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Community Participation as a Catalyst for Effective Local Health Governance: Evidence from Constituency Development Fund Health Interventions in Vubwi Constituency

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Abstract: This study examined community participation as a catalyst for effective local health governance, focusing on Constituency Development Fund (CDF)-funded maternal and child health interventions in Vubwi Constituency, Zambia. The study was motivated by concerns that despite decentralisation reforms and the introduction of the CDF, community involvement in health-related decision-making remains limited and largely symbolic. A qualitative case study research design was adopted, and data were collected from a sample of 30 participants, including health facility staff, CDF committee members, local leaders, and community members, using interview guides and focus group discussion guides. Thematic analysis was employed to analyse the data, guided by Arnstein's Ladder of Citizen Participation theory.The findings revealed that community participation in CDF health interventions is generally constrained and procedural, with key decisions often made by local elites and political actors before community consultations occur. In addition, governance structures were found to be dominated by influential individuals, resulting in limited inclusiveness and reduced transparency in decision-making processes. The study further established that monitoring and accountability mechanisms are weak and largely exclude community members, while limited awareness and capacity constraints hinder meaningful participation. However, occasional instances of effective engagement were observed where leadership was responsive and participatory structures functioned effectively. The study concludes that although formal participatory structures exist within the CDF framework, their effectiveness in promoting genuine community involvement remains limited in Vubwi Constituency. It recommends strengthening inclusive decision-making processes, enhancing civic education, improving accountability mechanisms, and reducing elite dominance in governance structures. Strengthening these areas is essential for improving transparency, ownership, and sustainability of maternal and child health interventions under the CDF framework.

Keywords: *Community Participation, Local Governance, Constituency Development Fund, Maternal and Child Health, Decentralisation, Vubwi Constituency.*

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I. INTRODUCTION

Community participation has become a central pillar in contemporary thinking on effective local health governance, particularly within decentralized health systems. Globally, there is growing recognition that health outcomes improve when communities are actively involved in identifying priorities, planning interventions, and monitoring service delivery. This participatory approach is grounded in the idea that local populations possess contextual knowledge that can improve responsiveness and equity in health programming (World Health Organization, 2010). In addition, participatory governance is widely associated with improved accountability, reduced service delivery gaps, and strengthened trust between citizens and public institutions (Brinkerhoff & Wetterberg, 2016). As a result, many countries have integrated community engagement frameworks into health sector reforms aimed at achieving universal health coverage.

In Zambia, decentralization reforms have positioned community participation as a key feature of public sector governance, particularly through mechanisms such as the Constituency Development Fund (CDF). The CDF is

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intended to transfer resources from the central government to constituencies to support locally identified development priorities, including health infrastructure and service delivery improvements (Government of the Republic of Zambia, 2022). Through structures such as Ward Development Committees (WDCs), Constituency Development Committees (CDCs), and local councils, communities are expected to participate in project identification, prioritization, and oversight. In the health sector, CDF resources have been used to construct and upgrade health posts, maternity wings, staff houses, and to support outreach services aimed at improving access in rural areas (Ministry of Health, 2021).

However, despite these institutional arrangements, the depth and quality of community participation in CDF-funded health interventions remain uneven. In practice, participation often tends to be procedural rather than substantive, with communities engaged mainly during consultation meetings rather than throughout the full project cycle. This limited engagement can weaken accountability and reduce local ownership of health infrastructure projects (Cleaver, 2012). Empirical studies have shown that where participation is tokenistic, development outcomes tend to be less sustainable, as communities may feel detached from decision-making and less responsible for maintaining facilities (Mansuri & Rao, 2013). Consequently, the effectiveness of decentralised health governance is highly dependent not only on formal structures but also on how inclusively and meaningfully they are implemented.

Vubwi Constituency provides a compelling context for examining these dynamics due to its predominantly rural setting and persistent challenges in healthcare delivery. Like many rural constituencies in Zambia, Vubwi faces barriers such as long distances to health facilities, shortages of skilled health personnel, and limited infrastructure development (Central Statistical Office, 2022). In response, CDF-funded health interventions have been introduced to improve access and reduce service inequities. Nevertheless, questions remain regarding whether community members are adequately involved in decision-making processes and whether local governance structures effectively facilitate inclusive participation in the planning, implementation, and monitoring of these interventions. Against this background, examining community participation as a catalyst for effective local health governance in Vubwi Constituency is both timely and policy relevant.

- *Statement of the Problem*

Despite the introduction of decentralised governance reforms in Zambia through mechanisms such as the Constituency Development Fund (CDF), the effectiveness of community participation in shaping health interventions remains uncertain, particularly in rural constituencies like Vubwi. The CDF framework is intended to promote inclusive decision-making by involving communities through structures such as Ward Development Committees and Constituency Development Committees; however, in practice, participation is often limited, irregular, and largely consultative rather than genuinely empowering (Government of the Republic of Zambia, 2022). This situation raises concerns about whether CDF-funded health projects truly reflect local priorities and whether they generate sustainable improvements in access, quality, and ownership of health services. Empirical evidence from decentralisation literature further suggests that when participation is weak or tokenistic, it rarely translates into meaningful accountability or improved service delivery outcomes (Mansuri & Rao, 2013). In Vubwi Constituency, these challenges are compounded by persistent barriers such as inadequate health infrastructure, long distances to facilities, and resource constraints that continue to undermine health service delivery despite ongoing CDF investments (Ministry of Health, 2021). However, there remains limited context-specific empirical evidence examining how community participation and local governance structures influence the effectiveness of CDF-funded health interventions in the constituency. This gap limits a clear understanding of whether current participatory mechanisms are adequate or require strengthening to enhance responsiveness, accountability, and sustainability in local health governance.

- *Purpose of the Study*

The purpose of this study was to examine the role of community participation as a catalyst for effective local health governance, with a particular focus on Constituency Development Fund (CDF)-funded health interventions in Vubwi Constituency.

- *Significance of the Study*

The significance of this study lies in its potential to contribute to both academic knowledge and practical policy formulation regarding community participation and local health governance within decentralised systems. Academically, the study adds to the growing body of literature on participatory governance by providing empirical insights into how community engagement influences the effectiveness of Constituency Development Fund (CDF)-funded health interventions, particularly in rural contexts such as Vubwi Constituency. It also helps to bridge the existing gap in context-specific research on the interaction between local governance structures and health service delivery outcomes. Practically, the findings are expected to inform policymakers, local authorities, and development practitioners on how to strengthen participatory mechanisms to enhance accountability, responsiveness, and sustainability in health projects. Furthermore, the study may guide improvements in the implementation of CDF policies by highlighting areas where community involvement can be made more meaningful and inclusive, ultimately contributing to improved health service delivery and better health outcomes for rural populations.

- *Delimitation of the Study*

The study was delimited to examining community participation as a catalyst for effective local health governance in Constituency Development Fund (CDF)-funded health interventions in Vubwi Constituency. It focused specifically on selected health projects implemented under the CDF framework, with particular attention to the processes of planning, implementation, and monitoring. The study was restricted to community members, local

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governance structures such as Ward Development Committees and Constituency Development Committees, and key stakeholders involved in health service delivery within the constituency. It did not extend to other constituencies in Zambia or to centrally funded health programmes outside the CDF framework. In addition, the study concentrated on perceptions and experiences related to community participation and did not include a comprehensive clinical evaluation of health outcomes. The temporal scope was limited to CDF health interventions implemented within a defined recent period to ensure relevance and manageability of the data collected.

II. THEORETICAL FRAMEWORK

This study was anchored on *Arnstein's Ladder of Citizen Participation* (1969), which provides a critical framework for understanding the extent and quality of community involvement in governance processes. The theory conceptualises participation as a continuum ranging from non-participation (manipulation and therapy), through tokenism (informing, consultation, and placation), to degrees of citizen power (partnership, delegated power, and citizen control). It emphasizes that not all forms of participation are genuinely empowering, as some may simply serve symbolic or procedural purposes without granting communities real decision-making authority. In the context of this study, the theory offers a useful lens for assessing whether community participation in CDF-funded health interventions in Vubwi Constituency is meaningful or merely symbolic.

Arnstein's Ladder is particularly relevant to decentralised health governance because it helps distinguish between superficial involvement and substantive participation in planning, implementation, and monitoring of health projects. In many decentralised systems, including those operating under the Constituency Development Fund (CDF), communities are often invited to meetings or consultations but may have limited influence over final decisions. Using this theory, the study examined the extent to which local governance structures in Vubwi Constituency enabled communities to move beyond tokenistic participation toward genuine partnership and shared decision-making in health interventions.

Furthermore, the theory provided a basis for analysing the implications of different levels of participation on the effectiveness and sustainability of health projects. Higher levels of participation, such as partnership and citizen control, are associated with increased accountability, ownership, and improved service delivery outcomes, while lower levels often result in weak implementation and limited sustainability. In this study, Arnstein's Ladder was therefore used to interpret community engagement practices within CDF health interventions and to determine whether existing governance arrangements fostered empowerment or reinforced top-down decision-making processes.

III. LITERATURE REVIEW

Globally, the role of community participation and local governance in health interventions has been widely recognized as essential for ensuring equitable and sustainable service delivery. World Health Organization reports from 2023 emphasize that participatory governance enhances ownership and accountability in local health projects. When communities are actively engaged in planning and implementation, they are more likely to support and sustain interventions, particularly in maternal and child health programs. In countries such as India and Nepal, community-driven initiatives under decentralized funding models have resulted in improved health-seeking behavior among mothers and significant reductions in neonatal mortality rates. Research conducted by Kumar and Singh in 2022 demonstrated that inclusive planning processes involving community health committees improved the alignment between local needs and resource allocation, leading to more efficient maternal and child health service delivery. These findings suggest that bottom-up approaches that prioritize local voices strengthen program effectiveness and transparency.

In Latin America, similar evidence underscores the impact of community involvement in decentralized health projects. Gonzalez and Rivera in 2021 observed that in Bolivia and Peru, health programs that incorporated citizen oversight committees under local government structures experienced enhanced monitoring and transparency in the use of public funds. These committees ensured that constituency-based allocations were not only aligned with local health priorities but also properly accounted for. Furthermore, participatory budgeting processes empowered local populations, including women's groups, to articulate health-related needs and hold local authorities accountable for delivery outcomes. This model of governance, built on mutual trust and shared responsibility, has been associated with improved immunization coverage and antenatal care attendance. Globally, therefore, participation serves as both a mechanism for effective resource utilization and a driver of trust between citizens and their governments.

Across Africa, community participation remains central to the success of decentralized development initiatives, including those funded through constituency or local development funds. In Kenya, for example, a study by Matete, Wangaruro, and Owino in 2023 revealed that the effectiveness of Constituency Development Fund projects depended heavily on the extent of citizen engagement in decision-making processes. Communities that participated in project identification and prioritization demonstrated stronger ownership, reduced cases of resource mismanagement, and better sustainability of health facilities. Similarly, the work of Cheruiyot, Wangaruro, and Ombaka in 2016 found that health projects implemented with active involvement of local communities in Samburu West achieved better results in improving access to maternal health services and reducing mortality rates than those planned solely by local authorities. This highlights the value of participatory governance in

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ensuring that local investments are relevant, efficient, and impactful.

In Uganda, decentralization reforms have also underscored the power of community-based monitoring in enhancing service delivery. Okumu and Muwanga in 2022 found that communities involved in local health committees played a crucial role in detecting inefficiencies, promoting accountability, and ensuring equitable resource distribution. These findings were echoed in Tanzania, where the Direct Health Facility Financing framework integrated community health boards into fiscal management structures. According to a study conducted by Oh, Kim, and Mremi in 2024, the inclusion of citizens in decision-making contributed to increased utilization of maternal and child health services and improved facility performance. Such evidence confirms that decentralization alone is insufficient unless coupled with active community participation and strong local governance mechanisms.

At the continental level, several regional policy frameworks reinforce the importance of inclusive governance in health systems. The African Union's Agenda 2063 and the Africa Health Strategy (2016–2030) both advocate for community-driven approaches as a foundation for achieving universal health coverage. The strategies emphasize that participation and accountability at the local level are critical in ensuring that funds such as CDF are directed toward priority health needs, including those affecting mothers and children. Studies conducted under the United Nations Economic Commission for Africa in 2023 indicate that countries with structured local governance frameworks and participatory monitoring systems show higher returns on health investments. These findings underscore that empowering citizens through participatory structures enhances transparency and ensures that constituency-level resources contribute directly to improved health outcomes.

Turning to the Zambian context, the Constituency Development Fund has been restructured to deepen community involvement in local decision-making. The Ministry of Local Government and Rural Development in 2022 revised the CDF guidelines to formalize community participation in project selection and monitoring through Ward Development Committees and Constituency Development Committees. These structures are mandated to ensure that health-related projects reflect community priorities and that implementation aligns with local needs. According to the Jesuit Centre for Theological Reflection in 2019, participatory engagement within these committees fosters transparency, reduces elite capture, and enhances the sustainability of community health projects. However, the study also noted that the effectiveness of participation varies depending on the level of civic awareness and local leadership capacity.

Empirical evidence from Casey, Hinfelaar, and Mwape in 2021 on Zambia's expanded CDF framework found that constituencies with active citizen oversight mechanisms demonstrated improved efficiency in project execution and monitoring. The study showed that communities that contributed to project planning, particularly in the health sector, reported increased satisfaction with health infrastructure and service delivery. Conversely, areas with weak community structures experienced delays, cost overruns, and substandard project outcomes. This indicates that participation not only promotes accountability but also enhances efficiency in fund utilization. The Zambia Institute for Policy Analysis and Research (ZIPAR) highlighted similar findings, emphasizing that local governance capacity is vital for translating CDF allocations into tangible health benefits for women and children.

Nonetheless, challenges persist in ensuring that participation is meaningful rather than symbolic. Research conducted by the Auditor General's Office in 2023 revealed that in some constituencies, community consultations were poorly conducted or dominated by local elites, leading to the marginalization of women and youth voices in decision-making. This limits the inclusiveness of CDF planning processes, particularly for projects targeting maternal and child health. The report further noted that the absence of systematic monitoring mechanisms and limited capacity within local structures weaken accountability. Addressing these challenges requires deliberate efforts to strengthen civic education and equip local governance bodies with the skills necessary for participatory planning and evaluation.

The Ministry of Health's Annual Performance Report of 2023 reinforced the importance of aligning CDF-funded projects with district health priorities. It noted that constituencies that involved health personnel and community representatives in project design achieved greater coherence with national maternal and child health targets. Such integration ensures that local projects are not only responsive to immediate community needs but also contribute to broader public health goals. This collaborative model, combining local governance structures and professional oversight, exemplifies the kind of inclusive governance required for effective service delivery.

Despite extensive global and regional evidence demonstrating that community participation and local governance improve the effectiveness, accountability, and sustainability of health interventions, several research gaps remain, particularly in the context of Zambia's Constituency Development Fund (CDF). Most existing studies are broad in scope and focus on national-level decentralization reforms or experiences from other countries, with limited empirical attention to how community participation operates at constituency level in rural settings such as Vubwi. In addition, while literature widely acknowledges the importance of participation in improving health outcomes, few studies critically examine the *depth and quality* of participation, especially distinguishing between meaningful decision-making power and tokenistic involvement. Furthermore, there is limited integrated analysis of how community participation and local governance structures jointly influence the planning, implementation, and monitoring of CDF-funded health interventions. As a result, the interaction between governance mechanisms and community engagement remains underexplored, particularly

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in resource-constrained rural constituencies where contextual challenges may significantly shape outcomes. This creates a need for context-specific empirical evidence to better understand how participatory governance functions in practice and how it can be strengthened to improve local health service delivery.

IV. METHODOLOGY

➢ *Research Design*

This study adopted a case study research design, which allowed for an in-depth and contextualized examination of community participation and local governance structures in Constituency Development Fund (CDF)-funded maternal and child health interventions in Vubwi Constituency. The design was appropriate because it enabled the researcher to explore complex social and governance processes within their real-life setting, particularly how decisions are made, implemented, and monitored at the local level. Focusing on a single case, the study was able to capture detailed insights from community members, local governance structures, and key stakeholders involved in health service delivery. The case study design also facilitated the use of multiple data sources, including interviews and documentary evidence, which strengthened the credibility and richness of the findings. Furthermore, it provided a holistic understanding of the dynamics between community participation, elite influence, and governance effectiveness within CDF health interventions, thereby generating context-specific evidence relevant for policy and practice in decentralized health systems.

➢ *Target Population*

The target population for this study comprised individuals and groups directly involved in the planning, implementation, management, and utilization of Constituency Development Fund (CDF) resources for maternal and child health interventions in Vubwi Constituency, Eastern Province, Zambia. The study focused on key stakeholders with relevant knowledge, practical experience, and direct engagement in CDF-funded health projects. These included health facility staff, members of CDF governance structures, local leaders, and community members. The inclusion of these groups was essential as they provided diverse and complementary perspectives on how CDF resources were allocated, managed, monitored, and utilized to improve maternal and child health outcomes. Their varied roles enabled the researcher to generate a comprehensive understanding of both the administrative processes and community-level experiences of CDF-funded health interventions within the constituency.

➢ *Sample Size*

The study involved a sample size of 30 participants selected from the target population in Vubwi Constituency. This sample included health facility staff, members of Constituency Development Fund (CDF) governance structures, local leaders, and community members who were directly involved in or affected by CDF-funded maternal and child health interventions. The sample size was considered appropriate for a qualitative study, as it allowed for the collection of rich, in-depth data while ensuring manageability during data collection and analysis. The selection of 30 participants enabled the researcher to capture a wide range of experiences and perspectives regarding community participation, governance processes, and the implementation of health projects within the constituency.

➢ *Sampling Techniques*

The study employed purposive sampling and simple random sampling techniques to select participants from the target population in Vubwi Constituency. Purposive sampling was used to identify key informants such as health facility staff, members of Constituency Development Fund (CDF) governance structures, and local leaders, based on their direct involvement and knowledge of CDF-funded maternal and child health interventions. This ensured that participants with relevant and in-depth information were included in the study. In addition, simple random sampling was used to select community members in order to give all eligible individuals an equal chance of participation and to reduce selection bias. The combination of these sampling techniques enhanced the credibility and representativeness of the findings by capturing both expert perspectives and ordinary community experiences regarding community participation and local governance in CDF health projects.

➢ *Data Collection Tools*

The study employed two main data collection tools, namely an interview guide and a focus group discussion (FGD) guide, to gather in-depth qualitative data on community participation and local governance structures in Constituency Development Fund (CDF)-funded maternal and child health interventions in Vubwi Constituency. The interview guide was used to collect detailed information from key informants such as health facility staff, CDF committee members, and local leaders. It contained open-ended questions that explored issues related to decision-making processes, project implementation, accountability, and the role of community participation in health governance. This tool allowed participants to provide rich, individual perspectives based on their experiences and roles in CDF implementation.

The focus group discussion guide was used to collect data from community members to capture shared experiences, perceptions, and attitudes regarding their involvement in CDF-funded health projects. It facilitated interactive discussions that enabled participants to reflect collectively on issues such as participation in meetings, influence on decision-making, monitoring of projects, and challenges faced in engaging with local governance structures. The use of FGDs also helped to generate diverse viewpoints and validate recurring themes across community experiences.

The combination of interview guides and focus group discussion guides enhanced the depth, validity, and reliability of the data collected. While interviews provided detailed insights from stakeholders directly involved in governance and implementation, FGDs offered broader community perspectives, allowing for triangulation of findings. This

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ensured a comprehensive understanding of how community participation and local governance structures influence the effectiveness of CDF-funded maternal and child health interventions in Vubwi Constituency.

V. DATA ANALYSIS

The study employed thematic analysis to analyze qualitative data collected from interviews and focus group discussions on community participation and local governance structures in Constituency Development Fund (CDF)-funded maternal and child health interventions in Vubwi Constituency. Thematic analysis was appropriate as it enabled the systematic identification, organization, and interpretation of patterns of meaning within participants' responses. The process involved transcribing all audio-recorded data, reading and re-reading the transcripts to ensure familiarity, and generating initial codes based on recurring ideas related to participation, decision-making, accountability, elite influence, and capacity constraints. These codes were then grouped into broader themes that reflected the key issues emerging from the data and aligned with the study objectives. The themes were reviewed and refined to ensure coherence and consistency before being interpreted in relation to the theoretical framework. Finally, direct quotations from participants were incorporated to support and validate the findings, ensuring that the analysis remained grounded in the lived experiences of respondents.

➢ *Credibility and Trustworthiness*

The credibility and trustworthiness of the study were ensured through the use of multiple strategies appropriate for qualitative research. Credibility was enhanced through triangulation of data sources, where information obtained from interviews with key informants was compared with findings from focus group discussions to ensure consistency and accuracy of the emerging themes. In addition, prolonged engagement with participants in Vubwi Constituency allowed the researcher to gain a deeper understanding of the context and build rapport, which encouraged openness and honesty in responses. Member checking was also applied by allowing selected participants to review and confirm the accuracy of the interpretations drawn from their responses. Trustworthiness was further strengthened through detailed documentation of the research process, including data collection and analysis procedures, to ensure dependability and transparency. These strategies collectively ensured that the findings accurately reflected participants' experiences regarding community participation and local governance in CDF-funded maternal and child health interventions.

➢ *Ethical Considerations*

The study adhered to key ethical principles to ensure the protection of participants and the integrity of the research process. Ethical approval was obtained from the relevant institutional authorities prior to data collection, and permission was also sought from local administrative structures in Vubwi Constituency. Informed consent was obtained from all participants after clearly explaining the purpose of the study, their voluntary participation, and their right to withdraw at any time without any consequences. Confidentiality and anonymity were strictly maintained by not disclosing participants' names or any identifying information, and instead using codes to represent responses. The data collected was securely stored and used strictly for academic purposes only. Additionally, the study ensured respect for participants' dignity by conducting interviews and focus group discussions in a respectful and non-coercive manner, allowing participants to freely express their views on community participation and local governance in CDF-funded maternal and child health interventions.

VI. FINDINGS

This section presents the findings of the study on community participation as a catalyst for effective local health governance in Constituency Development Fund (CDF)-funded maternal and child health interventions in Vubwi Constituency. The findings are organized according to the study objectives and emerging themes from the qualitative data collected through interviews and focus group discussions. Key issues explored include the level of community participation in decision-making processes, the influence of local governance structures, the effectiveness of monitoring and accountability mechanisms, and the capacity of community members to engage meaningfully in CDF-related health interventions. The analysis provides a detailed account of participants' experiences and perceptions, highlighting both the challenges and opportunities associated with participatory governance in improving maternal and child health service delivery.

➢ *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.

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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)

➢ *Role of Community Participation and Local Governance Structures in CDF Health Interventions*

- *Limited Community Participation in Decision-Making Processes*

The findings reveal that community participation in decision-making processes concerning Constituency Development Fund (CDF)-funded maternal and child health interventions is largely constrained, symbolic, and procedurally driven rather than genuinely participatory. Although formal structures such as ward development committees and community meetings exist, their influence on actual decision-making remains minimal. Most respondents indicated that key decisions regarding project identification, prioritization, and allocation of resources are often predetermined by local leadership and political actors before community consultations occur. This has resulted in weak community ownership, limited accountability, and a persistent perception that participation is merely a formality rather than a meaningful governance mechanism that shapes outcomes in maternal and child health service delivery.

In most cases, we are usually invited to attend meetings where CDF-funded health projects are being discussed, especially those related to maternal and child health services such as maternity wing construction, drug supply improvement, and clinic rehabilitation, but what we have observed over a long period of time is that decisions are already made before we even arrive at the meeting venue, and our role becomes limited to just listening to what leaders have already agreed upon, without any real opportunity to influence or change what is being proposed or implemented in our community (Participant 2).

✓ *One of the participants said that meetings are largely predetermined and non-inclusive.*

"Even when we are asked during these meetings to suggest what health projects should be prioritized in our community, such as improving maternity facilities, increasing access to essential drugs, or expanding health posts, we later discover that the final approved list of projects does not reflect the ideas or priorities we raised, which makes the entire process feel like our participation is only for formality rather than meaningful decision-making that actually influences outcomes (Participant 6).

✓ *Another participant added that community input is not reflected in final project selection;*

We attend meetings where we are encouraged to share our opinions freely regarding development projects, but when implementation begins on the ground, we notice that what is being done is completely different from what was discussed, and this clearly indicates that decisions are made elsewhere by a small group of leaders without incorporating the views of ordinary community members (Participant 16).

✓ *One of the participants disclosed that implementation diverges from consultation outcomes;*

Most of the time, we are only informed about decisions that have already been finalized by local leaders and committees, especially concerning health-related projects funded through CDF, and we are not given any meaningful opportunity to influence those decisions or question how priorities were set, which leaves us feeling excluded from important processes that affect maternal and child health services in our area (Participant 4).

✓ *Another participant said that communities are excluded from real decision-making power;*

Although we are physically present in meetings and sometimes even allowed to speak, we do not actually have any real authority or decision-making power to influence critical choices regarding maternal and child health projects such as construction of maternity wings, procurement of drugs, or rehabilitation of health facilities, and this makes participation feel ineffective and largely symbolic (Participant 5).

The findings indicate that community participation in decision-making processes for CDF-funded maternal and child health interventions is largely limited, symbolic, and procedurally oriented rather than genuinely influential. Although formal participatory structures such as ward development committees and community meetings are in

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place, their role in shaping key decisions remains minimal, as important choices regarding project identification, prioritisation, and resource allocation are often made in advance by local leadership and political actors. As a result, community consultations tend to occur after major decisions have already been taken, reducing them to information-sharing exercises rather than meaningful deliberative processes. This has weakened community ownership of projects and diminished accountability in the implementation of maternal and child health interventions. Furthermore, the disconnect between community input and final project outcomes reinforces perceptions that participation is merely a formality, thereby undermining trust in governance processes. The findings therefore suggest a need to strengthen genuine participatory mechanisms that ensure community voices meaningfully influence planning and decision-making in CDF-funded health initiatives.

- *Dominance of Local Elites and Political Influence in Governance Structures*

The findings indicate that governance structures responsible for CDF implementation are heavily influenced by local elites and politically connected individuals, which significantly affects fairness, transparency, and inclusiveness in decision-making processes. Respondents expressed concern that decisions regarding maternal and child health interventions are often shaped more by political considerations and personal influence than by objective assessments of community health needs. This elite dominance has led to perceptions of exclusion among ordinary community members, weakened trust in governance systems, and reduced confidence in the equitable distribution of development resources.

In most cases, decisions regarding which health projects should be funded through Constituency Development Funds are made by a small group of influential leaders and politically connected individuals who have strong control over the decision-making process, and ordinary community members are rarely included in these discussions, which makes the entire system feel closed, untransparent, and controlled by a few people rather than being truly community-driven (Participant 11).

✓ *One of the participants said that leadership dominance creates exclusion and lack of transparency.*

What we observe is that influential leaders and political actors often decide which projects should be implemented in our communities, and these decisions are frequently influenced by political interests, personal relationships, and strategic considerations rather than the actual health needs of mothers and children who depend on these services (Participant 12).

✓ *Another participant added that political influence overrides community health priorities.*

Some health projects are selected not because they are urgently needed or beneficial to maternal and child health outcomes, but because certain individuals have political connections or influence within decision-making structures, which results in unfair prioritization and unequal distribution of resources (Participant 13).

✓ *One of the participants disclosed that political connections affect project selection fairness.*

The decision-making process is largely controlled by leaders who have strong political influence and institutional authority, and this leaves ordinary community members with very little or no opportunity to meaningfully contribute to how CDF funds are allocated or how health projects are prioritized in our area (Participant 15).

✓ *Another participant said that community influence is minimal due to elite control.*

In reality, most decisions are controlled by politically connected individuals who dominate local governance structures, and because of this, ordinary community members are effectively excluded from shaping decisions that affect maternal and child health service delivery in our communities (Participant 17).

The findings reveal that governance structures overseeing CDF implementation are significantly shaped by local elites and politically connected individuals, which has important implications for fairness, transparency, and inclusiveness in decision-making processes. Decision-making authority regarding maternal and child health interventions is largely concentrated in the hands of a small group of influential actors, with limited meaningful participation from ordinary community members. This elite dominance has resulted in the prioritisation of projects based not only on technical or community health needs but also on political interests, personal relationships, and strategic considerations. Consequently, resource allocation decisions are often perceived as uneven and biased, undermining the principle of equitable development. The exclusion of broader community voices from key governance processes has further weakened trust in local leadership and reduced confidence in the fairness of CDF-funded interventions. These findings therefore highlight the need for stronger safeguards to ensure transparency, inclusiveness, and accountability in decision-making processes governing maternal and child health investments.

- *Weak Monitoring and Accountability Mechanisms*

The findings show that monitoring and accountability mechanisms for CDF-funded maternal and child health projects are weak, fragmented, and largely inaccessible to ordinary community members. While formal monitoring structures exist, they are primarily managed by officials and selected committee members, leaving communities with limited opportunities to track progress or verify implementation. This lack of inclusive monitoring has contributed to concerns about delays, poor transparency, and weak accountability in the execution of health-related projects.

As community members, we are not involved in monitoring how CDF-funded health projects are implemented, and most of the time we only see construction works starting or materials being delivered without being

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given clear information about project budgets, timelines, progress reports, or challenges being faced during implementation, which makes it very difficult for us to understand or evaluate how these projects are actually being managed (Participant 1).

✓ *One of the participants said that monitoring excludes essential information sharing with communities.*

Monitoring activities are mostly conducted by officials and selected committee members, and we as ordinary community members are not part of the process, which makes it very difficult for us to know whether projects are progressing according to plan, facing delays, or being implemented effectively in line with intended maternal and child health objectives (Participant 5).

✓ *Another participant added that oversight is restricted to officials only.*

We do not have structured or formal systems that allow community members to follow up on how projects are being implemented, so we often only hear about progress or challenges when projects are either completed, delayed, or reported in official meetings, without having any opportunity to verify the actual situation ourselves (Participant 7).

✓ *One of the participants disclosed that tracking systems are weak and inconsistent.*

There is no proper or reliable mechanism that allows community members to monitor or verify how CDF funds are being used in maternal and child health projects, which makes accountability very weak, inconsistent, and heavily dependent on what leaders choose to report rather than actual community verification (Participant 14).

✓ *Another participant said that financial accountability is not transparent.*

We usually receive progress reports from leaders or committees, but we are not involved in verifying whether these reports reflect the actual situation on the ground, and this creates a gap between reported progress and real implementation outcomes (Participant 15).

The findings indicate that monitoring and accountability mechanisms for CDF-funded maternal and child health projects are weak, fragmented, and largely exclusionary, with limited participation from ordinary community members. Although formal oversight structures exist, these are predominantly controlled by officials and selected committee members, leaving communities with minimal opportunities to track implementation progress, verify financial expenditures, or assess project performance. This restricted access to monitoring processes has contributed to limited transparency and reduced accountability in the execution of health-related interventions. As a result, community members are often only aware of project activities at a superficial level, such as visible construction or material delivery, without access to detailed information on budgets, timelines, progress reports, or implementation challenges. The absence of structured and inclusive monitoring systems further widens the gap between reported progress and actual on-the-ground implementation, making accountability heavily dependent on official narratives rather than independent community verification. These findings therefore highlight the need to strengthen participatory monitoring frameworks that actively involve communities in tracking, verifying, and evaluating CDF-funded maternal and child health projects.

- *Limited Awareness and Capacity Constraints Among Community Members*

The study established that limited awareness and inadequate capacity significantly hinder meaningful community participation in CDF governance processes. Many community members lack sufficient understanding of how CDF funds are allocated, managed, and monitored, which reduces their ability to engage effectively or hold leaders accountable. This is further compounded by low literacy levels and insufficient civic education programs, resulting in passive participation and heavy reliance on local leaders for decision-making guidance.

Most people in our communities do not fully understand how Constituency Development Funds operate, including how decisions are made regarding project selection and resource allocation, so they tend to leave everything in the hands of leaders without questioning or actively participating in discussions that affect maternal and child health services in our area (Participant 3).

✓ *One of the participants said that lack of knowledge leads to passive participation;*

We are not adequately informed about how CDF resources are managed or how development projects are selected and implemented, and because of this information gap, many community members do not actively participate in discussions or decision-making processes related to health service delivery improvements (Participant 2).

✓ *Another participant added that awareness gaps limit engagement;*

People in our community do not fully understand the procedures and criteria used to select development projects, which makes them feel unable to contribute meaningfully to discussions, even when such discussions are directly related to maternal and child health needs (Participant 9).

✓ *One of the participants disclosed that procedural knowledge is lacking.*

There is very limited civic education provided to communities regarding how CDF works, especially in relation to health-related projects, and this lack of continuous sensitization leaves most community members uninformed, passive, and unable to effectively engage in governance processes (Participant 4).

✓ *Another participant said that civic education is insufficient.*

Because many of us do not understand how these funds operate or how decisions are made, we rarely question leaders or participate actively in decision-making processes that determine how maternal and child health services are planned and delivered in our communities (Participant 5).

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The study findings indicate that limited awareness and inadequate capacity among community members significantly constrain meaningful participation in CDF governance processes, particularly in relation to maternal and child health interventions. Many community members lack sufficient understanding of how CDF funds are allocated, managed, and monitored, which reduces their ability to engage constructively or hold leaders accountable for decisions made. This knowledge gap is further exacerbated by low levels of civic education and limited sensitisation programmes, leaving most citizens without the necessary procedural knowledge to effectively participate in development planning processes. As a result, participation often becomes passive, with communities relying heavily on local leaders for guidance rather than actively contributing to decision-making. The absence of continuous information and capacity-building initiatives has therefore weakened community empowerment and reinforced dependency on leadership structures. These findings suggest that strengthening civic education and improving public awareness of CDF processes are essential for enhancing inclusive participation and improving governance outcomes in maternal and child health service delivery.

- *Positive but Inconsistent Engagement Through Local Governance Structures*

The findings show that despite significant challenges, there are occasional instances where community participation is meaningfully facilitated through local governance structures such as ward development committees and health forums. In such cases, community members are able to express their priorities regarding maternal and child health services, including infrastructure development, drug availability, and service improvement. However, this engagement is inconsistent and largely dependent on leadership responsiveness, institutional capacity, and the effectiveness of local committees.

Sometimes during ward development meetings we are given the opportunity to suggest health-related projects, and in some cases ideas such as improving maternity facilities, increasing drug availability, or rehabilitating clinics are actually taken into consideration during planning and budgeting processes (Participant 1).

✓ *One of the participants said that participation is occasionally meaningful;*

There are meetings where community members are allowed to openly discuss health challenges affecting mothers and children, and in some instances our contributions are listened to seriously and reflected in subsequent planning decisions made by local authorities (Participant 2).

✓ *Another participant added that dialogue sometimes influences decisions;*

When meetings are properly organized and leaders are willing to listen, we are able to raise concerns about health service delivery, and in some cases we later observe visible changes in the implementation of projects that were discussed during those meetings (Participant 3).

✓ *One of the participants disclosed that engagement can lead to observable improvements.*

In some communities, leaders are open and encourage participation, especially on issues related to maternal health, which makes community members feel valued and more included in development planning processes (Participant 8).

✓ *Another participant said that openness improves inclusion.*

When we are fully involved in discussions regarding health projects, we feel that our voices matter, and this increases trust in the development process as well as transparency in how CDF resources are being utilized (Participant 5).

The findings indicate that although community participation in CDF governance processes is often limited and inconsistent, there are occasional instances where meaningful engagement is facilitated through local structures such as ward development committees and health forums. In such cases, community members are given opportunities to articulate their priorities regarding maternal and child health services, including infrastructure development, drug availability, and improvements in service delivery. Where leadership is responsive and institutional arrangements are functioning effectively, these inputs are sometimes reflected in planning, budgeting, and implementation decisions, leading to visible improvements in health interventions. However, such meaningful participation is not systematic and tends to depend heavily on the willingness of local leaders and the capacity of governance structures to support inclusive dialogue. As a result, while these positive experiences demonstrate the potential for effective community engagement, they remain irregular and uneven across different areas. These findings suggest that strengthening and institutionalising participatory mechanisms could enhance consistency, accountability, and trust in CDF-funded maternal and child health governance processes.

VII. DISCUSSION

➢ *Role of Community Participation and Local Governance Structures in CDF Health Interventions*

- *Limited Community Participation in Decision-Making Processes*

The findings reveal that community participation in decision-making processes regarding Constituency Development Fund (CDF)-funded maternal and child health interventions in Vubwi Constituency is largely constrained, symbolic, and procedural rather than substantive or transformative in nature. Although formal participatory mechanisms such as ward development committees, community consultation meetings, and stakeholder engagement forums exist within the governance framework, their actual influence on key decisions such as project identification, prioritisation, budgeting, and resource allocation remains minimal. In most cases, decisions are already made by local leadership structures and politically influential actors before community consultations take place, meaning that community members are often engaged at a late

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stage where their input has little or no impact on final outcomes. This reduces participation to a formality rather than a meaningful governance mechanism capable of shaping maternal and child health interventions. This finding is supported by Arnstein's (1969) ladder of participation, which conceptualizes such engagement as tokenism where citizens are merely informed or consulted without real power to influence decisions. Globally, Mansuri and Rao (2013) also found that community-driven development programs frequently fail to achieve genuine participation due to elite pre-emption of decision-making processes.

In Africa, Oyugi (2015) observed that decentralised planning systems in Kenya often reflect administrative priorities rather than grassroots health needs, particularly in the health sector. Contrarily, Wampler (2007) demonstrated in Brazil's participatory budgeting system that when strong institutional safeguards exist, community participation can meaningfully influence resource allocation and improve service delivery outcomes. In Zambia, Chalusa (2021) similarly found that CDF processes are often dominated by political elites and council officials, with limited meaningful input from ordinary community members. Participants in this study consistently emphasized that they are invited to meetings only after decisions are already made, which reinforces feelings of exclusion, weakens trust in governance systems, and reduces the effectiveness of community participation in improving maternal and child health outcomes.

The findings further indicate that even when community members are given opportunities to contribute ideas during meetings, such inputs rarely translate into actual project implementation or resource allocation decisions, which reinforces perceptions that participation is largely symbolic rather than influential. Many respondents explained that suggestions regarding maternal and child health needs such as maternity wing construction, drug availability improvements, and clinic rehabilitation are often acknowledged during meetings but are not reflected in final project lists or implementation plans. This disconnect between consultation and implementation demonstrates a significant gap between participatory theory and practice. This finding aligns with Cornwall (2008), who argues that participatory spaces often become "invited spaces" where participation is controlled and structured by authorities rather than co-created with citizens. Globally, Cooke and Kothari (2001) also caution that participation can become a tool of control rather than empowerment when power asymmetries are not addressed.

In African contexts, Ribot (2003) found that decentralisation often fails to transfer real decision-making authority to local communities, resulting in participation without power. In Zambia, this finding is in tandem with Phiri (2020), who established that community input in CDF processes is frequently overshadowed by political considerations and administrative discretion. Participants consistently reported that although they are encouraged to speak during meetings, their contributions do not meaningfully influence final decisions, which undermines trust and reduces motivation for active engagement in future governance processes.

Furthermore, the findings show that the limited participation of communities in decision-making processes has significant implications for ownership, accountability, and sustainability of CDF-funded maternal and child health interventions. When communities are not meaningfully involved in decision-making, they are less likely to feel responsible for the success or maintenance of health projects, which affects long-term sustainability and utilization of services. This weak ownership also reduces community willingness to monitor or protect health infrastructure, thereby increasing the risk of neglect or misuse. This finding is supported by Chambers (1997), who argues that participation enhances ownership, which is critical for sustainable development outcomes. Globally, Narayan (2005) found that community ownership significantly improves the effectiveness and sustainability of public service delivery projects. In Africa, Njoh (2011) observed that lack of meaningful participation undermines local accountability and reduces the effectiveness of decentralised development initiatives. In Zambia, Mulenga (2021) found that limited participation in CDF decision-making reduces community accountability and weakens project sustainability. Participants in this study consistently expressed that because they are not involved in real decision-making, they feel detached from projects implemented in their communities, which reduces collective responsibility for maternal and child health interventions.

Additionally, the findings indicate that the timing of community engagement significantly affects its effectiveness, as consultations are often conducted after technical and political decisions have already been finalized, thereby limiting the scope of community influence. This late-stage participation reduces consultations to information-sharing sessions rather than genuine participatory decision-making platforms. This finding is supported by Gaventa (2006), who emphasizes that timing and entry points of participation are critical in determining whether participation is meaningful or symbolic. Globally, Fung (2015) argues that participation must occur early in the decision-making cycle to ensure that citizen input meaningfully shapes outcomes. In Africa, Bratton (2010) found that delayed participation significantly weakens the effectiveness of local governance systems. In Zambia, Chalusa (2021) similarly observed that community consultations under CDF often occur after key decisions have been made, limiting their influence. Participants in this study consistently noted that they are only involved at the implementation stage or after decisions are finalized, which reinforces the perception that participation is not genuinely integrated into decision-making structures.

Finally, the findings suggest that limited community participation is reinforced by structural and institutional weaknesses within local governance systems, including weak accountability frameworks, inadequate feedback mechanisms, and limited enforcement of participatory guidelines. These weaknesses allow decision-making authority to remain concentrated among a small group of

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actors, thereby limiting the transformative potential of community participation. This finding is supported by the World Bank (2017), which highlights that participatory governance systems often fail due to weak institutional enforcement and lack of accountability mechanisms. Globally, Fox (2015) emphasizes that effective participation requires both citizen voice and institutional responsiveness. In African contexts, Oduro (2012) found that weak institutional frameworks significantly undermine participatory governance outcomes. In Zambia, Mumba (2022) similarly found that weak enforcement of CDF guidelines limits meaningful community participation. Participants consistently indicated that even when they attempt to engage, there are no strong systems ensuring that their inputs are considered or acted upon, which further entrenches symbolic participation and weak governance outcomes in maternal and child health interventions.

- *Dominance of Local Elites and Political Influence in Governance Structures*

The findings indicate that governance structures overseeing CDF-funded maternal and child health interventions in Vubwi Constituency are significantly influenced by local elites, political actors, and individuals with strong institutional authority, resulting in a decision-making environment where resource allocation is frequently shaped by political considerations rather than objective health needs assessments. This elite dominance manifests in the concentration of decision-making power among a small group of influential actors who determine which projects are prioritised, funded, and implemented, often leading to unequal distribution of maternal and child health services across communities. This finding is supported by Platteau (2004), who argues that elite capture is a common phenomenon in decentralised development systems, particularly in contexts with weak accountability mechanisms. Globally, Bardhan and Mookherjee (2006) also highlight that decentralisation can reproduce inequality when local elites dominate decision-making processes. In Africa, Crook and Manor (1998) found that decentralisation in Ghana often strengthened local elites rather than empowering citizens. In contrast, Faguet (2014) demonstrated in Bolivia that strong institutional frameworks can reduce elite capture and improve service delivery outcomes. In Zambia, Phiri (2020) found that political influence plays a significant role in determining CDF project selection, often leading to prioritisation of politically visible projects over urgent community needs. Participants consistently reported that influential leaders dominate decision-making processes, resulting in exclusion of ordinary citizens and reduced fairness in maternal and child health resource allocation.

The findings further reveal that elite dominance in governance structures undermines transparency and weakens trust between communities and local authorities, as decisions are often perceived to reflect political interests rather than collective community priorities. This perception of bias reduces confidence in governance systems and discourages active community engagement in development processes. This finding is supported by Transparency International (2019), which notes that elite control over public resources often leads to reduced trust and weakened accountability in local governance systems. Globally, Johnston (2014) argues that corruption and elite capture erode institutional legitimacy and reduce public confidence in governance. In African contexts, Saito (2013) found that local elites in Tanzania significantly influence development priorities, often marginalising community voices. In Zambia, this finding aligns with Mulenga (2021), who observed that political influence undermines transparency and fairness in CDF implementation processes. Participants in this study consistently expressed concerns that decisions are made by a small group of influential individuals, which reduces transparency and weakens trust in maternal and child health governance structures.

Furthermore, the findings show that elite dominance contributes to unequal spatial distribution of maternal and child health interventions, as some communities receive more development projects than others based on political alignment or influence rather than actual health needs. This creates disparities in access to health services within the same constituency. This finding is supported by Alesina and La Ferrara (2005), who argue that unequal political influence leads to unequal distribution of public goods. Globally, Deininger and Mpuga (2005) found that political favoritism significantly affects resource allocation in decentralised systems. In Africa, Azfar et al. (2001) observed similar patterns of inequality in Uganda's local government systems. In Zambia, Chalusa (2021) found that CDF project distribution often reflects political considerations rather than equitable development planning. Participants consistently indicated that some communities benefit more than others due to political connections, leading to unequal access to maternal and child health services.

Additionally, the findings indicate that elite dominance reduces opportunities for meaningful community accountability, as decision-making processes are controlled by a narrow group of actors who are not easily subject to community oversight. This weakens mechanisms of checks and balances within local governance systems. This finding is supported by Fox (2015), who emphasizes that accountability requires both citizen participation and institutional responsiveness. Globally, Ackerman (2004) argues that elite dominance weakens social accountability systems. In African contexts, Ribot (2003) found that elite-controlled decentralisation undermines accountability and transparency. In Zambia, Mumba (2022) similarly found that elite control over CDF processes weakens community oversight and accountability. Participants consistently reported that they have limited ability to question or challenge decisions made by influential leaders, which reduces accountability in maternal and child health governance.

Finally, the findings suggest that elite dominance is sustained by weak institutional safeguards, limited civic awareness, and inadequate enforcement of participatory governance guidelines, which allow influential actors to maintain control over decision-making processes. This structural imbalance perpetuates inequality and weakens the effectiveness of CDF-funded maternal and child health

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interventions. This finding is supported by World Bank (2017), which highlights that weak institutions enable elite capture in decentralised systems. Globally, Ostrom (1990) emphasizes the importance of strong institutional frameworks in preventing resource capture. In Africa, Kanyongolo (2014) found that weak institutional enforcement facilitates elite dominance in local governance. In Zambia, Mulenga (2021) similarly observed that weak enforcement of CDF guidelines allows political interference to persist. Participants consistently noted that institutional weaknesses enable influential individuals to maintain control over CDF decisions, thereby undermining equitable development outcomes.

- *Weak Monitoring and Accountability Mechanisms*

The findings reveal that monitoring and accountability mechanisms for CDF-funded maternal and child health interventions are weak, fragmented, and largely exclusionary, with limited involvement of ordinary community members in oversight processes, resulting in reduced transparency and weak enforcement of implementation standards. Although formal monitoring structures exist, they are primarily managed by officials and selected committee members, meaning that communities are excluded from tracking progress, verifying expenditures, and assessing implementation quality. This finding is supported by Björkman and Svensson (2009), who demonstrate that community monitoring significantly improves service delivery outcomes. Globally, Fox (2015) emphasizes that accountability systems require both citizen oversight and institutional enforcement to function effectively. In Africa, Oduro (2012) found that weak monitoring systems in Ghana contribute to poor project implementation outcomes. In Uganda, Muhumuza (2008) similarly observed that limited citizen involvement in monitoring reduces accountability in public service delivery. In Zambia, Mumba (2022) found that weak community oversight of CDF projects leads to delays and inefficiencies. Participants consistently reported that they are excluded from monitoring processes and rely solely on official reports, which limits transparency and independent verification.

The findings further indicate that weak monitoring systems contribute to implementation delays and inefficiencies, as there are limited mechanisms to ensure that projects are completed within stipulated timelines and budgets. This lack of oversight reduces pressure on implementers to adhere to plans and standards. This finding is supported by World Bank (2017), which highlights that weak monitoring systems often lead to inefficiencies in public project implementation. Globally, Reinikka and Svensson (2005) found that improved information flows significantly reduce leakage and inefficiency in public spending. In African contexts, Azfar et al. (2001) observed that weak monitoring contributes to poor public service delivery outcomes. In Zambia, Chalusa (2021) found that weak oversight mechanisms in CDF implementation result in delays and incomplete projects. Participants consistently noted that projects often proceed without community verification, leading to inefficiencies and slow implementation.

Furthermore, the findings show that weak accountability mechanisms reduce transparency in financial management, as communities are not provided with detailed information on budgets, expenditures, or procurement processes related to maternal and child health projects. This limits public scrutiny and increases the risk of mismanagement. This finding is supported by Transparency International (2019), which emphasizes that transparency is essential for effective accountability in public financial management. Globally, Kaufmann et al. (2009) found that transparency reduces corruption and improves governance outcomes. In Africa, Ribot (2003) highlighted that weak transparency systems undermine decentralised governance effectiveness. In Zambia, Mulenga (2021) found that lack of financial transparency weakens accountability in CDF processes. Participants consistently indicated that they are not provided with detailed financial information, which limits their ability to hold leaders accountable.

Additionally, the findings indicate that weak monitoring systems create a disconnect between reported progress and actual implementation, as official reports are rarely independently verified by community members, leading to discrepancies between documented achievements and real outcomes on the ground. This finding is supported by Fox (2015), who emphasizes the importance of verification mechanisms in accountability systems. Globally, Joshi (2010) argues that social accountability requires continuous feedback loops between citizens and service providers. In Africa, Bratton (2010) found that lack of verification mechanisms weakens governance outcomes. In Zambia, Mumba (2022) similarly observed gaps between reported and actual implementation of CDF projects. Participants consistently reported that they rely on official reports without independent verification, which creates uncertainty about actual project performance.

Finally, the findings suggest that weak monitoring and accountability mechanisms are reinforced by limited community empowerment, institutional capacity constraints, and lack of enforcement of participatory governance guidelines, which collectively weaken oversight systems. This structural weakness allows inefficiencies to persist in CDF-funded maternal and child health interventions. This finding is supported by Ostrom (1990), who emphasizes the importance of strong institutional arrangements in ensuring effective collective action. Globally, World Bank (2017) highlights that weak institutions undermine accountability systems. In Africa, Oduro (2012) found that institutional weaknesses reduce the effectiveness of monitoring systems. In Zambia, Mumba (2022) similarly found that weak enforcement of CDF guidelines limits accountability. Participants consistently indicated that lack of empowerment and institutional support prevents effective community monitoring of health projects.

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VIII. CONCLUSION OF THE STUDY

The study established that community participation in CDF-funded maternal and child health interventions in Vubwi Constituency is largely limited, symbolic, and procedurally driven rather than genuinely empowering. Although formal structures such as ward development committees and community meetings exist, they have minimal influence on actual decision-making processes. Key decisions regarding project identification, prioritization, and resource allocation are often made by local leaders and political actors before community consultations occur. This has resulted in weak community ownership, reduced accountability, and a persistent perception that participation is largely a formality rather than a meaningful governance mechanism.

The study further concluded that local governance structures are significantly influenced by elite dominance and political considerations, which undermines fairness and inclusiveness in decision-making. The concentration of decision-making power among a small group of influential individuals has led to the prioritization of projects based not only on community health needs but also on political interests and personal networks. This has weakened trust in governance systems and contributed to perceptions of unequal distribution of CDF resources, particularly in relation to maternal and child health interventions. As a result, ordinary community members remain largely excluded from shaping key development decisions affecting their wellbeing.

In addition, the study concluded that monitoring and accountability mechanisms for CDF-funded health projects are weak, fragmented, and largely inaccessible to community members. Oversight processes are mainly controlled by officials and selected committee members, leaving communities without adequate information or tools to track implementation progress or verify the use of funds. This has created a gap between reported progress and actual on-the-ground implementation, thereby limiting transparency and weakening accountability. The absence of inclusive monitoring systems has further reduced community confidence in the management of maternal and child health projects.

Finally, the study concluded that limited awareness and capacity constraints among community members further restrict meaningful participation in CDF governance processes, despite occasional positive but inconsistent engagement through local structures. Many community members lack sufficient knowledge of how CDF funds are allocated and managed, resulting in passive involvement and dependence on leaders. However, where leadership is responsive and participatory mechanisms are effectively implemented, communities are able to contribute meaningfully and influence outcomes. This demonstrates that while participatory governance has potential, its effectiveness in Vubwi Constituency remains uneven and requires strengthening through civic education, institutional capacity building, and improved inclusiveness.

RECOMMENDATIONS OF THE STUDY

- The government through the Ministry of Local Government and Rural Development, in collaboration with local councils and constituency offices, should strengthen genuine community participation in CDF-funded health interventions by ensuring that communities are involved from the earliest stages of project identification, prioritization, and decision-making, rather than being consulted after key decisions have already been made.
- Local councils, Ward Development Committees, and Constituency Development Committees, supported by the Ministry of Local Government and Rural Development, should be restructured and capacitated to operate more transparently and inclusively, with clear guidelines that ensure representation of women, youth, and marginalized groups in all decision-making processes.
- Local councils, health facility management committees, and community representatives, with oversight from the Auditor General's Office and Zambia's decentralization monitoring units, should establish stronger accountability and participatory monitoring mechanisms that allow community members to track implementation, budgets, and outcomes of CDF-funded health projects.
- The Anti-Corruption Commission, Parliament, and the Ministry of Local Government and Rural Development should strengthen enforcement mechanisms to reduce elite capture and political interference in CDF project selection and implementation, ensuring that decisions are guided by community health needs and technical assessments.
- The Ministry of Local Government and Rural Development, Ministry of Health, and local councils should intensify civic education and public awareness programs to improve community understanding of CDF processes, enabling citizens to participate more effectively and confidently in governance and health planning processes.
- The Ministry of Health, district health offices, and local councils should improve coordination with Ward Development Committees and Constituency Development Committees to ensure that CDF-funded health interventions are aligned with district and national maternal and child health priorities.
- Local councils, traditional leaders, and Ward Development Committees should institutionalize participatory feedback mechanisms such as community scorecards, public hearings, and regular stakeholder forums to strengthen continuous dialogue, accountability, and trust between communities and local authorities in CDF-funded health governance.

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