EFFECTIVENESS OF PUBLIC- PRIVATE PARTINERSHIP ON DELIVERY OF HEALTH SERVICES IN MPWAPWA DISTRICT COUNCIL, TANZANIA

By

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A Dissertation Submitted in Partial Fulfillment of the Requirements for Award of the Master of Science in Human Resource Management (MSc HRM) of Mzumbe University

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CERTIFICATION

We, the undersigned, certify that we have read and hereby recommended for acceptance by the Mzumbe University, a dissertation entitled ***Effectiveness of Public Private Partnership on Delivery of Health Services in Mpwapwa District Council, Tanzania***, in partial fulfilment of the requirements for award of Master of Science in Human Resource Management at Mzumbe University.

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ACKNOWLEDGMENTS

The success of anybody is accompanied by a number of people behind in many ways. The support from other people could be either morally or physically. On that regard first and foremost, I would like to thank the almighty God for his protection throughout my studies at Mzumbe University. His love and protection to me is beyond limits.

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DEDICATION

This academic work is dedicated to my lovely wife **Neema Ramadhani**, for her full support materially and morally that led to successful completion of my studies, thus this work is her reward.

LIST OF ABBREVIATIONS AND ACRONYMS

ADB	-	African Development Bank
AIDS	-	Acquired Immune Deficiency Syndrome
CHMT	-	Council Health Management Team
CIDA	-	Canadian International Development Agency
CUO	-	Composite Units of Output
HIV	-	Human Immune Virus
HIPZ	-	Health Improvement Project Zanzibar
HSSP	-	Health Sector Strategic Plan
MDGS	-	Millennium Development Goals
MOHSW	-	Ministry of Health and Social Welfare
MRI	-	Magnetic Resonance Imaging
PPP	-	Public Private Partnership
PHSDP	-	Primary Health Services Development Plan
RDSS	-	Rufiji Demographic Surveillance System
TB	-	Tuberculosis
UNAID	-	United Nations Agency for International Development
USAID	-	United States Agency for International Development
WHO	-	World Health Organisation

ABSTRACT

The use of Public Private Partnership in the delivery of health services has gained acceptance in many developing countries including Tanzania. The motive has been to facilitate the delivery of health services to majority of people. Despite the clear motive, there is however inadequate evidence to establish the extent that the model has been effective in health services provision in Tanzania.

In this case, this study explored the effectiveness of public private partnership in provision of health services in Tanzania, drawing from Mpwapwa District Council where a case study design was used to execute this study. This study employed simple random and purposive sampling techniques. A total of 100 respondents who comprised council health management team, council management team, health workers and health beneficiaries were selected to constitute the sample for the study. Both primary and secondary data collection methods were used. Due to the nature of data in this study, qualitative data analysis methods were used along some descriptive statistics.

The findings showed that the delivery of health services through PPP in Mpwapwa had improved specifically in mother and child health care delivery as well as the poor elderly. These are the groups under PPP, which have been exempted from medical fees at St. Luke Hospital. The study established the impact of this in order to reduce maternal and child death rates.

Generally, the study found that public private partnership is effective in provision of better health services in Mpwapwa District Council.. It is therefore recommended that the government should encourage partnership with different stakeholders in provision of medical equipment, financial, infrastructure and human resources in Hospitals.

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CHAPTER ONE

INTRODUCTION AND PROBLEM SETTING

1.0 Introduction

The government is committed to provide better health care to its civilians. The changes in the medical field in terms of new technologies used in diagnosis and treatment of some diseases as well as occurrence of different kinds of diseases have resulted in increasing costs for medical facilities. In that regard health care improvement does not only mean construction of Hospital buildings but also provision of other services such as sewerage, clean water and education on the importance of personal hygiene, to mention a few. This trend of ever increasing costs goes beyond the capacity of the government to provide them due to budget constraints.

Governments have tended to look for new delivery models to respond to the changing health environment, over the last fifteen years. One of the options that those responsible for government service and infrastructure provision have been exploring is the use of Public Private Partnerships (PPP). These basically enable governments to get infrastructure and pay for them over time. This chapter is mainly concerned with general overview of the study; it provides background to the study, statement of the problem, objectives, and research questions, significance of the study and limitations of the study.

1.1 Background to the Research Problem

There has been an increasing use of PPP as a preferred model in social service delivery in many developing countries. The use of PPP has been attributed to the fact that government or private sector alone cannot fully deliver all services at the required standards. PPP in health service provision has been implemented in different parts of the world with the aim of facilitating quick service delivery of all people, but also it has been effective in lowering costs.

Several studies have shown that PPP in health services has been acting as an important tool in facilitating provision of affordable and quality services. For example, a study by Mugisa (2009) on the effects of Public Private Partnership on health service delivery in Uganda shows that the partnership between government and private sectors have contributed to the increase of accessibility of health services to majority of people as compared before the PPP. Through PPP, Hospitals have been able to get more modern laboratory diagnostic equipment which has helped a lot in reducing time spent in waiting for laboratory results. On the other hand through PPP Hospitals have been able to obtain equipment like ultrasound and X- rays machines, which are used to allow availability of medical services at nearby Hospitals rather than depending on referral Hospitals only. On the other hand, through PPP, the costs of medical fees have been reduced when compared to before PPP (Muro, 2010).

The success stories of the Public Private Partnership for health can be evidenced from many parts of the world, for example Bolivia in the Latin America has succeeded to integrate public and private health services, including family planning and reproductive health among different classes of people in different areas. In Colombia, for example, the government was able to come up with better ways of offering health insurance to its people through partnership between public and private sector (Widdus & White, 2004). The partnership between public and private sector in health sector also increases the freedom of people to choose the best health services provided in a given country. In Singapore, for example, the civilians; due to partnership in health sector; have been free to choose the services preferred depending on the better provider of the services in the health sector (Lee, 2003).

The importance of partnership in the health sector was also realised in Brazil. The quality of the services that were offered resulted in decrease in mortality rates and more patient admission per bed. The comparison between twelve Hospitals which were practising PPP showed to have been providing better quality and efficiency of the health sector (Matzuda *et al.,* 2008).

Tanzania is not left behind in using PPP models in health service provision through its National Health Policy of 2007. Through Public Private Policy of 2010, the government of Tanzania has been committed to ensure that PPP stands as an important tool in facilitating social and economic services delivery to its citizens. In health services delivery, the government has recognized the need of joining hands with private sectors to facilitate the delivery of quality, affordable services to all people. For example, through its Health Sector Strategic Plan of 2009-2015 (HSSP III) and the Primary Health Services Development Programme 2007-2017 (PHSDP), the government of Tanzania aimed at making sure that the provision of health services through rehabilitation, human resource development, among other things, are strengthened by the year 2017 through collaboration with private sectors and other stakeholders. For example, through PPP in districts where there were no government owned Hospital, some of the private owned Hospitals were recognized as district designated Hospitals in the form of partnership (Itika, 2011).

Since the PPP model for health services delivery started in Tanzania, there has been some empirical evidence to show its success. For example, PPP for health services delivery has shown great successes in Zanzibar through Health Improvement Project Zanzibar (HIPZ). Through HIPZ and the Zanzibar government, there have been remarkable changes in the way health services are provided in Hospitals like Makunduchi and Kivunge. Some of the mentioned tangible evidence includes the availability of medical equipments as well as drugs (MoHSW, 2006). Similar evidence is provided by Itika (2011), whose study indicates that PPP has been doing tremendous changes in the provision of health services whereby there has been availability of equipment, drugs and construction of infrastructure which has greatly transformed health services delivery.

In line with the focus of this study, a study by Itika *et al.* (2011) shows that the collaboration of government with private sector enables better health service provision. In Tanzania, PPP has enabled the partnership between the government and majority of the private, mostly being religious Hospitals, to establish the districts designated Hospitals

(DDH) in many districts in the country. Some of these Hospitals include Shirati Hospital, Mugumu Hospital in Mara region, Nyangao Hospital in Lindi region among others.

These efforts of partnership between the government and the private sector have yielded some remarkable improvement in provision of health services in our country (Rees *et al*., 2014). A study by Itika (2007) on the assessment of public private partnership in health service delivery found that public private partnership is very effective in delivery of health services compared to when only the public sector is involved. The effectiveness goes around the quality of health services provided through PPP, sufficiency of drugs supplied in Hospitals as well as supply of medical equipment in Hospitals. Muro (2010) also showed that through PPP in health sector, delivery of health services are more effective in the sense that the coverage of health facilities is increased in number compared to when the government alone is used to provide health services. Availability of Hospitals like Kilimanjaro Christian Medical Centre (KCMC), Bugando Medical Centre and all other District Designated Hospitals (DDHs) through PPP has helped a lot in effective delivery of health services.

A report by National Institute for Medical Research (NIMR) (2006), shows that Mpwapwa District Council was ranked with high diseases rate like malaria, diarrhea, typhoid fever and pneumonia facing adults and children. The health provision was poor in government Hospitals except for the church owned Hospitals, like St. Luke. As part of efforts toward improving health condition, in 2008, the government established partnership with St. Luke with the aim of improving health services delivery to all people. One of the aims of the PPP was to create conducive environment where all people would receive health services at required standards and with affordable costs.

1.2. Statement of the Problem

A study by Baru (2012) on comparative performance of private and public Health system found that the availability of health service among the poor and middle income people can only be achieved through PPP. Njau (2009), on the other hand, found that the major intervention tool on the better delivery of health services is adoption of PPP. Since the

adoption of PPP in Mpwapwa DC, particularly at Saint Luke Hospital in 2008, there have indicators for improvement in the delivery of health care services. However, there had not been enough empirical evidence to justify the claims. This study was, therefore, meant to explore the effectiveness of public private partnership in provision of better health services at St. Luke Hospital in Mpwampwa District Council. This was sought to build more evidence over the viability of PPP strategy in the provision of health services in the country.

1.3 Objectives of the Study

1.3.1 General Objective

The general objective of this study was to explore the effectiveness of public private partnership in provision of better health services in local government authorities in Mpwapwa District Council in Particular.

1.3.2 Specific oobjectives

i. To examine how public private partnership enhances the accessibility of health services by citizens in Mpwapwa District.
ii. To assess how the public private partnership enables the affordability of health services by the majority people in Mpwapwa District.
iii. To explore how public private partnership improves the efficiency in provision of health service in Mpwapwa District.

1.4 Research Questions

i. How does public private partnership enhance the accessibility of health services by the majority of citizens in Mpwapwa District?
ii. How does the public private partnership enable the affordability of health services by the majority people in Mpwapwa District?
iii. How does public private partnership improve the efficiency in provision of health services in Mpwapwa District?

1.5 Significance of the Study

The findings of this study have a number of utilities to the Government of United Republic of Tanzania, Mpwapwa District, and the researcher and for knowledge generation.

1.5.1 Policy makers/planners

The outcomes of this study provide helpful guidelines to policy makers as well as planners at various levels, for example in the health sector, Tanzania vision 2025 aims at achieving a high quality livelihood to its people. This is done through access to quality primary health care for all, access to reproductive health care for all individual at appropriate age and reduction of infant and maternal mortality rates, the findings of this study aids policy makers to realise these targets.

1.5.2 Mpwapwa District

The Local Government Office in Mpwapwa District Council enable them to speed up their efforts in sensitising distinguished stakeholders to improve health service delivery in the district.

1.5.3 Knowledge Generation

This study provides valuable information plus knowledge to the government, academicians and private sector on the role of keeping records at the working place. The study also improves the performance of public servant as it provides useful information about the importance of public private partnership (PPP) in provision of better health services.

1.5.4 Fulfillment for Master Degree at Mzumbe University

Lastly, it greatly helps the researcher to fulfill part of the requirement of university Award of Master's Degree.

1.6 Scope of the Study

This study was undertaken at Mpwapwa District Council which is located in Dodoma Region. The major researcher's intention was to explore the constraints for improving

public private partnership on delivery of better health services in Mpwapwa District Council so as to get relevant data to this problem.

1.7 Limitations of the study

Exposure to information is vital but not something easy: This study was limited by delay in provision of information at a certain stage of the study. Delay in provision of such information delayed the accomplishment of the study report. This study was also limited by insufficient finance to facilitate the study logistics.

The study suffered time constraint under which the researcher was required to accomplish the study. The researcher had to go for hours at night to make sure that the study was completed within the timeframe. Another limitation was the language barrier, as some of the respondents in the study area were not fluent in English language. In such a situation, the researcher was forced to hire a translator who was paid to serve the purpose.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents an overview of various literature sources that were visited. It presents four parts which are: definition of key terms, theoretical literature review, empirical literature review and conceptual framework.

2.1 Definition of key terms

2.1.1 Partnership

According to Barr (2002), partnership refers to conformity between two or more parties. In most cases partnerships are made official by putting some writings between two or more parties that intend to be in partnership, rather than just a verbal agreement between people. Those writings normally give specifications in terms of the common agreements between those parties. Mitchell (2004) argued that the relationship on the basis of agreement focusing on joint responsibilities in furtherance of a shared interest is termed as a partnership. According to him, the partnership is more effective when two key elements are realised, that is, specification of the shared objectives of the partnership as well as joint responsibilities among the partners.

Bayo (2005) defined partnership as an arrangement whereby parties, known as partners, agree to cooperate to advance their mutual interests. According to him, the partners could be individuals, businesses, schools, governments as well as interest based organisations. A partnership is made in such a way that each party benefits from one another but also fulfills its objectives and roles at the same time. To show that two parties are in partnership, either equity or simply a contract could be used.

2.1.2 Public Private Partnership (PPP)

Another term as far as partnership is concerned is the public private partnership. According to Johnson *et al.* (2014) Public-Private Partnership (PPP) refers to forms of cooperation between public authorities and the world of business. The main aim of this partnership is to get support from those doing businesses so as to fund various projects undertaken by public authorities such as renovation of some structures, construction of new buildings, management or maintenance of public infrastructures or the delivery of some services. The PPP is mainly characterised by being in partnership for a long period of time.

European Union (2004) public private partnership refers to the collaboration between the Public and Private sector, aiming at realisation of the project or supplying the public service traditionally provided by the public sector, both Public and Private sector achieve

some benefits adequate to degree of realising a specific tasks by them through enabling every sector doing what it can best, public services or infrastructures are provided in most efficient way. Allen and Ovary (2012) defined public private partnership as the term used to describe a government sponsored initiative or scheme which involves the use of private finance to facilitate the provision of services to the public.

According to Tanzania national PPP policy (2009) the concept of PPP entails an arrangement between public sector and private sector entities whereby the private entities renovate, construct, operate, maintain, and/or manage a facility in whole or in part in accordance with output specifications. The collaboration between the public and private sector enables the public sector to fill the gap in some areas where it has no sufficient fund. The private sectors in most cases are business people/companies or the faith based organisations, the aim of most of these is doing business, in that regard their collaboration with the government enables them to expand their income boundaries and increase their profit. PPP is therefore a cooperative venture built on the expertise of each partner that best meets clearly defined public needs through the most appropriate allocation of resources, risks and rewards.

2.1.3 Health

In accordance to the constitution of the World Health Organisation of the year 1948, health has been defined as a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity (Temba, 2005).

2.1.4 Health Services

World Health Organisation (2016), defined health services as all services regarding the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health. Health services include individual or non-individual services. One of the most sensitive services to the public is the health services among others like education provision to children. This is because one may decide not to attend to school but will never reject going to Hospital when he/she is sick. The health sector will be said to be improved by the public if there is improvement in the access of health services, large coverage of the health facilities but also on the quality of the services provided. In some

cases the achievement of those elements above may not be possible in a corrupt government as a result the cooperation between the government and the private sector could help in the achievement, the term referred to as PPP.

2.1.5 Public Private Partnership in Health Services

The Public-Private Partnership in health services delivery is a contractual agreement between public and private sector aiming at realising the project or supplying the public services that clearly defines the public needs through the most appropriate allocation of health resources (HSSP III, 2009 – 2015).

The successful stories of the Public Private Partnership for health can be evidenced from many parts of the world, for example Bolivia in the Latin America has succeeded to integrate public and private health services, including Family planning and Reproductive Health among different classes of people in different areas. In Colombia for example the government was able to come up with better ways of offering health insurance to its people through partnership between public and private sector (Widdus & White, 2004). The partnership between public and private sector in health sector also increases the freedom of people to choose the best health services provided in a given country. In Singapore for example the civilians due to partnership in health sector have been free to choose the services preferred depending on the better provider of the services in the health sector (ADBI, 2000).

Furthermore, in the year 2000 for example about 150,000 patients worldwide travelled to Singamore in search of better health care which was a result of partnerships between public and private sector. This movement of people around the global going in Singapore in search of better medical treatment helped doctors in Singapore to get high status (Lee, 2003). On the other hand, majority of those who attended health services in Singapore were more satisfied with the services they received.

The importance of partnership in the health sector were also realised in Brazil, the quality of the services that were offered resulted in decrease in mortality rates, more patient admission per bed. The comparison between twelve Hospitals which were practising PPP

showed to have been providing better quality and efficiency of the health sector (Bloom *et al.,* 2000).

India also provides the best example of successful PPP for health (Bennett *et al.,* 1994), the devastating occurrence of the private sector in health which amounts to about (80%) of total Hospital in India in rural areas, made various state governments in India opt to involve the private sector and create affiliation with it so as to convene the rising demand for health services. It is confirmed that collaboration with the private has improved accountability of the health workers, effectiveness as well as equity, efficiency, accountability, quality and ease of access of health system (ADBI, 2000).

Ardian (2007), provides another case for the successful PPP for health programme, in Indonesia the Public private partnership for TB control, at a district level TB control programme has proved success, where the TB patients now access timely health contrary to their previous experience prior to programme, under PPP the TB clinic has been provided by the private company. Through PPP a number of programmes have been able to help the TB laboratory to deliver quality of services. The services including diagnosis, treatment and health education have been properly provided by TB clinic staff.

Motives behind the adoption of PPP in Sub Saharan Africa were to address the challenges in socio-economic development of the people. Sub Saharan Africa was faced by huge budgetary needs and therefore there was a need to find out what should be done to cope with the low funds in running the health sector for example. For that matter more investment in the health sector was necessary as far as poverty reduction is concerned, and this could not be met using the public funds alone. This forced the use of private capital as well in meeting the shortage of resources in the public sector (Mugisa, 2009).

In Sub Saharan Africa the best practice for the public private partnership for health was drawn from Rwanda (Barbiero *et al.,* 2007). After the occurrence of genocide in Rwanda there was huge challenge to improve public health. During genocide a large number of people died and many health facilities were destroyed, furthermore many people were displaced. On the other hand, genocide also caused majority of health staff being killed or

fleeing the country. Many doctors flew to former colony of Rwanda (Belgium). During genocide many women and children were raped and abused, this broadcasted HIV to the majority. At the same time due to higher number of refugees in camps resulted in poor hygiene resulting into cholera outbreak in refugee camps (Jensen *et al.,* 2014).

The number of children who were vaccinated against measles and polio were very few about 25% only of all children. This resulted in increase in child mortality rates as well as low life expectancy than elsewhere in the globe. With the partnership of private sectors twenty years later Rwanda rapidly recovered in improving its health sector (Jensen *et al.*, 2014). Since 2000 as a result of the adoption of PPP child mortality rates have fallen by more 60% in Rwanda. The death rates caused by AIDS and tuberculosis have been reduced at a high rate in Rwanda. The achievement of all these successes has been a result of the adoption of PPP policy by the government of Rwanda. This achievement could not have been possible if it was left alone to the government.

After independence in 1961 Tanzanian government declared war against diseases, poverty as well as ignorance. The fought of diseases was done through increase in health facilities. There were both government and nonprofit health facilities; the nonprofit facilities were owned by Faith Based Organisations. During 1980s there was severe economic crisis in which the government could not finance all basic social services (Wangwe *et al*., 1998). Lack of sufficient health care financing during this time led insufficiency of drugs, equipment as well as medical supplies. On the other hand, physical infrastructures such as electricity, water supply and sanitation had worsened. The effect was not only to the physical facilities but also to the health workers, the payment of health workers was not sufficient to motivate them to continue working in the health sector which resulted in low morale of staff workers (MoHSW, 2009). In order to solve these problems the government thought it better to collaborate with the private sectors in health provision through the Public Private Partnership policy which was introduced.

In Tanzania Public Private Partnership (PPP) as a policy in public service stated between 1990s and 2000s as a result of reformation in the government aiming at improving the

delivery of public services, health sector being among them (Itika *et al*., 2011). Previously the delivery of health services in the country was the government burden as it was provided under the Arusha Declaration. Under market economy the role played by private sector can never be neglected in the economy. The collaboration with the Government to provide the public service and health service in particular, the government provides health services through national, regional and district levels (MOHSW, 2003).

The health sector is managed by a number of organs assigned with different duties. To start with the issues of policy formulation, governance, financing as well as quality assurance are managed by the ministry of health and social welfare. The implementation of those policies is done by the President's Office Regional Administration and Local Government. The Hospitals at the national level are managed by executive boards. The management of these Hospitals at the regional and district levels are done by regional and council health boards. As had been stated earlier there are debates that joint cooperation between the government and private sector enables efficiency in the health services provision (Austin, 2000).

There are several initiatives that were taken by the government to improve the health service delivery in Tanzania. These included the health sector PPP policy 2011, national health policy 2007 etc. All these initiatives aimed at making sure that the delivery of health services are efficiently implemented. It has been argued that it is only through PPP that socio-economic services will be affordable to the majority of people. This is due to the fact that the health facilities will compete for clients and for that matter costs of medical services will be reduced.

2.2 Theoretical Literature Review

2.2.1 Accessibility of health services

According to WHO (1998), accessibility of health care refers to a measure of the proportion of a population that reaches appropriate health services. It is measured in terms of distance and time. The basic assumption on the collaboration between the government and the private sector in the delivery of health services is that the quality of health care, its accessibility and equity will be ensured to the clients. The main target in

this partnership is to make sure that the most disadvantaged individuals (poor people) have access to health services. When targeting the poor people the partnership could be either through provision of clinical care services directly or indirectly through provision of services using vouchers or insurance.

The national health sector reform programme seeks to improve equity, access, efficiency, quality and sustainability of health care services; to realise these objectives the public-private partnership in health sector is vital. Partnership with the private sector accelerates the attainment of equity, quality, access and sustainability of health care services (MOHSW, 2010). The Government of Tanzania alone could not afford burden of providing health services to its citizens due to budget constraints as it is a poor country whose citizens low income earners incapable to afford medical expenses the need attract to private partners is then arises. The partnership enhance the availability of health services to most vulnerable and excluded groups in areas where there is no public health facilities and in some cases in convenient hours, partnership the low income earners to have access to better health care (Mills & Bromberg, 1995).

The delivery of health services to the public through PPP to one side have advantages and on the other hand have disadvantages in the sense that the perception between the government and the private sector differs. Basically the overall aim in any health facility is to meet its objectives which are efficiency, equity, quality and accessibility. The government aims at making sure that these services are provided freely or by little cost to the public while the aim of the private sector is to accrue some benefits in the provision of services. This is the reason that the agreement must be made so that a common goal is achieved. However, there are other private sectors such as those affiliated to religions which are sometimes not for profit organisations. These organisations have close objectives as those of the government in the provision of health care basically to the poor people at minimum cost, the only challenge is that the number of these organisations is very small (World Bank, 2004).

When it happens that no donations from donors abroad the survival of them is at risk. The other advantages of these not for profit organisation other than provision of health

services to the poor people at minimum costs is that, these organisations willingly accepts challenges encountered in the provision of health services which private sector are not ready to undertake. Furthermore, these organisations due to their small size they can get observable successes which the government cannot achieve due to large coverage. For example, the NGOs are in a position to fully supply modern equipment in few health facilities they own where this is not possible in public health facilities due to their number all-over the country.

The collaboration between the private which is solely profit oriented and the public is endowed by some of the characteristics of those private sectors. One of those characteristics is that any private sector which is for profit is always motivated by money, and for that matter it is not concerned much about equity or access of the services, their principle is "money first". A study by Bennet *et al.* (1994) branded five challenges of granting a private for profit organisation to deliver health services. First, these organisations uses illegitimate means to maximise profit, secondly, they are less concern on the goals of public health. Thirdly, most of they have no interest in sharing clinical information. Fourthly, they do create brain drain among public sector health staff and fifthly they lack regulatory control over their practices. Those challenges mentioned above sometimes makes it difficult to enter in partnership with the public sector. The aims, practices and objectives between private and public sector differs.

Familiar reasons above were also mentioned by Rosenthal (2000) on the involvement of private sectors in the delivery of health services. He argued that private sector will never regard the issues like equity and access of health services for the poor people. Unlike Rosenthal (2000) and Bennet et al (1994), Bloom et al (2000) acknowledges the roles played by private sector in the delivery of health services. Their arguments in supporting private sector in the delivery of health services are based on the belief that the private sectors are more innovative, efficient and learn from completion than the public sector. Furthermore, the way private sector which is after profit is managed far better than how public sector is managed. They also argued that the private sector can be a good teacher to private sector on how to manage their facilities (World Bank, 2004).

According to IFC (2010) PPPs allow the government to use funds from the private sector in financing development projects in the health sector without using the public funds. This helps the government to locate its funds in other development activities. They also can complement public sector approaches to healthcare delivery. Under a PPP, the government (or public health insurer) gets into contract with the private sector in implementing its development projects like construction of infrastructures of the Hospital and funding poor patients in getting the health care.

PPPs can be customised to meet particular needs ranging from management of the facility as well as non-clinical services (such as food or laundry), to customized clinical services (such as laboratories or hemodialysis), to full Hospital management including all clinical services. The key advantages of PPPs are that they accelerate innovativeness in different health facilities as well as responsiveness of the health staff. The combination of these leads into the delivery of better health care to patients in terms of efficiency and quality.

Research literature above has revealed that public private partnership plays a great role in making sure that accessibility of health services is achieved in the health sector. In the course of public and private partnership number of health facilities is increased and located in various locations. Wide and increased location of health facilities enables access of health services by the majority of people.

2.2.2 Affordability of health services

According to WHO (2005), affordability refers to the extent to which the intended clients of a service can pay for it. This depends on their income distribution, the cost of services and the financing mechanism. It is measured by monetary and other costs or by opportunity costs. According to the Tanzanian national Public Private Partnership policy (2009), PPPs have potential benefits. Among those benefits is that PPPs reduces the burden to the government in funding health care delivery in the country. By reducing the costs of implementation it is obvious that the access of services including health services will be affordable to the majority. In that manner through PPP affordability of health services can be realised by the majority. The affordability of user fee charges in different services provided is among the crucial issues which the policy takes into consideration.

Having a PPP which cannot bring about affordability of services provided is not the objective of any country. Governments enter in into PPP in order to make sure that there is affordability in services provided when compared to having services being provided by the government only.

Actually the participation of the private sector through PPP in the delivery of the health services is not only important for green revolution but also helps in the reduction of poverty in the country. On the other hand, PPP enables various countries to achieve the millennium development goals. However, the acceptance of the private sector to enter into contract with the private sector in the delivery of health services is motivated by their goal of maximising profits which basically is achieved by increase in number of investments they make (World Bank, 2004).

According to World Bank (2004) through PPP the government is in a better position of passing operational roles to the operators in private sector but at the same time holding on and improving its focus on the responsibilities of the public sector which include supervision as well as regulation roles. The proper implementation of the PPP may result in lower expenditure of the government in the health sector at the same time better health care delivery to patients at affordable cost. The government must have some contribution in the delivery of the health services in order to make PPP more efficient (World Bank, 2004).

IFC (2010) stated that the concern on financial investment in health sector is to make sure that at the end of the day better health care is realised to a great extent in various health facilities. The main objective is to make sure that health care that is provided is affordable to the majority of patients but at the same time making sure that the private sector survives commercially.

The Public Private Partnership for health creates sustainability by increasing an open market for health services not restricted by change in Government policies and resource constraints. The complexity of health and social problems in recent decades call for the joint efforts to control the matter, the growing awareness that an inter-sectorial approach

to health service delivery is more efficient and effective than separate under coordinated efforts, moreover political and economic changes also necessitated partnership in health sector (MoHSW, 2000).

Under Millennium Development Goals (MDGs), Tanzania National Health Policy aim to provide better health care to Tanzanians with attention on those most at risk but also hearten the health system to be more receptive to the need of the people, therefore the Ministry focuses on promoting and sustaining public private partnership in the delivery of health services by insisting on establishing prospective grounds for communication and alliance with the private sector as well as regulating and coordinating establishment of health facilities as well as delivery of health services by private sector (MoHSW, 2003).

Various literature have showed that the delivery of health services through public private partnership make health services more affordable. The practice of public private partnership in health delivery is in most cases provided under the national PPP policy which emphasizes on the objective of making sure that health services are affordable to the majority. In that manner the partnership between public and private sectors must be aimed at reducing costs of health services to the majority.

2.2.3 Efficiency in the delivery of health services

Rosenthal (2000) stated that the partnership between the private sector and the health facility not only benefits the private sector but also it has benefits to the health sector itself. Some of the benefits that were mentioned include efficiency, management of health care as well as reduction in government spending. Furthermore, through partnership both parties can get the opportunity to have technology transfer in the health sector which may be useful in modernizing health care delivery.

WHO (2001) stated that due to bureaucracy in the public sector the delivery of health services cannot be in the standards needed if no partnership with the private sector. It is believed that through market mechanisms efficiency, cost effectiveness as well as quality of the services can be achieved. This is only achieved if there is a partnership with the private sector. Mitchell (2000) argued that through partnership both the private and

public sector can be in a position to be innovative on how to deliver better health care to its clients other than leaving the roles of providing health care to the private sector alone.

According to ADBI (2000), the assumption put forward is that when the private sector collaborates with the public sector through PPP, there would be improvement in equity, accountability, efficiency, quality of the services provided but also there could be improvement in the accessibility of health services by the majority. Supporters of the PPP have also argued that through PPP there gains from both parties such as technology transfer, resources accessibility, knowledge/skills transfer, management practice as well as efficiency in the medical costs.

One of the challenges that face the partnership of the public sector with a commercial private sector in the delivery of health services is the legal and political constraints of various countries. The governments sometimes think that partnering with the private sector is an attempt of privatisation. This makes it sometimes difficult for the government to collaborate with the private sector. The fear of collaborating with the private sector is the thinking of the society on the image they have about the private sector as being exploitative as well as having concealed motives. On the other hand, it is assumed that the partnership may be linked to some kind of bureaucracy (Mitchell, 2000).

It has been also argued that there are differences between private sector and the public sector in terms of commitment of resources whereby in the public sector it is for a long time while for the private sector it may be for a short time only. There are also differences in the work culture as well as the notion of efficiency. Furthermore, the partnership between the government and the private sector does not mean that the role of the government to provide health care to its people is canceled. The government will always be responsible for taking care of its people (WHO, 2001).

In most cases it is not possible to have uniform initiatives of PPP athwart all regions in the countries, there must be variations. Therefore, in some areas the need of private sector is very crucial and in certain circumstances private sector is very crucial, basically they depend on one another. It also has been argued that the efficient use of the public funds

can be realised in many circumstances if the government accepts public private partnership. This will bring about availability of health services to a large number of people (WHO, 2001).

To the majority of authors reviewed in the literature public private partnership plays a great role in delivering efficiency of the health services. In that matter it is obvious that affiliation amid public and private sector increases number of health facilities and therefore the increase in number of facilities will reduce the serving time of the clients visiting the health facilities.

2.2.4 Theories framing the study

2.2.4.1 The Game Theory

Neumann and Morgenstern (1944) define a game theory as a branch of applied mathematics and economics that studies strategic situations where there are several stakeholders, each with different goals, whose actions can affect one another. The game theory has applications in business but also in military tactics. In game theory there several players who can cause an outcome, stakeholders are the players in accordance to game theory. Generally game theory is very important in understanding interactions as well as outcomes.

Myerson (1991) defined game theory as "the study of mathematical models of conflict and cooperation between intelligent rational decision-makers". Game theory is also known as "conflict analysis" or "interactive decision theory". In dealing with PPPs the main issues addressed in this theory are the issues of conflicts as well as strategic interaction amid various stakeholders (private and public) since they are the most important issues as far as performance of PPP projects are concerned. Qizilbash (2011) mentioned issues like negotiations, opportunities, competition in bids and partnerships as some of the challenges that are affecting PPP participants' wisdom. Game theory has been shown as a good theory when studying PPP. Researcher decided to choose game theory as a guide in undertaking this study.

Usefulness or applicability of the game theory to Public Private Partnership (PPP) is that it helps to understand the importance of building strong ties between the parties and hence encouraging cooperation rather than conflicts, it provides a base for making decision in cases where there is more than one player (Hammam, 2006). The theory also provides the basic knowledge for conflict management and cooperation, the game theoretical concepts apply whenever the actions of several agents or parties are interdependent, for the purpose of this study these agents or parties includes the government, private for profit health organisations, private not for profit health organisations, donors and the general community, that in one way or another depends on each other in provision of a better health care in Mpwapwa District under the perspective of Public Private Partnership.

2.2.4.2 Normative and Positive Theory

David Martimort and Jerome Pouyet (2006) on their scholarly article describes a normative and positive theories of public private partnership as one of the most captivating issues in contemporary industrial organisation consists in delineating the finest division of labor between the public and the private spheres. The reforms which took place in several years back regarding the issue of privatisation of governments institutions was a result that most public institutions could not work on themselves. There was a need of privatisation so as to make the government continue providing social services to its civilians.

Bennet (2003) stated that public private partnership is a result of the government not being in a position to deliver social services to its people. The theory is relevant to my research objectives as it insist for the decision-makers to have efficiency in delivering social services to people by joint venture between the public and the private.

2.3 Empirical Literature Review

2.3.1 Global reviews of Public Private Partnership in health services delivery

In the year 2001 there was a team which was concerned with studying health policy around the global. This team studied contexts and rationale that were used during the implementation of the PPP in the health sector. This team also had the role of identifying

challenges plus barriers to PPP programmes, the participation of the private sector. Other duties of this team was to review the PPP contracts and see their nature and lastly the team aimed at identifying ways that could help in making PPP programmes sustainable. The literature that was reviewed shown that PPP was very important and potential in the delivery of health services.

2.3.2 Public Private Partnership in India

As it is known worldwide, PPP is implemented almost in many countries across the globe. In this India was not an exception it also implemented the PPP programmes. Baru (1999) stated that the growth of private sector shown some remarkable changes. World Bank (2004) stated that when Indian was getting its independence only 8 percent of health care facilities were private. The number of private health facilities increased up to about 93 percent of Hospitals had private ownership by the year 2004.

In India the location of many private health facilities are not in urban area unlike the public health facilities most of which are located in urban area. This contradicts the previous belief that most of these private Hospitals are located in urban areas only. The growth of these private health facilities motivated the government of India to opt partnership with these Hospitals in the delivery of health care services. In India although private sector are expensive, lacking equity, over-drippy in clinical services and lack of higher qualities yet the private sector is easily accessible, have good management but also more efficient when compared to the public sector.

2.3.3 Public Private Partnership South America

Public Private Partnership has been also adopted in some countries of South America. Such countries include Brazil, Bolivia, Colombia, Ecuador, Guatemala, Nicaragua as well as Mexico. The main reason for the adoption of PPP was to make sure that health services reach even the marginalised societies. Widdus and White (2004) stated that in Colombia PPP was adopted with the aim making sure that the provision of health services specifically maternal and child care is made sustainable.

The importance of PPP in the delivery of health services was also realised in Singapore. Patients are free to choose the better health care provided, whether private or public. The choice depends on the kind of services that the patients want to get in a specific health facilities (whether private or public) (Lee, 2003). In addition due to better health care delivery in Singapore the number of patients visiting Singapore by the year 2000 alone was about 150,000 patients. These were coming from other countries across the globe. The act of the movement of patients around the globe visiting Singapore increased the recognition of doctors in Singapore worldwide (Lee, 2003).

The experience from Latin America and Singapore respectively shows that, there is integrated partnership to the countries, based on the specific services and group which is low and middle income people, moreover to the experience shows that PPP out there is not biased since it reached different people both in rural and urban areas. Another experience form the study is there is high freedom of choice of services. Therefore, it shows that PPP is successful to the countries outside Africa.

General observation drawn from the literature includes the following: the importance of both public and private sector in the delivery of health care services cannot be ignored. On the other hand, due to increase in demand of health services the public sector without collaborating with the privates, it will never be in the position to deliver better health care to its civilians. The reason behind this is that the collaboration between the government and private sector will lead to efficiency, equity, and quality of health care provided but also accessibility of health care by the majority.

2.3.4 The Public Private Partnership in health services delivery for African countries

Watty *et al.* (2011), conducted their research to support development of PPP in health sector and came up with different ideas, views and opinions regarding their studies, Examples of the studies conducted by CIDA (2005) and the World Health Organisation (WHO) report (2006). The findings attributed that provision of health services is a major challenge especially in Sub Saharan Africa in countries like Tanzania, Kenya, Zambia,

Angola, Burkina Faso, Mali and Ghana where many factors are hampering efforts to combat Malaria, Tuberculosis, and HIV and AIDs.

Reports also show that, poor health services are seen primarily in Africa countries especially in rural areas. According to these studies, Africa faces 25% of the global diseases burden. These countries are hard pressed to achieve millennium development goals. In both cases the findings attributed an increase of poor provision of health services to the decrease of Economic power of households. Moreover, these studies revealed that PPP is not effective in rural areas which are least served and hence denied effective health care.

The findings from the studies above, shows that African countries are poor, still they are faced with the diseases burden. Moreover, the findings revealed African countries are suffered because of poor health provision especially in rural areas where the majority leave. PPP which is seen as a strategy to enhance delivery of quality health services is also not effective to most of African countries, as we are aiming at achieving the millennium development goals.

In Sub-Saharan Africa, the number of patients treated on HIV/AIDS cases decreased more than 8 times in 2005 compared to the 1990's (UNAIDS, 2006). This incidence shows how public-private partnership is very important in the delivery of better health care to the civilians. Furthermore, the adoption of PPP in Sub-Saharan Africa helped a lot in the increase in accessibility of health services. Guitsi *et al.* (2004) stated that through government subsidies in the health sector it has been possible to lower the medical costs by the majority of the people.

Other critical findings from a study conducted in Ghana show that, in order to save the lives of many people in any country PPP is helpful strategies in provision of effective health services especially in rural areas through sub-district management (Roth, 2002). Also, the Asia Pacific Alliance of human resources for health found that (in Ghana) in order to save the life of so many children PPP is among the strongest idea initiated in improving community health.

The other finding also documented that PPP for health services has grown extensively during the times that the government could no longer provide better health care to its people and for that that the only option was to adopt PPP (Walt & Lush, 2001). PPP companies they have specially responsibility to sick poor countries as it can be traced from the case studies of Robert and colleagues covering the period of 8-10 years to combat diseases such as river blindness trachoma and other NTD's. The case covering period of 8 to 10 years mark out the attainment of PPP (Wheeler & Berkley, 2001). Reich (2000) argues that partnership result in innovative strategies and positive consequences for well-defined public health goals.

Contrary to above findings, British PFI (2002) revealed that due to the expectation on the efficiency of the PPP in the delivery of social services resulted in increase of PPP projects worldwide. In that regard the evidence that really PPP will be useful tool in bridging the gap between public and private sector is nowhere to be seen. To some of the municipalities that were expecting higher outcomes due to the engagement of PPP in developments projects, were disappointed by the results that were achieved, the results were below their expectation.

Therefore, theoretical arguments and various study findings on experience of PPP inside and outside Africa in health services provision show that healthcare delivery is still a problem especially in Africa and in Latin America, worse enough there is no published study which shows how to improve the situation by finding out how PPP should offer services and how those services should reach the least served areas. There is need for collective effort by all institutions (public and private), communities and individuals should in various ways participate in provision of health services delivery. Coordination builds solidarity, decreases unnecessary competition and uncertainties among stakeholders in activities addressing major health problems. Therefore, organisations need to remove doubts they have on each other, if they have to establish and develop the spirit of cooperation.

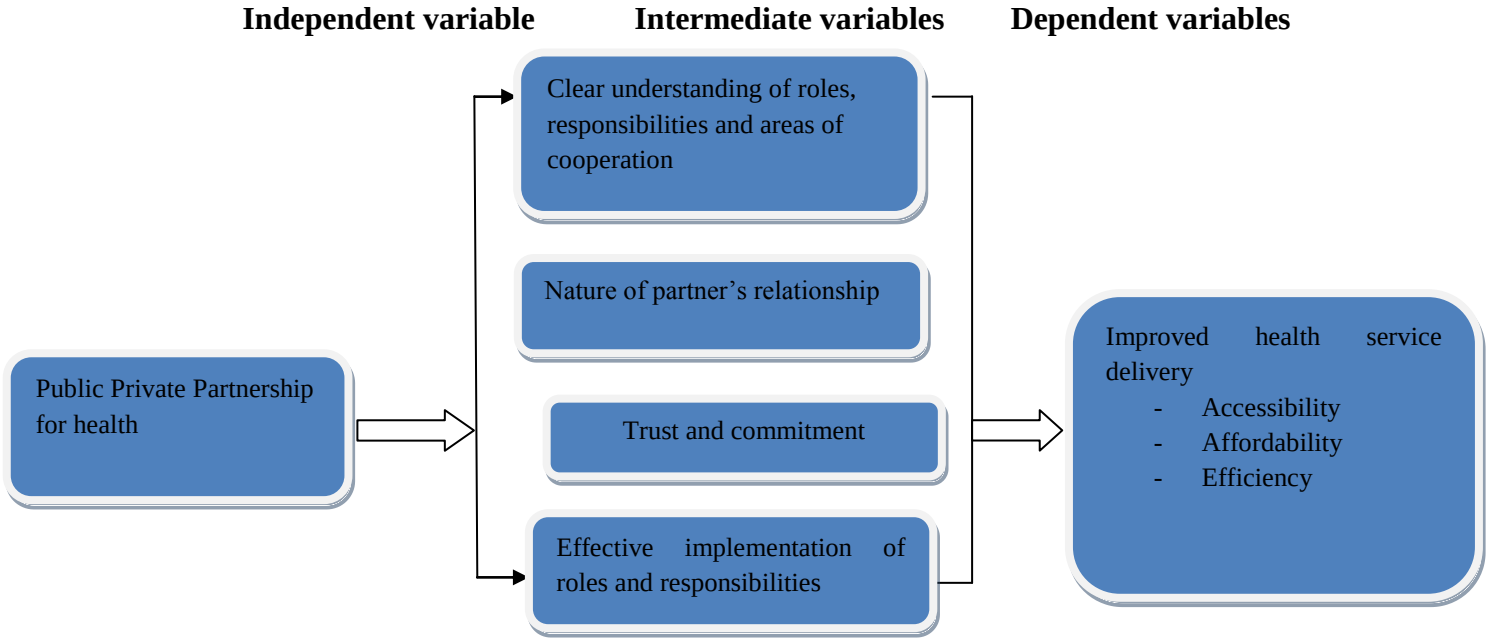
2.4 Research Gap

A number of studies have been conducted in the study areas with regard to the challenges encountered in health services provision. Mganga *et al.* (2012), Bintabara (2015) and Kitua *et al.* (2004) conducted comprehensive studies pertaining to health challenges in Mpwapwa District. However, studies on public private partnership for health have never been conducted in Mpwapwa District Council. This was the first study to explore the effectiveness of public private partnership in provision of better health services in Mpwapwa District Council.

2.5 Conceptual Framework

The conceptual framework below shows the relationship between dependent, intermediate as well as the independent variables. The conceptual framework suggests that the independent variables which are Public private partnership for health, requires the support of intermediate variable to bring about the intended outcome which are health services accessibility, affordability and service time.

Figure 2.1: Conceptual framework



Source: Researcher's own construct (2016)

2.5.1 Independent variables

The independent variable in this conceptual framework is the Public Private Partnership in health service delivery. This variable was measured by checking its indicators which include payment of salary to workers by government, supply of drugs, supply of medical equipments and construction of hospital buildings.

2.5.2 Dependent variables

2.5.2.1 Affordability of Health Service.

According to WHO (2005), affordability refers to the extent to which the intended clients of a service can pay for it. This depends on their income distribution, the cost of services and the financing mechanism. It is measured by monetary and other costs or by opportunity costs. This refers to the ability of the health beneficiaries to pay for cost incurred during acquisition of health services. The comparison of the costs before PPP and after was analysed. If the medical costs are higher before PPP than after then PPP it is effective in the delivery of health services. If the costs were lower before PPP then after implies that PPP is not effective. The expectation is that the costs should be higher before PPP than after PPP.

In this study affordability is measured by medical costs in terms of ability of the people to pay for health care services before and after PPP.

2.5.2.2 Accessibility to Health Service

According to WHO (1998), accessibility of health care refers to a measure of the proportion of a population that reaches appropriate health services. It is measured in terms of distance and time. It refers to the distance travelled from home to the nearest health facility e.g. a hospital. If the distance travelled to health facilities is longer before PPP than after PPP, then PPP is effective as it enables easy accessibility of health services. If the distance is shorter before PPP than after then it implies that PPP is not effective. The expectation is that the distance should be longer before PPP than after PPP.

Accessibility in this study is measured in terms of distance travelled from home to the nearest health facility and time taken to get medical services.

2.5.2.3 Efficiency

Efficiency in this study refers to the time taken in queue to meet the doctor as well as during the medication process. If the waiting time is longer before PPP than after PPP, then PPP is effective in the delivery of health services. If the waiting time is shorter before PPP than after then it implies that PPP is not effective. The expectation is that the waiting time should be longer before PPP than after.

2.5.2.4 Quality of the services provided

If the quality of services were worse before PPP than after PPP, then PPP is effective in the delivery of health services. If the quality of services were better before PPP than after PPP, then it implies that PPP is not effective. The expectation is that quality of services was worse before PPP than after.

CHAPTER THREE

METHODOLOGY OF THE STUDY

3.1 Introduction

This chapter presents the methodology that was adopted in carrying out the study on effectiveness of public private partnership on delivery of health services in Mpwapwa District Council. Research design as well as the instruments used in collecting data is discussed in this chapter. Furthermore, this chapter shows the study area as well as sampling techniques that were used in this study. On the other hand, this chapter also shows the data analysis techniques that were used in this study.

3.2 Research Design

The research design that used in this study is a case study design in the sense that Mpwapwa District Council is one of the public institutions. In that regard, it was important to study effectiveness of public private partnership on delivery of health services. The study employed both quantitative and qualitative methods of research. The use of quantitative methods enabled the researcher to compare the relationship between sets of facts. Qualitative methods on the other hand enabled researcher to understand what people think on the various themes under study (Bell, 2005).

3.3 Study Area

This study was undertaken at St. Luke Hospital in in Mpwapwa District. The area was convenient for the research because the Hospital was operating under Public Private Partnership. The selection of the study was based on the verity that Mpwapwa District is one of the districts in the country with high prevalence of diseases such as malaria and HIV/AIDS, unacceptable high maternal mortality rate, high death rate of malaria, inadequate medical personnel as well as health infrastructure (MoHSW, 2012). The other reason as to why Mpwapwa District Council was selected as the study area was the fact that the delivery of health services in Mpwapwa District is not effective. The reason for

the researcher to choose Mpwapwa District Council was that Mpwapwa District Council is among many local authorities in Tanzania which suffer from poor health services. Also, despite the efforts of the Government and other stakeholders to provide better health services through public private partnership (PPP) approach, there are no remarkable improvements being realised on health services; the majority of the poor in the district are still denied access to better health care. Therefore, this study intended to address the key issue jeopardising improving public private partnership in delivery of better health services in the district so as to come up with suggestions on intervention measures necessary to rescue the matter. Therefore, this study intended to see how the PPP for health could help to improve the addressed health challenges in the district and elsewhere facing similar challenges.

3.4 Target Population

The population of this study drew the St. Luke Hospital health workers both medical and non-medical personnel, council health management team (CHMT), patients attending medical care at St. Luke Hospital and whole community in Vingh'awe Ward where the Hospital is located.

3.5 Sample Size

The expected sample size was chosen from the targeted population using both probability and non-probability sampling techniques depending on the data collection method which was used. With non-probability population all employees had equal chances to be selected as a representative sample.

According to Yamane Taro (1973), the sample size is obtained through the following formulae

Sample size is equal to $n = N/(1+N \times (e)2)$

Whereby n *= sample size,*

N *= Total population,*

e *= Marginal error = 0.1*

According to 2012 national census the estimate of the target population was about 2530, Therefore, given that the total population is 2530, the sample was:

2530/(1+2530×(0.1)2 = 99.96 = 100.

The sample size for 2530 population was 100 respondents.

The respondents shown on the above study influences the effectiveness of public private partnership on provision of better health services in local government authorities. The selected respondents in most cases should be sufficient enough to represent the whole population to be studied by making sure that the miniature cross section is attained. In that manner, the researcher chose Mpwapwa District Council which has a large number of staff. The choice of respondents in this study depended on ability of the individual to give out information that is valuable as far as effectiveness of PPP in concerned in providing better health care in local government authorities.

Table 3.1: Units of Inquiry

S/N.	Item	Total Units
1	Council Health Management Team (CHMT)	18
2	Council Management Team (CMT)	4
3	Health workers	40
4	Health Beneficiaries (Community/patients)	38
	Total	**100**

Source; Researcher (2016)

3.6 Sampling techniques

The study employed both probability and non-probability sampling techniques. Purposive sampling (non-probability technique) was used to Council Management team and CHMT. Simple random sampling (probability sampling) was used for St. Luke Hospital working staff, and nearby communities.

3.6.1 Simple random techniques

Simple random technique was used in this study to select 40 health workers and 38 health services beneficiaries at St. Luke Hospital. The researcher used a table of random number to select the required number of respondents. The reason behind using this method was to ensure all the targeted carders have the same quality and any of them can provide the required information to the researcher.

3.6.2 Purposive sampling

Purposive sampling was used to select 4 respondents, who are District Executive Director, Head of Administration and Human resource department, District Medical Officer and Medical Officer in charge at St. Luke Hospital. The reason for their choice is because they are key figures for recruiting and retaining the health staff at St. Luke Hospital.

3.7 Data Collection Methods

Data collection is the phase of the research project whereby interviews meet the respondents or whereby self-administered questionnaire copies are filled out by selected people (William, 1996). In this study data were collected from primary and secondary data sources.

3.7.1 Primary data

Interview

Interview method was used to interview four selected CMT members (District Executive Director, Head of Administration and Human resource department, District Medical Officer and Medical Officer in charge at St. Luke Hospital). The reason for using interview was intended to get more information from the respondent as method provides wide freedom for the respondent to explain more even beyond the researcher's question.

Questionnaires

The main data collection instrument in this study was the questionnaire. The questionnaires that were used in this study had both open and closed questions. Open ended questions enabled researcher to get the opinions/views of respondents widely while

the closed questions helped researcher to collect the information within the agreed limits. The administrative staff of St. Luke Hospital were supplied with the first set of questionnaires, these are those concerned with issues of policy making in different departments. The second set was administered to Hospital staff. Questionnaires were chosen on the fact that they are flexible in data collection. Moore (1987) argues that questionnaire is the best data collection instrument in that it can collect various information which are essential to a particular study to be undertaken. The use of open ended questions on the other hand helps in making personal analysis. A total of 40 respondents were supplied with the questionnaires.

3.7.2 Secondary data

Documentary review

The collection of the secondary data was carried out through the review of various documents which were collected at St. Luke Hospital. Before collecting information from these documents, they were inspected. The documents in which the secondary data was collected were annual Hospital reports. The review of these materials helped the researcher to collect some of the information that was useful as far as the effectiveness of public private partnership on delivery of health services. On the other hand, the information that was collected enabled researcher to supplement the information that could not be achieved through questionnaires as the other data collection instrument that was used in this study. The researcher tried his level best to make sure that all the weaknesses as far as secondary data collection for instance legitimacy of the documents used are handled properly.

3.8 Data Analysis Techniques

This section presents the data analysis techniques used in this study. The information that was collected was both quantitative and qualitative. This information was analysed by various methods. To start with, the quantitative data were analysed by using Statistical Package for Social Sciences (SPSS). This software enabled the researcher to enter the

data collected through questionnaires. Thereafter, it enabled the researcher to summarise the information in tables as well as charts.

Qualitative data which were collected from open ended questions were analysed by using thematic analysis. Thematic analysis enables the sorting of themes which are alike so that particular information can be achieved. By using this method, the researcher was in a position to collect relevant information as far as research questions were concerned. The availability of the relevant information depended on the frequency of occurrence for certain information. All the information that appeared more frequently was gathered and used as the findings of the study (Kombo & Tromp, 2006).

3.9 Ethical Consideration

Saunders *et al.* (2009) argue that ethics means good behaviour of the researcher to those who provide information to him/her. The researcher must make sure that all the information that is provided to him/her is solely for academic purposes and not otherwise. The researcher complied with all ethical issues including seeking permission from the relevant authorities prior to the data collection process. Also, in the field, the research demonstrated exemplary behaviour by respecting the culture of the respondents and adopting their living mannerism. In fact, the researcher used the information obtained privately and made the information confidential. There was not any disclosure of the information carelessly and to people who were not concerned with this study.

3.10 Validity and Reliability

Validity and reliability of the collected data should be checked in order that the findings depict the reality and the desired outcome (Saunders et al, 2007). The validity and reliability was highly considered in this research through the use of different methods of data collections like questionnaires, interview and participant observation. During the study, the researcher made reasonable efforts to ensure validity by ensuring that data are collected in a valid way, reliable and accurate. For instance, pre test as an opportunity to identify questionnaire items that tend to be misunderstood by the participants or do not

obtain the needed information was conducted through review by people having capacity and idea of formulating questionnaires.

Emphasis also was put on pilot study. The study of Kothari (2004), state that if possible the pilot study should be done to a group similar to the one that formed the population of the study. This study used the pilot study before formulation of the population group of the study. According to Kothari (2004) all gathering instruments should be piloted to test how long it takes to complete them, to check that all questions and instructions are clear and to enable one remove any item which does not yield usable data.

CHAPTER FOUR

PRESENTATION OF THE RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents and discusses the findings obtained in the study. The collection of the information relied on the research questions under study. This chapter is therefore framed in a way which gives answers to the research questions under study and for that matter achieving both general and specific objectives of the study. The presentation of data in this chapter accommodates both qualitative and quantitative data collection methods. Furthermore, descriptive statistical methods were used to establish the relationship between variables under study. It has to be noted that the focus of the study is to establish the effectiveness of PPP on delivering better health care to people in Mpwapwa District Council.

4.2 Characteristics of Respondents

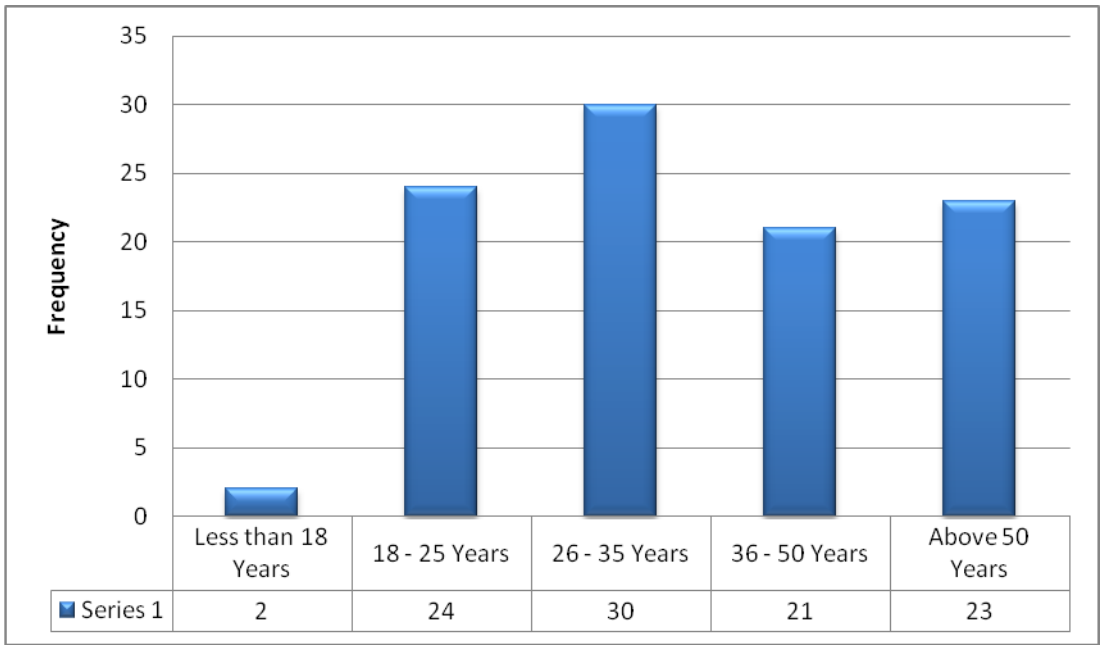
Indispensable characteristics of respondents which are age, gender, level of education, work experience of St. Luke Hospital staff and profession of St. Luke Hospital staff marked some of the basic information that was collected as far as the PPP in health services provision is concerned. The reason behind the collection of this information was to establish the nature of respondents under study. This was useful because it reflects the kinds of respondents under study and whether they were the right source of the required information.

4.2.1 Age of respondents

Findings with regard to age of the respondents were as follows: 2% of respondents had the age below 18 years, 24% of the respondents had the age between 18 to 25 years, 30% of the respondents had the age between 26 to 35 years, 21% of respondents had the age between 36 to 50 years and 23% of respondents had age above 50 years (see Figure 4.1). These findings show us that the majority of the respondents had the age ranging between

26 to 35 years. The majority of respondents were younger, and these included the majority of nurses and patients who were interviewed.

Figure 4.1: Age of respondents

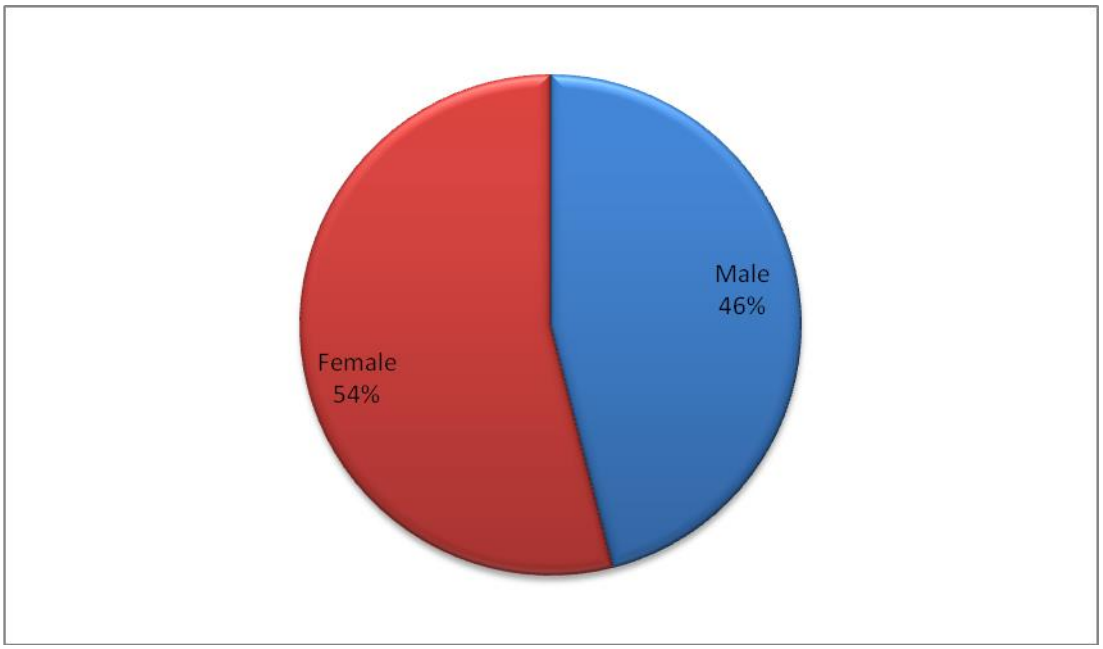


Source: Field data, 2016

4.2.2 Gender of respondents

The researcher also wanted to know gender representativeness of the respondents. Results with regard to gender are as follows: 54% of the respondents were females and 46% of the respondents were male (see Figure 4.2). The majority of the respondents were female. This is not surprising because many of the nurses and patients that were interviewed were female.

Figure 4.2: Gender of respondents

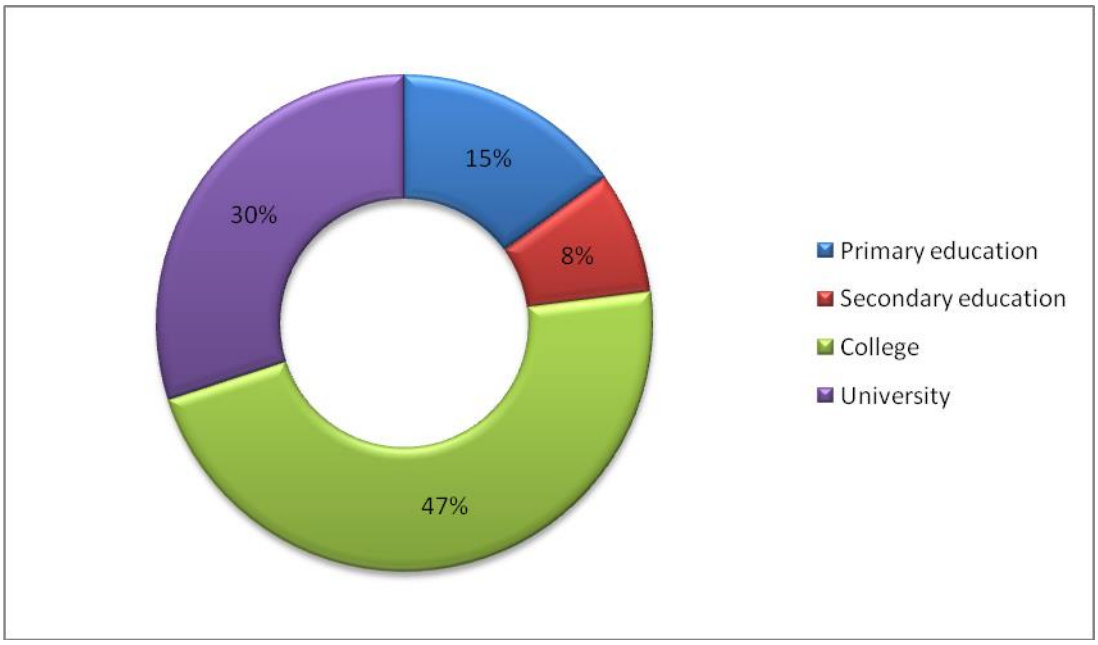


Source: Field data, 2016

4.2.3 Education level of respondents

Findings on the level of education of respondents are as follows: 15% of respondents had primary education, 8% of the respondents had secondary education; 47% of the respondents had college education and 30% of the respondents had university education (see Figure 4.3). These results show that the majority of the respondents had college education. These included nurses, clinical officers and some patients.

Figure 4.3: Education level of respondents



Source: Field data, 2016

As examined earlier, the rationale behind the characteristics of the respondents was to show that the information collected was not only valid but also representative of the true population. The analyis presented above show that the majority, about 30% of the respondents, had the age between 26 to 35 years. It was also found that the majority of the respondents were female (54%). The findings also showed that the majority of the respondents had college education (47%). Generally, the proportions of the participants by age, gender, education level, established that a highly diversified sample was chosen.

4.3 Accessibility of health services

The first objective was to assess how the public private partnership enables the accessibility of health service by the majority people in Mpwapwa district. According to WHO (1998), accessibility of health care refers to a measure of the proportion of a population that reaches appropriate health services. It is measured in terms of distance and time. In accessibility, as it has been provided by the policy of the Ministry of health (2007) on primary healthcare development programme, is demanded that the distance that

patients should move in achieving the nearest primary health care should be within 10 kilometers from their home premises. In that regard the researcher wanted to know the distance someone had to travel seeking health services and the time someone could use to wait for services while in Hospital.

4.3.1 Distance travelled to the health facility

The researcher wanted to know the distance travelled by patients to seek medical services before and after PPP. Before designation of St. Luke Hospital as the district Hospital, patients were forced to travel all the way from Mpwapwa to Dodoma Municipality which is about 120 km in search for medical services. After the designation of St. Luke Hospital as the Mpwapwa district Hospital, patients are no longer travelling those 120 km from Mpwapwa to Dodoma Municipality in search for medical services (see Table 4.1). Instead they travel distances which are less than 20 km. The interview with the District Medical Officer gives evidence to this fact;

> *…before the practice of PPP in this district, patients had no option than travelling all the way to Dodoma in search for treatment, which is about 120 km. The majority could not afford medical fees in this private Hospital. After the designation of this Hospital things have changed a lot. Nowadays patients are travelling less than 20 km to reach the Hospital…*

Table 4.1: Distance travelled to health facilities

Before PPP		After PPP	
Distance	100 -120 km	Distance	Less than 10 km

Source: Field data, 2016

4.4 Affordability of health services through Public Private Partnership

The second objective was to assess how the public private partnership enables the affordability of health service by the majority of the people in Mpwapwa district. According to WHO (2005), affordability refers to the extent to which the intended clients of a service can pay for it. This depends on their income distribution, the cost of services and the financing mechanism. It is measured by monetary and other costs or by opportunity costs. In this case, the researcher wanted to find out the extent that PPP has

enabled citizens to afford costs of services at St. Luke Hospital. Therefore, the comparison of the costs before PPP and after PPP was used to establish evidence of the extent to which PPP has become a savior to the majority of people who could not afford the costs. The findings show that there has been some changes in costs of services following the establishment of PPP at the Hospital whereby the previous costs were higher as compared to the costs under PPP.

4.4.1 Medical costs of the health services

The researcher wanted to compare the medical services' costs before and after PPP. The findings were as follows: 96% of the respondents said that before PPP medical fees at St. Luke Hospital were higher than after PPP; 3% of the respondents said the costs were the same before and after PPP and 1% of the respondents said the costs were lower before PPP (see Table 4.2). To the majority, medical services at St. Luke Hospital were higher before PPP compared to after collaboration with the government. These findings imply that public private partnership has helped in making medical costs affordable to the majority.

Table 4.2: Medical costs before and after PPP at St. Luke Hospital

Parameter	Frequency	Percent
Higher costs before than after PPP	34	96.0
The same	3	3.0
Lower costs before than after PPP	1	1.0
Total	38	100.0

Source: Field data, 2016

An interview with one of the council health management team members showed that, through PPP policy, the government was paying salaries of some doctors, nurses and other medical personnel; the government was supplying drugs as well as funding some construction buildings. This is as quoted below:

> *…if we compare the costs of medical services before the PPP policy and nowadays, we find that the costs have decreased to a large extent. This has been possible because, through PPP, some of the Hospital workers including doctors,*

nurses, laboratory practitioners and ward attendants are paid salaries by the government. This wasn't the case before PPP. Through PPP, also, the government is supplying some drugs to the Hospital through MSD. On the other hand, the government has been funding various construction projects from time to time…

4.4.2 Exemptions of medical cost

Another interview with the Medical Officer in charge showed that before PPP, all patients were required to pay medical costs regardless of their cases, like age under five and the elderly as well as pregnant women. After the practice of PPP children under five, the poor elderly and pregnant women get free medical services at St. Luke Hospital. This is as quoted below;

…actually PPP has been very useful to some patients. This is because before PPP all patients were demanded to pay for medical fees regardless of their cases. Nowadays, due to PPP, all the poor elderly, children under five as well as pregnant women get free medical care in this Hospital…

Medical costs in a solely private owned Hospital are too high to be afforded by the majority. But through PPP the government and the private Hospitals enter into an agreement in which some costs of running the Hospital are supported by the government. These include payment of salary to workers, supply of drugs through MSD and by supporting the Hospital in the construction of buildings. These all enable the Hospital to reduce the load in performing day to day operations. This is the reason as to why at St. Luke Hospital the medical costs are affordable to the majority.

Table 4.3: Exemptions of medical cost.

Before PPP		After PPP	
Children under 5 years	Paid	Children under 5 years	Exempted
Pregnant women	Paid	Pregnant women	Exempted
The poor elderly	Paid	The poor elderly	Exempted

Source: Field Data 2016

4.5 Efficiency in terms of service time for provision of health services in PPP

The third objective was to explore how public private partnership improves the efficiency in terms of service time for provision of health service in Mpwapwa district. In order to attain this objective the researcher assessed several aspects, presented herein.

4.5.1 Service time

The researcher wanted to know time taken in the whole process of getting medical services. Findings were as follows: 94.7% of the respondents said they took short time upon arrival to get medical services and 5.3% of the respondents said they took more than six hours (see Table 4.4). These findings imply healthy facilities which subscribe PPP become more efficient in provision of medical services.

Table 4.4: Length of time taken for health services

Parameter	Frequency	Percent
Short time upon arrival	36	94.7
More than six hours	2	5.3
Total	38	100.0

Source: Field data, 2016

An interview with Medical Officer in charge showed that PPP policy has improved efficiency in terms of service time for provision of health services in Mpwapwa district by increasing number of staff and supply of medical equipment required for diagnosis. This is evident as per the quotation below:

> *…through PPP policy, more staff have been employed; though the number is still small but actually it has helped a lot in reducing the service time. On the other hand, it has also helped in supplying of modern medical equipment used in diagnosis. These equipment have helped very much in reducing the time taken for customers to queue for the laboratory results…*

The researcher wanted to know the time taken waiting to see a doctor before and after PPP. The travelling from Mpwapwa to Dodoma Municipal as well as from other Hospitals caused patients to wait for more hours to the doctor. The average time was found to be about 4 to 8 hours in order to see a doctor before PPP. After PPP the average

waiting time to see a doctor is less than 1 hour (see Table 4.5). The interview with the Medical Officer in charge is as evidenced in the extract below

> *…actually at our Hospital, the average waiting time nowadays is less than 1 hour. However, this is due to the practice of PPP in our Hospital. We have been able to buy modern diagnosis machines which enable us to reduce waiting time…*

Table 4.5: Waiting time to see a doctor

Before PPP		After PPP	
Time	4 – 8 hours	Time	Less than 1 hour

Source: Field data, 2016

In line with accessibility, affordability and efficiency of medical services through the PPP, this study was also designed to establish the challenges facing St. Luke Hospital in carrying out its day to day activities. Findings indicate that 65.8% of respondents said the Hospital faced shortage of doctors, 15.8% of respondents mentioned shortage of drugs, another 15.8% of the respondents mentioned shortage of equipment and 2.6% of the respondents mentioned shortage of building infrastructure (see Table 4.6). In view of these findings, the main challenges facing the Hospital include shortage of doctors, drugs, medical equipment as well as physical infrastructure. Following the Hospital's subscription of PPP policy, the services were more improved, and thus more patients would visit the Hospital.

Table 4.6: Challenges facing St. Luke Hospital

Parameter	Frequency	Percent
Shortage of doctors	25	65.8
Shortage of drugs	6	15.8
Shortage of equipments	6	15.8
Shortage of building infrastructures	1	2.6
Total	38	100.0

Source: Field data, 2016

CHAPTER FIVE

CONCLUSION AND RECOMMEDATIONS

5.1 Conclusion

The rationale of this study was to explore the effectiveness of public private partnership in provision of better health services in Mpwapwa district council. All through this dissertation, a number of issues have been addressed in line with effectiveness of PPP in provision of health services. Specifically, the following conclusions were drawn from the findings:

The study found that Public Private Partnership had enhanced the accessibility of health services to the majority by improving the quality of services access of medical services in the Hospital. This was revealed through a number of people visiting the Hospital per time compared to other Hospitals, the appreciation by patients that services provided are of quality and that the medical services provided are easily accessible. In the light of the findings, it is the position of this study that Public Private Partnership has provided for increased accessibility of health services to the majority of the needy people at St. Luke Hospital.

This study also revealed that, through PPP the payment of salary, supply of medical equipment and construction of some buildings by the government has helped in cutting the costs of running the Hospital. Due to this, the medical costs have become affordable to the majority. Through public private partnership, the number of staff has been increased. Although not sufficient, it has helped in reducing time taken by patients to queue for services. On the other hand, through PPP, the Hospital has increased the number of modern medical equipment used in diagnosis which has further reduced service time.

The findings generally show that public private partnership is effective in provision of better health services in local governement authorities. This is because through PPP, the

Hospitals, for instance St. Luke Hospital, have been able to make medical services more accessible, affordable and efficient in terms of service time to the majority .

5.2 Recommendations

The study found that there are some challenges facing Hospitals although they practice PPP. Such challenges include shortage of doctors, equipment and building infrastructure. It is therefore recommended that the government should increase number of universities in the medical field so as to supply more doctors in Hospitals. It is also recommended that MSD should open its branches in all districts in order to ensure timely and adequate supply of drugs in Hospitals. It is further recommended that the government should mobilise partnership with stakeholders and businessmen to supply medical equipment in Hospitals and construct more buildings in Hospitals.

5.3 Areas for further Research

Some areas could not be covered by this study, and hence further studies are needed. Those areas which the researcher thought could be useful to be studied in the future by other researchers include the role of government in empowering district designated Hospitals. Further studies may also explore the role of government in solving the shortage of medical personnel in health institutions and the role of local governments in empworing Hospitals and health centres in districts.

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APPENDICES

APPENDIX 1

THE FOLLOWING ARE QUESTIONNAIRES TO BE RESPONDED BY ST. LUKE HOSPITAL ADMINISTRATORS

My name is **Idrisa Musa**, a student from Mzumbe University, pursuing Master's Degrees in Human Resource Management **(Msc Hrm)**, currently I am on research work whereby St. Luke Hospital is selected as the case study on the topic about the effectiveness of public private partnership on health services delivery.

Dear respondent,

Below is the set of questions that requires your response. The information that will be provided will be kept confidential and used only for academic purpose; therefore I request for your cooperation's and transparence in order to achieve my objectives.

Instructions

Fill blanks provided.

Age……Sex……..

You're working experience at St. Luke Hospital…….

You're working department……..

1. What do you understand the term public-private partnership in health service delivering?

   ……

   ……

   ……

2. For how long is St. Luke Hospital has been operating under public-private partnership? …..

3. What are the major achievements you have reached since your Hospital adopted the PPP policy?

   i. ……
   ……
   ii. ……
   ……..
   iii. ……
   ……

4. As you compare prior and after the adoption of PPP at St. Luke what are the major changes in areas of peoples
   i) Accessibility of health services…….
   ……
   ii) Affordability of medical cost…….
   ……
   iii) Health service time……
   ……

5. What are the importance of public private partnership in health services delivering?

i. …….
   ……
ii. …….
   ……
iii. ……
   ……...

6. How does the public private partnership in health service delivering at St. Luka Hospital maximize the utilization of health service to the community?

   i. ……
   ……

   ii. ……
   ……

   iii. ……
   ……

7. Are there any challenges that St. Luke Hospital facing after joining the PPP in health service delivering? YES/NO. If any what are they

   i. ……
   ……

   ii. ……..
   ……..

   iii. ……..
   ……..

   iv. ……
   ……

   And what do you think, can be done in order to overcome the addressed challenges?

   ……
   ……
   ……
   ……

8. Do you think PPP program in health service delivery is the best way of improving efficiency and quality of health service delivery? YES/NO. If yes how?
    i. ……
    ……
    ii. ……
    ……..
    iii. ……
    ……
9. How many outpatients are attended at St. Luke Hospital per day?.....
10. How many patients can be admitted at St. Luke Hospital?.....

APPENDIX 2

THE FOLLOWING ARE QUESTIONNAIRES TO BE RESPONDED BY ST. LUKE HOSPITAL STAFF.

My name is **Idrisa Musa** a student from Mzumbe University, pursuing Master's of Science in Human Resource Management (**Msc Hrm**)I am on research work whereby St. Luke Hospital is selected as the case study on the topic about the effectiveness of public-private partnership on health service delivery.

Dear respondent,

Below is the set of questions that requires your response. The information that will be provided will be kept confidential and used only for academic purpose; therefore I request for your cooperation's and transparent in order to achieve my objective.

Instructions

Fill the blanks provided

Age ……Sex……

You're working experience at St. Luke Hospital……

You're Professional……

1. What do you understand the term Public Private Partnership for provision of health services?

   ……

   ……..

   ……

2. Is the policy of public private partnership in health service important? If Yes/No state why?
   i. ……
   ……
   ii. ……
   ……..
   iii. ……
   ……

3. After St. Luke Hospital shifted from privately operated to Public Private Partnership what benefits have you achieved on health services provisions?
   ……
   ……
   ……
   ……..

4. What do you think is to be done in order to improve more provision of health services St. Luke Hospital?
   i. ……
   ……
   ii. ……
   ……
   iii. ……
   ……

5. How by the patients manage to access the health services delivery at St. Luke Hospital?
   i. ……
   ……
   ii. ……..
   .……

iii. ……
……

6. Are there any notable challenges on implementation of PPP policy? Yes/No, if Yes how?
   i. ……
   ……
   ii. ……
   ……
   iii. ……
   ……
7. What are your suggestions for overcoming the addressed challenges on implementation of PPP policy?
   i. ……
   ……
   ii. ……
   ……
   iii. ……
   ……..
8. How does the adoption of PPP at St. Luke improved your performance on your daily duties?

   ……
   ……
   ……
9. Mention major benefits of PPP for health at St. Luke that are evident.
   i. ……..
   ……
   ii. ……
   ……
   iii. ……
   ……

10. How does the public-private partnership for health service delivery at St. Luke Hospital maximize the utilization of health service to the community?
    i. ……
    ……
    ii. ……
    ……..
    iii. ……
    ……

APPENDIX 3

DODOSO KWA AJILI YA WAGONJWA

Jina langu ni **Idrisa Musa** mwanafunzi katika **Chuo Kikuu cha Mzumbe** nasomea **Shahada ya Uzamili katika Sayansi ya Menejimenti ya Rasilimali Watu (Msc Hrm)**. Ili kukamilisha masomo yangu napaswa kufanya UTAFITI hivyo basi ninaomba ushirikiano wako kwa kujibu maswali yafuatayo ili kufanikisha utafiti huu. Majibu yatakayotolewa yatakuwa ni SIRI na yatatumika kwa ajili ya ELIMU tu

Maelekezo

Katika swali la 1 hadi 9 chagua jibu sahihi na andika herufi ya jibu hilo ndani ya kisanduku kulia.

Umri……Jinsia……kiwango cha elimu……

1. Ni mara yako ya ngapi kuja hapa Hospital ya Mt.Luka kwa ajili ya matibabu?
   (a). Mara ya kwanza,
   (b) Mara ya pili,
   (c) zaidi ya mara tatu.
   (d) Mara nyingi sana ( ).
2. Je huduma za afya zinazotolewa hapa Hospital ya Mt.Luka zikoje?
   (a) Nzuri sana.
   (b) Nzuri kiasi.
   (c) Zinaridhisha.
   (d) Mbaya ( ).
3. Je ni matatizo gani umewahi kukumbana nayo hapa Hospital ya Mt. Luka wakati ukiwa unahitaji huduma ya matibabu?
   (a) Gharama kubwa za matibabu.
   (b) Kuchelewa kupata huduma.
   (c) Ukosefu wa dawa.
   (d) Mengineyo taja…… ( )

4. Kwa nini umeamua kuja kupata matibabu katika Hospital hii ya Mt. Luka?
   (a) Ukaribu na mahali unapoishi.
   (b) Ubora wa huduma zitolewazo.
   (c) Gharama nafuu
   (d) Nyinginezo taja…… ( )
5. Je ilikuchukua muda gani kupata huduma katika Hospitali ya Mt. Luka?
   (a) Muda mfupi baada ya kufika.
   (b) Zaidi ya masaa sita.
   (c) Kutwa mzima.
   (d) Zaidi ya siku moja ( )
6. Hospitali hii ya Mt. Luka hutoa huduma zake kwa utaratibu wa kuchangia gharama za matibabu, je unauonaje utaratibu huu?
   (a) Gharama ni nafuu na unaweza kuchangia.
   (b) Gharama ni kubwa mno.
   (c) Gharama haziendani na huduma zitolewazo.
   (d) Mengineyo, taja……( )
7. Je unaonaje kuhusu upatikanaji wa huduma za Afya?
   (a) Zinapatikana kwa urahisi.
   (b) Bado hazipatikani kwa urahisi.
   (c) Haziridhishi
   (d) Mengineyo taja……( )
8. Umesafiri umbali gani kuja kupata huduma ya matibabu katika Hospitali hii ya Mt. Luka?
   (a) Umbali mfupi sana.
   (b) Zaidi ya km 5
   (c) Zaidi ya km 15
   (d) Umbali mwingineo taja……..( )

9. Ni matatizo gani yanayoikabili Hospitali hii ya Mt. Luka?
   (a) Uhaba wa madaktari.
   (b) Upungufu wa dawa.
   (c) Uhaba wa vifaa tiba.
   (d) Upungufu wa miundo mbinu ya majengo ( )
10. Taja aina ya huduma zitolewazo katika Hospitali hii ya Mt. Luka.
   (i)……..
   (ii)……
   (iii)……..
   (iv)……
   (v)……
11. Je, Hospitali hii ya Mt. Luka inakabiliwa na changamoto zipi?
   (i)…….
   (ii)……
   (iii)……..
12. Je, kwa ushauri wako nini kifanyike ili kukabiliana na changamoto zinazoikabili Hospitali hii?
   (i)……..
   (ii)…….
   (iii)……..
13. Hospitali hii, inatoa huduma zake kwa kushirikiana na serikali, je unauonaje ushikiano huu?
   ……
   ……
14. Ni maeneo yapi yanayohitaji kuboreshwa zaidi katika ushirikiano uliopo kati ya serikali na Hospitali hii ili kuboresha utolewaji wa huduma za afya?
   …….
   ……
   ……

15. Ni maeneo yapi ambayo yameleta matokeo chanya yanayohitaji kuendelezwa zaidi katika ushirikiano uliopo kati ya serikali na Hospitali hii?

    ……

    ……

    ……

    ……

    ……

APPENDIX 4

INTERVIEW TOOL

My name is **Idrisa Musa** a student from Mzumbe University, pursuing Master's of Science in Human Resource Management (**Msc Hrm**) Iam on research work whereby St. Luke Hospital is selected as the case study on the topic about the effect of public private partnership on health service delivery.

Dear respondent, the information that will be provided is confidential and will be used only in academic purpose; therefore I need highly cooperation's and transparence in order to achieve my objective.

INTERVIEW QUESTIONS

1. What are the major areas of partnership, and how is the Hospital prepared for the alternative means in order to make sure there is a good quality of health services delivering in case the governments fail to play its roles?
2. To what extent does the public private partnership improved a better access to health to the entire community?
3. How does the PPP has improved the health service time? The capacity of the Hospital to service its patients?