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THE IMPACT OF HOSPITAL TRANSPORT SERVICES IN RURAL AREAS IN ZIMBABWE. A CASE OF SAKUBVA DISTRICT HOSPITAL.

DISTRICT HOSPITAL.

BY

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A PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF BACHELOR IN HEALTH SERVICES MANAGEMENT (HONORS) IN THE COLLEGE OF HEALTH AGRICULTURE AND NATURAL SCIENCE OF AFRICA UNIVERSITY

2023

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DECLARATION

I Dada Suzanne Ramazani, Student number 181899 do hereby declare that this research project is my original work except where sources have been cited and acknowledged. The work has never been submitted, nor will ever be submitted to another university for the award of a degree.

SIGNATURE	DATE
Dada Suzanne Ramazani	28 November 2022

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ACKNOWLEDGEMENTS

My sincere gratitude goes to the Almighty God, who is guiding and protecting me throughout my studies at Africa University I am thankful.

I would also like to express my appreciation to the staff at Sakubva District Hospital for their assistance during the time I was working on this proposal.

I want to thank my parents and my family who gave me support ranching from social, and financial among others towards my degree course at Africa University. Without your unconditional support, l could have failed to find a chance to go to university to upgrade my education levels

DEDICATION

I dedicate my research to my family and my friends, and a special feeling of gratitude to my loving parent, Ramazani Joseph, and Kawaya Honorine whose words of encouragement and push for tenacity ring in my ears.

List of acronyms and Abbreviations

DGF	World Bank Development Grant Facility
RTTP	Rural Travel and Transport Program
COHSASA	Council for Health Service Accreditation of Southern Africa
SDH	Sakubva District Hospital

CHAPTER 1: INTRODUCTION

1.0 INTRODUCTION

The transport sector is essential to opportunities for participation in society, sustainable development, preventing injuries and diseases, and promoting health as well as quality and livability. The goal of an effective healthcare system must be to provide universal emergency care thus emergency care should be readily available for those in need. Nevertheless, various unfounded myths about emergency care are usually used as a rationale for giving it a low priority in the health sector, especially in semi-developed and developing.

In November 1999, the World Bank Development Grant Facility (DGF) marked the genesis of rural transport including the rural hospital section. DGF agreed on a one-year grant to the African Rural Travel and Transport Program (RTTP) and the purpose of the grant was to enable the development of national rural transport policies and strategies for the planning, financing, and maintenance of rural roads, tracks, paths, and footbridges. Furthermore, it provides motorized and non-motorized rural transport services to people, goods, and patients to hospital, promote the use of least-cost methods, local resources, and small contractors for rural transport infrastructure works.

1.1 Background of the Study

Safeguarding the welfare of citizens is the objective of all healthcare delivery schemes, whereby individuals have the right to access good-quality healthcare. Allocating the relevant and required resources such as transport and finances contributes to the accessibility of health facilities.

In Britain, the transport of high-acuity rural patients poses unique challenges to health planners in British Columbia province, (Kornelsen et al. 2016). They further argue that British Columbia

province is characterized by fluctuating landscapes and seasonal variations in diverse climatic zones. Henceforth these elements result in challenging travel conditions by land, air, and sea. Many rural and remote communities, therefore, have difficulty accessing health care and emergency transport despite that most hospitals have helicopters in British Columbia province, (Kornelsen et al. 2016). Meanwhile, this research seeks to investigate the condition of the road leading to and surrounding

SDH and examine if they pose a challenge to the hospital in delivering quality healthcare. It further interrogates the type of transport resources available at the hospital and reveals if they are similar to those of the British Columbia province in Britain.

Furthermore, in D.R.C rural populace also experience access barriers to health facility thus long distance and the cost of accessing health amenities. 20 out of 30 rural residents are mostly deprived of emergency transport to access healthcare facilities, there are few public transport systems accessible for disabled people, particularly people using wheelchairs, and even fewer in rural areas. Meanwhile, transport policies have insisted on inclusive, implementation and regulation of the transport industry. However, the policies have not adequately addressed barriers to access for rural poor and disabled people living in D.R.C.

However, in Zimbabwe, access to healthcare amenities is often prejudiced by long distances and travel times to health facilities, and the accessibility of monetary resources to travel or pay for care (Mangundu at el, 2020). In Zimbabwe, people in rural areas often have to walk between 10 km and 50 km to access the nearest health facility (Mangundu at el, 2020). Henceforth this research thrives to examine if the transport sector in SDH assists its people to attain health care or is by no exception regarding other rural areas in Zimbabwe. Access to a health facility is often hindered by

a lack of infrastructure, such as dirt roads that are not maintained, resulting in poor road conditions and potholes that create barriers to transport (Mangundu at el, 2020). In Zimbabwe owing to political instability and economic hardships bridges that have collapsed because of rain are not repaired, impeding the traveling of patients in critical conditions and negatively affecting the timely delivery of medical drugs and medical supplies to rural health centers.

1.2 Statement of the problem

Transport resources in hospitals play a pivotal role in rendering quality healthcare. Several studies have found hospital transport access a barrier in African rural areas thus long distances, lack of transport, and cost of accessing health services Khreis, (2019). Gaedei and Versteegii (2011) submit that they are a need for affordable and reliable transport, particularly when there are large distances and few facilities in rural areas. Meanwhile, Couper (2003) attests that the COHSASA (Council for Health Service Accreditation of Southern Africa) accreditation program for hospitals does not warrant or even mention a transport blueprint for rural hospitals. The interest of the present study is to find out the impact of the transport section at SDH in health service delivery and investigate how it contributes to quality healthcare.

1.3 Research Objectives

1.3.1 General Research Objectives

This study aims to assess the impact of the hospital transport section in Sakubva District Hospital.

1.3.2 Specific Objectives

This study seeks to:

- ❖ Determine the condition of roads at Sakubva District hospital and how it impacts quality healthcare.
- ❖ To examine the type of transport resources available at Sakubva District hospital.
- ❖ Determine the condition of vehicles at Sakubva District hospital and their contribution to rendering quality healthcare.
- ❖ To submit recommendations that can improve the Sakubva District hospital transport section.

1.4 Research Questions

Main Question

- ➢ How accessible were transporting resources in different departments at Sakubva District hospital in 2022?

Sub Questions

- ➢ What was the condition of the roads at Sakubva District hospital and how did it impact quality healthcare in 2022?
- ➢ What were the condition of vehicles at Sakubva District hospital and their contribution to rendering quality healthcare in 2022?
- ➢ What type of transport resources was available at Sakubva District hospital in 2022?

1.5 Significance of the Study

The research seeks to fill the knowledge gap in Zimbabweans about limited studies on the impact of hospital transport section in Zimbabwean rural areas instead most studies focus on the availability of medical drugs, nurses, and doctors in rural areas. Furthermore, the research seeks to fill the gap in the timeframe of the study, most studies that addressed the hospital transport section in Zimbabwe were conducted two decades ago henceforth this study seeks to unravel the state of the hospital transport section in modern liquid times.

1.6 Limitations

Finance and the outbreak of the coronavirus pandemic in February 2020 are major constraints to this research hence the researcher will distribute questionnaires to those who were readily available. Some doctors are not readily available at Sakubva District hospital.

1.7 Delimitation

They are 36 Health Centers hence the researcher will focus on one hospital Sakubva District hospital because it is where I was attached during my work-related learning. Nevertheless, the research will focus on the impact of the hospital transport section in Sakubva District hospital.

1.8 Assumption of the Study

This research is based on the assumption that they are limited transport resources, poor roads, and poor vehicle conditions at Sakubva District hospital and which results in poor healthcare for the community.

1.9 Summary of the chapter

This chapter introduces the research area and outlines the background and rationale for the present study. It briefly reviews how the transport department has an impact on the Sakubva District Hospital. The objective is was to find the impact of the transport section at Sakubva District hospital on health service delivery and investigate how it contributes to quality healthcare. The chapter subsequently describes the aims of the present study and the all-research components such as the background of the study, the problem statement, research objectives and research questions, significance, delimitations, and limitations of the study. The purpose of this study is to assess the good quality of in transport section at Sakubva District hospital in health service delivery and investigate how it contributes to quality healthcare. The following chapter will focus on reviewing the literature which is related to the study.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

Aveyard (2010) argues that a literature review is a comprehensive study of extant literature that addresses a specific topic. This section is dedicated to reviewing scholarly debates that are closely related to the rural hospital transport section, rural hospital accessibility, and rural hospital transport resources allocation.

2.1 Monitoring challenge of rural hospital transport accessibility

Safeguarding the safety of people is the ultimate objectivity of all healthcare provision systems, where individuals have the right to access good-quality healthcare (Mangundu at el, 2020). Allocating the relevant and required resources such as transport and medical drugs contributes to the accessibility of health facilities. Kobusingye et al (2005) argue that transporting from a rural location of an acute event to a hospital is a crucial element of pre-hospital care since lack of transportation is often the major barrier diminishing patients accessing emergency care. Meanwhile, Mangundu et al (2020) submit that in developing countries like Zimbabwe, access to healthcare services is often influenced by long distances and travel times to health facilities, people in rural areas often have to walk between 10 km and 50 km to access the nearest health facility. Gaedei and Versteegii, (2011) concur with Mangundu et al (2020) and submit that rural populations in D.R.C, especially in rural are often disadvantaged regarding emergency transport to access healthcare facilities. Whereas, Kornelsen et al (2016) contend that the rural-urban divide plays a role in the accessibility of transport resources in British Columbia province in Britain. They further argue that the allocation of transport resources, paramedics, and most advanced training is predominant in urban areas meanwhile neglecting rural settings (Kornelsen et al, 2016). However, this study seeks to investigate the type of vehicles, condition of vehicles, and roads at Sakubva

District hospital and establish whether the situation concurs with the sentiments of the above scholars.

Furthermore, a lack of information on distances to care or between care sites (Pickering et al. 2015) undermine the applicability of the data for policy planning. In particular rural sites, both limit the meaningfulness of the data and impact the perception of rural hospitals, incorrectly framing them as simply a stop along the patient journey toward more complex care. Henceforth, this study is interested in finding out the condition of vehicles at Sakubva District hospital and roads. A strong example of this is the frequent recommendation for reduced non-therapeutic imaging and testing at rural sites before referral and transfer (Garweetal.2011).

Furthermore, Chimbindi et al (2013) report average travel times to and from a rural health clinic in South Africa even accounting for 58% of patients traveling by minibus. The finding is interesting because that is a long time spent in a minibus in the rural road environment for patients that are reported as seeking care for respiratory-related diseases. Similar barriers to healthcare access were reported in rural Niger where 90% of the roads are unpaved and some remote regions require walking more than 4 hours to access facilities (Blanford et al, 2012). The issues surrounding rural healthcare access are myriad and complex (as summarised by Porter, 2014). An epidemiological study in rural (Kilifi District) Kenya, however, did not find a correlation between child mortality and distance (i.e., ability to readily access) to rural healthcare (Moisi et al, 2010). On the other hand, a recent comprehensive study of maternal health issues in rural SSA showed a considerable positive correlation with the accessibility of various levels of care (TRANSAID, 2013). Allegri et al. (2011) reported similar positive associations of care-seeking and accessibility distances among pregnant women in rural Burkina Faso. Sierra Leone reflected positively on the

use of motorcycle ambulances (Bhopal et al, 2013). It should be noted, however, that both the drivers and the motorcycles themselves used in such ambulance schemes are not typical of the average motorcycle/driver operating throughout rural. Another study that tracked trauma patient care in a hospital in rural Kenya emphasized the importance of access to positive treatment outcomes for injuries, 52% of which were a result of road crashes (Otieno et al. 2004). A study in rural Kenya on the effect of road construction projects on healthcare access showed them to have a more positive impact on wealthier residents.

Berhanu et al. (2008) documented the adverse health effects associated with limited and unsafe transport access to critical healthcare in rural Ethiopia. The study noted that women, children, and the elderly were disproportionately affected by the lack of healthcare access. The report and another from rural Ethiopia (Muleta & Ababe, 2008) echoed the particular concern over the lack of access to maternal and prenatal care. Maganya et al. (2008) noted the difficulties that extreme terrain (mountains, islands) and even wild animals place on healthcare access in remote areas of Kenya.

2.2 Condition of roads in rural areas and hospital

The relationship between transport and healthcare access is addressed to a limited extent to illuminate some of the key transport-related issues but without a full exploration of this very complex subject involving numerous sociological and economic issues unrelated to roads and transport services.

Rural transport provision is a complicated and often contradictory endeavor. The positive benefits of increasing rural mobility and accessibility are well-documented (Starkey & Njenga, 2010). Even so, there have been difficult lessons learned. There has been considerable focus on road

projects in the past to develop inter-city highways that allow traffic to traverse rural areas between urbanized ones, often doing so at high speeds, (Porter, 2014). Meanwhile, these major highways are connected to trunk roads and feeder roads all of which provide access to varying levels of human development. Whereas, engineered roads provide physical connectivity (a road from here to there) that does not necessarily come with complimentary accessibility (no way to get there). The development gap between the provision of rural roads and viable transport services operating on them was first illuminated by Dawson & Barwell (1993). Numerous researchers have since expounded on this concept noting that so much of rural Africa depends on transport services and Intermediate Transports modes for basic mobility for example. However, the thrust of this research is to find out the condition of roads in Sakubva District Hospital and the surrounding areas.

Roads are not well arranged in rural areas like Sakubva, to help ambulances to drive and transport patients calmly without being disturbed, it requires strong concentration when you transport a patient and peace of mind even if you have to drive fast.

2.3 Condition of Vehicles in Rural Hospitals

Poor vehicle condition in hospitals and rural areas was shown to be a major contributor to a major inter-urban motorway. More than a quarter of the crashes, however, were attributable to vehicle defects and mechanical failures (Sobngwi-Tambekou et al, 2010). Risky and poor road conditions and inadequate enforcement were suggested as major contributors to road crashes. Meanwhile, vehicle failures due to defects and lack of maintenance, finance, and poor road conditions are the primary contributors to crashes on rural roads in SDH.

Similarly, Starkey al. (2013) noted that regulators in Tanzania rated rural vehicles condition as low. (Starkey and Njenga 2010) noted the potential complication of enforcing vehicle safety

compliance as it may result in higher transport costs and less frequent services. Numerous researchers have alluded to the importation of motorcycles from China and the transference of other vehicles from urban to rural service as they age, become less expensive to purchase and ultimately less safe and reliable. Lamont (2012) offers an anthropological perspective on fatal crashes in Africa as being a product of "an ongoing but exceptional industrial catastrophe [that] is analytically advantageous insofar as it reintroduces road safety as both capitalist ideology and state-effect." Akloweg et al (2011) take this assertion a bit further and call for increased responsibility among the global automobile trade to be more proactive in ensuring the serviceability of cars (especially used cars) that enter the African market as an effort to address the role mechanical failures play in road crashes across the continent.

Further examination into this issue identified poor vehicle condition as a major contributor along with a lack of compulsory vehicle insurance and effective safety enforcement. Henceforth this research seeks to find out the vehicle condition at Sakubva District Hospital. Many vehicles are no longer in good condition some are no longer working, and there are no funds to fix all those vehicles, the government is taking long to provide money, and sometimes vehicles in SDH are having challenges buying fuel, these days fuels are being sold only in USD and patients are paying in RTGS, the government is not providing fuel or money of fuel on time.

2.4 Theoretical Framework

This study will utilize Acton`s Utility Maximization Model of Health Care Demand of 1975 to unravel the impact of hospital transport in Sakubva District hospital.

2.4.1 Acton's Utility Maximization Model of Health Care Demand

Acton`s Utility Maximization Model of Health Care Demand (1975) was propounded by Acton. The model extended the Grossman (1972) model by embracing the argument that time costs and other demographic factors are involved in the consumption of health care. Acton‟s model starts from a behavioral model of utility maximization, where utility depends on health care and the consumption of other goods. In the model, on experiencing an illness or an injury, an individual is assumed to choose among various treatment alternatives including no treatment to maximize utility subject to budget constraints. The individual is constrained by both monetary and non-monetary costs such as transport availability, traveling, and waiting time while seeking health care (Mwabu, 2008). The impact of these monetary and non-monetary costs in accessing health facilities is seen as defining the quality of a particular facility or a certain healthcare provider (Mwabu, 2008). The model concentrated on the role of monetary and non-monetary costs in determining a demand for health care. The model explains that demand for treatment in response to a particular episode of illness or injury can be modeled in terms of the provider choice. Henceforth, the objectives of this study thus transport resources accessible, the condition of roads, and the type of transport resources available at Sakubva District hospital are non-monetary elements stipulated by Acton guiding this research. This research seeks to use Acton`s model in answering the research objective above.

2.5 Conclusion

The main thrust of this section was to highlight and review related literature in providing a critical appraisal of the impact of hospital transport services in rural areas. In this discussion, major theories that inform the research were discussed. The subsequent chapter shall critically explore the research methods and methodologies employed in the research.

CHAPTER 3: RESEARCH METHODS AND METHODOLOGY

3.0 Introduction

This chapter presents the methods that were used to investigate the impact of transport services at Sakubva District hospital. The chapter includes the type of research, research design, study setting, the population as well as sample size. The sample procedure, study instrument, pilot study, data collection procedure, and data analysis procedure used to explain in this chapter. This chapter will also focus on ethical considerations and then a summary of the chapter.

3.1 Study Design

This study employed a descriptive research design. Somekh and Lewin (2011) submit that research design is a complete plan of the research. Ncube (2011) avers that descriptive research design is a method in which the researcher is solely interested in describing the phenomenon under study (the impact of hospital transport services in rural areas). Furthermore, the descriptive research design is a theory-based method that is created by gathering, analyzing, and presenting data. The study gathered data from SDH to offer the importance of the impact of hospital transport services in rural areas. The researcher used a quantitative method to enhance evaluation and a better understanding of the research.

3.1.2 Research approach

Yilmaz (2013) submits that the quantitative research approach consists of numerical data that can be presented and analyzed through statistics or numerical methods. Quantitative research theorists search objectives in measurement and they use numerical forms to understand a social phenomenon. (Hulm, 2007) submits that quantitative research provides accurate data without explanations hence being an advantage as it avoids biases. Open-ended questionnaires were used

in the quantitative research method. The quantitative research method had an imperative effect as it equipped the researcher with quantitated facts on the impact of hospital transport services in rural areas

3.2 Study setting

The study was carried out at Sakubva District hospital, meant for the Black people during the government of the Whites before the independence of Zimbabwe on 18/April/1980. Due to the Economic decline in Zimbabwe in 1992, the Sakubva District Hospital (SDH) was closed due to malfunctions of critical Hospital equipment, infrastructure, and inadequate funds. The Workers and Patients were all transferred to Mutare Provincial Hospital (MPH) during that year and it was reopened in 1999. The hospital was then converted into an eye hospital during the 1980s up until now and a maternity wing was opened in 2010 at the same hospital. The hospital has an eye unit, a maternity unit, and rehabilitation department, and an Environmental Health department. Sakubva District Hospital (SDH) has a total of 36 Health Centers under its leadership which are spread in Mutare District.

The hospital has 7 drivers, 1 transport service department chairperson, and 9 general hand workers. This study was carried out at SDH because the researcher observed some transport services challenges at the hospital.

3.3 Population

The research was carried out on transport service at SDH. This is because they are a challenge in transport service rendering at the hospital. The population at SDH is 75. Not all nurses doctors and drivers were included in this research because of their large numbers henceforth sampling was carried out to select respondents whom the researcher used to collect data from.

3.4 Inclusion

The study included some nurse, doctors, and members of staff in the transport service department who directly work hand in hand with the transport service department or who understands the function of the department. Participants should possess at least three years of working experience at the hospital.

3.5 Exclusion

Doctors and nurses with less than three years of working experience were excluded general hands workers were also excluded .

3.6 Sample Size

The sample size consists of doctors, nurses, transport services department staff, and the chairperson. Data will be gathered from 15 nurses, 5 members from the transport service department including the chairperson, and 5 doctors.

Sample Size Calculation

N= z2pq/d2

Where, n is the desired sample z is the standard normal deviation usually set at 1.96(Which corresponds to the 95% Confidence interval) p is the proportion in the target population to have a specific characteristic.

q is (1-p) d is absolute precision or accuracy normally at 0.05

Therefore, sample size = 1.962 *0.5*0.5/0.052

= 25 participants

3.7 Sampling Procedure

3.7.1 Stratified random sampling

The researcher applied probability sampling namely stratified random sampling in the research to collect data from nurses, and SDH which coordinates. Stratified random sampling is obtained by dividing the population into subgroups with relevant information on the topic at hand. The researcher applied the use of stratified random sampling for 15 nurses, 5 members of the transport department, and 5 doctors. The researcher used stratified random sampling to attain differences and present them properly on the sample. The researcher at SDH divided the employees/project associate's population into 3 strata, then applied a simple random sampling method due to the large population to select 15 nurses, 5 members of the transport department, and 5 doctors. The use of stratified random sampling ensured an accurate layout of differences presented in the sample. The subgroups selected were anticipated to be representatives of a target population understudy who have certain attributes such as the idea about the topic at hand, and who can answer the researcher's questionnaires giving adequate relevant solutions.

3.7.2 Advantages

Stratified random sampling allows sampling higher accuracy of estimates for all subgroups.

Stratified random sampling also reduces sampling error since it consists of similar groups.

3.7.3 Disadvantages

Stratified random sampling can lead to a high risk of biased information since people are selected randomly. Stratified random sampling can also be time-consuming and can be challenging to explain.

3.8 Study Instrument

The measuring instruments of this study included the condition of roads and vehicles and questionnaires for evaluation. Transport services rendered to the hospital were operationalized by the responses from the target sample. The four aforementioned assessments were very valid in gauging participants' knowledge of transport service operations at the hospital and generating objective performance measurements. The study questionnaire comprised of 10 questions, closed and open-ended, and Likers Scale questions (which range from strongly disagree to strongly agree). The questions will be focused on five domains, types of vehicles available at the hospital, condition of vehicles and roads, and recommendations.

3.9 Sources of data

The researcher used primary sources and secondary sources in collecting data

3.9.1 Secondary Sources

The study used a secondary source of data in the collection of data. Secondary sources include archived data sets, published books, newspaper articles, and journals found in libraries. Kadam et al (2013) submit that secondary data is collected by a certain individual for a specific purpose. Using secondary sources in this study is less expensive and less time-consuming and then it was related to information that already exists, however Secondary data has some drawbacks such as outdated information and inadequate information, these drawbacks can be resolved by comparing data from questionnaires and interviews to find validity and reliability.

3.9.2 Primary Sources

The study walso rely extensively on the primary sources of data. Primary sources provide raw information and first-hand evidence for example interview transcripts, statistical data, and works

of art. The researcher was primarily gathering data from questionnaires distributed at SDH. In this case, primary sources were used as a supplement to fill gaps in existing knowledge. In this research data was collected in SDH. The researcher implied the use of primary source data because it is easily understandable. Collecting data from the top management officials who are about the topic at hand adds accuracy since the data will be collected from first-hand information.

3.10 Pilot Study

A pilot study was carried out to examine the feasibility of an approach that is intended to be used in a larger-scale study. A small sample size of the participants thus a mixture of doctors, nurses, and transport service staff. The 5 participants will respond to the questionnaires and the results will help provide feedback before performing a full-scale research project. Errors will be rectified and not be repeated in the main study

3.11 Data collection procedure

Nurses, doctors, and transport department staff members were informed of the study and its purpose through department announcements and information posted via memos and emails. Who Nurses, doctors, and transport department staff members who volunteer to participate in the study will complete a survey in 10 minutes. The survey created were responded to the research questions that guide this study. The use of surveys was allowed by the researcher to obtain information about the thoughts, feelings, attitudes, perceptions, and behavioral intentions of research participants.

The questions were asked in a universal language which is English. No personally identifiable information will be collected.

3.11.1 Open-ended questionnaires

The researcher employed open-ended questionnaires to the organization to find to collect data from workers. The open-ended questionnaire was employed for gathering data from the informants. Furthermore, questionnaires were designated because it is easier to develop and inexpensive to administer data. The researcher also selected a questionnaire because it helps in processing data from questionnaires is less complex compared to observation. The researcher also found the questionnaire perfect for gathering information related to attitudes, views, and expectations. In addition, the researcher considered open-ended questionnaires because they have the advantage of gathering ideal opinions.

3.12 Data analysis and data presentation

The researcher will use tables, bar charts, and pie charts to present for analysis. The reason for using pie charts is that they correspond well with the qualitative methods of research, while bar charts were used to represent quantitative data. Thematic analysis will be used by the researcher to analyze the gathered data in this research. Thematic analysis was chosen by the researcher in this research to analyze data because it allowed the researcher to scrutinize and present the data that was collected from nurses, doctors, and members of the transport department at SDH

3.13 Ethical considerations

The researcher safeguarded participants through adherence to the research principles. Doctors, nurses, and transport section department staff members will be informed about the study and will

give their consent, confidentiality, and anonymity will be maintained and intellectual property was protected.

The goal of the study was to explain to the participants by the researcher. Subjects were informed that they had the option to stay in the study or leave at any moment through the incosent form. The participants were not subjected to any form of force, duress, or fraud. As a result, the participants' dignity was taken into account. The information gathered from the participants was handled in a way that preserved the anonymity of the participants. On the interview schedule and questionnaires, no names of respondents were written. The responders were also informed that their data would be kept private and utilized solely for academic purposes. Where the researcher's name was unknown to the respondents, the researcher's identity was revealed to make the respondent feel more comfortable sharing information.

3.14 Summary

The main objective of all healthcare delivery schemes, whereby individuals have the right to access good-quality healthcare. Allocating the relevant and required resources such as transport and finances contributes to the accessibility of health facilities. This chapter aimed to outline the research methodology applicable to this research topic. It gave insight into how the sample size will be calculated and also set out the definitions that will be used and the criteria that are to be applied. It also included a detailed description of the instruments to be used, the population, sample selection, methods of data collection, and the data analysis which will be used to implement this methodology. Ethical considerations which will be followed and enforced were also highlighted in this chapter. The next chapter details the analysis and describes the findings of the research.

CHAPTER 4 DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

The findings of this study are presented in this chapter; data was collected in line with the researcher objectives. The themes or headings in this chapter were generated from thematic and content analysis were used. Both primary and secondary data were presented analyzed.

4.2 Data Presentation and Data Analysis

The presentation of data and analysis was done through thematic analysis and content analysis. This was done in line with the research objectives mentioned in chapter one. The findings in this phase are from both the key informant interview and questionnaires.

4.2.1 The Condition of Roads at Sakubva District Hospital and its Impacts on Health Care.

The following phase is mainly focusing on the conditions of the roads and the general impacts on healthcare. It is also important to note that these conditions vary from one point to another and the following data id based at Sakubva District Hospital.

4.2.1.1 Poor Traffic Patterns

The majority of the participants of this study mentioned the traffic patterns of the roads at Sakubva District hospital are very poor. In line with what the participants of the study mentioned, traffic patterns are more like so far from the hospital and this has a great impact on the healthcare. One of the participants stated that it is very difficult for people to visit the hospital especial in the evening or during emergency period. Those that are far from the hospital prefer local clinics than the hospital due poor traffic patterns .One of the participants also mentioned that the poor traffic patterns have led to the reduction of health care services by Sakubva district hospital. More the majority of the participants mentioned the roads are a bad shape such even the staff members prefer

to pack their cars at the shops close to the hospital. Lastly the poor traffic partner also promotes traffic conjunction.

4.2.1.2 Potholes

Basing on the study findings one of the common conditions is potholes. The majority of the participants agreed that few participants agreed that the roads are full of potholes and it is difficult for cars to travel. Moreso a few participants point out the importance of a good road network in promoting healthcare and the case at Sakubva is different, potholes have led to public transports to stop coming to the hospital and dropping people far from the hospital. three also mentioned that " potholes are no a common thing and it's very difficult especially during the rainy season for cars or public transport to come to the hospital and even the hospital's staff vehicles are not allowed to use the same roads due to potholes". In line with what the majority of the study participants have said it is true that healthcare is affected by roads with potholes.

4.2.1.3 Lack of Maintain

The findings of this study proved that the roads are in a sorry state due lack of maintains Most of the participants stated that " the roads are no longer looking like tarred roads but roads and it is very difficult to know how and why the roads are like that". Moreso one of the participants mentioned that the local authorities should be very care and try maintain the roads since it contributes to public health transformation". Poor healthcare is driven and influenced by a good road network and poor road network means a reduction in healthcare delivery.

4.2.2. The Type of transport Resources at Sakubva Hospital

The transport system at Sakubva Hospital is divided several sectors and these are classified according to roles and duties: ambulances, administration vehicles, staff transport and drugs and

medication supplies. However, it is important to consider the fact that the hospital transport system at Sakubva hospital is one of the most important services that support the healthcare system.

4.2.2.1 Ambulances

In line with the study findings one of the common sources of transport available at Sakubva hospital is the ambulances, the Hospital has about three ambulances and the major duties for the ambulances is carry patients to the provincial hospital or bring patients that have an emergence. The hospital's ambulance policy is also based on promoting and saving the needs for the patients. The majority of the participants supported this by reviewing the daily routes of the ambulance and the ambulance normally works only on specific duties. One of the participants argues that the ambulance is sometimes used for hospital administration duties due to lack of vehicles within the hospital. Lastly the role of the ambulance is not specific since the hospital has lack of transport sources, therefore it is of no use to specifically mention the roles of the ambulance basing principal roles of the ambulance use.

4.2.2.2 Administration Vehicles

The study fundings showed that the hospital also needs or has a hospital administrative vehicle, these are used for different administration duties, these include, transportation of staff to workshops, meetings, carrying food orders, carrying furniture and other specific administration roles like ferrying core workers on duty, doctors and nurse called in for emergency. Some of the participant explained that "administrative duties need enough transport to facilitate the daily business of the hospital". This also goes hand in hand with what mentioned in the background of this study in chapter one point 1.2, by (Mangundu at el, 2020). However, one the participants'

mentioned that “The vehicles are mixed up due to lack transport resources at the hospital”. Another point coined by the participants of this study is the ordering and suppling of hospital equipment which is also classified as part of the administration that requires transport services for the moment of hospital equipment, like drugs, medication, bed, blankets and food items.

4.2.2.3 Staff Transport

Generally, the participants of this study reviewed that the hospital have no transport system or transport resource aimed at saving its staff members and the majority of the hospital staff uses their personal cars or public transport to and from work. Most the participants also agreed that the hospital staff uses their own transport sources due to lack of provision for staff members by the hospital and due to the fact that most of the staff stays in different locations around Mutare and its also costly for the hospital to provide transport to all the staff members. Participant 2 explained that “the cost having transport for the staff is too expensive for the hospital and the staff is not comfortable to use the transport due to various reasons unmentioned”.

4.2.3 The Conditions of Vehicles at Sakubva Hospital and their Contribution to Rendering Quality Healthcare.

The study finding shows a various level of conditions and their contributions to rendering quality healthcare, the role of transport is based on the condition of the vehicles at hand and in the case of Sakubva hospital the vehicles are with some of the following, poor services, lack of services, lack of maintains, lack of fuels and lack of vehicles.

4.2.3.1 Poor Services and Lack of Services

One of the common conditions that is faced at SDH is poor serviced vehicles, in line with the study findings, the majority of the participants reviewed that “ the hospital vehicles are barely serviced and mostly their service when they are no longer working”. One of the participants who is also one

the person in charge of the hospital vehicles mentioned that " the regular services that are offered or done to a vehicle are not even consider and, in most cases, when the vehicle is down it is only fixed the part that is dead and get back to the normal duties". Another participant also reviewed those poor serviced vehicles led to a lot of breakdowns and in several cases the one the major vehicles has being reported to be on breakdown on duty. A few of the participants argues that the efficiency of the vehicles is also reduced due to poor services and this has also led to a decrease of quality healthcare offered by the hospital.

Moreso some of the participants also mentioned that lack of services for the vehicles is also another major challenge, the hospital doesn't have a schedule aimed serving and maintaining the available few vehicles and it is also breakdown after another due to the poor conditions of the vehicles. Lastly lack of maintains is another particular feature of the vehicles at SDH, the study findings confirmed that the available vehicles are not maintained well such that if the driver givers the car to another person he or she can't drive it due to a lot technically issues. The above-mentioned challenges are a major draw back towards to the quality health due to the conditions of the vehicles.

4.2.3.2. Lack of Fuels

Only a few participants agreed that lack of fuel is a common challenge, in the case of fuel it is very rare to say or have enough evidence to say that lack of fuel is a condition faced by vehicles but in most cases the delivery or purchase of fuel is delayed due to complicated administrative process. Lack of few means that there is no transport at all and this also means that the quality of healthcare is reduced and the contribution made by transport is zero. The majority of the study participants reviewed that this type of condition is mostly related to administrative duties and the accounting departs.

4.2.3.3 Lack of Vehicles

The need to have a good transport resource adds up to a good or a high healthcare quality, however the study findings showed that the hospital has a few vehicles and there is a high level of shortage of transport resource, this was also supported by some of the participants by reviewing the use of the ambulance for all the hospital transport duties and in case of the ambulance being broke down it is a major challenge for the Hospital. This condition has led to the hospital failing to provide quality healthcare.

4.2.3 Discussion

The discussion focused on the aspects that are reviewed in this chapter and those that are in chapter two. The similarity and differences in the literature review and the findings of this study was stated as supported by different scholars. This was done in line with the research objectives respectively. The impact of hospital transport services in rural is based on various aspects and the available transport resource can also contribute to the level of healthcare quality offered by the hospital. The findings of the study such as poor serveries, lack of vehicles , lack of fuel and road conditions such as poor traffic patten, poor road and potholes are a major challenge all the findings are new and this has helped the researcher to create a new gap in literature review.

4.3 Summary

The research findings were presented in this chapter. The outcomes of the qualitative study's findings were presented in the chapter through the use thematic. The material from the key informative interviews and focus group discussions was analyzed using content analysis thematic analysis in a qualitative manner. Themes in this chapter were generated from thematic approach and were also in line with the research objectives.

CHAPTER 5 SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a summary of major study findings, conclusion, recommendations and the implications of the study and it provides suggestions and a way forward to issues addressed in this study. The purpose of the study was to assess the impact of hospital transport services in rural areas in Zimbabwe. A case of Sakubva district hospital, Specifically, it was attempting to unravel the implications of hospital transport services in the rural area Sakubva and other rural areas in Zimbabwe at large.

5.2 Discussion

The first phase of this study started by introducing the research, background of the study, statement of the problem, which was driven from journal and supported by various scholars from newspapers and reports. The objectives of the study was generated from the statement of the problem and from the research objectives, research questions were formed. Significance of the study and delimitations of the study.

In the second chapter of the study reviewed the literature related to the study. Firstly, the theoretical frame was stated and its relevance too. The literature reviewed focused on the conditions of rural hospital ,monitoring challenge of rural hospital transport accessibility, condition of roads in rural areas and hospital and condition of vehicles in rural hospitals

The third chapter of the research is made up of the research metrology, the study adopted exploratory research design and it implemented the quantitative approach, and pollution of the study. Purposive and convenience sampling were the two qualitative sampling techniques. Key

informant interviews and focus groups discussions were the data collecting instruments used in this study. Analysis and orgnisation followed thematic and documentary analysis. Lastly ethical considerations were taken into consideration through the obtaining an approval letter from AUREC and permission from the Ministry of Local Governance, National Housing and Public Works through the District Administrator- DA-Mutare.

Data analysis and presentation was done in chapter four, data was analyzed a thematically and using content analysis. The themes in chapter were addressed basing on the research objections and findings of the study. Similarities from the findings and literature review were noted; new issues were also raised from the impact of hospital transport services in rural areas in Zimbabwe. A case of Sakubva district hospital.

5.3 Conclusions

In conclusion, this study examined three study objectives intending to assess the impact of hospital transport services in rural area. The study then concluded that the impacts of hostipal transport services are real and the implications too are real, implications like poor roads , potholes, poor traffic pattens, the conditions of vehicles poor services, poor maintains, lack of fuel and lack of vehicles and lastly the implications on the quality of health care services resulted in poor quality.

5.3.1 The Condition of Roads at Sakubva District Hospital and its Impacts on Healthcare

The conditions of roads at SDH are poor traffic patterns, and lack of maintains and they impact on health care are they reduce the quality of health care services.

5.3. The Type of Transport Resources at Sakubva Hospital

It was realized that the transport resources at SHD are classified into ambulance, administration vehicles, and staff transport and this are classified according to roles and duties- duties like administrative cover almost every part of the transport services, whereas ambulance have only a specific role.

5.3.3. The Conditions of Vehicles at Sakubva Hospital and their Contribution to Rendering Quality Healthcare.

The conditions of vehicles at SHD are poor services, poor maintains, lack of services, lack of fuel and lack of vehicles are the common conditions and this condition has led to the hospital failing to provide quality healthcare.

5.4 Implications

The overall aim of this study was to assess the impacts hospital transport services of rural areas in Zimbabwe a case study Sakubva District Hospital. Therefore, the findings have significant implications for determining and exploring the situation presented by Sakubva district hospital . The findings implicate that SDH case is similar to other rural areas hospital g. However, the findings shows that there are impacts vary from one area to another depending on the many businesses of the area.

5.5 Recommendations

To improve the quality of health care services the impacts of transport, the government, and hospital management should work together to address the common challenges. The poor roads and the poor conditions of the vehicles can be solved or reduced through following recommendations are for the central government and hospital management.

1. The government should provide car services for the hospitals and also provide transport services.
2. Collaboration – the government should collaborate with NGOs, locals , churches and other willing partners who are ready and willing to assist the hospitals with transport sources and in maintaining the roads
3. The government should promulgate the laws to regulate transport resources for rural hospitals. These laws will ensure that transport resources for hospital will always be available and that fuel is always provided.
4. The hospital management should engage the locals in road maintaining and in provision of transport services.
5. Introducing or educating the community on appropriate methods of transport systems on the hospital and also ask the local to engage into contribution aimed towards roads and transport services.

5.6. Suggestions for Further Research

Considering the results of this study on the impact hospital transport services in rural areas , future research should be conducted at the provincial level or country level or different countries to compare results.

More research should be carried out to identify the appropriate methods of funding rural hospital transport systems.

Lastly future research should also focus on the changes and distinguish the difference between effects and implication of transport and roads on the quality of healthcare services.

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APPENDICES

Appendix 1: RESEARCH QUESTIONNAIRE

1. RESEARCH QUESTIONNAIRE

Instruction: For each of the statements or questions tick the appropriate answer of your choice

Employees

1) Gender: Male

2) First language: Shona

3) What is your age: 32 years old

4) How would you rate the transportation department response time: 60%

5) How would you rate the total trip time? 60 %

6) **Archived data questions**

- Are patients' transportation wait times significantly less than the average 10-minute wait time?

- Are patients' transportation request-to-completion times significantly less than 19 minutes?

• How many daily total cancelations are there?

7) **Interview questions**

• Who ultimately determines which patient will be transported next: the manager

• What are some of the key reason patients are rescheduled: lack of ambulance

• Are transportation services used efficiently: not really

Appendix 2: RESEARCH STUDY BUDGET

RESOURCES	**QUANTITY**	**COST (USD)**	**TOTAL COST**
Transport	-	100.00	100.00
Foods		50.00	100.00
Print Papers	500	500.00	500.00
Total	**500**	**650.00**	**700.00**

Appendix 3: Timeframe

Sakubva district hospital

Start date: 04 July 2022

End date: 25 November 2022

Task ID	Task name	Start Date	End Date	Completed
1	Research design	6 July	20 July	Yes
11	Population	28 July	30 July	Yes
111	Sampling	9 august	15 august	Yes
1V	Pilot study	20 august	2 September	Yes
V	Data Collection	14 September	29 September	Yes
V1	Data Analysis	10 October	28 October	Yes
V11	Evaluation and feedback	5 November	25 November	Yes

Appendix C: Informed Consent Forms (English and Shona)

Informed Consent Forms or assent

INFORMED CONSENT GUIDE

My name is Ramazani Suzanne Dada Student No 181899, a final year in Health science Management student from Africa University. I am carrying out a study on **THE IMPACT OF HOSPITAL TRANSPORT SERVICES IN RURAL AREAS IN ZIMBABWE. A CASE OF SAKUBVA DISTRICT HOSPITAL.**

. I am kindly asking you to participate in this study by responding to the questions on the questionnaire.

Purpose of the study

The purpose of this study is to assess the good quality of in transport section at Sakubva District hospital in health service delivery and investigate how it contributes to quality healthcare.

Procedures and duration

If you decide to participate you will be required to answer the questions and you are allowed to leave out whichever question you may feel uncomfortable to answer in this research. It is expected that this will take about 8-20 minutes of your time.

Risks and discomforts

This risk associated with this particular study is the researcher might ask you to share very personal and confidential information which may cause them to feel uncomfortable to talk or to answer some questions for this study.

Benefits and/or compensation

There are no benefits or compensation for your participation as this is academic research aimed to assess the good quality of in transport section at Sakubva District hospital in health service delivery and investigate how it contributes to quality healthcare.

Confidentiality

The researcher will uphold the principles of objectivity, confidentiality, honesty and social responsibility. The respect of participants will be maintained and all persons to be treated as autonomous and let them to exercise their autonomy including the right to privacy and the right to have private information remain confidential.

Voluntary participation

Participation in this study is entirely voluntary. As a participant, you have the right not to participate at all or leave the study at any time. If you decide not to participate or choosing to leave the study it will not result in any penalty or loss of benefits to which you are entitled and it will not harm your relationship with Africa University.

Offer to answer questions

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

Authorization

If you have decided to participate in this study please sign this form in the space provide below as an indication that you have read and understood the information provided above and have agreed to participate.

---------- ----------

Name of Research Participant (please print) **Date**

Signature of Research Participant or legally authorized representative

If you have any questions concerning this study or consent form beyond those answered by the researcher including questions about the research, your rights as a research participant, or if you feel that you have been treated unfairly and would like to talk to someone other than the researcher, please feel free to contact the Africa University Research Ethics Committee on telephone (020) 60075 or 60026 extension 1156 email aurec@africau.edu

Name of Researcher: Dada Suzanne Ramazani

Informed Consent Guide (Shona)

Mvumo Tsvagurudzo

Ini ndinonzi Dada Suzanne Ramazani, ndiri mugore rekupedzisira Health science Management ku Africa University. Ndiri kuita chidzidzo pamusoro **"THE IMPACT OF HOSPITAL TRANSPORT SERVICES IN RURAL AREAS IN ZIMBABWE. A CASE OF SAKUBVA DISTRICT HOSPITAL.**". Ndiri kukukumbira nemutsa kuti mutore chikamu muchidzidzo ichi nekupindura Ndiri kukumbira nemutsa kuti utore chikamu muchidzidzo ichi nekupindura mibvunzo iri pagwaro rebvunzurudzo.

Chinangwa chekudzidza:

Chinangwa cheongororo iyi ndechekuongorora kunaka kwenzvimbo dzezvekutakurwa pachipatara cheSakubva District mukupa rubatsiro rwehutano pamwe nekuongorora kuti zvinobatsirei muhutano hwemhando yepamusoro.

Njodzi uye kusagadzikana

Iyi njodzi inosanganisirwa neichi chidzidzo ndeyekuti mutsvagiri angakukumbirei kuti mugovane ruzivo rwakavanzika uye rwakavanzika rwunogona kuita kuti vanzwe kusagadzikana kutaura kana kupindura mimwe mibvunzo yechidzidzo ichi.

Zvakanakira uye / kana muripo

Hapana pundutso kana muripo pakuita kwako basa sezvo iyi tsvakiridzo yedzidzo yakanangana nekuongorora kunaka kwenzvimbo dzekutakura zvinhu pachipatara cheSakubva District mukupa mabasa ehutano pamwe nekuongorora kuti zvinobatsirei muhutano hwemhando yepamusoro.

Kuvanzika:

Mutsvagiri anozotsigira zviga zvekutendeseka, zvakavanzika, kutendeseka uye nemagariro mutoro. Kuremekedzwa kwevatori vechikamu kuchachengetedzwa uye vanhu vese kuti vabatwe sevanozvimiririra uye varege vashandise kuzvitonga kwavo kusanganisira kodzero yekuvanzika uye kodzero yekuve neruzivo zvakavanzika zvinoramba zvakavanzika.

Kuzvipira kutora chikamu:

Kubatanidzwa muchidzidzo ichi ndekwekuzvidira. Semunhu anotora chikamu, une kodzero yekusatombotora chikamu kana kusiya chidzidzo chero nguva. Kana iwe ukafunga kusatora chikamu kana kusarudza kusiya chidzidzo hazvingakonzere chero chirango kana kurasikirwa kwemabhenefiti aunokodzera uye hazvizokanganisa hukama hwako ne Africa University.

Govera kupindura mibvunzo:

Usati wasaina fomu iri, ndapota bvunza chero mibvunzo pane chero chinhu chechidzidzo ichi chisina kujeka kwauri. Iwe unogona kutora yakawandisa nguva sekufunga nezvazvo.

Mvumo:

Kana wafunga kutora chikamu muchidzidzo ichi, ndapota saina fomu iri pazasi sechiratidzo chekuti waverenga uye wanzwisisa ruzivo rwapihwa pamusoro uye wabvuma kutora chikamu.

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Zita reKutsvaga Mutori chikamu (ndapota purinda) Zuva

---------- ----------

Siginecha yeKutsvagira Mutori chikamu kana mumiriri anotenderwa zviri pamutemo

Kana uine mibvunzo pamusoro pechidzidzo ichi kana fomu yemvumo inopfuura iyo yakapindurwa nemuongorori inosanganisira mibvunzo pamusoro pekutsvagurudza, kodzero dzako semubatiri wekutsvagurudza, kana iwe uchinzwa kuti wabatwa zvisina

tsarukano uye unoda kutaura kune mumwe munhu asiri muongorori, ndapota inzwa wakasununguka kubata Africa University Research Ethics Committee parunhare (020) 60075 kana 60026 kuwedzerwa 1156 email aurec@africau.edu

Zita reMutsvakurudzi: Dada Suzanne Ramazani