researcher observed, the government officials who presented at the meeting highlighted that financial constraints was the major hindrance for them to respond to community's demands. This led to inadequate service delivery.

7. Results

The health officials' responsiveness had some positive impact on the quality of health services in Shamva District. The description of the results that emerged are given in the next sub sections.

7.1Provision of free health services

Provision of free health service wasa positive impact that emerged from the study. Due to complaints of high health fees from communities the state responded by offering free access to primary health care. District health executive member indicated at all at rural health centres the patients accessed free health services. CSO programme officer point out that, "*They believed that the social accountability programmes that empowered communities with rights education led to the enforcement of user fee policy that enabled rural people to have access to free primary health care*". Another interviewee also indicated that women were getting family planning contraceptives for free. All the patients at the rural health centres got free services, although inaccessibility of drugs was still a challenge. This made this researcher to be hesitant to call this free health services.

7.2 Health centres improved infrastructure

State responsiveness led to some improved infrastructure at health centres. All the HCCs indicated that that the health centres used some RBF earnings and community's

contributions to renovate the existing structures and building of new infrastructure. The communities had a say in how the income was used and this proffered good relationship between the communities and health officials. A member of district health executive said, "*The construction and refurbishment of the health centres translated to clean health centres, increase in clinic deliveries since many pregnant mothers were using mother waiting shelters*".

7.3 Improved health services

The health official's responsiveness to communities' issues such as decentralisation of ante natal services and voluntary HIV testing led to improved health services offered in the district. Nurse in charge at health centre C indicated that, "*Our responsiveness led to early bookings for pregnant mothers, increased number of people tested for HIV, especially males, which was a breakthrough because there were less men who were willing to be tested before*". Communities acknowledged that there was polite and treatment of patients by health care workers and citizens felt empowered because they recognized practical results in improved provision of public goods.

District medical officer pointed out that prevention of malaria and diarrhoea was prevalent in the district because, the village health workers (VHWs)were testing malaria in villages and giving the malaria tablets to patients. VHW at health centre E acknowledged that by saying, "*Our door to door visits broke a barrier for some apostolic sect people who are now going to the health centres with their children for immunisation and growth monitoring which was unheard of*".

8. Challenges

There were challenges that were identified during the study that hindered the state responsiveness in Shamva district. These are given in next sub section.

8.1 Lack of decentralisation

The decentralised health structures were in place, but they lacked full autonomy and budget to implement their programmes hence hindering the health official's responsiveness to communities' demands. The district health executive (DHE) members indicated that they relied on the centre for financial resources and authority to make some decisions. The DHE member went on to say, "*it is very difficult to operate at district level while waiting for decisions to be made at national level*". This was hampering their immediate response to quality service demands needed by communities.

8.2 Lack of funding

Lack of funding was another challenge that hampered the responsiveness of the health officials. The director of planning highlighted that, "*Late and non-disbursements of national budget allocations to the line ministries affected institutionalisation of responsiveness plans that wererelevant and important to the district*". A member of DHE pointed out that line ministries were failing to build new health centres in areas where patients were walking more than 10 kilometrers to the health centres. This complaint came out at all the health centres since they served two (2) or more wards. The district medical officer indicated that short falls of government's budget allocations affected the administration of the hospital resulting in poor health service delivery because there would be less equipment to use. He went on to say, "*Some Line Ministries that were supposed to pay for bills of war veterans, elderly people,*

workers injured at work did not own up to their debts, creating a budget deficit on the part of the hospital administration budget".

8.3 Conflict brought by political interference

The national programme manager of one CSO highlighted that Mashonaland Central Province was known for political patronage and had a record of intimidating civil servants towards election period. He further indicated that this compromised the way health officials conduct their duties during the election period. This was supported by one nurse in charge she said, "*We were not free to be engaged in dialogues with communities towards or during election period because the possibilities of being misinterpreted and became political victims were very high*". One CSO officer indicated that despite the calls by the government that civil servants were protected, this was not a reality on the ground, the health workers were targeted by politicians. Health officials' responsiveness during election period was less effective since people were afraid to share their views which can misinterpreted. HCC from health centre E shared the same sentiments saying, "*Political victimisation discouraged open dialogues which were important for SAcc and therefore rating of service provision during election time was viewed more as a witch hunt programme or manipulated as a political campaign gimmick*".

9. Discussion

State responsiveness is an accountability role that the state is expected to perform. In Shamva district communities managed to share their views and raised complaints of poor service delivery to their health officials. The health officials partially responded to the demands because of some constraints such as lack of budget and slow

implementation of decentralisation. The social accountability programmes such as community score card mobilised communities to be able to demand quality services from health officials in an organised way. State responsiveness raises confidence and trust to communities.

10. Conclusions

The conclusions of the study are given in the next sections.

10.1State capacity to respond to citizens' demands

1) The SAcc programmes fostered engagements between the communities' representatives and health officials. Many grievances that were raised by communities were resolved at local level. These included change in staff behaviour and attitude towards patients. The HCCs also encouraged communities to contribute resources that were used to build some waiting shelters for expecting mothers.

2) Issues that were not resolved at health centre level were referred to the district level. Most infrastructure issues such as building of new health centres were not resolved. Lack of finances due to government allocating inadequate budgets to line ministries was the major impediment.

3) Non-responsiveness on infrastructure and increase in health staff demands led community members to doubt the capacity of the state to respond to their demands.

11. Recommendations

The researcher proposes recommendations to health sector stakeholders in Shamva District. These are given below.

I. Resourcing the state responsiveness plans

It is recommended that the government and donors should avail adequate resources such as financial and human resources to enhancestate responsiveness to communities' demands in Shamva district health sector.

II. Full implementation of Decentralisation

It is recommended that the government should implement full decentralisation for Shamva District officials to make decisions that affect them quicker and have fiscal autonomy.

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