



## Once rural, always rural? Social services provision in selected rural cases from Zimbabwe

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### Abstract

The study sought to comparatively assess community social services provision in two rural communities (communal and resettlement) in Zimbabwe, the specific study objectives being: to ascertain accessibility to selected services by residents in the study areas; to assess the quality of the accessed services, and; to evaluate the development priority of the various services in the study communities. The mixed methods design was employed in gathering and analysing primary data, involving a household questionnaire, interviews and group discussions. The results of the study indicated poor accessibility to community services by residents in both study sites, poor quality of the accessed services, and a glaring need for the improvement of the services. Comparatively, while services accessibility was better in the communal area, the quality of such services seemed to be slightly better in the resettlement area. The study results highlight a continuing lag in service delivery in the rural areas of Zimbabwe compared to urban areas (which can be traced back to the colonial era), in addition to highlighting a persistent failure of post-independence rural development efforts in the country compounded by two decades of economic decline since the turn of the century. With a new political and socio-economic dispensation on the horizon in Zimbabwe, a redirection of efforts towards the development of the country's rural areas is clearly a top priority.

**Keywords:** communal area, community social services, resettlement area, rural-development, Zimbabwe

### 1. Introduction

Owing to, among other reasons, an urban bias in government expenditure, living conditions in rural areas in terms of access to social services such as education, health care and nutrition; municipal services such as safe water, sanitation and electricity; as well as transport services such as roads and public transport, particularly in developing countries, are much worse than those in urban areas <sup>[1, 2, 3, 4, 5, 6]</sup>. The limited access to the above services has further compounded the challenges of poverty in the rural areas <sup>[7, 6]</sup>.

On almost all measures of services coverage, African countries lag behind other countries in the developing world <sup>[8]</sup>, and have been expanding services much more slowly, setting the stage for an ever increasing gap unless measures are taken <sup>[9]</sup>. For example, in 2000, only 44% of the population in Africa had access to safe water, in contrast to 67% in East Asia and the Pacific and 65% in Latin America and the Caribbean <sup>[10]</sup>. By 2006, barely any progress had been made, with almost half of the SSA population still having no access to an improved water source and two thirds having no access to sanitation <sup>[9]</sup>, with the conditions much worse in rural settings. It is clear that the Millennium Development Goals failed to significantly improve on these conditions in the developing world, and particularly in the rural areas <sup>[11, 12, 13]</sup>, a task which, hopefully, shall be accomplished by the Sustainable Development Goals.

Zimbabwe is also characterised by uneven socio-economic development, with a dual space economy clearly evident between rural and urban areas. This situation can be traced back to colonial times when development planning was based on the racial division of land which, supported by various pieces of legislation, created urban areas and Large Scale

Commercial Farms (LSCFs) for white settlers and, on the other hand, Tribal Trust Lands (TTLs) (now communal areas) and African Commercial Farmlands (ACFs), settled by indigenous Africans <sup>[14]</sup>. The result of this apartheid system were well-developed urban centres and LSCFs on the one hand, and grossly underdeveloped TTLs and ACFs devoid of basic infrastructure such as roads, schools, clinics, electricity, water and sanitation facilities <sup>[15, 14]</sup>. Such a structure produced one of the most polarised and dualistic countries based on race in sub-Saharan Africa, and presented a major challenge to rural development <sup>[16]</sup>.

With the coming of independence in 1980, the new Zimbabwe government had a huge challenge of addressing the acute imbalance in social and infrastructural development between the communal and resettlement areas on the one hand, and urban and commercial farming areas on the other <sup>[17]</sup>. The post-independence government adopted the 'growth with equity' policy whose focus was the development of the communal lands <sup>[17]</sup>. One of the targets of the policy was infrastructural development in the communal areas which included roads, bridges, schools, and clinics. However, despite some improvements in terms of infrastructural development and the extension of services to communal lands, this was clearly not adequate to result in poverty reduction in these areas <sup>[17]</sup>.

Another crucial component of the growth with equity policy was the resettlement programme which aimed at easing population pressure in the communal lands. However, the resettlement programme fell far short of the expected targets <sup>[18, 19, 20]</sup>, and even created new challenges in the resettled areas in terms of service provision. A latter version of the resettlement programme, the so-called fast-track land reform

programme, was politically motivated and poorly planned and executed [18, 21, 22], and adversely affected the rural livelihoods it was initially meant to improve [18].

The growth centre strategy was also promulgated so as to bring development to the communal rural sector [23, 24, 25]. Such growth points were principally to service the rural areas left out due to colonially racist policies [26]. Each established centre would service a productive hinterland that would then foster economic development in the centre. It was assumed that these new centres would generate residual growth through the trickle-down effect thereby eventually modernising and urbanising the rural sector [27]. Substantial public expenditure was made in the growth centres during the 1980s [23, 28, 29]. However, the impact of the growth centres on economic development in the communal areas has been disappointing [30, 31, 24]. Although lack of an economic base has been the main reason for the low level of investment in most growth points, other factors were also involved, including lack of financial incentives such as tax concessions especially in the initial stages of the implementation of the growth point strategy [23, 32, 24]. The cuts in government expenditure which occurred in the 1990s due to the Economic Structural Adjustment Programme came into effect before the programme of infrastructure and service provision was completed, thereby further hampering the growth of these centres [23, 30]. Consequently, the growth-centre strategy failed to bring meaningful development to the rural areas.

The turn of the 21<sup>st</sup> century, saw Zimbabwe undergoing massive economic decline, partly as a result of international isolation following a deterioration in the political and governance environment. This has further hampered efforts towards rural development. The end of 2017, however, witnessed a sudden change of government in Zimbabwe, which has rekindled a sense of a new beginning for the country. This study comparatively assesses the state of rural services provision in a communal area and a resettlement area in south-eastern Zimbabwe. The objectives of the study are:

- To ascertain accessibility to selected services by residents in the study areas
- To assess the quality of the accessed services
- To evaluate the development priority, or need for development, of the various services in the study communities.

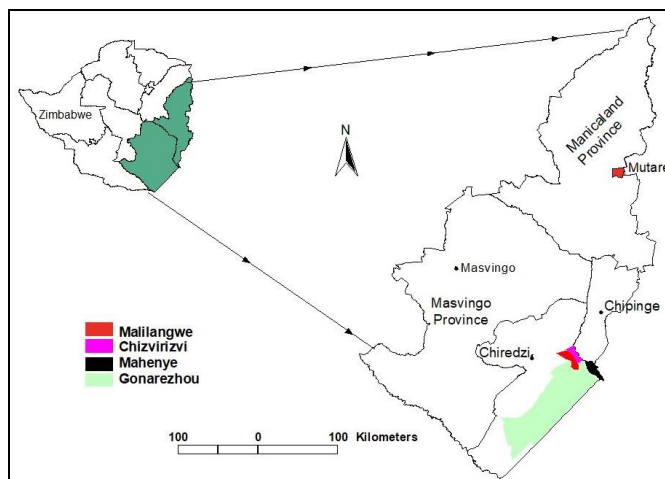
The economic crisis in Zimbabwe had dampened rural development-related research efforts, as research outcomes were now largely ignored due to lack of funding to implement research outputs. Most international rural development donor agencies left the country, which had become a pariah state. It is important to note that rural development efforts must be backed by empirical research for them to be effective. With hopes of international political reintegration and economic recovery beckoning, this paper is our attempt, at least in a small way, to inform rural development policy under the new political dispensation, of the current situation on the ground regarding service provision in the country's rural areas.

## 2. Methodology

### 2.1 Study sites and selection

The study was carried out in Mahenye communal area in

Chipinge District in Manicaland Province, and in Chizvirizvi resettlement area in Chiredzi District of Masvingo Province (Figure 1). Mahenye is located on the southern tip of Chipinge District. In the south-west, Mahenye shares a border with Gonarezhou National Park, while its south-eastern boundary is shared with Mozambique. The Chizvirizvi resettlement area is sandwiched between the south-eastern border of Chipinge District and the north-eastern border of Malilangwe wildlife reserve.



**Fig 1:** Location of Chizvirizvi and Mahenye

As Figure 1 indicates, Mahenye and Chizvirizvi are located at and near the national border, respectively, which makes them some of the remotest areas of the country. One of the characteristic features of the remote areas of Zimbabwe is that they generally lag behind in terms of socio-economic development and service delivery compared to areas further inland. The two areas were thus deemed suitable as cases for assessing efforts towards rural development in Zimbabwe. In addition, the two study sites are situated in different contexts, one being a communal area and the other a resettlement area, there by giving room for a comparative analysis.

### 2.2 Data collection

One hundred and fifty (150) household questionnaire surveys were conducted in each of the study communities. The sampled households constituted 21% of the targeted total household population in Mahenye while they amounted to 50% of the target household population in Chizvirizvi resettlement area. The sample sizes were sizeable enough to allow for the generalisability of the findings to the whole populations. The availability of complete sampling frames in both study sites in the form of full lists of household heads enabled the conduction of perfect simple random sampling in the selection of households for questionnaire interviews. The information solicited from study respondents through the questionnaire included accessibility to selected community services measured in terms of average times taken to access the various services; quality of the accessed services, that is, whether respondents were satisfied or dissatisfied with the service quality; and the respondents' rating on the need for the improvement of the selected community services or service

improvement priority. Responses on service quality and improvement priority rating by respondents were computed into percentage frequencies and tabulated as frequency tables, while responses on accessibility to the selected services were also tabulated as average times taken to access these services. Key-informant interviews were held with the Councillors for Chizvirizvi and Mahenye, the traditional leadership, school authorities, health personnel, selected service providers such as shop owners among others so as to establish the status of service delivery in the study sites. This allowed for the gathering of in-depth information. Deeper insights on the status of service delivery in the study sites were further gathered through two focus group discussions, with one held in each of the study areas. Ten group discussants were gathered for each of the two group discussions. The qualitative data was processed into some emerging themes through thematic analysis. The quantitative data from the questionnaire and the qualitative data from interviews and group discussions were presented and discussed together corroboratively. The mixed-methods approach to research is increasingly becoming popular, particularly in social science research.

### 3. Results and discussion

As noted earlier, the study sought to establish the status of selected services in the study communities. This was achieved by, first, assessing the availability or accessibility of the services to the residents, second, by assessing the quality of these services, and lastly, by establishing the development priority rating for these services by residents. The level of development of an area is judged not only in terms of the availability of services, but also by the quality of the available services. In other words, services might be available in an area but, if they are of poor quality, that area is considered to be poorly serviced. Availability or accessibility of services to the residents of an area is usually measured in terms of distances travelled to access them. In this study, however, availability of services was measured in terms of the time taken to and from (return journey) these services. This appears to be a more meaningful measure as it can give a more direct hint on the opportunity costs in time incurred by residents while trying to access the various services compared to just a measure of the distance travelled. Table 1 shows the average times taken by residents of the two study areas to and from selected community services.

**Table 1:** Average times, in minutes, taken to and from (return journey) various community services in study sites

Average time taken to and from	Mahenye (n=150)	Chizvirizvi (n=150)
Water source	74.4	43.6
Clinic	87.4	120.4
Primary school	99.2	104.2
High school	86.8	121.2
Main road	74.2	81.4
Shops	81	97.2
Police station	83.6	125.6
<i>Average</i>	83.8	99.1

With the exception of the return journey to the water service in Chizvirizvi which took an average of 43.6 minutes, all the return journeys to the various services in the study areas exceeded one hour. The average time taken for a return journey to the clinic was 87.4 minutes in Mahenye and 120.4 minutes in Chizvirizvi; that to the high school was 86.8 minutes in Mahenye and 121.2 minutes in Chizvirizvi; while the return journey to the police station took 83.6 minutes and 125.6 minutes in Mahenye and Chizvirizvi respectively. The results show that the residents in both study sites require a lot of time to access the various community services. As indicated earlier, all the return journeys to the various services in the study communities exceeded one hour, with the exception of the water service in Chizvirizvi. This indicates that most services in the study sites are located far away from homesteads, which requires more time to access them. A particular case in point were school services where there was only one primary and one secondary school in each of the two study areas. This means that students will have to walk long distances to get to school. Both group discussions held in the study sites highlighted the need for at least one more primary school and one more secondary school in each of the study areas so as to reduce the lengths of travelling times to school by students.

The long average times being taken by residents in the study areas for accessing various community services result in some

huge opportunity costs on time. This reduces the amount of time left for activities more important for sustaining livelihoods. For example, people will now take a lot of time fetching water, which reduces the time available for agricultural activities. This is particularly the case for small households, where the same people will be doing all the various household chores, with little or no room for division of labour due to small household sizes. It is important to note that the average times taken by residents to access various services being depicted in this study only include the immediate time to and from a service, and does not include the time actually spent while accessing the service, and hence are grossly understated.

Comparatively, residents of Chizvirizvi spent more time to access the various services in their area compared to those in Mahenye. The mean time for the combined return journeys to all the various services in Mahenye was 83.8 minutes while it was 99.1 minutes in Chizvirizvi (Table 1), which clearly indicates that the residents of Chizvirizvi needed more time to access the services in their area than those in Mahenye. The longest average time taken to access a service in Mahenye was 99.2 minutes while it was 125.6 minutes in Chizvirizvi. In Chizvirizvi again, four community services took 100 minutes or more each to complete a return journey while there was no service in Mahenye that took 100 minutes or more to be accessed. An exception was on the water service where less

average time was spent by the residents in Chizvirizvi than those in Mahenye. The average time to access water was shorter in Chizvirizvi (43.6 minutes) than in Mahenye (74.4 minutes) because many residents in the former had dug some wells at or near their homesteads. The provision of various essential community services by government in resettlement areas such as Chizvirizvi has always been one of the major challenges of the land reform programme in Zimbabwe due to both poor planning and lack of resources [18, 19, 20]. For example, the Zimbabwe government has noted that progress towards achieving its MDG target of universal primary

education for boys and girls by 2015 was heavily undermined by population movements into newly resettled areas lacking adequate schools [33]. This partly explains why average times taken to access various services, including schools, were longer in Chizvirizvi than in Mahenye.

As noted earlier, the level of development of an area is not only determined by the availability of services, but also by the quality of such services. Respondents were therefore asked to rate the quality of selected services in their communities and the results are presented in Table 2.

**Table 2:** Respondents' rating of the quality of selected community services (in %)

Service quality rating	Mahenye (n=150)	Chizvirizvi (n=150)	Total (n=300)
<i>Water supply</i>			
Satisfied	45	42	43.5
Neutral	0.7	-	0.3
Dissatisfied	54.3	58	56.2
Total	100	100	100
<i>Clinic</i>			
Satisfied	41	48	44.5
Neutral	0.7	-	0.3
Dissatisfied	58.3	52	55.2
Total	100	100	100
<i>Primary school</i>			
Satisfied	18.0	40.0	29.0
Neutral	2.0	-	1.0
Dissatisfied	80.0	60.0	70.0
Total	100	100	100
<i>High school</i>			
Satisfied	16.0	44.0	30.0
Neutral	2.0	-	1.0
Dissatisfied	82.0	56.0	69.0
Total	100	100	100
<i>Main road</i>			
Satisfied	39.3	25.3	32.3
Neutral	2.0	-	1.0
Dissatisfied	58.7	74.7	66.7
Total	100	100	100
<i>Public transport</i>			
Satisfied	19.3	20.0	19.7
Dissatisfied	80.7	80.0	80.3
Total	100	100	100
<i>Shops</i>			
Satisfied	33.3	43	38.2
Neutral	4.7	-	2.3
Dissatisfied	62	57	59.5
Total	100	100	100
<i>Police</i>			
Satisfied	38	46	42
Neutral	8.7	-	4.3
Dissatisfied	53.3	54	53.7
Total	100	100	100

In Mahenye, 45% of the respondents said they were satisfied with the water supply service in their area while 54.3% said they were not satisfied. For Chizvirizvi, 42% of the respondents said they were satisfied with the water supply service in their area while 58% said they were not satisfied. Long distances travelled to fetch borehole water, especially in Mahenye, was identified as a major issue concerning the

quality of the water service. The quality of the accessed water was also an issue as not everyone in the study areas had access to borehole water. Some households in Mahenye were relying on water directly fetched from the Save River, and have to dig for water from the dry river bed in winter, while most residents in Chizvirizvi have dug some unprotected wells. With regards to clinic service quality, 41% of the respondents

in Mahenye expressed satisfaction with the service at Mahenye Clinic while 58.3% were dissatisfied. In Chizvirizvi, 48% of the respondents said they were satisfied with the service at Chizvirizvi Clinic while 52% expressed dissatisfaction. Major issues raised by respondents concerning service provision by the clinics included lack of doctors, with most patients referred to hospitals in nearby towns; lack of drugs, including antiretroviral drugs; and too large catchment areas which have overwhelmed the clinics.

Concerning education, 80% and 82% of the respondents in Mahenye were dissatisfied with the service quality at the primary and secondary schools respectively, while in Chizvirizvi 60% and 56% of the respondents were not satisfied with the service at the primary and secondary schools respectively. Of concern on education quality among residents included too few schools, requiring students to travel long distances; overcrowded classrooms with high teacher-to-pupil ratios; shortage of teaching materials, including textbooks; poor living conditions for teachers including inadequate housing and lack of electricity. The poor living conditions for teachers have also resulted in high staff turnover. The above concerns on the quality of education services by residents in the study areas manifest more clearly through poor performance by students in public examinations as highlighted by the school authorities.

Information on road quality and public transport service quality in Mahenye indicated that 58.7% and 80.7% of the respondents were dissatisfied respectively, while for the same services 74.7% and 80% of the respondents in Chizvirizvi expressed dissatisfaction. The roads in both study areas are not tarred and become difficult to navigate especially during the rainy season, forcing many operators to withdraw their services. Commenting on the poor quality of the public transport service in their area, one group discussant in Mahenye noted that:

*If one misses the early morning bus, he will have to try again the next morning. Sometimes if you get up early enough to catch the bus, you might fail to get a seat as the minibus can only carry a maximum of 30 passengers.*

When asked to rate the quality of service for shops in their area, 62% of the respondents in Mahenye and 57% of the respondents in Chizvirizvi indicated that they were not satisfied. Participants at group discussions held in both areas, especially the one at Mahenye, complained that the local shops were far much more expensive compared to those in nearby towns. The high costs of goods in the shops at the local shopping centres were due to the need by shop owners to recover transport costs incurred while transporting goods from

wholesalers in the nearby towns. In addition, shop owners mark higher prices for their goods due to low demand, so that they at least get some little profit from the few merchandise sold. High poverty levels mean that few people can afford to buy from the shops.

Forty six percent of the respondents in Chizvirizvi were satisfied with the quality of service from the police, while 38% of the respondents in Mahenye said they were satisfied with the same service in their area. It was gathered through interviews and group discussions in both study areas that residents needed a lot of time to get to the police stations to report cases. The situation was further compounded by the inability of the police to respond quickly to urgent cases reported such as, inter alia, murder, rape, and stock theft due to shortages of staff and vehicles.

From the foregoing, it is clear that the majority of the questionnaire respondents in both study sites expressed dissatisfaction with the quality of each of all the selected services being offered, namely, water supply, primary school, high school, health, main road, public transport, shops and police. Similar sentiments were also expressed by group discussants and interviewees in the study areas, thereby further highlighting the poor quality of the community services.

The respondents in the two study sites were further asked to rate the development or improvement priority for the services in their communities (Table 3). The results indicated that the majority of the respondents in both Mahenye and Chizvirizvi perceived the development priority for all the selected services in their areas to be important, that is, all the community services needed to be improved. The responses in Table 3 were not surprising as they echoed those presented earlier in Table 2 where the majority of the respondents in the study sites had expressed dissatisfaction with the quality of all the community services. Comparatively, while accessibility to services was better in Mahenye than in Chizvirizvi in terms of the average times taken by residents to reach the various services, the quality of the accessed services seemed to be slightly better in Chizvirizvi.

The poor condition of services in both Mahenye and Chizvirizvi, both in terms of accessibility/availability and quality, is a reflection of colonial policies that deliberately under-funded rural development [34, 35], as much as it also reflects the general failure of rural development initiatives in the post-independence era [17, 32, 36]. As a result, most rural areas in the country continue to lag behind urban areas in terms of access to various services by residents. The situation was further worsened by the socio-economic challenges that the country has been facing since 2000, which saw funding for rural development dwindling significantly.

**Table 3:** Respondents' rating of the development/improvement priority for selected community services (in %)

Devpnt. priority rating	Mahenye (n=150)	Chizvirizvi (n=150)	Total (n=300)
<i>Water supply</i>			
Important	51.3	54.0	52.7
Neutral	0.7	-	0.3
Unimportant	48.0	46.0	47.0
Total	100	100	100
<i>Clinic</i>			

Important	63	59	61
Neutral	0.7	-	0.3
Unimportant	36.3	41	38.7
Total	100	100	100
<i>Primary school</i>			
Important	80.0	60.0	70.0
Neutral	2.0	-	1.0
Unimportant	18.0	40.0	29.0
Total	100	100	100
<i>High school</i>			
Important	82.0	56.0	69.0
Neutral	2.0	-	1.0
Unimportant	16.0	44.0	30.0
Total	100	100	100
<i>Main road</i>			
Important	58.7	74.7	66.7
Neutral	2.0	-	1.0
Unimportant	39.3	25.3	32.3
Total	100	100	100
<i>Public transport</i>			
Important	80.0	80.0	80.0
Unimportant	20.0	20.0	20.0
Total	100	100	100
<i>Shops</i>			
Important	54.0	52.1	53.1
Neutral	5.3	2.3	3.8
Unimportant	40.7	45.6	43.1
Total	100	100	100
<i>Police</i>			
Important	56.8	55.4	56.1
Neutral	8.7	-	4.3
Unimportant	34.5	44.6	39.6
Total	100	100	100

#### 4. Conclusion and implications

The study has shown that accessibility to various services in the study communities, measured in terms of average times taken to and from these services, was poor in both study areas, with residents spending a lot of time to access the services. The study results also showed that the quality of the accessed services was poor, with the majority of the respondents in both study areas indicating that all the various services in their communities needed to be improved. There was better accessibility to services in Mahenye than in Chizvirizvi, while service quality seemed slightly better in the latter.

The study highlights a continuing lag in service delivery in the rural areas of Zimbabwe compared to urban areas, which can be traced back to the colonial era. This also highlights the fact that post-independence efforts towards rural development in Zimbabwe have not been very successful, a situation which has further been worsened by a decline in the socio-economic outlook of the country since 2000. A new political dispensation seems to be beckoning in Zimbabwe which, hopefully, will be able to turn around the fortunes of the country. The need to redirect and redouble efforts towards the development of the country's rural areas in light of the promising new political and socio-economic dispensation need not be overemphasised, if rural development is to turn from a pipe-dream into reality in Zimbabwe.

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