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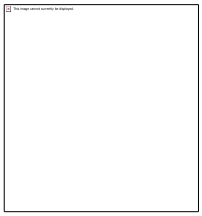

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FACULTY OF GEOGRAPHY

An analysis of healthcare delivery in remote and rural areas of Zimbabwe. A case study of Rusape Mayo Ward 35

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A dissertation submitted in partial fulfilment of the Bachelor of Science Honours Degree in Disaster Management Sciences/Development Studies

Supervisor: DR E. MAVHURA

2024

APPROVAL FORM

The undersigned certify that they have read the dissertation and have approved its submission for marking confirming that it conforms to the departmental requirements on a research entitled: "**……..”** Submitted by ……..in partial fulfilment of Bachelor of Science Honours Degree in ……...

Dr. Mavhura…….

Date……..

DECLARATION

I hereby declare that this thesis has been the result of my own original efforts and investigations and such work has not been presented elsewhere for the purpose of degree assessment. All additional sources of information have been acknowledged by means of references.

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Date……/……./……	Date ……/……/..……

DEDICATION

This book is dedicated to Tawanda the one who has always been there for me through thick and thin. You are the rock that I can always lean on, the one who has shown me unconditional love and support throughout my life. You have taught me so much about strength, perseverance, and kindness, and you continue to inspire me every day. Your unwavering faith and unwavering love have been a guiding light in my life, and I am forever grateful for all that you do. Thank you for your endless sacrifices, for your selflessness, and for your boundless love. You are truly the best mom a child could ask for, and I hope this book serves as a small token of my appreciation for all that you have done for me. With all my love and gratitude

Supervisor Dr Mavhura.

24 September 2024.

Chairman Dr Mavhura.

24 September 2024

Miriam R Chinyani.

24 September

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Lastly, I would like to thank my family and friends for their unwavering support, encouragement, and belief in me. Your love and encouragement have been my pillars of strength throughout this journey. Thank you all for your contributions and support.

ABSTRACT

Health challenges faced in Rusape Mayo ward 35 has become increasingly a centre stage of concern as poor health service delivery has caused high maternal, infant mortality. The objectives of the study are to assess the state of the healthcare services in remote and rural areas, to identify the challenges of the healthcare delivery, to explore the impact of limited access to healthcare on the health outcomes of the residents and lastly to evaluate the effectiveness of existing health care delivery strategies in addressing the needs of the population. Since access to quality health service is one of the most paramount important life fundamentals human rights. This abstract presents an analysis of healthcare delivery in remote and rural areas of Zimbabwe. A case study of Rusape Mayo Ward 35 on warfare and improvement needed economically, socially. The research used thematic data analysis as major themes were taken into consideration. This study employed a mixed method approach, utilising 3 data collection instruments- questionnaires, indepth interview guides, and focused group discussion guides to gather a comprehensive and diverse rate of data. This multi-instrument approach allowed for triangulation, increasing the validity and reliability of the findings, and provided a more complete understanding of research topic. The study highlights the need for effective regulations and oversight to ensure that health delivery system to be improved in a responsible and sustainable manner, and that the rights and livelihoods of local communities are protected. The findings of this study contribute to the growing body of research on the challenges of health care delivery in rural and remote areas and to provide insights for policymakers, researchers, and practitioners working in the field of Development Studies and Health Department.

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List of abbreviation

CBPR: Community-Based Participatory Research.....15
HIV: Human Immunual Virus .....passim
MHCC: Ministry of Health and Child Care.....21
UN: United Nations 21
WHO: World Health Organization .....passim

DRC DEMOCRATIC REPUBLIC OF CONGO.....15, 35

CHAPTER I: INTRODUCTION

1.1 Chapter Introduction

This chapter comprises of the background of the study, the statement of the problem, research aims and objectives, research questions, definition of key terms and lastly the chapter summary.

1.2 Background of study

The study is concerned with challenges faced in provision of Health care in Rusape rural as the area r+-main malaria infested area, cholera outbreaks, high infant mortality, maternal mortality Rural Health Access in Rural Communities (2014) in remote and rural areas they are facing challenges of geographic inaccessibility as they do not have proper roads such that they are rock. Cars could hardly move, thus one can find that people leaving there use bicycle, motorbikes and couch cart as means of transport. I'll or injured people took time for them to reach the clinic. Gizaw (2022) geographic and financial shortages and inconsistent medical supply in rural areas is a challenge. They are few clinics and hospitals in Rusape leading to the overcrowded in hospitals and clinics such that the medical teams are failing to handle the pressure. Access to health care in remote and rural areas is a multi-dimensional health challenge. Most people leaving there are Indigenous people who believe in use of different herb and minor problems they could just ignore them. People leaving with disabilities have a challenges to access primary healthcare as people lack knowledge and less considered in the societies. Professional doctors, specialist and nurses, prefer better places to work, one may found out that they are few nurses and doctors working in clinics. This impact result in poor quality of medication they will be receiving hence the residents are limited to specialist access care. In rural areas they is high poverty and unemployment rate which could hinder access to healthcare. Brandeau et al (2005) lack of resources and health insurance, lack of knowledge and income can act as a barrier to heath care services. In Rusape hospital and clinics they is limited to technologies and digital health solution which further impede the quality of health care in the communities. Goodridge et al (2016) people in rural areas are vulnerable both to health status and access to care. Therefore, the study will focus on the challenges of health care delivery in remote and rural areas and Rusape Mayo ward 35 as a case study.

1.3 Statement of the problem

Access to quality healthcare is a fundamental human right and a critical determinant of overall well-being and sustainable development (Raziuddin Chowdhury et al., 2023). However, in many developing countries, remote and rural communities continue to face significant barriers in accessing essential healthcare services. This persistent challenge contributes to widening health disparities between urban and rural populations, undermining progress towards universal health coverage. Rusape Mayo ward 35, a predominantly agricultural area located in the Manicaland province of Zimbabwe, is emblematic of the healthcare delivery challenges faced by remote and rural communities. With a population of over 15,000 people, the ward is characterized by its geographical isolation, poor road infrastructure, and limited access to basic amenities such as cleans water and electricity (ZimStats. 2022). These contextual factors, combined with socioeconomic constraints and sociocultural norms, have created a complex web of barriers to healthcare access. Despite the recognition of the importance of equitable healthcare access, there is a scarcity of comprehensive, context-specific research on the multifaceted challenges and potential solutions for improving healthcare delivery in remote and rural areas like Rusape Mayo ward 35. This knowledge gap hinders the formulation of evidence-based policies and the implementation of targeted interventions to address the unique healthcare needs of these marginalized communities. Therefore, this study aims to conduct an in-depth analysis of the healthcare delivery challenges in Rusape Mayo ward 35, with the ultimate goal of informing the design and implementation of tailored strategies to enhance access to quality healthcare services and improve health outcomes for the local population. By addressing this critical research gap, the study seeks to contribute to the broader efforts of achieving universal health coverage and sustainable development in remote and rural settings**.**

1.4 Justification/Rationale

This research is crucial for multiple stakeholders, as it sheds light on the imperative to strengthen the healthcare delivery system in remote areas like Rusape. For the local community, the research highlights the specific barriers they face in accessing quality healthcare, empowering them to advocate for improvements. For the government and policymakers, the research provides evidence-based insights to inform policy decisions and resource allocation aimed at enhancing healthcare infrastructure and service delivery in rural settings. It identifies gaps in the existing system and enables the development of context-appropriate strategies to strengthen the overall health system. Furthermore, for development practitioners, the research guides the design and implementation of impactful healthcare

interventions in similar remote communities. It facilitates coordination among different stakeholders and contributes to the broader goals of sustainable development and reducing health inequities. The research underscores the far-reaching consequences of poor healthcare services in remote areas, such as outbreaks of communicable diseases like malaria and cholera, as well as disruptions to community livelihoods. By highlighting these critical linkages, the research can serve as a valuable blueprint for enhancing healthcare access and outcomes in Rusape Mayo ward 35 and other underserved, remote communities.

In essence, this research holds immense importance for the local community, government, policymakers, and development practitioners in addressing the pressing healthcare challenges and improving overall well-being in remote areas like Rusape. The importance of research on the challenges of healthcare delivery in remote and rural areas, using a case study of Rusape Mayo ward 35, are addressing health disparities as remote and rural communities often face significant challenges in accessing quality healthcare services, leading to poorer health outcomes compared to urban areas. Understanding the unique barriers in a specific context like Rusape Mayo ward 35 helps develop targeted interventions to address these health disparities.

Improving primary healthcare access as primary healthcare is the cornerstone of an effective healthcare system, yet many remote and rural communities lack adequate access to basic healthcare services. Analysing the challenges in Rusape Mayo ward 35 provides insights to strengthen primary healthcare delivery and ensure equitable access. Enhancing community resilience as remote and rural communities often have limited resources and face a range of socioeconomic challenges. Improving healthcare access and service delivery contributes to building community resilience and improving overall well-being.

Informing Policy and Decision-making as the findings from this research inform policymakers and healthcare administrators on the specific needs and challenges faced by remote and rural communities. This guides the development of context-appropriate policies, resource allocation, and targeted interventions.

1.5 Aim

To examine the barriers that residents of Rusape Mayo ward 35 face in accessing healthcare.

1.6 Objectives

- To assess the state of healthcare services in remote and rural areas in Zimbabwe.
- To identify the challenges of healthcare delivery in remote rural areas of Rusape Mayo ward.
- To explore the impact of limited access to healthcare on the health outcomes of residents in remote and rural areas of Rusape Mayo ward 35.
- To evaluate the effectiveness of existing healthcare delivery strategies in addressing the needs of the population in Rusape Mayo ward 35 areas.

1.7. Research question

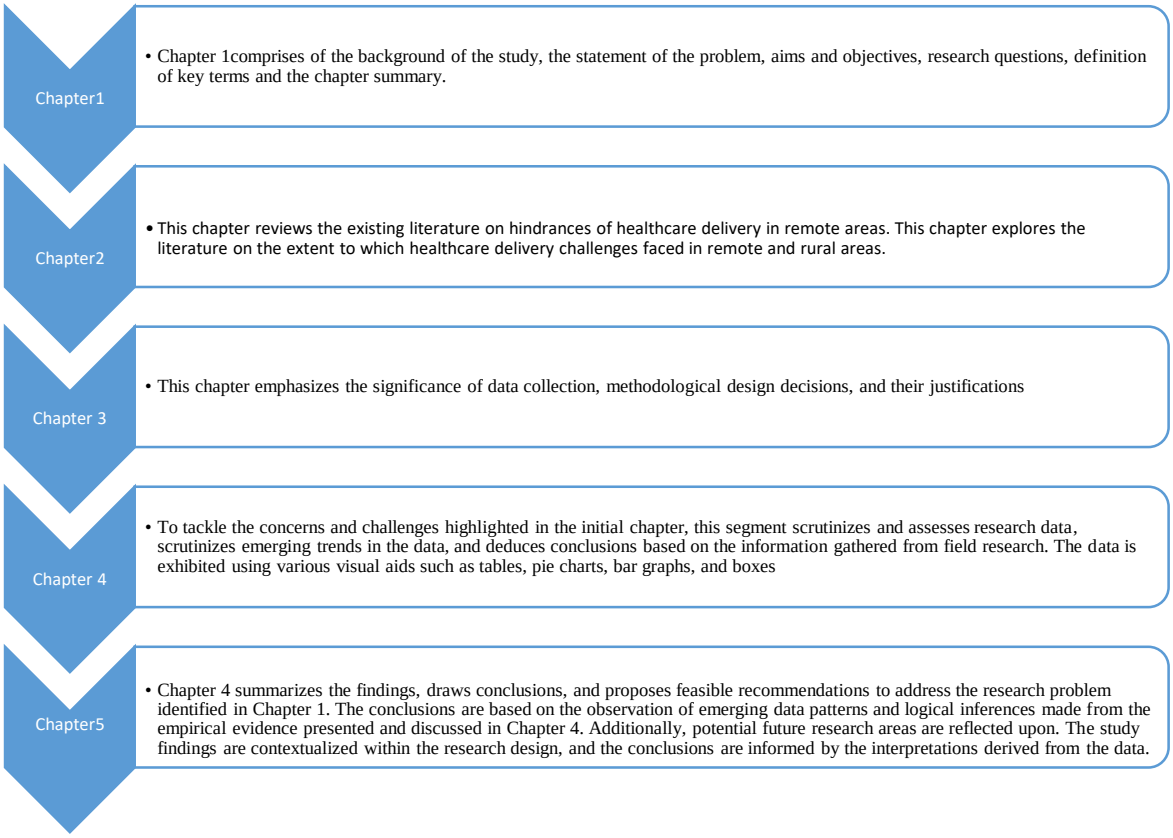
- What is the state of healthcare service in remote and rural areas of Rusape Mayo ward 35?
- What are the challenges of healthcare delivery in Rusape Mayo ward 35?
- Who are the current key stakeholder and what roles are being addressed as far as the healthcare in Mayo Rusape ward 35 is concerned.
- How effective is existing healthcare delivery strategies in addressing the needs of the population in Rusape ward 35.

1.8 Definition of key terms

Healthcare- is "the prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical, nursing, and allied health professions" (WHO, 2023). *Healthcare delivery*-is an organisation that provides resources and treatments that may help people when injured or sick and help them to stay health through preventive care (Topper and Taylor 2023).

1.9 Organisation of the study

This chapter looked at the introduction, background of the study, statement of the problem, objectives, research questions, assumptions, and limitations, delimitations of the study and definition of key terms. The next chapter reviews related literature on the topic.



1.10 Chapter Summary

This chapter looked at the introduction, background of the study, research problem statement, justification or rationale, aims and objectives, research questions, definition of terms and chapter summary. The next chapter reviews related literature on the topic

CHAPTER II: LITERATURE REVIEW

2.1 Chapter Introduction

This chapter reviews the existing literature on hindrances of healthcare delivery in remote areas, looking on the state to which the healthcare services available are in. This chapter explores the literature on the extent to which healthcare delivery challenges faced in remote and rural areas. In explaining the challenges faced in delivering healthcare in rural and remote areas in Rusape Mayo ward 35, the chapter also looks into the identification of the impact of limited access to healthcare in remote and rural areas, globally, regionally and nationally. This chapter uses four case studies from Mozambique, South Africa, Zambia and Zimbabwe to explain the challenges faced in delivering Healthcare. The chapter also evaluates the gaps to the existing healthcare delivery strategies. Several studies have been conducted on Healthcare delivery but it remains behind a thin veil of mist on the challenges faced in Mayo Rusape ward 35. This chapter reviews what has been researched and documented regarding challenges of healthcare delivery on the livelihoods of local people in the rural.

2.2 Theoretical framework

The challenges of healthcare delivery in remote and rural areas can be effectively addressed through a community-based participatory research (CBPR) framework. This approach emphasizes the active involvement of the local community in the research process, ensuring that the needs, perspectives, and lived experiences of the target population are central to the development and implementation of solutions. The CBPR theoretical framework for addressing the challenges of healthcare delivery in remote and rural areas consists of the following key elements as Community Engagement and Partnership as establish strong partnerships with local community members, leaders, and organizations. Foster a collaborative, trust-based relationship between the research team and the community. Ensure that the community is actively involved in all stages of the research process, from problem identification to solution implementation.

Needs Assessment and Asset Mapping as conduct a comprehensive needs assessment to identify the specific healthcare challenges faced by the community? Assess the available resources, strengths, and assets within the community that can be leveraged to address these challenges. Engage the community in the needs assessment and asset mapping process to ensure the accuracy and relevance of the findings. Also, Co-Design and Co-Implementation of Solutions as collaboratively develop context-specific, culturally appropriate solutions to

address the identified healthcare challenges. Empower the community to be actively involved in the design, implementation, and evaluation of these solutions. Ensure that the solutions are tailored to the unique needs and resources of the local community. Thus Capacity Building and Sustainability as invest in the development of local healthcare workforce and infrastructure, provides training, mentorship, and support to community members to build their capacity to manage and sustain healthcare initiatives. Also to ensure that the solutions are embedded within the community's existing systems and structures to promote long-term sustainability.

Knowledge Sharing and Dissemination as prioritize the sharing of research findings and insights with the local community. Facilitate the exchange of knowledge and best practices among various stakeholders, including policymakers, healthcare providers, and other communities facing similar challenges in Rusape ward 35 Mayo. Advocate for the inclusion of community-based perspectives in the development of regional and national healthcare policies and programs. By adopting a CBPR approach, the challenges of healthcare delivery in remote and rural areas can be addressed in a holistic and sustainable manner. This framework empowers the local community to take an active role in identifying and solving their own healthcare challenges, while also leveraging external resources and expertise to enhance the effectiveness and long-term impact of the interventions. CBPR theoretical framework provides a robust and community-cantered approach in Rusape ward 35Mayo to tackling the multifaceted challenges of healthcare delivery in remote and rural areas, ultimately contributing to the improvement of health outcomes and the reduction of health disparities.

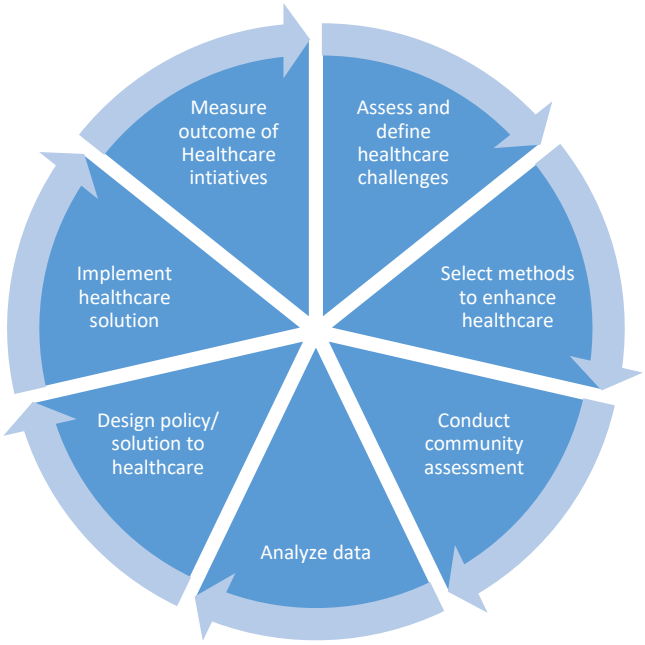


Figure 1.1 Community-Based Participatory Researches (CBPR)

Community-based participatory research (CBPR) has emerged as a crucial approach in healthcare research, particularly when addressing the challenges of healthcare delivery in Rusape Mayo ward 35 remote and rural areas. CBPR's importance lies in its ability to bridge the gap between research and the real-world needs of communities, ensuring that healthcare interventions are tailored to the unique contexts and priorities of the target populations.

One of the primary benefits of CBPR is its emphasis on community engagement and partnership. By actively involving local community members of Rusape Mayo ward 35 in the research process, CBPR ensures that the perspectives, experiences, and knowledge of the people who are most affected by the healthcare challenges are incorporated into the research design and implementation. This not only enhances the relevance and appropriateness of the solutions but also fosters a sense of ownership and investment within the Mayo community, ultimately improving the long-term sustainability of the interventions. CBPR's focus on capacity building and empowerment of local communities is crucial in addressing the healthcare disparities that often plague remote and rural areas. By training and supporting the Mayo ward 35 community members to become active partners in healthcare research and delivery, CBPR helps to build the local healthcare workforce and infrastructure, ensuring that communities have the resources and skills to address their own healthcare needs.

2.3 Rural Healthcare Delivery

Access to healthcare is a global issue, affecting individuals and communities worldwide. In sub-Saharan Africa, limited access to basic healthcare services in rural areas results in high maternal and child mortality rates (World Health Organization, 2020). India's rural areas face a shortage of healthcare infrastructure and trained professionals, leading to delayed diagnosis and treatment of chronic diseases (Kumar et al., 2019). Brazil's indigenous population encounters significant barriers in accessing healthcare services due to cultural and linguistic differences (Santos et al., 2020). In the United States, racial and ethnic minorities experience disparities in healthcare access and outcomes, including higher rates of chronic diseases and poorer health outcomes (National Institute of Minority Health and Health Disparities, 2020). Finally, remote Aboriginal communities in Australia face challenges in accessing healthcare services due to geographical isolation.

Rural healthcare access is a complex issue that goes beyond just the availability of services. Kumar & Torres, (2018), has shown that the acceptability and appropriateness of care are

crucial in rural areas, influencing patients' willingness to seek care and engage with healthcare services. Ensuring access to healthcare is a multi-dimensional challenge that requires consideration of various factors, including approachability, acceptability, availability, affordability, and appropriateness. Rural healthcare consumers are a hard-to-reach population due to limited access, lower health literacy, and social stigma. For instance, in rural Africa, limited access to healthcare services, coupled with social stigma and cultural beliefs, can hinder individuals from seeking medical care, leading to poor health outcomes (Sengupta et al., 2019) Furthermore, healthcare access involves a range of factors, including individual, household, and environmental characteristics, as well as healthcare delivery systems and providers. Addressing the unique challenges of rural healthcare systems requires a federal initiative focused on rural health priorities.

Rural healthcare delivery in Zimbabwe faces numerous challenges and shortage of medical supplies is one (Ministry of Health and Child Care, 2018). Patients in Zimbabwe rural areas for example often walk over 10 km to access the nearest health facility, and it made difficult sometimes for patients to access healthcare services (Zimbabwe National Statistics Agency, 2019). These challenges result in limited access to healthcare services, particularly in remote or hard-to-reach areas (Zimbabwe National Statistics Agency, 2019) that is makes the delivery of healthcare a bit challenging.

2.4 Challenge of Healthcare delivery in remote and rural area.

Access to quality healthcare is a fundamental human right, yet millions of people around the world, particularly those living in remote and rural areas face significant barriers in obtaining the care they need. The challenges of healthcare delivery in these underserved regions are multifaceted and require a comprehensive, global approach to address. The challenges have increasingly been a challenge worldwide and literature relates these challenges to some as including limited infrastructure, inadequate supply of equipment and transportation.

2.4.1 Shortage of Healthcare Infrastructure

One of the primary challenges is the limited healthcare infrastructure in remote and rural areas. These regions often lack adequate healthcare facilities, such as hospitals, clinics, and diagnostic centres, leading to long travel distances for residents to access basic medical care (Rao et al., 2018; Rust et al., 2017). In the United States, limited internet and telecommunications connectivity in rural areas restricts telemedicine services (National Institute of Medicine, 2019). Globally, inadequate healthcare waste management and facility maintenance

compromise healthcare quality and safety (World Health Organization, 2020). Addressing these infrastructure gaps is crucial to enhance healthcare access, equity, and outcomes worldwide. The shortage of healthcare infrastructure is a pervasive global challenge, hindering healthcare delivery and access.

In Sub-Saharan Africa, inadequate facilities and equipment lead to delayed care and poor health outcomes (World Health Organization, 2020). In India, insufficient healthcare workforce accommodation and transportation infrastructure exacerbate healthcare disparities (Kumar et al., 2019). This issue is exacerbated by the shortage of healthcare workers, as recruiting and retaining qualified professionals, including physicians, nurses, and allied health workers, in these areas is a persistent challenge due to factors such as poor living and working conditions, limited professional development opportunities, and lack of incentives (Kwizera & Dambisya, 2019; Strasser & Neusy, 2010). These regions according to Rao et al., 2018; Rust et al., 2017), often lack adequate healthcare facilities, such as hospitals, clinics, and diagnostic centres, leading to long travel distances for residents to access basic medical care. This issue is exacerbated by the chronic shortage of healthcare workers, as recruiting and retaining qualified professionals, including physicians, nurses, and allied health workers, in these areas is a persistent challenge due to factors such as poor living and working conditions, limited professional development opportunities, and lack of incentives (Kwizera & Dambisya, 2019; Strasser & Neusy, 2010).

In Zimbabwe, the shortage of healthcare infrastructure poses a significant challenge to healthcare delivery, resulting in inadequate healthcare facilities, outdated equipment, and limited access to specialized care (Ministry of Health and Child Care, 2018). For instance, in rural Masvingo, patients often have to walk over 10 km to access the nearest health facility, highlighting the need for improved healthcare infrastructure (Zimbabwe National Statistics Agency, 2019). Furthermore, the country's healthcare system faces challenges in maintaining adequate healthcare workforce accommodation, transportation infrastructure, and internet and telecommunications connectivity, exacerbating healthcare disparities (Mudyarabikwa et al., 2020). Addressing these infrastructure gaps is crucial to enhance healthcare access, equity, and outcomes in Zimbabwe. This makes it an unearthed issue in the local rural of the Rusape area. One of the foremost challenges is the inadequate healthcare infrastructure in remote areas such as Chimanimani. According to the World Health Organization (WHO), Zimbabwe faces a shortage of healthcare facilities, particularly in rural regions, leading to overcrowding and limited access to essential services (WHO, 2020). Insufficient healthcare facilities not only

impede timely access to medical care but also contribute to the strain on existing resources, compromising the quality of services provided. Infrastructure and personnel shortages, geographical barriers pose significant obstacles to healthcare delivery in remote areas.

2.4.2 Limited Supply of Medical Equipment

Another significant challenge is the inadequate supply of medical equipment and essential medicines in remote such as Peru healthcare facilities. Shortages of vital resources, such as diagnostic tools, life-saving drugs, and basic medical supplies, severely hinder the ability of these facilities to provide comprehensive and quality care (Ouma et al., 2018; Seidman & Atun, 2017). This has been a significant challenge is the inadequate supply of medical equipment and essential medicines in remote healthcare facilities across Africa. Shortages of vital resources, such as diagnostic tools, life-saving drugs, and basic medical supplies, severely hinder the ability of these facilities to provide comprehensive and quality care (Ouma et al., 2018; Seidman & Atun, 2017).

The limited supply of healthcare equipment poses a significant challenge in Africa, hindering the delivery of quality healthcare services. Many healthcare providers, particularly smaller ones, lack access to essential medical equipment, such as lab equipment, oxygen compressors, and ventilators (World Health Organization, 2020). The financing gap is a significant barrier, as healthcare providers often struggle to secure loans due to a lack of expertise from banks (Africa Finance Corporation, 2019). Africa's dependence on imports exacerbates the issue, with 99% of vaccines and 70-90% of medicines and medical devices being imported UN (United Nations, 2019). Local manufacturing of medical equipment and supplies is limited, making it difficult for countries to access the equipment they need (African Union, 2019). Furthermore, brain drain, infrastructure challenges, power outages, and maintenance difficulties contribute to the complexity of the problem (WHO, 2020). For instance, in Nigeria, only 20% of healthcare facilities have access to basic medical equipment (Nigerian Ministry of Health, 2018).

In Zimbabwe, like many other nations, ensuring equitable access to healthcare services poses significant challenges, particularly in remote and rural areas. While strides have been made in improving healthcare infrastructure and services, disparities persist, hindering the delivery of quality healthcare to all citizens.Zimbabwe's healthcare system faces numerous challenges, including economic decline, which has led to reduced healthcare budgets and inadequate provision of services (World Health Organization, 2018). As according to Zimbabwe Medical

Association, (2020), the country also struggles with a shortage of skilled healthcare professionals, with many leaving the country in search of better opportunities. Furthermore, healthcare infrastructure is poorly maintained, with many hospitals lacking essential equipment and supplies commented by the (MHCC) Ministry of Health and Child Care, (2019), for example, in 2019, the country's largest hospital, Parirenyatwa Group of Hospitals, faced a critical shortage of essential medicines and commodities, thus The Herald, (2019), states that. Additionally, Zimbabwe has experienced humanitarian crises, including cholera and measles epidemics, which have further strained the healthcare system (United Nations, 2019). These challenges as according to UNICEF, (2020), have contributed to a high mortality rate, with 35,500 children under the age of five dying every year.

2.4.3 Transportation Barriers

Transportation and geographical barriers also play a crucial role in limiting healthcare access in remote and rural areas. The remote location such as in Bangladesh and poor road infrastructure of these regions create significant barriers to reaching medical services, further exacerbated by the lack of public transportation options and the high costs of private travel (Hanson et al., 2017; Sacks et al., 2015). Transportation and geographical barriers also play a crucial role in limiting healthcare access in remote and rural African communities as the remote location and poor road infrastructure of these regions create significant barriers to reaching medical services, further exacerbated by the lack of public transportation options and the high costs of private travel (Hanson et al., 2017; Sacks et al., 2015).

Transportation barriers significantly hinder healthcare delivery in remote areas of Africa, resulting in delayed or no access to medical care according to World Health Organization, (2019), for example in rural Nigeria, patients often travel long distances to reach healthcare facilities, leading to delayed or no access to medical care (Nigerian Medical Association, 2020). Similarly, in remote areas of Ethiopia, limited transportation options lead to inadequate healthcare infrastructure and a shortage of healthcare professionals, Ethiopian Ministry of Health, (2020), argues that. These transportation barriers contribute to high maternal and child mortality rates, with Africa accounting for 66% of global maternal deaths (UNICEF, 2020). Furthermore, corruption and mismanagement exacerbate the issue, with Transparency International (2020) reporting that corruption in healthcare is a significant challenge in Africa. Addressing transportation barriers is crucial to improving healthcare delivery in remote areas of Africa.

Zimbabwe's rugged terrain and inadequate transportation infrastructure make it difficult for individuals living in remote regions to access healthcare facilities (Nyamwanza et al., 2018). Limited road networks and unreliable transportation options result in delays in seeking medical attention, particularly during emergencies, leading to adverse health outcomes.Transportation barriers significantly hinder healthcare delivery in remote areas of Zimbabwe, resulting in delayed or no access to medical care (Ministry of Health and Child Care, 2019). For instance, in rural Matabeleland, patients travel long distances to reach healthcare facilities, leading to delayed or no access to medical care (The Herald, 2019). Similarly, in remote areas of Manicaland, limited transportation options lead to inadequate healthcare infrastructure and a shortage of healthcare professionals (Manicaland Provincial Hospital, 2020). These transportation barriers contribute to high maternal and child mortality rates in Zimbabwe (UNICEF, 2020).

2.4.4 Socioeconomic disparities

Individuals living in remote and rural areas often face higher levels of poverty, lower education levels, and limited financial resources, making it challenging for them to afford healthcare services and transportation as also argued by Jamison et al., (2013) and Wagstaff, (2002), also buys the idea. This socioeconomic disadvantage leads to further health inequities and poorer health outcomes for example in India. Socioeconomic disparities are a major challenge, as individuals living in remote and rural areas worldwide often face higher levels of poverty, lower education levels, and limited financial resources, making it challenging for them to afford healthcare services and transportation (Jamison et al., 2013; Wagstaff, 2002). This socioeconomic disadvantage can lead to further health inequities and poorer health outcomes.

Cultural and linguistic barriers can also impede effective healthcare delivery in remote and rural African communities. Differences in cultural beliefs, practices, and languages between healthcare providers and the local population can lead to communication challenges and mistrust, hindering the ability to provide culturally appropriate and responsive care (Kline et al., 2020; Perkins et al., 2020). Moreover, socio-economic factors contribute to the challenges of healthcare delivery in rural Zimbabwe. Poverty and unemployment rates are disproportionately higher in rural areas, affecting individuals' ability to afford healthcare services and medication (Mujuru & Makotore, 2019). Economic hardships also impact healthcare infrastructure maintenance and resource allocation, further widening the gap in access to healthcare between urban and rural populations.

2.4.5 Information and Technology Transfer Failure

Finally, the limited access to information and technology in remote and rural areas further exacerbates the challenges of healthcare delivery for instance Chimanimani Zimbabwe. The lack of access to medical databases, decision-support tools, and emerging digital health technologies can hinder the ability of healthcare providers to stay informed, make evidence-based decisions, and utilize innovative solutions to address the unique needs of their communities (Agarwal et al., 2016; Chhina et al., 2013). Furthermore, the shortage of healthcare professionals exacerbates the healthcare delivery challenges in rural areas. The brain drain phenomenon, where skilled healthcare workers migrate to urban centres or overseas in search of better opportunities, has left many remote regions underserved (Mujuru & Makotore, 2019). This shortage not only affects the quantity of healthcare services available but also impacts the quality of care due to overworked staff and limited expertise.

Addressing these challenges requires a multifaceted approach that encompasses policy reforms, investment in infrastructure and human resources, and community engagement initiatives. Government initiatives aimed at incentivizing healthcare professionals to work in rural areas, such as offering financial incentives and career development opportunities, can help alleviate staff shortages (WHO, 2020). Additionally, improving transportation networks and implementing telemedicine solutions can enhance healthcare accessibility in remote regions (Nyamwanza et al., 2018).

Healthcare in Africa faces numerous challenges, including a shortage of healthcare professionals, with Nigeria, for example, having only about 40,000 doctors for its population of over 200 million (World Health Organization, 2019). Inadequate budgetary allocation is another issue, with many African countries spending less than the recommended 15% of their budget on healthcare (African Union, 2020). Poor leadership and management, corruption, and mismanagement further hinder the effective delivery of healthcare services (Transparency International, 2020). Financial barriers, including high out-of-pocket expenditure, limit access to care, with many Africans facing significant financial burdens when seeking healthcare (World Bank, 2020). The brain drain of healthcare professionals to other regions exacerbates the shortage of skilled workers, with South Africa, for example, losing many healthcare professionals to emigration (South African Medical Association, 2020). Frequent healthcare worker strikes disrupt services, with Nigeria, for example, experiencing frequent healthcare

worker strikes that disrupt healthcare services (Nigerian Medical Association, 2020).The table below shows a summary of the people facing healthcare delivery challenges.

Table2.1 Estimated numbers of people facing Healthcare challenges in the world

Region	Country	Number of Rural people facing Healthcare Challenges	Gender%	
			Male	Female
South Asia	India	15,000,000	39%	71%
East Asia &Pacific	China	9.000,000	44%	56%
East Asia &Pacific	Indonesia	2,600,000	30%	70%
Sub-Saharan Africa	DRC	2,000,000	24%	76%
Sub-Saharan Africa	Ethiopia	1,260,000	28%	82%
Sub-Saharan Africa	Ghana	1,100,000	30%	70%
Sub-Saharan Africa	Burkina Faso	1,000,000	24%	76%
Sub-Saharan Africa	Zimbabwe	1,000,000	26%	74%
Sub-Saharan Africa	Sudan	1,000,000	30%	70%
Sub-Saharan Africa	Tanzania	1,000,000	30%	70%

Gender-based disparities in healthcare access and outcomes remain a significant global challenge as shown in table 2.1, with substantial variations across different regions. Understanding these regional differences is key to developing targeted, context-specific solutions. In South Asia, women face substantial barriers to accessing quality healthcare. High maternal mortality rates, limited control over reproductive decisions, and cultural norms that prioritize men's healthcare needs all contribute to poorer outcomes for women. For example, in India, the maternal mortality ratio is 113 per 100,000 live births, much higher than the global average. Women also have lower rates of healthcare utilization compared to men, often due to financial dependence and lack of decision-making power within the household. Conversely,

men in South Asia face high rates of preventable conditions like heart disease, stroke, and cancer, stemming from unhealthy lifestyles, occupational hazards, and reluctance to seek timely medical care. Social expectations for men to be "strong" and not express vulnerability create barriers to addressing their unique health needs. The East Asia and Pacific region presents a mixed picture. While countries like Japan and South Korea have made substantial progress in women's health, gaps persist. Women still face higher rates of conditions like depression and osteoporosis, as well as unequal access to reproductive services. In contrast, men in East Asia struggle with high suicide rates, attributed to societal pressures and lack of mental health support.

Sub-Saharan Africa faces some of the starkest gender-based healthcare disparities globally. Women bear a disproportionate burden of HIV/AIDS, with nearly 60% of all new infections occurring among adolescent girls and young women. High rates of maternal mortality, female genital mutilation, and gender-based violence further exacerbate women's health challenges. Men, on the other hand, are less likely to get tested and treated for HIV, contributing to poorer outcomes. Across all these regions, addressing gender inequities in healthcare requires a multi-pronged approach. This includes increasing women's agency and decision-making power, challenging harmful social norms, providing gender-responsive services, and engaging men as partners in improving health outcomes. Ultimately, achieving universal health coverage that is sensitive to the unique needs of both women and men is crucial for advancing global health equity.

2.5 Case study of regional Countries in Africa on healthcare delivery

These interconnected challenges highlight the significant barriers to effective healthcare delivery in Mozambique, South Africa and Zambia. These therefore require a comprehensive and coordinated approach to strengthen the healthcare system and improve access to quality care for all citizens. Thus the case studies are provided in the section.

2.5.1 Mozambique Healthcare Delivery State

Inadequate healthcare infrastructure and resources as "Mozambique's healthcare system is plagued by a severe shortage of hospitals, clinics, and medical equipment, particularly in rural areas" (World Bank, 2022). This lack of basic infrastructure and resources hampers the ability to provide essential healthcare services to the population. Shortage of healthcare personnel as "Mozambique has a critical shortage of healthcare workers, with only 0.04 physicians and 0.40 nurses and midwives per 1,000 population, far below the World Health Organization's

recommended standards" (Kirigia et al., 2017). This lack of human resources makes it extremely challenging to deliver effective healthcare across the country. Inequitable access to healthcare as "Access to healthcare services in Mozambique is highly unequal, with urban areas having significantly better access compared to rural and remote communities" (Mozambique Ministry of Health, 2019). This disparity in access contributes to poorer health outcomes for those living in rural and underserved regions.

Financing and funding challenges as "Mozambique's healthcare system is heavily reliant on external donor funding, which accounts for more than 50% of the total health expenditure, making the system vulnerable to fluctuations in international aid" (Abiiro & De Allegri, 2015). Insufficient and unstable domestic healthcare financing hinders the government's ability to invest in sustainable healthcare delivery. Burden of communicable and non-communicable diseases as Mozambique faces a double burden of disease, with a high prevalence of both communicable diseases, such as malaria and HIV/AIDS, as well as the increasing prevalence of non-communicable diseases, such as cardiovascular diseases and diabetes" (Mozambique Ministry of Health, 2020). This dual burden places significant strain on the healthcare system. Weak health information systems as Mozambique's health information systems are fragmented and often lack the capacity to collect, analyse, and use data effectively, hampering evidence-based decision-making and resource allocation" (Shayo et al., 2016). This limitation undermines the ability to plan and implement targeted healthcare interventions.

2.5.2 South African Healthcare Delivery State

Healthcare delivery in South Africa is based on specialty whereby care is only concentrated in urban areas and less in rural areas (Neely 2019). Conco (2015) rural areas in South Africa have challenges of health care delivery like other countries worldwide. There are limited facilities, few health professional and information is sufficient which will result in poor health status of residents. 70% of the doctors' works in private sectors leaving 27% of the doctors serve in public health care centres. People in rural areas found it difficult to access to healthcare centres due to long distance, time and costs of accessing healthcare, in times of emergency it becomes a disadvantage regarding transportation (Gaede and Versteeg 2011). Dunjwa (2016) most facilities in South Africa have problems such as poor health facilities, lack of cleanliness and old infrastructures in remote and rural areas.

Poverty hinders health care as people living in densely populated areas were mostly affected during the state of national disaster (Allan and Heese 2020). Amzart and Razum (2018)

Infectious diseases spread due to health inequalities and poor healthcare services in South Africa. Majority of the population affords public health care delivery rather than private healthcare which strain public health care to provide equitable services. Chowdhury (2022) people in rural areas died during the Covid 19 due to inadequate facilities.

2.5.3 Zambian Healthcare Delivery State

In Zambia, they are many challenges in healthcare sectors in rural areas such as inadequate supplies. Healthcare facilities are in favour of the rich whilst those with the greatest need healthcare services are not getting it (Phiri and Atagumba 2024). They are limited resources, poverty, poor infrastructure and geographical barriers. Shortages of healthcare workers in Zambia is becoming a huge problem as the quality and quantity of health care which is produced there is hindering the Millennium Development Goals (Gow et al 2011). Many people are suffering due to the lack of professional doctors and few health workers especially in rural and remote areas. Mweemba et al (2021) rural areas such as Kaputa and Ngabwe in Zambia face challenges such as poor access to maternal healthcare due transportation, week health system and poor health care delivery which is causing maternal death. Zambia have high burden of infectious diseases such as HIV/AIDS and tuberculosis, managing those diseases requires a robust healthcare that can provide treatment and prevention to the people.

2.6 Healthcare services in rural Zimbabwe

Zimbabwe is characterised by long distances to access health, high doctor to patient's ratio, poor medical infrastructure, intermitted power cuts, shortage of portable safe water, shortage of medical drugs, and inaccessibility of health facilities in remote and rural areas.

2.6.1 Transportation

According to Mangundu at el (2020) people in rural areas walk 10 km to 50km to access the nearest clinic. For example in Rusape ward 35 it consisted of 10 villages from village 21 to village 40 and all those villages relay on a clinic that is in village 37 which shows that all from villages 20s walk long distances for healthcare services. The World Health Organization (2020) stated that the roads are poor and are not being maintained resulting in portholes which create a barrier for transportation in such that motor vehicles and ambulances cannot access to residents. Some areas doesn't not have bridges and some are broken which became a challenge to transport patients during emergencies. This can affect also transportation of medicines and medical supplies in rural and remote areas. They are shortages of ambulances in Zimbabwe such that in small clinics in rural areas doesn't own them.

2.6.2 Economic Crisis

The economic crisis has caused in Zimbabwe community outreach programs such as awareness campaigns to be closed as this will burden few nurses that are available in rural areas. This also crumbled the distribution of family planning as they are not available leading to incensement of population. They are shortages of medical facilities in general hospitals such as Rusape General during the Covid 19 People died because they were absence of ventilations. With that, small clinics in rural areas suffered the most because they was lack of medical facilities. Chikanda and Taodzeka (2020) lack of medical equipment and essentials is increasing the mortality rate as people will be referred to Harare and some will not make it. Shortages of water supplies in clinics also impact on health care delivery. For example in Chipadze clinic, they fetch water from the outside and tapes that are inside cannot supply water. With that, this can affect the services which are produced there as the nurses will have to limit the patients on the use of water.

2.6.3 Healthcare workers

Shortages of professional specialists, nurses and doctors is escalating as they are migrating for better opportunities. Government health workers are underpaid leaving them with no option but to go on strikes disrupting services (McCoy et al 2017). Most of them are preferring to open up their surgeries or being employed to private. Many people afford public hospitals hence they will be overcrowded in hospitals such that it will strain the health workers. Machingaidze et al (2019) Shortages of health workers is mainly affecting those that are in rural areas leading to long waits. According to Mangundu and Roets (2020) 23% of the midwives are trained which becomes a problem because it is contributing to overload hence contributing to lack of patients monitoring.

2.6.1 The Role of Community Engagement in Healthcare Delivery

Community Engagement is very important in healthcare delivery in rural areas by involving stakeholders such as community health committees, traditional healers and local leaders. According to Revaghi (2023) community engagement facilities the identification of needs and priorities in the community. Involving the community will help you to learn more about their cultural beliefs, health challenges and barriers to accessing healthcare services (Garzon 2023). These information can help you to come up with the solutions to the problem and measures of prevention. Health care workers can be able to educate and empower community by health lifestyle choices and prevention measures. Khatri (2023) community workshops, outreach and

health fairs can raise an awareness about a certain diseases promoting screening, vaccinations and improve health outcomes in rural areas. Community engagement fosters unity between community committees, local leaders, local people and healthcare providers to provide quality health delivery. Due to collaboration, health workers can be able to share knowledge on health initiatives to the people in rural areas. Sharkiya (2023) engaging with the community it ensures that healthcare delivery is patient centered. By engaging with the community in decision making and planning it promote communication between health providers and patients which navigate healthcare delivery system. Community engagement facilities feedback and evaluation on health care programs promoting improvements (Haldane 2019). Addressing of challenges in service delivery ensures that healthcare services meets the demands of the people. Hussain (2023) community empowerment promote members of the community to advocate for better health care services and policies that benefit rural community.

2.6.2 Healthcare Financing Programs

Healthcare financing programs are crucial in ensuring quality healthcare services for rural communities. The government implemented National Health Financing Strategies to improve the health funding and accessible in rural areas. These funds helps to mobilise medical facilities and help the vulnerable people Legarde and Palmer (2018). National Health Insurance Schemes provide finances of healthcare to the patients in rural populations Domapielle (2014). It covers treatment, consultation, medication and hospitalization. Eze (2023) community based health financing programs, these operate at local level for buying medical resources and share health costs among community people. Social health insurance program are public medical services that offers health coverage for public employees. Jamal et al (2019) the social health insurance it accommodate everyone includes the poor, self-employed and employees. Donor funded health programs are supported by development partners, non-governmental and international organization such as (WHO) World Health Organization and (UNDP) United Nation Development Fund. These organizations promote health care initiatives to strengthen health services in rural areas and lead to the improvement and restoration of health care. Public health financing initiatives such as grants, subsidies and budget allocation. They are used to maintain infrastructure and buying medical facilities in rural areas (llesonmi and Afolabi 2023). The use of public private partnership plays a role in promoting health care in rural areas. This partnership support quality healthcare delivery in communities by providing funds.

2.7 Impacts of limited access to healthcare

Boundless access to healthcare services in the rural areas impacts differently on the communities and to mention about reduced life standards, an increase in pandemics and even a higher burden on diseases are some of them.

2.7.1 Reduced Quality of Life

Limited access to healthcare has far-reaching global consequences, including a significant increase in the global health burden and according to World Health Organization, (2019), this has led to diminishing lifestyles. An example is of the COVID-19 pandemic has exposed weaknesses in healthcare systems worldwide, resulting in economic losses estimated at trillions of dollars (World Bank, 2020). Moreover, unmet health needs contribute to social unrest, political instability, and even conflict, as seen in the humanitarian crises in Syria and Venezuela (UNICEF, 2020) and also the brain drain of healthcare professionals from low-resource countries to high-income nations further weakens healthcare systems, exacerbating global health inequities (African Union, 2020). Ultimately, limited access to healthcare hinders economic growth and development, perpetuating poverty and health disparities worldwide (World Bank, 2020).All these consequences can significantly diminish an individual's quality of life, making it difficult to perform daily activities, maintain relationships, and enjoy life's experiences.

In Africa, limited access to healthcare has severely impacted quality of life, leading to devastating consequences, for instance, mothers and children are disproportionately affected, with high mortality rates resulting from delayed or foregone care (UNICEF, 2020). In Nigeria, for example, over 100,000 women die annually from pregnancy-related complications due to inadequate healthcare (Nigerian Ministry of Health, 2020). Moreover, unmanaged chronic conditions and lack of preventive care lead to poor health outcomes, reducing individuals' ability to perform daily activities and enjoy life (World Health Organization, 2019). The emotional toll is also significant, with unmet health needs leading to emotional distress, anxiety, and depression (WHO, 2019). Overall, limited access to healthcare in Africa has far-reaching consequences, perpetuating poverty, social isolation, and reduced quality of life.

Zimbabwe's healthcare system is facing significant challenges, resulting in a substantial decline in quality of life for its citizens. The country's maternal mortality rate is alarmingly high, with over 500 deaths per 100,000 live births, largely due to inadequate healthcare infrastructure and personnel (Ministry of Health and Child Care, 2020). The prevalence of chronic diseases like

HIV/AIDS and hypertension is also high, with over 1.3 million people living with HIV/AIDS, leading to poor health outcomes and reduced productivity (World Health Organization, 2019). Moreover, limited access to essential medicines, including antiretroviral therapy, has resulted in untreated illnesses, as evident in the high incidence of malaria and typhoid fever (Medicines Control Authority of Zimbabwe, 2020). The emotional toll of unmet health needs and lack of access to mental health services has further contributed to the decline in quality of life, leading to increased emotional distress, anxiety, and depression (Ministry of Health and Child Care, 2020).

2.7.2 Increased Pandemics

Limited access to healthcare is a critical factor in the spread and severity of pandemics worldwide. Weak healthcare systems and inadequate infrastructure hinder detection, response, and containment of outbreaks, allowing diseases to spread rapidly and unchecked (World Health Organization, 2019). Delays in seeking care and receiving appropriate treatment exacerbate the spread of infectious diseases, as seen in the COVID-19 pandemic (Centers for Disease Control and Prevention, 2020). Moreover, limited access to essential medicines, vaccines, and medical supplies compromises treatment and prevention efforts, further fueling the pandemics spread (World Health Organization, 2019). The consequences are devastating, with pandemics resulting in significant morbidity, mortality, and economic losses globally (World Bank, 2020). Limited access to healthcare can have an impact on public health challenges. It can lead to pandemic, spreading of infectious diseases such as chicken pox, bilharzia and cholera hence increasing of health care costs of preventable diseases Worafi (2023). Inadequate access to health care can hinder health promotions, diseases prevention and public health initiatives.

The limited access to healthcare in Africa has severely exacerbated the impact of pandemics, such as COVID-19 and Ebola, on the continent. Weak healthcare systems have led to delayed detection, inadequate response, and poor containment of outbreaks, resulting in high mortality rates (World Health Organization, 2020). For instance, Nigeria's limited healthcare access has contributed to a significant number of COVID-19 deaths, with over 3,000 reported as of 2022 (Nigerian Ministry of Health, 2022). The Ebola outbreak in West Africa in 2014-2016 highlighted the devastating consequences of inadequate healthcare infrastructure, resulting in over 11,000 deaths (Centers for Disease Control and Prevention, 2019). Furthermore, the limited availability of essential medicines, vaccines, and medical supplies has hindered

treatment and prevention efforts, allowing infectious diseases to spread unchecked (World Health Organization, 2020).

Zimbabwe's limited access to healthcare has severely exacerbated the impact of pandemics, such as COVID-19 and cholera, in the country. The country's healthcare system, already beset by resource constraints and infrastructure challenges, has been overwhelmed by the COVID-19 pandemic, leading to high mortality rates and inadequate response (Ministry of Health and Child Care, 2022). For instance, Zimbabwe's limited healthcare access has resulted in a significant number of COVID-19 cases and deaths, with over 2,000 reported as of 2022 (World Health Organization, 2022). Moreover, the country's history of cholera outbreaks, such as the 2018 outbreak that claimed over 50 lives, highlights the devastating consequences of inadequate healthcare infrastructure and access (Centers for Disease Control and Prevention, 2019). The scarcity of essential medicines, vaccines, and medical supplies has further compromised treatment and prevention efforts, allowing infectious diseases to spread unchecked (World Health Organization, 2020). Therefore generally limited access to healthcare exacerbates pandemics.

2.7.3 Higher Disease Burden

Limited access to healthcare carriers out some dangers especially on the health of the people. People who are living in poverty tends to have higher disease burdens as they cannot afford to access to healthcare (Lillian 2023). It is important to note that financial crisis and social limitations have impact on one's well-being. Muhrer (2021) due to poor medical facilities and inaccessibility to health care services people delay treatment and diagnosis leading to worsening of health outcomes and costs. Cavigilia (2021) spending long time without access to health care can have an increase of morbidity and mobility within the population. Individuals may experience complications of treatment increasing risks of early death.

In Africa, limited access to healthcare has led to a disproportionate share of the global disease burden, resulting in a higher prevalence and impact of various health conditions. The continent's healthcare systems face significant challenges, including inadequate resources, infrastructure, and healthcare workforce, leading to insufficient prevention, diagnosis, and treatment services (World Health Organization, 2020). For instance, Africa bears a heavy burden of HIV/AIDS, with over 70% of global cases, and limited access to essential medicines like antiretroviral therapy contributes to high mortality rates (UNAIDS, 2020). Additionally, the region struggles with a high incidence of infectious diseases like malaria, tuberculosis, and

cholera, resulting in millions of cases and deaths annually (Centers for Disease Control and Prevention, 2019). The limited availability of healthcare services, facilities, and essential medicines exacerbates the disease burden, leading to poor health outcomes and reduced quality of life (World Health Organization, 2020).

Zimbabwe's limited access to healthcare has led to a significant increase in the disease burden, resulting in a higher prevalence and impact of various health conditions. The country's healthcare system faces numerous challenges, including inadequate resources, infrastructure, and healthcare workforce, leading to insufficient prevention, diagnosis, and treatment services (Ministry of Health and Child Care, 2022). For instance, Zimbabwe has a high HIV/AIDS prevalence, with over 1.3 million people living with the disease, and limited access to antiretroviral therapy contributes to high mortality rates (UNAIDS, 2020). Additionally, the country struggles with frequent outbreaks of infectious diseases like cholera, typhoid, and malaria, resulting in high case fatality rates (World Health Organization, 2020). The limited availability of healthcare services, facilities, and essential medicines exacerbates the disease burden, leading to poor health outcomes and reduced quality of life (Ministry of Health and Child Care, 2022). Thus it is a negative to count on resulting from the limited access in healthcare.

2.7 Healthcare care strategies

Healthcare strategies are put in place to improve health care delivery and address the challenges being faced in healthcare system. WHO (2024) mobile clinic bring in the medical facilities to the communities which will became easier for the residents as they will be accessing healthcare without travelling. Hill (2017) outreach services can include screening, preventive care, vaccination and basic treatment whereby everyone in the community can have access to as the healthcare team will be Knocking door to door. Telemedicine involve using technology to provide health care services such as virtual consultation, remote monitoring and telehealth platforms. Telemedicine help people to access health care and medicine without physical contact using video conference and telephones (Haleem 2021). Community Health Workers (mbuya hutano) plays a crucial role in health care delivery system. They are often local people who are trained to provide basic healthcare services such as screening and health education (Leban, Kok and Perry 2021). They give feedback to the clinic on how people are living and the challenges they are facing in their communities. Caron (2024) by promoting health education and awareness can alert people into making decisions about their health and well-being. Healthcare initiatives such as disease management and prevention measures.

Collaboration public private partnerships can help access to resources, expertise and funding. Loban (2021) this can strengthen the healthcare services for underserved population such as in remote and rural areas. Improvement of infrastructure such as building and upgrading health care facilities can enhance the delivery of healthcare (Kapolongwe et al 2020). The improvement of infrastructure and technology can enhance the quality of service being provided and can strengthen the communication between healthcare providers and patients.

2.8 Chapter summary

This chapter reviews the existing literature on hindrances of healthcare delivery in remote areas. This chapter explores the literature on the extent to which healthcare delivery challenges faced in remote and rural areas. In explaining the challenges faced in delivering healthcare in rural and remote areas in Rusape Mayo ward 35, the chapter utilises the theoretical framework. This chapter uses four case studies from Mozambique, South Africa, Zambia and Zimbabwe to explain the challenges faced in delivering Healthcare. The chapter also explores the gaps in the existing literature from a global perspective. Several studies have been conducted on Healthcare delivery but it remains behind a thin veil of mist on the challenges faced in Mayo Rusape ward 35. This chapter reviews what has been researched and documented regarding challenges of healthcare delivery on the livelihoods of local people.

CHAPTER III: RESEARCH METHODOLOGY

3.1 Chapter introduction

This chapter emphasizes the planning, execution, and analysis of data collection, with a focus on ensuring data quality. It delves into the design choices for the methodology, justifying the decisions made. The upcoming chapter detailed the methodology utilized in this study, including the methodological approach, informant selection, sampling techniques and procedures, data analysis, data presentation, ethical considerations, limitations of the study, and a summary of the chapter.

3.2 Description of the study area

Rusape is town located in Manicaland Province of Zimbabwe, situated in the eastern part of the country. It lies approximately 170kilomitres southern east of Harare, the capital city of Zimbabwe. It is mainly based on agriculture, they farm crops like tobacco, maize and cotton as well as livestock farming. The many part of it are villages, 30% could be considered town then 70% rural, the villages count from village 1 up to village 47. They are the Manyika people and the spoke chimanyika language. According to the census which was conducted 2022 the approximate population of people in Rusape is 37 906 (City Population 2023).

3.3 Research Approach

This study adopted a mixed approach, combining both qualitative and quantitative methods, to achieve a comprehensive understanding of the research topic. By integrating both approaches, the study can capitalize on the strengths of each, compensating for the limitations of one with the strengths of the other. The qualitative component provides rich, contextual insights, while the quantitative component offers statistical significance and generalizability. Triangulation of findings from both approaches increases the validity and reliability of the results, while the mixed approach also enhances data quality, provides flexibility, and allows for contextualization of the findings. By using a mixed approach, this study can present a more complete and nuanced picture of the research topic, leading to a more robust and meaningful research outcome.

3.4 Data collection methods

This study employed a multi-method approach to data collection, utilizing questionnaires, interviews, and focus groups discussions to gather a comprehensive and diverse range of data. Questionnaires provided a quantitative foundation, allowing for the collection of standardized

data from a large sample size (Creswell, 2014). Interviews offered an in-depth, qualitative exploration of participants' experiences and perspectives, while focus groups discussions facilitated group dynamics and interaction, revealing collective insights and themes, (Denzin, 2011). By triangulating data from these three sources, the study achieved a more complete and nuanced understanding of the research topic, increased data validity and reliability, and minimized the limitations of any single data collection method, (Patton , 2002).

3.5 Data collection instruments

This study employed a mixed-methods approach, utilizing three data collection instruments - questionnaires, in-depth interview guides, and focus group discussion guides to gather a comprehensive and diverse range of data. This multi-instrument approach allowed for triangulation, increasing the validity and reliability of the findings, and provided a more complete understanding of the research topic. Questionnaires offered a broad, quantitative perspective, while in-depth interviews provided an intimate, qualitative exploration of participants' experiences and perspectives. Focus group discussions facilitated group dynamics and interaction, revealing collective insights and themes. By combining these instruments, the study achieved data richness, methodological flexibility, and participant engagement, ultimately strengthening the research outcomes.

3.5.1 Focus Group Discussion guide

To gain a deeper understanding of the opportunities for integration and collaboration in healthcare, two focus group discussions were conducted with 20 health seekers from Rusape Mayo ward 35 at the Rusape clinic. These discussions aimed to explore the experiences, challenges, and suggestions of health seekers regarding healthcare services and interactions with other stakeholders operating in the area. By engaging with health seekers in a group setting, the study sought to uncover valuable insights into the local healthcare dynamics and identify potential areas for improvement and integration.

3.5.2 Interview guide

This study conducted in-depth interviews with five key informants, strategically selected to represent diverse perspectives and expertise. The informants included a representative from the Ministry of Health and Childcare, a pharmacist from a local pharmacy, two community leaders, and a representative from an insurance company in Rusape. Each interview lasted approximately 30 minutes, allowing for a focused and comprehensive exploration of their

experiences, insights, and opinions. Data was recorded on paper, enabling to capture detailed notes and quotes, which were later transcribed and analyzed. Key informants were chosen for their expertise and knowledge in relevant areas, providing valuable insights and perspectives.

3.5.3 Questionnaires

This study distributed self-administered questionnaires to 10 community members, a deliberate approach to capture comprehensive data while considering the diverse literacy levels within the community. By using self-administered questionnaires, the study aimed to increase the accuracy and reliability of the data, as respondents were able to complete the questionnaires at their own pace and in a comfortable setting. Moreover, this approach was particularly suitable for the community, as some members are illiterate, and self-administration eliminated the need for reading and writing skills, ensuring equal participation opportunities for all.

3.6 Data Sampling

The study employed convenience sampling technique. A convenience sample is a type of non-probability sampling method where the sample is taken from a group of people easy to contact or to reach, for example, standing at local clinic and asking people to answer questions. This type of sampling is also known as grab sampling or availability sampling. There are no other criteria to the sampling method except that people be available and willing to participate. In addition, this type of sampling method does not require that a simple random sample is generated since the only criterion is whether the participants agree to participate. Visits to the clinic and private hospitals site were continuously done until data saturation.

3.7 Sample size

This study employed a data saturation approach to determine the sample size, ceasing data collection when no fresh insights emerged. Following a series of interviews, focus group discussions, and qualitative methods, the analysis revealed recurring themes with no novel findings or variations. 35 Key stakeholders, including Ministry of Health and Childcare, Community Health Worker, Community Members, Pharmacist, Insurance manager and Health Seekers were intentionally selected for their crucial roles in healthcare delivery, providing valuable perspectives that contributed to the study's comprehensive understanding.

3.7.1 Composition of the sample frame

The table 3.1 shows the summary of the composition of a sample frame

Table 3.1 Composition of a sample frame

Informant category	Number of elements in sample	Percentage of sample
Health Seekers 0	**20**	**20%**
Ministry of Health and Childcare officials0	**1**	**1%**
Community Health Worker0	**2**	**2%**
Community members0	**10**	**10%**
Pharmacist	**1**	**1%**
Insurance Companies	**1**	**1%**
Grand Total	**35 informants0**	**35%**

With the exception of government employees, who had an 80% response rate, all informant groups had response rates of 95% or higher for the study. This was explained by their hectic schedules, which made it challenging to interview them because they had to report for national responsibilities. (ZEC projects)

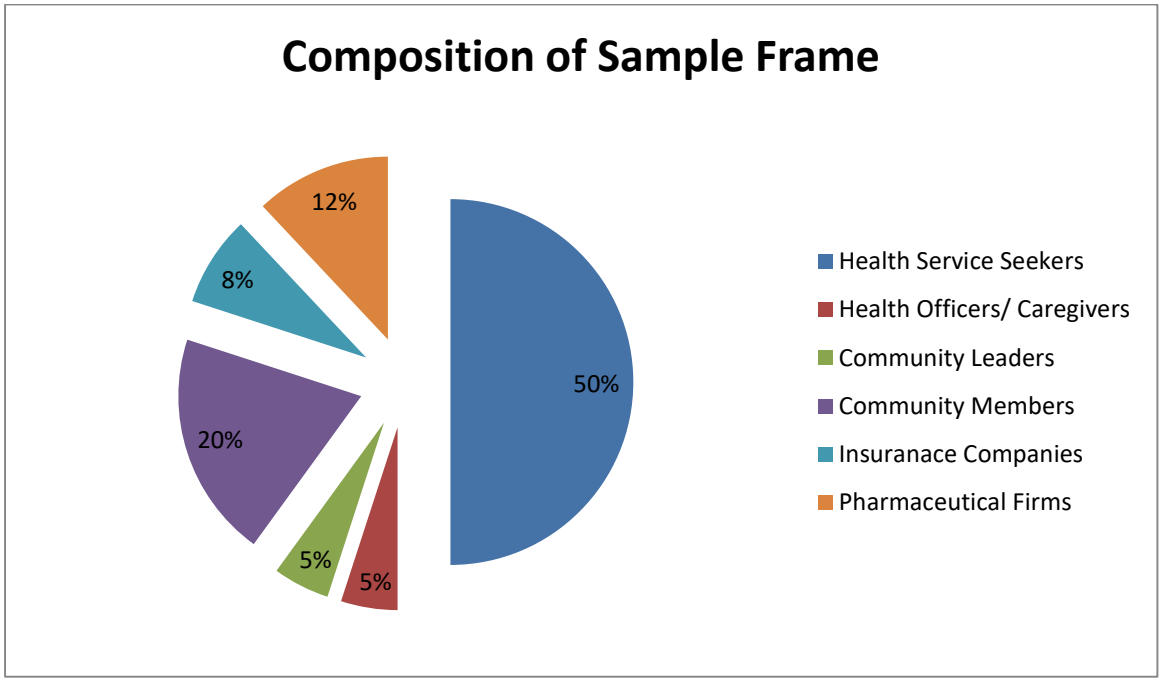


Figure 2.2 composition of sample frame

3.7.2 Demographic profiles of Healthcare Seekers

Informants weren't chosen based on their age, but rather on the groups that emerged from the interviews, as seen in figure 3.3. The majority of healthcare seekers in remote areas tend to be in the older age groups, often 50 years and above. Many are elderly individuals who have limited mobility and access to transportation. Whereas middle-aged adults (ages 40-65) also make up a significant portion of healthcare seekers in remote regions, as they have chronic health conditions that require regular monitoring and treatment. Younger adults (ages 18-39) and children (under 18) make up a smaller proportion of healthcare seekers in Rusape Mayo ward 35 remote area; though they are still an important demographic that requires access to primary and preventive care.

3.7.3 Gender Composition

According to demographic statistics, females predominate in the field of seeking medical attention than males. Figure 3.3's pie conversation serves as an illustration of the gender component of challenges faced in delivering healthcare in Rusape ward 35

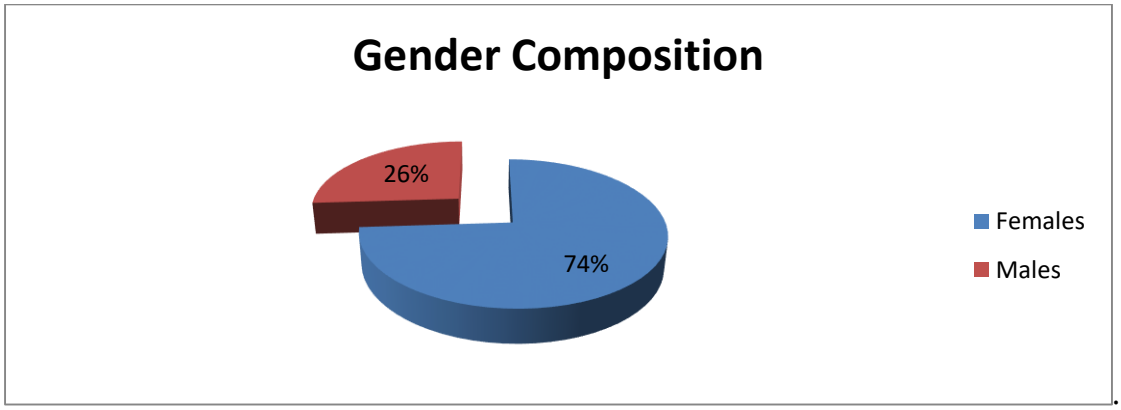


Figure3.2 Gender Composition

Women make up a significant majority of healthcare seekers in rural and remote areas. This is due to several factors women often having higher life expectancies and more chronic health conditions that require regular medical attention**.** Women are more likely to be the primary caregivers for children, the elderly, and other family members, increasing their healthcare needs. However it is naïve to ignore that women in remote regions often have limited transportation options and face greater distances to reach healthcare facilities, creating significant access challenges. Socioeconomic disparities as rural women tend to have lower

incomes and fewer economic resources, making it difficult to afford healthcare services and insurance coverage.

3.8 Data analysis methods

The data was analysed using a combination of methods to ensure a comprehensive understanding. Tables and graphs were employed to organize and visualize the data, facilitating the identification of trends and patterns. Additionally, detailed narratives and selected quotes from participants were incorporated to provide a rich contextual understanding and add depth to the findings, thereby increasing the validity and reliability of the research outcomes.

3.9 Data reliability and study validity

To ensure the validity and reliability of the data, the data collection instruments will be pre-tested on a proxy sample. This sample will consist of informants who are not included in the actual study but share similar characteristics with the population being investigated. The purpose of this pre-testing is to determine whether the instruments produce consistent and accurate responses under similar conditions (Bernard, 2006). Data collected should not be at loggerheads with other scholarly works both published and unpublished but

To avoid potential researcher bias in a mixed methodology, triangulation was employed in the study. The research primarily focused on common thematic issues and used both corroborative and empirical evidence to strengthen key study arguments. Areas of consensus and disagreement were also identified to ensure a balance was achieved. Data triangulation was used with aid of variety of data sources, including written document, interviews and observation, in a study. Findings were corroborated and any weaknesses in the data were compensated for by the strengths of other data, thereby increasing the validity and reliability of the results.

3.10 Data limitation

Some potential problems that have been noted before , during and after the research include bureaucracy some areas are not easily accessed due to security in order to overcome this limitation the study had to acquire legal permission from school and local authorities. Obtaining Patients yearly hospital bills was difficult because many Patients could not accurately recall their monthly production, making it challenging to calculate their healthcare bills and medical access. Therefore, the study had to rely on secondary data to estimate monthly and annual medical bills. The political environment in Rusape Mayo ward 35 was also not

conducive to exhaustive field data collection and interactive research processes with all the informants. Additionally, some data was collected in the local language (Shona), and some native words lacked direct translations into English. Due to financial constraints, the study area was reduced to enhance intensive research and come up with empirical evidence.

3.11 Ethical Considerations

The study emphasized that participation in the study were entirely voluntary, and no threats or incentives were used to coerce participants. Prior to conducting interviews, informed consent was obtained from individual participants, and if necessary, consent was also sought from the household head. It was made clear that the research was solely for academic purposes. However, some community leaders and participants anticipated some form of payment, such as beer or money, for their participation. The study reminded them that it study was purely academic and voluntary, and no payments could be made. Participants were assured that any information provided would be kept confidential and used only for academic purposes. The study remained emotionally detached, neutral, and professional during all interactions with the informants, and took steps to ensure their anonymity in all written reports by using code names or pseudonyms.

3.12 Chapter summary

This chapter aims to outline the planning, execution, and analysis of the data collection process, with a focus on ensuring data quality. It will delve into the methodological design choices and the rationale behind those choices. The chapter will cover the theoretical framework of the study, the philosophical and methodological approach, the study informants, sampling techniques and procedures, data analysis, data presentation, ethical considerations, limitations of the study, and a summary of the chapter.

CHAPTER IV: FINDINGS AND DISCUSSION

4.1 Chapter introduction

This chapter aims to address the findings of the research, problem statement and issues raised in the first chapter of the study by presenting and analysing research data, interpreting emerging patterns, and drawing inferences from the data collected during fieldwork. The chapter summaries the circumstances of contributors who were involved, the key areas of argument and finally outcomes of the discussed issues. Parts of concern that were noted through data analysis procedure will be analysed from the meaning of the concept of the healthcare delivery in the rural of Rusape Mayo Ward 35.

4.2 Data Analysis and Presentation

In this study, data was collected using Focus Group Discussions, Key Informants interviews and Questionnaires. Thereafter, data was coded into their specific themes, thus this chapter provides of the healthcare delivery in the remote and rural of Rusape Mayo Ward 35. The subjects are to be talked over according to objectives and names of the participants were withheld due to ethical considerations so in this study, instead numbers from 1-35 were used to represent all the participants of the interviews, questionnaires and lastly the FGDs. In the chapter, data was also presented using selected citations, detailed narratives, summary tables and graphs.

4.3 Healthcare State in the Rural

Participants in this study were asked on the state to which the healthcare services in Rusape Mayo ward 24 looks like, the participants from FGDs and Community members were able to highlight on the state and to both groups, the healthcare service state in the wards was stated to be limited and inadequate. Health seekers from FGDs mentioned that accessing quality healthcare services in the Rusape Mayo ward 35, has historically been a significant challenge. This has also been by the literature that the ward encompasses several small, isolated villages and settlements that are located far from the main urban centre of Rusape (Ministry of Health and Child Care, 2022). The findings also comments on the issue that the primary healthcare facility serving this region is the Rusape Mayo Rural Health Clinic and this clinic is underfunded and understaffed, struggling to meet the needs of the large, geographically dispersed population. One of the participants from the FGDs states that:

> *"It is often short on essential medicines and medical supplies, and faces frequent equipment breakdowns due to lack of proper maintenance and replacement parts." (Participant 6, male, Health Seeker)*

This showed that the state to which the Rusape Mayo Rural Health Clinic is has a lot to look at and is limited to the perfect supply of healthcare. The other FGD member also commented that there is limited service due to the shortages in trained personnel at the clinic as also stated by Rusape District Health Office, (2023), the clinic is staffed by a small team of nurses and a single medical officer who is only present a few days per week.

The findings from FGDs were corroborated by those from KII that the state with the rural clinic in Mayo Ward 35 is under the standards of achieving a healthy environment due to the shortages on resources and a number of challenges to be met as one key informant stated that:

> *"Patients requiring more specialized care or hospitalization must travel long distances, often on poor roads, to reach the nearest district hospital in Rusape". (Participant 4, female, CHW)*

This means that challenges met, hinder the state of the healthcare delivery in Rusape Mayo ward 35 and even limit healthcare workforce struggles to provide comprehensive primary care, manage chronic conditions, and address emergency situations. The Key Informant from the Ministry of Health also comments that Community health outreach programs and mobile clinics are virtually non-existent in Rusape Mayo ward 35, leaving these rural populations underserved and disconnected from the broader provincial and national health system, thus the state is not as good as it has to be as confirmed by the participants. The last Key Informant ended up by saying that it is even stated by the Rusape District Health Office, (2023) that initiatives to improve telemedicine, infrastructure, and community-based care have been limited in scope and impact.

Therefore it was pointed out that the Rusape Mayo Ward 35 has had challenges on the healthcare provision and the service has challenges limiting better standards. This means that due to challenges encountered in the rural of Mayo, there is a bad state behind the healthcare provision.

4.4 Challenges to Healthcare Delivery in Mayo ward 35 Rusape Rural

Mayo Ward 35 in Rusape faces significant challenges in healthcare delivery, hindering the well-being of its residents, therefore participants were asked to provide challenges met in the ward on healthcare delivery. The area grapples with inadequate healthcare infrastructure and resources, exacerbating the shortage healthcare personnel. Accessibility and transport barriers further complicate the situation, making it difficult for patience to reach healthcare facilities. Moreover, the absence of community-based healthcare programs leaves a significant gap in preventive and primary care, leading to a surge in preventable and illness and worsening healthcare outcomes. Addressing these challenges is crucial to improve healthcare delivery and enhance the overall health status of the community.

4.4.1 Inadequate healthcare infrastructure and resources

The findings highlighted the critical need for infrastructure improvement in healthcare facilities in Mayo Ward 35, Rusape. The inadequate infrastructure not only compromises patient care but also hinders healthcare providers' ability to deliver quality services. Addressing these challenges is crucial to ensure access to safe, effective, and quality healthcare for the community. Results from focus group discussions with healthcare seekers showed that 95% of the participants reported experiencing water shortages during their visit while 75 % reported being told to purchase their own medicines and supplies due to stock outs. Sixty percent of the participants experienced delays or cancellation of procedures due to equipment breakdown or unavailability. The following participant articulated that:

> *"I was told to buy my own medical supplies and medicines because the hospital had run out. How can I afford that?" (Participant 21, female, healthcare seeker, FGD 2)*

Key informants highlighted how healthcare delivery in Mayo Ward 45 of Rusape has been affected by lack of inadequate healthcare infrastructure and resources through the following statements:

> *"The lack of adequate infrastructure is a major barrier. We have to prioritize who gets treated first, and sometimes we have to turn people away because we do not have the resources." (Participant 4, male, Sister in Charge)*

> *"The community is suffering because of inadequate infrastructure. We need more facilities, more equipment, and more trained staff to provide quality care." (Participant 3, female, Community Leader)*

These quotes from key informants highlights the severity of the inadequate healthcare infrastructure of the inadequate healthcare infrastructure in Mayo Ward 35, Rusape. They emphasize the struggle to provide quality care with limited resources. However, these quotes underscore the critical need for infrastructure development and investment to address the challenges faced by healthcare providers and the community, ensuring access to quality healthcare services. Frequent breakdowns of medical equipment due to poor maintenance and lack of replacement parts further strain the clinic's capacity (Rusape District Health Office, 2023).The finding that frequent breakdowns of medical equipment due to poor maintenance and lack of replacement parts further strain the clinic's capacity is supported by the following evidence from the field, focus group discussions, questionnaires, and interviews:

From focus Group Discussions, 80% of healthcare providers reported frequent equipment breakdowns, citing poor maintenance and lack of replacement parts as major challenge. Participants mentioned that equipment often remains unrepaired for extended periods, leading to prolonged service disruptions. This is also confirmed by 75% of respondents identified poor maintenance and lack of replacement parts as primary reasons for equipment failure. Also, 90% of respondents (healthcare seekers) reported experiencing equipment breakdowns during their last visit to the clinic.

These findings collectively highlight the critical need for improved maintenance practices, adequate funding for replacement parts, and enhanced technical support to address the frequent breakdowns of medical equipment and ensure uninterrupted healthcare services in Mayo Ward 35, Rusape.

4.4.2 Accessibility and transportation barriers

The findings from questionnaires showed that 85% of respondents reported difficulty accessing the health clinic due to remote location and lack of transportation options. 70% reported delayed or forgone care due to transportation barriers. The remote location of many villages and the lack of reliable, affordable transportation options prevent people from accessing the health clinic, leading to delayed or forgone care (Rusape District Health Office, 2023). The results are complimented by the Ministry of Health and Child Care, Zimbabwe, that acknowledges that rural areas face significant challenges in accessing healthcare services due

to limited infrastructure, transportation, and human resources, (MoHCC, 2020). During focus group discussions participants confirmed this by saying:

> *"We have to walk for hours or even days to reach the clinic. It's a big challenge, especially for pregnant women and the elderly." (Participant 7, male, healthcare seeker)*

> *"We can't afford the transportation costs, so we often delay seeking care until it's too late." (Participant 7, female, healthcare seekers, FGD 1)*

> *"The roads are bad, and public transport is unreliable. We need a better way to access healthcare." (Participant 16, female, healthcare seeker, FGD 2)*

The World Health Organization (WHO) states that access to essential health services is a fundamental right and that geographic barriers, including remote locations and lack of transportation, are significant obstacles to healthcare access (WHO, 2020). Key informants also highlighted that transportation is a major barrier to healthcare access. This is reflected by the following statements:

> *"We see patients coming in late stages of illness because they couldn't reach us earlier." (Participant 5, male, Sister in Charge)*

> *"We try to provide emergency transport services, but our resources are limited. We need more support to address this issue." (Participant 2, female, Ministry of Health and Childcare)*

These findings highlight the significant accessibility and transportation barriers faced by rural communities in Mayo Ward 35, Rusape. The remote location and lack of reliable, affordable transportation options lead to delayed or forgone care, perpetuating healthcare inequities and poorer health outcomes. Quotes from focus group discussions and interviews emphasize the urgency of addressing these challenges to ensure equitable access to healthcare services.

4.4.3 Limited initiatives to improve healthcare access

According to the findings shown by questionnaires, limited initiatives to improve healthcare access pose a significant challenge to healthcare delivery in Mayo Ward 35. Efforts to enhance telemedicine, infrastructure, and community-based care have been limited in scope and impact, failing to adequately address the unique challenges faced by this remote region as also posed by Rusape District Health Office, (2023). This was confirmed by results from focus group

discussions which revealed that limited initiatives to improve healthcare access pose a significant challenge to healthcare delivery in Mayo Ward 35, resulting in delayed or foregone care, poor health outcomes, and increased morbidity and mortality. The focus group discussions highlighted the need for improved healthcare access, including increased availability of healthcare services, reduced transportation costs, and improved healthcare infrastructure. The following quotes were given:

> *"We can't access healthcare services when we need them, and it's a big challenge for us." (Participant 25, female, healthcare seeker, FGD 2)*
>
> *"The clinic is too far, and we can't afford the transportation costs." (Participant 6, male, healthcare seeker, FGD 1)*
>
> *"We have to walk for hours to reach the clinic, and sometimes we can't make it." (Participant 15, male, healthcare seeker, FGD 1)*
>
> *"We need more healthcare services in our community, especially for pregnant women and children." (Participant 18, male, healthcare seeker, FGD 2)*

These findings underscore the need for improved healthcare access and infrastructure in Mayo Ward 35 to address the healthcare challenges faced by the community. Key informant interviews also highlighted the how limited initiatives to improve healthcare access affects healthcare delivery in the area. This is shown through the following comments:

> *"We are struggling to provide quality care because of the lack of resources and infrastructure. We can't retain staff because they are not motivated due to the poor working conditions." (Participant 5, male, Sister in Charge)*
>
> *"The lack of access to healthcare services is resulting in patients presenting late, and we are seeing a lot of complications and deaths that could have been prevented." (Participant 3, male, Pharmacist)*
>
> *"We need more trained staff, equipment, and supplies to handle emergencies and provide basic healthcare services. The current situation is unsustainable." (Participant 2, female, Ministry of Health)*

These quotes highlight the challenges faced by healthcare providers and the community due to limited initiatives to improve healthcare access, including lack of resources and infrastructure,

poor working conditions and staff retention, need for more trained staff, equipment, and supplies, and need for more healthcare facilities and support

The combination of these factors suggests that the existing healthcare delivery strategies in Rusape Mayo ward 35 are largely ineffective in meeting the healthcare needs of the local population. Significant and sustained investments in infrastructure, human resources, community-based programs, and innovative solutions are required to improve access to quality healthcare services and address the persistent healthcare inequities in this remote and underserved area.

4.4.4 Shortage of healthcare trained personnel

Participants from Questionnaires and FGDs mentioned that a shortage in trained nurses at the local clinic in Rusape Mayo has had impacts on the achievement and delivery of healthcare services, this was supported by the statement by one of the community members as she stated that; "*Varikufundiswa kurapa vacho ngavaiswe ka muzvipatara zvinenge zvedu izvi tiwane vakawanda*" (The clinic needs more educated nurses to come and assist from the trained personnel out there), (*Participant 26, female, community member*). The FGDs even highlighted that the clinic is understaffed, with only a small team of nurses and a single medical officer who is present only a few days per week. One member (*Participant 32, male, community member*), also points out that the shortage of nurses, combined with limited workforce which is unable to effectively manage the healthcare needs of the large, geographically dispersed population in the ward makes it a heavy challenge requiring attention.

These findings were also complimented by the comments from Interviewed KI, as they emphasized on the issue that even the appointed nurses tend to transfer to better environments leaving the local serving clinic in Rusape Mayo ward 35 less benefiting. This they stated is a challenge hindering a lot of progress because trained nurses will keep transferring. Therefore one Key participant said that:

> *Vanhu varikudzoka kunobatsirwa kuno kucommunity kunze kwekumirira kubatsirwa kuchipatara vachipa chikonzero chekuti kuri kuzara uye vanhu havasi kubatsirwa nenguva. (A lot of peaople tend to seek for assistance from me as CHW instead of going to the clinic with their reasons being long queues and shortage of nurses to assist), (Participant 4, female, CHW)*

The Key Informants also mentioned of the ideas from communities that people in the community have installed the fact that nurse are few and cannot serve the whole community in a day, then have abandoned visiting the clinic even with minor issues. That's has a great impact on not solving the issue but on discouraging healthcare delivery in Mayo. The Sister in Charge even pinpoints that shortage of nurses is a challenge for it has led to the people travelling long distances to and from the clinic reduce their visits and come to the clinic only when emergency rise. This means that the limited in number of the nurses and trained personnel is a huge challenge reducing the extent to which healthcare delivery should reach. Therefore the communities in Rusape Mayo Ward 35 have to visit the CHW more than the clinic itself, arrive early at the clinic in order to get service in time and lastly normalizing going to the clinic even with few nurses.

4.4.5 Absence of Community Based Healthcare Programs

Participants from FGDs were asked to give more on the information of the absence of Community Based Healthcare Programs as a challenge to healthcare delivery. The first community member (*Participant 30, female, community member*), commented on the issue that the absence of community-based healthcare programs in Rusape Mayo Ward 35 has led to a significant healthcare crisis, characterized by limited access to healthcare services, high morbidity and mortality rates, and inadequate health education. Thus from "*Participant 27, male, Community member*", this has resulted in a vulnerable population, particularly children under five, pregnant women, and the elderly, who are affected by preventable diseases.

Interviewed Key Informants highlighted important information on the issue also and the Key Informant from the community mentions that it has been difficult for the communities to engage in important medical lessons or education due to the fact that the lack of community based healthcare programs has also led to an overreliance on facility-based care, resulting in overcrowding and strain on healthcare resources. The Key participants keeps saying that:

> *I even have a 35-year-old mother of three who lives in my village from this rural ward. She has been experiencing symptoms of diabetes, but due to the lack of community-based healthcare programs, she has not received any education on disease management or access to regular check-ups as a result, her condition has worsened, and she has developed complications that require costly hospitalizations. (Participant 4, female, CHW)*

That is giving a clear picture from the findings that lack of community-based healthcare programs in Rusape Mayo Ward 35 has far-reaching consequences and as also supported by literature, the lack of community health outreach programs and mobile clinics leaves the rural populations in Rusape Mayo ward 35 underserved and disconnected from the broader healthcare system (Ministry of Health and Child Care, 2022).

Lastly results from questionnaires distributed answered this as one of the causes too. The findings from Rusape Mayo Ward 35 paint a picture of a healthcare system in crisis, with the absence of community-based healthcare programs at its core. Community members only emphasized on addressing these challenges that community-based healthcare programs are established, focusing on health promotion, disease prevention, and support for chronic disease management.

4.5 Impacts of limited access to healthcare delivery

In this study, participants from FGDs and questionnaires were asked on the impacts of limited access to healthcare delivery in Rusape Mayo Ward 35 and the listed results included reduced life expectancy, mortality, risk of communicable diseases, limited economic growth and increased healthcare costs. The table below shows the impacts, a short description and the populations affected.

Table 4.1 Impacts of Limited Access to Healthcare Delivery

Impact	**Description**	**Population Affected**
Reduced Life Expectancy	Premature deaths in the rural of Rusape Mayo ward 35.	All age groups
Maternal and Infant Mortality	Women are more vulnerable to the impacts of limited access to healthcare delivery	Pregnant women and children from 0-1 year
Increased Risk of Communicable Diseases	Imposes a way for diseases like cholera and malaria.	All ages
Increased Healthcare Costs	Additional costs to the healthcare seekers	All ages

Limited Economic Growth	Results in reduced economic production.	All ages

4.5.1 Reduced life expectancy

The study's alarming findings revealed that limited access to healthcare in Rusape Mayo Ward 35 has a devastating impact on the life expectancy of its residents. Due to inadequate healthcare, people in the area are tragically facing shorter lives, resulting in a significantly lower average life expectancy compared to other areas with better healthcare access. This underscores the urgent need for improved healthcare infrastructure and services, ensuring that individuals in Rusape Mayo Ward 35 have equal opportunities to live long, healthy, and fulfilling lives. Average life expectancy in Rusape Mayo Ward 35 is significantly lower and participants reported a lack of access to healthcare as a major contributor to this disparity. According to the focus group discussions that were conducted the following statements were given:

> *"The harsh reality in our community is that many people are dying far too young, never getting to enjoy their golden years or see their dreams fulfilled." (Participant 14, male, healthcare seeker, FDG 1)*
>
> *"I have lost count of many friends and family members I have buried due to lack of healthcare." (Participant 23, female, healthcare seeker, FDG 2)*
>
> *"People are dying young because we can't access the healthcare we need." (Participant 19, female, healthcare seeker, FGD 2)*

The study findings revealed that limited access to healthcare in Rusape Mayo Ward 35 has a devastating impact on life expectancy, resulting in significantly lower average life expectancy compared to areas with better healthcare access (Mutingwende, 2024). Specifically, the study found that patients in the area struggle to access necessary medication, with the clinic often unable to provide sufficient supplies, leading some individuals to resort to ineffective traditional methods. This is supported by one key informant (Participant 4, female, CHW) who gave the following remarks:

> *"People are forced to rely on traditional remedies because the clinic often runs out of medication, and it is heart breaking to see our loved ones suffer and die prematurely*

because of it. I have seen it happen too many in our community, and it's a reality that traditional methods just cannot replace the proper medical care we so desperately need."

In summary, the study revealed that limited access to healthcare in Rusape Mayo Ward 35 has a devastating impact on life expectancy, resulting in significantly lower average life expectancy compared to areas with better healthcare access. Participants reported lack of access to healthcare as a major contributor to this disparity, with focus group discussions and interviews highlighting the harsh reality of premature deaths.

4.5.2 Maternal and Infant Mortality

Most of the respondents indicated that women and children suffer more as compared to men from the challenges met in healthcare delivery as they are the primary users of healthcare services. They meet challenges pertaining their maternal healthcare and even childcare. This was commented by one member from FGD 2 that women have everything on their shoulder because a sick child needs a mother, a sick husband also needs a wife, and hence this on its own highlights that limitation of the access to healthcare still burdens a women. This result was also corroborated by those from questionnaires as a participant stated that:

> *"Sevarume zvinotiremera kana tichisangana nematambudziko mukuwana kubatsirwa kuchipatara asi vakadzi vakanyanya kumerwa okuti ndivo vanotakura pamuviri, dzimwe nguva vachitofa napo uye kurera vana dzimwe nguva vachitozofa zvekare." (As men we need healthcare but compared to women, they require more attention from pregnancy till birth of a child, as they meet challenges in maternal mortality and child mortality, hence they are the most disadvantaged). (Participant 28, male, community member)*

This means that the rural of Rusape Mayo ward 35 has had challenges on women more than women, facing maternal and infant mortality whereby a pregnant women is limited to access healthcare and end up dead also a child from 0-1 year dying. Thus this has impacted the rural and remote of Rusape.

4.5.3 Increased Risk of Communicable Diseases

Due to shortages of adequate infrastructure and resources for proper healthcare, limited access to healthcare delivery, the participants from FGDs and Questionnaires gave an emphasis that communicable diseases like cholera have impacted much of the communities due to the fact

that there is limited hygienic educations or even awareness to educate the people from the health services. One community member stated of the idea that if the clinic has adequate equipment to cater for the patients, there would be a decrease in the state to which some diseases pass from one patient to another. This therefore was given by a health seeker that:

> *"Kurwara tirikurwara zvakasiyana uye tauya nezvikonzero zvakasiyana asi nekuti zvidziviriro zvemuromo nemhino zvezvirwere zvakaita sekukosora vakawanda hatina, tinozongoguma tabata tose pano." (We came to the clinic with so many different issues but because we do not have the masks to prevent ourselves, we end up all being affected by diseases like coughing as it spreads fast and easily).*

Therefore to talk about communicable diseases passing from one person to another is a real issue from Rusape Mayo Ward 35 as participants highlighted on the factor of limited access to healthcare delivery leading to the people not receiving proper equipment or education for the prevention measures.

4.5.4 Increased Healthcare Costs

Respondents commented that shortages in medication, machines and equipment at the clinic has incurred additional costs to the healthcare seekers as they have to purchase medication after paying clinic fee, Most respondent's highlighted this as the major effect and they noted that higher costs make it difficult for individuals to afford necessary healthcare services, leading to delayed care. This can worsen health outcomes and increase the burden on already strained healthcare systems. In a focus group discussion with health care seekers they said;

> *"Expensive new treatments and technologies are not affordable in rural set of Rusape and it is unaffordable for us patients, limiting our access to potentially life-saving interventions. It will be also difficult to access these medicines due to its expensive nature." (Participant 24, female, healthcare seeker, FGD 2)*

> *"High healthcare costs create financial burden on us patients and our families. As a result will be in debt, bankruptcy and other economic hardships. This further limits our ability to access healthcare services and it constrains limited resources available."(Participant 11, female, health seeker, FGD 1)*

The above responses are showing that increase health care cost is causing burden to family as they want to pay debts of their relatives. This increased the existing poverty that is already

there. Hence, there is need of strategies to cub financial contains so as to have access to proper health care.

4.5.5 Limited Economic Growth

Participants from FGDs mentioned that the limitations on healthcare access have brought about a tiring and a less encouraging process economically. This as they said, means that limited access to healthcare delivery due to unending health seeking procedures, costs on transport and lastly the inadequate facilities provided there is much of the time given to the healthcare seeking than achieving. Therefore Participants highlighted that if the progress made from a child's birth to a reasonable age is to be calculated, it is only bound to be seen on health seeking. Thus complains mentioned pointed out that there is limited economic growth and development due to the fact that much of the funds are spent buying medication, paying clinic bills and seeking equipment for proper treatment. One participant stated that:

> *"Hatichakwanisa kuvaka kana kuita mabasa anosimudzira hupenyu nemari shoma yatinowana kunze kwekurapwa, hatiwane rubatsiro panzvimbo imwechete, mishonga inotengwa kumwe, max-ray anowanika kumwe zvese zvichida mari."(It is now difficult for us to develop economically in business, and even financially because the little we get is catering for the medical bills, where everything cannot be provided on this small local clinic, the medication and x-rays."*

The findings therefore refer to the limitations in healthcare delivery, posed by a number of challenges as drivers also to economic burden. There is no more economic development rather the rural in Rusape Mayo Ward 35 are working on the improvement of healthcare delivery.

4.6 The current key stakeholders in Mayo Rusape ward 35 healthcare delivery and the effectiveness of their roles

The effective coordination and collaboration among these key stakeholders is crucial for addressing the persistent healthcare challenges and improving access to quality healthcare services in the remote and rural areas of Rusape Mayo ward 35.

4.6.1 Ministry of Health and Child Care (MOHCC)

MOHCC is responsible for the overall governance and policy direction of the healthcare system in Zimbabwe, including in rural and remote areas (MOHCC, 2022).The ministry oversees the allocation of resources and funding for the provision of healthcare services across the country (MOHCC, 2022). The Rusape District Health Office is the local authority responsible for the

management and delivery of healthcare services within Rusape District, which includes Rusape Mayo ward 35 (Rusape District Health Office, 2023). The district health office oversees the operations of the Rusape Mayo Rural Health Clinic, including the allocation of staff, medical supplies, and equipment. The office also collects and analyses data on the healthcare challenges and needs in the district, informing decision-making and resource allocation (Rusape District Health Office, 2023).

4.6.2 Rusape Mayo Rural Health Clinic

The Rusape Mayo Rural Health Clinic is the primary healthcare facility serving the remote and rural communities in Rusape Mayo ward 35 (Rusape District Health Office, 2023). The clinic's staffs, including nurses and the medical officer, is responsible for providing primary care, managing chronic conditions, and addressing emergency situations for the local population (Rusape District Health Office, 2023).

4.5.3 Community leaders

Community leaders, such as village chiefs and elders, play a role in advocating for the healthcare needs of their respective communities and facilitating communication between the rural populations and the district health authorities (Rusape District Health Office, 2023). Local community-based organizations and non-governmental organizations (NGOs) may also be involved in supporting healthcare-related initiatives, such as community outreach programs or infrastructure improvements, though their involvement in Rusape Mayo ward 35 appears to be limited (Rusape District Health Office, 2023).

4.6 Effectiveness of existing healthcare delivery strategies in addressing the needs of the population in Rusape ward 35.

The data collected clearly shows the existing healthcare delivery strategies in Rusape Mayo ward 35 appear to be largely ineffective in addressing the needs of the local population.

4.7 Chapter Conclusion

In order to address the problem statement and concerns raised in the first chapter of the study, this chapter presents and examines research0data, interprets emerging data patterns, and draws conclusions based on the data collected during0fieldwork. Various visual aids such as tables, pie charts, bar graphs, and boxes are utilized to display the data.

CHAPTER V: DISCUSSIONS RECOMMENDATIONS CONCLUSION

5.1 Chapter introduction

After analyzing the emerging data patterns and drawing logical inferences from the empirical evidence presented and discussed in chapter 4, this chapter summarizes the findings, draws conclusions, and proposes practical and achievable recommendations to address the research problem identified in Chapter 1 of the study. The chapter also reflects on potential areas for future research. The study's recommendations and suggestions are provided as guidance for finding feasible policy and practice solutions to the research problem.

5.2 Discussions

The-demographic-profiles of Rusape Mayo ward 35 reviewed whilst the research was underway are the age of health seekers of Rusape Mayo, marital status, gender aspect, and educational profiles. Data trends issued empirical evidence that the health delivery system in Rusape Mayo ward 35 has collapsed as the system is forcing locals to skip the border to other City and Provincial hospitals for medical attention. This is because of shortage of medical drugs, low doctor to patient ratio, long distance to health facilities, intermitted power cuts hence disruption medical operation leading to high death rate.

Rusape Mayo ward 35 clinic overburdened by non-communicable diseases, as the health officials in Mayo called for more robust government effort to raise awareness about non-communicable Disease (NCDs) as clinics grapple with surge in patient suffering from these illnesses. In this analysis of the study, the state of healthcare delivery in remote and rural areas in Zimbabwe is that it is characterized by long distances. People of Rusape ward 35 walk 4 to 5km to access to healthcare centers. The roads are very poor in such that the only transport they use are couch cart and bicycles. In times of emergency, patients are at risks because the roads are not safe for them. Women with pregnancy suffered the most as they are forced to stay at the clinic for a week or 5 days before delivery time due to lack of transport. Those that need emergency are at risks because they have to be transferred to Rusape General Hospital and it take 3hours to get there characterized by poor dusty roads. Due to the geographical barriers, most health workers prefer urban areas or Rusape towns whereby it is accessible. They are few nurses there who operates under pressure hence some patients are being left with little supervision. The health workers uses what is available for treatment because they is lack of medical facilities. Outreaches are a nonexistence in Rusape Mayo ward 35. This leave the community vulnerable because they will not be aware of certain outbreaks and vaccination.

Men in Rusape Mayo ward 35 underutilize healthcare services due to factors such as ignorance, consulting the clinic's is for the women and children and men are strong enough to overcome diseases.

5.3 Recommendations

The study recommends the following:

- The health officials and seeker, policy formulators, and development practitioners to evolve with nature and times for sustainable equitable development and stress out ways to solve limitations that were discovered during research.
- There is a need of implementing responsible health service practices that minimize the clinic congestion, drug shortage, elite medical equipment, increase doctor to patient ratio. This includes proper funds management, reclamation, and rehabilitation of hospital environments and sites.
- The study recommends incorporating social and economic development initiatives into health delivery practices. This involves providing training and education to local people, promoting gender equality, end child marriage, sexual health education and investing in local health service infrastructure.
- Telemedicine and mobile clinics should be implemented in remote and rural areas so that people won't have to walk long distances to access medical services. It will also became an advantage for elderly and vulnerable people for example disabled to be treated in their communities.
- They should be implementation of collaboration between government, non-governmental organizations and private sectors to improve the health care services. Partnerships promote facilitating of medical supplies from international organization and some funds being donated by private sectors.

5.4 Conclusion

The study found that healthcare in rural Zimbabwe is underserved due to long distances, poor infrastructure, and a shortage of healthcare workers, facilities, and equipment. This neglect leads to inadequate maintenance, unavailable medicines, and a lack of specialists, resulting in preventable deaths, the spread of infectious diseases, and poor health outcomes. The study emphasizes the need for urgent attention to improve healthcare delivery in rural and remote areas, where access to clinics is limited, and traditional medicines are often relied upon,

contributing to high mortality rates. The government should prioritize addressing these issues to enhance healthcare delivery in these areas.

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APPENDICES 1 A FOCUS GROUP DISCUSSION GUIDE FOR HEALTHCARE SEEKERS.

I am Miriam R Chinyani a student at Bindura University of Science Education carrying out a research in fulfilment of Bachelor of Honours Degree in Development Studies. I am kindly asking for a hand in, in the participation and fulfilment of the questions provided. The study is seeking to analyse the healthcare delivery in the remote and rural of Rusape Mayo Ward 35. I would like you to know that you are surely invited to participate in this research and that your information to the questions shall be kept confidential. The information provided will surely be used for the purposes of the study only and the combined findings will be reported in upright academic publications.

INTRODUCTION.

The purpose of the group is to discuss on the healthcare delivery of Rusape Mayo Ward 35. Therefore everyone's participation is of great importance to the study.

Ground rules for the discussion:

1. Everyone has the right to participate.
2. Give each other time to speak.
3. Do not use examples of people with names.
4. Provide true information.
5. What has to be discussed here shall be kept confidential.

The main question.

1. Anyone to define 'healthcare delivery'?
2. What are the factors influencing healthcare delivery in your communities?
3. Which are the main challenges faced in accessing healthcare?
4. Are there known community stakeholders working towards healthcare service delivery?
5. What are their roles and effects on the practice?
6. Does limited access to healthcare impact human lives?
7. What are some of these impacts in your communities?
8. Can healthcare delivery be improved in your communities? How?

Closing questions.

Do you think like we have covered everything you wanted to talk about?

Do you have any feedback about the process?

Thank you for sharing your thoughts and experiences with me. Thank you also for your time and considerations.

APPENDICES 2 AN INTERVIEW GUIDE FOR KEY INFORMANTS

I am Miriam R Chinyani a student at Bindura University of Science Education carrying out a research in fulfilment of Bachelor of Honours Degree in Development Studies. I am kindly asking for a hand in, in the participation and fulfilment of the questions provided. The study is seeking to analyse the healthcare delivery in the remote and rural of Rusape Mayo Ward 35. I would like you to know that you are surely invited to participate in this research and that your information to the questions shall be kept confidential. The information provided will surely be used for the purposes of the study only and the combined findings will be reported in upright academic publications.

1. What it your role in the district?
2. How do you define 'healthcare delivery'?
3. Can you tell me more about that?
4. What are the main challenges faced in healthcare delivery?
5. What interventions do you think are the most effective in promoting healthcare delivery?
6. What are the roles and the effectiveness of their work in healthcare delivery?
7. Do you think limited access to healthcare delivery has impacts to the rural?
8. If yes, what are the impacts?
9. What would be the ideal strategies to achieve proper healthcare delivery in the community?
10. What else do you want to talk about on this concept apart from what l asked you?

We greatly appreciate your participation in the questionnaire. Thank you for the time.

APPENDICES 3 QUESTIONNAIRE GUIDE FOR COMMUNITY MEMBERS

I am Miriam R Chinyani a student at Bindura University of Science Education carrying out a research in fulfilment of Bachelor of Honours Degree in Development Studies. I am kindly asking for a hand in, in the participation and fulfilment of the questions provided. The study is seeking to analyse the healthcare delivery in the remote and rural of Rusape Mayo Ward 35. I would like you to know that you are surely invited to participate in this research and that your information to the questions shall be kept confidential. The information provided will surely be used for the purposes of the study only and the combined findings will be reported in upright academic publications.

Section A

Age Group

20 - 30. 31- 45. 45 - 59. Above 60

( ) ( ) ( ) ( )

Male Female

( ) ( )

Section B: To access the state of healthcare services in remote and rural areas in Zimbabwe

1. How far do you reside from the nearest healthcare facility?

Between 1- 3. 4- 5 6 - 10. Above 10

( ) ( ) ( ) ( )

2. Do you think there is a need for more healthcare infrastructure in rural Zimbabwe?

Yes. No

( ) ( )

3. On a scale of 1 to 10, how satisfied are you with the quality of healthcare services available in your community?

1 ( ) 2 ( ) 3 ( ) 4( ) 5 ( ) 6( ) 7( ) 8( ) 9 ( ) 10( )

4. How often do you visit healthcare facilities for medical check-ups or treatment?

Below 5. Above 6

( ) ( )

5. Have you ever had difficulties obtaining medication prescribed by healthcare providers in your area?

Yes. No

( ) ( )

6. What are the main factors influencing your decision to seek healthcare services locally or elsewhere?

..…….....
.....
.....

7. Have you encountered any challenges accessing healthcare services in your area?

……
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…….

Section C: to identify the challenges of healthcare delivery in remote and rural areas of Zimbabwe

1. Have you experienced long wait times or delays when seeking healthcare services in your community?

Yes No

( ) ( )

2. Have you encountered any challenges related to the affordability of healthcare services or medications?

Yes No

( ) ( )

3. Do you feel that healthcare providers in rural areas have adequate training and resources to meet the needs of the community?

Yes No

( ) ( )

4. Have you ever had difficulty communicating with healthcare providers due to language barriers or other reasons?

Yes	No
( )	( )

5. What are the main barriers you face when accessing healthcare services in your area?

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……
……

6. Are there any specific healthcare services that are consistently unavailable or difficult to access in rural areas?.....
.....
.....

7. How do transportation limitations affect your ability to access healthcare services?

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8. Are there any cultural or social factors that impact healthcare delivery in rural Zimbabwe?

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Section D: To explore the impact of limited access to health care on the health outcomes of residents in remote and rural areas of Rusape

1. How would you describe your overall health status?

2. Have you or anyone in your household experienced any health issues that were not addressed promptly due to limited access to healthcare services?

Yes	No
( )	( )

3. Do you feel that the lack of access to healthcare has affected your ability to manage chronic conditions or prevent illnesses?

Yes	No
( )	( )

4. Have you observed any patterns or trends in the health outcomes of people living in rural areas compared to urban areas?

Yes	No
( )	( )

6. Have you noticed any disparities in health outcomes between different demographic groups within rural Zimbabwe?

Yes	No
( )	( )

7. How do you think improved access to healthcare services could positively impact the health outcomes of residents in remote and rural areas.....
.....
.....

8. Are there any specific health conditions or diseases that are particularly prevalent or problematic in rural Zimbabwe due to limited access to healthcare?

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……

9. In your opinion, what are the most urgent health needs that should be addressed in remote and rural areas to improve overall health outcomes?

……
……
……
……

Section E: Evaluate the effectiveness of existing healthcare delivery strategies in addressing the needs of the population in Rusape

1. Have you encountered any challenges or obstacles when trying to access healthcare services in Rusape?

Yes	No
( )	( )

2. Have you noticed any improvements in healthcare delivery in Rusape over the past few years?

Yes	No
( )	( )

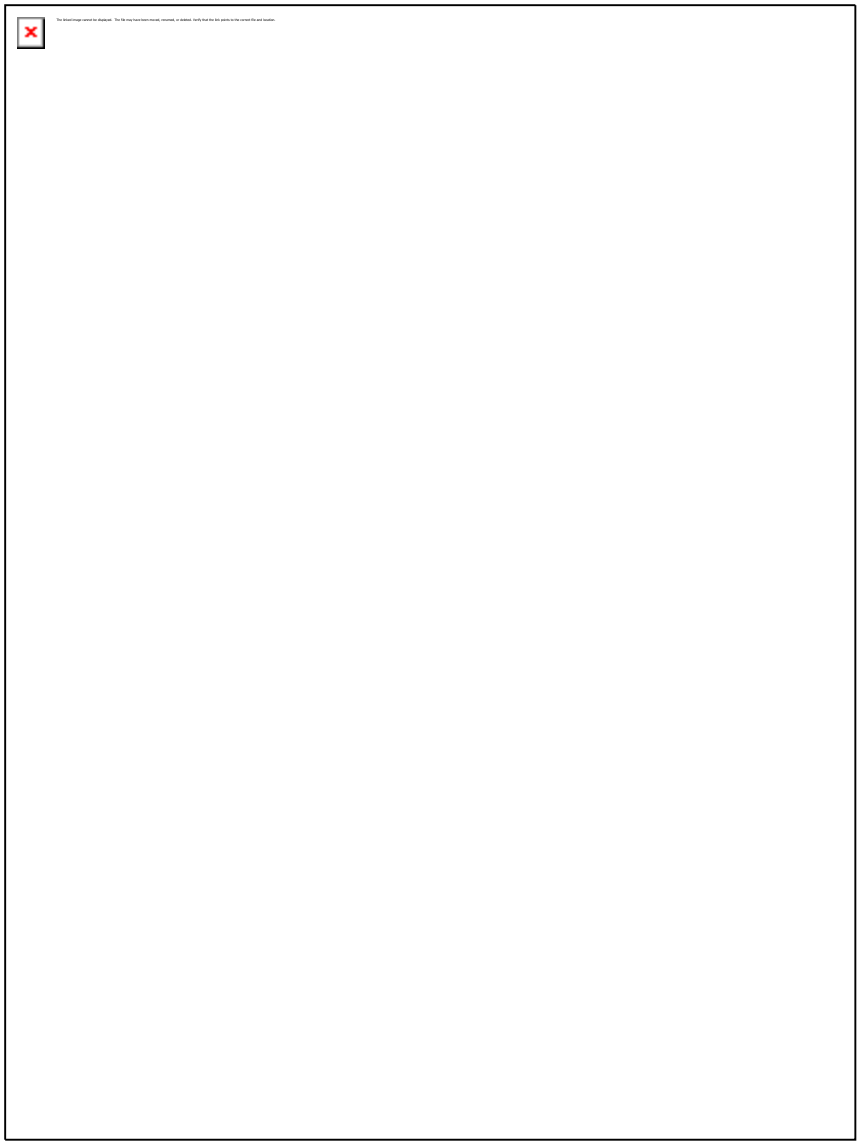
3. How would you rate the accessibility of healthcare services in Rusape?

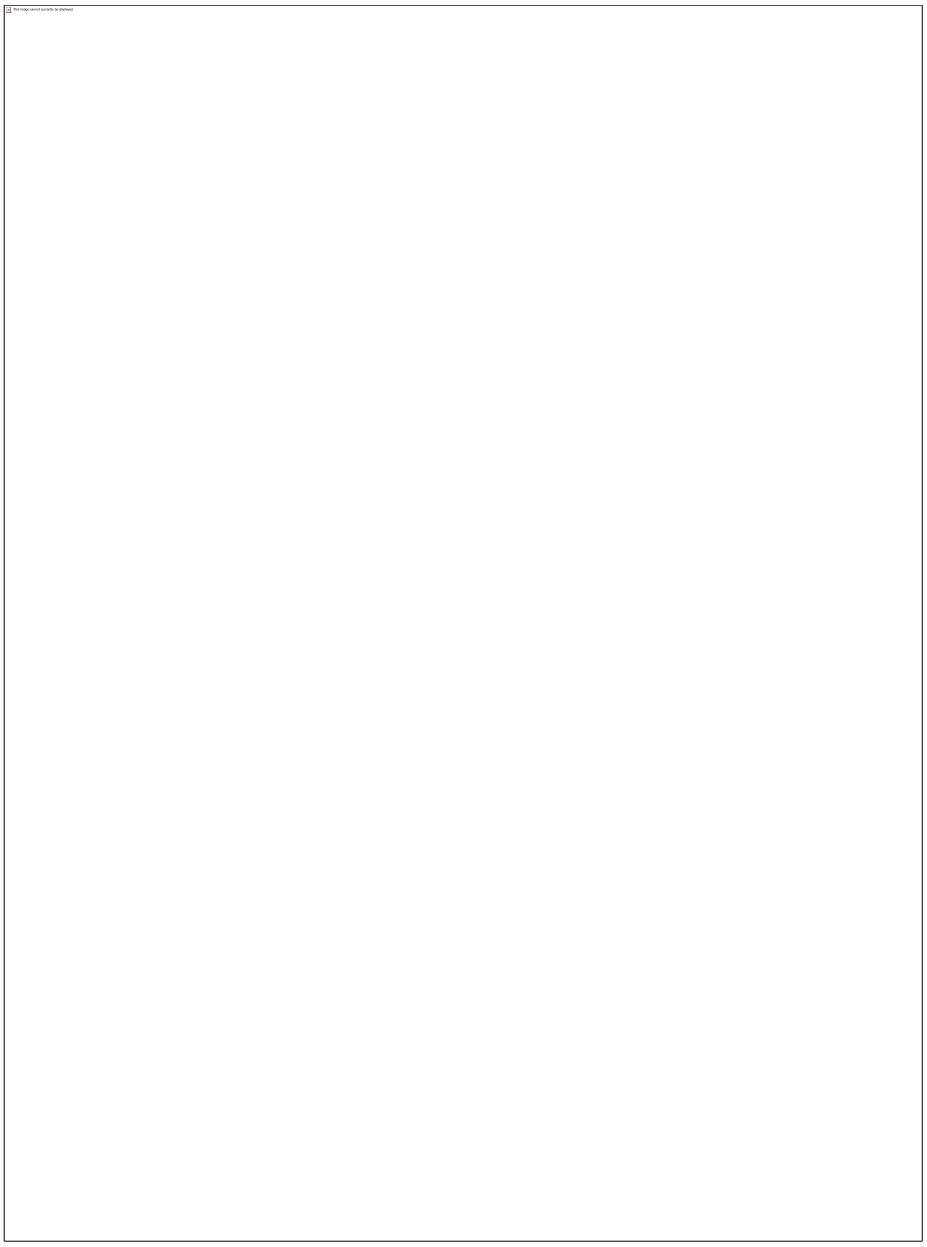
……
……
……

4. Are there any specific healthcare programs or initiatives in Rusape that you believe have been particularly effective?

……
……
……

We greatly appreciate your participation in the questionnaire. Thank you for the time.

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