Quality of Health Service Delivery at Healthcare Centres in Chitungwiza District, Zimbabwe

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<th>Article History</th>
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<tr>
<td>Received: 15.08.2020</td>
</tr>
<tr>
<td>Accepted: 24.08.2020</td>
</tr>
<tr>
<td>Revision: 02.09.2020</td>
</tr>
<tr>
<td>Published: 15.09.2020</td>
</tr>
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Abstract: The effectiveness and efficiency of a health system determines the quality of services and the delivery. Health institutions aim to always improve. The introduction of Quality management systems at Chitungwiza district has mandated government hospitals to provide quality health care which is affordable to the community at large. This paper seeks to analyse the quality of health services being delivered at Chitungwiza district. Through purposive sampling, the research sampled 100 participants who responded to the questionnaires and also made use of interviews to health officials and patients. Results show that Chitungwiza district is failing to provide quality health and is failing to meet patient expectations. The healthcare staff also concurred with patients that the healthcare system in Chitungwiza district has numerous healthcare challenges. The healthcare delivery challenges being experienced which detrimentally impacts on quality of healthcare are poor record-keeping, poor infection control measures, shortage of medicine and equipment, shortage of human resources, prolonged waiting time and high healthcare charges. Numerous recommendations were made for the improvement of health service provision in the district.

Keywords: healthcare, service delivery, Chitungwiza, Zimbabwe, Telemedicine and infection.

1. INTRODUCTION

Health service delivery often referred to as health care refers to the prevention, treatment, and management of illness and the preservation of mental and social wellbeing (Chazireni, 2018). There is overwhelming evidence that the quality of health service delivery in Zimbabwe is facing various challenges that impact negatively on healthcare quality. Improvement in quality care means fewer errors, reduced delays in care delivery, improvement in efficiency, increased market share and lower cost (Maphumulo and Bhengu, 2019). The decline in quality health care in the country has caused the public to lose trust in the healthcare system and therefore, many people aspire to get health services outside the country. The quality of health service delivery in Zimbabwe is generally poor. Different parts of the country have serious healthcare problems. Chitungwiza district, like other districts in Zimbabwe, experiences numerous healthcare challenges. Chitungwiza district (City) is approximately 30 kilometres south-east of Harare city centre. It is basically composed of three residential areas which are; Seke, Zengeza, and St Marys. It also has a population of about 456 000, which makes it the third largest city in Zimbabwe (ZIMSTAT, 2017). The district has ten public and municipal health centres (hospitals and clinics). The purpose of this study is to examine challenges that are being experienced in Chitungwiza district healthcare delivery system and recommend strategies that can be employed to improve the quality of health service delivery in the district.

2. RESEARCH METHODOLOGY

The project research from which this paper originates is based on a case study incorporating quantitative and qualitative research designs. Data for the current study was collected through interviews and questionnaires. Appointments were made with the senior management at health centres for interviews. The use of interviews allowed the observation of non-verbal expressions which was important at the data analysis stage. It also allowed the researchers to have greater flexibility in the questioning process. This is in agreement with MacMillan and Schumacher (2006) who argue that interviews allow the researcher greater latitude in asking questions and allowing the probing and clarification during questioning. The researchers also distributed questioners to both workers and patients. A total of 100 questionnaires were distributed to the respondents.
The data collected was presented and discussed. There were also ethical considerations that were considered in this study. Ethics is the discipline which deals the distinction of good from bad, right separated from wrong (Cooper and Schindler, 2016). Prior to this study the researcher sort ethical clearance by asking for permission and consent from the various participants. The participants, therefore, willingly participated in the study after they were approached by the researchers.

3. **RESULTS AND DISCUSSION**

   ![Health care challenges chart]

   - **Poor record-keeping**
     
     As reflected in Figure 1, 60% of the respondents indicated that poor record-keeping is a problem at healthcare centres in Chitungwiza district. This means record-keeping is a challenge in the healthcare centres in the district. Poor record-keeping can create severe challenges in the health delivery process. Poor record-keeping causes unnecessary delays for patients (Kama, 2017: 80).

   - **Poor infection control measures**
     
     According to Dunjwa (2016:1), most health facilities in sub-Saharan Africa have problems such as poor waste management, lack of cleanliness and poor maintenance of grounds and equipment. As reflected in Figure 1, 58% of the respondents indicated that poor infection control measures pause a problem at healthcare centres in Chitungwiza district. This means poor infection control measures create a challenge in the healthcare centres in the district.

   - **Shortage of medicine and equipment**
     
     Shortage of medicine and equipment create one of the greatest challenges in the healthcare centres in Chitungwiza district. As shown in Figure 1, 82% of the respondents indicated that Shortage of medicine and equipment pause a problem at healthcare centres in the district. The findings from the questionnaire are in agreement with what emerged from the interview in which one responded remarked:

     - “Access to healthcare is really difficult. We are dying from curable diseases. Our clinics here do not even have pain killers like paracetamol. All they are giving us are prescriptions but we do not have money to buy the medicines at pharmacies. The hospitals do not give us the required medicines.”

     - A senior nurse at one of health facilities further indicated:

     - “Appropriate medicines are normally out of stock for the treatment of some diseases and under such circumstances we normally resort to pain killers or advise the patient to go and buy from pharmaceutical centres.”

     - Both the patients who responded to the questionnaires and those that responded to the interviews generally concur on the shortage of medicines.

   - **Shortage of human resources**
     
     A major challenge in sub-Saharan African healthcare systems is inadequate human resources. Sub-Saharan Africa is said to have less than one health worker per 1000 population compared to 10 per 1000 in other continents such as Europe (Fonn, Ray & Blaauw 2011:658). In Chitungwiza district, shortage of human resources like shortage of medicine and equipment, creates one of the greatest challenges in the healthcare centres in the district. As shown in Figure 1,
76% of the respondents indicated that Shortage of human resources pose a problem at healthcare centres in the district. The interview responses did not deviate much from the questionnaire responses. All the senior nurses interviewed concurred that health personnel shortages pose healthcare challenges in the district. In support of shortage of human resource as a health care challenge, a senior nurse at Chitungwiza central hospital in the district had this to say:  

"Due to shortage of nurses, nurse aides often work as nurses in some clinics in the district".

There was general consensus among respondents that shortage of health personnel is a big hinderance to the achievement of quality healthcare delivery in the district. The findings from this are in keeping with MoHCW (2014) which indicated that there are 1.6 physicians and 7.2 nurses for every 10,000 people. Lack of staff for medical education training, and high drop-out rates in public sector health care posts have resulted in vacancy rates of over 50% for doctors, midwives, laboratory, and environmental health staff (National Health Strategy for Zimbabwe 2009-2013).

**Prolonged waiting time**

As reflected in Figure 1, 50% of the respondents indicated that prolonged waiting time is a problem at healthcare centres in Chitungwiza district. This means prolonged waiting time is a challenge in the healthcare centres in the district. Prolonged waiting time is however, not a severe problem given that only 50% of the respondents only indicated it as a problem. Patients interviewed at different Patients interviewed at numerous healthcare centres generally indicated the waiting time of patients at healthcare centres can go up three hours in order to get medical assistance

**High healthcare charges**

High healthcare charges serve as a major impediment to quality healthcare service. People in in sub-Saharan Africa are often left in illness because they cannot manage to pay or to settle the medical bills (Chazireni, 2018). As shown by the number of respondents, high healthcare charges creates the greatest challenges in the healthcare centres in Chitungwiza district. As shown in Figure 1, 86% of the respondents indicated that high healthcare charges pause a problem at healthcare centres in the district.

4. Recommendations

From the foregoing discussion it is recommended that:

- More healthcare centres should be constructed in Chitungwiza district so that the distance that the patients move to access health services becomes reduced. Mobile clinics may be useful to improve the accessibility of healthcare services. Mobile clinics are essential as they represent an integral component of the health care system that serves vulnerable populations and promotes high-quality care at low cost (Hill, 2014). Mobile clinics are not new to Zimbabwe. They were introduced in some parts of Zimbabwe though on a small scale. If such a strategy is fully embraced the healthcare service provision challenges of in the district can be drastically reduced.

- The central government should prioritise health expenditure in the national budget. This would then enable the government to acquire enough health resources such as the essential medicines, health personnel and facilities and equipment. Such a strategy will go a long way in ameliorating the health care system of the country and even the district.

- The healthcare delivery challenges of Chitungwiza district can be minimized through adoption of Telemedicine. Telemedicine is a health improvement strategy which can be fully adopted in Zimbabwe. Telemedicine is any provision of medical care over distance, typically utilizing information communication (Chazireni and Harmse 2013). Currently, telemedicine has received limited legislative and resource support in Zimbabwe. Internet and equipment costs are still high in the country. There is no clear well-coordinated mechanism in place for the implementation of telemedicine in the country. There is need to provide resources and legislative instruments that support telemedicine in Zimbabwe and in the district in particular.

- The deterioration of Zimbabwe’s health care system coincided with the introduction of user fees. The fees, which are often very high in the Zimbabwean healthcare centres. Such fees act as a barrier to basic health service provision. In the absence of substantial government financial support, user fees provide the main income for many health care facilities enabling them to provide at least the minimum service (UNICEF, 2011). It is recommended that the government removes health service fees or substantially subsidises the medical expenses. The government is also encouraged to monitor the operations of health insurance organisations or more appropriately can establish of programme of national health insurance.

- A proper review of the public health policies is needed in Zimbabwe. The government should consult the public so as to come up with efficient working public legislation on healthcare in the country and therefore in the districts. A research conducted by (TARSC, 2011) revealed that the Public Health Act in Zimbabwe is poorly implemented and that the public health system is somewhat ineffective (TARSC, 2011). The government of Zimbabwe should therefore, give higher priority on public health policy, by making the policies known by the people and ensuring proper implementation. There is need to include the rights of people to health in the public health Act of the country. The rights to be included in public health policy should encompass the rights to proper
drinking water, adequate food and proper housing, free health care and access to public health information.

- Decentralisation is necessary but it must be implemented cautiously, after confirmation that there is sufficient managerial capacity at district level, and local health officials must be held accountable when they fail to deliver quality as required by their job description.
- Local government should deliver on its constitutional mandate. Government needs to strengthen human and material resource in terms of quantity and quality. Government must also commit to root out nepotism and corruption in areas such as recruitment for positions and awarding of tenders for services.

5. CONCLUSION

Although much has been done over many years to restructure the health care system and to improve the quality of care being rendered to users, primary findings and literature from this study reveals that millions of people in Zimbabwe still face numerous healthcare challenges. The literature also reveals that the drive to improve the quality of health care in Zimbabwe has not been lacking in interventions or in powerful ideas. Health service provision in the Chitungwiza district of Zimbabwe is experiencing numerous challenges. Therefore, still much needs to be done by government, and society at large, to address the issues of poor-quality service delivery. The current physical state of public health facilities in Chitungwiza district is disgraceful and not favourable to the delivery of quality health services. From the current study, the healthcare delivery challenges being experienced which detrimentally impacts on quality of healthcare are poor record-keeping, poor infection control measures, shortage of medicine and equipment, shortage of human resources, prolonged waiting time and high healthcare charges. Numerous recommendations were made for the improvement of health service provision in the district. Generally, the recommendations are aimed at the improvement of health conditions in general in the districts. It is hoped that if these recommendations are taken into account, there is going to be improvement in the quality of health service delivery in the district.

6. REFERENCES