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Poor Funding Cripples the Public Health Sector in Zimbabwe: Public Hospitals become Death Traps for Sick Patients in Great Need of Medical Help (2013 -2014)

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Abstract

The Paper seeks to investigate how poor funding has crippled the public health sector into a death trap for sick patients in great need of medical help. A short literature review will be carried out to measure the extent of the problem. Later on in the same Paper the Author will proffer a Summary, Conclusion and Recommendations to wrap up the discourse.

Index terms— funding, sector, health, hospitals, zimbabwe, patients, medical help.

1 Introduction

imbabwe: "It is all just misery, death and pain". On 08 january 2009 TongaiChinamano, 35, of Hopely Farm on the outskirts of the capital Harare described being HIV positive in Zimbabwe as a death sentence.

Poor Chinamano was diagnosed with Kaposi's Sarcoma, a type of skin cancer common in people living with HIV, in June 2008. The Doctor who attended to him recommended that he immediately begins life saving radiotherapy to treat the large painful lesions on his legs but he has yet to receive any treatment. Chinamano visited Parirenyatwa hospitalone of the country's largest referral hospitals and the only public hospital in the poor and developing country that offers life prolonging radiotherapy -shortly after being diagnosed only to be told that all 18 of the ospital's radiotherapy machines were broken down. He returned to the hospital every week for three months, but the machines were still not repaired.

"I spent a lot of my meagre pension money on transport to Parirenyatwa with the hope that I would one day receive good news. The cancer is eating into my leg bit by bit and the pain is unbearable, Chinamano told Irin/Phis News.

By October of the same year Chinamano was unable to walk without a walking stick. Desparate for treatment he went to Parirenyatwa hospital once again. This time he was told that although one of the machines had been repaired there was no one to attend to him as the doctor's and nurses were on strike.

Poor Chinamano said he slumped against a tree outside the hospital and wept uncontrollably while his wife looked on helplessly.

Author: Accounting and Information Systems Department, Faculty of Commerce.Great Zimbabwe University. e-mail: srusvingo@yahoo.com Chinamano's heart wrenching story resonates with many people in Zimbabwe who confronted with illness and the high cost of medical care in the private sector are struggling to get even the most basic services through the country's collapsed public health sector (Zimbabwe Irin 2014). In brief, this is the pathetic state of thepublic hospitals in Zimbabwe. From saving people's lives they have all of a sudden become the country's main death traps. Up next is how the Author intends to go about gathering evidence to authenticate poor Chinamano's sad story.

2 II.

The Short Relevant Literature Review to Gather Evidence of Poor Funding for Zimbabwe's Public Health Sector

The Author ransacked both the private media and the Internet in search of the evidence that the country's public health sector is in deed in a sorry state because of poor funding. For the sack of business ethics which must come ahead of professional journalism the Author circumvented the public media for the simple reason that

it favours to tell the people propaganda instead of the sober truth as it is on the ground and stated without fear, favour or prejudice. This was the basis on which the evidence for the Paper's literature review was carried out. a) Our hospitals have become death traps (Irin Zimbabwe 2014)

The health worker strike led to the virtual closure of three hospitals in the Harare area -Harare Central, Chitungwiza and Parirenyatwa, all of which have clinics that dispence antiretroviral drugs (ARVs) and treatment for HIV related opportunistic infections. The angry health workers argue that it is furtile for them to return to work just to "watch patients die "because there are no drugs and essential medical equipment is not functioning because of poor funding.

"As health workers we greatly symphathise with the suffering of the people but even if we opened the hospitals in the state that they are in, we would not be able to do much for them (patients)", said President of the Zimbabwe Hospital Doctors Association DrAmonSiveregi.

"Our hospitals have become death traps. All we want is just to make things right, we do not enjoy the situation", he added. "We are very disappointed that the paranoid government is not taking the health crisis seriously."

For many Zimbabweans, getting medical treatment now depends on having a relative who is a nurse or doctor or on having enough foreign currency to access treatment through the efficient private sector. Patients can expect to pay as much as US$ 200 for a consultation and a prescription at a private clinic, an amount that few people can afford in a country with runaway inflation which at one time peaked at 79.6 billion% and 80% unemployment (Irin Zimbabwe 2014).

Aids activist, Sebastian Chinhare called on the Zimbabwean government to admit its failures and request financial assistance from the international donor community to rescuscitate the country's health delivery system.

"While other African countries are rejoicing at the advent of life saving ARVs and better life for their HIV positive populations, we have nothing here to celebrate", Chinhaire told Irin/Plus News. "It is all just misery, death and pain".

Minister of Health and child Welfare, Honourable David Parirenyatwa said that government was doing its best 'under the circumstances'.

To underscore the gravity of the problem of under funding in the public health sector in Zimbabwe Mpilo Hospital in bulawayo is reported in dire need of funding. Details on the story coming to you shortly. b) Mpilo hospital in dire need of funding (Dube 2013) A serious financial crisis has forced Mpilo hospital in Bulawayo to extend its begging bowls to school children in the city. This resonates with the statement that poor funding cripples the public health sector in Zimbabwe. The hospital whose standards over the years had deteriorated due to a serious lack of funds was asking school children to contribute at least one rand to help improve the hospital services. Mpilo hospital chief Executive Officer (CEO) Lawrence Mantiziba said the underfunded government institution was facing many challenges in service delivery due to financial constraints. CEO said the hospital was taking several initiatives to save it including asking for a rand contributions from school children.

"Mpilo is now building community relations. School children in Bulawayo are contributing one rand and some have already started" he said during a tour of the hospital by the health and child care Minister Honourable David Parirenyatwa.

"Drugs and surgical stores are all ill stocked. Provisions for patients are inadequate, while cleaning detergents, protection clothing and linen are in short supply said Mantiziba.

"Other challenges faced by the hospital are in theatres where only four out of 12 are fairly working. Out of 7 elevators only two are functioning. The laundry has not been spared as most of the equipment there is obsolete", Mantiziba said the infrastructure at the hospital was dilapidated and about US$ 15 million was urgently needed for renovations (Dube 2013).

"The hospital infrastructure is being affected due to leaking roofs. The financial situation is equally critical with the hospital basically surviving on US$ 15 000 raised weekly", Mantiziba said.

Mantiziba went on to say the hospital was providing compromised health care service and was not in a position to handle any major disaster. The hospital can accommodate 2 222 patients but currently has 1770.

On working capital, again, Mpilo hospital was also found at sixes and sevens. Below is more on the heart stopping story on the critical shortage of working capital then adversely affecting the public hospitals. c) Hospital owes over US$ 2 million to service providers (Dube 2013)

Lawrence Mantiziba said there was a critical shortage of manpower especially those dealing with specialization services. He said out of the 41 specialist consultant doctors required only 11 were available, with the hospital not having a single radiologist.

"From the period January to October 2013, releases to the hospital on approved 2013 recurrent expenditure budget of US$ 1.9 million have been a mere US$ 576 029.00. As per the 2013 approved budget, Mpilo should have received a total of US$ 1 416 200.00 thus resulting in deficit funding of US$ 840 171.00", said a worried Mantiziba.

What the above figures potray is that up to October 2013, which is more than ¾ way through the 2013 financial year Mpilo hospital was surviving on only a ¼ of the approved resources. Mwarirambidzai! (Meaning God forbid!). To further compound the working capital requirements of the hospital, Mantiziba revealed the financially hamstrung hospital owed over US$ 2 million to drug suppliers and other service providers. The Mpilo boss further revealed that since 2009 the hospital had accumulated a total of US$ 2 684 061 for goods and services

received on credit from suppliers. From an accounting perspective, of which the Author is an Accountant with several years of abottle store or beerhall and not a hospital, where people's lives are meant to be saved. Again the Author out of a deep sense and feeling of grief had to say Mwarinevadzimuvenyikainodaimarambidza (meaning an appeal is hereby made to you the Almighty God and the country's Ancestral Spirits to intervene and save the situation at Mpilo hospital from further deteriorating) (Dube 2013).

Even if it may be said "Government to address some of the challenges" the Author feels that with people's lives at stake this is "too little coming too late". For more on this promise by the financially humstrung government more details coming your way. d) Government to address some of the challenges (Dube 2013) According to the facts and figures released about the financial position of Mpilo hospital most of the suppliers, were owed money from as far back as January 2011. The debt was largely due to the shortfalls of the disbursements received against the approved budgets during the period January 1, 2009 to 31 October 2013,Mantiziba continued to unravel the financial atrocities against the Mpilo hospital.

"Due to the liquidity challenges, the hospital is experiencing it is becoming increasingly difficulty for the hospital to find suppliers willing to accept the hospital's orders for goods and services", said Mantiziba.

The Mpilo hospital which is being run like a rural tuckshop is now in negative goodwill with all its suppliers so much so that no one is prepared to risk any further business with the financially hamstrung suppliers who supplied the hospital with services sometime ago are now threatening legal action to recover what they are owed by the hospital", he said. Mantiziba further said that the reimbursement maternity user had not been forthcoming from none other than the cashless ZANU PF government.

"Submitted claims for re-imbursement from October 2012 to September 2013 totalling US$ 2 406 650.00 are still to be paid. This deficit had affected the smooth operations of the hospital", said the hospital official.

"The current nurse patient ratio is 1:15 whereas the standard ratio is 1:5. The staff bids for nurses have not received a positive response after the expansion of the maternity hospital, paediatrics hospital and the opportunistic infectious clinic", he said.

ThMpilo CEO added that the completion of the new mortuary had been stalled due to financial constraints. The minister of Health and Child Care, Honourable David Parirenyatwa said, he was concerned at the state of the hospital. He promised that the government would address some of the challenges.

"It is sad that a hospital like this one which serves half of the country has no radiologist. We need to equip this hospital in terms of human resources. The supply chain of drugs is also poor", the Honourable Minister said.

In yet another disconcerting story from the same public health sector is a story about the rot at Harare hospital.

The Author caught up with DumisaniSibanda of the Newsday and below is the sad story about the rot at Harare hospital.

e) Rot at Harare Hospital embarrassing (Sibanda 2013) On 30 October 2013, the Health and Child Care Minister Honourable David Parirenyatwa came face to face with the epitome of the rot at most public health centres when he was taken around an incomplete mortuary whose construction was abandoned in 2006 resulting in trees and shrubs growing inside the structure at Harare Central Hospital. The Honourable Parirenyatwa, who was accompanied by his Deputy, Honourable Paul Chimedza and Health Services Board Chairman Dr Lovemeore Mbengeranwa described the building as an "embarrassment".

"The mortuary being built is an embarrassment. We have mazhanje and jacaranda trees growing in there. It was built in 2006. We need to go back and look at the tender for that project and find out why it is in that state", Parirenyatwa said.

Staff at the hospital's old mortuary said the morge had a carrying capacity of 140 bodies but was holding an average of 300 corpses at any given time (Dube 2013). These problems would be over if the mortuary was completed", one of the mortuary attendents said.

A senior hospital official lamented the state of the lecture room being used by the students in the school of Midwifery which they described as too small and had a leaking roof.

"We were instructed to have three intakes of 46 students each per year, but there was no corresponding increases in the resources. The classroom is supposed to have 25 students so we end up having some learning under the tree at times", said an official who declined to be named.

The hospital official also raised concern over staff shortages.

"We have a situation in the ward where one nurse takes care of patients during the day and one nurse looks after 15 patients at night yet the recommended rate is one nurse to four patients", the hospital official said (Dube 2013).

The Minsiter of health and child Care Honourable Parirenyatwa had this to say:

"We need all of us and the press can help in here to lobby for recruitment in the health sector to be unfrozen because we are dealing with life here and it is important", speaking at the same meeting Mbengeranwa said government did not have money to improve workers salaries ad other conditions of service.

"Remember at one time we had all civil servants getting US$ 100.00 per month but we are now trying to have a proper salary structure. We have a plethora of allowances, houses and car loans which are still to be rescuscitated. We had said let us pay our staff 50% of what their counterparts in the region are getting. But you know, money is not the only thing to retain the staff. Having state of the art equipment at the hospitals as is now happening is important", Mbengeranwa said.

Parirenyatwa urged hospital staff to compile their financial needs ahead of a parliamentary workshop on next year's budget to be held in Victoria Falls at the weekend (Sibanda 2013). f) Hospitals of death **??**Chikwanha 2914) The time was nine oclock in the morning and there is hustle and bustle at the country's largest medical centreParirenyatwa hospital. The emergency room is packed to the rafters with patients sitting on benches, wheel chairs and stretcher beds. Some are bleeding profusely some are groaning in excruciating pain others are lying lifelessly on stretcher beds and on floors while concerned relatives are performing amateurish first aid on their relatives who are yet to be attended hospital patients. It is the same terrible situation if not worse at Harare Central hospital. You can smell death in the corridors of Parirenyatwa and Harare hospitals -visitng the two health institutions is certainly not for the faint-hearted or nervous disposition. The bleak situation prevailing at the once world farmousParirenyatwa hospital, named after the first black doctor Tichafa Samuel Parirenyatwa reveals that this basic fundamental human right will remain a pipe dream for the average Zimbabwean that provision of efficient and affordable health care was a strong rallying issue during the 15 year liberation struggle which ended in 1979 with the country gaining its independence from Britain on 18 April 1980. Sadly Zimbabweans are no better off 33 years after independence (Chikwanha 2014).

Bogged down by serious brain drain which has seen a good number of qualified health personnel migrate in search of greener pastures in the region and abroad, Parirenyatwa hospital also faces a serious shortage of basic equipment. The big hospital which has a medical, surgical paediatrc maternity section in the main complex, has literally become a centre of death as it fails to function at full capacity. Nothing about the manner in which patients presenting themselves at the hospitals'emergency section are attended to resemble a sense of urgency. One day in the morning the famous Daily news had spent half a day at Parirenyatwa hospital where scores of patients some who had come as early as 5 am had still not been attended to by 11 am. A wailing police woman who was wheeled into the hospital on a stretcher bed by her fellow cops only received attention after her colleagues intervened. Even though her blood soaked body revealed that she might have been involved in an accident (Chikwanha 2014).

One would have expected the hospital staff to rush to the aid of the blood soakedwoman who was writhing in pain but they took their time to attend to her. At one time an elderly nurse who seemed to be the matron, came out and complained about the slow service by the lackadaisical hospital staff but that did not improve matters. She seemingly overwhelmed staff went on a tea break, giving one the sense staffers at the hospital which also houses the University of Zimbabwe College office of Health Sciences had gotten accustomed to screaming in the passages to have their breakfast sandwiches. The emergency section also boasts of a rescuscitation section where at least five patients were being attended to. At least eight lying lifeless on the stretcher beds in the corridor near the rescuscitation room probably waiting for their chance to be served (Chikwanha 2014).

At around 10.30 am a Doves Funeral Parlor vehicle pulled up and carried away a body. The service at the hospital is lethargic. It literally took about 30 minutes for a very sick woman to be lifted out of the taxi she had arrived in. The bewildered relatives had to first of all find a stretcher bed where they struggled to put her in. And this is normal procedure for patience who do not arrive in ambulances. The daily News was made to understand that there are just three functioning ambulances in the whole of Harare with a population of two million. A few who arrived in private ambulances from organisations like EMRAS were attended to quickly. An old lady who only identified herself as Ambuya Banda who was holding a two week old baby said she had brought her daughter -in -law to the emergency section at 6 am but had not been treated by 11 am.

"My daughter-in-law had a ceasarean operation two weeks ago but now the operation has burst. We came here very early hoping to be attended to but she still has not received treatment because by the time we got here the queue was already long", she said (Chikwanha 2014).

At around 12pm the daughter-in-law came back with news that the hospital wanted US$ 15 as consultation fees. " I can't believe this. We were charged US$ 100.00 for the operation two weeks ago and now they are demanding another US$ 15 a distressed Ambuya Banda said.

She only cooled down after being informed the hospital would treat her daughter-in-law on a pay later basis. But she continued to lament the high cost of maternity services in the country in spite of government's directive to scrap user fees in public health institutions. Another elderly woman who had escorted her husband also complained about the prohibitive cost of treatment and the small pace at the hospital (Chikwanha 2014).

"This is definitely not what we went to war for, this is not what was promised at independence.My husband has to undergo dialysis twice every week and just one session costs US$ 100", she said.

The situation currently prevailing makes a mockery of the 2005 quality management programme spearheaded by Parirenyatwa hospital Chief Executive Thomas Zigora. Parirenyatwa is said to have in excess of 5 000 beds and 12 theatres an annexe, psychiatric and the Sekuru Kaguvi eye treatment section. Harare Central hospital is bogged down with similar problems of staff and equipment shortages. Just last week in October 2013, 15 women who had given birth were crammed on the floor at the hospital when the Daily News visited. All of this is happening at a time when His Excellence President Mugabe has appointed David Parirenyatwa as new Minister of Health and child Care (Chikwanha 2014).

During the swearing in of Cabinet Ministers in August 2013, His Excellence President Mugabe said appointment decisions were based on party loyalty and not necessarily competence (Chikwanha 2014).

How can you sacrifice competence at the expense of loyalty. A minister who is incompetent is not only a disservice to the service consumers but to His Excellence President Mugabe in terms low popularity because

people are not enjoying mediocrity by his incompetent ministers. So the decision to appoint ministers on party loyalty at the expense of competence will come back to haunt His Excellence President Mugabe himself.

"The decision was based on how much of ZANU PF are you, how long have you been with us and how educated you are", he said.

The ZANU PF strongman all but pledged that his new administration would pay close attention to the people oriented programmes which also included eradiction of diseases like HIV/AIDS. Honourable David Parirenyatwa was Minister of Health during the cholera outbreak/epidemic which saw at least 4 000 perish, a tragedy which brought his competence as minister into sharp focus. He has never apologized for the 4 000 deaths which happened under his leadership of the ministry. Parirenyatwa also did not score notable milestones in the fight against HIV/AIDS which His Excellence said had afflicted of many men and women in the country. Parirenyatwa's appointment comes at a time when public institutions like the hospital named after his father and other public health institutions are facing serious staff and equipment shortages. Efforts to secure a comment from HonourableParirenyatwa, his deputy Honourable Paul Chimedza, permanent secretary Brigadier Gwinji were not fruitful as their mobile phones remained unavailable all day on the day that they were phoned (Chikwanha 2014).

It remains to be seen if the Honourable Minister Parirenyatwa will be able to turn around the fortunes of the hospital named after his biological father,Tichafa Samuel Parirenyatwa (Chikwanha 2014).

With the short and relevant literature review on hospitals now over, it is now time to wrap up the discourse which must be done in three phases to comply with what was aforementioned in the Abstract section of this Paper. The first phase features the Summary which is a precis of what has been discussed in the Paper. After Summary comes the Conclusion. Conclusion is an acceptance or rejection of either of the two conflicting statements given in the Research hypothesis of the discourse vis-avis the evidence exposed by the short and relevant literature review of the study.

The third and final phase comprise the Recommendations primarilydesigned for risk treatment. All said and done up next is the Summary of the Paper.

3 III.

4 Summary

The first episode in this narrative is the encounter with TongaiChinamano of Hopely farm who had travelled to Harare Central Hospital to receive treatment for cancer which was eating into his legs bit by bit because he could not receive treatment on time due to poor service at Harare Central Hospital in Southerton, Harare.

Irin Zimbabwe (2014) reports that public hospitals in Zimbabwe had become death traps because of poor funding from the health service delivery system in a long queue before they receive treatment because doctors and nurses are on strike for more money.

From Harare Central Hospital the Author shifts his focus on to Mpilo Hospital in Bulawayo where, as at Harare central Hospital, Mpilo hospital is again reported to be in dire need of funding. To underscore the poor funding for the public hospital school children had been approached for 1 rand contribution each to raise funds for the hospital which had been deserted by suppliers for non payment of accounts payable.

From Harare Central Hospital, the Author shifts his focus on Parirenyatwa hospital, named after the father of the minister of Health Honourable David Parirenyatwa. The minister is son to Tichafa Samuel Parirenyatwa the first ever black doctor in Zimbabwe.

The first encounter at this hospital is the emergency room which is packed to the rafters with patients who have come for treatment which they cannot get on time because the hospital is bogged by a serious brain drain which has seen a good number of health personnel migrate in search of greener pastures either in the region or aborad. Basic equipment is also in short supply because of poor funding.

Patients are complaining the high fees charged for medical treatment. In a nutshell Parirenyatwa hospital has become a hospital of death and not a hospital to save life. And the root cause of all this is poor funding from government. From a 2014 national budget of US$ 4.1 billion ministry of health only got US$ 337 million which amounts to 8% of the national cake (Staff Reporter 2014). This is a life saving ministry. So much about the Summary, up next is the Conclusion.

5 IV.

6 Conclusion

According to Rusvingo (2008:8) Kenkel (1984:342) defines a research hypothesis as:

"a statement about the value or set of values that a parameter or group of parameters can take." According to **??**enkel (1984:343) "The purpose of a hypothesis testing is to choose between two conflicting research hypothesis about the value of a population parameter. The two conflicting research hypotheses are referred to as the Null Hypothesis denoted H 0 and the Alternative hypothesis denoted H 1 .

These two research hypotheses are mutually exclusive so that when one is true the other is false.

The definition of the Null and Alternative research hypotheses are that:

”The Null hypothesis an assumption or statement that has been made about some characteristics (parameter) of the population being studied. The Alternative hypothesis specified all possible values of the population parameter that were not specified in the Null hypothesis”.

For this research there were two research hypotheses which are the Null hypothesis (H 0) and the Alternative hypothesis (H 1).

The Null hypothesis (H0) and the Alternative hypothesis H0 in respect of this study titled, ”Poor funding cripples the public health sector in Zimbabwe: Public hospitals become death traps for patients in great need of medical help (2013-14) shall be: Given the overwhelming evidence in the research which came out in support of poor funding crippling the public health delivery systems in Zimbabwe the Conclusion is to accept the Alternative research hypothesis as above and at the same time reject the Null hypothesis as above stated.

With the Conclusion now out of the way what remains to be done is to declare time for Recommendations which are up next.

V.

7 Recommendations

The overriding question is given the Conclusion as above what is then the appropriate risk treatment designed to either eliminate or reduce the underlying causes of these risks militating against the public health sector getting adequate funding. To improve funding for the public health sector the underlisted need to be religiously done without fail:

? Public health sector is all about saving the lives of the human capital who are the key drivers of the economy. And without an economy there is no Zimbabwe. The paltry 8% of the national cake that was allocated to the Public health sector should be upped to say 15% of the national cake. ? The lackadaisical approach to work exhibited by nurses, doctors and the ancillary hospital staff at the major hospitals visited should be addressed as amatter of urgency. That people can die in a queue for medical attention is not acceptable in this modern world of increasing complexity. Life is too precious to be shortlived. [1]

Figure 1:

Figure 2:

[1]Poor Funding Cripples the Public Health Sector in Zimbabwe: Public Hospitals Become Death Traps for Sick Patients in Great Need of Medical Help (2013 -2014)

this was a thank you for a job well done. His Excellence should spare a thought for these people who were disadvantaged by the actions of the Ministry of Health.

? It was again lamentable to see poor people complaining about the high fees charged for treatment at public hospitals. The double tragedy for these people is that they ran away from the expensive private sector only to be given same if not worse treatment by the public health sector which is expected to be cheap or provide free treatment to the poor. ? And finally where is the free health promised the people each time it is election time in Zimbabwe? Please honour your election promises or face the consequences come 2018, the next election date in Zimbabwe.

Given the plethora of health and social problems exposed by this research in this Paper, a short prayer to give peace of mind to the people of Zimbabwe will do in the circumstances as follows: Mwarine Vadzimuvesevenyikaye Zimbabwetibatsireiwo (Meaning God and all the country's Ancestral Spirits please help us to overcome the life threatening challenges facing us).

.1 VI.

.2 Key Assumption

In presenting this Paper the Author would, right from the outset, wish to reassure the beloved Reader that all the facts and figures as contained herein are stated as they are on the ground without fear, favour or prejudice.

[Chikwanha (2014)] *) Hospitals of death*, T Chikwanha . `http://www.dailynews.co.zw/articles/2013/0` 2014 October 3.

[Dube (2013)] *) Mpilo hospital in dire need of funding.The Standard*, M Dube . 2013 November 23. p. 6.

[Zimbabwe (2014)] *) Zimbabwe government hospitals have ?*, Irin Zimbabwe . `http://www.irinnews.org/report/82263/zim` 2014 October 2.

[Rusvingo Rusvingo ()] *An investigation into the variables which militate against a world class service delivery by the Harare City Council in the then turbulent political economic, legal, technological, ethical, diplomatic and socio-cultural environments as measured in Zimbabwe between 2000-2008. An unpublished PhD thesis*, S Rusvingo Rusvingo . 2008. Irish University Business School. London. UK

[Kenkel ()] J L Kenkel . *Introductory Statistics for Management and Economics*, (Boston) 1984. Duxbury Press. (2dn Ed)

[Zimbabwe] *Public hospitals are therefore not death traps for patients in great need of medical help*, Zimbabwe . p. .

[Sibanda (2013)] *Rot at Harare hospital embarrassing. Newsday*, D Sibanda . 2013 October 31. p. 5.