations of health staff for greener pastures in Europe and North America. The education sector has equally been affected by brain drain. To further worsen brain drain is the issue of low morale in the education and health sector due to poor salaries and declining living condition. Over 83% of the schools and clinics in the district lack both piped water and electricity. This makes the schools less attractive to staff and suffering huge staff turnover. To compliment teachers and sustain low salaries, 75% of parents in urban centers and boarding schools are paying teachers for extra lessons. However due to high poverty prevalence and weak incomes, 96% of parents in Gokwe South RDC cannot afford the cost of extra lessons.

The study made a raft of recommendations. The following are some of the key recommendations made:

- The Ministry of Education in collaboration with the Ministry of Finance must be guided by the Dakar Framework for action to avoid underfunding of the educational sector so as

to cushion the less privileged by social spending. This can help improve infrastructure, provide necessary resources, and attract qualified teachers

- The ministry responsible for Finance should resuscitate PISP as a form of concessionary financing of infrastructure and other capital development financing in rural local authorities with a specific bias towards education and health as key services areas.
- Gokwe South RDC should consider introducing tax incentives for private sector entities that invests in rural health and educational facilities
- The national government, through the ministries responsible for Primary and Secondary Education, and Finance should spearhead the empowerment of rural, teachers and learners in the areas of digital technologies and e-learning to ensure that the goals set in the new curriculum are met.
- Communities should complement the effort of government and council by contributing in the development of schools and health facilities, for example through laying bricks for use in the construction of schools and clinics
- Efforts should be made to eliminate gender disparities in education. This can be achieved through promoting girls' education, providing safe and inclusive learning environments, and implementing policies that prevent gender-based discrimination and violence in schools especially around issues of period poverty.

Introduction

Gokwe South Rural District Council stretches about 11 743 square km and has a total population of 317 553 with 151 782 being males whilst 165 771 females. The district has 70 264 households with an average house size of 4.5 according to the 2022 census report. Gokwe South RDC has a total of 33 wards and 43 councillors currently distributed as follows: 33 are elected councillors (31 males, 2 females) and 10 women`s quota representation. Zimbabwe is facing a myriad of political, economic and social problems with service delivery in various public sector portfolios severely affected. Education and health services being have not been spared from the multitude of challenges affecting the public sector. Local government institutions have the mandate to provide health and education supported by government grants. However, evidence on the ground shows that the standards of education and health services among rural communities are falling sharply, and one does not rule out the possibility of a collapse if there is no active campaign to revitalize

schools and health centers in these areas. Whereas, the post-independence government, which started off on a socialist path, worked vigorously to ensure that health was accessible to all and education was available to children living in rural areas, investment in the construction of schools and clinics and provision of teachers and nurses meant the number of health centers and learning institutions shot up, even in marginalized areas (Mangundu et al, 2020)[1]. Changing economic circumstances leaves government grappling with heavy domestic and international debts compromising its capacity to sustain health and education grants and hence the decline in the quality of health care and education institutions in rural areas. Nyazema (2010)[2] submits that this is further exacerbated by weak revenue generation capacity of rural local authorities and the general collapse in other public infrastructure such as roads and communication systems.

Research Methodology and Approach

The study applied a sequential explanatory mixed methods design and data was obtained using a survey, in-depth interviews and the review of literature. Qualitative and quantitative techniques were used. The processes engaged stakeholders in the ministries of health and education at provincial and district level and other health and education implementing agencies, civil society organizations and officials of Gokwe South RDC. This allowed the Consultant to generate comprehensive and rounded up views relating to the state of education and health services in the district. Complimentary to primary data, the consultant comprehensively reviewed relevant secondary data sources and documents from government health and education circulars, council policies and minutes, circulars on disbursement of health and education grants.

Key informants were engaged to generate expert opinion on the dynamics of financing health and education services, gaps and challenges. The consultants ensured that the representation of

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[1] Mangundu, N et al, Accessibility of healthcare in rural Zimbabwe: The perspective of nurses and healthcare users, African Journal of Primary Health Care and Family Medicine, 2020, 12(1): 2245

[2] Nyazema, N, The Zimbabwe Crisis and the Provision of Social Services Health and Education, Journal of Developing Societies, 26(2):233-261

technocrats and experts was wide enough to allow diverse perspectives on the state of health and education services and alternative models of sustainable funding of the services. The survey targeted teachers, health workers and selected learners who are above the age of 18 years and SDC members. Of importance, was the participatory nature of the approach which ensured that voices of vulnerable groups such as children are heard. Quantitative approaches allowed the consultant to acquire lived experiences of teachers and students on the state and quality of health and education in the district.

Sample Size and Sampling Techniques

Sample Design: Due to the nature of the assignment goal and objectives, the consultancy implemented a hybrid of the probabilistic and non-probabilistic approaches so as to enhance representativeness, inclusion and logistical feasibility in determining sample reach. The team thrived for a 50/50 male and female representation, while at the same time embraced other inclusivity aspects such as age, disability and other conditions as per the terms of references (ToRs). ZIMCODD was kept abreast on all the developments and suggestions to maintain the sample size and ensure appropriate stakeholders are engaged. The following is the description of the sampling designs adopted by the project to account for the qualitative and quantitative components of the study:

Sampling Approach: The consultancy team used the stratified sampling technique for quantitative data and purposive sampling technique for qualitative data. A total of 26 key informant interviews (KIIs) and 200 questionnaires were administered. Desk review and observations were among key data collection sources. The purposive sampling was used to select KII respondents. These were mainly drawn from experts from the ministries at provincial and district levels, Gokwe South RDC officials and selected headmasters of schools. The survey focused on households as the sampling unit. Respondents were drawn from wards 16, 18, 24. The sample size was calculated at 5% margin of error and 95% confidence level. The data collection methods employed allowed to solicit reflections, perceptions and innermost feelings from key stakeholders directly and indirectly involved in the project.

Data Processing, Analysis and Management

Upon completion of data collection, the Consultant analyzed the data and drew findings, conclusions and recommendations. Data from most key informants, group discussions, meetings and observations were analyzed using content analysis, matrices and summaries. This entailed content familiarization through in-depth reading of transcribed key informant interviews and survey responses leading to the development of thematic codes to group similar ideas. Data was coded to identify major inductive themes after which common issues and variations in identified themes were noted. Quantitative data from selected respondents was imported from csv formats from KOBO to SPSS for statistical analysis. The analysis covered descriptive statistics, cross tabulations and Likert ranking scale analysis. Associations and relationships were explored for inferential purposes.

Ethical Considerations

The team committed to follow and to adhere to the general Ethical Standards for Research, Evaluation and Data collection and Analysis and ZIMCODD standards. Based on the relevant literature and best practice, the team has identified key ethical principles for involving children in the study, which include the following:

Voluntary and informed participation: Participants were informed fully about: 1) the aims of the study, 2) what the findings of the study will be used for, and 3) why they are invited to participate in the study. It should be their decision upon receiving as full information as possible whether or not to participate in the study. They were also be informed how they can get familiarized with the final report.

Confidentiality: Participants were informed that their names will be anonymized in the report and their responses to interview questions will be kept confidential. Hence, the report nor any other document will not have any names in order to promote anonymity. If direct quotes are used, pseudonyms will be used instead of real names. If the interview and focus group is recorded, firstly, it will be explained why recording is important and secondly, they were assured that the recording will remain with the interviewer for the purpose of data analysis and will not be handed to anyone else. Participants were informed that they have the option on not being recorded. The research team signed a confidentiality agreement of non-disclosure of relevant personal information.

Researchers' conduct: The team made sure that every member of the research team including enumerators, were made aware of their expected conduct. For instance, researchers were not allowed to discriminate or to touch or make any suggestive sexual advances women, the youth and persons with disabilities. These vulnerable groups were made aware of all unacceptable behavior traits by the researchers. They were also informed about how to report such behavior to the consultant or ZIMCODD.

Transparency in research: Understanding that research is 'two-way, the consultancy team informed the participants on the essence and importance of the study and their role.

Study Challenges

The collection of data from target institutions and other stakeholders did not experience significant obstacles to compromise the study findings. However, the onset of the rains made some roads less trafficable making it difficult to reach some respondents. Taking this into account, and to mitigate possible delays, arrangements with stakeholders were made for interviews to be conducted online and some teachers responded to online questionnaires. Network challenges affected some of the respondents who were eventually replaced. While alternative means of reaching the participants were considered in close consultation with ZIMCODD, given the selection criteria used and the resemblance/homogenous target population, the change in number of sites or respondents had little to no negative influence on the findings as they had similar characteristics with the original sites.

Study Findings

The state of education and health institutions in Gokwe South district

Although the Government of Zimbabwe and Gokwe South RDC has identified numerous areas of intervention as far as education and health services are concerned, the role that infrastructure plays in the sustainability of the provision of the services is fundamental. The results of KII shows that over 86% and 82.4% of the schools and clinics require major physical infrastructure replacements and repairs. Such infrastructure works include replacement of roofs, painting, new floors, new desks and chairs and ablution facilities. This is especially important in the context of climate change and variability. Council officials indicated that between October and December 2023, 12 schools and 1 clinic suffered severe rain induced infrastructure damage. Mutange primary in ward

24 and Ganye primary school in ward 12 had their roofs blown off by strong winds. This often results in disruption of normal classes for periods ranging from a week to several months.

Key informant interviews variously revealed that the lack of proper educational infrastructure is an anomaly that is reducing the quality of learning in schools in Gokwe South RDC and most importantly the motivation for pupils to excel and see the positivity of remaining in school and avoiding dropping out. A provincial education officer revealed that most fall short of standard educational infrastructure for learning which include classrooms and teacher accommodation. For instance, council records show that all the 123 primary schools and 43 secondary schools have inadequate accommodation for teachers. A teacher at one of the secondary schools indicated that 3 teachers were sharing a 3 roomed house and hence resorting to use the open outside space for cooking. The consultant visited one of the schools with an enrolment of 620 students and 14 teachers, translating to a student teacher ratio of 44.2 students/teacher. Despite an enrolment of 291 boys, the school has a block of only 7 blair toilets, translating to a ratio of 41.5 students per toilet.

Over 92% of the schools in the district do not have electricity, laboratories and facilities for learning contemporary subjects that are cross cutting such as computers and new learning areas such as repackaged such science subjects, as well as performing and visual arts in the new curriculum. They are equally battling shortage of specialized teachers and textbooks for these new subject areas. An officer with the provincial education office indicated that rural teachers are also disadvantage in the area of professional development as they shuttle between schools and universities. Restricted access to facilities for personal and professional development for teachers remains a limiting factor for rural teachers. An education officer at the district indicated that there is evidence that high quality facilities, and better instructions improve leaner outcomes and reduce dropout rates among other benefits. A teacher at one of the primary schools indicated that learning conditions in Gokwe South makes learning difficult and passing a tall order. A headmaster at one of the schools reveals that in addition to lack of infrastructure, the school is also plagued by a shortage of teachers and that attributable to these twin challenges, students learn in mixed forms. Thus, a teacher can be teaching a class with form ones, form twos and form threes all at the same time. The headmaster further noted that as a result of the poor infrastucture, students drop out and some teachers are frustrated to the point of seeking greener pastures at better schools. The school

have one incomplete block and one cottage that has been standing for too long. The headmaster appealed to NGOs to help in developing infrastructure and amneties for the school. Mhazo and Maponga (2022)[3] submits that poor communities do not have the infrastructure, staff or resources to maintain quality learning facilities. Families within these communities grapple with daily hardships stemming from living below the poverty line, rendering tasks like funding teacher salaries, constructing safe schools and providing essential amenities such as water and electricity difficult. Put simply, the quality of rural Zimbabwe's education pales in comparison to its urban counterpart due to the extreme poverty prevalent in rural areas.

Provision of water and sanitation services

In relation to water, Gokwe South district suffers acute challenges from a combination of low rainfalls, lack of piped water schems and an average distance of over 10km to water access point. However, there have been significant progress with more boreholes being sunk in the district and some are solarized. Adjacent schools and health centers also benefited from the sinking and solarisation of boreholes largely done through the presidential borehole scheme and the work of NGOs.

Manyena and Patsikadova waterpoints in ward 4, Paradza Water point ward 21 and Choto water points were done in 2023 in partnership with Caritas. Gokwe South RDC solarised and reticulated Cheza borehole and hence walking distance to water point. The water point also supplies Ganye Clinic and the community at large. One village was assessed on the 26th of October for certification as open defecation (ODF) and it passed. However, Gokwe South RDC still have high ODF and hence increasing the risk of open faecical content related diseases. The study reveals that the challenge of ODFs also entail certain cultural practices and beliefs. For instance, the Shangwe people in Gokwe believes that a daughter in law cannot use the same ablution facilities with the father in law. Culturally, this is a taboo and the parties will opt for open defecation in the bushes.

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[3] Mhazo, A.T and Maponga, C.C, The political economy of health financing reforms in Zimbabwe: a scoping review, International Journal of Equity in Health, 2022, Volume 21, Issue 42.

Source of financing for health and education

Education Financing

Studies on inequality and poverty in Zimbabwe show huge disparities in incomes and wealth between rural areas and urban areas. The 2021 World Incomes Survey shows a huge income inequality index of 56% as measured using the Gini Co-efficient (Chiromo, 2022[4], Okyere et al, 2021)[5]. The study revealed that health and education service delivery in rural areas is heavily underfunded from both the national budget and council budget. An education officer at provincial level submitted that the education sector is mostly underfunded during the budget process making the distribution of educational resources in Zimbabwe be characterized by gross inequalities especially between rural and urban areas. In the 2023 budget, the education sector was allocated 14% of the total budget expenditure, a slight increase from 2022 13.4%. This is all below the Dakar Framework for Action that recommends a 20% threshold on budgets when it comes to the education sector.

A headmaster interviewed indicated that the underfunding of budgets on the education sector as a result of austerity measures which cut government expenditure on social services has resulted in the compromise of the quality of education in schools. Children from upper income brackets have managed to access education and better learning environments even resorting to alternative learning methods allowing better future prospects as opposed to children from lower income brackets and rural areas. Rural schools and low-income schools lack the proper educational infrastructure. The consultant observed that most rural schools in Gokwe south district do not have proper classroom blocks to shelter the children as they undertake their studies. All this shows the unequal access to educational resources and infrastructure in Zimbabwe especially between rural and urban areas in Zimbabwe. Access to a good education system is skewed towards the urban

[4] Chiromo, C, Challenges faced by secondary school girls who stay far away from schools in Gokwe south district, The Dyke, 2022, Volume 16, Issue 3

[5] Okyere, E et al, What do Health Workers say About Rural Practice?, Global Qualitative Nursing Research, 2021, Volume 8

schools making it difficult to put the rural and urban scholars at par which even affects their access to better opportunities in the future. A simple comparison of a school at Gokwe Town Council area and those in Gokwe South rural areas attests to this view.

A review of government policy show that in November 2021, the government committed to constructing 3 000 schools (primary and secondary) which encompasses boarding facilities by 2025 under the national development strategy (NDS) 1 (https://www.veritaszim.net/)[6]. The primary goal was to enhance human capital development for national competitive advantage. However, this commitment is yet to take off due to underfunding. as government`s education expenditure is severely subdued with respect to bridging inequality gaps. Social spending programs for education are not given sufficient resources to undertake their mandate. This can be evidenced by the Basic Education Assistance Module (BEAM) which was allocated ZWL 23 billion (US$35 million) in the 2023 national budget. According to the Mid-term National Budget Review[7] as of June BEAM had an over expenditure of 6.9% yet no progress or transformation was witnessed. This is because, the BEAM allocation was too meagre to cater for all the needs of those who need school fees assistance. School fees in Zimbabwe have become relatively expensive as salaries of most civil servants are below the poverty datum line. Gokwe is severely affected as the major source of livelihood which is cotton farming has been severely dislocated by weak cotton markets and corruption among other factors. On average secondary day schools in Gokwe South district charge about USD50 per term. Examination fees have also gone beyond the reach of the majority as Ordinary Level examinations are priced at USD15 per subject. This is evidenced by the fact that 30 000 pupils failed to register for Zimbabwe Schools Examination Council (ZIMSEC) for the year 2021. This points to weak social protection policies with respect to education as the BEAM was not sufficient to cater for all students in need.

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[6] https://www.veritaszim.net/

[7] Government of Zimbabwe (2023), Mid-Term Budget Review, Government Printers, Harare

A 2022 education fact sheet by UNICEF[8] shows that there was an increase in school dropout as approximately 50% of children are not in school. The situation is further aggravated by the fact that 68% of pre-primary aged children (3-5 years) and 47% adolescents (13-18 years) are not in school and approximately 4.5 million children experienced loss of learning due to COVID by early 2021. Since then, no robust measures or efforts have been made to ensure that the education inequalities generated by COVID-19 are addressed. A collation of results from interviews with 2officials from community based organisations (CBOs), school headmasters in the district and education officers at district levels show that about 60% of girls encounter period poverty thus they lack access to menstrual supplies and education and girls who experience poverty miss 20% of their school life thereby finding comfort in child marriage. Child marriage rates remain high in the district, at 21.2% for adolescent girls aged 15-18 driven by poverty and social norms (Nyoni et al, 2017).[9] The negative statistics on the variables of education equality paints a gloomy picture on Zimbabwe`s education policy and derails prospects of an upper-middle income economy by 2030.

A follow up on the education grant by the consultant with council officials revealed that government is no longer allocating the grant to councils. Rather government is now allocating RBF which is disbursed directly to schools and not into the local authorities accounts. However, headmasters revealed that the allocated amounts are very weak to bridge the education divide between rural and urban schools and this largely leave schools in rural areas lagging behind in the quality of services.

Financing Health Services Delivery

A visit by the consultant to selected health centers in the district revealed old and dilapidated infrastructure and interviews with selected health workers show that morale is low due to poor

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[8] Chidarikire, M, Rural teachers' perceptions on challenges and solutions of inclusive education in Zimbabwe rural primary schools, Innovations, Number 64, April 2021

[9] Nyoni, M, et al, Factors Affecting Students' Academic Achievement in Zimbabwe's Rural Secondary Schools: A Case Study of Marimasimbe Secondary School in Jiri Community, Journal of Economics and Finance, 2017, Volume 2, Issue 3

salaries, lack of medical supplies, equipment and drugs. This brings into question, the model that the government of Zimbabwe is using to fund health in general and rural health services in particular. The study revealed that over the years, central government was financing health services delivery by local authorities through a health grant/fund. The health grant was established through the Health Services Act (Chapter 15.16)[10] and was administered by the Ministry of Health. This fund was established for the purposes of financing local authorities' health system. Local authorities used the fund to purchase health centers' consumables, drugs and infrastructure maintenance. The health fund was transferred quarterly after which local authorities were required to acquit for the consumables bought after every disbursement so that they are allocated the next funds. The health grant was particularly conditional, with a number of stringent requirements such as a restriction on local government from reviewing health fees without consulting or specifically the approval of the central government. However, there are a number of instances where central government has failed to meet its fiscal commitments to local authorities in terms of the health grant. Presently government has since replaced the health grant with other funding arrangements, principally, the RBF.

In terms of budget allocation for the 2024[11] financial year, the Ministry of Health and Child Care was allocated ZW$6.3 trillion representing 9.2% of the ZW$58.2 trillion budget, below the Abuja declaration threshold of 15%. This is a decline from the 11% allocated in the 2023 national budget. General sentiments over the majority of media platforms is that this allocation is weak to support Zimbabwe's ailing health system especially rural health centers. Evidently, Zimbabwe's health sector faces significant challenges, characterised by inadequate infrastructure, a shortage of healthcare professionals, and limited access to essential medical services. A time series analysis of health care spending reveals a number of factors including heavy reliance on donor funding and

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[10] Government of Zimbabwe (2004), Health Services Act (Chapter 15.16), Government Printers, Harare

[11] Government of Zimbabwe (2023), 2024 National Budget Statement, Government Printers, Harare

budgetary allocations below the Abuja declaration. Total health spending has averaged US$668 million over the period 2016 to 2023. While health spending from external partners remained stable at around US$433 million per year, National Budget health spending declined sharply from US$321 million in 2016 to US$96 million in 2019 before picking up to the current US$684 million. Over the eight-year period spanning 2016–2023, on average development partners contributed 55 percent of total actual health spending while the budget contributing only 45 percent. However, in the past three years, Treasury has ramped up funding of the sector as it moved closer to the Abuja Declaration and it now contributes 57 percent of funding with external partners contributing 43 percent. The health budget increased by 508 percent from US$112 million ($6,6 billion) in 2020 to US$664 million ($54,7 billion) in 2021, which is what it has averaged since. Thus, the health sector budget as a share of the total budget increased from 7 percent in 2019 to 10 percent in 2020, 13 percent in 2021 and 15 percent since then. Compared to other sector ministries, health sector in 2023 had the second highest budget, just below that of Ministry of Primary and Secondary Education, which was allocated US$690 million

Accessibility of Health and Education Services in the district

Average distance to nearest educational facility

The results of the study show that the average walking distance for primary schools is 8.9 km whilst for secondary schools is over 13.5 km. This distance is above the government threshold targeting 5km and largely makes education inaccessible. Government policy in Zimbabwe states that schools should be built within a radius of 5 km from the learner's residence. However, despite the prioritization of the PSIP effort to build enough schools in all provinces of the country, remote areas such as Gokwe South district still do not have enough schools, especially secondary schools (Ngwenya, 2015). Most schools are located far from the villages that learners, especially girls are forced to walk long hours and distances along the way facing with so many challenges. On the other hand, the Zimbabwe Government's Vision 2030 guarantees accessible education and infrastructural development by 2030 (Mhazo and Maponga, 2022).[12]

[12] Ibid Mhazo and Maponga, 2022

Even-though the Zimbabwean policy states that schools should be built within a radius of 5 km from the residence of the school learners (Chidarikire, 2021)[13], this is not the case in most remote areas in Zimbabwe. Some learners walk for over 20 km to-and-from schools in the country against the desired 5km radius the government wishes. For example, students from Boyi travel 14km to Nyoka Secondary school, while those from Kwaramba and Zambezi primary school areas travel distances ranging from 8km to 11km going to the same secondary school. Students from Svosve Village travel an average of 12.5km to Batanai Secondary School. Long distances to Batanai Secondary School led to the establishment of Muonde satellite secondary school as part of efforts to decongest the former and reduce distances travelled by learners. This reflects that schools are not being built at the rate at which the population is growing. In this case the social class to which one belongs becomes a factor when it comes to accessibility to education. The rich can afford to send their children to boarding schools whilst children from poor families struggle with the long distances and harsh realities along the way. There is only one boarding school in the district which is Cheziya High School. A secondary school headmaster interviewed indicated that bullying is another serious problem among learners who walk long distances. Mapolisa and Tshabalala (2014)[14] posit that students who are bullied record low academic outcomes as well as more absenteeism, low completion rates and feel disconnected from school.

Interviews with school headmasters and selected SDC members revealed poverty, long walking distances to the nearest secondary schools and financial constraints as the main reasons behind the low turn-out of children in secondary schools. A district education officer indicated that most children walk long distances to school and this affects their performance as most of their time is spent walking to and from school. Complementing the aforementioned view, a local secondary teacher commented that due to the long distances they have to walk to get to school, some children fail to catch up with time and miss their first lessons. The children are tired throughout the lessons and this has an impact on their performance. Some children have resultantly dropped out of school due to the long distances. One former student at a secondary school who is now chairperson of the

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[13] Ibid Chidarikire, 2021

[14] Mapolisa, T and Tshabalala, T, Perceptions of Teachers on Causes of Poor Performance of Pupils at Ordinary Level Public Examinations in Zimbabwean Rural Secondary Schools: A Case Study of Nkayi District, International Journal of Innovation and Applied Studies, 2014, Volume 8, Number 1

School Development Committee indicated that it takes about 3 hours to get to school from his home. He explained that "My children normally get home very late in the evening and household chores will be waiting for them. They will already be tired from walking and they thus find it so difficult to study and do their homework".

Average distance to the nearest health facility

Data obtained from Gokwe South RDC and the Ministry of Health and Child Welfare show that there are 30 clinics in the district of which 6 are not operating with only 24 operating. The average walking distances to a nearest clinic is 18km. This presents very long walking distances and hence making health inaccessible. The distances that patients have to travel to access healthcare affect patient outcomes, and for this reason a maximum walking distance of 5 km to a health facility is recommended by the World Health Organization (WHO), and a distance of 8 km is recommended by the Ministry of Health and Child Care in Zimbabwe (Mangundu et al, 2020)[15]. The closer the health facility is to where people live, the less likely the distance will negatively influence healthcare access and healthcare-seeking behaviour. Central government and local authorities are the important stakeholder that have to ensure that the distance to health facilities does not hinder accessibility or cause delays for patients seeking healthcare. The accessibility of healthcare decreases disease progression and reduces the need for hospitalisation. Therefore, developing new health facilities closer to the people can play a pivotal role in enhancing accessibility to healthcare.

Poor road conditions between rural villages and health facilities were indicated by respondents as an obstacle when seeking healthcare. More resources to address the infrastructure shortfalls are needed, to upgrade the existing roads or construct new roads to bridge the distance between health facilities and people. Gokwe South Rdc has some of the worst roads in the country. The mode of transport used by most patients is road of donkey drawn scotch carts.

The long distances travelled have resulted in the people of Gokwe South district resorting to traditional healers and church prophets for treatment. Resultantly there has been an increase in the use of traditional herbs and spiritually anointed water for treating even complex ailments such as

[15] Ibid Mangundu, 2020

cancer, HIV/AIDS. In the same context, such long distances have led to more pregnant mothers delivering either at home or along the roads on their way to clinic.

Availability and accessibility of digital teaching and learning facilities

Interviews with experts at district level indicated that when it comes to digital technology, Zimbabwe has a poor information and communication technology infrastructure. The biggest gaps in foundation skills are associated with access to the internet and electricity both of which are strongly associated with household wealth. The data tariffs in Zimbabwe are very expensive with the privileged who can afford only capable to purchase enough for virtual learning. To add on, most of the, headmasters interviewed indicated that schools do not have the necessary equipment like computers and computer labs that are needed for ICT studies and virtual learning . A study by Abel (2016)[16] shows that 4.8million children live in poverty making it difficult for them to afford purchasing the technological materials and the data needed for the online learnings. 48% of the population in Zimbabwe are children and 72% of that population live in the rural areas. Most of them also struggle to raise the school fees to be attending school especially to further their studies beyond secondary school. This is all evidence that show an education system that is skewed towards favoring the elites and leaving the poor rural population to suffer.

The study established that rural schools in Gokwe South lagged behind in terms of possessing ICT gadgets, electricity and ICT trained teachers to facilitate the learning of the subject and the use of ICT gadgets as teaching and learning gadgets. Further worsening the ICT divide is that the majority of schools in the district have no electricity. A district officer based at Gokwe Town indicated that despite a huge ICT literacy gap, teachers were poorly trained on the use of ICTs as teaching and learning applications. Resultantly, learning especially under the covid 19 induced lockdown was severely subdued. A weak connectivity level means that even where gadgets and the relevant

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[16] Abel, Sanderson, 'Social Challenges of Hyperinflation: A Case of Health and Education in Zimbabwe, 2000–08', in George Kararach, and Raphael O. Otieno (eds), *Economic Management in a Hyperinflationary Environment: The Political Economy of Zimbabwe, 1980–2008* (Oxford, 2016; online edn, Oxford Academic, 24 Mar. 2016),

expertise are available, learning can hardly take place. The multiplicity of the challenges has a negative effect of the capacity of learners from Gokwe to leverage ICTs for learning.

Perceptions of teachers on the working and living conditions in Gokwe rural schools

Ranked on a scale of 5 from very poor to outstanding, 93% of the teachers who participated in the study indicated that the working and living conditions in Gokwe South district ranged from very poor to poor. A teacher at one of the schools indicated that while life is difficult at their school, her colleagues at a school in the same district are even worse off. She said her colleagues at the other school have to foot almost 40 kilometers to catch transport to get to the nearest business centre in Gokwe to buy provisions such as food and stationery. From the survey results, 94.2% of the teachers indicated that they had attempted to apply for transfer from Gokwe South teaching posts to other rural areas with better amenities and urban areas.

Survey results and KII revealed a multiplicity of factors that makes rural areas in general and Gokwe South in particular, unattractive for teachers. These results show that many schools in Gokwe South lack the necessary physical resources and basic infrastructure for sanitation, water, roads, transport, electricity, and information and communication technology. In the same context, the deprived socio-economic status of parents in rural areas places learners at a disadvantage. Annexure 1 shows that all the 42 secondary schools in the district have inadequate housing for teachers. In some secondary schools such as Chidoma, Gukure and Machakata teachers as many as 3 share 1 house with a common kitchen and different bedrooms. This negatively affects the privacy of teachers and contributes to low motivation. Besides housing constraints, there are acute water challenges at some schools such as Choto secondary where teachers walk distances of about 2 to 3km to access water. In addition, over 93% of the schools are not electrified and teachers and teachers use firewood for energy. Because of depleting forests, they travel long distances to access firewood or resort to buying. This is further worsened by the fact that government currently do not have a differentiated salaries structure with components such as the hardship allowance for rural teachers to cushion them against difficult living and working conditions in rural areas.

A district education officer submits that in most instances, teachers in rural schools are subjected to multi-grade teaching where they are required to teach different subjects and different grades in

one class. Undoubtedly, this has serious repercussions for teachers in terms of planning lessons for each day and each period, balancing their time to teach different grades, conducting assessment tasks for learners, and maintaining discipline. Teachers usually resort to teaching abridged curricula and rarely adapt the curriculum, use contextual examples, or link the curriculum to local needs. A study by Nyoni et al (2017)[17] show that teachers tend to shun schools with higher student teacher ratio as government is not rewarding them for the extra loads.

According to an education officer at district level, "conditions of service, incentives for teachers in rural areas need to be reviewed to make teaching in our areas more attractive." It is very difficult to find teachers who fit or adapt to the rural community setting, and they do not stay for a long period of time. He further acknowledged that "usually teachers who end up staying are either from a rural background or have previous experience with rural communities." The availability and quality of accommodation, availability of leisure activities, classroom facilities, and resources are some of the teachers' concerns. A secondary school headmaster indicated asserted that "teachers see rural areas as a stumbling block for professional advancement." Teachers in rural areas have fewer opportunities to become involved in professional development. Chidarikire (2021) states that there is a profound fear among newly-trained teachers with a modern individualistic outlook that if you spend too much time in an isolated village without access to further education, you become a 'village man.' A primary school teacher interviewed indicated that the lack of qualified teachers at most rural schools in Gokwe is a result of teachers' unwillingness to stay in rural areas due to social, professional, and cultural isolation. Mashingaidze (2021)[18] argues that low salaries, a lack of access to professional opportunities, and the responsibility to take on multiple duties, are major challenges for teachers and affect their decisions to work or stay in rural areas.

Teachers expressed a strong preference for urban settings, which may be attributed to various reasons. A headmaster said that "one major factor could be that the quality of life in rural areas

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[17] Ibid Nyoni et al 2017

[18] Mashingaidze, S, Reimagining Rural Education in Zimbabwe post Covid 19. Available at https://gga.org/ 22/12/2023

may not be as good as in urban areas." The quality of classroom facilities, accommodation, and school resources is also a major concern. A further problem relates to health. Teachers perceive that living in rural areas results in greater exposure to disease with less access to health care. According to a young female who has taught at a local school for a year, "teachers also see rural areas as offering fewer opportunities for professional advancement." Mhazo and Maponga (2022)[19] is of the opinion that urban areas offer easier access to further education. This view is supported by a teacher who said that "we don't have many opportunities for professional development activities."

Perceptions of health workers on the working and living conditions in Gokwe rural health centers

The study revealed that rural areas have the most pressing health needs and yet they face the largest shortage of health workers. Numerous challenges, some of which include difficult physical terrain, poor working conditions, emotional and financial costs of separation from families, and long working hours make rural areas unattractive to work in. Several other factors such as training opportunities, financial incentives, living conditions, social and work support systems account for the motivation and retention of health workers in rural areas.

Some of the respondents explained that the increased workload is partly due to insufficient healthcare workers in the health facilities. Though healthcare workers sometimes engaged in additional tasks in order to keep the health facilities running, respondents reported this additional workload affected them psychologically and should be given immediate attention,

> Another challenge we are facing here is that we don't have enough staff to help with the work so we are doing more work...When the clients also report here for treatment, they are not aware of your living conditions so they come here expecting you to be able to meet all their needs. But you know if you define health and you delete the psychological aspect of it, it is incorrect so you can imagine a patient attending to another patient. We are going through too many challenges that is affecting us in a psychological way so our superiors have to do something about it immediately.

[19] Ibid Mhazo and Maponga, 2022

Most of the clinics visited had at most one Registered General Nurse (RGN) while other had no RGN and are manned by nurse aids. An insufficient compliment of community health workers equally leads to a high work load.

On a positive note, despite being a very small proportion of the KII respondents (less than 5% of healthcare workers), a section of rural healthcare workers perceived working in rural areas as an opportunity to learn on the job and acquire additional skills to be multipurpose, partly due to the lack of specialised health personnel in the health centres located in these areas. Healthcare workers with lower qualifications sometimes handle clinical tasks above their expertise, further encouraging them to learn more to improve their skills. Some added that, rural practice has enabled them to make use of what equipment is available in the health facilities, making them creative on their jobs. A nurse interviewed indicated that she came to Gokwe South because she realised that there would be an opportunity for her to even learn on the job and upgrade herself. The reason is that she does more of the consultations by managing some of the diseases and follow-up on the people.

Respondents from the 5% category stated above further explained that the experiences they have obtained from working in these rural areas have put them in positions to be able to work in any health facility and contributed to building their confidence levels,

> You know when you work in a rural community it helps you to fit in everywhere you go because in the community the people expect more from you. They believe that when you handle them well, it will help them to recover faster. Because they see you every day, they prefer you to treat them than referring. The people have built confidence in me. Some people start crying when they are referred to other facilities in the cities.

Most of the respondents regarded working in rural areas as an opportunity to save more money since they spend less, especially, on food items and livestock compared to urban areas.

> The cost of living in rural areas is low so if you stay in a rural area like this and at the end, you go back to the city or town and your colleagues are still better than you are financially, then I think it's a curse. You didn't enjoy any life and you are also poor then it's serious because food, meat and other things are cheap here

The majority remained however unwilling to work in rural health centers. The poor living conditions in the rural areas, absence of institutions for career development, lack of good education

facilities for children, poor transport and communication network. Some clinics such as Chemahororo and Mangidgi have challenges with mobile network connectivity. At Chemahororo clinic health workers go to a small hill nearby for network connectivity if they want to make or receive mobile phone calls. This is a distracting factor as the health workers at those centres have challenges communicating with the world. Weak mobile communication networks translate to lack of internet connectivity. One health worker interviewed indicated that she only got to know about the death of her mother a week later and thus could not even attend the burial. In terms of the road network and transport, the district has some of the worst road networks in the country. Most of the roads are gravel and not tarred. The gravel roads lack proper maintenance and are not trafficable. This makes travel within and outside the district difficult. Transport operators are less interested in operating in Gokwe South because of the bad and such transport fares are high relative to other areas.

Health care workers further stated that educational facilities in the district are poor relative to other district. A plethora of challenges in education service delivery include dilapidated schools' infrastructure, weak adoption of ICT and other learning technologies, high teacher pupil ratio and high staff. A combination of these factors means children of health care workers struggle to access better education in the district. In addition, they will have to travel out of the district for university education.

Conclusion

The study explored gaps and challenges in health and education in Gokwe South district. Key challenges identified include dilapidated infrastructure, high staff turnover, bad transport and communication networks and weak opportunities for carrier growth and development. Budgetary support for health and education remains acutely weak. Key sources of financing these services from the national budget such as PSIP and statutory grants were stopped by government due the declining fiscal space. Local government budget support to the services is largely compromised as the national government had committed statutory support which is no longer being disbursed and hence making education and health services a form of unfunded mandates. With 123 primary schools, 43 secondary schools and 30 clinics, walking distances to the nearest school or health center remains generally high. The study established a positive correlation between high average walking distances and the number of early school dropouts, home child deliveries or childbirth on

the way to clinic. Gokwe lags behind in the adoption of health and educational ICTs resulting in poor pass rates. This emerges from a number of factors such as low network connectivity, lack of required hardware and software for online learning and the general high cost of data. The covid 19 pandemic induced online learning platforms exacerbated and exposed both hard and soft infrastructure gaps in the provision of health and education in the district. Children were cut off due to limitations on the availability of online learning gadgets and networks. The study recommends a plethora of measures including resuscitation of PSIP and other concessionary financing to support these services as well as incentives for corporates willing to invest in education and health in rural areas.

Recommendations

- The Ministry of Education in collaboration with the Ministry of Finance must be guided by the Dakar Framework for action to avoid underfunding of the educational sector so as to cushion the less privileged by social spending. This can help improve infrastructure, provide necessary resources, and attract qualified teachers
- The ministry responsible for Finance should resuscitate PISP as a form of concessionary financing of infrastructure and other capital development financing in rural local authorities with a specific bias towards education and health as key services areas.
- Gokwe South RDC should consider introducing tax incentives for private sector entities that invests in rural health and educational facilities
- The national government, through the Ministry of Primary and Secondary Education should spearhead the empowerment of rural teachers and learners in the areas of digital technologies and e-learning to ensure that the goals set in the new curriculum are met.
- Communities should complement the effort of government and council by contributing in the development of schools and health facilities, for example through laying bricks for use in the construction of schools and clinics
- Efforts should be made to eliminate gender disparities in education. This can be achieved through promoting girls' education, providing safe and inclusive learning environments, and implementing policies that prevent gender-based discrimination and violence in schools especially around issues of period poverty.

- The Civil Service Commission should design a separate incentive structure for rural teachers and health care workers such as the hardship allowance to motivate them to offer their best services to rural communities
- Access to technology and the internet is crucial for equal educational opportunities. The government should invest in providing schools in marginalized areas with computers, internet connectivity, and digital learning resources. Additionally, initiatives should be implemented to train teachers and students on digital literacy skills.
- There is need for a clear methodology to guide the disbursement of statutory funds in order to make such grants relatively predictable for purposes of strategic planning by local authorities
- Regular monitoring and evaluation of educational policies and interventions are crucial to identify gaps and measure progress. This data can help inform evidence-based decision-making and ensure that resources are allocated effectively to address educational inequalities.
- Government to consider removing examination fees especially at primary school level. For Ordinary level, the government to waiver examination fees for students that demonstrate the need based on financial hardship.

Annexures

Annexure 1: Gokwe South Rural District Council List of Schools (Primary and Secondary) and Clinics

	PRIMARY SCHOOLS	STATUS	WARD	CONDITION
1	BATANAI	REGISTERED	1	Classroom blocks and staff houses are inadequate
2	BHEJANE	REGISTERED	17	Classroom blocks and staff houses are inadequate
3	BLUE GUM	REGISTERED	25	Classroom blocks and staff houses are inadequate
4	BOPOMA	REGISTERED	20	Classroom blocks and staff houses are inadequate
5	BOVA	REGISTERED	16	Classroom blocks and staff houses are inadequate
6	BOYI	REGISTERED	12	Classroom blocks and staff houses are inadequate
7	CHAMATENDERA	REGISTERED	12	Classroom blocks and staff houses are inadequate
8	CHARAMA	REGISTERED	6	Classroom blocks and staff houses are inadequate

9	CHAVANYATI	REGISTERED	23	Classroom blocks and staff houses are inadequate
10	CHEHAMBA	REGISTERED	27	Classroom blocks and staff houses are inadequate
11	CHEHANGA	REGISTERED	27	Classroom blocks and staff houses are inadequate
12	CHEMBA	REGISTERED	29	Classroom blocks and staff houses are inadequate
13	CHEMOWA	REGISTERED	25	Classroom blocks and staff houses are inadequate
14	CHIBASA	REGISTERED	7	Classroom blocks and staff houses are inadequate
15	CHIDAMOYO	REGISTERED	23	Classroom blocks and staff houses are inadequate
16	CHIDOMA	REGISTERED	25	Classroom blocks and staff houses are inadequate
17	CHIEDZA	REGISTERED	1	Classroom blocks and staff houses are inadequate
18	CHIUMBU	REGISTERED	23	Classroom blocks and staff houses are inadequate
19	CHIURAI	REGISTERED	13	Classroom blocks and staff houses are inadequate
20	CHOTO	REGISTERED	21	Classroom blocks and staff houses are inadequate
21	DAVAMBI	REGISTERED	24	Classroom blocks and staff houses are inadequate
22	DZIRE	REGISTERED	10	Classroom blocks and staff houses are inadequate
23	DZVUKE	REGISTERED	1	Classroom blocks and staff houses are inadequate
24	GABABE	REGISTERED	30	Classroom blocks and staff houses are inadequate
25	GANYE	REGISTERED	13	Classroom blocks and staff houses are inadequate
26	GANYUNGU	REGISTERED	23	Classroom blocks and staff houses are inadequate
27	GAWA	REGISTERED	32	Classroom blocks and staff houses are inadequate
28	GWANYIKA	REGISTERED	14	Classroom blocks and staff houses are inadequate
29	GWARUSONDE	REGISTERED	13	Classroom blocks and staff houses are inadequate
30	GWAVI	REGISTERED	11	Classroom blocks and staff houses are inadequate
31	GWENUNGU	REGISTERED	24	Classroom blocks and staff houses are inadequate
32	GWENYA	REGISTERED	24	Classroom blocks and staff houses are inadequate
33	GWETSANGA	REGISTERED	22	Classroom blocks and staff houses are inadequate
34	HUCHU	REGISTERED	7	Classroom blocks and staff houses are inadequate
35	INSUKAMINI	REGISTERED	12	Classroom blocks and staff houses are inadequate
36	JAHANA	REGISTERED	17	Classroom blocks and staff houses are inadequate

37	JIRI	REGISTERED	21	Classroom blocks and staff houses are inadequate
38	JOBORINGO	REGISTERED	7	Classroom blocks and staff houses are inadequate
39	JORORO	REGISTERED	32	Classroom blocks and staff houses are inadequate
40	KADZIRAMWANDA	REGISTERED	5	Classroom blocks and staff houses are inadequate
41	KAGUTA	REGISTERED	10	Classroom blocks and staff houses are inadequate
42	KAMBE	REGISTERED	26	Classroom blocks and staff houses are inadequate
43	KANETOWA	REGISTERED	4	Classroom blocks and staff houses are inadequate
44	KANGURA	REGISTERED	3	Classroom blocks and staff houses are inadequate
45	**Kapfunde**	REGISTERED	9	Classroom blocks and staff houses are inadequate
46	KAROVA	REGISTERED	31	Classroom blocks and staff houses are inadequate
47	KARUWARE	REGISTERED	4	Classroom blocks and staff houses are inadequate
48	KASANGO	REGISTERED	6	Classroom blocks and staff houses are inadequate
49	KASIKANA	REGISTERED	23	Classroom blocks and staff houses are inadequate
50	KASUWE	REGISTERED	12	Classroom blocks and staff houses are inadequate
51	KRIMA	REGISTERED	25	Classroom blocks and staff houses are inadequate
52	KUBENENGURIRA	REGISTERED	6	Classroom blocks and staff houses are inadequate
53	KWARAMBA	REGISTERED	12	Classroom blocks and staff houses are inadequate
54	LUKUKWE	REGISTERED	29	Classroom blocks and staff houses are inadequate
55	LUTOTSHWANE	REGISTERED	29	Classroom blocks and staff houses are inadequate
56	MABOKE	REGISTERED	22	Classroom blocks and staff houses are inadequate
57	MACHAKATA	REGISTERED	16	Classroom blocks and staff houses are inadequate
58	MAGEDE	REGISTERED	2	Classroom blocks and staff houses are inadequate
59	MALIYAMI	REGISTERED	24	Classroom blocks and staff houses are inadequate
60	MAMHANGWA	REGISTERED	9	Classroom blocks and staff houses are inadequate
61	MANGISI	REGISTERED	31	Classroom blocks and staff houses are inadequate
62	MANYENA	REGISTERED	4	Classroom blocks and staff houses are inadequate
63	MANYEPA	REGISTERED	18	Classroom blocks and staff houses are inadequate
64	MANYEWU	REGISTERED	5	Classroom blocks and staff houses are inadequate

65	MAPIWA	REGISTERED	2	Classroom blocks and staff houses are inadequate
66	MAPU	REGISTERED	14	Classroom blocks and staff houses are inadequate
67	MARIRANGWE	REGISTERED	22	Classroom blocks and staff houses are inadequate
68	**MASEKESA**	**ZENGEYA**	**22**	Classroom blocks and staff houses are inadequate
69	MASUKA	REGISTERED	7	Classroom blocks and staff house are inadequate
70	MATETA I	REGISTERED	5	Classroom blocks and staff house are inadequate
71	MATETA 2	REGISTERED	5	Classroom blocks and staff house are inadequate
72	MATURA	REGISTERED	21	Classroom blocks and staff house are inadequate
73	MAWISA	REGISTERED	5	Classroom blocks and staff house are inadequate
74	MBUNGU	REGISTERED	27	Classroom blocks and staff house are inadequate
75	MKOKA	REGISTERED	26	Classroom blocks and staff house are inadequate
76	MLALAZI	REGISTERED	19	Classroom blocks and staff house are inadequate
77	MSALA	REGISTERED	27	Classroom blocks and staff house are inadequate
78	MUCHIRINJI	REGISTERED	4	Classroom blocks and staff house are inadequate
79	**Mudzimundiringe**	**GWETSANGA**	**22**	Classroom blocks and staff house are inadequate
80	MUDZONGWE	REGISTERED	23	Classroom blocks and staff house are inadequate
81	MURANDU	REGISTERED	33	Classroom blocks and staff house are inadequate
82	MURWIRA	REGISTERED	21	Classroom blocks and staff house are inadequate
83	**Muroorwa**	**MASUKA**	**7**	Classroom blocks and staff house are inadequate
84	**MUSHAVHI**	**MBUNGU**	**27**	Classroom blocks and staff house are inadequate
85	MUSITA	REGISTERED	9	Classroom blocks and staff house are inadequate
86	MUTANGE	REGISTERED	24	Classroom blocks and staff house are inadequate
87	MWAMBANI	REGISTERED	27	Classroom blocks and staff house are inadequate
88	MWEMBESI	REGISTERED	25	Classroom blocks and staff house are inadequate
89	NDARIRE	REGISTERED	30	Classroom blocks and staff house are inadequate
90	NDHLALAMBI	REGISTERED	19	Classroom blocks and staff house are inadequate
91	NGANI	REGISTERED	11	Classroom blocks and staff house are inadequate
92	NGOMENI	REGISTERED	5	Classroom blocks and staff house are inadequate

93	**Ngondoma**	REGISTERED	19	Classroom blocks and staff house are inadequate
94	NHONGO	REGISTERED	17	Classroom blocks and staff house are inadequate
95	**Nyagombe**	**SATELLITE**	**9**	Classroom blocks and staff house are inadequate
96	NYAHUNI	REGISTERED	18	Classroom blocks and staff house are inadequate
97	NYAJE	REGISTERED	30	Classroom blocks and staff house are inadequate
98	NYAMACHENI	REGISTERED	33	Classroom blocks and staff house are inadequate
99	NYAMHUNGA	REGISTERED	5	Classroom blocks and staff house are inadequate
100	NYARADZA	REGISTERED	19	Classroom blocks and staff house are inadequate
101	NYARUPAKWE	REGISTERED	23	Classroom blocks and staff house are inadequate
102	PARADZA	REGISTERED	21	Classroom blocks and staff house are inadequate
103	**POHWE**	**SATELLITE**	**9**	Classroom blocks and staff house are inadequate
104	RONGA RONGA	REGISTERED	4	Classroom blocks and staff house are inadequate
105	RUGORA	REGISTERED	9	Classroom blocks and staff house are inadequate
106	SASAME	REGISTERED	11	Classroom blocks and staff house are inadequate
107	SATENGWE	REGISTERED	17	Classroom blocks and staff house are inadequate
108	SAVARANDA	REGISTERED	9	Classroom blocks and staff house are inadequate
109	SAWI	REGISTERED	5	Classroom blocks and staff house are inadequate
110	SAYI	REGISTERED	4	Classroom blocks and staff house are inadequate
111	SELIMA	REGISTERED	26	Classroom blocks and staff house are inadequate
112	SENGWA	REGISTERED	15	Classroom blocks and staff house are inadequate
113	SIMBE	REGISTERED	16	Classroom blocks and staff house are inadequate
114	SIZANANI	REGISTERED	32	Classroom blocks and staff house are inadequate
115	ST BONIFACE TARE	REGISTERED	11	Classroom blocks and staff house are inadequate
116	ST CUTHBETHS MSORO	REGISTERED	24	Classroom blocks and staff house are inadequate
117	SUNGWIZA	REGISTERED	12	Classroom blocks and staff house are inadequate
118	SVISVI	REGISTERED	12	Classroom blocks and staff house are inadequate
119	TACHI	REGISTERED	2	Classroom blocks and staff house are inadequate
120	ZAROVA	REGISTERED	11	Classroom blocks and staff house are inadequate

121	ZENGEYA	REGISTERED	21	Classroom blocks and staff house are inadequate
122	ZHAMBA	REGISTERED	3	Classroom blocks and staff house are inadequate
123	ZIMBODZA	REGISTERED	7	Classroom blocks and staff house are inadequate
TOTAL			**123 PRIMARY SCHOOLS**	

	SECONDARY SCHOOLS	**STATUS**	**MOTHER SCHOOL**	
1	BATANAI	REGISTERED		Classroom blocks and staff house are inadequate
2	Bengwe	REGISTERED		Classroom blocks and staff house are inadequate
3	CHEVECHEVE	REGISTERED		Classroom blocks and staff house are inadequate
4	CHIDOMA	REGISTERED		Classroom blocks and staff house are inadequate
5	CHOTO/TAFARA	REGISTERED		Classroom blocks and staff house are inadequate
6	DZIVARENGAMWA	REGISTERED		Classroom blocks and staff house are inadequate
7	DZVUKE/MUCHADEYI	REGISTERED		Classroom blocks and staff house are inadequate
8	GANYE	REGISTERED		Classroom blocks and staff house are inadequate
9	GUKURE	REGISTERED		Classroom blocks and staff house are inadequate
10	**GULUKA**	**SATELLITE**	**MBUNGU**	Classroom blocks and staff house are inadequate
11	GWAMURE	REGISTERED		Classroom blocks and staff house are inadequate
12	GWANYIKA/GOMOGURU	REGISTERED		Classroom blocks and staff house are inadequate
13	GWARUSONDE/SAWI	REGISTERED		Classroom blocks and staff house are inadequate
14	GWEHAVA	REGISTERED		Classroom blocks and staff house are inadequate
15	HOVANO	REGISTERED		Classroom blocks and staff house are inadequate
16	KASANGO/RUFARO	REGISTERED		Classroom blocks and staff house are inadequate
17	KASUWE	REGISTERED		Classroom blocks and staff house are inadequate
18	KATSUNGA	REGISTERED		Classroom blocks and staff house are inadequate
19	KUSHINGA (RUMHUMHA)	REGISTERED		Classroom blocks and staff house are inadequate
20	LUKUKWE/CHITEPO	REGISTERED		Classroom blocks and staff house are inadequate

21	Maboke	REGISTERED		Classroom blocks and staff house are inadequate
22	MACHAKATA	REGISTERED		Classroom blocks and staff house are inadequate
23	MAFUNGAUSE/MAPFUNGAUTSI	REGISTERED		Classroom blocks and staff house are inadequate
24	MANYONI	REGISTERED		Classroom blocks and staff house are inadequate
25	MARIMASIMBE	REGISTERED		Classroom blocks and staff house are inadequate
26	**Marirangwe**	**SATELLITE**	**MARIMASIMBE**	Classroom blocks and staff house are inadequate
27	MASUKA	REGISTERED		Classroom blocks and staff house are inadequate
28	MAZINYO	REGISTERED		Classroom blocks and staff house are inadequate
29	MBUNGU	REGISTERED		Classroom blocks and staff house are inadequate
30	MKOKA/TICHAKUNDA	REGISTERED		Classroom blocks and staff house are inadequate
31	MTANKI/CHISINA	REGISTERED		Classroom blocks and staff house are inadequate
32	**Muchirinji**	**SATELLITE**	**SAYI**	Classroom blocks and staff house are inadequate
33	NGOMENI	REGISTERED		Classroom blocks and staff house are inadequate
34	NYAJE	REGISTERED		Classroom blocks and staff house are inadequate
35	Nyamacheni	REGISTERED		Classroom blocks and staff house are inadequate
36	NYARADZA	REGISTERED		Classroom blocks and staff house are inadequate
37	NYOKA	REGISTERED		Classroom blocks and staff house are inadequate
38	RUTENDO	REGISTERED		Classroom blocks and staff house are inadequate
39	SAYI	REGISTERED		Classroom blocks and staff house are inadequate
40	ST BONIFACE TARE	REGISTERED		Classroom blocks and staff house are inadequate
41	SUNGANAI	REGISTERED		Classroom blocks and staff house are inadequate
42	VULINDLELA	REGISTERED		Classroom blocks and staff house are inadequate
43	**ZHAMBA**	**SATELLITE**	**MBUNGU**	Classroom blocks and staff house are inadequate
	TOTAL			**43 SECONDARY SCHOOLS**

ALL SCHOOLS

123 PRIMARY + 43 SECONDARY SCHOOLS = 166 SCHOOLS

LIST OF CLINICS

Name of Clinic	Status
1. CHEMAHORORO CLINIC	**Operational**
2. JAHANA CLINIC	**Operational**
3. JIRI-NDOZA CLINIC	**Operational**
4. CHITAVE CLINIC	**Operational**
5. MSALA CLINIC	**Operational**
6. MASUKA CLINIC	**Operational**
7. MUSITA CLINIC	**Operational**
8. MANGIDHI CLINIC	**Operational**
9. GAWA CLINIC	**Operational**
10. SAI CLINIC	**Operational**
11. ZHAMBA CLINIC	**Operational**
12. MKOKA CLINIC	**Operational**
13. KRIMA CLINIC	**Operational**
14. NYAMHUNGA CLINIC	**Operational**
15. TONGWE CLINIC	**Operational**
16. MANOTI CLINIC	**Operational**
17. HUCHU CLINIC	**Operational**
18. NJELELE CLINIC	**Operational**
19. CHITAPO CLINIC	**Operational**
20. NYARADZA CLINIC	**Operational**
21. NDABAMBI SATELITE CLINIC	**Operational**
22. ST HUGHS CLINIC	**Not Operating**
23. GANYE CLINIC	**Operational but waiting to be commissioned**
24. DZVUKE CLINIC	**Not operating**
25. KATEMA MARAPIRA CLINIC	**Operational**
26. NDLALAMBI CLINIC	**Operational**
27. NYAMACHENI CLINIC	**Not Operating**
28. GANYUNGU CLINIC	**Not Operating**

29. GOMOGURU CLINIC	**Not Operating**
30. KADZIRAMWANDA CLINIC	**Not Operating**

TOTAL = 30 CLINICS (24 OPERATING AND 6 NOT OPERATIONG)

Annexure 2: Interview Guide

Interview guide

This is an interview guide for a study titled 'Gaps, challenges and critical success factors for health and education service delivery in RDCs: The case of Gokwe South RDC'

1. What is the average distance to the nearest health and education institution in Gokwe South district?
2. Explain the range and variety of services that are offered in Gokwe South health centers and education institutions
3. What are the major threats and challenges to quality and inclusive health and education service delivery in Gokwe South district?
4. Briefly explain the state of health and education service delivery infrastructure in Gokwe RDC?
5. What are the major infrastructure gaps in health and education institutions?
6. What are the current models of financing health and education infrastructure and what is your comment on the sustainability of those models?
7. How do you assess the disruptive impact of covid 19 and related hazards and disasters on health and education service delivery in Gokwe South RDC?
8. How do you assess the readiness of Gokwe South health and education institutions and local communities to embrace digital technologies such as conduced e-learning platforms such as google classrooms, online health facilities etc?
9. To what extent has Gokwe health and education institutions been affected by staff turnover? What measures would you suggest to enhance staff retention in health and education institutions and what is the feasibility of those measures in the context of Gokwe South RDC?
10. In your opinion, what are the key success factors for sustainable health and education service delivery in Gokwe South RDC?

Gaps, challenges and critical success factors for health and education service delivery in RDCs: The case of Gokwe South RDC

QUESTIONNAIRE FOR Gokwe South Citizens and other Stakeholders

My name is………………………………...I am part of the team assigned to carry out a study titled 'Gaps, challenges and critical success factors for health and education service delivery in RDCs: The case of Gokwe South RDC' by the Zimbabwe Coalition for Debt and Development (ZIMCODD).

Information collected through this study will inform the design of interventions and engagements at various policy level with the strategic view of promoting inclusive health and education service delivery and improve the quality of these services in rural areas. The discussion will take about 20 minutes of your time. Information collected through this survey will be kept confidential and your name will not be captured to protect your identity. Are you willing to be interviewed? If willing, please inform the respondent that they are free to stop the interview at any point and are not obliged to respond to all questions.

Does the respondent consent to the interview?

1=Yes

2=No

A. DEMOGRAPHIC INFORMATION

1. How old are you?

   1=18-24 years old

   2=25-34 years old

   3=35-44 years old

   4=45-54 years old

   5=55-64 years old

   6=Above 65 years

2. What is your sex? Observe and record

   1=Male

   2=Female

   3=Transgender

3. What is your highest level of education?

   1=Never been to school

   2=Primary

   3=Secondary

   4=Tertiary