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Exploring Challenges and Opportunities in the Constituency Development Fund Utilisation for Optimizing Maternal and Child Health Outcomes: A Qualitative Study in Vubwi Constituency

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Abstract: This study explored the challenges and opportunities in the utilization of the Constituency Development Fund (CDF) for maternal and child health improvement in Vubwi Constituency, Zambia. The study was motivated by the increasing role of CDF in promoting decentralized development and financing community-based health interventions aimed at improving maternal and child health outcomes. Despite its potential, concerns remain regarding the effective utilization of CDF resources and the factors that influence the implementation, accountability, and sustainability of funded health interventions. A qualitative case study design was employed to gain an in-depth understanding of stakeholders' experiences and perceptions regarding the utilization of CDF for maternal and child health improvement. The target population comprised health facility staff, CDF committee members, local leaders, and community members. A sample of 30 participants was selected using purposive and simple random sampling techniques. Data were collected through semi-structured interviews and focus group discussions and analyzed using thematic analysis.

The findings revealed that the utilization of CDF created significant opportunities for improving maternal and child health through investments in health infrastructure, enhanced access to health services, strengthened stakeholder collaboration, and increased community participation in identifying and prioritizing local health needs. Community involvement promoted ownership of CDF-funded projects, improved transparency, and enhanced accountability in resource utilization. However, the study also identified several challenges that constrained the effective utilization of CDF. These included inadequate awareness of CDF guidelines and processes, limited technical and financial management capacity among stakeholders, unequal participation in decision-making, weak communication between governance structures and communities, delays in project implementation, and insufficient monitoring and accountability mechanisms. The findings further indicated that effective coordination among CDF committees, local authorities, health institutions, and community representatives was essential for ensuring that funded interventions addressed local maternal and child health priorities and remained sustainable.

The study concluded that the Constituency Development Fund has considerable potential to improve maternal and child health services in Vubwi Constituency when supported by transparent governance, inclusive participation, effective stakeholder coordination, and strengthened institutional capacity. The study recommends enhancing community sensitization on CDF processes, strengthening participatory planning and monitoring, improving stakeholder collaboration, and reinforcing accountability mechanisms to maximize the contribution of CDF investments to maternal and child health improvement.

Keywords: *Constituency Development Fund, Maternal and Child Health, Health Service Improvement, Decentralization, Community Participation, Qualitative Study.*

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I. INTRODUCTION

Maternal and child health (MCH) continues to be a major public health concern worldwide, especially in low- and middle-income countries where preventable illnesses and deaths among mothers, newborns, and children remain widespread. Although notable progress has been achieved in reducing maternal and under-five mortality over the past twenty years, Sub-Saharan Africa still records the highest proportion of maternal and child deaths globally. The World Health Organization (WHO, 2023) estimates that approximately 287,000 women died from pregnancy- and childbirth-related complications in 2020, with almost 70% of these deaths occurring in Sub-Saharan Africa. Likewise, the United Nations Children's Fund (UNICEF, 2024) indicates that millions of children under the age of five continue to lose their lives each year due to preventable conditions such as pneumonia, malaria, diarrhoea, malnutrition, and neonatal complications. These statistics underscore the urgent need to strengthen healthcare systems through increased investment in health infrastructure, skilled personnel, and accessible maternal and child health services.

In Zambia, improving maternal and child health remains a key priority within national development agendas, including Vision 2030, the Eighth National Development Plan (8NDP), and the National Health Strategic Plan 2022–2026. While the country has made measurable progress in several health indicators, maternal mortality remains unacceptably high, and neonatal and under-five mortality continue to pose significant public health challenges. Several factors contribute to these outcomes, including inadequate healthcare infrastructure, shortages of qualified health workers, limited access to emergency obstetric and newborn care services, poor road networks, and persistent socioeconomic disparities, particularly in rural communities (Ministry of Health [MoH], 2022; Zambia Statistics Agency, 2024). In many rural areas, expectant mothers face long distances to health facilities, insufficient maternity waiting homes, shortages of essential medicines, and inadequate medical equipment, all of which hinder access to quality maternal and child healthcare.

As part of its decentralization reforms aimed at improving local service delivery and reducing development inequalities, the Government of Zambia substantially increased allocations to the Constituency Development Fund (CDF) from 2022 onwards. The enhanced CDF provides financial resources directly to constituencies to support locally identified development priorities, including investments in education, roads, water and sanitation, and healthcare infrastructure. Guided by the Constituency Development Fund Act No. 11 of 2018 and the revised CDF Operational Guidelines, local authorities and Constituency Development Fund Committees are responsible for identifying and implementing projects that address the specific development needs of their communities. Within the health sector, CDF resources have increasingly been used to finance the construction of maternity annexes, health posts, staff houses, maternity waiting shelters, ablution facilities, water supply systems, procurement of selected medical equipment, and the rehabilitation of existing health facilities. Such investments are expected to improve access to quality maternal and child health services by addressing infrastructure deficits and enhancing the capacity of community-level healthcare systems (Government of Zambia, 2022).

Vubwi Constituency in Eastern Province is predominantly rural and experiences many of the challenges commonly associated with limited access to quality maternal and child healthcare. The constituency is characterized by dispersed settlements, inadequate transport infrastructure in some areas, and heavy reliance on primary healthcare facilities that frequently face shortages of healthcare personnel, medical equipment, and essential medicines. Although the increased CDF allocation offers considerable potential to strengthen healthcare infrastructure and improve access to maternal and child health services, there is limited empirical evidence on the extent to which these resources are effectively utilized to achieve the intended health outcomes within the constituency. Concerns remain regarding the processes used for project selection, the level of community participation, governance and accountability mechanisms, implementation capacity, sustainability of completed projects, and the alignment of CDF-funded interventions with the health priorities of mothers and children. Addressing these issues is essential for enhancing the effectiveness of decentralized financing in improving health service delivery.

Although previous research has explored decentralization, public financial management, and health financing in Zambia and other developing countries, relatively few studies have specifically assessed the contribution of the Constituency Development Fund to improving maternal and child health at the constituency level. Existing literature has largely concentrated on broader implementation challenges associated with CDF, including delays in project implementation, inadequate technical expertise, weak monitoring and evaluation systems, and governance-related constraints, while giving limited attention to its direct impact on healthcare outcomes (Chitonge, 2020; Resnick, 2019). Consequently, there remains a significant knowledge gap concerning the opportunities and challenges associated with utilizing the CDF to strengthen maternal and child health services in rural constituencies such as Vubwi. By adopting a mixed-methods research approach, this study will integrate quantitative evidence from stakeholder perceptions with qualitative insights from key informants to provide a comprehensive assessment of how CDF resources can be more effectively utilized to improve maternal and child health outcomes and support evidence-based policy formulation, planning, and resource allocation in Zambia.

- *Statement of the Problem*

Although the Government of Zambia has significantly increased Constituency Development Fund (CDF) allocations under its decentralization policy, many rural constituencies, including Vubwi, continue to experience poor maternal and child health outcomes. These challenges are linked to inadequate healthcare infrastructure, limited access to quality health services, shortages of skilled healthcare personnel, insufficient medical equipment, and ineffective referral

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systems (Ministry of Health [MoH], 2022; Zambia Statistics Agency [ZamStats], Ministry of Health, & ICF, 2024). Through the enhanced CDF, substantial investments have been made in health-related projects, including the construction and rehabilitation of health facilities, maternity annexes, maternity waiting homes, staff accommodation, and water and sanitation infrastructure. However, there is limited empirical evidence demonstrating the extent to which these investments have translated into improved maternal and child health service delivery and better health outcomes within rural constituencies (Government of Zambia, 2022).

In addition, several factors may undermine the effectiveness of CDF-supported health initiatives, including weak project prioritization, governance challenges, limited implementation capacity, inadequate community participation, insufficient accountability mechanisms, weak monitoring systems, and concerns regarding the sustainability of completed projects (Chitonge, 2020; Resnick, 2019). Previous studies have largely concentrated on the governance, decentralization, and administrative aspects of the Constituency Development Fund, with comparatively little attention given to its specific contribution to improving maternal and child health services at the constituency level. Consequently, there is an important gap in empirical evidence on how decentralized financing can be more effectively utilized to strengthen maternal and child health outcomes in rural Zambia. This study therefore sought to examine the opportunities and challenges associated with the utilization of the Constituency Development Fund for maternal and child health improvement in Vubwi Constituency using a mixed-methods approach, with the aim of generating evidence to support policy development, planning, and more effective allocation of local development resources.

- *Purpose of the Study*

The purpose of this study was to explore the challenges and opportunities associated with the utilization of the Constituency Development Fund (CDF) for improving maternal and child health in Vubwi Constituency, Zambia.

- *Significance of the Study*

This study contributes to the growing body of knowledge on decentralized financing by providing an in-depth qualitative understanding of the challenges and opportunities associated with the utilization of the Constituency Development Fund (CDF) for maternal and child health improvement in Vubwi Constituency, Zambia. By exploring the experiences and perspectives of key stakeholders involved in the planning, implementation, and utilization of CDF-funded health projects, the study generates context-specific evidence on how decentralized financing influences maternal and child health service delivery in a rural setting.

The findings are expected to inform the Ministry of Local Government and Rural Development, the Ministry of Health, local authorities, Constituency Development Fund Committees, health facility managers, policymakers, and other development partners on factors that facilitate or hinder the effective utilization of CDF resources for maternal and child health. The insights generated may contribute to improving project planning, prioritization, implementation, monitoring, and accountability while strengthening community participation and promoting the sustainable utilization of CDF-funded health interventions.

The study also provides practical recommendations for enhancing governance, transparency, stakeholder collaboration, and resource management to maximize the contribution of the Constituency Development Fund to maternal and child health improvement. Furthermore, the findings add to the limited empirical literature on constituency-level utilization of the CDF within the health sector and serve as a valuable reference for researchers interested in decentralization, public financial management, and maternal and child health. The evidence generated may also support future research and inform policy development in Zambia and other low- and middle-income countries implementing decentralized financing mechanisms to improve health service delivery (Government of Zambia, 2022; Ministry of Health [MoH], 2022; World Health Organization, 2023).

- *Scope of the Study*

This study was conducted in Vubwi Constituency of Eastern Province, Zambia, and focused on exploring the challenges and opportunities associated with the utilization of the Constituency Development Fund (CDF) for maternal and child health improvement. The study examined stakeholders' experiences and perceptions regarding the planning, implementation, management, and utilization of CDF-funded maternal and child health interventions, including the construction and rehabilitation of health facilities, maternity annexes, maternity waiting homes, staff accommodation, water and sanitation facilities, procurement of selected medical equipment, and other health-related infrastructure supported through the CDF.

The study specifically explored factors that facilitate or constrain the effective utilization of CDF resources in improving maternal and child health services. Particular attention was given to issues of governance, community participation, accountability, implementation capacity, resource allocation, monitoring, sustainability, and alignment of funded projects with local maternal and child health priorities.

Participants comprised purposively selected stakeholders directly involved in or affected by CDF-funded health projects. These included officials from local authorities, members of Constituency Development Fund Committees, health facility managers, healthcare workers, traditional and community leaders, and community members with knowledge or experience of CDF-supported maternal and child health initiatives.

Methodologically, the study employed a qualitative research approach, utilizing qualitative data collection methods to obtain detailed accounts of participants' experiences, perceptions, and views regarding the utilization of the Constituency Development Fund. Consequently, the

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findings reflect the context of Vubwi Constituency and provide in-depth insights into the phenomenon under investigation. Although the findings may offer useful lessons for similar rural constituencies in Zambia, they are not intended for statistical generalization because of differences in local governance structures, resource allocation, and health service delivery contexts.

II. THEORETICAL FRAMEWORK

This study was guided primarily by Decentralization Theory, which explains how the transfer of decision-making authority, financial resources, and administrative responsibilities from central government to lower levels of government can improve local development outcomes. The theory argues that local institutions are better positioned to identify community needs, allocate resources appropriately, and implement development interventions that reflect local priorities because they operate closer to the people they serve (Rondinelli, Nellis, & Cheema, 1983). Within the Zambian context, the Constituency Development Fund (CDF) represents an important fiscal decentralization mechanism designed to empower local communities and local authorities to identify and implement priority development projects. This theoretical perspective enabled the study to explore stakeholders' perceptions of how decentralized financing through the CDF has created opportunities and presented challenges in addressing maternal and child health needs in Vubwi Constituency.

The study was further informed by the World Health Organization Health Systems Strengthening Framework, which identifies six interrelated building blocks required for an effective health system: service delivery, health workforce, health information systems, access to essential medicines and technologies, health financing, and leadership and governance (World Health Organization, 2007). This framework provided a useful lens for understanding how CDF-funded investments contribute to strengthening health systems by improving health infrastructure, expanding access to essential services, supporting health financing, and enhancing the availability of medical equipment. It also enabled the study to explore stakeholders' views regarding the extent to which CDF-funded interventions address existing health system challenges affecting maternal and child health service delivery in Vubwi Constituency.

In addition, the study was informed by the Theory of Public Value, which emphasizes that public resources should be managed in ways that generate meaningful and sustainable benefits for citizens through accountable governance, responsiveness, and effective service delivery (Moore, 1995). From this perspective, the effectiveness of the Constituency Development Fund is not only measured by the completion of infrastructure projects but also by the extent to which those investments improve access to quality maternal and child healthcare and respond to community needs. The theory therefore guided the exploration of stakeholders' perceptions regarding whether CDF-funded maternal and child health interventions have created value for communities through improved accessibility, equity, quality of care, and sustainability.

Collectively, these theoretical perspectives provided a comprehensive framework for examining stakeholders' experiences and perceptions of the challenges and opportunities associated with the utilization of the Constituency Development Fund for maternal and child health improvement in Vubwi Constituency. They also informed the interpretation of findings by linking decentralized financing, governance, health system strengthening, and public value creation within the context of maternal and child healthcare.

III. LITERATURE REVIEW

- *Challenges and Opportunities in the Utilization of CDF for Improving Maternal and Child Health*

Globally, decentralized funding mechanisms such as constituency or local development funds have been recognized for their potential to improve access to health services, particularly in underserved communities. However, several challenges persist in their effective utilization. The World Health Organization (2023) observed that while fiscal decentralization promotes local ownership and responsiveness, weak institutional capacity and inadequate financial management often undermine health outcomes. In many low- and middle-income countries, funds allocated for maternal and child health are frequently delayed, mismanaged, or diverted to non-health priorities, leading to poor service delivery. Research conducted by Anderson and Patel in 2022 found that insufficient coordination between central and local authorities has resulted in duplication of projects and limited integration with national health strategies. Nonetheless, they also noted that these mechanisms offer opportunities for context-specific solutions, enabling communities to address maternal health challenges more directly when properly managed.

In South Asia, countries such as India and Bangladesh have implemented constituency-level or district development funds to strengthen local health systems. According to Kumar and Sharma (2023), while these initiatives have contributed to expanding maternal care facilities, they often face challenges related to bureaucratic delays and political interference. Projects selected under these funds tend to favour visible infrastructure, such as clinic construction, rather than recurrent investments in health personnel, equipment, and essential medicines. Yet, the same study emphasized opportunities where community-driven monitoring and participatory budgeting improved accountability and service quality. When citizens were actively engaged, maternal and child health outcomes, including antenatal attendance and skilled birth deliveries, improved significantly. This highlights that despite implementation challenges, CDF-like mechanisms can be powerful tools for equitable health improvement when grounded in transparency and public involvement.

At the continental level, African countries have widely adopted decentralized funds to address development

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inequalities, including in the health sector. In Kenya, the CDF model has been both praised and criticized for its impact on local health delivery. A study conducted by Matete, Wangaruro, and Owino (2023) revealed that although CDF has financed the construction of dispensaries and maternity wings in many constituencies, misallocation of resources and inadequate oversight have limited its long-term effectiveness. Political patronage often influences project selection, leading to inequitable distribution of resources and failure to target the most pressing maternal health needs. Despite these obstacles, the study also reported that in constituencies with strong community participation and effective oversight committees, CDF projects contributed significantly to improved maternal health indicators. This duality underlines both the potential and pitfalls of constituency-level funding mechanisms in improving health outcomes.

In Uganda, decentralization under the Local Government Act of 1997 created opportunities for local councils to prioritize health initiatives. Okumu and Muwanga (2022) observed that while health facilities benefited from local development funds, limited financial management skills and corruption hindered their effectiveness. However, they noted an opportunity in the growing role of civil society organizations and community-based monitoring groups that help track expenditures and outcomes. Their involvement has promoted greater transparency and improved the delivery of maternal and child health services. Similarly, in Tanzania, research by Oh, Kim, and Mremi (2024) found that the Direct Health Facility Financing model comparable to CDF strengthened local autonomy and service delivery, but the challenge of delayed disbursements and inadequate capacity among health facility managers persisted. Nonetheless, the system allowed for flexible allocation of resources to maternal and child health priorities at the facility level, illustrating the opportunity embedded in decentralized financial control.

Across the continent, weak monitoring and evaluation frameworks remain a consistent barrier to effective CDF utilization. The African Development Bank (2023) emphasized that poor data management, lack of project tracking systems, and limited capacity among local administrators result in inefficient use of development funds. However, digital innovations and open data platforms present opportunities for enhancing accountability. Pilot initiatives in Ghana and Rwanda, for instance, have introduced online portals that allow citizens to track CDF-funded projects, improving transparency and trust in local governance. These experiences highlight that technological integration and community oversight can transform challenges of opacity and mismanagement into opportunities for participatory and accountable governance, ultimately improving maternal and child health outcomes.

In the Zambian context, the Constituency Development Fund has undergone significant reform aimed at addressing previous inefficiencies and aligning local development with national priorities. The Ministry of Local Government and Rural Development (2022) introduced revised guidelines emphasizing inclusiveness, transparency, and community participation in project selection and monitoring. However, the implementation of these guidelines has faced several challenges. According to the Auditor General's report (2023), common issues include late disbursement of funds, lack of technical expertise at the constituency level, and weak coordination between local authorities and the Ministry of Health. These challenges often result in incomplete or substandard health projects, particularly in rural constituencies such as Vubwi. Despite these obstacles, opportunities exist for strengthening inter-sectoral collaboration and building local capacity to manage and monitor CDF-funded health projects more effectively.

Research conducted by Casey, Hinfelaar, and Mwape (2021) on the expanded CDF framework in Zambia found that constituencies with proactive leadership and structured community engagement achieved better health outcomes. In these areas, funds were used to construct maternity waiting homes, rehabilitate rural clinics, and supply medical equipment—directly improving maternal and child health indicators. The study emphasized that opportunities lie in institutionalizing participatory planning processes that ensure alignment between constituency-level projects and district health priorities. Furthermore, decentralization reforms offer the potential to enhance responsiveness and accountability if local governance structures are adequately capacitated.

The Jesuit Centre for Theological Reflection (2019) highlighted another dimension of the challenge: limited civic awareness. Many community members lack sufficient understanding of how CDF operates, leading to minimal participation in decision-making. This knowledge gap reduces accountability and allows elite capture of resources. Yet, the study identified an opportunity for civic education programs to empower communities to demand transparency and engage actively in planning and monitoring processes. When citizens understand the purpose and mechanisms of CDF, they are more likely to hold duty-bearers accountable and ensure that funds benefit maternal and child health services directly.

At the district level, coordination between local authorities and health institutions presents both a challenge and an opportunity. The Ministry of Health's 2023 performance report observed that some constituencies fail to involve health professionals in project planning, leading to the construction of facilities without adequate staffing or equipment. However, constituencies that fostered collaboration between Ward Development Committees, District Health Offices, and community representatives demonstrated better alignment of CDF projects with actual health needs. These collaborative models show promise in enhancing the sustainability and relevance of CDF-funded maternal and child health interventions.

Finally, there are emerging opportunities to integrate monitoring technology and data systems into CDF management. The Zambia Institute for Policy Analysis and Research in 2021 proposed the adoption of digital monitoring dashboards to track project progress, improve accountability, and strengthen feedback mechanisms. Such systems could

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mitigate long-standing challenges of inefficiency and lack of transparency. If properly implemented, they could also facilitate evidence-based decision-making, ensuring that CDF resources are allocated to interventions that produce measurable improvements in maternal and child health outcomes.

The literature demonstrates that while the utilization of CDF for improving maternal and child health faces numerous challenges including delayed disbursements, weak oversight, limited capacity, and political interference it also presents significant opportunities. These include enhanced local ownership, participatory governance, capacity building, technological innovation, and improved responsiveness to community health needs. Globally, and across Africa, the success of decentralized funding models depends on transparency, accountability, and citizen participation. In Zambia, continued reforms, civic education, and inter-sectoral coordination hold the key to transforming the CDF into a sustainable instrument for advancing maternal and child health, particularly in rural constituencies like Vubwi.

IV. METHODOLOGY

➢ *Research Design*

The study employed a case study research design to facilitate an in-depth exploration of the challenges and opportunities associated with the utilization of the Constituency Development Fund (CDF) for improving maternal and child health services in Vubwi Constituency, Zambia. A case study design was considered appropriate because it enabled the researcher to investigate the phenomenon within its real-life context, where the implementation and utilization of CDF are influenced by social, institutional, political, and administrative factors. This design allowed for a comprehensive understanding of the experiences, perceptions, and practices of key stakeholders involved in the planning, allocation, and implementation of CDF-funded maternal and child health initiatives. Focusing on a single constituency, the study generated rich, context-specific data that provided nuanced insights into the factors facilitating or constraining the effective use of CDF resources. The case study approach also supported the use of multiple sources of evidence, including interviews and document reviews, thereby enhancing the credibility and depth of the findings through data triangulation.

➢ *Target Population*

The target population for this study comprised individuals and groups directly involved in the planning, implementation, management, oversight, and utilization of Constituency Development Fund (CDF) resources for maternal and child health interventions in Vubwi Constituency, Eastern Province, Zambia. The study focused on stakeholders who possessed relevant knowledge, practical experience, and firsthand involvement in the identification, prioritization, financing, implementation, and monitoring of CDF-supported health initiatives. The target population included health facility staff such as nurses, midwives, clinical officers, and health facility managers responsible for delivering maternal and child health services. It also included members of the Constituency Development Fund Committee (CDFC), Ward Development Committees (WDCs), local authority officials, traditional leaders, community health volunteers, and representatives from community-based organizations involved in health-related development activities. In addition, community members, particularly women of reproductive age, expectant mothers, caregivers of young children, and other beneficiaries of CDF-funded maternal and child health interventions, formed an important part of the study population because of their lived experiences and perspectives regarding the accessibility, quality, and effectiveness of services supported through the Constituency Development Fund. The inclusion of these diverse stakeholder groups enabled the study to capture multiple perspectives on the challenges and opportunities associated with the utilization of CDF resources, thereby providing a comprehensive understanding of how the fund contributes to improving maternal and child health services within the constituency.

➢ *Sample Size*

The study involved a sample size of 30 participants purposively selected from the target population in Vubwi Constituency, Eastern Province, Zambia. The sample was drawn from stakeholder groups directly involved in or affected by the planning, implementation, management, and utilization of Constituency Development Fund (CDF) resources for maternal and child health interventions. Specifically, the participants comprised health facility staff, including nurses, midwives, and health facility managers; members of Constituency Development Fund governance structures such as the Constituency Development Fund Committee (CDFC) and Ward Development Committees (WDCs); local leaders, including traditional and civic leaders; and community members, particularly women of reproductive age, caregivers of young children, and beneficiaries of CDF-funded maternal and child health projects. The sample size was considered adequate for a qualitative case study because it allowed the researcher to obtain rich, detailed, and context-specific information from participants with diverse experiences and perspectives. Participant recruitment continued until data saturation was achieved, that is, when no new themes or insights emerged from subsequent interviews, ensuring that the data collected were sufficient to comprehensively address the study objectives.

➢ *Sampling Techniques*

Participants for this study were selected using expert purposive sampling and typical case purposive sampling. Expert purposive sampling was employed to identify participants with specialized knowledge, experience, and direct involvement in the planning, implementation, management, and oversight of Constituency Development Fund (CDF) resources for maternal and child health interventions. These participants included health facility managers, nurses, members of the Constituency Development Fund Committee (CDFC), Ward Development Committee (WDC) members, local authority officials, and traditional leaders, whose expertise provided valuable insights into the processes, challenges, and opportunities

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associated with the utilization of CDF resources. In addition, typical case purposive sampling was used to select community members who represented the ordinary experiences of beneficiaries of CDF-funded maternal and child health initiatives. This included women of reproductive age, caregivers of young children, and other residents who had accessed or benefited from maternal and child health services supported through the CDF. The use of these two purposive sampling techniques enabled the study to capture both expert perspectives and the lived experiences of typical beneficiaries, thereby providing a comprehensive understanding of the utilization of the Constituency Development Fund for improving maternal and child health services in Vubwi Constituency.

- *Data Collection Tools*

Data were collected using two qualitative data collection instruments: an interview guide and a focus group discussion guide. The interview guide was used to conduct semi-structured interviews with key informants, including health facility staff, members of Constituency Development Fund (CDF) governance structures, local authority officials, and traditional leaders. The semi-structured format provided flexibility for the researcher to ask follow-up questions and probe participants' responses, thereby generating rich and detailed information on the challenges and opportunities associated with the utilization of CDF resources for maternal and child health services. The focus group discussion guide was used to facilitate discussions with community members, particularly women of reproductive age, caregivers of young children, and other beneficiaries of CDF-funded maternal and child health interventions. The focus group discussions encouraged participants to share their experiences, perceptions, and opinions in an interactive setting, allowing the researcher to explore collective views and identify common themes regarding the effectiveness, accessibility, and impact of CDF-supported health initiatives.

V. DATA ANALYSIS

The data collected in this study were analysed using thematic analysis, a qualitative data analysis technique that involves identifying, analysing, and interpreting patterns of meaning within the data. Thematic analysis was considered appropriate because it enabled the researcher to systematically examine participants' experiences, perceptions, and views regarding the utilization of the Constituency Development Fund (CDF) for improving maternal and child health services in Vubwi Constituency. The analysis followed the six-step framework proposed by Braun and Clarke (2006), beginning with familiarization with the data through repeated reading of interview and focus group discussion transcripts. This was followed by the generation of initial codes, which captured significant features of the data relevant to the research objectives. The codes were then organized into broader themes and sub-themes that reflected recurring patterns across participants' responses. The identified themes were reviewed and refined to ensure they accurately represented the dataset, after which they were clearly defined and appropriately named. Finally, the themes were interpreted and presented using descriptive narratives supported by verbatim quotations from participants to illustrate key findings. The use of thematic analysis enabled the researcher to produce a rich, coherent, and credible account of the challenges and opportunities associated with the utilization of CDF resources for improving maternal and child health services.

- *Credibility and Trustworthiness*

To ensure the credibility and trustworthiness of the study, several strategies were employed throughout the research process. Credibility was enhanced through the use of methodological triangulation by collecting data from multiple stakeholder groups using semi-structured interviews and focus group discussions, allowing the researcher to compare and validate information from different sources. Member checking was also conducted by seeking clarification from participants during interviews to ensure that their views and experiences were accurately understood and represented. Dependability was promoted by maintaining a clear audit trail documenting the research procedures, data collection process, coding decisions, and theme development, thereby enhancing the consistency and transparency of the study. Confirmability was achieved by ensuring that the findings were grounded in participants' accounts rather than the researcher's personal views, supported by the use of verbatim quotations to illustrate key themes. Transferability was strengthened through the provision of rich, detailed descriptions of the study setting, participants, and research context, enabling readers to determine the applicability of the findings to similar settings. Collectively, these measures enhanced the rigor, credibility, and trustworthiness of the qualitative inquiry.

- *Ethical Considerations*

Ethical considerations were carefully observed throughout the study to protect the rights, dignity, and welfare of all participants. Prior to data collection, ethical approval was obtained from the relevant ethics review committee, and permission to conduct the study was sought from the appropriate authorities, including the District Health Office, Vubwi Town Council, and participating health facilities. Informed consent was obtained from all participants after they had been provided with adequate information regarding the purpose of the study, the procedures involved, the voluntary nature of participation, and their right to withdraw from the study at any stage without any negative consequences. Confidentiality and anonymity were maintained by assigning codes or pseudonyms instead of participants' names, and all data collected, including interview recordings and transcripts, were securely stored and used solely for academic purposes. The researcher ensured that participants were treated with respect, fairness, and cultural sensitivity throughout the study and that no physical, psychological, or social harm resulted from their participation. These ethical principles enhanced the credibility, integrity, and trustworthiness of the research findings.

VI. FINDINGS

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This section presents the findings of the study on the challenges and opportunities associated with the utilization of the Constituency Development Fund (CDF) for maternal and child health improvement in Vubwi Constituency, Zambia. The findings are organized according to the study objectives and the major themes that emerged from the qualitative data collected through key informant interviews and focus group discussions. The analysis provides an in-depth account of participants' experiences, perceptions, and perspectives regarding the planning, implementation, management, and utilization of CDF-funded maternal and child health interventions. The findings highlight the opportunities presented by the Constituency Development Fund in improving access to maternal and child health services, as well as the challenges affecting the effective utilization of CDF resources. The section further examines participants' recommendations for enhancing the effectiveness, accountability, sustainability, and overall contribution of CDF-funded interventions to maternal and child health improvement in Vubwi Constituency.

➢ *Demographic Profile of Participants*

The demographic profile in Table 1 indicates that the study included a diverse and well-balanced sample of 30 participants drawn from Vubwi Constituency. The gender distribution shows a slight male dominance, with 17 males and 13 females, reflecting reasonable gender representation in the study. Most participants were within the economically active age groups, with 12 aged 31–45 years, 8 aged 46–60 years, 7 aged 18–30 years, and 3 above 60 years, suggesting that respondents were largely mature individuals with experience in community and health-related issues. In terms of participant categories, community members formed the largest group (12), followed by CDF committee members (7), health facility staff (6), and local leaders (5), ensuring representation of both service providers and beneficiaries of CDF-funded maternal and child health interventions. Educational attainment varied, with 14 participants having secondary education, while 8 had primary education and another 8 had tertiary education, indicating a mixed level of literacy among respondents. Importantly, all 30 participants were residents of rural areas within the constituency, ensuring that the findings were grounded in relevant local experiences and perspectives.

Table 1: Demographic Profile of Participants (n = 30)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	17	56.7
	Female	13	43.3
Age Group	18–30 years	7	23.3
	31–45 years	12	40.0
	46–60 years	8	26.7
	Above 60 years	3	10.0
Category of Respondent	Health facility staff	6	20.0
	CDF committee members	7	23.3
	Local leaders	5	16.7
	Community members	12	40.0
Education Level	Primary	8	26.7
	Secondary	14	46.7
	Tertiary	8	26.7
Residence	Rural areas (Vubwi Constituency)	30	100

Source: Field Data (2025)

VII. PRESENTATION OF FINDINGS

❖ *Opportunities in the Utilization of CDF for Improving Maternal and Child Health in Vubwi Constituency*

➢ *Strengthening Health Infrastructure through CDF Investment*

The findings indicate that strengthening health infrastructure is one of the most important opportunities for improving maternal and child health outcomes through the utilization of Constituency Development Funds (CDF) in Vubwi Constituency. Respondents consistently highlighted that CDF provides a practical avenue for constructing and upgrading maternity wings, delivery rooms, and waiting shelters for expectant mothers. These infrastructural improvements were viewed as essential in reducing long distances travelled by pregnant women and improving access to safe delivery services, particularly in rural and hard-to-reach areas. As a result, CDF was widely perceived as a critical mechanism for addressing long-standing infrastructural gaps that hinder effective maternal and child health service delivery. These views consistently point to the central role of infrastructure as a foundational requirement for improving maternal and child health outcomes, which was further reinforced through lived community experiences. One of the participants said that inadequate infrastructure remains a major barrier to safe maternal health services in the constituency;

In our area, the biggest challenge is that health facilities do not have proper maternity infrastructure, and this makes it very difficult for women when they are about to give birth because they are forced to travel long distances or wait in unsafe conditions, sometimes even without proper beds or delivery equipment, and this situation puts both mothers and babies at serious risk, so if CDF funds are properly directed towards building maternity wings, waiting shelters, and improving delivery rooms, it would greatly reduce these risks and ensure that even those in remote villages are able to access safe, dignified, and timely maternal health services without unnecessary delays or complications during labour, which we currently experience quite often (Participant 7).

- *Another participant added that improving infrastructure would directly enhance service delivery and reduce pressure on existing facilities.*

We have seen that when infrastructure is improved in health centres, especially maternity wards, the whole delivery

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process becomes more organised and safer for both mothers and children, because health workers are able to operate in better conditions and patients can be attended to properly, and this is why we strongly believe that CDF should continue to prioritise the construction and rehabilitation of such facilities since many of our rural clinics are still in poor condition and cannot adequately handle the increasing number of pregnant women who seek services there on a daily basis (Participant 12).

- *One of the participants further emphasised that poor infrastructure contributes directly to preventable maternal and child health complications.*

From what we have observed in our community over the years, poor infrastructure is one of the main reasons why we continue to experience preventable maternal and child health complications, because women sometimes fail to access timely care due to lack of nearby and well-equipped facilities, and therefore investing CDF in building and upgrading health infrastructure would not only improve access but also reduce maternal deaths, improve emergency response during childbirth, and ultimately enhance overall child survival rates in the constituency (Participant 3).

The findings indicate that strengthening health infrastructure represents one of the most critical opportunities for improving maternal and child health outcomes through the utilization of Constituency Development Funds in Vubwi Constituency. Respondents consistently emphasized that CDF offers a practical mechanism for addressing longstanding infrastructural gaps through the construction and upgrading of maternity wings, delivery rooms, and waiting shelters for expectant mothers. These improvements were viewed as essential for reducing long travel distances, enhancing access to safe delivery services, and improving the overall quality of maternal healthcare, particularly in rural and hard to reach areas. The availability of adequate infrastructure was repeatedly linked to safer, more efficient service delivery, as well as improved working conditions for health personnel and better patient management within facilities. Conversely, inadequate infrastructure was identified as a key contributor to preventable maternal and child health complications, delayed care seeking, and increased risks during childbirth. The findings therefore suggest that prioritising infrastructure development through CDF is a fundamental opportunity for strengthening health system capacity, improving service accessibility, and ultimately enhancing maternal and child health outcomes in the constituency.

- *Improving Access to Maternal and Child Health Services in Rural Areas*

Building on the importance of infrastructure, the findings further reveal that improving access to maternal and child health services in rural and hard-to-reach areas remains a significant opportunity under CDF utilization. Respondents noted that geographical distance continues to limit timely utilisation of health services, particularly among pregnant women and children requiring urgent care. In this regard, improving infrastructure alone was seen as insufficient unless accompanied by deliberate efforts to bring services closer to the population. One of the participants said that distance to health facilities continues to endanger the lives of mothers and children;

In many of our villages, people are located very far from the nearest health facilities, and this becomes a serious problem especially for pregnant women who need regular check-ups, antenatal care, and emergency services, so when we talk about CDF, we see a real opportunity where these funds can be used to establish additional service points or support mobile outreach clinics so that mothers and children do not have to travel long distances on bad roads, which often puts their lives at risk, especially during emergencies or when labour starts unexpectedly (Participant 5).

- *Another participant added that bringing services closer would significantly reduce home deliveries and delays in seeking care;*

The challenge we face is not just about having health facilities, but also about how far these facilities are from where people live, because some women end up delivering at home or even on the way to the clinic due to distance and lack of transport, so if CDF can be used to bring services closer to the people through outreach programmes, satellite health posts, or periodic mobile clinics, it would significantly improve maternal and child health outcomes in our area and reduce the number of preventable complications we continue to witness (Participant 9).

- *One participant further explained that delays caused by distance remain a critical contributor to maternal complications;*

What we have experienced over time is that distance is a silent killer because many complications arise simply because women fail to reach health facilities on time, and in some cases they only arrive when the situation has already become critical, and therefore if CDF is strategically used to decentralise services and improve access in rural areas, it would help reduce these delays and ensure that more mothers and children receive timely and appropriate care before conditions worsen (Participant 15).

The findings indicate that improving access to maternal and child health services in rural and hard to reach areas represents a major opportunity for enhancing the impact of CDF utilization. Respondents emphasized that geographical distance remains a critical barrier to timely healthcare access, particularly for pregnant women and young children who require regular checkups, emergency care, and continuous monitoring. In many communities, long distances to health facilities combined with poor road conditions and limited transport options contribute to delayed care seeking, home deliveries, and increased risk of complications. As a result, CDF presents an important opportunity not only to strengthen existing infrastructure but also to complement it with strategies that bring services closer to the population, such as establishing additional health posts, supporting mobile outreach clinics, and expanding periodic community-based health services. These approaches were seen as essential for reducing delays in accessing care and improving maternal and child health outcomes. The findings therefore suggest that

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strategically using CDF resources to decentralize and extend health services could significantly enhance equity, accessibility, and effectiveness of maternal and child health interventions in underserved areas.

➢ *Strengthening Community Participation and Ownership*

Closely linked to awareness and service delivery is the issue of community participation, which emerged as another important opportunity for improving maternal and child health outcomes through CDF. Respondents emphasised that involving community members in decision-making processes enhances ownership, accountability, and sustainability of health interventions. This participatory approach ensures that health projects reflect real community priorities. One of the participants said that community involvement strengthens ownership of CDF projects.

When community members are actively involved in deciding which projects should be funded using CDF, it creates a strong sense of responsibility and ownership because people feel that these are their own projects, and as a result they are more willing to protect, support, and even contribute to maintaining them, unlike situations where decisions are made without their input, which often leads to lack of interest or neglect of facilities once they are constructed and handed over to the community (Participant 6).

- *Another participant noted that participation has improved voice and inclusion in decision-making processes;*

We appreciate that CDF has created a platform where we can voice our concerns and needs, especially on issues affecting mothers and children, because in the past decisions were made without consulting us at all, but now at least we are able to contribute ideas on what health projects should be prioritised in our communities, and this has made us feel more included and recognised in development processes that directly affect our lives (Participant 1).

- *One participant further explained that participation promotes sustainability of health projects;*

From what we have observed, when people are part of the decision-making process, they develop a strong sense of ownership and long-term commitment towards maintaining the projects, and this is very important for sustainability because even after the projects are completed, the community continues to support, protect, and ensure that these facilities remain functional for the benefit of mothers and children (Participant 14).

The findings indicate that community participation in CDF processes presents a key opportunity for improving maternal and child health outcomes in Vubwi Constituency. Respondents emphasised that when community members are actively involved in identifying, prioritising, and planning health projects, it enhances ownership, accountability, and sustainability of interventions. This participatory approach ensures that funded projects are more closely aligned with real community needs and priorities, particularly those affecting mothers and children. Furthermore, participation strengthens trust between communities and local governance structures, as people feel recognised and included in decision-making processes that directly affect their wellbeing. It also promotes long-term sustainability of health facilities and services, as communities are more likely to protect and support projects they have helped to shape. These findings suggest that strengthening inclusive participation within CDF governance structures is a critical opportunity for improving the effectiveness, relevance, and sustainability of maternal and child health interventions at the community level.

➢ *Enhancing Coordination between Local Authorities and Health Institutions*

Furthermore, the effectiveness of CDF in improving maternal and child health was also linked to the level of coordination among key stakeholders. Respondents observed that improved collaboration between local authorities, health workers, and community representatives enhances planning and ensures that resources are allocated more effectively. This coordination was viewed as an enabling factor that strengthens all other opportunities discussed above. One of the participants said that coordination among stakeholders has improved planning processes.

There has been some improvement in coordination because now we see that local leaders, health workers, and community representatives sit together during planning meetings to discuss how CDF funds should be used, and this has helped in identifying real health challenges that affect mothers and children instead of making decisions in isolation without proper consultation, which was common in the past and often led to misallocation of resources (Participant 10).

- *Another participant added that collaboration improves prioritisation of health needs.*

When different stakeholders such as health professionals and local authorities work together, it becomes easier to agree on priority areas because health workers are able to explain the real health needs on the ground while leaders provide direction on how resources should be allocated, and this collaboration improves the quality, relevance, and effectiveness of decisions made regarding maternal and child health projects (Participant 13).

- *One participant further emphasised that coordination reduces wastage and improves efficiency;*

In our view, coordination is very important because it ensures that resources are not wasted on less important or politically motivated projects while critical maternal and child health needs are ignored, and therefore when everyone works together in a coordinated manner, it becomes much easier to ensure that CDF is used effectively and equitably for the benefit of the entire community (Participant 2).

The findings demonstrate that CDF presents multiple interrelated opportunities for improving maternal and child health in Vubwi Constituency. These include strengthening health infrastructure, improving access to services in rural areas, enhancing outreach and preventive health programmes, increasing community participation and ownership, and improving coordination between stakeholders. If effectively harnessed, these opportunities have the potential to

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significantly improve maternal and child health outcomes in the constituency.

VIII. DISCUSSION OF FINDINGS

- *Challenges in the Utilization of CDF for Improving Maternal and Child Health in Vubwi Constituency*

The findings on challenges affecting the utilization of Constituency Development Fund (CDF) in improving maternal and child health services in Vubwi Constituency reveal a complex set of structural, governance, and socio-political constraints that collectively undermine the effectiveness of CDF interventions. Although CDF is designed as a decentralized development mechanism intended to enhance community-driven planning and improve access to essential services such as maternal and child health, its implementation in the constituency is constrained by weak governance systems, limited community participation, and inadequate accountability mechanisms. These challenges are not isolated but are interconnected, reinforcing each other in ways that reduce the overall impact of CDF-funded health projects. Political interference in project selection emerges as a dominant issue, where decisions are often influenced by political interests rather than objective health priorities or technical recommendations from health professionals. In addition, limited inclusion of key population groups such as women, youth, and vulnerable populations weakens the representativeness of decision-making structures, despite their central role as primary beneficiaries of maternal and child health services. Low literacy levels and insufficient awareness of CDF processes further limit meaningful participation, as many community members lack the capacity to critically engage with governance structures. Weak consultation mechanisms, poor communication channels, mistrust between leaders and communities, and inadequate transparency further compound these challenges. Collectively, these constraints highlight systemic weaknesses that must be addressed to improve the efficiency, equity, and responsiveness of CDF-funded maternal and child health interventions in Vubwi Constituency.

The overall effect of these challenges is a governance environment where intended decentralization benefits are diluted by top-down decision-making practices and limited community empowerment. While formal structures for participation exist, they often function in a procedural manner rather than as effective platforms for shared decision-making. As a result, communities frequently feel excluded from key processes that determine how resources are allocated and which maternal and child health interventions are prioritized. This disconnect between policy intention and practical implementation reduces trust in governance systems and weakens community ownership of development projects. Furthermore, inefficiencies in communication and accountability systems mean that communities are often unaware of how decisions are made or how resources are utilized. This lack of transparency further reinforces perceptions of exclusion and contributes to dissatisfaction with CDF implementation. Ultimately, these findings suggest that improving maternal and child health outcomes through CDF requires not only increased funding but also significant reforms in governance, participation, and accountability structures.

- *Political Interference in Project Selection*

The findings reveal that political interference is one of the most significant challenges affecting the effective utilization of Constituency Development Funds (CDF) in maternal and child health interventions in Vubwi Constituency. Respondents consistently indicated that the process of selecting and prioritizing health projects is often influenced by political considerations rather than objective health needs assessments or technical recommendations from health professionals. In many cases, decision-making authority is concentrated in the hands of politically influential individuals who determine which projects are approved for implementation. This results in a situation where the prioritization of maternal and child health projects is shaped more by political visibility, personal interests, and strategic considerations than by actual community health needs.

This political influence often leads to the implementation of projects that may not directly address the most urgent maternal and child health challenges, such as inadequate maternity infrastructure, shortage of essential drugs, and limited access to skilled health personnel. Instead, projects that are more visible or politically rewarding tend to receive priority, even when their contribution to maternal and child health outcomes is limited. As a result, there is a growing mismatch between resource allocation and actual health needs on the ground. Community members expressed concern that this approach undermines fairness and reduces the effectiveness of CDF interventions in improving health outcomes. Furthermore, the dominance of political interests in decision-making processes weakens accountability, as decisions are not always subject to transparent justification based on health priorities.

The findings also indicate that political interference reduces community confidence in governance structures responsible for managing CDF resources. Many respondents feel that their voices are not adequately considered in final decision-making, particularly when their suggestions conflict with political priorities. This creates a sense of exclusion and frustration among community members, who perceive that development decisions are pre-determined by political actors before consultations take place. The lack of transparency in how decisions are made further reinforces suspicions of bias and unfairness. Consequently, trust in CDF governance structures is weakened, and community engagement in development processes is reduced.

In addition, political interference limits the role of technical expertise in guiding health-related investments. Health professionals and technical officers may recommend specific interventions based on evidence and service delivery gaps, but these recommendations are sometimes overlooked in favor of politically driven priorities. This undermines evidence-based planning and reduces the efficiency of resource utilization. Over time, such practices may compromise the sustainability of health improvements, as projects may not be aligned with long-term maternal and

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child health needs. The findings therefore highlight the need for stronger institutional safeguards that protect CDF decision-making processes from undue political influence and ensure that project selection is guided by objective health priorities.

- *Limited Community Participation and Consultation*

The findings reveal that community participation in CDF processes remains limited, unstructured, and largely symbolic in Vubwi Constituency. Although community meetings are regularly held as part of the formal consultation process, respondents indicated that these engagements rarely provide meaningful opportunities for influencing decision-making outcomes. Instead, communities are often informed of decisions that have already been made by local leaders and CDF committees. This means that participation tends to occur at the notification stage rather than at the decision-making stage, thereby limiting its effectiveness as a governance mechanism. As a result, community participation often serves procedural rather than substantive purposes.

Many respondents reported that even when they are invited to suggest priority health interventions such as improving maternity services, increasing drug availability, or upgrading health facilities, their inputs are not reflected in final implementation plans. This creates a disconnect between community expectations and actual development outcomes. Over time, this has contributed to frustration and reduced enthusiasm for participating in governance processes, as community members feel that their contributions do not influence final decisions. The absence of feedback mechanisms further worsens this situation, as communities are rarely informed about why certain suggestions are accepted or rejected.

The findings also indicate that consultation processes are often poorly structured, with limited time allocated for meaningful discussion. Meetings tend to be dominated by formal presentations from leaders rather than interactive dialogue that allows for genuine exchange of ideas. This limits the depth of participation and reduces opportunities for communities to engage critically with development planning processes. In many cases, community members are not provided with sufficient background information to meaningfully evaluate proposed projects, which further constrains their ability to contribute effectively.

Furthermore, the lack of institutional mechanisms to integrate community input into final decision-making processes weakens the overall effectiveness of participation. Even when suggestions are made, there is no clear system to track how they are considered or incorporated into planning frameworks. This creates a perception that participation is merely symbolic and does not influence outcomes. Consequently, trust in participatory governance structures is weakened, and community ownership of projects remains low. The findings therefore suggest the need to strengthen consultation processes to ensure that community participation is meaningful, structured, and directly linked to decision-making outcomes.

- *Weak Transparency and Accountability Mechanisms*

The findings indicate that transparency and accountability mechanisms in the management of CDF-funded maternal and child health projects are weak, fragmented, and ineffective in Vubwi Constituency. Community members reported limited access to critical information regarding budgeting, procurement processes, project selection criteria, and implementation progress. This lack of transparency restricts the ability of communities to understand how decisions are made and how public resources are utilized. As a result, there is limited public oversight of CDF-funded projects, which weakens accountability structures and increases the risk of inefficiencies.

Respondents further indicated that financial information is rarely shared in accessible formats, making it difficult for ordinary community members to track expenditures or assess whether resources are being used appropriately. In many cases, communities are only informed about project initiation and completion, without receiving detailed updates on financial allocations or implementation processes. This lack of continuous information flow contributes to uncertainty and mistrust regarding resource utilization. Additionally, the absence of clear reporting systems makes it difficult to verify whether projects are implemented within approved budgets.

The findings also highlight that weak transparency creates an environment where suspicion and speculation become common. In the absence of official information, community members often rely on informal sources, which may not always be accurate. This further erodes trust between communities and local authorities responsible for managing CDF projects. Even when projects are successfully implemented, the lack of transparent communication reduces community appreciation and confidence in governance structures.

Moreover, weak accountability mechanisms limit the ability of communities to hold decision-makers responsible for project outcomes. Monitoring systems are largely controlled by officials, with minimal community involvement. This reduces independent verification of project progress and outcomes, thereby weakening accountability. The absence of participatory monitoring structures also limits corrective action in cases of delays or inefficiencies. The findings therefore accentuate the need to strengthen transparency and accountability frameworks to improve trust, efficiency, and effectiveness in CDF-funded maternal and child health interventions.

- *Low Literacy Levels and Limited Awareness of CDF Processes*

The findings reveal that low literacy levels and limited awareness of CDF processes significantly hinder effective community participation in maternal and child health governance in Vubwi Constituency. Many community members lack a clear understanding of how CDF funds are allocated, managed, and monitored, which reduces their ability to engage meaningfully in decision-making processes. This knowledge gap results in passive participation, where individuals attend meetings but do not actively contribute to

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discussions or challenge decisions made by authorities. Instead, they rely heavily on local leaders for guidance, which limits grassroots influence on development outcomes.

Respondents also indicated that insufficient civic education contributes to widespread information gaps regarding CDF operations. Many community members are unaware of the criteria used to select projects or the processes involved in budget allocation and implementation. This lack of awareness reduces their confidence in participating in governance processes and limits their ability to demand accountability. Furthermore, low literacy levels make it difficult for some individuals to understand technical information presented during meetings, further restricting meaningful engagement.

The findings show that limited awareness leads to a cycle of dependency, where communities become reliant on leaders for all decision-making processes. This dependency weakens community empowerment and reduces the effectiveness of participatory governance structures. In addition, it limits the ability of communities to critically assess development priorities or advocate for their needs, particularly in relation to maternal and child health services.

Furthermore, the absence of continuous civic education programs exacerbates the problem by preventing communities from developing long-term understanding of CDF operations. Without regular sensitization, knowledge gaps persist and participation remains weak. The findings therefore suggest that strengthening civic education and awareness campaigns is essential for improving inclusive participation and enhancing governance outcomes in CDF-funded health interventions.

- *Weak Community Representation and Mistrust in Governance Structures*

The findings show that weak representation of community members, particularly women, youth, and vulnerable groups, combined with growing mistrust in governance structures, significantly undermines the effectiveness of CDF implementation in maternal and child health interventions. Decision-making processes are often dominated by a small group of individuals, resulting in unequal representation and limited inclusion of key stakeholder groups. This exclusion reduces the diversity of perspectives considered in planning processes and leads to development decisions that do not fully reflect community needs.

Respondents indicated that inadequate representation of women is particularly concerning given their central role in maternal and child health issues. When women are not adequately included in decision-making structures, their priorities may be overlooked, resulting in gaps in service delivery. Similarly, youth and vulnerable groups often lack meaningful representation, which further limits the inclusiveness of governance processes. This imbalance contributes to perceptions of unfairness and reduces the legitimacy of decisions made within CDF structures.

The findings also highlight that weak representation contributes to growing mistrust between communities and leaders. Many respondents expressed concern that decisions are not transparent or fairly communicated, which reduces confidence in governance systems. This mistrust affects cooperation between communities and leaders, making it difficult to implement health projects effectively. In some cases, community members may resist or disengage from development initiatives due to lack of trust in decision-making processes.

Furthermore, the absence of inclusive representation weakens accountability and reduces the responsiveness of development interventions. When key groups are excluded, their specific needs may not be adequately addressed, resulting in uneven development outcomes. Over time, this reinforces inequality in access to maternal and child health services. The findings therefore emphasize the need to strengthen inclusive representation and rebuild trust in governance structures to enhance fairness, accountability, and effectiveness in CDF-funded health interventions.

- *Opportunities in the Utilization of CDF for Improving Maternal and Child Health in Vubwi Constituency*

The findings on the opportunities associated with the utilization of Constituency Development Funds (CDF) for improving maternal and child health in Vubwi Constituency reveal that CDF presents a highly strategic, flexible, and potentially transformative financing mechanism for strengthening health service delivery, particularly in rural and underserved settings where structural inequalities in health access remain persistent. Across interviews, respondents consistently emphasized that CDF has the capacity to address long-standing structural, geographical, and institutional barriers that have historically constrained maternal and child health outcomes, especially barriers related to inadequate infrastructure, long travel distances, weak service decentralization, and limited community engagement in health planning processes. This finding is supported by decentralization theory, which argues that devolved funding mechanisms enhance responsiveness to local priorities by allowing sub-national actors and communities to directly influence resource allocation decisions in line with contextual needs. It is further in tandem with studies on decentralized health financing in Sub-Saharan Africa which demonstrate that when local development funds are properly governed, they significantly improve maternal health service coverage, increase skilled birth attendance, and reduce preventable maternal and child mortality. Similarly, this finding aligns with evidence from the World Bank and WHO-supported studies which show that community-driven development financing improves health system responsiveness by strengthening local ownership and reducing bureaucratic delays in service delivery. However, contrary to the assumption that decentralization automatically guarantees improved outcomes, the findings also imply that the realization of these opportunities is highly dependent on governance quality, institutional accountability, and the degree to which decision-making processes remain inclusive, transparent, and technically informed rather than politically driven.

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- *Strengthening Health Infrastructure through CDF Investment*

The findings indicate that strengthening health infrastructure represents one of the most significant, foundational, and immediately actionable opportunities for improving maternal and child health outcomes through CDF utilization in Vubwi Constituency. Respondents consistently emphasized that inadequate maternity wings, poorly equipped delivery rooms, insufficient waiting shelters, and weak emergency obstetric infrastructure continue to pose major barriers to safe maternal healthcare delivery, particularly in rural and geographically isolated communities. This finding is supported by global maternal health literature which identifies weak health infrastructure as one of the leading structural determinants of maternal mortality, particularly in low-income and rural settings where women are often forced to deliver under unsafe conditions without skilled attendance or adequate medical equipment. It is further aligned with WHO (2023) reports which emphasize that improving facility readiness, especially in maternal health units, significantly reduces maternal deaths, postpartum complications, and neonatal mortality rates. In the same context, respondents highlighted that CDF provides a practical, decentralized, and locally responsive funding source capable of addressing these infrastructural deficiencies in a more targeted and timely manner than centralized funding systems.

Furthermore, this finding is in tandem with empirical studies conducted in rural health systems across East and Southern Africa which reveal that investment in maternity infrastructure significantly increases institutional delivery rates, improves emergency response capacity, and enhances the overall quality of maternal and neonatal care. In particular, a study by Bhutta et al. (2019) demonstrated that upgrading rural maternity facilities leads to measurable reductions in obstetric complications and stillbirth rates due to improved access to skilled care. Participants in this study similarly emphasized that improved infrastructure reduces physical barriers to service access and improves the efficiency of service delivery at facility level. One participant noted that poor infrastructure forces women to travel long distances or deliver under unsafe conditions, a finding that strongly corresponds with documented evidence on the role of infrastructure in shaping maternal health outcomes.

Additionally, this finding is in tandem with decentralization and public finance literature which argues that locally managed funds are more likely to prioritize visible and high-impact infrastructure investments such as maternity wards, clinics, and delivery shelters because these interventions directly respond to community-identified needs and produce immediate observable benefits. Contrarily to earlier assumptions that infrastructure expansion alone is sufficient to improve maternal health outcomes, several studies caution that infrastructure must be complemented by adequate staffing, equipment, and supply chain systems to ensure full functionality. However, despite this limitation, the overall implication of the findings is that CDF investment in health infrastructure remains a foundational opportunity for improving service accessibility, reducing maternal risk exposure, strengthening emergency response capacity, and enhancing the overall resilience of rural health systems in Vubwi Constituency.

- *Improving Access to Maternal and Child Health Services in Rural Areas*

The findings reveal that improving access to maternal and child health services in rural and hard-to-reach areas constitutes a critical and transformative opportunity under CDF utilization in Vubwi Constituency, particularly given the persistent geographical inequalities that limit timely healthcare utilization. Respondents consistently noted that long distances to health facilities, poor road infrastructure, and limited transport availability significantly hinder access to antenatal care, skilled delivery services, postnatal care, and emergency obstetric interventions. This finding is strongly supported by the "Three Delays Model" in maternal health, which identifies delay in reaching a health facility as a major contributing factor to maternal mortality in developing countries. It is also in tandem with WHO and UNICEF evidence which shows that geographic inaccessibility remains a key driver of inequitable maternal and child health outcomes in rural populations. In this context, CDF is perceived as a strategic instrument that can be used to decentralize health service delivery through mobile clinics, outreach programs, and the establishment of satellite health posts closer to communities.

This finding further aligns with a study conducted in rural Zambia by Chibwana et al. (2021), which revealed that women residing far from health facilities are significantly less likely to utilize skilled birth attendance and antenatal care services, primarily due to transportation challenges and travel time constraints. The study further demonstrated that introducing outreach and community-based service delivery models significantly improved maternal and child health indicators, particularly in underserved areas. Similarly, participants in this study emphasized that many women in Vubwi Constituency still deliver at home or en route to health facilities due to distance barriers, which increases the risk of complications and maternal deaths.

Moreover, this finding is in tandem with rural health systems strengthening literature which emphasizes that physical proximity to health services is one of the strongest predictors of service utilization, particularly for maternal and child health services that require frequent monitoring and timely intervention. Contrarily to the assumption that construction of additional health facilities alone resolves access challenges, evidence suggests that access is a multidimensional issue that also requires functional transport systems, community outreach programs, and integrated referral systems. Participants emphasized that delays caused by distance often result in avoidable complications, reinforcing the urgency of decentralizing services. Therefore, the findings demonstrate that CDF presents a significant opportunity not only to expand infrastructure but also to strategically extend healthcare services closer to communities, thereby improving equity, reducing delays, and

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enhancing maternal and child health outcomes in rural settings.

- *Strengthening Community Participation and Ownership*

The findings indicate that strengthening community participation and ownership is a critical opportunity for improving maternal and child health outcomes through the utilization of Constituency Development Funds (CDF) in Vubwi Constituency. Respondents consistently emphasized that when community members are actively involved in identifying, planning, and prioritizing health projects, they develop a stronger sense of ownership, responsibility, and accountability toward the resulting interventions. This finding is supported by participatory development theory, which argues that development outcomes are more sustainable and effective when beneficiaries are actively engaged in decision-making processes rather than being passive recipients of services. It is further aligned with Arnstein's Ladder of Participation, which suggests that higher levels of citizen involvement, particularly partnership and delegated power, lead to more meaningful development outcomes. In the context of maternal and child health, such participation ensures that interventions reflect real community needs rather than externally imposed priorities.

Furthermore, this finding aligns with a study done by Mansuri and Rao (2013) on community-driven development programs, which revealed that projects designed and implemented with active community participation tend to have higher levels of sustainability, improved targeting of resources, and increased community satisfaction. Similarly, respondents in this study noted that when communities are involved in CDF decision-making processes, they are more likely to protect and maintain health infrastructure such as maternity wings and clinics because they perceive them as "their own projects." This reinforces the idea that participation is not merely procedural but instrumental in ensuring long-term functionality of health investments.

This finding is in tandem with studies conducted in Sub-Saharan Africa which demonstrate that inclusive governance structures improve trust between communities and local authorities, thereby strengthening accountability and reducing conflicts over resource allocation. Participants indicated that previous exclusion from decision-making processes resulted in weak ownership and low engagement, whereas increased participation has gradually improved community confidence in CDF processes. One participant emphasized that involvement in project selection enhances commitment to maintaining health facilities, a view consistent with empirical evidence showing that participatory governance strengthens social accountability mechanisms in health systems.

Contrary to top-down development approaches, which assume that technical authorities alone can determine community needs, this study highlights that excluding communities from decision-making undermines the relevance and sustainability of maternal and child health interventions. In many cases, top-down planning leads to misalignment between implemented projects and actual health priorities, particularly in rural settings where lived experiences differ significantly from administrative assumptions. Therefore, this finding challenges centralized planning models and reinforces the need for inclusive, bottom-up approaches in CDF implementation.

Overall, the findings demonstrate that strengthening community participation and ownership is a fundamental opportunity for improving maternal and child health outcomes in Vubwi Constituency. This finding is supported by both theoretical and empirical literature which consistently shows that participatory governance enhances sustainability, accountability, and effectiveness of public health interventions. It is therefore evident that institutionalizing meaningful community engagement within CDF structures would significantly improve the responsiveness, legitimacy, and long-term impact of maternal and child health programs.

- *Enhancing Coordination between Local Authorities and Health Institutions*

The findings reveal that enhancing coordination between local authorities, health institutions, and community representatives is a key opportunity for improving the effectiveness of CDF utilization in maternal and child health interventions in Vubwi Constituency. Respondents consistently emphasized that coordinated planning and implementation processes improve resource allocation, reduce duplication of efforts, and ensure that health investments reflect both technical and community priorities. This finding is supported by health systems governance literature which argues that multi-stakeholder coordination is essential for strengthening service delivery efficiency, particularly in decentralized systems where multiple actors share responsibility for planning and implementation. It is further aligned with the WHO health systems framework, which identifies coordination among stakeholders as a core building block for effective health service delivery.

Additionally, this finding aligns with a study done by Brinkerhoff (2018) on collaborative governance in health systems, which revealed that collaboration between technical health professionals and local governance structures improves prioritization of health needs and enhances the relevance of public health investments. In the same way, participants in this study indicated that when health workers are involved in CDF planning meetings, they are able to provide technical insights on maternal and child health needs, which improves the quality of decision-making. This collaboration ensures that resource allocation is informed by both community experiences and technical health evidence.

This finding is in tandem with public financial management studies which show that coordinated planning processes reduce inefficiencies, minimize wastage of resources, and improve transparency in public fund utilization. Participants emphasized that coordination between stakeholders helps prevent politically motivated projects that do not address urgent maternal and child health needs. One participant noted that when stakeholders work together, it becomes easier to prioritize essential services such as maternity care, drug supply, and emergency obstetric

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services, which is consistent with evidence from decentralized health financing studies.

Contrary to fragmented governance systems where decision-making is isolated within specific actors or institutions, the findings highlight that lack of coordination leads to misallocation of resources and weak accountability. In such systems, projects may be implemented without technical guidance, resulting in inefficiencies and reduced impact on maternal and child health outcomes. This study therefore challenges fragmented governance approaches and reinforces the importance of integrated planning frameworks that bring together all relevant stakeholders.

The findings demonstrate that enhancing coordination between local authorities, health institutions, and communities is a vital opportunity for improving maternal and child health outcomes through CDF utilization. This finding is strongly supported by global health systems literature which emphasizes that coordinated governance improves efficiency, accountability, and equity in service delivery. It is therefore evident that strengthening collaborative planning and implementation mechanisms within CDF structures would significantly enhance the effectiveness and impact of maternal and child health interventions in Vubwi Constituency.

The findings demonstrate that the Constituency Development Fund presents multiple and interrelated opportunities for improving maternal and child health outcomes in Vubwi Constituency. These opportunities are primarily centered on strengthening health infrastructure, improving access to services in rural and hard-to-reach areas, enhancing community participation and ownership, and improving coordination among key stakeholders. This finding is supported by decentralization and health systems strengthening literature which consistently shows that locally managed development funds can significantly improve health service delivery when effectively governed and properly aligned with community needs. It is further in tandem with global evidence from community health governance studies which emphasize that participatory, coordinated, and infrastructure-focused interventions are essential for improving maternal and child health outcomes in rural settings. However, contrary to idealized assumptions about decentralization, the findings also imply that these opportunities can only be fully realized if governance challenges such as weak accountability, limited transparency, and political interference are effectively addressed. Therefore, the study concludes that CDF remains a highly promising instrument for improving maternal and child health in Vubwi Constituency, but its success depends on strengthening institutional capacity, ensuring inclusive participation, and reinforcing evidence-based decision-making processes.

IX. CONCLUSION

The findings demonstrated that the Constituency Development Fund (CDF) presents significant opportunities for improving maternal and child health outcomes in Vubwi Constituency when effectively planned, implemented, and monitored. The study established that investment in health infrastructure through CDF provides an important pathway for addressing critical gaps affecting maternal and child health service delivery. The construction and rehabilitation of maternity wings, delivery rooms, waiting shelters, and other related facilities were perceived as essential interventions for improving access to safe delivery services, reducing delays in seeking care, and creating conducive environments for both healthcare providers and patients. The findings further revealed that strengthening infrastructure alone is not sufficient; rather, it needs to be complemented by strategies aimed at extending healthcare services closer to rural communities through additional health posts, mobile outreach programmes, and community-based interventions.

The study also concluded that CDF has the potential to promote greater equity in maternal and child health service access by addressing geographical barriers that disproportionately affect women and children in remote areas. Long distances to health facilities, poor road networks, and limited transportation options were identified as major factors contributing to delayed access to essential health services and preventable complications. Therefore, strategic utilization of CDF resources to decentralize healthcare services and support outreach activities could enhance timely access to antenatal care, skilled birth attendance, immunisation, and child health services, particularly among vulnerable populations.

Furthermore, the findings indicated that strengthening community participation and ownership represents a critical opportunity for improving the sustainability and effectiveness of CDF-funded maternal and child health interventions. When communities are actively involved in identifying, prioritising, and monitoring projects, they develop a greater sense of responsibility and commitment towards maintaining health facilities and supporting service delivery initiatives. The study therefore concluded that participatory approaches within CDF governance structures are essential for ensuring that investments respond to actual community needs and achieve long-term benefits for mothers and children.

The study also concluded that effective coordination among local authorities, health institutions, community representatives, and other stakeholders is fundamental to maximising the impact of CDF on maternal and child health improvement. Improved collaboration enhances evidence-based planning, promotes appropriate prioritisation of health needs, reduces duplication and wastage of resources, and strengthens accountability in the implementation of CDF-funded projects. Overall, the findings suggest that CDF provides a valuable opportunity for strengthening local health systems in Vubwi Constituency; however, its contribution to maternal and child health improvement depends on effective governance, community engagement, strategic investment, and sustained collaboration among stakeholders.

RECOMMENDATIONS

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Based on the findings of the study, the following recommendations were made:

- The Constituency Development Fund Committee, in collaboration with local authorities and the Ministry of Health, should prioritise CDF allocations towards the construction and rehabilitation of maternal and child health infrastructure, including maternity wings, waiting shelters, and delivery facilities.
- The Ministry of Health and local authorities should use CDF resources to expand access to maternal and child health services through mobile outreach programmes, additional health posts, and improved referral systems, particularly in rural and hard-to-reach areas.
- The Constituency Development Fund Committee and local leadership should strengthen community participation in the identification, implementation, and monitoring of CDF-funded maternal and child health projects to promote ownership and sustainability.
- Local authorities, health facility managers, and CDF committees should enhance coordination and collaboration to ensure that CDF-funded health projects are aligned with community health priorities and national health plans.
- The Ministry of Local Government and Rural Development, local authorities, and CDF committees should strengthen monitoring and accountability mechanisms to ensure effective utilization of CDF resources and timely completion of health projects.
- Local authorities and CDF management structures should increase community awareness on CDF-funded maternal and child health projects, including project selection, implementation progress, and community roles.
- The Ministry of Health, local authorities, and communities should develop sustainability plans for CDF-funded health projects to ensure proper maintenance, staffing, and continued provision of maternal and child health services.

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