

An Assessment of Mitigation Measures Taken by Public Hospitals in the Face of Fiscal Challenges: A Case Study of Chitungwiza Central Hospital (CCH)

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Abstract - The purpose of this research study sought to find the mitigation measures taken by public hospitals in the face of fiscal challenges. In terms of sampling, purposive sampling was employed and it was largely geared towards targeting people who have information about the subject matter and consumers of the services. The study shows that public hospitals cannot survive outside the set frameworks of the government thus there is need for the government to restructure its weak systems of their governance, increase funding of these public hospitals and reduce pressure on hospital employees by unfreezing posts to allow employment of other professionals. Public hospitals are greatly affected by their environment, for example, politics, economy and socio-cultural issues since they are open systems. The study also showed the importance of motivation of employees, leadership and the society for public hospitals to be successful in spite of taking mitigation measures against fiscal challenges.

Keywords: Mitigation, Hospitals, CCH.

I. INTRODUCTION

Chitungwiza Central Hospital is an exclusively regime possessed unit which was formed in 1984 and is administered by the Health Services Act of 2003. Its activities include the providing care and treatment of the sick, medical education and researches. The purpose of this study was to assess mitigation measures taken by public hospitals in the face of fiscal challenges. With the use of Chitungwiza Central Hospital as a case study investigations on the implications of not fully financing public hospitals were made, a trace of budgeting for public hospitals and how this impacts their operations and lastly an assessment of the mechanisms which can be used to improve service delivery with a limited workforce with special reference to Chitungwiza Central Hospital. Mitigation measure is defined as an action to eliminate, reduce or control an adverse effect. It includes restitution for damages through replacement, restoration or compensation. In an environment characterised by growing fiscal constraints public hospitals are under increased pressure to perform efficiently. Economic and socio-cultural surroundings are amid the most influential drivers of health and health disparities, mainly in marginal and native societies. As Zimbabwe's health indicators fell drastically so did the need for public hospitals to take mitigation measures in the face of fiscal challenges. The provision of funds for public hospitals has been highly disturbed by Zimbabwe's economic struggles. To note is the fact that between 2005 and 2008 Zimbabwe suffered hyperinflation which caused reductions in allocated funds to public hospitals and in turn this affected their capability to remunerate their employees, procure supplies and machinery as well as sustain other events necessary for the provision of adequate healthcare. Biti in 2009, the Minister of Finance, postulated that Zimbabwe's economic deterioration has led to the weakening of health service delivery, leading to reductions in the numbers of health specialists, insufficient stocks of vital drugs, machinery and other medical provisions, poor maintenance of medical equipment, vehicles like ambulances and hospital buildings. This has even led to most Zimbabweans dying from preventable and curable diseases.

Besides economic decline, political instabilities, outmigration, corruption, ESAPs, low budgeted costs from the government, dollarization, an aged population and a 94% unemployment rate also crippled Chitungwiza Central Hospital since most people could not pay their user fees. In this regard, Chitungwiza Central Hospital ended up having very limited funds to not only operate but maintain it as well. This research did not ignore the fact that at the moment Zimbabwe is not comprehensively funding its healthcare system thus many public hospitals have debts on top of the fiscal challenges that they are facing. To note also is the fact that healthcare spending continues to drop in Zimbabwe. For example, in 1990 from the GDP the health sector was

allocated 3.1 % yet in 1996 the allocation dropped to 2.1 %. Private health facilities however continue to develop thus a higher rate of staff attrition compared to the public hospitals. With Zimbabwe's unemployment rate at 94%, the user fees acts as a barrier to healthcare for many poor people. The government's policy for free healthcare for children below five years, old people above sixty years and pregnant women is difficult to implement since the user fees are the main source of income for public hospitals. These user fees are also the source of their developments. Corruption, which is said to be ingrained in most of Zimbabwe's public sectors, also affects public hospitals. For example, because of low remunerations received by most civil servants they end up engaging in unethical behaviours at work like theft thus further weakening the hospital's revenue base from user fees. For example, at Chitungwiza Central Hospital three employees were retrenched in accounts department for theft, not receipting other funds and bribery. Most Zimbabweans regards the public sector as the most corrupt. It is alleged by the anti-corruption groups that Zimbabwe loses approximately five million dollars every day which could be used to rejuvenate public hospitals to corruption. Another example of poor economic management which affects funding of public hospitals is that of diamond trade in Zimbabwe whose revenues are amiss, yet they could be used to develop local public hospitals to meet international standards.

Chitungwiza Central Hospital has also been affected by the continued and deepening political and economic crisis. Bad political and economic decisions has served to create flaws and structural insufficiencies in Zimbabwe's governance systems. The impact of despotic legislation and discriminatory application of laws diminishes democracy. For example, the way that the land reform programme was politicized by the ruling party, increased politicization of public organizations, continuous, meddling in internal affairs of local government, extreme use of security forces, political unaccountability, extensive decline of the rule of law, greater polarization in politics and waves of election related violence. This has shun away foreign investors to boost our economy, limited donors from funding the health sector and deepened their fiscal challenges. Today globalization generalizes competition and many industries have undergone drastic restructuring. Trade barriers have come down, which were never totally removed by rich countries and capital is increasingly footloose. The concept of globalization is not purely economic but includes issues to do with international migration and changing patterns of government such as the growth of trading blocs such as European Union. An effect to note here besides cross national integration, instant communication and standardization of some health products is the mutual vulnerability of these public hospitals which was illustrated by the 2008 financial crisis Hague and Breitbach (2011). Dollarization has meant that our country is now more exposed to international prices for health supplies as the government can no longer control its monetary policy. It should be noted that many health merchandises are imported particularly pharmaceuticals. In 2009, the US dollar decreased in value compared to other global currencies and this impacts the health sector as well. In Zimbabwe's rural areas it is difficult to access the US dollar thus automatically they are marginalized from accessing healthcare.

The majority of Zimbabwe's population in Zimbabwe seeks care in public hospitals and the health care system requires not only enormous investments of funds, but also a renewed assurance and vision among all actors. The government, policy makers, donors, non-governmental organizations, religious organizations, health experts themselves and others to produce ultimate change. The dilemma now is how to make quality health care available to every Zimbabwean in an environment characterized by fiscal challenges with limited health personnel and material resources.

Timeliness of the study

Public hospitals operate in an environment interlinked with various aspects like politics, economy, culture, technology, geography and society. In the face of fiscal challenges it is interesting to examine how public hospitals adapt, respond or react to survive and how. For example, in Zimbabwe's recent years, economic deterioration and political unpredictability have led to a decrease in health care budgets, disturbing the hospital operations at all levels, but public hospitals have continued to survive and offer health services to the populace. In the last decade Zimbabwe has continued to face fiscal challenges in its public hospitals thus impacting negatively on their operations. This is evidenced by the public hospital's abundant challenges like health experts, dilapidated infrastructure, poor maintenance of medical machinery and poor service delivery.

Objectives of the study

This study seeks to:

- i. To investigate the implications of not fully financing public hospitals.
- ii. To trace budgeting for public hospitals and how this impacts CCH operations.
- iii. To analyse mechanisms that can be used to improve service delivery at CCH with a limited workforce.

II. LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Globally many public health systems are already indebted and further face fiscal challenges. Global recovery remains fragile and public finances in many countries are in a dire state thus need for reconstruction and repairs. The necessity for financial discipline is gripping in Africa. Financial policy planning is largely done under circumstances of severe resource shortages. Zimbabwe's national debts are alleged to amount to ten billion thus the need for financial discipline is compelling in Zimbabwe. The national treasury and its other financial systems are yet to recover from the economic, political and social meltdown. This has seen Zimbabwe's fiscal policy framework being based on spending what is there since the formation of the inclusive government. Up to now fiscal challenges still grasp our public hospitals Budget Statement (2010: 15). Different public hospitals in the face of fiscal challenges have taken various forms to mitigate from Europe to Africa. Some sought fiscal support from donors like World Bank whose loans include technical support and policy dialogue for reforms. Some public hospitals centralized procurement of hospital goods and services to help improve efficiency and cut costs. Some public hospitals introduced strict expenditure controls, reduced hospital beds, introduced co-payments and reduced number of specialist's visits, hospital beds and admissions. Some have sought independent hospital audits and all these hospital reforms are geared towards continued strengthening of the public hospital's financial sustainability and increased efficiency in providing health care.

Various researchers allege that fiscal finance has changed over a long period. The term is said to cover all funds that are collected by selected state institutions and paid into and out of the Consolidated Revenue Fund which is the modern day purse of the state. Recurring throughout definitions of fiscal finance is the state as the domain of fiscal finance. The fiscal activities of the state are viewed as primarily rotating around revenue collection, expenditure allocation and control Zhou (2011).

Most countries globally are working towards improving healthcare with limited resources. Fiscal challenges continue to grow thus need to take mitigation measures. Vulnerable people also have a right to access healthcare thus creating a challenge for policy makers who also has to ensure their financial protection. Some institutions like the World Bank are providing fiscal support to various countries. In the health sector these loan programmes include technical assistance and policy dialogue for reforms. Mitigation measures taken by Hungary include most of those already mentioned above. Its public hospitals centralised procurement of hospital goods and services to advance competence and at the same time cutting administrative costs. In its long-term and on-going measures to curb fiscal challenges, Hungary is strengthening purchasing power of the health insurance fund through modifications such as merging of fund branches. Enhancements in supplier payment system by introducing rewards for suppliers based on performance standards is also being done and this tactic should help advance the quality of care and lead to better health outcomes.

There is need to mitigate fiscal challenges since public hospitals are funded by taxpayers money. In countries like United States of America health care expenses continue to rise speedily compared to its GDP. Smith remarked that monopoly is a great adversary to good management. Subjecting public hospitals to competition will force them to improve their management leading to productivity. Ommell (1993) postulates that in 1993 all advanced democracies are in both financial and value trouble over health care and almost everywhere policy-makers and managers are searching for new ways to achieve better productivity and efficiency for the spending. In the United Kingdom, the publicly provided National Health Service (NHS) does not have money to meet the demand of a growing population of senior citizens and rising expectations yet only a minority of people have private health care arrangements. This picture of crisis facing public hospitals is also true to some degree in advanced democracies in Europe like Scandinavia. The Public hospitals are facing management problems on how to deliver more at low costs. Some observers believe that public hospitals waste resources, are confused when delivering organizational goals concerning the central nature of their roles and a lack of motivations for health experts to deliver high quality customer care at low costs Morgan and Murgatroyd (1994).

The new reality of today's organizations however is the rapid change due to deregulations, e-business, telecommunicating, outsourcing and globalization. They are pressurized to adapt to these new ways of working. Added to this, the recent economic uncertainty, extensive ethical scandals and the insecurity associated with war and terrorism and leaders struggle with motivating employees to achieve positive goals. As suggested by the chaos theory, 'people reside in a world characterised by randomness and uncertainty and small events often have enormous and widespread consequences' Daft (2005). In Latvia the government in helping its public sector hospitals to face fiscal challenges, cut staff at the ministry and subordinate agencies and reduced their salaries. The public hospitals in turn reduced hospital beds, shifted inpatient care to less costly out-patient and day care, moved specialist services to the negative list of health care not covered by insurance, reduced use by raising co-payments to the single group of children under 18 years, promoted the use of common drugs and new health technology assessment system

were developed to make decisions about coverage for the new technology and drugs. In countries like Romania public hospitals lobbied for the government to adopt laws to increase returns for health by taxing cigarettes. The public hospitals also increased efficiency by reducing over capacity in the hospitals, reformed their administrations and sought for loans support OECD (2008).

According to Kamradt-Scott (2013) since the turn of the twenty-first century, health has enjoyed wide acceptance as a legitimate foreign policy issue. As a result the international community has launched a variety of new initiatives and programmes aimed at improving global health. New aims have been set, new programs agreed, new laws and regulations have been passed. New actors have also emerged to join the already complex and dense array of state and non-state entities and new resources allocated to tackle health issues. However it should not be ignored that in the wake of 2008 the global financial downturn challenged political structures and international relations making global health sit at crossroads. World Health Organization has tried to realign global health priorities to mitigate fiscal challenges being faced in most public hospitals. For example, the creation of duplicate health structures and bureaucracy. The launch of the Primary Health Care movement in 1978 and the promise of Health for All by the year 2000 marked the official start of a broader horizontal approach to healthcare financing, one that shifted to building and strengthening basic health services (Cueto 2004).

Public hospitals in face of fiscal challenges take mitigation measures through the assistance of their governments. Public hospitals cannot operate outside their government's frameworks, for example, policy and fiscal frameworks. In Hungary they have endeavoured to take various policy reforms to decrease fiscal expenditures and reduce the country's long-term debts at the same time ensuring that healthcare provisions is done in an efficient way. Reports made by OECD postulates that Hungary's health sector is the least developed compared to other OECD countries. The report made by OECD encouraged Hungary to progress reforms in its public hospitals and out-patient care. Congestions in its public hospitals were blamed for widening its debts. As a means to militate against its widening fiscal challenges the public hospitals were encouraged to limit numbers of their hospital beds.

Some governments draw decrees to reinforce the role of general practitioners with the aim of decreasing the number of expert visits and hospital admissions to mitigate fiscal challenges. International organizations like World Bank still seek to support health sector reforms towards continuous empowering of the insurer's fiscal sustainability and improved efficiency in the provision of healthcare. Other measures include efficient beds administration and independent auditing of the public hospitals. A move towards corporate management structures would also increase efficiency in the management of public hospitals. To note also is centralised purchasing of all hospital goods and services to improve their effectiveness at reduced costs.

Longer-term and ongoing measures include determinations to fortify the procuring authority of the health insurance fund through changes like the consolidation of fund branches. Countries like Scandinavia are also working towards improving its supplier payment system by introducing rewards for suppliers based on detailed performance criteria. This method should help advance the quality of care and lead to better health care in public hospitals. In response to the fiscal challenges public hospitals in Europe like in United Kingdom changed their management stances and policies. The responses took several forms like a major restructuring of the National Health System's bureaucratic pattern to create 'purchaser' and 'provider' units, contracting between purchasers and providers, encouragement of provider units, whether public hospitals or general practitioners- to act as their own cost centres and operate as wholly self-managing trusts instead of being managed by a super ordinate health authority structure to ensure competition and quality of service delivery at lower costs. Thus in short, Britain created self-managing cost centres, financing of public hospitals according to results and created a platform to bring new market forces. For example, purchasing authorities encouraged to give contracts to suppliers who demonstrate publicly and clearly that through market testing they have taken action to drive costs down while improving the quality of service delivery Morgan and Murgatroyd (1994).

The USA government introduced the use of electronic hospital records to reduce human errors and improve patients' care at the same time reducing costs. Many experts in policy formulations, various industry experts including that of health postulates that USA's health sector is in crisis. In the public sector, long term models of their public hospitals' budget show a large and growing structural deficit resulting from known structural deficit resulting from known demographic trends and rising health care expenditures. Many governments are faced with fiscal challenges that pressurize them to cautiously rank and limit their public expenditures. Globally many public hospitals have debts and face fiscal challenges. Most countries have aged populations that require quality healthcare thus need to continuously finance often expensive medical treatment and technology advances. In this path, for governments to survive there is need for them to partner with the private sector. This can assist them with funds; increase their efficiency in service provision through proper management but at reduced costs. Governments can also benefit from the

private sector's increased expertise and advanced new medical technologies which creates a platform to draw and retain professionals.

It should be noted that donor funding can have distorted priorities and agendas (Hill 2011) leading to legitimate questions over whose interest are really being served by them. It has been recognized for instance, that an overarching goal of donors is to attain social legitimacy in markets where foreign multi-national corporations are often viewed with suspicion and scepticism (Dahan 2010: 335). At the same time Sengupta (2011: 88) notes that the gross under representation of Southern stakeholders in the governance arrangements of international health policies coupled with the Northern location of their secretariats is reminiscent of imperial approaches to public health. Duplication of services and the creation of parallel health structures that place additional administrative burdens on already stretched human and technical resources have been recognized to further downsize of global health policies programmes (Marchal 2010). Although these new forms of governance are thus generally celebrated, they are also creating new and unanticipated problems, often adversely affecting the very people they were created to assist, namely the world's poor and vulnerable.

A number of mitigation measures have been put in place to enable public hospitals face fiscal challenges which are not expected to disappear anytime soon. On their own the public hospitals have also tried to improve management, utilize scarce resources and reduce hospital beds and admissions, limiting the number of specialists visits to once or twice per week instead of daily and use of user fees in a strict to develop themselves. Some of the strategies that are being used to improve the human resource situation in the public hospitals is the re-entry after resignation or retirement, bonding of newly graduated doctors for two years, nurses and pharmacists, introduction of innovative and general health cadres such as primary care counsellors, X-ray operators and other community health staff better equipped to work in rural areas to reduce referrals to the public hospitals and incentive programs funded by various donors. Unfortunately, data on the impact of these different measures on retention, motivation and performance are very limited.

Donor-funded salary supplements seem to have increased the number of health workers that came back for duty, but circumstantial evidence suggests that the same incentive schemes have caused tensions among health team and decreased motivation of lower-level staff that are not included in the scheme. Public hospitals in Zimbabwe buy medicines and other pharmaceutical supplies on a cost-recovery basis from The National Pharmaceutical Company of Zimbabwe (Nat Pharm). The availability of essential drugs has been challenging for many years, but efforts from donors in recent years have improved access. In an environment with declining allocation of government resources to the health sector, the procurement and distribution of drugs and medical supplies has been problematic for a number of years. The government through its policy regulations like Zim-assert seeks to strengthen and promote the local production of pharmaceutical products and recapitalize public hospitals, improve the health facility environment to promote patient safety and the healing process among others.

In Zimbabwe public hospitals are also promoting use of generic drugs like in Latvia and shifting in patient care to less costly outpatient and day care, for example, home based care. Technology wise public hospitals like Chitungwiza Central Hospital are in the process of computerizing most of their activities from the casualty area to human resources to try and minimize human errors with their limited staff and costs. The case study of Chitungwiza Central Hospital stressed that its funding is from the government, donors and user-fees. During the past two decades, non-governmental organizations working in advancement of health sector have improved their profiles at local, national and international levels. They are best known for delivery of basic services to poor people and shaping policy advocacy and public campaigns for change and other activities like policy analysis, research and information provision. It is estimated that non-governmental organizations are responsible for about \$US23 billions of total aid money (Riddell 2007: 53). According to a compilation made by a Registered General Nurse at Chitungwiza Central Hospital, the hospital has had its setbacks in its various departments but, according to her, a one great speaker once said, '.....a home cannot be called a home if it does not have challenges. They are there to make us the wiser for tomorrow'. It is with this spirit that Chitungwiza Central Hospital handles its challenges. Implications of not fully financing public hospital as complained earlier by an author, at Chitungwiza Central Hospital, has resulted in reduced maintenance, delayed upgrades of hospital facilities, deterioration in access, availability and quality of health care. Not fully financing public hospitals by the government has also led to deterioration of their facilities, increase in their budget gaps and exclusion of some services that were offered in the past. Medical equipment in most public hospitals need maintenance or need replacements thus other services cannot be offered at Chitungwiza Central Hospital. Unavailability of advanced machines have led to incorrect diagnosis of some people and some people are referred from one public hospital to the next without proper treatment or knowledge of whether the right services are available or not. On top of that low budgeting for public hospitals has damaged their relations with their suppliers. Chitungwiza

Central Hospital's suppliers no longer trust the hospital for the payment of their goods and services on time. For examples, at Chitungwiza Central Hospital was once sued by a supplier for late payments and some took the hospital to a debt collector. This inhibits its efficient service delivery and other activities if it lacks other inputs.

There is now a variation in quality of services offered between public hospitals with external support from donors and those without. Donors are making efforts to support the provision of critical medical equipment. For instance, a bulky consignment of emergency obstetric care equipment was received from the United Nations Population Fund (UNFPA) in 2007. The government has also been accused of highly funding public hospitals in Harare and Bulawayo and very lowly others thus crippling their developments. Not fully financing public hospitals weakens even the supervision of health facilities and quality of services offered at all levels. For example, breakdown in the communication system makes it difficult for health facilities to share working equipment and medicines. Not fully financing of public hospitals like Chitungwiza Central Hospital has also reduced their ability remunerates their employees, procure commodities and equipment. Most used machinery need serious repairs at Chitungwiza Central Hospital but they cannot repair them since funds for maintenance are not budgeted for in the nation's budget. For example, the laundry department, to date, the washing machines and ironing machines in the department are constantly out of order. This initiates a chain of events leading to theatre lists being delayed because packs are not closed and staff have no attire. Also the hospital employs other casualty workers to bridge the gap of frozen posts by the government but because of fiscal challenges they go for three months without wages. Management and supervision has also deteriorated as budgets are constrained. Systems are often not functioning due to such constraints such as lack of transport, fuel and water.

Reduction in health expenditure has serious implications on public hospital's service delivery. The operating systems and equipment at the hospital are outdated. For a long time, the organization has not purchased any equipment in clinical departments, relying on government and well-wishers to provide. Furthermore, lack of advanced X-ray processors, scanners, microscopes and autoclave machines has seen some patients being turned away or referred to other hospitals which ultimately affect the client base of the institution thereby reducing the revenue base of the hospital. Training and development of employees at any organization increases their efficiency and productivity thus not fully financing public hospitals cripples their ability to train and develop their employees, supporting of other activities needed for adequate health care provision. Motivation develops public hospitals. However, for example, at Chitungwiza Central Hospital junior employees are not offered any wages or salaries for their services since no funds will be available. There is low motivation and morale of almost all staff such that service to patients and clients is compromised. Clients spend a lot of time in queues waiting to be served even when adequate staff is available. The situation is so bad that even those waiting to make payments to the organization can spend a lot of time waiting even when though they want to bring in revenue.

Public hospitals are alleged to be in a poor state and continue to deteriorate. Chitungwiza Central Hospital could only renovate its infrastructures in 2009 after it received funds from the government. Fiscal challenges being faced by Chitungwiza Central Hospital has resulted in limited laboratory services being offered there. This is because most public hospitals with inadequate funds fail to purchase new laboratory chemicals and yet their facilities had expired chemicals. Laboratories also require constant upgrades of equipment which is not possible without proper funding. Chitungwiza Central Hospital in 2013 skipped its intake of lab technicians because it lacked the capacity to train them. It also has inadequate fleet of ambulances and buses to transport staff and patients to and from their destinations. There has also been outmigration of health personnel thus impacting negatively healthcare service delivery. It has also eroded administrative capacity and accountability within the system. Low remunerations, low morale because of poor motivations at work thus many health experts leaving for greener pastures leading to further decaying of quality health services. Corruption is a threat to the organization's revenues as underpaid staff seeks to maximize on the inefficient company systems and organizational structures and lack of information from patients.

In tracing budgeting for public hospitals and how this impacts Chitungwiza Central Hospital operations it can be noted that general reductions are done in the public hospital's budgets reflecting the government's dwindled tax and income base (Ministry of Health and Child Welfare 2010). This impacts negatively on Chitungwiza Central Hospital's operations because there will be a limit to its production. Chitungwiza Central Hospital as a health service provider needs to purchase pills, drugs and employ specialists all which need adequate budgeting. In Zimbabwe the last analysis of the public fiscal management system were last done in the 1990s. Since then, impacts of outmigration of health experts, hyperinflation, corruption, economic deterioration all extremely impaired the quality of budget management. Even with supplementary budgets, final budget approximations bare no relations to final spending by the health ministry due to hyperinflation. Revenue forecasts and collections were also affected thus budgeting was no longer a reliable instrument for executing government policy and the effectiveness of external oversight of the

budget has been comprised in Zimbabwe. The budget formulation for public hospitals in Zimbabwe uses the bottom up approach. Budgets in Zimbabwe are based on work plans that public hospitals plan to carry out to meet the population's health needs in that year. Public hospitals are open systems which are affected by the environment. For example, the economy can affect work plans of a hospital if it melts like what happened in 2008 and dollarization impacted Chitungwiza Central Hospitals' operations both negatively and positively.

The activities and services should also have their costs stated in the budget during the budget formulation. However prices sometimes change thus operations at Chitungwiza Central Hospital are delayed, hindered or not maintained since allocated funds are usually low. Central hospitals like Chitungwiza Central Hospital submit their work plans directly to the Ministry of Health and Child Welfare (MOHCW) which assembles all budgets into the national health budget plans. The budget allocation is a central process. Chitungwiza Central Hospital receives funding from the Ministry of Health and Child Welfare, donors and its patients through user fees, medicines and other out of pocket expenses. Ministry of Health and Child Welfare submits its annual budget to the Ministry of Finance, citing budget costs as medicinal and precautionary line items. In principle, the Ministry of finance decision on the Ministry of Health and Child Welfare budget allocation is based on critical areas of health that need support and improved services, cost justifications and reports on what will be accomplished via resource allocations, funds and revenues available to the Zimbabwe government and records on key national health issues. For example, prevalence incidence rates of key diseases like the cholera outbreak in 2008. Chitungwiza Central Hospital is still undergoing infrastructure developments with funds that it received from the government in 2009.

It should be noted that sampled facilities by the Health Assessment System were incapable to produce data on precise government guidance for budget and resource allocations. The government itself admitted in its national health strategy to inconsistent and none persistent use of certain formulas for budget allocations. In many instances final allocations end up still being moderated. Biti (2009) postulated that funding available from the limited budget provision is directed towards critical requirements. It becomes difficult to source funds for maintenance of, for example, machinery. The question of what will be critical becomes debatable since most of Zimbabwe's public hospitals are in dire situations. To note also is the fact that government policy plots expenditure per capita on public hospitals using population census results, which is the only source of population data in most provinces. It should be noted that the last census was held in 2002 before the recent one of 2012 yet the same figures will be needed in drafting budgets for public hospitals. Budgeting done on approximations do not produce quality outcomes. That is why people blame public hospitals for wastage of resources. Average amount of government funds provided to central hospitals, inclusive of Chitungwiza Central Hospital, in 2009 was \$4, 137, 683 Bluebook (2009). This was at the expense of other central hospitals who received even lower funds as the government has shown its concern for the so called allocative efficiency.

Public hospitals are more dependent on user fee revenue collections to support their facilities and services. However due to the nature of the clientele who mainly come from dormitory towns like Epworth and rural areas, effective payments of these is disappointing. For those who are treated on credit, debt collection is difficult resulting in the institution writing off a huge chunk of its debts. National budgeting for public hospitals thus impacts greatly their operations. There is need to increase the health budget to increase flexibility of public hospital's operations. The research in analysing mechanisms that can be used to improve service delivery with a limited workforce at Chitungwiza Central Hospital discovered that health systems around the world face the same fundamental problem of how to improve service delivery with a limited workforce and at the same time controlling costs. Provider competition is said to yield convincing motivations that inspire suppliers to modernize their products so that they can deliver them at a higher quality but at a lower cost. Porter and Teisberg (2006), for example, have noted that in a normal market, competition drives relentless advances in quality and cost. Rapid innovation leads to rapid flow of new technologies and better ways of doing things. Excellent competitors prosper and grow, while weaker competitors are reorganised or go out of business. Quality-adjusted prices fall, value improves and the market expands to meet the needs of more customers.

Many governments use a variety of policy tools to assist public hospitals curb their health care expenses. In this research some of the core ones which are used by other countries overseas. These are determining which healthcare interferences to make. For example, in 2009 the Zimbabwean government decided to only fund Harare and Bulawayo's public hospitals so that they could develop their infrastructures. Other governments alter payment methods of their health personnel, impose expenditures on people and limit the capacity of their public hospitals at the same time boosting their competition so that they increase the quality of their services. The overall capacity of the health system has a controlling effect on expenditure growth. Capacity is determined

to a large amount by the number of public hospitals and the number of professionals working in the system thus there is need to monitor number of those employed and the number of public hospitals so as not to strain the government's budget.

Theoretical Frameworks

Looking at the various theoretical frameworks Zimbabwe from the last decade has attracted extensive academic and scholarly interest. Contemporary views on mitigation measures taken by public hospitals in the face of fiscal challenges can be explained using various theories like the public fiscal theory, mitigation theory, change theories and others from health management discourse and human resources management. According to Robbin (1990) leadership is important for the survival of any organization especially public sectors whose budgets are very low. Leadership is an influence relationship among leaders and followers who expect real changes and outcomes that replicate their purposes. The shift from an old to a new paradigm reflects a shift from a traditional, rational management approach that emphasizes stability and control to a leadership that values change, empowerment and relationships. This has seen at Chitungwiza Central Hospital its employees being empowered with education at local Universities to be able adapt, survive and compete.

The fiscal theory of the price level asserts that the price level is determined by the ratio of outstanding public nominal debt into the present value of real primary budget surpluses of the government Gaetano (2005). The mitigation theory's principle states that the duty to mitigate requires each party to exert reasonable efforts to minimise losses whenever intervening events hinder pledged objectives Goetz and Scott (1983) and the theory of change is defined as building blocks required to bring about a given long term goal. These three theories are of significance in highlighting mitigation measures taken by public hospitals in face of fiscal challenges. However other theories will also be used. As a mitigation measure in face of fiscal challenges most public hospitals has resorted to donor funding for their survival. However funding from the West through their donor agencies with priorities and agendas different from ours tends to be problematic (Hill 2011). The dependency theory is of importance in evaluating public hospitals continuous dependency on donor funding for survival. According to Philips (1984:103-4) dependency "is the belief that economically underdeveloped countries are dependent on the developed countries. Its major proponents are Walter Rodney, Andre Gunder Frank among others. In third world countries it is alleged that donors are the main reason why public hospitals are still operating since their governments do not adequately fund them. Zimbabwe mostly depends on financial aid from donor agencies and well-wishers.

The bureaucratic theory of management highlights the importance of leadership in public hospitals for their efficiency. The theory elucidates that organizational decisions are made by one or few individuals. Management and other lower level personnel perform their detailed functions with limited authority. Since orders come from the top going downwards bureaucratic management creates consistency and precision thus most public hospitals prefer using this style of management. Health personnel specialize in their own areas thus greater productivity. For example, sisters in charge oversee nurse activities but do not concern themselves with issues involving medical staff. Robbins (2004). Public hospitals are in an industry exposed to constant changes thus greater need to take mitigation measures with caution. Issues like insurance, medicare and regulations for example, are always in constant flux. For example, in Zimbabwe as has already been mentioned before, health insurance almost collapsed after dollarization. Contingency management theory articulates that management should stay flexible and remain capable of adjusting structurally and procedurally as needed to keep up with demands and requirements. Resource theory compliments this theory by postulating that organizations ought to modify themselves to available resources in their environments. This means that as expenditures, workforce, materials and experts in their staff change, so must the public hospitals. Both theories carry the idea that, rather than allow outside forces to create organizational panic, organizations can implement management approaches engrained in change Porter (2002).

There is need for a pathway of change which portrays outcomes, results, accomplishments or precautions involved before change takes place as postulated in the theory of change in public hospitals. The theory also describes the types of interventions, for example, single programme or a wide-ranging community initiative to have change. The World Bank, for example, has urged governments to involve their communities in the reconstruction and repair of their dire health facilities. The theory of change is a precise and quantifiable description of social change initiative that forms the foundation for strategic planning, on- going decision making and evaluation. As a way to mitigate fiscal challenges the Path-goal theory postulates that it is the leader's responsibility to increase employees' motivation to attain personal and organizational goals. The leader upsurges employees' motivation by either expounding the employees' path to the rewards available or increasing the rewards that the employees value and needs, for example, advancement in education. The theory of change also states the need for participants to be clear on long term goals, identify quantifiable indicators of success and frame actions to archive goals. For example, in Zimbabwe's Zim-Asset as

indicators of public hospital's effective service delivery, will conduct quarterly patient or client contentment surveys, fortify the use of suggestion boxes and sanction communities through health centre committees.

However before goals are achieved motivation is of special consequence in public hospitals because of the internal limitations placed on managerial actions by the political environment and the general lack of resources available to employ and reimburse employees in a way competitive with the private sector and overseas. For example, most nurses and doctors prefer to work abroad. Certo (2003) defines motivation as the inner state that causes a person to behave in a way that ensures the accomplishment of some goal. This is an important aspect to note of when organizations are mitigating. This is because productivity is a result of behaviour of organization members who needs motivation to reach organizational goals. According to McGregor's Y theory work can be and should be a source of self- fulfilment in and of itself. McGregor believed that people want to take responsibility and express themselves through creative and productive work. In face of fiscal challenges Chitungwiza Central Hospital sought to motivate its employees with other motivators besides money. Maslow's hierarchy of needs has been found to be applicable in Zimbabwe's public hospitals. The rate of staff turnover at Chitungwiza Central Hospital is very low since 2010 and up to date only a few employees have resigned or ditched the organisation unexpectedly. This high level of employee retention has been archived due to the conducive environment that exists at the institution and its ability to intrinsically and extrinsically motivate its employees.

Maslow states that human beings own five basic needs that can be organised in a hierarchy of importance. These are, firstly, the physiological needs which relate to the normal functioning of the body, secondly, security or safety needs which relate to the individual's desire to be free from harm, thirdly, social needs which includes the desire for love, companionship and friendship, fourthly, esteem needs which are concerned with desire for respect and lastly, self-actualization needs which refers to the desire to maximize whatever potential an individual possesses. Maslow's theory's applicability evident in public hospitals like Chitungwiza Central Hospital since as a way to mitigate against fiscal challenges sought to motivate its employees with other resources not necessarily money. Chitungwiza Central Hospital uses the resources that are available to it to retain and motivate its employees. For example, in his theory Maslow postulates that human beings first seek to satisfy their physiological needs such as hunger, thirst, shelter and other bodily needs. Chitungwiza Central Hospital provides houses for its senior management and doctors to motivate them to stay and provide them with food at work.

Maslow also postulates that people seek to fulfil safety and security needs thus Chitungwiza Central Hospital offers provision of uniforms and enough protective clothing to all workers, free medication for employees and their dependants and free transport to all employees to and from work daily. Thirdly, in Maslow's hierarchy people focus on social needs and seek companionship, love and a sense of belonging. Chitungwiza Central Hospital has excelled in making the public hospital feel homely and the employees a family. The employees have sporting teams, their weddings are supported by the organisation, for example, provision of transport on weddings and funerals. Where people desire self-respect, social status and recognition from others Chitungwiza Central Hospital promotes its employees for their hard work and there are titles to go with the promotions. Maslow's last stage on his hierarchy of needs is that of self- actualization to fulfil one's personal potential. Most public hospitals engage in training and manpower development of its employees for them to reach their highest potential. At Chitungwiza Central Hospital, for example, they recently launched the International Computer Driving License programme (ICDL) which was meant to raise the level of competency in Information Technology.

Frederick Herzberg's in 1959 developed the motivator-hygiene theory which is closely related to Maslow's hierarchy of needs but relates more specifically to how employees are motivated in the workplace. Based on his research, Herzberg argued that meeting the lower-level needs, hygiene factors, of individuals would not motivate them to exert effort, but would only prevent them from being dissatisfied. Only if higher-level needs, motivators, were met would individuals be motivated. These theories are used by public hospitals leaders to make decisions that affect the growth of their organizations. Herzberg concluded from his research that the degree of satisfaction and dissatisfaction organization members feel as a result of performing a job are two different variables determined by two different set of items For example, at Chitungwiza Central Hospital the administration was blamed in 2012 for responding to employees' grievances slowly thus causing dissatisfaction among them. Dissatisfaction of employees may be caused by hygiene or maintenance factors which relate to the working environment. Motivating factors which cause satisfaction are opportunity for achievement and recognition, work itself, responsibility, advancement and personal growth. In an interview with a doctor from India at Chitungwiza Central Hospital he explained that he chose to be a doctor to save lives, not for money, thus his work itself satisfied him

Herzberg believes that when hygiene factors of a particular job situation are undesirable, employees will become dissatisfied. Making these factors more desirable, for instance, by increasing salary, will rarely motivate people to do a better job, but it will keep them from becoming dissatisfied. In contrast, when motivating factors of a particular job situation are high, employees are usually motivated to do a better job. According to Herzberg, employees incline to be more motivated and productive as more motivators are built into their situation Certo (2003). The insinuation for managers of the motivator-hygiene theory is that meeting employees' lower-level needs by improving remuneration, welfares, security and other job-contextual factors will inhibit employees from becoming actively dissatisfied but will not motivate them to exert extra effort towards better performance. To motivate workers, according to the theory, managers must centre on changing the intrinsic nature and content of jobs themselves by enriching them to increase employees' independence and their opportunities to take on surplus responsibilities, gain recognition and develop their skills and careers Steers (1996).

Robbins (1990) highlights that public hospitals are not closed systems but open ones which are dependent on their environments. Since the environment does not stand still organizations must develop internal mechanisms to facilitate planned change, not unplanned. Public hospitals need to be able to adapt to external change in the political, economic, social and technical environment. He also notes that leaders in most successful organisations recognize that internal changes must keep pace with what is happening in the external environment to survive. Literature about in organisations takes numerous forms and discusses widely divergent issues but five themes this research takes note of which are generally consistent, that is, adaptability, decision quality, outcome impact worker empowerment and constructive conflict.

III. CHITUNGWIZA CENTRAL HOSPITAL FIELDWORK ANALYSIS AND DATA PRESENTATION

The research, which was based on purposive sampling; targeted 60 people but only 48 people responded.

Socio-demographic data

Table 1: Respondents Rate

	Males	Females	Targeted	Actual	Percentage of response
Top Management	7	3	10	6	60%
Nurses	5	15	20	16	80%
Doctors	8	2	10	8	80%
Community	4	16	20	18	90%

Source: Research Survey

Table 1 shows that female workers composed the largest number of the sample but almost all managerial positions are held by men. The targeted sample size was 60 but only 48 employees at Chitungwiza Central Hospital responded to the research. The breakdown of management being 7 males and 3 females but their response rate was 60%. Of the 20 nurses only 16 responded to the questionnaires and their response percentage was 80%. The table above also highlights that the targeted doctors were 10 but only 8 responded to the research and their response rate was 80%. The research sampled 20 people from the community who receive health services from Chitungwiza Central Hospital. Of the targeted 20, 18 people responded and their response percentage lies at 90%. Although the sample is mostly comprised of female respondents, the researcher managed to get relevant data since all employees are affected by fiscal challenges regardless of sex. The community as clients of the hospital provides best analysis of its performance, quality of services and improvements without much biasness.

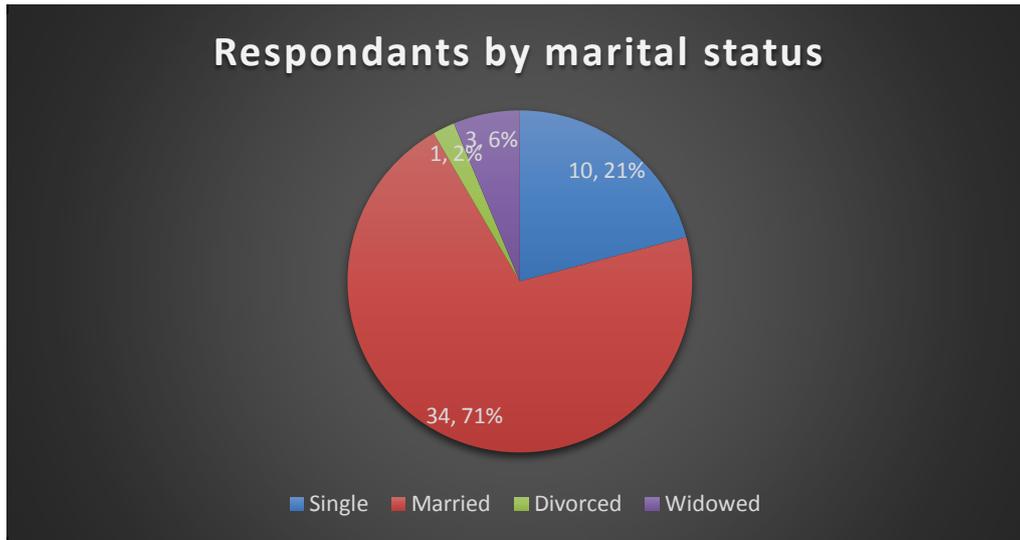


Figure 1: Respondents by Marital Status

Source: Survey Research

The pie chart highlights that the greater number of respondents are married with 71% than those who are single at 21%, divorced ones were at 2% and the widowed at 6%. The implication of this analysis is that married people act more responsibly for the sake of their families. Those who work at Chitungwiza Central Hospital will not leave their jobs even in the face of fiscal challenges, but will co-operate with management to mitigate them.

Table 2: Respondents by academic qualifications

Sub-group of sample	ZJC	O'LEVEL	A'LEVEL	DIPLOMA	DEGREE	MASTERS DEGREE
Management				3	3	
Nurses				16		
Doctors					8	
Community	4	10	1	2	1	

Source: Research Survey

The information above is also presented below with the use of a bar graph.

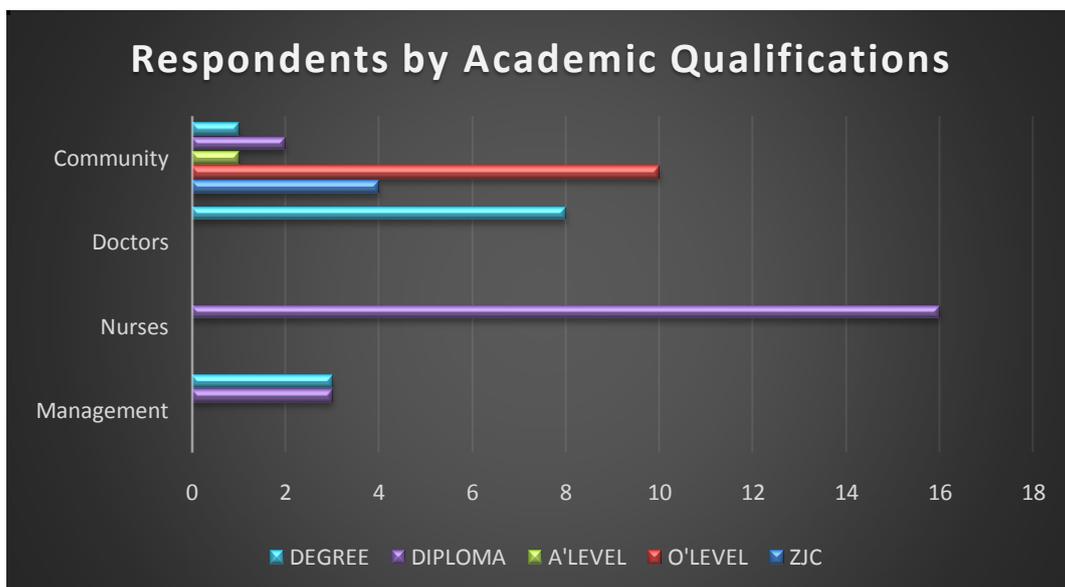


Figure 2: Most employees at Chitungwiza

Source: Research Survey

Fig 2 above shows that most employees at Chitungwiza Central Hospital are educated with the majority holders of diplomas. This was beneficial for the research since most of them could respond to questionnaires and interviews and express themselves fluently. Population in the community as highlighted above is also educated with only 4 people with ZIC only. In the community as highlighted above 1 individual holds a degree, 2 individuals have diplomas, 1 advanced level and the majority of 10 passed through ordinary level. This shows that most Zimbabweans can read and write thus this was beneficial to the research as well. 16 nurses have diplomas as pictured on the diagram and the hospital’s management has 3 managers with degrees and 3 who have diplomas but are in the process of attaining degrees. This well equips their decision making and strategic skills.

Table 3: Respondents by age

AGE	MANAGEMENT	NURSES	DOCTORS	COMMUNITY
18-25 years		1		1
26-35 years	2	9	7	10
36-45 years	3	4	1	6
46- 55 years	1	2		2
56- 65 years				1

Source: Research Survey

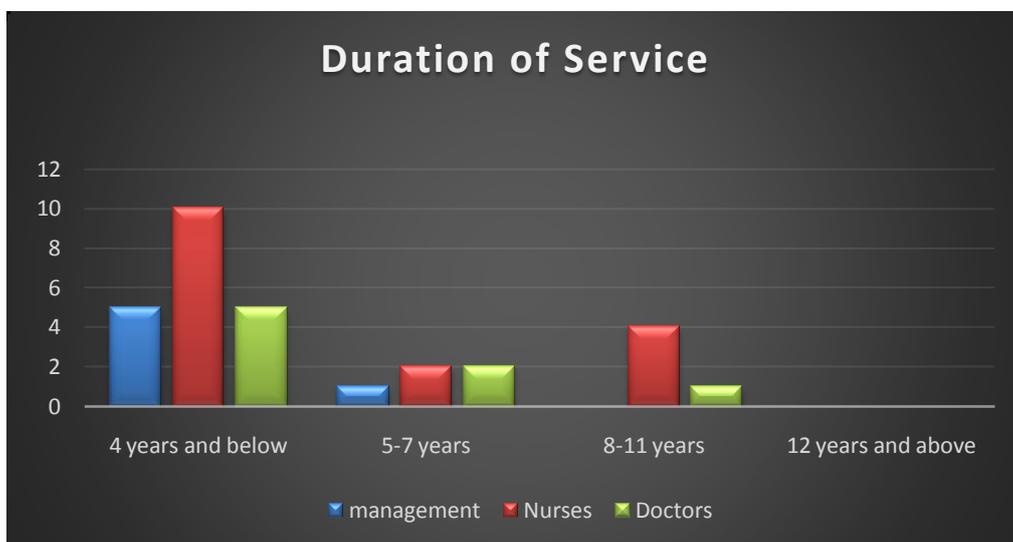
The table 3 above shows that Chitungwiza Central Hospital’s majority workers are mainly between 26 -45 years. 2 people in management are between 26- 35years, 3 between 36- 45 years and only 1 above 46 years. The range of these is of significance to the research since this may be a sign that they are mature and may give useful information to the research. Also their ages is of significance in responding to fiscal challenges. Even in the community 10 people are between the age ranges of 26- 35 years. Their input of utmost importance since they have been observing operations of Chitungwiza Central Hospital for some years, are bread winners who pay user fees at the hospital and among other factors, have first-hand information based on their experiences at the hospital.

Table 4: Respondents by duration of service

Years in service	Management	Nurses	Doctors
4 years and below	5	10	5
5-7 years	1	2	2
8- 11 years		4	1
12 years and above			

Source: Research Survey Questionnaires

Figure 3: The above table is also illustrated below



Source: Research Survey Questionnaires

This analysis shows that the majority of employees at Chitungwiza Central Hospital have served the organization for less than 4 years and this may be an indicator that these employees do not stay on their jobs for long and move to greener pastures. Also that most experienced staff have already left for greener pastures and the available ones are indebted by the government to work in Zimbabwe since they were trained here for 3 years before they can be given their diploma certificates. The literature review in chapter 2 postulated that decrease in health care expenses has stemmed reduced maintenance, delayed upgrades of declining health facilities, deterioration in access, availability and quality of health thus outmigration of qualified staff. Also, elevation in the private health facilities is continuing thus a high rate of staff attrition to the private sector from the public hospitals. Sachikonye (2010). However, 5 of the respondents have served the company for more than 8 years which may be an indicator that Chitungwiza Central Hospital is managing to retain its staff through various motivations like housing, food, fuel allocations to curb fiscal challenges effects.

Analysis of Questionnaires and Interview questions Challenges faced by Chitungwiza Central Hospital

According to the research the majority of respondents stated that the greatest challenge that Chitungwiza Central Hospital is facing is fiscal shortages. As a public hospital the management elucidated that they rely heavily on funds from the government which in turn has low funds due to economic crisis that has affected Zimbabwe. 80% of respondents from doctors complained of low remunerations, shortage of medical supplies, outdated medical facilities and increased pressure from clients. One doctor even stated that the hospital's medical supplies like pills are very few in comparison to other over sees public hospitals. In the research's literature review Biti (2009) stated that there is scarcity of health specialists, poor supply of vital drugs, equipment and other medical supplies, inadequate provision and maintenance of equipment, infrastructure, ambulances and service vehicles in most Zimbabwe's public hospitals. Other respondents complained of aged employees who slowed operations at Chitungwiza Central Hospital, for example, in transport department, thus employees feared for their lives and those of patients since they alleged that the driver's eyesight is questionable. In Chitungwiza the problem of water affects almost everyone. Nurses complained of donor funds which arrived late yet also low, \$32 for registered nurses and \$42 for doctors to supplement their government salaries.

Reasons why CCH employees do not leave their jobs in face of fiscal challenges

71% of the respondents as highlighted by the pie chart are married individuals who did not leave their jobs because they needed to take care of their families. 6 % who are widowed saw no reason to quit and stayed to secure their promotions but resorted to informal businesses for survival. For example, one started a car sales, did not resign and was promoted to be a Finance Director. He also stated that he was from Malawi and his only option was to stay at Chitungwiza Central Hospital. 21% of the single respondents have low responsibilities thus no need to leave their jobs. 2 % of the divorced respondents stayed because they were old and could not search for greener pastures. Also they appreciated the fact that Chitungwiza Central Hospital had bought stands for them, allowed their children to be trained as nurses or technicians there, had their relatives treated for free among other factors which made them loyal to the organization. According to the literature review in chapter 2 in the face of fiscal challenges Chitungwiza Central Hospital sought to motivate its employees with other motivators besides money. Maslow's hierarchy of needs has been found to be applicable in Zimbabwe's public hospitals as highlighted by Chitungwiza Central's Hospital ability to retain some of its employees.

Status of Chitungwiza Central Hospital

Majority of staff from Chitungwiza Central Hospital stated that their hospital was the best in comparison to the other 4 in Zimbabwe, excluding Parirenyatwa Group of Hospitals. They applauded their hospital out of the 6 central hospitals for offering quality services since the hospital is ISO certified thus meeting international standards. Management also postulated that they bought the latest medical equipment which diagnoses 36 viruses at the same time. Its infrastructure, unlike other public hospitals in Manicaland, Midlands and other provinces is developing and they thanked the government for allocating it funds to develop its infrastructure in 2009. The picture below shows a clips of how beautiful Chitungwiza Central Hospital looks like at the front before you get inside.

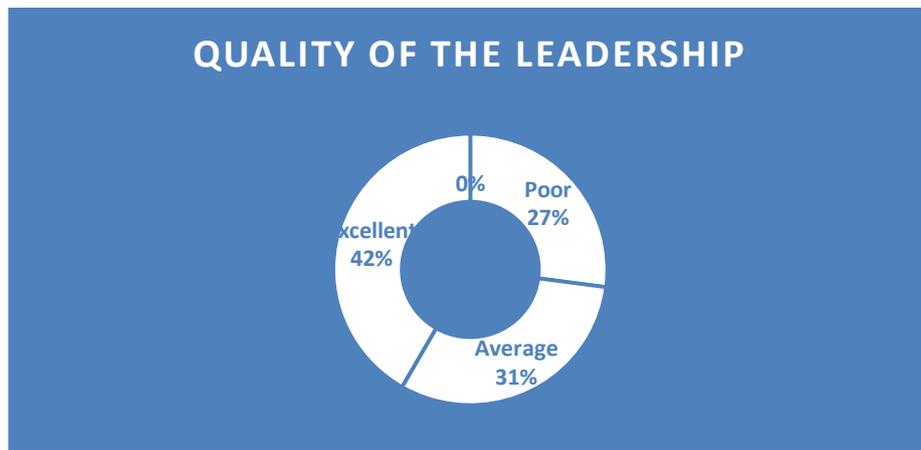


Picture 1: Source: Courtesy of Chitungwiza Central Hospital Management.

However community respondents’ view differed from that of Chitungwiza Central Hospital’s employees. Some people even said that if you wanted to die go to Chitungwiza Central Hospital. The hospital was accused of poor service delivery and people had to wait for hours before they were treated. The employees were also accused of highly being corrupt and with no heart for patients. Some people even accused the hospital for killing their relatives who could have recuperated if had been taken to a private hospital. Some respondents even accused the management of being very poor and besides the infrastructure being lovely some respondents accused the doctors and nurses of negligence.

The issue of having to pay for user-fees before receiving any treatment sparked hostility against Chitungwiza Central Hospital since many respondents complained of being unemployed and survived from hand to mouth thus wanted the hospital to treat them on credit basis so that they could live to pay the debt. In analysing the research however, it should be noted that Chitungwiza Central Hospital blamed its community for some of its fiscal challenges since every year it wrote off huge debts. In the literature review it was highlighted that not fully financing of public hospitals has also reduced their aptitude to remunerate its employees, procure commodities and equipment thus even if it is their mission statement to provide quality health which are preventative, curative and rehabilitative indiscriminately their hands will be tied.

Figure 4: Ratings of Chitungwiza Central Hospital leadership



Source: Research Survey Questionnaires and Interviews

The above diagram depicts that 42% of the respondents labeled Chitungwiza Central Hospital’s leadership as excellent which has made it able to survive fiscal challenges being faced by all public hospitals through various mitigation measures. In chapter 2 literature reviews highlighted that leadership is important for the survival of any organization, especially public sectors whose budgets are very low, according to Robbin (1990). Chitungwiza Central Hospital is International Standard Organization (ISO) 9001 Quality Management System (QMS) certified, thus standardisation of all hospital processes and clarity of roles at all levels and functions within the hospital. This has also seen the public hospital developing and taking mitigation measures like computerization of all records to reduce human errors, centralization of its operations through software called Systems Application Products (SAP) showing innovativeness of its leadership.

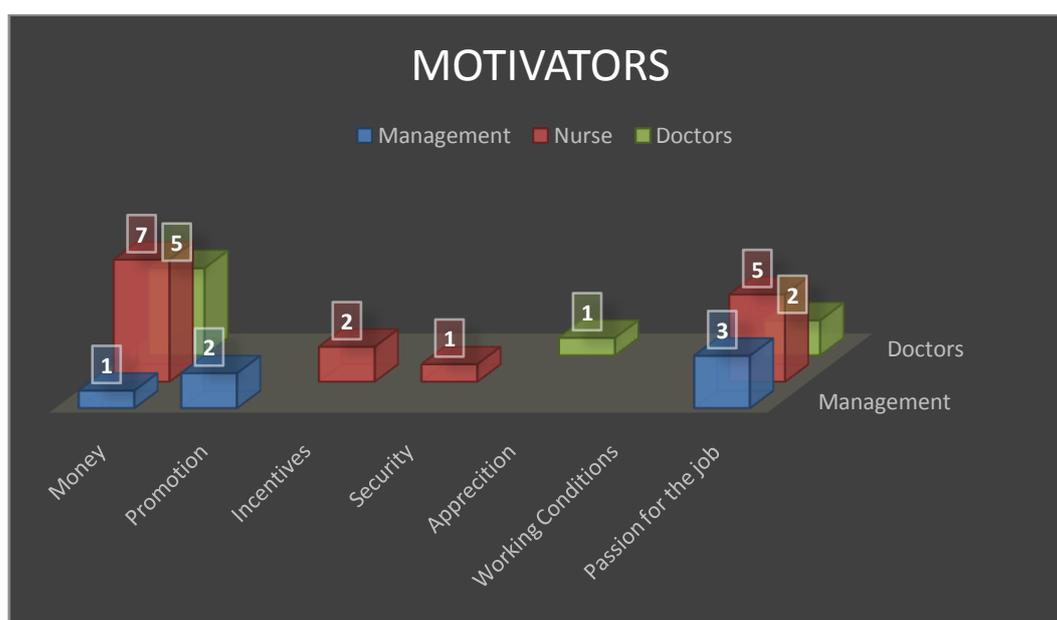
The hospital has also reduced number of specialist’s visits and hospital admissions to reduce costs. For example, the research highlighted that most specialists visited the hospital twice or thrice per week instead of every day. 31% of the respondents termed the hospital’s leadership as average for reasons like unavailability of water, low admissions, long queues and unappetising food for admitted patients. Most respondents from the community rated the hospital’s leadership as poor with few from the doctors who stated that the hospital’s leadership was slowly killing the hospital. To note was the Principle nursing officer who was accused of highly being corrupt and involved in nepotism, the Chief Account for being very corrupt and heartless and continued to buy new expensive cars whilst casualty workers went for months without wages or salaries. Other respondents from the community accused poor leadership for continued poor service delivery of the public hospital. Amongst Zimbabwe’s 6 central hospital, Chitungwiza Central Hospital was alleged to be the highest in terms of corruption thus poor leadership.

Table 5: Motivation to work at Chitungwiza Central Hospital

Motivated by	Money	Promotion	Incentives	Security	Appreciation	Working Conditions	Passion for the job
Management	1	2					3
Nurses	7		2	1		1	5
Doctors	5				1		2

Source: Survey Research Questionnaires

Figure 5: Table 5 is also illustrated below



Source: Research Survey of Questionnaires

Fig. 5 highlights that most employees at Chitungwiza Central Hospital are motivated by money to work. The researcher observed that most nurses and some doctors collected their salaries on that very same day. According to the research made, 13 respondents were motivated by money to work. As stated by Maslow in his theory, human beings first seek to satisfy their physiological needs such as hunger, thirst, shelter and other bodily needs thus employees at Chitungwiza Central Hospital are highly motivated by money to work so that they can satisfy all these. The graph also highlights that 2 employees out of the 30 employees at Chitungwiza Central Hospital are motivated to work because of their desire to be promoted at work.

Maslow's fourth needs elucidate that people desire self-respect, social status and recognition from others. 2 respondents stated that incentives at work motivated them to work since in other instances they even exceeded their monthly salaries. Only 1 respondent is motivated by appreciation to work harder. The respondent stated that he was acting as a transport supervisor, but receiving his driver salary yet did not mind the extra responsibilities. As stated in chapter 2 Herzberg concluded in his research that motivating factors which cause satisfaction are opportunity for achievement and recognition, work itself, responsibility, advancement and personal growth. Only 1 respondent stated that working conditions at the hospital as a motivator to work. Herzberg (1959) postulated that the matters that affect the degree of dissatisfaction are called hygiene or maintenance factors which relate to the working environment and motivating factors to the work itself like the organization's policy and administration, supervision, relationship with supervisor, peers and subordinates, working conditions and salary.

10 respondents were motivated by their passion for the job. They stated that they joined the health service to serve lives and not for money. 2 doctors stated that they were volunteers from India who did not mind that they were being given \$500 by the hospital as an appreciation for their services. This is cemented in chapter 2 which stated that according to McGregor's Y theory work can be and should be a source of self-fulfilment in and of itself. McGregor believed that people want to take responsibility and express themselves through creative and productive work. One doctor expressed great joy for having saved the life of a 2 year old baby below.



Picture 2: Source: Courtesy of the mother's child

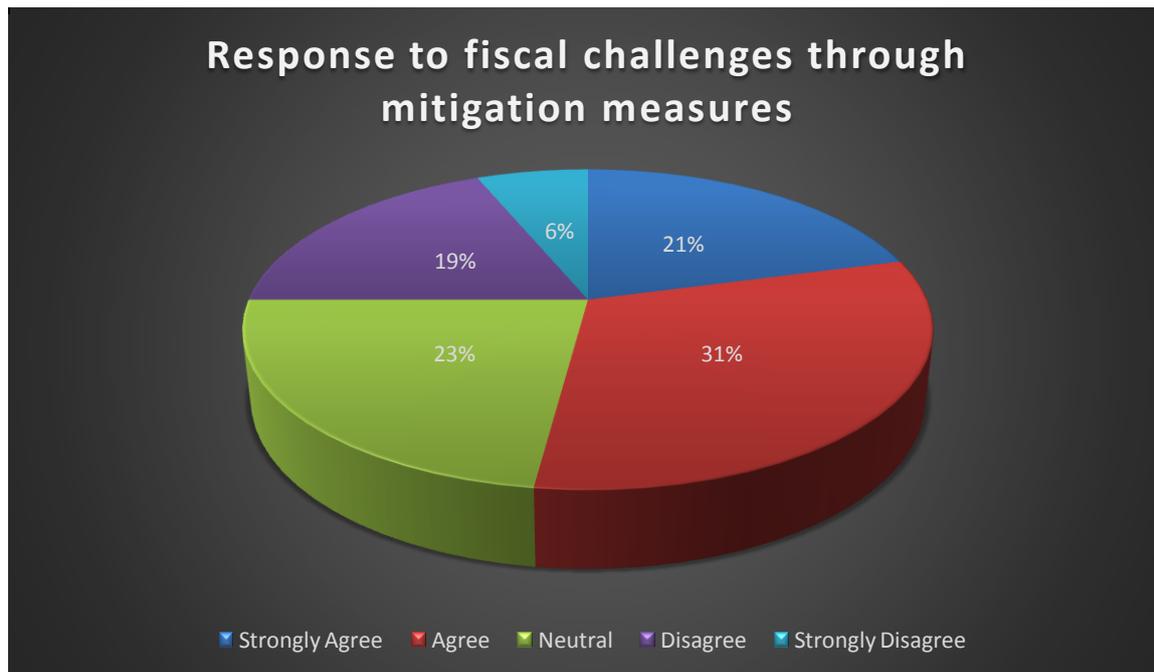


Figure 6: Ratings on a scale of 1-5 Chitungwiza Central Hospital's ability to respond to fiscal challenges through mitigation measures

Source: Research Survey of Questionnaires and Interviews

The above diagram highlights that 21% of the respondents strongly agreed that Chitungwiza Central Hospital's mitigation measures in face of fiscal challenges were successful. This is cemented by literature review in chapter 2 which mentioned successes of the public hospital and explained its continuous developments despite fiscal challenges. The government has also played a role in enabling the hospital to take the mitigation measures.

It should be noted that instead of collapsing Chitungwiza Central Hospital became ISO certified in 2007 thus is renovating its infrastructure, systems and service delivery among others. 31 % of the respondents agreed that Chitungwiza Central Hospital was able to respond to fiscal challenges. They applauded the hospital for its continued efforts to meet international standards in quality health provisions. As stated in the literature review, Zimbabwe's health system has faced difficulties in recent years. Currently, the Zimbabwean government, donor agencies and Zimbabwean and global establishments are dedicated to executing health programs and disease prevention activities that aim to boost Zimbabwe's health system.

23 % of the respondents stated that they were neutral thus were indecisive of their response. 19% of the respondents disagreed and stated that many people in the community preferred to be treated in private hospitals like South-med hospital. Most respondents argued that Chitungwiza Central Hospital was not able to respond to fiscal challenges since its service delivery was still very poor and people mostly died instead of recuperating there. Limiting of hospital beds was seen as inefficiency by the community since they wanted full attention at hospitals when they fall sick.

According to some respondents, taken mitigation measures by Chitungwiza Central Hospital like computerization of all records, will not work efficiently since some employees are uncooperative and conservative and the reduction of hospital beds causing more harm to the society than good. 6% of the respondents strongly disagreed and stated that Chitungwiza Central Hospital was only operating because of government's funds which they continued receiving and wasting every year. This case is also highlighted in chapter 2 where some observers stated that funds are wasted in public hospitals. The public hospitals were also accused of lacking organizational goals because of their corruption and negligence of their work.

IV. RECOMMENDATIONS AND CONCLUSION

Recommendations

- i. Chitungwiza Central Hospital should consider partnering with the private sector since this can help to address specific cost and investment challenges.

- ii. Aim to curb unnecessary expenses through increased efficiency and upgraded health care but at reduced costs.
- iii. Continue advancing technologically, the infrastructure and increase motivations at work to attract and retain health experts
- iv. Utilize funds efficiently in order to be allocated more resources.
- v. Recruit and select own staff to fill frozen posts which are most important for your operations, for example, the post of Nutritionist which is crucial in any health facility. It is alleged that government expenditures is limited thus public hospital's human resources will not grow for the next 40 years.
- vi. Capitalise the policy of user-fees which allows the hospital to use them all for your development to increase quality of services offered to attract more clients. Co-payments can be increased, but reasonably, to increase your revenue base.
- vii. Need for motivation of all staff including those who do not benefit from the donor's fund like nurses and doctors.
- viii. Encourage people to have medical aids highlighting its benefits. Most people think that they are for rich people yet all of us fall sick. Health insurances like Infidelity are cheap to subscribe and even those who are informally employed can afford them.
- ix. All performance related problems which disturb work should be addressed as soon as possible.
- x. There is need to have a national health insurance scheme for all Zimbabweans which will help to assist 90% of the unemployed people in Zimbabwe.
- xi. Robust the health care system to meet Zimbabwe's current healthcare demands and disease patterns.
- xii. There is need for a consistent and persistent use of one or two formulas for budget allocations.
- xiii. Improve efficiency of public hospitals by subjecting them to competition to improve their management and productivity.
- xiv. Aim to meet the aims of the Abuja Declaration and apportion fifteen percent of its GDP to the health sector to shield plentiful health system expenditures and balance current disbursement deficits between curative and preventative services.
- xv. Distribute funding equally to all public hospitals and not favour the two wealthiest cities of Harare and Bulawayo.
- xvi. Adopt legislation that can increase revenues for health, for example, taxing cigarettes.
- xvii. Instigate adequate management systems to guarantee proper collection of tax fees and distribution of generated resources.
- xviii. Increase human resources by unfreezing posts to reduce pressure on public hospital staff.
- xix. Standardize user fees across all public hospitals in all provinces since they greatly vary.
- xx. Need for systematic censuses on which to base budget formulations. Zimbabwe's last census was held in 2002 and the recent one in 2012 yet health demands continue to change.
- xxi. There is a strong need for the government to prioritise health sector spending, strategies and reforms. It would benefit the populace immensely if all public hospitals are allocated funds equally and be monitored the same.
- xxii. There is need to set a national benchmark for health sector goals, programmes, objectives and mediations that would support such goals and objectives to notify prioritisation would benefit Zimbabwe.

Conclusion

Public hospitals in Zimbabwe may continue facing fiscal challenges, thus there is need to continue taking mitigation measures to survive their environment. 50% of Zimbabwe's population seek health care from public hospitals thus there is a strong need to continue upgrading them. Development of public hospitals should not be left in the hands of donors only, but all people should take part in it. Corruption in all forms should be nabbed if our public hospitals are to be maintained, modernised and refurbished to meet international standards. The government, as always, is the foundation for any public hospital's development, thus it has to be actively involved in their funding, monitoring and evaluations.

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