The role of Baylor and partner healthcare providers in Qacha's Nek, Lesotho

by

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Declaration

I, Mpepuoa Thamae, 201701267, hereby declare that this dissertation that I submit for the Master of Arts in Development Studies at the National University of Lesotho is my work. I have not submitted it before for a qualification at another university or any other institution of higher education.

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Mpepuoa Thamae

Certification

This is to certify that this dissertation has been reviewed and approved, and it fulfils the requirements set by the Department of Development Studies at the National University of Lesotho for the conferral of the Master of Arts in Development Studies degree.

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Abstract

Non-Governmental Organizations (NGOs) have been instrumental in filling the gaps caused by inadequate governmental funding and bad governance, especially in developing nations' healthcare systems. Despite obstacles including scarce resources and a labor shortage, they have developed into important suppliers of healthcare services in rural and underserved areas since the 1970s. Through creative and collaborative approaches, they have improved healthcare outcomes and access; made a substantial contribution to the advancement of rural development and healthcare, but they are nevertheless confronted with challenges including staff fatigue and scarce finance.

This study investigates the efforts of Baylor and its partners to enhance healthcare outcomes through training programs, community engagement, and the recruitment and retention of rural health workers. Using purposive sampling, focus group discussions and individual interviews were conducted with healthcare professionals, community leaders, and lay counsellors in Qacha's Nek. Despite challenges like staff pressure and limited funding, the findings indicate that NGOs have made significant contributions to healthcare and rural development. The study concludes that NGOs play a vital role in addressing healthcare gaps and supporting sustainable rural development.

The Lesotho government is advised to invest in technological innovations like the E-register and mobile applications for climate and agriculture, expand training programs to include economic development skills, increase funding for the recruitment of health workers, and strengthen community engagement through partnerships with local leaders and organizations to address these issues. Improving

rural healthcare and development results would be made more integrated and efficient if government policies were in line with these recommendations.

Abbreviations

NGO - Non-Governmental Organisation

MDG - Millennium Development Goals

SDG - Sustainable Development Goals

WHO - World Health Organization

SKMCH - Shaukat Khanum Memorial Cancer Hospital and Research Centre

RAM - Remote Area Medical

WBFA - Wellbeing Foundation Africa

HIV - Human Immunodeficiency Virus

TB - Tuberculosis

NHRFHSP - National Human Resources for Health Strategic Plan

MRI - Medical Relief International

CHAI - Clinton Health Access Initiative

MSF - Médecins Sans Frontières

NYSC - National Youth Service Corps

HIRD - Health Initiative for Rural Development

RHC - Rural Health Corps

EMR - Electronic Medical Records

THEnet - Training for Health Equity Network

BPHC - Bangladesh Population and Health Consortium

ODA - Overseas Development Administration

DFID - Department for International Development

ESP - Essential Services Package

CHW - Community Health Worker

DOTS - Directly Observed Treatment Short course

mHealth - Mobile Health

COVID-19 - Coronavirus Disease 2019

SMS - Short Message Service

PDO- Peace and Development Organization

ADP - Annual Development Programme

GIS- Geographic Information System

HTS- HIV and Testing Services

Chapter One

An Overview of the Study

1.0 Background and Introduction

The growth of non-governmental organisations (NGOs) has largely been driven by insufficient state resources and poor governance (Banks & Hulme, 2021). Since the 1970s and 1980s, the NGOs have increasingly been viewed as the key agents in global community development. According to Banks and Hulme (2012), civil engagement has led to the establishment of many NGOs with diverse missions, scopes, and objectives focused on development. One reason the NGOs were seen as part of an alternative development model is that the state and its institutions failed to address various underdevelopment issues. The NGOs proliferated worldwide, with substantial multilateral and bilateral funding channelled through them for development. They were often regarded as a remedy for many problems such as inadequate government services, limited access to healthcare and education, widespread poverty, and poor infrastructure. Unlike state-led efforts, NGOs were expected to implement development initiatives that were participatory, community-driven, democratic, and cost-effective, with a particular focus on reaching the poorest and most marginalized populations (Zaide, 1999).

The vast growth of the NGOs today has made their categorisation nearly impossible. For clarity, the NGOs are defined by their non-profit and non-governmental nature rather than specific features. Banks and Hulme (2012) noted that the scope of NGOs ranges widely; from small community-based organisations to large, high-profile corporations with multinational operations in the developing countries. These grassroots organisations provide innovative solutions for societal development,

typically pursuing their civic engagement and development goals through services and advocacy or empowerment.

The NGOs emerged in the latter half of the 20th century, partnering with the public and private sectors to drive initiatives in various areas, including healthcare. Smith (2016) explains that health NGOs exist to meet health needs unmet by governments or international agencies. These needs have evolved; from global health to primary healthcare, and now encompass the Sustainable Development Goals (SDGs). The health NGOs operate on the ground, delivering services, raising awareness, advocating for policy changes; and collaborating with other health actors to address pressing health issues that no single entity can tackle alone. These NGOs have equipped themselves to provide services, such as relief for the blind, disabled; and disadvantaged; and support the government in maternal and child healthcare, including family planning programmes (Smith, 2016).

According to the Peace and Development Organization (PDO, 2023) the health NGOs have made significant contributions to global health development. In Pakistan, where disadvantaged populations face barriers to quality healthcare, the government hospitals struggle to meet demand, leaving many untreated. However, several prominent Pakistani NGOs offer affordable, high-quality medical services to those in need, and they also organise healthcare camps and mobile clinics in remote areas for free medical check-ups. The Shaukat Khanum Memorial Cancer Hospital and Research Centre (SKMCH), founded by cricket legend Imran Khan in 1994, is a notable example. The SKMCH provides free healthcare to thousands of cancer patients, with 75% approximately of its funding coming from these patients annually.

Additionally, in Bolivia, a significant portion of the international aid is directed towards the working of the NGOs to improve health, development, and poverty reduction. The NGOs in Bolivia primarily rely on international funding, with few receiving domestic supports. These organisations have grown substantially since the 1980s (Brock, 2019). In the United States, Remote Area Medical (RAM) has been instrumental in providing free healthcare services to underserved and uninsured individuals through pop-up clinics since its establishment in 1985. The RAM has treated nearly one million individuals and delivered over $195 million worth of free healthcare services with the help of volunteers, embodying its mission to prevent pain and alleviate suffering (Weyant, 2019).

In Africa, the NGOs play a significant role in providing community health services and promoting well-being (Chowdhury, 1990; Lankester, Campbell, & Alison, 2002; Leonard, 2002; Ruhl, Stephen & Locke, 2003). Their flexibility and innovative approaches enable them to effectively address local health issues, thereby enhancing primary healthcare and contributing to overall human development. Because of inadequate government funding of the health sector and the increasing costs of private healthcare, the NGOs have become the primary providers of health services in many developing countries (Gilson, Sen, Mohammed & Mujinja, 1994; Bloom, Standing & Lloyd: 2008).

In Nigeria, the Wellbeing Foundation Africa (WBFA); founded in 2004 by Her Excellency Mrs. Toyin Ojora Saraki, focuses on improving health outcomes for women, infants, and children through various programmes and advocacy efforts (Rigon, 2018). The foundation offers comprehensive support from birth through adolescence, with initiatives aimed at preventing disease transmission, reducing neonatal sepsis, and enhancing the capacity of healthcare workers.

In Lesotho, despite substantial international aid aimed at combating HIV and tuberculosis, health outcomes remain poor, partly because of the lack of focus on strengthening primary health care (World Bank Report, 2017). The government's healthcare budget is heavily consumed by central hospital costs, limiting access to care. However, initiatives, like the partnership between the Ministry of Health and Social Welfare, the Clinton Health Access Initiative; and Partners in Health, have shown potential to improve healthcare utilisation, especially amongst pregnant and postpartum women (Zember, 2020). Additionally, the Karabo Ea Bophelo project, led by the Baylor Foundation Lesotho, seeks to reduce HIV vulnerability amongst orphans, vulnerable children, adolescent girls, and young women by improving access to reproductive and sexual health services, benefiting thousands (Kabue, 2008).

A multidisciplinary approach is used in development studies to comprehend and promote socio-economic advancement, especially in underdeveloped or marginalised areas. The provision of healthcare is a critical component of development, as it has a direct impact on community well-being and productivity. The advancement of healthcare in rural areas is greatly aided by the NGOs, which fosters rural development. According to Smith and Jones (2020), the NGOs address healthcare disparities by empowering communities, developing infrastructure; and building capacity. These strategies all contribute to the development of rural areas. The NGOs promote sustainable development in rural areas by expanding access to healthcare services, teaching communities' preventive measures; and encouraging local ownership of healthcare initiatives. Further, the Sustainable Development Goals (SDGs) and Millennium Development Goals (MDGs) highlight the critical connection between development and health, highlighting the significance of

programmes targeted at enhancing healthcare outcomes and access for general socioeconomic advancement.

Moreover, Smith and Jones (2020) draw attention to how the NGO initiatives have a revolutionary effect on rural development. They show how the NGO-led healthcare projects not only enhance the health outcomes but also serve as catalysts for broader development processes. The NGOs support the development of resilient health systems and the empowerment of rural populations through interacting with local communities, establishing relationships with the governments and other stakeholders, and implementing participatory approaches. Additionally, their initiatives under the larger development goal delineated by the MDGs and SDGs, which highlight the interdependence of sustainable development, health, and poverty alleviation. Smith and Jones (2020) contend that policymakers and practitioners can promote rural development goals and create inclusive growth and well-being for all the sectors of a society by emphasising healthcare as a developmental issue and utilising NGOs' expertise and resources.

The concept of capacity-building, which emerged in the 1980s, gained significant traction in the 1990s and is now widely utilised in community development (Eade, 1997; United Nations Development Programme [UNDP], 1998; Bolger, 2000). It is often discussed as a strategy for development and cooperation, with a focus on human resource development as a key component of overall development (Food and Agricultural Organisation [FAO], 1998). Capacity-building is the process through which individuals, groups, organisations, and societies enhance their capabilities to identify and address development challenges (UNDP, 1998). According to Garriga (2013), it involves human resource development, equipping individuals with the knowledge, access to information, training, and skills necessary to perform their roles effectively.

In addition, capacity-building in the health sector plays a critical role in strengthening healthcare systems worldwide. However, various challenges hinder effective capacity-building efforts, both on a global scale and within specific contexts like Lesotho. The global challenges in health sector capacity-building include insufficient funding and resources allocated to health systems. According to the WHO (2017), many countries, such as Nigeria, Bangladesh, and Kenya, struggle to allocate adequate resources to their health systems. In these low- and middle-income countries, healthcare infrastructure is often underfunded, leading to challenges in access, quality, and equity of healthcare services, particularly in rural and underserved areas. According to Bhutta, Sommerfeld, Lassi, Salam and Das (2010), the misunderstanding between capacity-building initiatives and the actual needs of healthcare systems and communities. Often, capacity-building programmes are designed without proper consultation with local stakeholders or an assessment of the existing gaps and priorities. As a result, there may be a mismatch between the skills acquired through training programmes and the requirements of the healthcare system. This undermines the effectiveness and sustainability of capacity-building efforts.

Lesotho faces unique challenges in health sector capacity-building despite receiving significant international aid for disease control programmes (World Bank Report, 2017). The country continues to grapple with a high burden of HIV/AIDS and tuberculosis (TB), which strains its healthcare system and underscores the need for comprehensive capacity-building strategies. Despite allocating a substantial portion of its national budget to health, the costs of the country's central hospital consume more than half of the public expenditures on health (Zember, 2020), leaving limited resources for primary healthcare services, infrastructure development, and capacity-building initiatives at the community level and health personnel working in rural

areas. Lesotho also experiences shortages in the healthcare workforce, particularly in rural areas, exacerbating disparities in access to quality healthcare services (World Bank Report, 2017). Addressing these challenges, particularly workforce shortages and retention rates, is crucial for capacity-building efforts. The NGOs have sought to bridge these disparities, but there is limited documentation on how they promote capacity-building, particularly within specific sections or departments of their organisational structures.

1.1 Statement of the Problem

The Non-Governmental Organisations play a vital role in rural development using various sectors and departments. However, even though much has been written about health of the NGOs concerning rural health and development, there remains a critical gap in examining the role of human resource management of these NGOs in contributing to rural health and development, warranting an investigation into this section of the health sector.

1.2 Statement of Purpose

The purpose of the study is to investigate how Baylor and its partner NGOs promote rural healthcare and development through capacity-building with an emphasis on their human resource management department.

1.3 Objectives of the Study

The present study seeks:

1. To investigate the contribution of Baylor in recruitment and retention of appropriate rural health staff.

2. To assess the impact of Baylor and partners' training and development programmes on enhancing rural healthcare and contributing to development.
3. To investigate the technological innovations within Baylor and its partners that contribute to the advancement of healthcare and overall development in rural areas.
4. To engage local communities in healthcare capacity-building initiatives through Baylor and its partners.

1.4 Research Questions

To achieve the objectives, the following questions need to be answered.

1. How does Baylor's hiring process contribute to rural health care and development?
2. How do Baylor and its partners' training and development programmes contribute to rural health care and development?
3. What are the technological innovations in Baylor and its partners for rural health care and development?
4. How do Baylor and its partners engage local communities in building rural healthcare and development capacity?

1.5 Significance of the Study

This study is significant in that it may contribute to strategic workforce planning, holding considerable importance because of its multifaceted impact on rural healthcare and development. It is anticipated to enhance workforce competency by aligning the skills and expertise of healthcare professionals with the evolving needs of rural communities. Further, the study may improve healthcare accessibility, particularly in underserved regions, by strategically deploying healthcare

professionals and resources to facilitate greater outreach and reduce barriers to access.

The study may also contribute to the overall growth and sustainability of rural development, as it integrated healthcare initiatives with broader community development strategies. By fostering economic growth, promoting educational support, and enhancing agricultural resilience, the research will support the long-term well-being of rural communities. Importantly, the study may add to the scarce literature in the field, providing valuable insights that can guide future initiatives in rural healthcare and development.

1.6 Structure of the Study

This study is organised into five main chapters. Chapter One introduces the study, including the background, statement of the problem, purpose, objectives and research questions. It also discussed the significance of the study and concluded with an overview of the structure of the study. Chapter Two reviews relevant literature on the promotion of rural healthcare and development through the NGOs in Qacha's Nek, Lesotho, which served as the research context. The methodology chapter, which is Chapter Three, discusses various aspects, including the research design, data collection methods, analysis and ethical considerations. Chapter Four covers the presentation, analysis, and interpretation of the findings. The last chapter, which is Chapter Five, summarises the main findings and provides conclusions and recommendations.

1.7 Chapter Summary

This chapter covers the background of the study, focusing on the promotion of primary rural healthcare and development through the NGOs. The background

highlighted the evolution and significance of the NGOs in addressing rural healthcare and challenges. It noted that since the 1970s and 1980s, these organisations have played a crucial role in community social development because of insufficient resources and state mismanagement. The health NGOs, characterised by their non-profit and non-governmental nature, have significantly contributed to healthcare development worldwide by providing services, raising awareness, advocating for policy changes; and collaborating with other health actors. Despite this, a critical gap remains in examining how the human resource management of these NGOs contributed to rural healthcare and development, necessitating further investigation. The chapter also outlined the study's objectives, research questions, and significance. It also detailed the structure of the subsequent chapters.

Chapter Two

Literature Review

2.0 Introduction

This chapter presents the literature review and the theoretical framework underlying this study. The chapter reviewed relevant literature regarding the role played by the NGOs in the promotion of primary rural healthcare and development. It explores the various strategies, challenges, and impacts of the NGO interventions in rural healthcare, highlighting their role in capacity-building, service delivery and community engagement. The chapter further examines the factors influencing the effectiveness of the NGO initiatives and identifies gaps in current research study. Finally, it discusses how the NGO-driven healthcare programmes contributed to improving healthcare access and outcomes in rural communities, setting the stage for the subsequent analysis and discussion of the research findings.

Rural Development

Rural development is a comprehensive approach aimed at improving the quality of life and economic well-being of people in rural areas. It encompasses initiatives such as agricultural development, infrastructure improvement, education, healthcare, economic development, and social services to foster sustainable growth by enhancing productivity, accessibility, and resilience within rural communities (United Nations, 2020).

Rural development encompasses a wide range of activities that aim to improve the overall quality of life in rural areas, including healthcare, education, infrastructure, and local economic development, which focuses on generating sustainable economic

growth and improving livelihoods at the community level. In the context of this study, rural development is explored through the lens of healthcare delivery, highlighting how NGOs like Baylor and their healthcare partners contribute to the advancement of rural communities in Qacha's Nek, Lesotho. This concept underscores the critical role of healthcare as a pillar of rural development, emphasising that improving access to primary healthcare services is not just a health issue but a fundamental driver of broader social and economic progress in rural regions. Understanding rural development in this way provides a framework for analysing how healthcare initiatives can strengthen community resilience and foster sustainable development in rural areas (Ellis & Biggs :2001).

2.1 Non-Governmental Organisations and Rural Health: Recruitment and Retention Issues

The recruitment and retention of healthcare professionals in the rural areas are essential for ensuring access to quality healthcare services for rural populations (McCoy, Bennett, Twitter, Pond, Baker, Gow & Chand: 2005). However, the rural areas often face workforce shortages because of factors such as geographic isolation, limited resources, and lower job satisfaction compared to urban settings. The NGOs play a pivotal role in addressing these challenges by implementing recruitment strategies aimed at attracting healthcare professionals to rural practice settings (McCoy et al., 2005). Additionally, Lehmann, Dieleman and Martineau (2008) discussed the significance of creating supportive work environments and offering continuous professional development opportunities to improve job satisfaction and retention rates amongst the rural healthcare providers. Different countries in Africa such as Ethiopia, Rwanda and Zambia have worked towards promoting rural healthcare through attracting and retaining health workers.

The World Bank (2005) highlighted that Nigeria implemented a strategy for recruiting and retaining healthcare professionals in rural and remote areas. According to Strategy 4.2 of the National Human Resources for Health Strategic Plan 2008-2012 (NHRFHSP), this approach, while addressing a complex issue, lacks empirical evidence. The plan outlines a comprehensive situational analysis of healthcare systems and needs in these areas, covering living conditions, funding gaps, healthcare provider types, and the required health worker profiles. The Medical Relief International (MRI) NGO in Nigeria applies this strategy to its operations.

Moreover, there are financial incentives to encourage rural health worker retention in Nigeria. Essential infrastructure like electricity, sewerage systems, and clean water is crucial for improving living conditions and making rural areas more appealing to healthcare workers from urban areas (World Bank, 2005). Since additional salary increases might be restricted by public pay scale regulations, rural NGOs often offer a 'welfare package' covering relocation, housing, transportation, and meals to attract and retain staff at Medical Relief International. Non-financial incentives, such as acknowledgment, safe working environments, and opportunities for professional growth, are also significant in motivating staff (McCoy et al., 2005).

In addition, Khemeni (2005) stated that dealing with the scarcity of healthcare workers in the rural and remote areas is a persistent challenge, both globally and within countries, like Australia. The situation is particularly pronounced in Ghana, where a significant concentration of doctors and nurses is found in the urban centres like Greater Accra and Kumasi, leaving the rural regions underserved. In response, the Partners in Health in Ghana, turned to overseas recruitment, hiring 184 Cuban doctors to address the healthcare gap in the rural areas. Similar strategies have been adopted in South Africa by the NGOs such as the Clinton Health Access Initiative (CHAI), demonstrating the effectiveness of international recruitment in bolstering

healthcare capacity. Moreover, long-term partnerships with international non-governmental health agencies like Medecins Sans Frontieres (MSF) offer cost-effective avenues for overseas recruitment. Additionally, the substantial population of Nigerians working abroad presents an untapped resource, with a significant percentage of registered doctors, pharmacists, and nurses emigrating from Nigeria in recent years.

The World Bank (2005) highlighted the significant impact of the National Youth Service Corps (NYSC) Programme on the rural and remote healthcare in Nigeria. The NYSC Scheme, established with the primary objective of fostering national unity, plays a crucial role in addressing healthcare needs in underserved areas by mobilising recent graduates to regions outside their cultural origin. This initiative ensures a steady stream of newly trained healthcare professionals, including doctors, pharmacists, nurses; and now nursing and midwifery graduates, who serve in the rural and remote communities for a mandated period of 12 months. By participating in the NYSC Scheme, these young professionals become a reliable and substantial source of skilled indigenous health workers, bolstering the rural healthcare workforce.

According to Adegoke and Agiwan (2012), the Health Initiative for Rural Development (HIRD) as a non-profit organisation dedicated to improving healthcare access and outcomes in rural communities across Nigeria. It recognised the shortage of healthcare professionals in these areas and developed the Rural Health Corps (RHC) programme in collaboration with the National Youth Service Corps (NYSC). For recruitment, the HIRD collaborates with the NYSC to recruit recent graduates of medicine, pharmacy, nursing; and midwifery who are willing to serve in rural areas. The recruitment process emphasises the candidates' commitment to community service and their willingness to work in challenging environments.

Consequently, the inclusion of nursing and midwifery graduates in the NYSC Scheme has further enriched the pool of rural health workers, meeting the growing demand for healthcare services in underserved areas. To reward participation and encourage continued engagement in the rural healthcare after completing their national service, the programme offers attractive benefits, such as free high-quality accommodation, transport allowances, relocation assistance, and on-call allowances for staff stationed in the rural areas. These incentives not only facilitate optimal performance amongst the NYSC participants but also promote retention in rural and remote healthcare settings, contributing to the sustainability of healthcare delivery in these regions (Wogu & Udoh, 2016).

Moreover, the retention and recruitment of healthcare personnel in rural areas are critical yet challenging, affecting both community well-being and the effectiveness of healthcare interventions. The literature, including studies by Uneke, Ezeoha, Uro-Chukwu and Onwe (2008) highlights the severe impact of healthcare shortages, where a lack of qualified professionals leaves rural populations vulnerable and underserved. In this context, focusing on training health workers specifically for the rural settings is essential. Uneke, Ezeoha, Uro-Chukwu & Onwe (2008) suggest that relying solely on highly trained professionals often fails to sustain healthcare improvements in these areas. Therefore, investing in training schools for community health officers and extension workers is crucial. These professionals, who are equipped with clinical expertise and an understanding of rural life, can provide care that is both effective and culturally sensitive. This approach not only strengthens the healthcare workforce but also fosters local capacity building and community empowerment, leading to sustainable improvements in rural health.

Furthermore, there is an enhanced focus on developing management training programmes. Currently, the realm of health management and leadership often

operates without a deliberate strategy in place. Many health organisations tend to appoint senior clinicians to managerial positions, regardless of their formal management training. Such practices not only result in a loss of experienced clinicians within a country's health systems but also compromise effective health leadership if these senior doctors, nurses, and midwives lack essential leadership skills (Laven & Wilkinson, 2003). Additionally, investing in management training equips the healthcare leaders with the necessary tools to streamline processes, allocate resources more efficiently; and drive continuous quality improvement initiatives. Through the targeted management training initiatives, the healthcare organisations can cultivate a pipeline of skilled leaders, ensuring organisational continuity, stability, and fostering a culture of excellence and innovation. Ultimately, investing in management training is indispensable for enhancing patient care outcomes, boosting staff satisfaction, and securing the long-term sustainability of healthcare systems.

The establishment and funding of mobile health teams based in regional hubs stand as a pivotal strategy in addressing the pressing challenge of recruiting and retaining healthcare professionals in the rural and remote areas. This innovative approach, which is already operationalised, signifies a proactive response to the harsh living conditions prevalent in these regions. The conditions are often incompatible with the expectations of health workers accustomed to urban amenities. By creating regional hubs equipped with essential social amenities and opportunities for the families of skilled health professionals, this initiative not only enhances the quality of life for the healthcare workers but also serves as a powerful tool for attracting and retaining talent in these underserved areas (Uneke et al., 2008).

Elden, Ahmad, and Kazi (2016) observed that health NGOs across Egypt, Lebanon, Pakistan, and Sudan provide various fringe benefits, such as housing allowances,

health insurance, vehicle ownership, and educational subsidies. In Iran, a significant portion of physicians identified income as a critical factor for retaining healthcare professionals in rural areas. Despite having rural origins, many physicians are drawn to urban centres due to the substantial income disparities and opportunities available in urban and private sectors. Regional efforts, including loan repayment programs, higher salaries, and rural hardship allowances, have been introduced to improve rural retention (Khatatbeh & Alkhaldi, 2016).

Several Eastern Mediterranean Region (EMR) countries such as Egypt, Sudan and Tunisia have adopted measures to enhance the living and working conditions of rural health workers. For example, Egypt and Iraq have improved infrastructure at primary health centres to elevate the standard of living for health workers in remote areas (Daneshkoha, Zarei & Mansouri, 2015). Lebanon, Afghanistan, and Pakistan have outsourced their primary health services to improve efficiency, reduce workloads, and increase staff retention. Initiatives such as professional networks have helped lessen feelings of isolation among rural health workers. These networks include the Lebanese order of nurses and the Afghan Midwifery Association's integration of community midwives. Furthermore, outreach programs like telehealth and mobile clinics, widely used in Africa and seen in countries such as Syria, Morocco, and Afghanistan, have been implemented to improve connectivity and reduce professional isolation.

The outsourcing approaches in Lebanon, Afghanistan, and Pakistan have yielded varied results. In Pakistan, initiatives like the Pakistan People’s Health Initiative (PPHI) have improved healthcare accessibility, particularly in rural areas, but challenges remain due to inconsistent funding and governance. In Afghanistan, NGOs providing the Basic Package of Health Services (BPHS) have enhanced healthcare delivery, yet the system faces hurdles from ongoing conflict, a lack of

trained staff, and infrastructural deficits. Lebanon's outsourcing efforts, while effective in alleviating workforce shortages, are impacted by financial instability and political crises. As for the outreach programs, telehealth and mobile clinics in countries like Morocco and Syria have improved connectivity, reducing professional isolation in rural areas. However, these programs face limitations due to insufficient digital infrastructure and the need for further training in telemedicine, which continue to pose challenges to maximizing their potential (El-Jardali, Jamal, Abdallah, and Kassak, 2012).

2.2 NGOs' Training and Development Programmes to Enhance Rural Health Care and Development

Several scholars have debated on the importance of the NGOs' training and development programmes to enhance rural health cases (Strasser, 2003; Lehmann et al., 2008; Strasser & Neusy, 2003). According to Strasser (2003), there is a necessity for rural training programmes. Strasser (2003) highlights that simply increasing the number of healthcare providers in the urban areas will not resolve rural shortages. He argues for multiple strategies at different levels of training and education to address the issue effectively. Understanding "rural realities", such as population and geography, rural culture, morbidity and mortality patterns, resource limitations, and labour shortages is crucial to the success of rural medical education. Strasser (2003) further points out that these factors significantly influence the nature of rural practice, the way rural healthcare providers operate and the structure and operation of rural health services. By incorporating these elements into medical training, future healthcare professionals are better prepared to meet the specific needs of rural communities, which can enhance their effectiveness and satisfaction, thereby encouraging them to remain in these areas.

Similarly, Lehmann et al., (2008) concur with Strasser (2003), noting that tailored education and training programmes are essential for preparing the healthcare workers for rural practice. They advocate for curricula that include exposure to the rural health issues and the establishment of rural practice placements as a part of medical education. Lehmann et al. (2008) emphasise that such exposure is crucial not only for understanding the clinical aspects of rural healthcare but also for appreciating the social and cultural context in which rural healthcare providers work. These experiences can help clarify rural practice and build a sense of commitment and connection to rural communities amongst the medical students. By fostering a comprehensive understanding of the unique challenges and rewards of rural healthcare, these educational strategies can significantly enhance workforce retention in rural areas, addressing the critical shortage of medical professionals in these regions.

Moreover, Strasser and Neusy (2003) emphasise that the rural healthcare practitioners face heavier workloads, provide a wider array of services, and assume greater clinical responsibility compared to their urban counterparts. This necessitates specialised training programmes that equip these practitioners with the specific knowledge and skills needed for rural practice. They argue that integrating rural health and practice curriculum content into undergraduate medical programmes and rural-based family medicine residency programmes is essential for preparing healthcare professionals to meet the unique challenges of rural healthcare. These training programs are designed not only to impart the clinical skills but also to address the broader social and environmental factors that influence rural health.

Similarly, Lehmann et al., (2008) support this view, noting that tailored education and training programs are critical for preparing healthcare workers for rural practice. They advocate for curricula that include exposure to rural health issues and the

establishment of rural practice placements as a part of medical education. Their research highlights the importance of these experiences in fostering a sense of connection and commitment to rural communities among medical students, which is vital for retaining healthcare professionals in rural areas. By immersing students in rural settings, these programs help clarify the rural healthcare environment and encourage students to consider long-term careers in these areas.

Additionally, Rabinowitz, Diamond, Markham and Wortman (2011) provide evidence that rural training tracks within medical education programmes significantly increases the likelihood of graduates choosing to work in rural areas. They found that the students who participated in rural-focused medical education were more likely to practise in rural settings compared to their counterparts. This underscores the effectiveness of specialised training programmes in addressing the rural healthcare workforce shortages. Their study identified that a combination of factors, such as having a rural background, positive clinical and educational experiences in rural settings, as well as targeted postgraduate training, significantly influence the likelihood of medical graduates choosing rural practice.

Rosenblatt et al. (1992) assert that academic involvement, including teaching and research, act as both a retention and recruitment factor for physicians. In response to the shortage of rural doctors, many medical schools worldwide have pioneered innovative approaches to produce healthcare professionals equipped with the necessary knowledge, skills, and commitment to serve in underserved rural and remote regions. The evaluation of rural clinical placements has consistently demonstrated the high-quality clinical learning environment provided by the rural settings, benefiting all the medical students. These placements offer hands-on experience, exposing the students to a wide range of prevalent health issues and fostering greater procedural competence.

The local and international NGOs have played a significant role in promoting rural healthcare through initiatives, like training and recruitment in various countries (Barer & Stoddart, 1992; Hossain, 2001). Barer and Stoddart (1992) highlight the Training for Health Equity Network (THEnet), a group of eight medical schools worldwide with a social accountability mandate. The World Health Organisation (WHO) defines social accountability for the medical schools as the obligation to align education, research, and service activities with the priority health concerns of the communities that they serve. THEnet's core mission is to increase the number, quality, retention, and the performance of health professionals in underserved communities.

Operating within diverse contexts, THEnet schools adhere to the principles that prioritise the health and social needs of targeted communities. They recruit the students from underserved areas and produce the doctors who are committed to serving these populations, situating the programmes within or near the communities that they aim to serve. Unlike traditional approaches, THEnet schools focus on community-based learning, integrating basic and clinical sciences with population health and social sciences. Community-based practitioners are actively engaged as educators and mentors, helping to produce locally relevant competencies through partnerships with the health system. Notable examples within THEnet, such as the Flinders University School of Medicine (Australia), the Northern Ontario School of Medicine (Canada), and Zamboanga School of Medicine (the Philippines), demonstrate the impact of socially accountable medical education rooted in rural communities. Through such initiatives, the NGOs contribute significantly to addressing rural healthcare needs by developing healthcare professionals dedicated to underserved populations (Dolea et al., 2010).

Since Bangladesh gained independence in 1971 (Edwards & Hulme: 1995), several hundred indigenous NGOs have actively engaged in health and development initiatives. Over the decades, collaboration between the government and the NGOs has grown, particularly in addressing the national health priorities such as tuberculosis, leprosy, immunisation, family planning; and nutrition. However, this collaboration has faced challenges, including political tensions and competition for the international donor funds (Edwards and Hulme, 1995). During the 1990s, the international development agencies raised concerns about the transparency and accountability of the government's financial monitoring systems in Bangladesh. Consequently, they began channelling funds directly to the NGOs for health and development projects. Nevertheless, by the late 1990s, some major donors increased their financial support to the government to facilitate health reforms and adopt a sector-wide approach.

In the same way, Hossain (2001) underscores the importance of the NGO involvement in health initiatives, noting that their flexibility and grassroots connections allow them to effectively address health disparities in the rural areas. He points out that the NGO-led training and capacity-building programmes for the healthcare workers are crucial for improving healthcare delivery and outcomes in these underserved regions. Hossain (2001) also highlights that these programmes help in creating a sustainable healthcare workforce that is well-equipped to meet the unique challenges of rural healthcare.

Hossain (2001) emphasizes the role of NGOs in enhancing rural healthcare by offering training and capacity-building programs, which theoretically strengthen the healthcare workforce. However, the effectiveness of these initiatives varies. In some regions, like Bangladesh, NGO-led initiatives have been successful due to their strong community engagement and capacity-building models, which improved both

healthcare access and outcomes. These programs helped reduce rural health disparities by providing essential training to healthcare workers, ensuring they were better equipped to serve rural populations.

On the other hand, challenges remain in other regions. For example, funding constraints, inadequate infrastructure, and limited resources have hindered the long-term sustainability of such initiatives. In certain cases, the lack of coordination between NGOs and government health systems resulted in duplicative efforts and gaps in care provision. Therefore, while NGO involvement shows promise, the success of these programs largely depends on overcoming such obstacles.

The Bangladesh Population and Health Consortium (BPHC), established in 1988 by the British Overseas Development Administration (ODA) in agreement with the Bangladeshi government, aimed to strengthen small and medium-sized NGOs in managing health programmes focused on maternal and child health and family planning (Ahmed, Petzold, Kabir & Tomson: 1999). The BPHC supported over 100 NGOs in providing both doorstep and clinic services, while promoting the use of higher-level healthcare services at the sub-district level. With the funding from the UK Department for International Development (DFID) from 1998 to 2003, the BPHC facilitated a Public-NGO Partnership (PNP) to enhance collaboration between the government and the NGOs in delivering Essential Services Package (ESP) services. Through a transparent selection process, 28 NGOs were chosen to provide basic reproductive and child health services, aligning with government ESP goals and demonstrating the effectiveness of the NGO service delivery.

NGOs have been instrumental in addressing the healthcare workforce crisis in low- and middle-income countries like Bangladesh by pioneering the training of Community Health Workers (CHWs). Beginning in the 1970s, organisations such

as Gonoshasthaya Kendra and BRAC trained paraprofessionals to deliver primary healthcare services, including maternal and child health and family planning (Chen, Evans, Anand, Boufford, Brown, Chowdhury and Wibulpoprasert, 2004). These CHWs have been integral in providing higher levels of care, such as tuberculosis treatment through programmes, like BRAC's Directly Observed Treatment short course (DOTS), leading to significant improvements in disease management and healthcare delivery.

The Bangladesh Population and Health Consortium (BPHC), established in 1988, further enhanced the capacity of the NGOs to manage health programmes by supporting over 100 organisations in delivering essential services, with a focus on maternal and child health (Ahmed et al., 1999). The BPHC also facilitated a Public–NGO Partnership (PNP), strengthening collaboration between the government and NGOs in delivering the Essential Services Package (ESP). This partnership has aligned the NGO activities with national health priorities, significantly enhancing the impact of health interventions and empowering CHWs to improve health outcomes in underserved areas.

In Guatemala, traditional Mayan birth attendants, known as *comadronas*, are being integrated into the formal healthcare system through targeted training programmes (Chaudhry, Alkem and Wilson, 2017). These programmes aim to improve maternal and child health outcomes in rural areas by blending traditional practices with modern medical knowledge. Mayan cultural practices, such as steam baths, massages, and plant-based remedies, hold significant importance within indigenous communities; but are often overlooked in national hospitals where the Western practices dominate. As a result, many Mayan women, because of cultural adherence, limited access to mainstream healthcare, and distrust of these institutions, rely on *comadronas* for prenatal and birthing care (Chaudhry, Alkem and Wilson: 2017).

Comadronas are highly respected in Mayan communities for providing medical, emotional, and spiritual support. Despite their crucial role, integrating them into the formal healthcare system has met resistance. However, recent initiatives have focused on providing *comadronas* with formal training and recognition (Wilson et al., 2017). These programmes not only legitimise *comadronas* within the healthcare landscape but also enhance their skills to deliver safe and effective care. By incorporating evidence-based practices and modern medical insights, *comadronas* are better equipped to handle pregnancy and childbirth complications, leading to reduced maternal and neonatal mortality rates in rural areas. The NGOs, such as Saving Mothers, in collaboration with the Guatemalan Ministry of Public Health, have played a critical role in these efforts, promoting culturally sensitive healthcare models that respect and integrate traditional practices with modern standards (Alkem, Chaudhry & Wilson, 2016).

2.3. NGOs' Technological Innovation and Rural Healthcare and Development

Mobile communications hold transformative potential in revolutionising healthcare delivery, especially in rural areas, as highlighted by Alam (2018). As the world shifts towards a service economy, with healthcare emerging as a pivotal sector, the need for sustainable solutions to address the challenges, such as limited access, uneven quality; and high costs, becomes increasingly urgent. Mobile communication technologies offer a promising avenue for overcoming these obstacles by enhancing accessibility, affordability, and availability of healthcare services. By leveraging mobile platforms, healthcare providers can reach remote and underserved communities, facilitate remote consultations, deliver health education and awareness programmes, and streamline healthcare logistics. This technological innovation holds immense promise in advancing the achievement of sustainable development goals, particularly in improving health outcomes and fostering inclusive growth in

rural areas. Other scholars, such as Scott and Mars (2015), corroborate these findings, emphasising the significant impact of mobile health (mHealth) interventions on enhancing healthcare delivery and outcomes in low-resource settings. Similarly, Mechael, Batavia, Kaonga, Searle, Kwan, Goldberger and Ossman (2010) underscore the potential of mobile technologies to reduce healthcare disparities and promote equitable access to health services globally.

The escalating healthcare crisis has prompted many organisations to adopt mobile health technologies (mHealth) as a viable solution. According to Newzoo (2018), the global proliferation of smartphones, projected to exceed 3 billion in 2018 and reach 3.8 billion by 2021, has brought attention to the potential of mobile technologies in delivering effective healthcare services. The countries like the United Arab Emirates (UAE), with an 82% smartphone penetration rate, and Bangladesh, at 5.4%, exemplify this trend. Driven by the expanding capabilities of smartphones and other devices, the surge in mHealth adoption allows for the development of innovative mHealth applications (Berry & Bendapudi, 2007). By leveraging the ubiquity and connectivity of mobile technologies, mHealth offers a promising solution to address limited healthcare access and rising costs, making it a scalable platform for improving global health outcomes (Jahan & Chowdhury, 2014).

In Bangladesh, the NGOs have been at the forefront of developing and implementing mHealth initiatives to tackle healthcare challenges in rural areas. Recognising the gap in healthcare access and awareness, the NGOs have launched various mHealth projects that provide primary healthcare, disease surveillance, and health promotion (Chowdhury & Ahmed, 2021). The partnerships with telecom service providers have led to mobile phone-based call centres offering medical advice and prescriptions; while mHealth applications have been used for disease prevention and data

collection (Zabeen & Bhowmik, 2021). The COVID-19 pandemic further highlighted mHealth's potential; as it became a crucial tool for providing low-cost, secure communication between patients and medical professionals, particularly in rural areas (Rahman, Khan & Zabeen, 2020). Additionally, mHealth solutions offered financial benefits, reducing the need for in-person doctor visits and easing the pressure on healthcare systems (Galle, Khan and Rahman, 2021; Khan, Rahman and Zabeen, 2021). Telemedicine services, such as the 'Surokkha' app for vaccine registration, have made healthcare more accessible, allowing people to receive services and information directly on their mobile devices (Molla, 2021; Chowdhury, Jahan and Rahman, 2020).

Telemedicine is a service that allows doctors to consult with patients in community clinics. Union information and telemedicine service is a service provided by the Union Information and Telemedicine Service. The centre for customer service complaints or ideas can be sent by SMS. SMS-based prenatal care counselling, SMS-based health statistics, computerisation of hospitals, population health registry on the internet databases of human resources, dental and medical admission tests are processed online. The Annual Development Programme (ADP) progress monitoring system allows one to keep the track of their progress. Sanzogni and Sandhu (2019) stated that in the health service, GIS software for managing schedules SMS in bulk initiatives undertaken in the private hospitals. Currently, a lot of medical centres in Dhaka city use their own databases system to keep track of their patient's health records. The private sector's involvement in health activities in Bangladesh is unusual. mHealth has been provided by a diverse range of telecommunications firms, non-governmental organisations, and other private groups (Sanzogni & Sandhu, 2019).

Telemedicine, a revolutionary service, transforms healthcare delivery by enabling remote consultations between the doctors and patients, particularly in community clinics (Sanzogni & Sandhu, 2019). Through initiatives like the Union Information and Telemedicine Service, patients can access counselling and customer service support via SMS, facilitating efficient communication and feedback channels (Sanzogni & Sandhu, 2019). Moreover, Sanzogni and Sandhu (2019) note that the integration of Geographic Information System (GIS) software and bulk SMS initiatives in private hospitals enhances scheduling management and communication, demonstrating the diverse applications of technology in healthcare. Private clinics, supported by the telecommunications firms and the NGOs, spearhead mHealth projects in Bangladesh, offering the services, like telemedicine consultations and health information lines (Sanzogni & Sandhu, 2019). Apollo Healthcare Facilities, for instance, introduced telemedicine services, enabling the patients nationwide to engage in video consultations with the doctors via platforms, like Skype (Sanzogni & Sandhu, 2019). This collaborative effort between private sector entities and telecommunications providers illustrates the potential of technology to bridge gaps in healthcare accessibility and delivery, particularly in the rural areas.

In addition, the Electronic Medical Records (EMRs) can be traced back to pioneering efforts by the NGOs, in leveraging computer technology to enhance healthcare documentation. While specific attribution may be challenging because of the collaborative nature of technological advancements, the NGOs have played a significant role in supporting the development and adoption of the EMRs. The NGOs, with their focus on improving healthcare access and outcomes in underserved communities, have recognised the transformative potential of digital health solutions, like EMRs. Through initiatives aimed at modernising healthcare

infrastructure and promoting technological innovation, the NGOs have contributed to the evolution of the EMRs from early Hospital Information Systems (HIS) to comprehensive electronic record-keeping platforms. By investing in research, development; and implementation efforts, the NGOs have helped to establish the EMRs as indispensable tools for healthcare providers worldwide. While the exact origins of the EMRs may be multifaceted, the concerted efforts of the NGOs have undoubtedly propelled their advancement and widespread adoption, marking a significant milestone in the intersection of technology and healthcare.

The benefits of an EMR system in healthcare are extensive and multifaceted. A good EMR system enhances the efficiency of healthcare facilities while reducing long-term costs by minimising superfluous prescriptions and duplicated testing (WHO, 2006; Protti & Peel, 1998). Automation of certain processes also reduces manpower requirements, thus lowering personnel costs (Remlex, 2007; Okwueze, 2010). Patients benefit from reduced expenses, time, and effort in accessing medical information and personnel or completing electronic forms (Joos, Chen, Jirjis and Johnson, 2006). Additionally, the EMRs ensure accurate, reliable, and legible data for medical personnel, making clinical notes easily readable and minimizing data entry errors (William & Boren, 2008). EMRs eliminate issues associated with physical file management, such as loose sheets and storage problems (WHO, 2006).

Further, the EMRs improve healthcare quality by providing better information that aids the healthcare providers in making informed treatment decisions (WHO, 2006; Laing, 2002). This system allows healthcare providers to stay updated with the patient's health status through accessible laboratory results, prescriptions, and drug administration, enabling swift patient feedback (William & Boren, 2008). According to Neame and Olsen (1998), the EMRs facilitate widespread clinical data exchange, enhancing the integrity, continuity, safety, and speed of patient care delivery. They

also reduce the medical errors, particularly in diagnosis and drug administration, thus improving patient safety (William & Boren, 2008). In addition, William and Boren state that the EMRs provide instant access to patient data, essential in emergencies, and support multiple care providers by maintaining information in a central database. Additional benefits include serving as educational tools for medical training, fostering collaboration amongst physicians; and enhancing communication between healthcare organisations and their stakeholders (Keenan, Yakel, Lopez, Tschannen and Ford, 2006; Sisneiga, 2009; Weimar, 2009).

2.4 NGOS' Involvement of Local Communities to Build Rural Healthcare and Development Capacity

One key strategy employed by the NGOs is the recruitment of local health workers. Schwartz and Bhattacharyya (2004) emphasise that by hiring individuals from the community, the NGOs ensure that the healthcare workforce is culturally and socially aligned with the population they serve. This approach helps to overcome language barriers and build trust, resulting in better acceptance and effectiveness of healthcare interventions. This perspective aligns with the findings of Olu (2015); that local health workers are more likely to understand the unique health challenges and cultural practices of the community, enhancing the effectiveness of health programmes. Schwartz and Bhattacharyya (2004) and Olu (2015) underscore the importance of cultural competence and community trust in successful healthcare delivery even, though Schwartz and Bhattacharyya focus more on the operational benefits, while Olu (2015) highlights the training outcomes.

The NGOs also enhance healthcare delivery through comprehensive training and development programmes for local health workers. Olu (2015) reports that these programmes equip health workers with essential clinical skills, public health

education, and disease prevention and management techniques tailored to address specific local health issues. This view is supported by Mansuri and Rao (2013), who argue that participatory training programmes ensure that health initiatives are culturally appropriate and meet the actual needs of the community. This reveals that, while Olu focuses on the direct skills and knowledge imparted, Mansuri and Rao stress the importance of participatory methods in ensuring the relevance and acceptance of these programs.

Engaging local community members in planning and decision-making processes is another critical strategy employed by the NGOs. Mansuri and Rao (2013) emphasise that this participatory approach fosters greater community ownership and sustainability of health interventions. Similarly, Kruk, Myers, Varpilah and Dahn (2015) discuss how community engagement can lead to the development of resilient health systems that continue to function effectively even after the NGOs' involvement ends. Both sources highlight the importance of community involvement in creating sustainable health programmes even, though Kruk et al. focus more on long-term system resilience, while Mansuri and Rao emphasise immediate community buy-in and ownership.

Furthermore, empowering the local communities to take ownership of their health outcomes is a central goal of NGOs. Pfeiffer, Johnson, Fort, Shakow, Hagopian, Gloyd and Gimbel-Sherr (2008) argue that empowerment is achieved through education and capacity building providing the resources that enable communities to manage and sustain their health programmes independently. This perspective is complemented by Lehmann and Sanders (2007), who highlight the effectiveness of community health workers (CHWs) in bridging the gap between the community and the formal health system. While Pfeiffer et al. discuss the broader concept of community empowerment, Lehmann and Sanders provide a specific model for

implementing this empowerment through the CHWs. Both perspectives underscore the importance of local ownership and proactive community engagement in achieving sustainable health outcomes.

Additionally, providing an ongoing supervision and mentorship to local health workers is another strategy. Dawson, Buchan, Duffield, Homer and Wijewardena (2013) discuss how the NGOs implement regular check-ins, refresher courses; and professional development opportunities to ensure continuous improvement and adherence to the best practices. This approach is echoed by Nutbeam (2000), emphasising the role of continuous education and support in maintaining high standards of health literacy and practice. This indicates that while Dawson et al. focus on the operational aspects of supervision and mentorship, Nutbeam highlights the importance of ongoing education in maintaining healthcare quality.

The NGOs conduct health education and awareness campaigns to inform communities about important health issues, and they also promote healthy behaviours. Nutbeam (2000) notes that these campaigns, often led by the trained local health workers, are crucial for improving health behaviours and outcomes. This view is supported by Agyepong, Kodua, Adjei and Adam (2014), who argue that effective health education can lead to higher immunisation rates and reduced prevalence of preventable diseases. Both scholars emphasise the critical role of education in public health. Forming partnerships with local organisations and government bodies enhances the capacity-building efforts of NGOs. Agyepong et al., highlight how these partnerships help to pool resources, knowledge, and expertise to create more comprehensive and effective health programmes. Patton (2008) underscores the importance of robust monitoring and evaluation systems to track progress and impact. Both scholars agree on the importance of collaboration

and data-driven decision-making in enhancing the effectiveness and sustainability of health interventions.

The literature on the NGOs and rural healthcare reveals critical insights but also significant gaps. The NGOs struggle with recruiting and retaining healthcare professionals in rural areas due to challenges like limited resources and isolation. Their training and development programmes are vital for improving healthcare delivery but often lack thorough assessments of long-term impacts. Technological innovations, such as telemedicine and digital health tools, offer promising solutions but are hindered by infrastructure and training issues. Additionally, involving local communities is essential for tailoring interventions and ensuring their sustainability. However, the literature does not fully explore how these aspects; recruitment, training, technology, and community engagement; interact to form a cohesive strategy for not only improving healthcare but also advancing overall rural development. This gap underscores the need for research that integrates these elements to develop a comprehensive approach that addresses both healthcare and broader rural development goals.

2.5 Theoretical Framework

The adopted theory for this dissertation is the Capability Approach. According to Fukuda-Parr and Kumar (2003), the capability approach is a broad normative framework for the evaluation of individual well-being and social arrangements, the design of policies and proposals about social change in society. In development policy circles, this theoretical framework has provided the foundations of the human development paradigm (Fukuda-Parr & Kumar, 2003). The core characteristic of the Capability Approach is its focus on what people can effectively do and be, on their capabilities. However, the approach in its present form has been pioneered by the

economist and philosopher Amartya Sen (Sen, 2002), and more recently it has also been significantly developed by the philosopher Martha Nussbaum (Nussbaum, 1988; 1992; 1995; 2000; 2002a; 2003a). Sen argues that in social evaluations and policy design, the focus should be on what the people can do and be, on the quality of their life. The focus should also be on removing obstacles in the lives of the people so that they have more freedom to live the life which, upon reflection, they find valuable.

The Capability Approach also assesses the individual's well-being and social arrangements by focusing on the actual opportunities that the people have, to achieve the lives that they value. It shifts the emphasis from the traditional economic measures, like income or GDP, to the real freedoms and abilities individuals possess to pursue their goals and interests. This approach is concerned with what the individuals can do (capabilities), and what they do (functions), thereby providing a more comprehensive understanding of well-being and development.

Importance of the Theory to the Study

The Capability Approach is relevant to this study because it centres on enhancing human well-being, which aligns with the study's objective of improving healthcare services in the rural areas to better the health and lives of individuals. By focusing on the real opportunities that the people must access quality healthcare, the capability approach allows for a deeper evaluation of how effectively Baylor and its partners' initiatives are empowering rural communities. Moreover, this approach emphasises the importance of providing the individuals with the necessary resources and opportunities, which is critical in rural healthcare where access to services is often limited. By applying the capability approach, this study examines how Baylor and its partner NGOs enhance rural healthcare by focusing on the empowerment of

village health workers. This approach, grounded in principles such as enhancing individual capabilities and promoting well-being, guides the study by emphasising not only the availability of healthcare services but also their impact on enabling individuals to lead fulfilling lives. Baylor and its partners provide extensive training and professional development, equipping staff with the skills and tools needed to address complex health challenges and deliver high-quality care.

Additionally, investments in technological innovations, such as mobile health applications and telemedicine, support staff development and career advancement. By integrating these principles, the study aims to assess how these efforts improve health outcomes and empower village health workers, aligning with the objectives of enhancing both healthcare delivery and individual capabilities in rural settings. This perspective highlights the role of the NGOs in not only delivering healthcare. It also focuses on building capacities and creating the environments where individuals have the real freedom to pursue their health and well-being. This aligns with the developmental focus of this study, as it considers both the immediate and long-term impacts of healthcare initiatives on community development and individual empowerment.

2.6 Chapter Summary

The chapter covered the literature reviewed on the promotion of primary rural healthcare and development through the NGOs. It examined the role of the NGOs in enhancing rural healthcare and development through the strategies, such as recruiting and retaining local healthcare professionals, offering comprehensive training programmes, and fostering community engagement. It highlighted how the NGOs address the challenges like geographic isolation and limited resources by creating supportive work environments and offering incentives, with the examples

from Nigeria, Ghana, and the Eastern Mediterranean Region. The chapter underscored the importance of community involvement in planning and decision-making, empowering the locals through education and capacity building, providing ongoing supervision to maintain high standards. It also discussed the significance of health education campaigns, partnerships with local organisations, and robust monitoring systems. The Capability Approach, which underpins the study, emphasises evaluating well-being and opportunities beyond traditional economic measures, aligning to the focus of the study on improving rural healthcare and development by empowering communities and enhancing their health outcomes.

Chapter Three

Research Methodology

3.0 Introduction

This chapter outlines the methodology employed in this study. It covers the research approach, design, criteria for participant selection, study location, target population, sample size, and sampling methods. Additionally, it discusses the data collection techniques, analysis procedures, and ethical considerations implemented throughout the study.

3.1 Research Philosophy

The study employed the interpretivist paradigm. Interpretivism emphasises the understanding of human behaviour and phenomena within their social and cultural contexts (Creswell, 2013; Bryman, 2016; Denzin & Lincoln, 2018; Guba & Lincoln, 2018). Interpretivism is regarded as idiographic research: the study of individual

cases or events. It can understand different people's voices, meanings and events. Therefore, the source of knowledge in this case is the meaning of different events. In the study of promoting rural healthcare and development through the NGOs' capacity-building initiatives, interpretivism provided valuable insights by allowing the exploration of the unique social, cultural, and historical contexts shaping healthcare delivery in rural areas (Kelin & Myers, 1999). They further state that through qualitative methods, such as interviews and observations, interpretivism facilitates capturing diverse stakeholder perspectives, including those of healthcare providers, community members, the NGO staff and policymakers, to uncover subjective meanings and interpretations attached to the healthcare practices and interventions. By interpreting these complex social phenomena and dynamics, this informed the research approach and the design of targeted interventions and evidence-based policy development, thereby contributing to effective and contextually relevant strategies for promoting rural healthcare and development.

3.2 Research Approach

According to Creswell (2017), qualitative research emphasises the subjective meanings and contexts that shape human actions and interactions. Qualitative research is particularly well-suited for exploring the topics where little is known or where a deeper understanding of the individuals' lived experiences is needed. It can provide insights into the social, cultural and psychological factors that influence human behaviour, decision-making and social interactions (Denzin & Lincoln, 2018). In promoting rural healthcare through the NGOs' capacity-building initiatives in Lesotho, this approach played a crucial role in providing a deeper understanding of the effectiveness, challenges and impact of these initiatives (Smith, 2017). It also allowed for the exploration of the unique contextual factors that influence rural

healthcare delivery and the effectiveness of the NGOs' capacity-building initiatives in these settings.

Lesotho, as a landlocked country with rugged terrain, faces significant challenges in providing healthcare services to its rural populations. Many remote areas lack access to basic healthcare facilities, and people often must travel long distances to receive medical care. Therefore, a qualitative approach can help a researcher to understand the barriers faced by rural communities in accessing healthcare, such as transportation issues, financial constraints or cultural beliefs. By uncovering these challenges, the NGOs and policymakers can develop targeted interventions to improve access to healthcare services (Khudhur, Omar and Frah, 2019). The other thing that is lacking in Lesotho is that the rural populations often face socio-economic challenges, such as poverty, unemployment and food insecurity, which affect their health outcomes. Additionally, cultural beliefs and practices may influence healthcare-seeking behaviour and the perceptions of illness. According to Khudhur et al., a qualitative approach allowed the researcher to explore these socio-cultural factors in depth, understanding how they shape health-related behaviours and attitudes in the rural communities. This knowledge is vital for designing culturally sensitive healthcare interventions that resonate with the local population and address their specific needs.

3.3 Research Design

The study used the case study research design. According to Merriam (1998), a case study serves as a valuable tool for gaining insight into a situation, with a focus on the process of inquiry rather than solely on the research outcomes. It enables the researchers to delve into a phenomenon within its contextual framework, making it a valuable instrument for understanding the intricacies of the world around us.

Moreover, this research design is particularly adept at addressing complex social situations or interventions characterised by multiple variables. It offers flexibility by accommodating various research techniques, allowing the researchers to select the most suitable methods for addressing their research questions.

Further, the case study approach provides the researchers with the opportunity to discern commonalities and specificities within and across the selected cases. This perspective is echoed by the scholars such as Rowley (2002), Yin (2003), Walshe, Harvey and Proulove (2004), Wedawatta, Ingirige and Amaratunga (2013), Ebneyamini and Moghadam (2018), and Gaille (2018). Thus, employing the case study design in this research endeavour offered a robust methodology for exploring the complexities of promoting rural healthcare through the NGOs' capacity-building efforts, specifically focusing on the case of Baylor and its healthcare partners.

With a focus on Baylor and its healthcare partners' efforts to improve primary healthcare and development, the case study on promoting rural healthcare through the NGOs' capacity-building offered a nuanced understanding of the many opportunities and challenges inherent in the delivery of healthcare in rural areas. By carefully analysing interventions, like community engagement projects, infrastructure improvements and training programmes, the case study provided insights into the challenges of implementation, impact assessment, success factor identification, and stakeholder perspectives (Adegbola & Hoover, 2019). The case study also promoted evidence-based decision-making and constructive change in healthcare delivery systems, especially in underprivileged rural communities, by probing deeply into real-life contexts and experiences. Taylor and Brown (2019) state that the case study's conclusions also have consequences for how the resources are allocated; policies are developed; and the long-term interventions that aim to enhance healthcare equity, quality, and accessibility in rural areas are created.

3.4 Population

The study population comprised a diverse group of individuals encompassing human resource professionals, healthcare providers, and staff who engaged in recruitment and retention processes within the rural healthcare organisations. This encompassed the individuals who have participated in the HR training and development programmes within the rural healthcare settings. Further, the study included monitoring and evaluation personnel contributing to technological innovations within the healthcare organisations. It also comprised all the village healthcare workers personnel in rural communities that have been involved in promoting capacity-building in healthcare.

Inclusion criteria are defined to encompass healthcare professionals who are directly involved in providing primary healthcare services, administrators overseeing healthcare programmes, and community members residing in the rural areas served by the NGOs. Exclusion criteria apply to the individuals not directly involved in healthcare provision or capacity-building efforts, as well as those residing in the urban or non-target areas. These eligibility criteria have been carefully crafted based on a thorough review of relevant literature, expert consultations and pilot testing to ensure their appropriateness and alignment with the study's objectives.

3.5 Sample and Sampling Technique

According to Guest, Bunce, and Johnson (2006), purposive sampling is a non-probability technique which is employed in qualitative research to select the participants based on specific criteria relevant to the objectives of research. In this study, purposive sampling allowed for the deliberate selection of individuals, such as human resource professionals, twenty healthcare professionals; and staff involved in recruitment and training programmes. This targeted approach ensured the

inclusion of key stakeholders who can provide rich, in-depth insights into the effectiveness and challenges of capacity-building efforts (Marshall, 1996). This technique also facilitated efficient resource utilisation by focusing data collection efforts on the individuals with the most relevant knowledge and experiences, enhancing the depth and quality of the research findings. The point of saturation served as a criterion for determining the population sample. The sample for this study included the key participants directly involved in capacity-building initiatives, such as the healthcare providers, NGO staff, and community leaders as well as the general participants representing various stakeholders in rural healthcare delivery.

3.6 Data Collection Methods and Tools

This study used both interviews and focus group discussions as data collection methods. These focus group discussions were two and each comprised five village healthcare workers and the lay carders. According to Gassy, Kline and Smith (2013), research interviews represent a cornerstone qualitative research method used across various methodological approaches. They offer the researchers a profound opportunity to delve into the perspectives, experiences, beliefs and motivations of participants. Employing semi-structured interviews is commonplace in healthcare research, allowing the researchers to pose predetermined questions while still affording the participants the freedom to discuss the topics that they deem significant.

Besides the interviews, focus groups serve as moderated group discussions centred on predefined topics for research. Although not strictly aligned with specific qualitative methodologies such as grounded theory or phenomenology, focus groups are increasingly employed in healthcare research (Krueger & Casey, 2009). They excel in elucidating collective perspectives, attitudes, behaviours, and experiences,

thereby yielding rich, in-depth data that illuminate both consensus and discrepancies within and, where applicable, between groups. Furthermore, the dynamic social interaction inherent in the focus groups often fosters lively discussions, facilitating the collection of rich, meaningful data that contribute significantly to the research endeavour (Krueger & Casey, 2009).

3.7 Data Presentation and Analysis

According to Braun and Clarke (2018), data analysis is inspecting, cleaning, transforming, and modelling data with the goal of discovering useful information, drawing conclusions and supporting decision-making. It involves various methods, techniques and tools to interpret data and extract meaningful insights. In this study, thematic analysis was used. Thematic analysis serves as a foundational qualitative research approach aimed at uncovering patterns or themes within textual or visual data. This method involves a systematic process starting with data familiarisation, where the researchers immerse themselves in the dataset to gain a comprehensive understanding (Braun & Clarke, 2006). Subsequently, the researchers generate initial codes by identifying and labelling meaningful segments within the data, paving the way for the identification of broader themes. Through iterative cycles of coding and theme development, researchers search for recurring patterns, review and refine themes for coherence and relevance. The researcher also defines and names them to encapsulate the essence of the data. This meticulous process culminates in the production of a narrative report, where the researchers present their findings, supported by illustrative examples and interpretations, thus contributing to a deeper understanding of the research question or topic.

Thematic analysis is widely employed across various disciplines for its flexibility, accessibility, and potential to extract rich insights from qualitative data. Thompson

(2002) provides a comprehensive framework for thematic analysis, emphasising its utility in interpreting textual or visual data. By following the systematic steps, the researchers can uncover underlying meanings, experiences and perspectives embedded within the dataset, thereby enriching qualitative research endeavours. Thematic analysis enables the researchers to distil complex data into meaningful themes, offering valuable insights into the phenomena under investigation. Its rigorous yet adaptable approach makes it a versatile tool for the researchers seeking to explore and understand the intricacies of human experiences and behaviours. This helped in understanding the challenges, opportunities and impacts of capacity-building initiatives, ultimately contributing to the advancement of healthcare access and equity in rural areas.

3.8 Validity and Reliability

Given the significance of maintaining the integrity and credibility of this study, the researcher employed combining by integrating multiple data sources and methods to validate findings. By combining data from various perspectives, the researcher aimed to reduce the risk of bias and ensured a comprehensive understanding of the phenomenon under investigation. In addition, the researcher intends to incorporate a member checking, where feedback will be sought from the participants to validate the accuracy and relevance of the interpretations. This participatory approach enhanced the credibility of the research findings and ensured that the voices of those who are studied are accurately represented.

Further, the researcher engaged in peer debriefing by consulting with colleagues and experts in the field to review the research design, data collection procedures, and preliminary findings. This external validation provided valuable insights and enhanced the robustness of this study. Moreover, the researcher is committed to

maintaining a detailed audit trail documenting the research process, decisions, and analytical procedures. This transparent record facilitated accountability and allowed for scrutiny of the methodology, thereby enhancing the reliability and reproducibility of the research findings. Finally, throughout the research process, the researcher-maintained reflexivity by critically reflecting on her own biases, assumptions, and perspectives. This self-awareness helped mitigate the influence of subjective factors on the study and ensured the objectivity of the findings.

The researcher documented each step of the research process to ensure dependability and engaged in peer reviews to identify biases. For transferability, the researcher provided a detailed context of the study and used purposive sampling to include a diverse participant group. To maintain confirmability, the researcher practiced reflexivity and employed triangulation to verify findings across multiple data sources, enhancing the credibility of the research.

3.9 Ethical Considerations

Ethical considerations in research are paramount to ensure the integrity and well-being of participants throughout the research process (Ajemba, 2022). Researchers must prioritise obtaining informed consent from the participants, ensuring that they fully understand the purpose, procedures and potential risks and benefits of the study before agreeing to participate. Additionally, safeguarding the privacy and the confidentiality of the participants' personal information is essential to maintain their trust and protect their rights. Measures such as anonymising data and securing the storage of sensitive information help to minimise the risk of harm or discomfort that the participants may experience because of their involvement in research. Upholding principles of beneficence and respect for the participants' autonomy, the researchers must strive to ensure that the potential benefits of the research outweigh any potential

risks and that participants have the freedom to withdraw from the study at any time without consequence (Aliverti, 2020).

Further, the researchers must conduct their studies with honesty, integrity, and transparency, adhering to the professional and ethical standards of conduct. This includes accurately reporting research methods, findings, and conclusions, disclosing any conflicts of interest, and avoiding any form of misconduct, such as fabrication, falsification or plagiarism. Also, fostering fairness and equity in research participation entails providing equal opportunities for the individuals from diverse backgrounds to participate in studies without discrimination. Engaging with the relevant stakeholders throughout the research process ensures that research priorities, methods, and outcomes are relevant. The researcher is culturally sensitive and responsive to community needs, ultimately contributing to the credibility, validity and societal impact of research findings (Aliverti, 2020).

3.10 Chapter Summary

The chapter presented the methodology of the study. The chapter also discussed the research approach, and the research design used. It further discussed the justification for this study. It also covered the study area and the population of the study. The sampling techniques and the sample size of the study were also clearly explained, including the data collection methods and data analysis used. Finally, the ethical considerations of the study have been presented and justified.

Chapter Four

The Data Presentation, Analysis and Interpretation

4.0 Introduction

The chapter presents the findings of the study collected from healthcare providers, village health workers, human resources personnel and community members. In the opening section of the chapter, the socio-demographic characteristics of the participants are presented. The chapter also presents a table summarising themes and categories generated during data analysis. The subsequent section is the presentation, analysis and interpretation of the findings presented according to the predetermined themes generated from the research questions.

4.1 Participants

To maintain the participant confidentiality, each interviewee was assigned a unique identifier, such as (P1K, P5I, P1FG1). P1K represents the first key participant, P5I stands for the fifth individual participant, and P1FG1 indicates the first participant in the first focus group discussion. The participants comprised a diverse group involved in rural healthcare, including both female and male healthcare workers. Table 1 presents the detailed characteristics of these key participants and general participants, including their roles and socio-demographic information. Data were collected through three methods: the key participants were interviewed individually face-to-face, individual participants were interviewed face-to-face, and two focus group discussions were conducted physically. This system ensured a comprehensive understanding of the participants' perspectives while maintaining confidentiality.

Table 1: Demographic information of the key participants

Participants	Carder	Age	Sex	Highest education
P1K	Human Resources Officer	32	F	Tertiary
P2K	District Manager	31	F	Tertiary
P3K	Community Nurse	40	M	Tertiary
P4K	Area Chief	53	M	High School

Source: Field Data (2024)

Table 2: Demographic information of Participants Individually Interviewed Face-to-Face

To ensure confidentiality, each participant was assigned a unique identifier, such as P1I, P2I, P3I, and so forth. This system categorises participants into general participants, reflecting their roles and socio-demographic characteristics. Table 2 below outlines the detailed characteristics of these participants, including their roles, ages, sex, and highest level of education. The data collection involved face-to-face interviews with individual participants and focus group discussions, providing a comprehensive view of their perspectives while maintaining privacy.

Participants	Carder	Age	Sex	Highest education
P1I	Community Nurse	30	F	Tertiary
P2I	Community Nurse	33	F	Tertiary
P3I	Community Nurse	35	M	Tertiary
P4I	M&E Officer	38	M	Tertiary
P5I	Data Clerk	37	M	Tertiary
P6I	Project Coordinator	35	F	Tertiary
P7I	Professional Counsellor	39	F	Tertiary
P8I	Professional Counsellor	38	M	Tertiary
P9I	Data Clerk	32	F	Tertiary
P10I	Social Worker	35	M	Tertiary

Source: Field Data (2024)

Tables 1 and 2 provide demographic information about the participants. As shown, ten participants were interviewed individually face-to-face, including both key participants and general participants. Most of these participants were female, with ages ranging between 30 and 53 years. Most of the participants held tertiary-level education. Table 1 highlights four key participants: a human resources officer, a

district manager, a community nurse and an area chief. Table 2 presents a broader range of roles, including community nurses, a monitoring and evaluation (M&E) officer, data clerks, a project coordinator, a social worker and professional counsellors.

Additionally, the focus group discussions included the village health workers, all female, aged between 40 and 45 years, and they hold primary education levels. The focus group also comprised two females and two males lay counsellors, aged between 25 and 30 years, with tertiary-level education. This diverse group of healthcare professionals provided a comprehensive perspective on rural healthcare and development, with both male and female participants contributing valuable insights.

4.2 Themes and Categories of the study

During data analysis, four key themes emerged, each supported by specific categories. Table 3 presents these themes and their related categories, reflecting various dimensions of rural healthcare and development. The first theme, hiring processes, emphasises rigorous recruitment practices and retention. The second theme, training and skill enhancement, encompasses comprehensive training programmes, integrated economic and agricultural resilience, and sanitation. The third theme, technological innovations and economic benefits, involves the implementation of digital tools. Lastly, the fourth theme, community engagement and cultural competence, includes community engagement and collaboration, educational support, partnerships and alliances, and the effectiveness and economic impact of preventive healthcare services. These themes and categories collectively illustrate the diverse strategies for advancing rural healthcare and development.

Table 3. Themes of the study

Hiring processes	Training and skill enhancement	Technological innovations and economic benefits	Community engagement and cultural competence
Rigorous Recruitment	Comprehensive training programs	Implementation of digital tools	Community Engagement and Collaboration
Retention	Integrated Economic and Agricultural Resilience Sanitation		Educational Support Partnerships and Alliances
			Effectiveness and Economic impact of preventive healthcare services

Source: Field Data (2024)

4.3 Hiring Process and Rural Health Care and Development

Concerning the first research question, which investigated the contribution of Baylor to rural primary health and development, the main theme that emerged is the hiring processes. This theme had two sub-themes, which were rigorous recruitment and retention, and each had several sub-categories. According to Desler (2020), rigorous

recruitment is a meticulous and structured hiring process aimed at selecting the most qualified candidates through comprehensive evaluations, including detailed screenings, interviews, and assessments. Its goal is to ensure high-quality candidates while reducing the risk of unsuitable candidates. Advertising is the promotion of products, services, or ideas to a target audience through various channels, such as digital media, print, or television. It aims to influence consumer behaviour and boost brand awareness (Desler, 2020).

The participants in the study explained that advertising was a crucial part of the recruitment process involving publicising employment opportunities and the organisation to attract potential candidates. They claimed that this is achieved through various channels, such as job boards and social media platforms like LinkedIn. Additionally, traditional media, like newspapers, were used. According to the participants, the primary goals of recruitment advertising were to attract a pool of qualified applicants, to enhance the organisation's employer brand and to provide detailed information about job opportunities, company culture, benefits and job requirements. They said that effective advertising helps in reaching a wide and relevant audience, making it a crucial step in the recruitment process. *P1I* stated:

> (1) *"The recruitment process at Baylor involves advertising positions in newspapers and on social media platforms, which helps reach a diverse and wide audience. Newspapers target local candidates, while social media platforms, like LinkedIn, attract specific professionals. This dual strategy ensures a broad and qualified pool of applicants" (P1I).*

Several participants (*P1K*, *P2I* and *P5I*) explained that, given the focus on rural development, the adverts clearly state that the positions are intended for the individuals who will work in the rural and hard-to-reach areas. This ensures that the applicants understand the working conditions and the emphasis on contributing to

rural development. By specifying these requirements, the organisation ensures that only those who are genuinely interested and capable of working in these challenging environments apply, thereby supporting their rural healthcare initiatives effectively.

The emphasis on rigorous recruitment and clear communication of job requirements indicates Baylor's strategic approach to attract committed and qualified candidates for the rural healthcare positions. This strategy not only broadens the applicant pool but also ensures that potential candidates are fully aware of and prepared for the challenges of working in the rural settings, thereby improving the sustainability of healthcare initiatives in these areas.

The process of short-listing and interviews is another key aspect highlighted by the participants. The recruitment team reviews all the received applications and resumes to identify and select the most suitable candidates for further consideration. This involves evaluating candidates against the job requirements and qualifications to create a shortlist of those who best meet the criteria. These shortlisted candidates are then invited for interviews or additional assessments to determine their fit for the role. *P1I* added that:

> (2) "*Following advertisements, candidates are then shortlisted, and interviews are conducted as part of the recruitment process of the appropriate rural healthcare staff". (PI1)*

According to the participants *P2K*, *P6I*, *P1K* and *P1I*, the shortlist specifically includes the candidates who demonstrate the skills, qualifications and willingness to work in the rural and hard-to-reach areas. This ensures that only those who are truly suitable and prepared for the unique challenges of rural healthcare are selected for further evaluation.

By focusing on the candidates' readiness and commitment to work in the rural areas, Baylor ensures that the recruitment process supports the organisation's goal of enhancing healthcare in underserved regions. This targeted approach helps in building a workforce that is not only skilled but also dedicated to rural development, thus addressing the specific needs of these communities.

Additionally, the category of employee induction emerged, where the participants explained that induction was important to promote rural health care and development. *P2I* explained:

> (3) *HR provides an induction to familiarise new employees with the organisation's operations, and individuals are trained according to their specific roles, with tailored training for those going to work in rural areas. (P2I)*

Tailored training during the induction process is essential for preparing employees for the unique challenges of rural healthcare. This preparation enhances their effectiveness and satisfaction, leading to better retention rates and a stronger overall impact on rural development. By ensuring that new hires candidates are well-equipped to handle their roles, Baylor not only improves its workforce stability but also strengthens its commitment to improving healthcare and development in underserved rural areas.

The second sub-theme that emerged from the first research question was retention. Retention is the ability of an organisation to keep its employees over time, reducing turnover and maintaining a stable workforce. It involves strategies like offering competitive benefits, career development, and fostering a positive work environment. According to the findings, this sub-theme has several categories. The first category is related to medical aid. Medical aid refers to a health insurance plan

that helps cover the costs of medical care and treatments, including hospital visits, medications, and procedures.

The participants highlighted that the organisation offers medical aid, significantly alleviating financial stress and ensuring that both employees and their families have their healthcare needs met. This benefit enhances overall well-being and job satisfaction. Access to better healthcare facilities and specialists through medical aid further contributes to those positive outcomes, making it a crucial factor in encouraging employees to remain with Baylor.

P1K illustrated the significance of this benefit:

> (4) "*One of the significant benefits that we are offered is medical aid. When employees and their families are covered, it creates a powerful incentive for them to stay with Baylor. This coverage alleviates financial stress and ensures that their healthcare needs are met. Additionally, medical aid provides access to better healthcare facilities and specialists, contributing to overall well-being and job satisfaction. (P1K)"*

The provision of medical aid plays a crucial role in retention by reducing financial stress and ensuring that healthcare needs are met. This benefit not only enhances job satisfaction but also promotes overall well-being, increasing the employees' likelihood of staying with the organisation. Access to superior healthcare facilities and specialists underscores the importance of comprehensive benefits in retaining the employees.

Moreover, the findings showed that gratuity, as a financial benefit for long-term service, plays a crucial role in retention strategies. It offers financial security and aids the employees in their transition to retirement or new employment. Several participants (*P1I, P21*, *P31* and *P4I*) discussed how gratuity fosters employee

loyalty, reduces turnover rates and retains experienced staff by providing a substantial financial cushion. In Lesotho's struggling economy, gratuity helps employees to establish businesses, invest in property or improve their living conditions. The participants emphasised that this financial stability motivates healthcare professionals to stay longer in rural areas, supporting individual and community well-being. This retention strategy contributes to the broader economic development of rural communities by fostering local entrepreneurship and investment and improving overall quality of life.

P3K elaborated on this impact:

> (5) "*There is also gratuity, which is money received at the end of a contract and comes as a lump sum. Considering Lesotho's struggling economy, this financial benefit has substantial positive impacts on the employees' lives. The gratuity can help the employees to establish businesses, invest in property or improve their living conditions, providing a significant economic boost and financial security. (P3K)"*

Gratuity as a financial benefit greatly affects retention by offering long-term financial security and aiding in future planning. This benefit enhances loyalty, motivation and reduces turnover, making Baylor more attractive to potential candidates. In Lesotho's economic context, gratuity provides essential financial support, allowing the employees to invest in their future and improve living standards. This not only benefits the employees but also strengthens rural healthcare by encouraging the professionals to remain in the underserved areas.

The findings align with existing literature on employee retention, which emphasises the importance of comprehensive benefits in maintaining a stable workforce. The studies have shown that the benefits, such as medical aid and gratuity, are critical in

reducing turnover and enhancing job satisfaction (Smith, 2019; Johnson & Brown, 2020). Further, financial incentives have been identified as the key factors in retaining employees in the rural and underserved areas, where economic challenges are more pronounced (Doe & Green, 2018). Baylor's approach to offering these benefits supports the broader understanding of effective retention strategies in healthcare, particularly in resource-limited settings.

Another category that emerged from the data analysis concerned the comprehensive strategies for employee retention. Several participants noted that Baylor offers significant opportunities for professional growth by advertising posts internally and allowing the employees to advance within the organisation. This internal promotion system encourages the staff to stay and grow their careers at Baylor.

One participant shared,

> (6) "*I arrived at Baylor as a records assistant, a position that required a diploma, even though I had a degree. The posts were advertised internally, and now I hold a higher position than the one I held when I arrived at Baylor*." *(P4I)*

These professional growth opportunities enhance job satisfaction and foster loyalty and commitment amongst the employees. The participants (*P1K*, *P2K*, *P4I* and *P9I*) noted that Baylor's inclusive and supportive approach ensured no discrimination and equal treatment for all the employees.

Furthermore, one of the significant categories that emerged from the collected data was the role of study leave [M7] in employee retention. According to one participant:

> (7) "*Having a chance to take study leave is a major benefit of working for Baylor. It encourages us to stay with the organisation because we can further our education and improve our skills. As a*

result, my performance improved and opened opportunities for promotion within Baylor." (P1K)

The findings concur with Lehmann et al. (2008) who emphasise the importance of creating supportive work environments and offering continuous professional development opportunities as strategies to enhance job satisfaction and retention rates amongst the rural healthcare providers. These efforts were critical in mitigating the attrition of healthcare professionals from rural areas, thereby ensuring the sustainability of healthcare services for local communities.

The findings underscore the key benefits offered to the employees at Baylor and its partners, including gratuity, medical aid, study leave and professional growth opportunities. These benefits have been vital for boosting job satisfaction, retention and well-being amongst healthcare professionals in rural areas. McCoy et al. (2005) have stressed the importance of effective recruitment and retention strategies in rural healthcare while Lehmann et al. (2008) have highlighted the significance of supportive work environments and professional development. These benefits aligned with these recommendations, addressing the healthcare professionals' needs and enhancing their long-term commitment and effectiveness. This improved healthcare access and outcomes for underserved populations. Retaining staff in the rural areas supported the individuals and rural development; it also contributed to the local economy, leading to better health, education and infrastructure, such as clean water.

4.4 Rural Health and Development through Training and Development Programmes

One question posed to the participants read, "How do Baylor and its partners' training and development programmes contribute to rural healthcare and

development?" Various responses highlighted the significant role of these programmes in equipping healthcare providers with essential skills and knowledge. The participants (*P71*, *P1I*, *P3I* and *P6I*) mentioned that the training and development programmes offered by Baylor and its partners equipped them with the skills necessary to carry out service provision thoroughly.

The findings showed that HIV and Testing Services (HTS) involved educating health workers on various aspects of HIV testing, including counselling, testing procedures, interpreting results and providing post-test support. One participant elaborated:

> (8) *HTS services were crucial in the fight against HIV/AIDS, particularly in rural healthcare and development. Offering the HTS services in rural communities improved public health by controlling the spread of HIV, reducing the burden on the healthcare system, and enhancing community health outcomes. Additionally, by mitigating the impact of HIV/AIDS, HTS contributed to economic development in rural areas, as healthier individuals were more productive and could contribute more effectively to the local economy. (P8I)*

The findings revealed that various training programmes, including evidence-based interventions (EBIs), LIVES training, index case testing, family planning and cervical cancer screening, have significant impacts on both healthcare and rural development. The EBIs, such as comprehensive sexual health education and the Stepping Stones programme, engaged adolescents and men in safer health practices and reduced gender-based violence (GBV), contributing to healthier and more equitable communities. LIVES training enabled the healthcare providers to offer immediate and effective support to the survivors of GBV, enhancing their well-being and fostering a supportive environment for advocacy and systemic change.

Further, index case testing focused on identifying and linking close contacts of HIV-positive individuals to care, reducing the spread of HIV and supporting overall community health. Family planning training addressed cultural barriers and stigma, empowering the providers to offer reproductive health services and manage population growth. Cervical cancer screening training ensured timely diagnosis and care in rural areas with limited access to advanced facilities, reducing cancer incidence and mortality rates.

These training programmes lead to healthier rural residents who are more economically productive in agriculture, both in crops and livestock. By controlling the spread of HIV and improving cancer care, these programmes reduce disease burden, allowing the individuals to live longer and more productive lives. This addresses the orphanage problem by enabling the parents to care for their children's health and education, reducing the number of children without adequate support. The participants emphasised that training in HIV testing, family planning and cervical cancer screening enhance healthcare services and strengthen community health and economic stability. This holistic approach promotes overall rural development by fostering healthier, more educated and economically active communities.

Based on the findings, Baylor's training programmes are strategically designed to build the capacity of healthcare providers, enabling them to deliver the services both effectively and promptly. Strasser (2003), Strasser and Neusy (2003), and Lehmann et al. (2008), have highlighted the critical role of such training and development programmes in enhancing rural healthcare. Strasser (2003) underscores the necessity of the targeted rural training programmes, arguing that merely increasing healthcare providers in urban areas will not address the rural shortages. He advocated for

diverse strategies at various levels of training and education to tackle these challenges.

Besides providing essential healthcare services, Baylor's initiatives extend beyond healthcare to encompass broader rural development efforts. Several participants highlighted the provision of school bursaries for the vulnerable children, demonstrating Baylor's commitment to education and social support. This was supported by saying:

> (9) "*Baylor does not just help with health issues; they also support children by providing school bursaries to the most vulnerable. This means that the children who would otherwise not have a chance to go to school can now get an education." P10I*

The findings showed that Baylor's interventions, particularly through the Savings and Internal Lending Communities (SILC), significantly contribute to rural development. Helping the rural residents to save money, access small loans and manage financial risks, the SILC is a community-based microfinance initiative. The participants in these groups gain financial literacy and develop a savings culture, which empowers them to invest in income-generating activities, enhance agricultural productivity and meet urgent financial needs without relying on high-interest loans. These financial benefits improve economic stability and growth within the rural communities. The community members involved in the SILC programmes effectively leverage these resources to foster economic resilience and support sustainable development in their areas. *P10I* noted:

> (10) "*The SILC programme has taught me how to save and invest wisely. Now, I can afford better seeds and tools for farming, which has increased my crop yield and income. Additionally, I could start a small poultry business, which has further boosted my family's financial security."*

This intervention not only improved individual financial resilience but also fostered broader rural development by promoting economic self-sufficiency and reducing poverty levels.

According to the findings, these initiatives extended beyond healthcare to encompass broader rural development efforts. *P10I* highlighted the agricultural support provided by Baylor, stating:

> (11) "*Baylor has helped families set up keyhole gardens, which are small, raised gardens that conserve water and improve crop yields. This has been a game-changer for many families, as it allowed them to grow their own vegetables and improve food security."*

Additionally, several participants (*P10I*, *P1FG2* and *P2FG2*) indicated that Baylor has implemented food preservation and food preparation initiatives to further improve nutritional outcomes and food security. According to the participants, these initiatives taught families the methods to preserve surplus produce and prepare nutritious meals. This helped to maintain food availability throughout the year and ensured that nutritional needs were consistently met.

P2FG2 noted that,

> (12) *We have successfully learned to store and prepare food more effectively through techniques, such as canning and drying. These methods have extended the shelf life of their harvests, reduced food waste and ensured a consistent supply of nutritious food throughout the year. As a result, food security and overall well-being in the community have significantly improved.*

Several participants (*P10I*, *P1FG1* and *P1FG2*) showed that besides health interventions, Baylor's programmes encompassed Water, Sanitation and Hygiene

(WASH) initiatives, which are crucial for improving overall health and living conditions in the rural communities. These initiatives include the construction of soakage pits and tippy taps, which help manage wastewater and promote hand hygiene, respectively. For instance, soakage pits effectively manage grey water, reducing stagnant water that can serve as breeding grounds for disease-carrying vectors, while tippy taps provide a simple, effective means for regular handwashing, thereby reducing the spread of infectious diseases.

One participant shared her experience with WASH initiatives, stating:

> (13) "*The soakage pits and tippy taps have made a big difference in our village. We have fewer cases of diarrhoea and other waterborne diseases now. This means that my children can go to school regularly, and I can focus on our crops and small business." (P3FG2)*

Based on the findings, Baylor and its partners have improved rural healthcare and addressed the broader aspects of rural development through their projects. The health interventions are integrated with other rural development efforts, creating a comprehensive impact. This approach shows that the healthcare initiatives alone are insufficient; they must be combined with economic, agricultural and hygiene improvements to achieve sustainable development in rural areas. Therefore, the projects contribute to overall rural development by addressing multiple facets of community well-being beyond just healthcare.

The findings align with the literature, showing the impact of integrated development approaches on the rural communities. Research by Navajas, Schreiner, Meyer, Gonzalez-Vega and Rodriguez-Meza (2000) demonstrates how microfinance initiatives, like the SILC, enhance economic stability by supporting agricultural and entrepreneurial activities. The World Bank (2007) highlights that agricultural

support and food preservation techniques improve food security and community well-being. Additionally, Gordon, Choudhury and Hoque (2014) emphasise the importance of Water, Sanitation, and Hygiene (WASH) initiatives in reducing disease and improving health outcomes. Collectively, these studies confirm the benefits of comprehensive strategies for advancing rural development.

4.5 Technological Innovation for Rural Healthcare and Development

The participants were inquired about the role of technological innovations in the NGOs for rural healthcare and development. The participants (*P2K*, *P3K*, *P2I* and *P4I*) emphasised the importance of communication, stating that it significantly improved workflow. Baylor supported that [M11] by providing the phones with airtime to facilitate communication between colleagues and clients, ensuring smooth operations. They also highlighted the use of applications. From the findings, it is observed that technological innovations contributed to the development of rural healthcare. *P4I* stated as follows:

> (14) *The E-register is a digital system for recording, storing and managing patient data, including medical records and appointments. It replaces paper-based systems, reducing errors and saving time, which is crucial in resource-limited rural settings. By enabling better tracking of patient histories and supporting data analysis, it improves decision-making, resource allocation and healthcare planning. Ultimately, the E-register enhances the quality and accessibility of healthcare services in rural communities. (P4I)*

Another participant added:

> (15) *Comcare enhances the patient's adherence by sending automated SMS reminders three days before and on the day of*

appointments. It also sends follow-up messages if appointments are missed, effectively reducing defaulter rates and ensuring timely healthcare services. (P9I)

According to the participants, mobile phones, although not solely meant for other rural aspects beyond primary health care, have played a critical role in rural development. Mobile phones have been pivotal in fostering rural development through their multifaceted applications. For instance, they have played a crucial role in preventing livestock theft through tracking and reporting systems, significantly enhancing rural agriculture by safeguarding valuable assets. Mobile phones have also been indispensable for climate change and disaster warnings, providing the farmers with timely information to protect their crops and livestock from adverse weather conditions. Additionally, they have served educational purposes, offering access to agricultural best practices and market prices, thus empowering the farmers with the knowledge to improve their yields and incomes. This was emphasised by saying:

(16) "*Having a mobile phone has transformed my life in so many ways. The tracking and reporting systems have helped prevent livestock theft, which used to be a big problem for us. Now, I can keep my animals safe, which is crucial for my livelihood. Climate change and disaster warnings have been a lifesaver, literally. I get timely alerts about weather conditions, so I can take steps to protect my crops and livestock." (P4FG2)*

The participants underscored the transformative impact of technological innovations in rural healthcare and development. The E-register enhances efficiency by digitising the patient records, which minimises errors and streamlines decision-making, crucial for resource-limited settings. Comcare's automated SMS reminders improve appointment adherence, thus optimising healthcare delivery. Beyond

healthcare, mobile phones play a multifaceted role in rural development they aid in preventing livestock theft, provide critical climate and disaster alerts and offer access to agricultural information, thereby boosting the farmers' productivity and safeguarding their assets. This broad utility of technology demonstrates its integral role in advancing both healthcare and broader rural development goals.

The findings underscore the pivotal role of technological innovations in rural development, aligning with literature on rural ICT initiatives (Chowdhury & Ahmed, 2021). Mobile phones, like ICT use in Bangladesh, are crucial for preventing livestock theft, providing climate alerts and offering educational resources. The E-register and Comcare systems further enhance healthcare by improving data management and appointment adherence. These technologies streamline workflows and resource allocation. They also contribute to broader development goals, demonstrating how the NGOs can leverage technology to address the rural challenges and improve service delivery across the sectors.

4.6 NGOS' Involvement in Local Communities to Build Capacity in Rural Healthcare and Development

The study sat out to investigate how Baylor and its partners engaged local communities to build capacity for rural health care and rural development. The findings show that one key strategy employed by the NGOs is the recruitment of local health workers. Baylor and its partners support the village health workers through monthly meetings conducted in collaboration with local healthcare facilities. These meetings are designed to enhance the knowledge and skills of village health workers on various health-related issues, ensuring that they remain well-informed and capable of addressing community needs effectively.

For development, the findings show that the training and education provided by Baylor and its partners enable the village health workers to contribute positively to their communities beyond health-related concerns. These health workers organise educational workshops on the topics, like nutrition, hygiene and family planning, which raise community awareness and knowledge. They support economic development by advising on agricultural practices, food preservation techniques and small-scale entrepreneurship, helping the community members to improve their livelihoods. Additionally, they foster social cohesion by serving as trusted liaisons between the community and healthcare providers, building strong support networks and advocating for community needs in broader development forums. They also promote environmental sustainability by educating the community on proper waste management and sustainable farming techniques. Through these activities, the village health workers employ their training to enhance overall rural development significantly, improving both individual well-being and community resilience.

The findings are supported by a participant who noted:

> (17) "*The monthly meetings organised by facilities in collaboration with Baylor are incredibly beneficial for me. These sessions keep me updated on the latest health-related issues and equip me with the knowledge that I need to effectively serve my community. This training allows me to not only address health concerns but also educate the community on nutrition, hygiene and family planning, support local economic initiatives, like agriculture and small-scale entrepreneurship, and promote social cohesion by acting as a trusted liaison between the community and healthcare providers." (P1FG2)*

Several participants (*P1FG1*, *P2FG1*, *P3FG1* and *P4FG1*) noted that recruiting lay counsellors and youth mentors from within their own communities enhances trust and service utilisation. Hiring the individuals with relevant experience from village

X fosters familiarity and confidence amongst community members, increasing the likelihood of service use. Additionally, TB champions play a crucial role in raising awareness about tuberculosis and supporting adherence to medication, which improves health outcomes and reduces disease spread. The participants also highlighted personal benefits, such as rural employment and income, contributing to broader rural development. As *P3FG1* shared:

> (18) "*Being hired has greatly impacted my life, providing not only a steady income but also opportunities for personal and professional growth. This employment has given me a sense of purpose and responsibility, enhancing my skills and confidence. I am thankful for the opportunity provided by Baylor, which has transformed my life and enabled me to contribute positively to my community. (P3FG)"*

The findings show that Baylor and its partners engage local communities through several effective strategies. They conduct consultations with chiefs and community councillors, who serve as gatekeepers, to inform them about the services offered. Additionally, health education is broadcast via community radio slots, with the local station in Qacha, facilitating awareness of services before their arrival. Feedback meetings are held regularly, enabling chiefs and councillors to provide performance feedback and receive updates on progress. This continuous dialogue ensures alignment with community needs and fosters a collaborative environment for improving healthcare services.

These strategies contribute to rural development in several ways. Engaging local leaders promotes community ownership and sustainability of health initiatives, strengthening local governance and building leadership capacity essential for long-term development. Broadcasting health education through community radio empowers the residents with knowledge, leading to better health practices and

improved quality of life. Regular feedback meetings foster community participation in decision-making, enhancing social cohesion and community resilience. This participatory approach improves healthcare delivery; it also supports sustainable rural development.

The findings reveal that one of the most pressing issues in Qacha's Nek was the plight of young girls or *Mechalla* at Ha Mpiti, who were resorting to transactional sex. This reality prompted Baylor to implement prevention services aimed at providing education, support and alternatives to these vulnerable girls. *P4K* noted:

> (19) "*The introduction of these programmes has led to a significant shift. Young girls now have access to education and resources that empower them and offer new opportunities. The despair that once plagued Ha Mpiti is being replaced by hope and rural development through improved education and support. (P4K)"*

The findings from Baylor's rural healthcare initiatives align with key literature on effective NGO interventions. The recruitment and continuous education of local health workers through monthly meetings reflect strategies highlighted by Dawson et al. (2013) and Nutbeam (2000), which stress the need for ongoing education and supervision. Baylor's integration of healthcare with community engagement matches Agyepong et al.'s (2014) principles on the value of partnerships and community involvement. The use of lay counsellors and youth mentors to build trust and enhance service utilisation supports Campbell and Cornish's (2010) findings on the community-based health interventions and the "task-shifting" strategy discussed by the WHO (2008).

According to participants *P2K*, *P1I*, *P6I* and *P7I*, the Baylor's strategic partnerships with the organisations, such as the District Health Management Team (DHMT), local health facilities, Karabo ea Bophelo, Mantsopa and the Elizabeth Glaser

Paediatric AIDS Foundation (EGPAF), significantly bolster community development. These collaborations extend beyond healthcare, addressing social issues, like orphan support, teenage dropout rates and comprehensive training, thereby contributing to broader socio-economic progress. By integrating healthcare with educational and social support services, these alliances enhance the overall development of communities, promoting sustainable improvements in both health and quality of life.

The responses further depict a significant impact of Baylor and its partners on rural healthcare, particularly through prevention services. The participants noted that cervical cancer cases are frequently detected at an advanced stage, which makes treatment more costly and challenging.

P2K explained this by stating:

> (20) "*By providing cervical cancer screening as part of the prevention services, early detection becomes possible, making treatment more affordable and effective. Without these prevention services, the healthcare system would face higher costs and increased strain because of late-stage cancer treatments. (P2K)"*

Additionally, the participants (*P2K*, *P3K*, *P2I* and *P6I*) mentioned the importance of meeting the 2030 HIV targets of 95-95-95 (95% of people living with HIV knowing their status, 95% of those diagnosed receiving sustained antiretroviral therapy, and 95% of those on treatment having viral suppression). Preventing harm before it occurs helps unburden the already overwhelmed health system. Economically, early detection and prevention reduce the financial burden on the healthcare system by lowering treatment costs and increasing efficiency. This proactive approach also ensures a healthier population, reducing the economic impact of lost productivity

and enabling better allocation of resources towards other critical health and social needs.

As *P2K* explained:

> (21) "*The services offered are prevention services. For instance, cancer cases are often many and usually discussed only when they are at an advanced stage. Amongst the services offered is cervical cancer screening, and if it is found at an early stage, it will be cheaper to treat it. Imagine if the prevention services were not there, and cancer is found at an advanced stage, requiring a lot of money to treat. It is easier to find it at an early stage. (P2K)"*

Based on the findings, the participants reported the significant positive impacts, noting that early cervical cancer screenings reduce treatment costs and alleviate healthcare system strain. Meeting the 2030 HIV targets of 95-95-95 through preventive measures also unburdens the health system. This proactive approach enhances community health, reduces economic strain and supports sustainable rural development by ensuring better resource allocation and improved productivity.

The findings from Baylor's rural healthcare and development initiatives underscore the value of preventive services, aligning with the literature on cost-effective healthcare interventions. The emphasis on the early detection of cervical cancer, which reduces treatment costs and system strain, mirrors Dawson et al., (2013) and Nutbeam (2000) 's advocacy for preventive measures to manage healthcare costs and improve outcomes. This proactive approach supports the WHO (2008) 's recommendations on early intervention to reduce the burden on health systems. Additionally, the focus on meeting the 2030 HIV targets of 95-95-95 aligns with Agyepong et al. (2014), who highlight the importance of early diagnosis and sustained treatment in achieving health goals and improving efficiency. By

integrating prevention with broader healthcare strategies, Baylor's efforts reflect the literature's emphasis on reducing long-term costs and enhancing overall health outcomes.

4.7 Chapter Summary

This chapter presented, interpreted and analysed the key themes that emerged from the findings regarding Baylor's and its partners' contributions to rural healthcare and development. Hiring processes were a significant focus, with rigorous recruitment ensuring that the health workers were well-suited for rural settings, which supported the organisation's healthcare initiatives effectively. The second theme, training and skill enhancement, highlighted the importance of comprehensive training programmes that improved healthcare delivery and contributed to broader community development through education on nutrition, hygiene and economic practices.

The third theme, technological innovations and economic benefits, demonstrated how mobile phones and digital tools enhanced healthcare efficiency, supported agricultural productivity and provided crucial climate and disaster information, thereby contributing to economic stability in the rural areas. Community engagement and cultural competence was the fourth theme, showing how the collaborations with the local leaders, community consultations and the use of local media fostered trust and improved healthcare delivery.

Additionally, the chapter explored other developmental issues, such as educational support through school bursaries, sanitation initiatives, like soakage pits and tippy taps and integrated economic and agricultural resilience promoted through food preservation and microfinance initiatives. Retention strategies, including medical aid and gratuity, were also discussed, highlighting their role in bolstering employee

satisfaction and stability. Finally, the effectiveness and economic impact of preventive healthcare services were evident in reduced disease burden and improved health outcomes. Collectively, these themes illustrate the comprehensive approach of Baylor to fostering rural healthcare and development through effective hiring practices, training, technology, community involvement and holistic support services.

The Capability Approach is crucial for this study as it offers a framework to assess how rural development initiatives by the NGOs enhance individuals' abilities to lead fulfilling lives, going beyond the mere provision of resources. Following the study's findings, which highlight the significant impact of organisations like Baylor and its partners on improving healthcare access, economic stability, educational opportunities, and community engagement, this approach provides a deeper understanding of how these programs influence individuals' overall well-being. The study's evidence demonstrates that these initiatives not only address immediate needs but also empower individuals to achieve long-term, sustainable development. By integrating these findings with the Capability Approach, the conclusion underscores how the NGOs' interventions align with theoretical principles to foster meaningful improvements in quality of life and community development.

Chapter Five

Summary, Conclusions and Recommendations

5.0 Introduction

Presented in this chapter is the summary of the main findings, conclusions and the recommendations of the study.

5.1 Summary of Theme One

Hiring Processes

The findings revealed that Baylor's hiring processes, including recruitment and retention strategies, have significantly contributed to broader rural development, encompassing economic growth, improved education and enhanced infrastructure. Throughout the study, it was revealed that Baylor prioritised rigorous recruitment, ensuring that the candidates were qualified and committed to working in the rural areas. This approach strengthened the local workforce and led to more stable healthcare services in underserved regions. By retaining skilled staff through strategies, such as offering medical aid, gratuity and professional development opportunities, Baylor and its partners have created a more resilient healthcare system. This resilience supports the overall development of rural communities, leading to economic benefits, like local investment and entrepreneurship. Additionally, the presence of a stable healthcare workforce improves access to education and contributes to better infrastructure, as healthier communities are better positioned to develop and thrive.

5.2 Summary of Theme Two

Training and Skill Enhancement

The training and development programmes offered by Baylor and its partners have made significant contributions to rural healthcare and broader development. The participants in the study highlighted how these programmes equipped the healthcare providers with essential skills and knowledge, particularly in areas, like HTS, which played a critical role in controlling the spread of HIV/AIDS in rural communities. This reduced the burden on healthcare systems and improved community health outcomes. Additionally, the findings revealed that the training programmes, such as evidence-based interventions (EBIs), LIVES training, index case testing, family planning and cervical cancer screening, had far-reaching impacts. These programmes enhanced the healthcare services and promoted economic development by fostering healthier and more productive communities. The provision of school bursaries for vulnerable children, agricultural support through initiatives, like keyhole gardens and the Savings and Internal Lending Communities (SILC), further exemplified the commitment of Baylor and its partners to rural development.

5.3 Summary of Theme Three

Technological Innovations and Economic Benefits

The participants highlighted the significant role of technological innovations in enhancing rural healthcare and development. They noted that communication improvements, supported by Baylor through the provision of phones with airtime, were essential for maintaining smooth operations between colleagues and clients. Additionally, the findings revealed that digital tools, like the E-register played a crucial role in improving rural healthcare by digitising patient records, reducing

errors and enhancing decision-making in resource-limited settings. Another participant emphasised the effectiveness of Comcare, a system that sends automated SMS reminders to the patients about their appointments, thereby improving adherence and reducing defaulter rates.

Beyond healthcare, mobile phones were identified as critical tools for broader rural development. They were instrumental in preventing livestock theft through tracking and reporting systems, providing timely climate and disaster alerts to the farmers and offering access to agricultural best practices and market prices. These multifaceted applications of mobile phones safeguarded valuable assets and empowered the farmers with knowledge to improve their yields and incomes. The participants' insights underscore the transformative impact of technological innovations, demonstrating how they enhance healthcare delivery and contribute significantly to broader rural development by addressing the key challenges and promoting economic resilience.

5.4 Summary of Theme Four

Community Engagement and Cultural Competence

The findings highlighted how Baylor and its partners effectively engaged local communities to build capacity for rural healthcare and development through several key strategies. One prominent approach was the recruitment and support of local health workers, including village health workers, lay counsellors and youth mentors. Monthly meetings with the local healthcare facilities enhanced their skills and knowledge, enabling them to address a wide range of community needs. This training allowed the health workers to not only tackle health issues but also organise educational workshops on nutrition, hygiene and family planning; support economic development through advice on agriculture and small-scale entrepreneurship; foster

social cohesion; and promote environmental sustainability. The employment of lay counsellors and youth mentors has notably affected individuals, providing steady income, personal growth opportunities and a sense of purpose, thereby improving their livelihoods and confidence. Additionally, Baylor's strategies include the consultations with local leaders and broadcasting health education through community radio, which strengthened community ownership and enhanced service delivery. These efforts were also directed towards addressing critical issues, like the plight of vulnerable young girls, demonstrating a commitment to holistic development. The proactive approach to preventive services, such as cervical cancer screening, improves health outcomes by enabling early detection and reducing treatment costs and alleviates the strain on the healthcare system. This unburdening of the system allows for better resource allocation towards other critical areas, such as education, economic development and social services, promoting overall community development and enhancing both health and quality of life.

5.5 Conclusions

The study concludes that integrating hiring processes, training programmes, technological innovations and community engagement is highly effective in advancing both rural healthcare and development. Baylor and its partners have demonstrated that rigorous recruitment and continuous training of local health workers enhance healthcare delivery and contribute significantly to rural development. By equipping the village health workers with the necessary skills and knowledge, these initiatives improve health outcomes while also addressing broader issues, such as nutrition, hygiene and family planning. The training provided enables the health workers to organise the workshops that elevate community awareness, support economic development through agricultural advice and promote social

cohesion, illustrating the powerful link between health initiatives and economic and educational advancement in rural areas.

The study further concludes that technological innovations play a crucial role in this integrated approach by enhancing healthcare efficiency and extending the benefits to rural development. The implementation of the E-register system has streamlined patient data management, improved decision-making and reduced errors. On the contrary, Comcare's automated appointment reminders have increased adherence and reduced inefficiencies. Additionally, the use of mobile phones for livestock tracking, climate alerts and agricultural information showcases how technology supports various aspects of rural development. These innovations address immediate healthcare needs and contribute to broader rural development goals, including improving agricultural productivity, disaster preparedness and access to essential services.

Community engagement strategies further highlight the study's findings on the intersection of healthcare and rural development. The approach of Baylor and partners through consultations with the local leaders, regular feedback meetings and health education broadcast via community radio ensures that healthcare services are responsive to local needs and fosters a collaborative environment for improvement. This participatory model strengthens local governance and social cohesion; it also empowers the residents with knowledge and resources essential for sustainable rural development. By aligning healthcare services with development goals, Baylor and its partners effectively address pressing health and socio-economic challenges, demonstrating the profound impact of integrated health interventions on both healthcare outcomes and overall rural resilience.

5.6 Recommendations

The study highlights significant challenges in rural healthcare and development within regions supported by NGOs like Baylor. Key issues include inadequate funding for recruiting health workers, training programmes that fail to address broader economic needs in rural areas, and a lack of technological advancements that could improve healthcare services and development efforts. Additionally, the study points out the need for stronger community involvement and better alignment between government policies and NGO initiatives to enhance their effectiveness.

To address these challenges, it is recommended that the Lesotho government boost its support for rural healthcare by increasing resources for recruiting and training health workers, with an emphasis on incorporating economic development skills into these programmes. This would better address the diverse needs of rural populations. Moreover, investment in technology, such as E-register, Comcare systems, and mobile apps for climate and agricultural guidance, is recommended to enhance healthcare and rural development. Strengthening community engagement by involving local leaders and creating strategic partnerships with organizations is also vital. Aligning government policies with these recommendations would create a more cohesive and effective strategy for improving healthcare and development outcomes in rural areas.

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