ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26nov1122

Assessing the Implementation of the Human and Social Development Priority Area of the Zambian Eighth National Development Plan in Silverest, Chongwe District

Imasiku Muyatwa[1]; Maurice Kazoka[2]; Dorcus Kabinda[3]; Melissa Mbewe[4]; Alex Mukombo[5]

[1;2;3;4;5]University of Lusaka Lusaka, Zambia

Publication Date: 2026/11/27

Abstract: The development trajectory of Zambia is anchored on Vision 2030. The Eighth National Development Plan (8NDP) for 2022 to 2026 was designed to drive socio-economic transformation and align national priorities with the Sustainable Development Goals of the United Nations. The 2024 annual progress report shows that only 46 percent of output targets under the human and social development priority area were met, 19 percent were partially met and 35 percent were not met. This study therefore assessed the local implementation of this priority area, covering education, health and social protection, in Silverest, Chongwe District. A descriptive mixed methods design was used, with primary data collected from 57 purposively selected respondents, comprising households, teachers, nurses and social welfare officers. Quantitative data were analyzed using descriptive statistics and qualitative data using thematic analysis, with between method triangulation used for validation. Findings show that local structures, namely the District Development Coordination Committee (DDCC) and Ward Development Committees (WDCs), play a major role in implementation, and that technical education, vocational and entrepreneurship training (TEVET) programs only partially meet youth demand. The expansion of primary health care has made services more accessible, especially in rural areas, although shortages of medicines and staff persist. Social cash transfers are not effectively identifying and reaching the most vulnerable households. Poor communication and low community awareness, together with delayed or inadequate funding from central government, impede implementation, while local needs assessment and strong community engagement offer opportunities for improvement.

Keywords: *Human and Social Development; Local Implementation; Eighth National Development Plan; Sustainable Development Goals; Chongwe District*.

How to Cite: Imasiku Muyatwa; Maurice Kazoka; Dorcus Kabinda; Melissa Mbewe; Alex Mukombo (2026) Assessing the Implementation of the Human and Social Development Priority Area of the Zambian Eighth National Development Plan in Silverest, Chongwe District. *International Journal of Innovative Science and Research Technology*, 11(11), 1873-1883. https://doi.org/10.38124/ijisrt/26nov1122

I. INTRODUCTION

➢ *Background*

The development agenda of Zambia is closely linked to the Sustainable Development Goals (SDGs) of the United Nations. Its long-term anchor is Vision 2030, which aspires to make Zambia a prosperous, industrialized middle-income nation by 2030. The Eighth National Development Plan (8NDP), running from 2022 to 2026, is the medium-term framework for achieving this vision under the theme "Socio-economic transformation for improved livelihoods" [1]. The theme underpins several SDGs, among them poverty reduction (SDG 1), quality education (SDG 4) and reduced inequalities (SDG 10), which are yardsticks of human and social development. The plan was developed with government, the private sector, civil society organizations (CSOs) and ward-level participation to ensure local ownership [1].

The human and social development priority area of the 8NDP focuses on quality education, social security and improved health care, with emphasis on early childhood education and technical and vocational training. It seeks to close persistent attainment gaps in education, health and social protection. Progress has nevertheless fallen short of targets despite an increase in the constituency development fund (CDF), the expansion of social cash transfers and the introduction of free education, and the government itself cites implementation challenges [2]. Decentralization through the CDF and local-level participation is crucial to translating

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26nov1122

national policies into local implementation [3]. Examining implementation at this level shows how national plans become local programs, and so reveals challenges, opportunities and measures that can promote inclusive and sustainable development. This paper therefore assesses the local implementation of the priority area in the Silverest area of Chongwe District, focusing on education, health care and social protection.

➢ *Problem Statement*

Implementation of human and social development policies under the 8NDP should lead to measurable improvement in the welfare of citizens, including fair access to quality education, health care and social protection, which are also essential to Zambia's progress toward the SDGs [4]. However, results depend on more than the policy itself and government commitment. They also depend on effective implementation, adequate financing, coordination and service delivery at district and community level.

Despite the goals set out in the plan, the 2024 annual progress report shows that implementation challenges persist [2]. The National Assembly of Zambia reported that 46 percent of output targets under human and social development were met, 19 percent were partially met and 35 percent were not met, and that a large financing gap limited implementation [5]. Little is known, however, about how these policies are implemented at district and community level in Chongwe, which this study set out to establish for Silverest.

➢ *Objectives and Research Questions*

The general objective was to assess the implementation of the human and social development priority area of the 8NDP in Silverest, Chongwe District. The specific objectives were (1) to assess the mechanisms of local implementation of human and social development policies; (2) to evaluate progress in education, health and social protection at community level; and (3) to assess the challenges and opportunities in local implementation. Three corresponding research questions asked what mechanisms are used, what progress has been made, and what challenges and opportunities exist.

➢ *Significance and Scope*

The study provides evidence on the local implementation of free education, social cash transfers and improved health services, and on their contribution to the related SDGs. It is relevant to policy makers, who can use it for policy design, resource allocation and planning; to local institutions such as the council, ward committees, social welfare officers, educators and health facilities, which can use it to improve coordination and service delivery; to government agencies and development partners; to the Silverest community, whose views and experiences it documents; and to future researchers, because it adds a district-level perspective to existing national assessments of the 8NDP.

The study covered health, education and social protection in Silverest, the local implementation mechanisms, and the policy frameworks that link the 8NDP to the SDGs. It tracked progress and challenges from 2022 to 2026, the life span of the plan, among the groups and institutions involved in delivery at district level: the council, ward committees, social welfare officers, educators, health personnel and community members.

II. LITERATURE REVIEW

➢ *Theoretical Framework*

A theoretical framework presents the structure of theories and concepts that guide a study. This study was guided by policy implementation theory, street-level bureaucracy theory and collaborative governance theory.

- *Policy Implementation Theory*

Matland states that policy implementation begins where goals and objectives are established and that it varies with the nature of the policy [6]. Van Meter and Van Horn developed a model that explains how government policies are translated into action at local level. It identifies six variables: policy standards and objectives, resources, interorganizational communication and enforcement activities, characteristics of the implementing agencies, the economic, social and political environment, and the disposition of implementers [7]. The theory is relevant because successful implementation depends not only on formulation but also on resources, coordination among government departments and the commitment of those responsible for service delivery. It also distinguishes the existence of a policy from its actual implementation at community level.

- *Street-Level Bureaucracy Theory*

Lipsky argued that frontline workers who interact directly with the public exercise discretion under conditions of limited resources, complex procedures and competing demands, so that policies are not implemented solely through national plans, laws and directives [8]. The theory is relevant because teachers, nurses and social welfare officers in Silverest decide in practice how national policies reach households.

- *Collaborative Governance Theory*

Ansell and Gash argued that collaborative governance depends on understanding of, and commitment to, successful collaboration [9]. Development outcomes depend on the coordinated efforts of community leaders, local authorities and CSOs. The theory therefore helps to examine whether stakeholders coordinate their activities, share information and resources, and are involved in their own local development.

➢ *Empirical Literature*

- *Global and African Perspectives*

The adoption of the SDGs marked a global consensus on human and social development, with SDG 1 (no poverty), SDG 3 (good health and well-being), SDG 4 (quality education) and SDG 10 (reduced inequalities) focusing directly on it. Human and social development declined between 2021 and 2022 because the COVID-19 pandemic exposed inequalities in access to education, health and social protection and pushed more people into extreme poverty [10].

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26nov1122

Countries worldwide have invested in universal health coverage and free education [11], and Finland and South Korea are cited as success stories that contributed to high literacy and low inequality [12]. Yet only 47 percent of the world population is covered by at least one social protection benefit, leaving more than 4 billion people uncovered [13], and cash support programs are needed because they reduce poverty, increase school enrollment and improve child health [14].

In Africa, progress remains patchy. The African Union commits member states to invest in education, health and social protection [15], yet Seychelles and Mauritius record high human development while Niger and Chad rank very low, reflecting differences in governance and investment in social sectors [16]. Mkandawire argues that social policy in Africa is residual, targeting only the poorest, which results in fragmented and underfunded programs [17]. Free education policies in Kenya, Ghana and Malawi increased enrollment but also produced overcrowded classrooms and teacher shortages, showing that access alone is not enough without adequate investment in infrastructure [11]. The health sector faces similar challenges despite the Abuja commitment of 15 percent of national budgets [18], while social cash transfer programs are expanding across the continent [4].

- *The Zambian Policy Framework and Human and Social Development Priorities*

The 8NDP builds on Vision 2030 by emphasizing socio-economic transformation and explicitly aligning with the SDGs [1]. Embedding the SDGs in national frameworks creates coherence between global commitments and domestic priorities [19], and policy frameworks act as catalysts for strategies that improve human and social development, for example in social protection [20]. Within the Southern African Development Community (SADC), many countries have adopted country-specific policies that address threats to social welfare [21].

Under the 8NDP, human and social development aims at social cohesion, social security, improved health, quality education, and clean water and sanitation. Free education is widely recognized as a step toward SDG 4 [10], health reforms and investment in maternal and child health contribute to SDG 3 [22], and social cash transfers are central to poverty and inequality reduction under SDG 1 and SDG 10 [23]. In education, the government abolished tuition, parent-teacher association (PTA) fees and general examination fees in public schools [1], and enrollment increased markedly. In response, thousands of teachers were employed, classroom construction and desk procurement were expanded, and budget commitments to early childhood and secondary education increased in the 2024 and 2025 national budgets [24].

In health, the agenda focuses on universal health coverage through stronger health systems and maternal and child health [22]. More frontline personnel were employed for rural health posts, reforms focus on medicine procurement and supply chain integrity, and targeted programs address childhood stunting and maternal mortality [1]. In social protection, the social cash transfer program expanded from 900,000 beneficiaries in 2022 to over 1.3 million households by 2024 [2], and emergency cash transfers were linked to agricultural inputs, nutritional support and education access.

- *Implementation Mechanisms, Challenges and Opportunities*

Policy implementation is the process of executing policy decisions through programs and activities, and it determines the extent to which policy objectives are attained. It is influenced by many variables [25], and its success depends on how well implementing actors communicate goals, mobilize resources and operate at each level of governance. Agencies closest to the people have the greatest influence. The 8NDP uses an integrated multisectoral approach, and decentralization is the cornerstone of the implementation strategy, notably through fiscal decentralization and the expansion of the CDF [3]. Ward-level participation through WDCs has enhanced participation and ownership, although capacity and equitable resource distribution remain challenges [26], and decentralization accelerates the attainment of policy objectives when local institutions are adequately resourced [27].

Local implementation in Zambia nonetheless suffers systemic barriers. Persistent poverty, inequality and climate change constrain community capacity and resilience [10], and administrative decentralization often falters because of weak operational frameworks, weak coordination between councils and WDCs, and political interference [26]. These barriers create a disconnection between policy intent and local implementation. On the other hand, the strategic focus on human and social development provides a foundation for achieving several SDG-related policies at grassroots level, provided that sustained financing, institutional reforms and genuine inclusive participation are secured [28]. The reviewed literature gives a national picture without showing how effectively policies are implemented at community level in Chongwe, hence the need for this study.

➢ *Conceptual Framework*

The conceptual framework (Fig. 1) shows the relationship between implementation mechanisms, the challenges and opportunities that influence them, and implementation performance in the human and social development priority area. Implementation mechanisms are the independent variable and comprise five elements: institutional coordination, resource allocation, decentralization and local governance, stakeholder participation, and monitoring and accountability. Effective implementation requires these factors to operate together [7]. Challenges and opportunities are mediating variables that influence both the mechanisms and implementation performance. Implementation performance, the dependent variable, is the extent to which policy objectives are translated into deliverables in education, health care and social protection. The final component is the set of broader development outcomes, namely contributions to SDGs 1, 3, 4 and 10.

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26nov1122

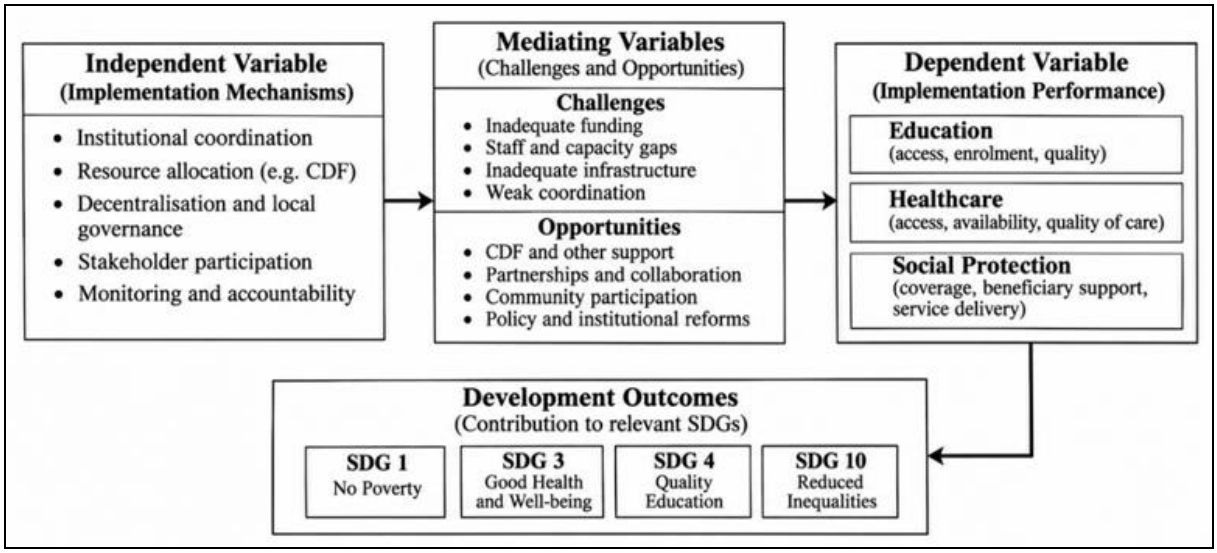

Fig 1 Conceptual Framework of the Study.

III. METHODOLOGY

➢ *Research Approach and Design*

The study adopted a descriptive mixed methods approach, which integrates qualitative and quantitative approaches to develop a fuller understanding of a research problem [29]. A convergent parallel design was used: qualitative and quantitative data were collected at the same time, analyzed separately and merged for interpretation [29]. The quantitative data established trends, experiences and perceptions regarding implementation, whereas the qualitative data gave deeper insight into stakeholder participation, resource allocation and practical experiences of implementation. The descriptive design allowed the study to describe the existing implementation mechanisms, the progress made in education, health care and social protection, and the factors that influence effective implementation.

➢ *Study Area and Target Population*

The target population comprised individuals and stakeholders directly or indirectly involved in, or affected by, the implementation of human and social development policies in Silverest: households, social welfare officers, education personnel and health personnel. Education, social welfare and health personnel are involved in frontline service delivery, whereas households are the recipients of the interventions. Silverest was chosen because it is accessible to the researchers and has education, health and social protection services.

➢ *Sampling Design and Sample Size*

Non-probability heterogeneous purposive sampling was used, in which respondents are selected deliberately on the basis of relevance, knowledge and experience of the problem under investigation [30]. A heterogeneous sample was appropriate because implementation involves different stakeholders with varying experiences and responsibilities [31]. Cochran's formula, at a 95 percent confidence level with a proportion of 0.5 and a 10 percent margin of error, gave a required sample of 96, which was rounded up to 100 [32]. Owing to circumstances beyond the researchers' control, however, only 57 respondents participated, and they were selected purposively as shown in Table 1. Qualitative data were collected from 7 households, 2 teachers, 4 nurses and 4 social welfare officers.

Table 1 Sample Distribution and Primary Role of Respondents

Respondent category	Frequency	Relative frequency (%)
Households	47	82
Teachers	2	4
Nurses	4	7
Social welfare or community development officers	4	7
Total	**57**	**100**

➢ *Data Collection*

Primary quantitative data were collected through a structured questionnaire administered to community members who benefit from human and social development policies and to health, education and social welfare personnel. Primary qualitative data were collected through an interview guide, for deeper insight into the research problem. Secondary data were drawn from government progress reports and international sources such as the World Bank and UNDP.

➢ *Ethical Considerations*

Three ethical norms were followed. Honesty: respondents were told clearly what the research was about, which gives participants the ability to decide whether to take part [33]. Anonymity and confidentiality: information provided was kept confidential and no names are used in any publication. Respect for individual autonomy: respondents participated of their own free will.

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26nov1122

➢ *Data Analysis and Validation*

Descriptive statistics were used to analyze the quantitative data. Thematic analysis, which involves identifying, organizing and interpreting recurring themes, patterns and ideas, was used for the qualitative data. The data were coded according to developed themes to allow comparison of similarities in the responses of different categories of respondents, an approach that allows researchers to critically examine the data and draw new meanings from it [31]. Between method triangulation was used to validate the data, combining the structured survey (quantitative) with the structured interview guide (qualitative). Percentages for individual items are based on the number of respondents who answered that item.

➢ *Limitations and Solutions*

Three limitations were encountered, and each was addressed as summarized in Table 2.

Table 2 Limitations and Solutions

Limitation	Solution
Political affiliations may have led respondents to give biased information.	Researchers went on the ground with observation guides to record first-hand information in the natural setting.
Despite assurances of confidentiality, some respondents withheld information for fear of being followed.	Only participants willing to take part were selected.
The survey was done online and many people did not open the questionnaire for fear of scams.	Only responses received were analyzed.

IV. RESULTS

➢ *Respondent Profile*

As shown in Table 1, the sample was heterogeneous and captured the key stakeholders in implementation: community members were 82 percent of respondents, social welfare or community development officers and nurses 7 percent each, and teachers 4 percent. In terms of length of stay in Silverest, 21.1 percent of respondents (12) had lived there for less than 1 year, 54.4 percent (31) for 1 to 5 years, 10.5 percent (6) for 6 to 10 years and 14.0 percent (8) for more than 10 years.

Familiarity with government programs such as social cash transfers, CDF programs and free education was limited (Fig. 2a). Only 10.5 percent of respondents were highly familiar with the programs, 42.1 percent were moderately familiar, 31.6 percent were slightly familiar and 15.8 percent were not familiar at all. Interventions therefore reach the intended people, but at a low rate; the 31.6 percent who were only slightly familiar may have heard of programs without having benefited or seen tangible results.

➢ *Mechanisms of Local Implementation*

Table 3 summarizes the roles that respondents attributed to the District Development Coordination Committee (DDCC) and the CDF in local implementation.

Table 3 Roles of the DDCC and the CDF in Local Implementation

DDCC	CDF
Facilitates and monitors local project implementation	Provides financial support for local development projects
Coordinates development programs across the district	Youth empowerment through business grants
Enables communities to identify and prioritize their needs	Development and rehabilitation of infrastructure such as roads, hospitals, schools and markets
Prepares and consolidates district development plans	Funds bursaries and vocational training programs
Supports decision making and resource management at grassroots level	
Fosters civic participation and social cohesion	

Fig. 2b shows how institutions communicate with the community about local programs. Ward Development Committees (WDCs) were the main channel, cited by 60.7 percent of respondents, followed by community radio (Chongwe Community Radio) at 23.2 percent and religious gatherings at 5.4 percent, while 10.7 percent reported no sensitization or communication at all.

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26nov1122

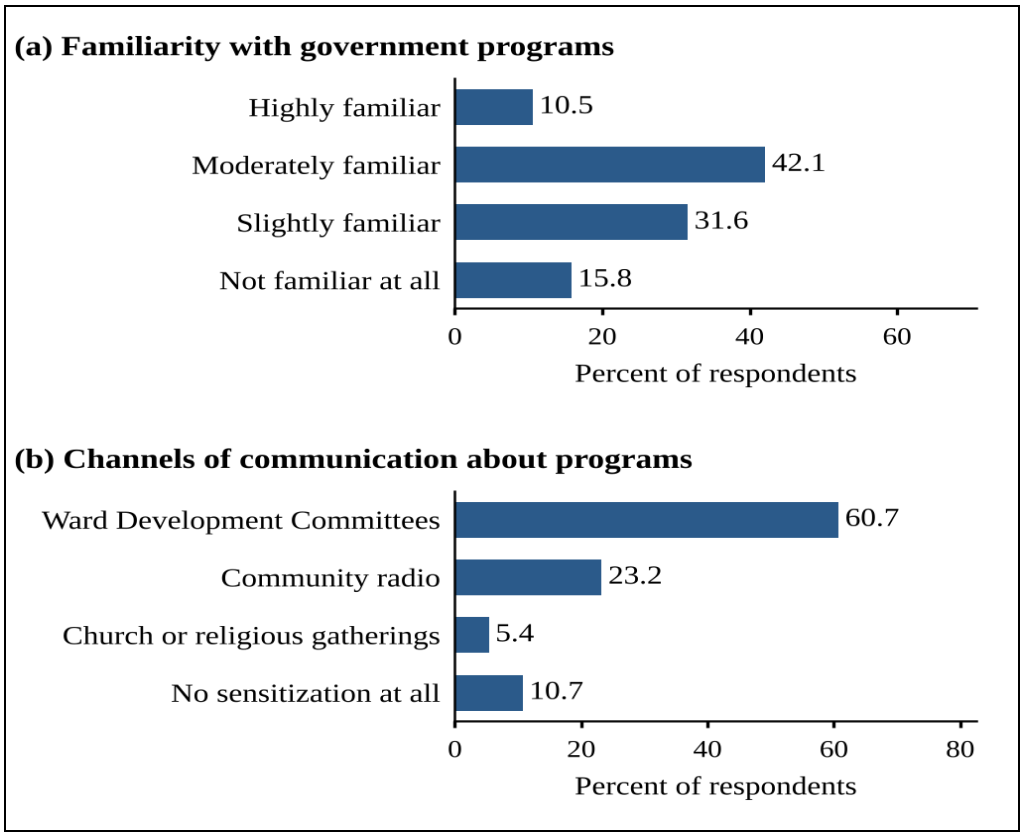

Fig 2 Awareness of Government Programs and Channels of Communication.

The DDCC and WDCs are mandated to coordinate, facilitate and monitor local project implementation. Only 17.5 percent of respondents considered them very active, 57.9 percent moderately active, 12.3 percent inactive, and 12.3 percent were not sure (Fig. 3a). On coordination between institutions (Fig. 3b), 10.5 percent reported high coordination, 50.9 percent moderate coordination, 24.6 percent poor or no coordination and 14.0 percent did not know.

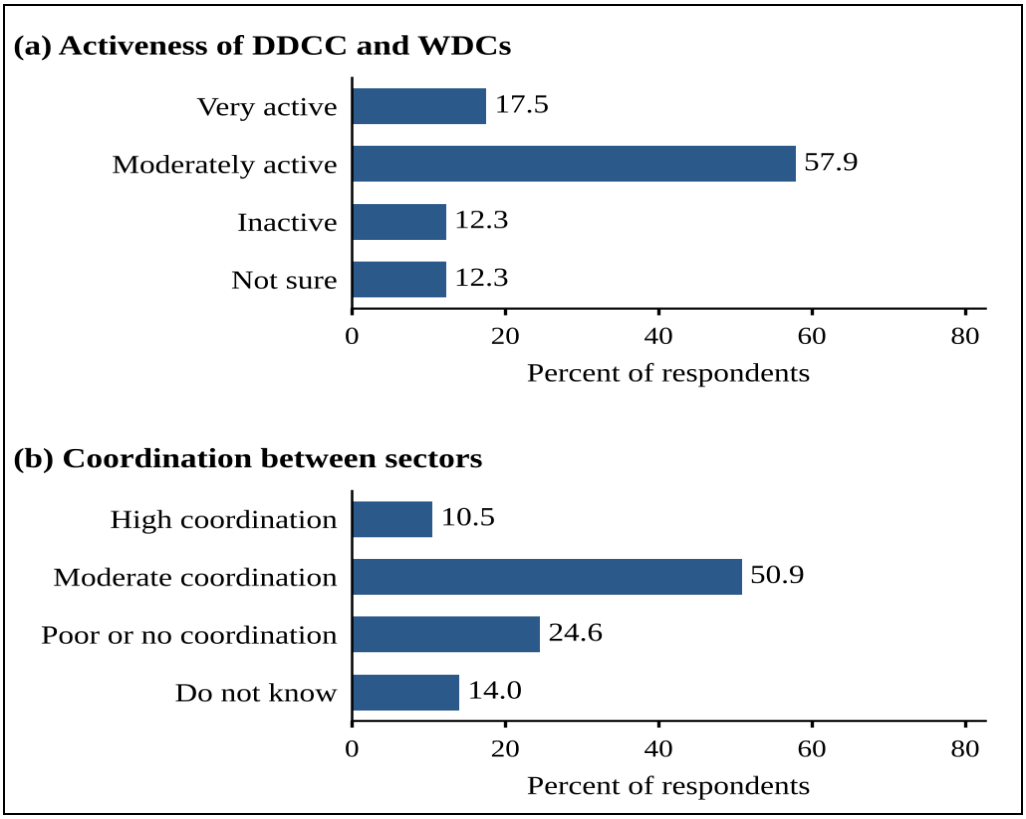

Fig 3 Activeness of the DDCC and WDCs, and Coordination Between Sectors.

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26nov1122

➢ *Progress in Education, Health and Social Protection*

Fig. 4 summarizes respondents' views on progress in critical policy areas. Respondents were more likely to disagree (36.4 percent) than to agree (20.0 percent) that infrastructure for early childhood education has increased. On whether the expansion of technical education, vocational and entrepreneurship training (TEVET) meets local youth employment demand, respondents were evenly split at 33.3 percent each across disagreement, neutrality and agreement, indicating that the programs only partially meet the demand. Agreement was higher for the availability of immunization, maternal health and nutrition services (40.4 percent agreeing against 15.8 percent disagreeing) than for improved access to basic health services and essential drugs (36.8 percent against 33.3 percent). On social cash transfers, 28.6 percent agreed and 28.6 percent disagreed that the program is effectively identifying and reaching the most vulnerable households, and only 21.1 percent agreed that safety nets are distributed fairly, without political or administrative bias, against 31.6 percent who disagreed.

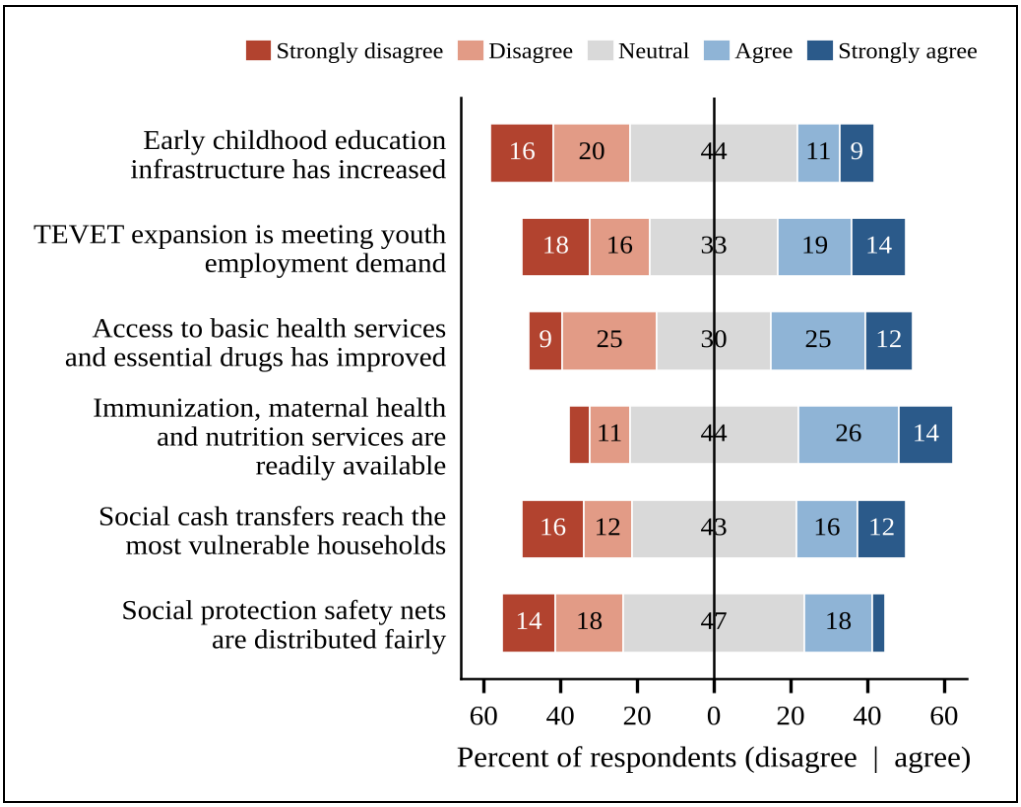

Fig 4 Respondents' Views on Progress in Human and Social Development.

On education, 66.7 percent of respondents said that the free education policy had highly increased enrollment and reduced the out-of-school rate, 29.8 percent said the effect was medium, and 1.8 percent each said it was low or that there was no expansion (Fig. 5). Teacher recruitment and infrastructure grants were seen as having a moderate effect on the student-teacher ratio by 66.7 percent of respondents, a low effect by 15.8 percent and a high effect by 14.0 percent, while 3.5 percent saw no change at all.

On health, respondents reported that the expansion of primary health care has made services more accessible, especially in rural areas, because more health centers make it easier to obtain basic treatment, vaccinations and maternal health services. Some areas nevertheless face shortages of medicines, health workers and equipment (Table 4).

Table 4 Expansion of Primary Health Care and Access to Quality Services

Positives	**Areas of improvement**
Access by the most vulnerable has increased	Quality is still questionable
Improved access to contraceptives and mother and child health care	Medicines are mostly in short supply in the new health centers
Services are closer to communities, reducing reliance on expensive hospitals	Performance of new staff is not up to standard
Primary health care is largely free in public facilities (under-5 care, maternal care, antiretroviral drugs), removing user fee barriers for poor households	Staffing in health centers is still not enough
Reduced costs, stronger disease prevention and early diagnosis	Most hospitals are still overcrowded
More mothers and children access antenatal care, safe delivery, postnatal care and vaccinations	Some health posts are built but lack proper equipment; no expansion yet in some areas

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26nov1122

On social protection, 16.1 percent of respondents said that the scaling up of social cash transfers is highly efficient in reaching the most vulnerable households, 60.7 percent said it is moderately efficient, 19.6 percent said it is low and 3.6 percent said it is not efficient at all (Fig. 5).

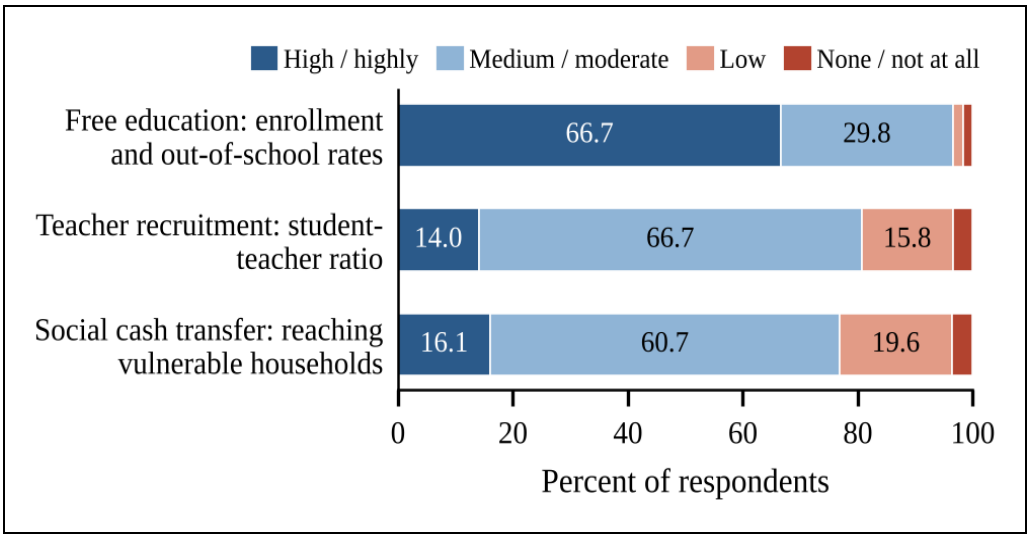

Fig 5 Perceived Effect of Free Education, Teacher Recruitment and Social Cash Transfers.

➢ *Challenges*

Fig. 6 shows the factors that respondents said hinder implementation in Silverest. Poor communication and minimal community awareness was the leading factor, followed by delayed or inadequate funding from central government and then lack of transparency or mismanagement of resources at local leadership level. Long distances to facilities, inadequate infrastructure and a shortage of skilled personnel were also mentioned.

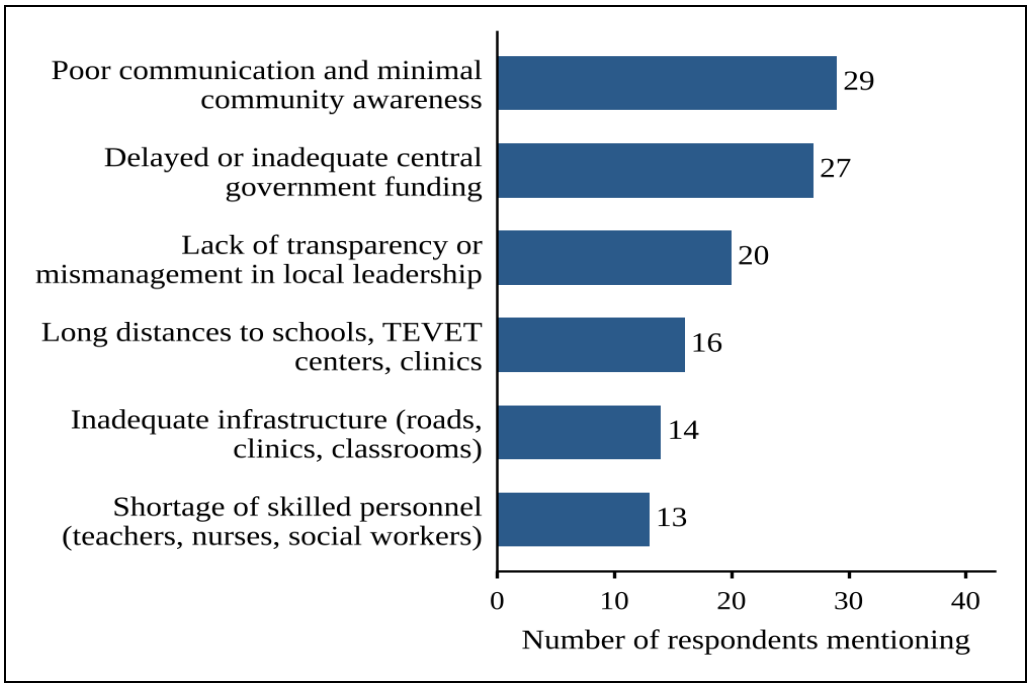

Fig 6 Challenges Hindering Implementation (Multiple Responses).

➢ *Opportunities*

High community engagement in local programs was the most frequently mentioned opportunity, followed by the availability of land for schools, training centers and health posts, and increased use of the CDF (Fig. 7). Respondents also identified the thematic areas in Table 5 as ways to enhance implementation, with community participation and needs assessment seen as key to responding to actual community needs.

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26nov1122

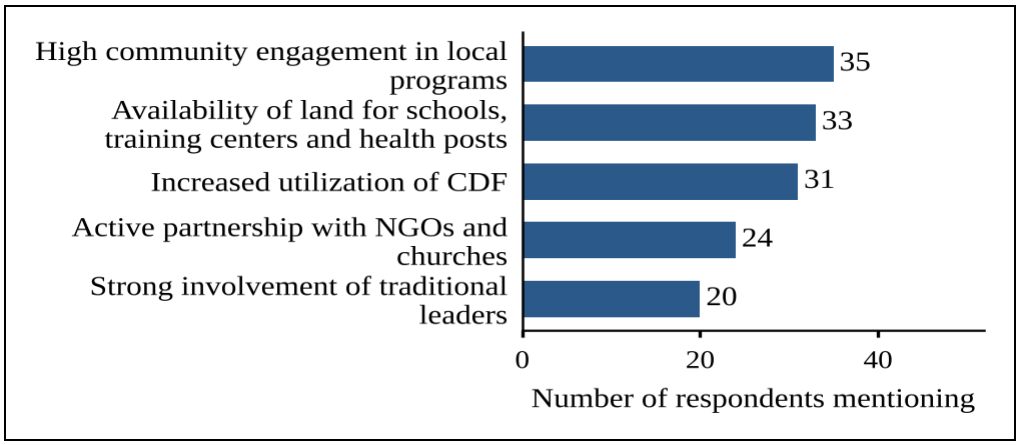

Fig 7 Opportunities for Better Implementation (Multiple Responses).

Table 5 Opportunities for Improvement

Thematic category	Focus
Community participation and needs assessment	Ensuring programs respond to the actual needs of the people
Transparency and accountability	Promoting fairness, leadership and responsible management of public resources
Resource allocation	Improving funding and infrastructure
Coordination and collaboration	Strengthening cooperation among implementing stakeholders
Monitoring and evaluation	Tracking program performance and outcomes
Community awareness	Timely information about development programs and opportunities

V. DISCUSSION

➢ *Mechanisms of Local Implementation*

Implementation of the human and social development area of the 8NDP depends on local structures, since the plan was developed with the participation of government, the private sector, CSOs and wards to ensure local ownership [1]. The findings show that the DDCC and WDCs are major players: they facilitate and monitor local projects, coordinate programs across the district, enable communities to identify and prioritize needs, consolidate district plans and foster civic participation. Although only 17.5 percent of respondents rated them very active, 75.4 percent rated them at least moderately active, indicating that these structures are generally involved in implementation. This is consistent with literature showing that ward-level participation enhances ownership [26] and that decentralization accelerates policy objectives when local institutions are adequately resourced [27]. Financial decentralization is the vehicle Zambia uses, and respondents confirmed that the CDF funds local projects, youth business grants, infrastructure and vocational training [3]. Gaps remain, however: 10.7 percent of respondents reported no sensitization, 24.6 percent reported poor or no coordination, and nearly half of respondents were only slightly or not at all familiar with the programs.

➢ *Progress in Education, Health and Social Protection*

Nationally, only 46 percent of output targets under human and social development were met, which indicates that implementation is achieving objectives at a slower pace [5]. The local findings show a mixed picture across the three areas.

- *Education*

Abolishing tuition, PTA fees and examination fees [1] raised enrollment, and the 66.7 percent of respondents who reported a high effect on enrollment and out-of-school rates show that removing financial barriers has improved access to education in Silverest and Chongwe. Since a core objective of the 8NDP is to enhance access to quality education, the access dimension of this goal appears to have been attained. However, the moderate effect of teacher recruitment on the student-teacher ratio (66.7 percent) suggests that rising student numbers are straining existing school infrastructure, as also observed in Kenya, Ghana and Malawi [11]. Free education must therefore be accompanied by adequate classroom construction, teacher recruitment and resources. The findings also indicate that infrastructure for early childhood education is not yet sufficient and that TEVET programs only partially meet youth demand.

- *Health Care*

The findings confirm that expansion of primary health care has improved access, particularly in rural areas, in line with the national focus on universal health coverage and on maternal and child health [22]. Quality, however, is still questionable: medicines are in short supply in many new health centers and some health posts lack proper equipment. This suggests that health priorities are lagging in the same way as the national picture, in which 19 percent of targets were partially met and 35 percent were not met [5].

- *Social Protection*

The social cash transfer program expanded from 900,000 beneficiaries in 2022 to over 1.3 million households by 2024 [2]. The local findings indicate, however, that it is not effectively identifying and reaching the most vulnerable households in Silverest: only 16.1 percent of respondents

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26nov1122

considered the scaling up highly efficient and 60.7 percent considered it only moderately efficient.

➢ *Challenges*

The 2024 progress report shows that implementation challenges persist [2], and the National Assembly attributes unmet targets mainly to a large financing gap [5]. Administrative decentralization also falters because of weak operational frameworks, weak coordination between local institutions and political interference [26]. These challenges disconnect high-level policy intent from local implementation. In Silverest, poor communication and community awareness was the leading factor: respondents said that many local projects are barely known, which lowers participation. Delayed or inadequate funding from central government, consistent with the national financing gap, and a lack of transparency and mismanagement of resources at local leadership level, leading to misappropriation, were also reported.

➢ *Opportunities*

Zambia can still make considerable progress. The strategic focus on human and social development provides a foundation for achieving SDG-related policies at grassroots level, but translating it depends on sustained financing, institutional reforms and genuine inclusive participation [28]. The findings show that high community engagement can put implementation on a path to success, and that land is available for public schools, training centers and health posts. Local needs assessment, transparency and accountability, responsible resource allocation, coordination and collaboration among implementing institutions, and monitoring and evaluation give a further advantage.

VI. CONCLUSION AND RECOMMENDATIONS

➢ *Conclusion*

Implementation of the human and social development area of the 8NDP in Silverest depends on local structures. The DDCC and WDCs facilitate and monitor local projects and coordinate programs across the district, and financial decentralization through the CDF supports local projects, youth business grants, infrastructure and vocational training.

In education, free education has strongly increased enrollment (66.7 percent) and teacher recruitment has addressed the student-teacher ratio only moderately, while early childhood education infrastructure is insufficient and TEVET programs partially meet youth demand. In health, primary health care expansion has improved access, especially in rural areas, but shortages of medicines, staff and equipment persist. In social protection, social cash transfers are not effectively identifying and reaching the most vulnerable households, with 60.7 percent of respondents rating the scaling up as only moderately efficient.

Poor communication and community awareness, and delayed or inadequate funding from central government, are the main challenges. Opportunities lie in stronger community participation, improved resource allocation and effective coordination among implementing institutions, and local needs assessment can make programs respond to the actual needs of communities.

➢ *Recommendations*

- *Strengthen community participation* in planning and decision making. Community engagement was the most frequently cited opportunity, yet familiarity with the programs was low, so local implementing institutions should turn this engagement into participation in identifying and planning interventions, because greater participation creates local ownership.
- *Improve accountability and transparency* in the management and distribution of CDF and social protection resources, because respondents reported a lack of transparency and mismanagement of resources at local leadership level.
- *Improve resource allocation and infrastructure* for service delivery. Local structures must ensure adequate allocation of resources to human and social development programs, with particular attention to health and education infrastructure.
- *Strengthen institutional coordination* and information sharing among implementing stakeholders instead of working in isolation, which would reduce duplication of activities and improve resource management.

REFERENCES

[1]. Ministry of Finance and National Planning, Eighth National Development Plan 2022-2026. Lusaka: Government of the Republic of Zambia, 2022.
[2]. Ministry of Finance and National Planning, Eighth National Development Plan (8NDP) 2024 Annual Progress Report on Implementation. Lusaka: Government of the Republic of Zambia, 2024.
[3]. S. Chikulo, “Decentralization reforms and local development in Zambia: the role of Constituency Development Fund,” Journal of African Public Policy, vol. 15, no. 2, pp. 45-62, 2022.
[4]. World Bank, Zambia Human Capital Review: Building Human Capital for Inclusive Growth. Washington, DC: World Bank, 2023.
[5]. National Assembly of Zambia, Report of the Planning and Budgeting Committee on the Review of the 2024 Annual Progress Report on the Implementation of the Eighth National Development Plan. Lusaka: Republic of Zambia, 2025.
[6]. R. E. Matland, “Synthesizing the implementation literature: the ambiguity-conflict model of policy implementation,” Journal of Public Administration Research and Theory, vol. 5, no. 2, pp. 145-174, 1995.
[7]. D. S. Van Meter and C. E. Van Horn, “The policy implementation process: a conceptual framework,” Administration and Society, vol. 6, no. 4, pp. 445-488, 1975.
[8]. M. Lipsky, Street-Level Bureaucracy: Dilemmas of the Individual in Public Services. New York: Russell Sage Foundation, 1980.

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26nov1122

[9]. C. Ansell and A. Gash, "Collaborative governance in theory and practice," Journal of Public Administration Research and Theory, vol. 18, no. 4, pp. 543-571, 2008.
[10]. World Bank, Zambia Education Sector Analysis. Washington, DC: World Bank, 2022.
[11]. UNESCO, Global Education Monitoring Report 2022. Paris: UNESCO, 2022.
[12]. OECD, Education at a Glance 2023. Paris: OECD, 2023.
[13]. International Labour Organization, World Social Protection Report 2020-2022. Geneva: ILO, 2021.
[14]. F. Bastagli, J. Hagen-Zanker, L. Harman, V. Barca, G. Sturge, T. Schmidt, and L. Pellerano, Cash Transfers: What Does the Evidence Say? London: Overseas Development Institute, 2016.
[15]. African Union, Agenda 2063: The Africa We Want. Addis Ababa: African Union Commission, 2015.
[16]. UNDP, Zambia Human Development Report 2023: Enhancing Human Capital for Sustainable Development. Lusaka: UNDP, 2023.
[17]. T. Mkandawire, "Transformative social policy and innovation in developing countries," European Journal of Development Research, vol. 19, no. 1, pp. 13-25, 2007.
[18]. World Health Organization, Tracking Universal Health Coverage: Global Monitoring Report 2021. Geneva: WHO, 2021.
[19]. UNDP, Zambia SDG Progress Report. Lusaka: UNDP, 2021.
[20]. M. Kaltenborn, A. Abdulai, K. Roelen, and S. Hague, The Influence of Policy and Legal Frameworks on the Development of National Social Protection Systems. Brighton: Centre for Social Protection, Institute of Development Studies, 2017.
[21]. E. Ndhlovu, "Social protection instruments and strategies in South Africa," International Journal of Innovation in Management, Economics and Social Sciences, vol. 4, no. 2, pp. 44-59, 2024.
[22]. World Health Organization, Universal Health Coverage in Zambia. Geneva: WHO, 2024.
[23]. B. Chinsinga and C. Poulton, "Social protection and poverty reduction in Africa," Development Policy Review, vol. 38, no. 1, pp. 5-25, 2020.
[24]. UNICEF, Social Sector Budget Brief: Analytical Review of Education, Health, and Social Protection Allocation. Lusaka: UNICEF Zambia Country Office, 2024.
[25]. J. L. Pressman and A. Wildavsky, Implementation, 3rd ed. Berkeley, CA: University of California Press, 1984.
[26]. R. Mukwena, "Decentralization in Zambia: prospects and challenges," Zambian Journal of Political Science, vol. 4, no. 1, pp. 33-50, 2019.
[27]. J. R. A. Ayee, "Decentralization and local governance in Africa," African Journal of Public Administration, vol. 12, no. 2, pp. 45-62, 2020.
[28]. T. Mkandawire, "Financing social policy in Africa," Journal of African Development Studies, vol. 31, no. 3, pp. 211-230, 2019.
[29]. J. W. Creswell and V. L. Plano Clark, Designing and Conducting Mixed Methods Research, 3rd ed. Thousand Oaks, CA: SAGE Publications, 2018.
[30]. I. Etikan, S. A. Musa, and R. S. Alkassim, "Comparison of convenience sampling and purposive sampling," American Journal of Theoretical and Applied Statistics, vol. 5, no. 1, pp. 1-4, 2016.
[31]. M. J. Blackwell, Doing Educational Research. London: Routledge, 1991.
[32]. W. G. Cochran, Sampling Techniques, 3rd ed. New York: John Wiley & Sons, 1977.
[33]. J. Welman, F. Kruger, and B. Mitchell, Research Methodology, 3rd ed. Cape Town: Oxford University Press Southern Africa, 2005.