



UNIVERSITY *of* LUSAKA

SCHOOL OF POSTGRADUATE STUDIES

**DETERMINING THE CRITICAL SUCCESS FACTORS FOR THE PUBLIC-PRIVATE
PARTNERSHIP IN HEALTH SERVICE DELIVERY AT THE UNIVERSITY
TEACHING HOSPITAL**

By

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Logistics and Supply Chain Management

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DECLARATION

I, Mwang'a Kositimu, declare that this research report is the result of my own investigation, except to the extent indicated in the acknowledgements, and references. It is being submitted for the degree of Master of Science in Procurement, Logistics and Supply Chain Management of the University of Lusaka, Zambia. The report has not been submitted before for examination for any degree in any other University.

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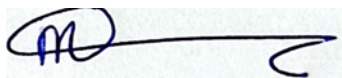
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I would like to thank my God for walking with me throughout this journey. It has not been an easy one and yet He has been faithful through and through.

To my good friend CDM; who has always believed in my abilities and encouraged me to get up everytime I fell. It took long friend...but here we are

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To my friend Nanjie Nalungwe who took this attainment personal and always wished me the best

DEDICATION

To my children Mwandu, Zangi and Chibwe Mwelwa

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ABSTRACT

Zambia, like numerous other governments worldwide, is struggling with the escalating expenses of healthcare and the growing need for healthcare services while dealing with limited financial resources. Zambia dedicates itself to delivering high-quality healthcare services to its population, recognising health as a crucial area for the nation's well-being. Governments are increasingly utilising Public Private Partnerships (PPPs) to address the challenges of limited healthcare resources and improve outcomes. The private sector's participation is partly driven by the prevailing perception that public sector bureaucracies are inefficient and unresponsive. It is believed that market processes can enhance efficiency and provide cost-effective, high-quality services.

The study employed a mixed method paradigm approach to gather data. The research employed both qualitative and quantitative research paradigms. Quantitative data were obtained through the use of research questionnaires that had closed-ended questions, while qualitative data were obtained through semi-structured interviews that included open-ended questions. The analysis revealed that the health sector was in dire need of improvements, as supported by 70% of respondents. Similar to other government organisations, it lacked the financial capacity to undertake these initiatives.

The study utilised descriptive statistics to analyse the quantitative data. The results revealed a mean value of 0.22, which was evenly distributed across all thematic areas. The data collected from the field followed a normal distribution, with the standard deviation fluctuating around the mean, as indicated by the calculated standard deviation of 0.17. The kurtosis fell within the normal range and exhibited a right skew, with all values in the range of +/-1.0 across the thematic areas. This indicated that the obtained data followed a normal distribution with no outliers.

The study also identified key determinants of success for implementing Public Private Partnerships (PPP) in the health sector. These determinants include: strict adherence to the terms and conditions of the agreement; establishment of a transparent and efficient procurement process; appropriate allocation of risks in the agreement; effective coordination and cooperation among stakeholders; and active involvement of the private sector. Subsequently, the study established a framework by incorporating the Critical Success Factors.

Key Words: *Critical Success Factors, Public Private Partnership and Healthcare Givers*

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

This chapter looks at the background of the study, statement of the problem, research objectives and research questions that guides the study findings and conclusions. The chapter further explains the significance of the study, scope and the arrangement of the research. The chapter ends with the definitions of some terms used in the study.

1.2 BACKGROUND OF THE STUDY

Public-private partnerships (PPPs) are a mechanism for government to procure and implement public infrastructure and/or services using the resources and expertise of the private sector. Where governments are facing ageing or lack of infrastructure and require more efficient services, a partnership with the private sector can help foster new solutions and bring finance. PPPs combine the skills and resources of both the public and private sectors through sharing of risks and responsibilities. This enables governments to benefit from the expertise of the private sector, and allows them to focus instead on policy, planning and regulation by delegating day-to-day operations. In order to achieve a successful PPP, a careful analysis of the long-term development objectives and risk allocation is essential. The legal and institutional framework in the country also needs to support this new model of service delivery and provide effective governance and monitoring mechanisms for PPPs.

Public Private Partnership (PPP) is defined as a collaboration between the public and private sector that enables fulfilment of certain common goals by overcoming the visible limitations. Based on studies and sample surveys conducted, the Government has the pivot role of framing health policies and programmes specific to the requirement of each country. However, over the years the health sector has witnessed a demand supply mismatch attributed to a couple of factors. The private sector has served as a catalyst to deliver these services to the people by ways of greater efficiency, better management skills and focused strategies and stronger resource base whether in terms of monetary resources or human resources (Thadani, 2014). A well-drafted PPP agreement for the project should clearly allocate risks and responsibilities (World bank, 2014).

Public-Private Partnerships (PPPs) can be described as a set of institutional relations between the private and public sectors. The relationships differ in operational mechanisms, management, governance, legal status or lack of it, varying by participants and policy (Njau et al., 2009).

The United Kingdom was fertile ground for PPPs in healthcare in the 1990s since the government had vastly underinvested in its National Health Service (NHS) hospitals. As a result, nearly every new NHS hospital, approximately 100 buildings in 12 years, was built under the PPP model (PWC,2010). Different PPP models have been applied in healthcare sectors all over the world depending on the specific needs of countries. Different factors impact on the success of these partnerships but both sectors gain skills and knowledge from each other (Narangoda & Khathibi, 2013).

European countries and indeed governments around the world have increasingly turned to private sector involvement in the development, financing and provision of public infrastructure and services (Roehrich et al., 2014). Their advocates argue that by promoting increased diversity of provision and contestability, such ‘partnerships’ secure better quality infrastructure and services at ‘optimal’ cost and risk allocation (Kwak et al., 2009). Although conceptually a public-private partnership (PPP) can be defined relatively simply, as “a long-term contract between a private party and a government agency, for providing a public asset or service, in which the private party bears significant risk and management responsibility”, there is variation in practice based on the separation of ownership and risk-bearing between the public and private sector actors (Roehrich et al., 2014).

Partnerships emerge not only due to financial gains and benefits between parties but can also be attributed to certain non-financial factors like transfer and exchange of knowledge and technical know-how, management abilities and reduction of risks involved. Other than this there are also cases where there is no gain on either side but provisions are made to caution people about certain health related aspects. For example, in Asia as a pre-requisite for the HIV/AIDS Control Program hotels have agreed to provide condoms and provide information to their clients in each room in order to reduce the spread of HIV/AIDS (Vermund, 2014).

Nonetheless, PPPs continue to be deployed for a range of public sector infrastructure and service delivery and according to the HM treasury (2013), there are more than 600 PPPs in the form of Private Finance Initiatives (PFIs) worth over US \$100 billion for hospitals, schools, prisons, bridges, roads and military equipment in the UK. More specifically there has been a sharp rise predominantly within Europe/UK in PPPs to deliver healthcare infrastructure including buildings, large technology systems, clinical services, and associated non-clinical maintenance and facility management services (Barlow et al., 2013). Roehrich et al

(2013) also states that the increasing popularity of PPPs can also be observed in many other developed, developing and emerging economies.

Besides a number of other projects that have been conducted in Southern Africa, the Lesotho PPP model was the first of its kind. The Government implemented a PPP model to build a state of the art 425 bed National Referral Hospital to replace its outdated main hospital. This pioneering PPP serves as a model for increased private sector participation in Sub-Saharan Africa's overburdened health sector (Vian et al, 2011).

Zambia has had its share of PPPs that have mostly been in infrastructure development and very few in the health sector. Different factors impact on the success of these partnerships but both the public and private sectors gain skills and knowledge from each other. For the PPP's to be successful in the Zambian health sector, the legal framework should be favorable for private sector involvement in the providing of health services. The government of a country plays a key role in the PPP process by creating the political environment to win the trust of the general public, trade unions and private sector investors (Narangoda & Khathibi, 2014).

Public Private Partnership in Zambia is anchored in the Public Private Partnership Act No. 14 of 2009 which mandates the PPP Department to promote, facilitate, implement and monitor the procurement, contracting and delivery of public infrastructure and social services through partnerships between public sector and private sector entities. This act was assented by Parliament on 26 August, 2009 to promote and facilitate the implementation of privately financed infrastructure projects and effective delivery of social services by enhancing transparency, fairness and long term sustainability and removing undesirable restrictions on private sector participation in the provision of social sector services and the development and operation of public infrastructure. PPP is also recognised as a procurement method and is supposed by the Zambia Public Procurement Act of 2008 where it falls short as stipulated in the Public Private Partnership act of 2009 Part IV Section B (II).

In the health sector, the use of PPP can be seen as a suggested solution to the challenges presented in the National Health Strategic Plan 2017 to 2021 anchored in the Vision 2030, National Health Policy (NHP 2012), and the Sustainable Development Goals. It is also reflected in the Seventh National Development Plan. Vision 2030 is Zambia's first-ever written long-term plan. It expresses Zambia's aspirations to become a prosperous middle-income nation by 2030. The Vision articulates possible long-term alternative development policy scenarios, which would contribute to the attainment of the desirable socio-economic targets by the year 2030.

Governments everywhere are grappling with rising healthcare costs and increased demand for healthcare services in the face of ongoing budget constraints. Zambia having recognized health as one of the priority sectors that contribute to the well-being of the nation remains committed to providing quality health services to all its citizens. As governments struggle to stretch their healthcare funding and produce better results, many are increasingly turning to PPPs with the private sector. Involvement of the private sector is, in part, linked to the wider belief that public sector bureaucracies are inefficient and unresponsive and that market mechanisms will promote efficiency and ensure cost effective, good quality services (WHO, 2017). Another perspective on this debate is linked to the notion that the public sector must re-orient its dual role of financing and provision of services because of its increasing inability on both fronts (Mitchell et al., 2001). Under partnerships, public and private sectors can play innovative roles in financing and providing health care services.

Access to adequate health services that is of acceptable quality is important in the move towards universal health coverage. However, previous studies have revealed inequities in health care utilization in the favour of the rich. Further, those with the greatest need for health services are not getting a fair share. In Zambia, though equity in access is extolled in government documents, there is evidence suggesting that those needing health services are not receiving their fair share (Phiri & Ataguba, 2014).

Access to essential health services is an important aspect of development. Governments from both developed and developing countries are increasingly looking at public-private partnerships (PPPs) as a way to expand access to higher-quality health services by leveraging capital, managerial capacity, and knowhow from the private sector (World Bank, 2016).

Globally, countries are faced with health system problems which vary from one to the next. While health service delivery challenges are more often seen in countries with a very high Human Development Index (HDI), human resources challenges attract more attention within those with a low HDI (Oleribe et al, 2019). And over the years the health sector has witnessed a demand supply mismatch attributed to a couple of factors. The private sector has served as a catalyst to deliver these services to the people by ways of greater efficiency, better management skills and focused strategies and stronger resource base whether in terms of monetary resources or human resources (Thadani, 2013).Montgomery et al. (2017) indicate that the UK's Health System is in crisis with central funding no longer keeping pace with demand and the traditional responses of spending more, seeking efficiency savings or invoking market forces are not solutions.

According to Brandeau, Sainfort & Pierskalla (2005), public resources for health care are inadequate to meet demand in both rich and poor nations. It is therefore important for Policy makers and health care providers

to determine how to provide the most effective health care to citizens using the limited resources that are available. In Africa, healthcare systems suffer from neglect and underfunding, leading to severe challenges across the six World Health Organization (WHO) pillars of healthcare delivery (Oleribe, 2019). Additionally, the systems have, over the years, suffered from man-made issues which cut across institutional, human resources, financial, technical and political developments.

The Zambian healthcare system is no exception as just like other developing countries, Zambia cannot fully meet the health needs of the people with public resources alone and thus the ministry of health in its strategic plan of 2017-2021 clearly highlighted the need to partner with private sector if the sector is to improve service delivery (Ministry of Health, 2016).

The Ministry of Health (2016) in its strategic health plan further reports that hospitals are faced with challenges in terms of service delivery due to a number of reasons bordering on funding, competencies, supply of medicines and supplies and availability of guidelines and protocols:

Despite having these challenges and success stories of Private sector involvement in the public health sector, not all organisations or governments have explored the full benefits of such partnerships (Institute of medicine, 2012).As is evidenced by a study conducted by Yang et al. (2019) alludes that private sector participation in the healthcare market via public-private partnership (PPP) could be considered an available approach to narrow down the medical resource gap and improve the operational efficiency of healthcare facilities. The Zambian health sector has a number of areas that could benefit from such partnership, this is confirmed in a health sector profile developed by the Zambia Development Agency (2013).

1.3 STATEMENT OF THE PROBLEM

People living in remote rural areas face various challenges to access primary healthcare (Manda et al., 2023; MOH, 2017). These challenges are due to distance to the nearest referral centre compounded by poor road infrastructure and shortages of essential drugs. Poor health service delivery has led to some consequences such as high mortality rate mostly for women and children. It has also led to the rise of preventable diseases such as cholera, malaria and other non-communicable diseases. What exists in reality despite the good policies in health sector is the bias in improvement of PPP in health services (Manongi, et al, 2016).

Despite the proper service agreements with the private sector that the Zambian government has made in order to ensure there is quality in health service delivery, there is still a big gap in delivering quality health services which has a negative impact on the health status of the people. There are still geographical inequalities to access health services in Zambia which can be attributed to a number of reasons ranging from

inadequate, demotivated and unevenly distributed human resources; inadequate funding and unavailability of other essential inputs such as equipment and poor state of health facilities/ infrastructure (MoH, 2017; Mamdani & Bangser 2014; Manongi et al., 2016).

Therefore, this study intends to explore the critical success factors for the Public-Private Partnership in health service delivery in Zambia with a case study of the University Teaching Hospital (UTH). The study will be beneficial to government and private stakeholders so as to make available the much needed healthcare services closer to the people. Further, the study will be a reference to future researchers.

1.4 MAIN OBJECTIVE

To determine the critical success factors for the Public-Private Partnership in health service delivery at the University Teaching Hospital.

1.4.1 SPECIFIC OBJECTIVES

- i. To identify areas of improvement bordering on medical service delivery at the University Teaching Hospital
- ii. To establish the causes of the inadequate delivery of services for the identified areas
- iii. To develop critical success factors for implementing a PPP framework in health sector.

1.5 RESEARCH QUESTIONS

- i. What areas of medical service delivery require improvement at the University Teaching Hospital?
- ii. What are the causes of inadequate service delivery?
- iii. What are the critical success factors for implementing a PPP framework in health sector?

1.6 SIGNIFICANCY OF THE STUDY

The research is important in that it probes the reasons why some organizations or governments manage or fail to attain the anticipated benefits of Public Private Partnerships. The study sought to analyse the benefits, deficiencies and opportunities of engaging into PPPs for the University Teaching Hospital in the current state. The study is of immense value to policy makers as it provides interpretations and summaries, and translates research into a more usable form, further benefiting the government's own information collection function. This study will further help policy makers by identifying critical problems at the University

Teaching Hospital, highlights the benefits and harms of PPPs as a solution, estimate the costs and consequences of such policy proposals.

For the private sector, the study results will open up information of opportunities for investment and business growth. It will be a means to find, gauge and also seize opportunities of partnerships with the public sector.

For project financiers, this is another opportunity that could present potential benefits of such partnerships and also a look at risks involved.

The study will also generate data on the issue of PPP based on local experiences, meanings and perceptions and with the information that will be generated, it is hoped that the lessons learnt shall be transferred into further research. The researcher also has an opportunity to have a deeper understanding of the theoretical and practical knowledge in the area of research. It will refine problem solving skills and provide an opportunity to apply the theories studied in real circumstances.

1.7 SCOPE OF THE STUDY

The scope of this study concentrated on determining possible application of a relevant PPP model at the University Teaching Hospital. The research focused on the Adult Hospital Section and comprised of all medical departments under the Adult Hospital Health care system. Both specialized and non-specialized fields are considered as one during interviews, classified as Medical Fields.

The population target of the study focused on Hospital Management, departmental management teams for the various sections of the hospital, Ministry of Health officials, Ministry of Finance- PPP department and general public.

1.8 ORGANISATION OF THE DISSERTATION

The study was arranged in form of the following chapters:

The first chapter shows introduction of the topic on hand. The chapter discusses the background to the study, statement of the problem, main objective which was the study topic, specific objectives, research questions, significance of the study, scope of the study, Organisation of the study which was followed by research summary or conclusion then lastly references.

Chapter two is literature review which discusses Public Private Partnerships in the Health sector, giving various experiences in Africa and other continents before narrowing down to Zambia. Review of literature from international, regional and local publications is also given.

Chapter three presents theoretical review and conceptual frameworks to be used to guide the researcher with study investigations.

Chapter four, looks at research methodology to be employed in the study. Furthermore, the following would be highlighted: research approach, research design, , study population, sample size, data collection tools, data analysis, reliability, validity and ethical considerations. It also defines the method to be applied in the study process.

Chapter five highlights on data findings and presentations based on the questionnaires to be collected from eligible respondents and interviews conducted. Data analysis will be done by means of descriptive analysis, the descriptive analysis will cover both qualitative data analysis and quantitative data analysis. The Statistical Package for Social Sciences (SPSS) and Microsoft Excel will also be used to analyze the quantitative collected data.

In chapter six discussions and interpretation of results will be given based on the data displays in chapter five. Study discussions will be made with respective interpretations.

Finally, chapter seven looks at conclusion and recommendations of the study as well as suggested future researches.

1.9 CHAPTER SUMMARY

The chapter has highlighted the background of the study, statement of the problem, research objectives and research questions. The chapter further discussed the scope and significance of the study and concluded with the organisation of the study.

underdeveloped healthcare systems in Africa need radical solutions with innovative thought to break the current impasse in service delivery. For example, public private partnerships should be sought, where multinational companies extracting resources from Africa might be encouraged to plough some of the profits back into healthcare for the communities providing the workforce for their commercial activities. Most problems and their solutions lie within human resources, budget allocation and management. These should be accorded the highest priority for better health outcomes (Obiena et al, 2019).

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter laid a foundation for this chapter by providing the background study, statement of the problem and research objectives. In this chapter, various literature by sundry researchers is reviewed. The chapter starts with an overview of Public-Private Partnerships in various industries and later zero-in on PPP in Health Sector. The chapter further reviews various empirical literature around the globe and pinned some theories that anchors this study. The chapter concludes with the conceptual framework that explains the relationships between independent variables and dependent variable.

2.2 LITERATURE REVIEW

2.2.1 AN OVERVIEW OF PUBLIC-PRIVATE PARTNERSHIP IN HEALTH SECTOR

Public-Private Partnerships (PPPs) can be described as a set of institutional relations between the private and public sectors. The relationships differ in operational mechanisms, management, governance, legal status or lack of it, varying by participants and policy (Njau et al., 2016)

Public Private Partnership (PPP) is also defined as a collaboration between the public and private sector that enables fulfilment of certain common goals by overcoming the visible limitations. Based on studies and sample surveys conducted, the Government has the pivot role of framing health policies and programmes specific to the requirement of each country. However, over the years the health sector has witnessed a demand supply mismatch attributed to a couple of factors. The private sector has served as a catalyst to deliver these services to the people by ways of greater efficiency, better management skills and focused strategies and stronger resource base whether in terms of monetary resources or human resources (Thadani, 2014).

Public-private partnerships (PPPs) are a mechanism for government to procure and implement public infrastructure and/or services using the resources and expertise of the private sector. Where governments are facing ageing or lack of infrastructure and require more efficient services, a partnership with the private sector can help foster new solutions and bring finance. PPPs combine the skills and resources of both the public and private sectors through sharing of risks and responsibilities. This enables governments to benefit from the expertise of the private sector, and allows them to focus instead on policy, planning and regulation by delegating day-to-day operations. In order to achieve a successful PPP, a careful analysis of the long-term development objectives and risk allocation is essential. The legal and institutional framework in the country also needs to support this new model of service delivery and provide effective governance and monitoring mechanisms for PPPs. A well-drafted PPP agreement for the project should clearly allocate risks and responsibilities (World bank, 2014).

PPPs have gained growing recognition in public health, especially in Europe. However, there are still deeply heterogeneous data about their benefits/drawbacks in hospital settings. In a context of crisis for many European health services, a more consistent evaluation of new experiences from a governance perspective could help to build resilience and efficiency for health providers, so that each PPP model could be better adapted to the specific context.

Over the past several decades, the public and private sectors made significant investments in global health, leading to meaningful changes for many of the world's poor. Frequently, partnerships between donors and other stakeholders form around these vertical disease or condition-specific programs, as stakeholders can coalesce on a specific topical area of expertise and interest. However, to sustain these successes and continue progress, there is a growing recognition of the need to strengthen health systems more broadly and build functional administrative and technical infrastructure that can support health services for all, improve the health of populations, increase the purchasing and earning power of consumers and workers.

PPP projects now have been in use for more than three decades. Several studies (Kokkaew et al., 2015; Miranda & Renneboog, 2014; Cruz & Marques, 2011; Nickson & Vargas, 2002) analyze the experience of countries in general or experiences of countries in a specific sector i.e. transportation, water supply or waste water treatment, health, agriculture and broad band industry.

The most common area of engagement for the PPPs analyzed in the Healthcare and Economic Growth in Africa (HEGA) report was service delivery which was represented by 38% of PPPs. PPPs in service delivery have evolved over time from being focused on access to treatment and medicine to more 'ecosystem'-driven partnerships that have shown successful impact at the primary-care level of service delivery. In addition, the private sector engages at various stages of the health value chain, which includes research and development, manufacturing and supply, and wholesale and retail distribution of new health technologies, medicines, vaccines, diagnostics and medical devices, as well as health insurance and medical education.

While the definition of the private sector might differ depending on the source, the HEGA report adopts a broad definition that includes the formal for-profit sector (such as private hospital groups, general medical practitioners, and pharmacies, as well as private health insurance), NGOs, faith-based organizations, social enterprises, charitable philanthropic organizations, and a host of individual private providers, such as general practitioners and consultants, in the formal and informal for-profit sectors.

There is an urgent need to improve health outcomes in health-stressed countries. To target the countries with maximum health needs, the report uses a combination of thresholds covering seven indicators, such as domestic government health expenditure, out-of-pocket expenditure, density of skilled health workers,

average disease burden, government debt and the annual GDP growth rate. Eight countries are severely health stressed: Angola, Chad, Mauritania, Nigeria, Sierra Leone, South Sudan, Togo and Zimbabwe. They are below the thresholds on six of the seven indicators. Another 12 countries are very health-stressed: Benin, Cameroon, Central African Republic, the Democratic Republic of the Congo, Congo, Côte d'Ivoire, Guinea, Guinea-Bissau, Mali, Mozambique, Niger and Zambia. They are below the acceptable thresholds on five of the seven indicators. These 20 countries need to be prioritized for immediate attention (African Business Health Forum, 2019).

2.2.2 HEALTH CARE ON THE GLOBAL SCALE

With increasing global connectivity, the impact of an event travels across today's world with the speed of a broadband internet connection. The relevance of national borders is dwindling, and people and determinants of health flow freely in every direction. It is no longer possible to address healthcare in one country or region without taking a global view. Globally, countries are faced with health system problems that vary from one to the other. While health service delivery challenges are more often seen in countries with a very high Human Development Index (HDI), human resources challenges attract more attention in those with a low HDI (Oleribe et al., 2019). However, according to (Kirwan, 2009) changes in health indicators have been favorable overall, even though the distribution of gains has been unequal. As far back as 1998, health care in the EU was at cross-roads between challenges and opportunities. The Member States were facing common challenges in delivering equal, efficient, and high-quality health services at affordable cost in times when the amount of care to be delivered was starting to exceed the resource base, the demand for health care in Europe just as elsewhere among industrialized countries - was growing as a result of aging populations and rising public expectations.

The combination of demographic changes and technological developments contributed to the cost of provision. Currently, the European Union has gradually developed a consistent and integrated policy framework to respond to common challenges in the field of health that combines legislation, cooperation and financing: the EU Health Strategy dubbed "Together for Health" (Seychell & Hackbart, 2013). The public sector plays a major role in the financing of healthcare: in the vast majority of Member States, more than 70 percent of health expenditure is funded by the public sector. Additionally, Policymakers understand the efficiency of the healthcare delivery system needs to be improved, the shortage of health professionals must be tackled, and that there are growing health inequalities and inequity in access to healthcare. These challenges are exacerbated by recent economic shocks including the 2008 recession, the uncertainty related to Brexit, and the crisis induced by the COVID-19 pandemic, which has, impacted the ability of European health systems to finance the health care sector (Baltagi & Moscone, 2021).

The newly industrialised and high-income economies of East Asia perform remarkably well on a range of health system indicators. This is despite extraordinary and shared pressures on the demands and costs of their health care systems, including population ageing, rapid economic growth and urbanisation, and relatedly epidemiological changes. While some of these pressures are familiar to the western world, there is little doubt that the challenges are amplified in Asia.(Smullen & Hong, 2015). Particularly in Malaysia, the country has achieved reasonable health outcomes even though the country spends a modest amount of Gross Domestic Product on healthcare and reform of the health sector is a government priority. The Malaysian health system is served by public and private care providers. The integration of the two sectors is a key target for the reform. (Jiwa et. al, 2021).

China on the other hand has increasingly emerged as an important player in global health. However, compared to developed countries, China still lacks a sufficient health workforce for global health engagement with the necessary competencies required. (Ma et al., 2021)

The United States of America is not an exception to challenges in the health care sector. According to a study conducted by the Ohio University in February 2020, it is indicated that as much as Scientific progress has brought massive improvements to the USA's health and wellness and while health care administrators discover new ways to serve the health needs of their communities, there are still major problems in the U.S. health care system, that need to be addressed in order to get a more equitable, efficient, and effective medical system. The major challenge that the USA is facing is the Nursing and Physician Shortage.

According to the American Association of Colleges of Nursing, the USA needs over 200,000 registered nurses per year through 2026. This has resulted from population growth and aging; older patients who need more access to medical resources than younger ones, and aging doctors and nurses affecting supply.

2.2.3 INADEQUACIES OF HEALTHCARE SERVICES IN AFRICA

Achieving the highest possible level of health is a fundamental right for every human being and healthcare systems in Africa suffer from neglect and underfunding, leading to severe challenges across the six World Health Organization (WHO) pillars of healthcare delivery (Oleribe et al., 2019) which contribute to the strengthening of health systems in different ways. The six pillars of health care delivery being service delivery, health workforce, health information systems, access to essential medicines and financing (WHO, 2010) provide the basis for the overall policy and regulation of all the other health system blocks. Inadequate human resource and healthcare financing and poor leadership and management are the continue to be major challenges of healthcare systems in Africa.

Africa is confronted by a heavy burden of communicable and non-communicable diseases. Cost effective interventions that can prevent the disease burden exist but coverage is too low due to health systems weaknesses. (Kirigia, 2013). This emanated from The International Conference on Primary Health Care and Health Systems in Africa that was held in Ouagadougou, Burkina Faso in 2008. The conference reaffirmed the principles of the Declaration of Alma-Ata of September 1978 with regards to health as a fundamental human right and the responsibility that governments have for the health of their people.

Developing countries are facing a number of issues in the field of public health and medical services, but unfortunately the budget available to deal with these issues is extremely limited. In high-income countries, per capita health expenditure is \$2,733, whereas in low-income countries it is a mere \$218. Not only is budget limited, but there is also often a lack of the administrative ability to survey the situation and formulate and conduct an appropriate plan based on the survey results. Another major problem is the lack of an adequate social security system. The poor classes in developing countries are often unable to afford medical expenses related to illness and accidents, and therefore do not receive the appropriate medical care UNDP (2002). For a country like Zambia, a health insurance system such as the National Health Insurance Management Authority (NHIMA) System that ensures even the most poor and needy have access to appropriate medical treatment is desirable.

Financial reform of the health sector in terms of medical schemes is well under way on the continent. a number of countries such as Burkina Faso, Mali, Niger, and Sierra Leone are opting for subsidized or free healthcare, particularly for pregnant women and children under five. The move to establish health insurance schemes in order to reduce out-of-pocket spending and ensure a more sustainable funding of the health sector has been pushed. A handful of countries namely Ghana, Rwanda, and South Africa have started to introduce universal healthcare coverage. Significant protection against financial risks has already been achieved in Ghana and Rwanda through sustained development of their national health insurance systems. In Ghana, for example, health insurance enrollment has significantly reduced out-of-pocket payments and protected households against catastrophic expenditure (Goals, n.d.) but there are problems with a lack of sufficient funding. Even if a health insurance system is in place, it may not be properly run. It is often the case that the poorest people, who need health insurance coverage most, are denied by the health insurance system. (Mortality & Rates, 2002) and besides, these schemes are varied in size and in scope, and often target a specific demographic or economic group such as civil servants, formal sector employees, or the poor. Alternatively, they may target priority services, such as maternal and child health services.

African health systems are underfunded, overstretched, and understaffed, rendering the challenge of addressing this double disease burden a monumental challenge. Good health is a precondition for

development, and it is becoming clear that achievement of this goal is not reliant on the health sector alone; rather is mediated by environmental, social, infrastructural, and regulatory systems. (Goals, n.d.)

According to Olieribe et al. (2019), Healthcare systems in Africa are mostly in unworkable conditions with very poor health outcomes. In a study conducted in 2019, it was found that the leading challenges in the healthcare sector as identified by the study participants were inadequate human resource for health, inadequate budgetary allocations to healthcare, and poor leadership and management in healthcare. These three problems accounted for over two-thirds of the perceived problems in the healthcare sector in Africa. When viewed from the perspective of the six WHO pillars of the healthcare system, the leading problems still clustered around leadership and governance, healthcare workforce and health service delivery and financing. Although this categorization may seem to overshadow the individual issues that make up these categories, it enables prioritization of the segments of the healthcare system most affected or requiring urgent attention (Oleribe et al., 2019).

When it comes to Africa, healthcare systems suffer from neglect and underfunding, leading to severe challenges across the six World Health Organization (WHO) pillars of healthcare delivery (Oleribe et al., 2019). The World Health Organisation further states that healthcare systems in Africa have, over the years, suffered from man-made issues which cut across institutional, human resources, financial, technical and political developments. With this in mind, the World Health Organization (WHO) in 2007 proposed a framework that describes healthcare systems in terms of six core components: service delivery; healthcare workforce; healthcare information systems; medicines and technologies; financing; and leadership/governance. The majority of African countries are unable to meet the basic requirement for good healthcare systems. Poor governance and human resource challenges are linked to ineffective integration of services in resource limited nations. (Obinna, 2019).

In Zambia, health services are provided by four main players, namely the Government, Faith-Based (Not-For-Profit) providers, the mines, and private (for-profit) providers. The public sector is the biggest health provider; 90% of patients seek care in facilities owned and run by the Government (Masiye et al., 2010). The national level is responsible for overall coordination and management, policy formulation, strategic planning, and resource mobilization.

The National Health Strategic plan for 2017-2021 indicates that the government of Zambia has prioritized health as a key economic investment to spur the country to become a prosperous middle-income country by 2030. The National Health Strategic Plan (2017-2021) is anchored on a National Transformation Agenda, which recognizes the importance of the health sector in improving national productivity. Investments in the

health sector will be treated as inputs toward raising overall productivity and hence contributing to economic growth. The focus for the NHSP shall be on attaining Universal Health Coverage using the primary health care approach. Underpinning the approach is health system strengthening across the continuum of care and spanning promotive, preventive, curative, rehabilitative, and palliative health services. The investment in the health sector shall be informed by key pillars of a functional health care system, namely service delivery, human resource for health, health management information and research, medical products, vaccines, supplies, health infrastructure, equipment, transport, financing, leadership, and governance (MOH, 2016).

2.2.4 CHALLENGES IN THE DELIVERY OF HEALTH SERVICES

Government is a traditional provider of public services and an operator of public service delivery institutions and development projects using resources from public sources i.e., taxes and levy. However, the ever-increasing disparity between the capacity of the public sector to generate resources and the public demand for new facilities has forced governments to look for new funding methods and sources. Public private partnership (PPP) as a new funding method is an increasingly popular phenomenon and a global trend (Teshome, 2014). Health financing is fundamental to the ability of health systems to maintain and improve human welfare. At the extreme, without the necessary funds no health workers would be employed, no medicines would be available and no health promotion or prevention would take place (WHO, 2010). The greatest challenge the Zambia and other African countries are facing is that the countries lack the required capacity and resources to independently address their issues and where resources exist, mismanagement or poor governance reigns.

2.2.5 CRITICAL SUCCESS FACTORS OF PUBLIC PRIVATE PARTNERSHIPS

A key significant characteristic of PPP is the allocation and sharing of risk among parties (Ke et al., 2010a, 2010b). Unlike other procurement methods, with PPP arrangement, risks are carefully identified and allocated to the party that has better mitigation techniques for such risks (Li et al., 2005a). Additionally, PPP is noted for its long-term partnership with over 10 years of relationship between the public entity and private consortium, therefore a stable and enduring relationship is often required for its effective operation (Osei-Kyei & Chan, 2015).

Effective Public-Private Partnerships include the establishment of clear PPP policies and the support of a well-designed legal, regulatory, and investment framework. A large number of Anglo-Saxon countries have developed extensive partnership programs over time and, with the support of institutions, embarked on widespread development of PPPs, while other countries in Central and Northern Europe have embraced PPPs with much less enthusiasm. As a result, a wide divergence in national PPP approaches can be noticed, and

this provides food for thought on the relationship between the national contexts on the one hand and the implementation of Public-Private Partnership policy on the other: which nationally driven elements are vital to the (non-) development of PPPs in practice (Amović et al., 2020).

2.2.5.1 CRITICAL SUCCESS FACTOR MODEL IN PREVIOUS PPP STUDIES

The public sector serves as the client or owner of the projects under PPP arrangement, so, the likelihood of success would be enhanced when the public sector participants take up the leadership role to ensure that all issues relating the projects are resolved as quick as possible. As the leader and owner of the project, the public sector should create avenues for parties to benefit from the arrangement.

According to Sanni (2016) following a factor analysis to identify the principal factors that are critical to the delivery of PPP projects, it was noted that there are three principal factors that contribute to the success of PPP projects with the participation of the public sector. The factors are projects feedback, leadership focus, and risk allocation and economic policy and they provide a good foundation for project development during the project planning and procurement stages. If these principal factors are included in the implementation of PPP projects, the success of the project is assured. On the other hand, there are four principal factors that ensure the success of project development through private sector participation and these are good governance and political support, short construction period, favourable socio-economic factors, and delivering publicly needed service. These four main factors must be available during project construction and operation stages of PPP projects. Figure 2.2 below shows the public and private sectors' success factors model that incorporates the seven main factors considered the most important to the successful delivery of PPP project in Nigeria. (Nb, 2016).

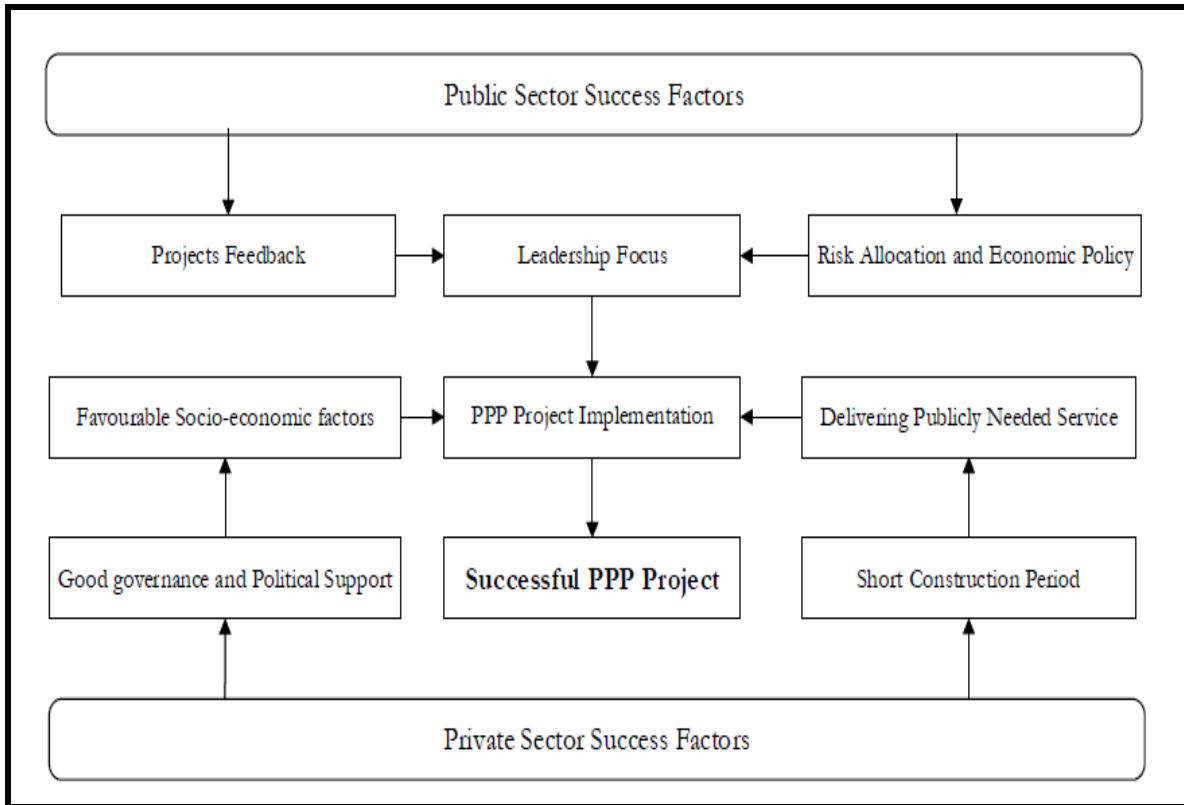


Figure 2.1: Public and Private Sector Success Factor Model

Source: Sanni, Afeez Olalekan

Rockart (1982) on the other hand states that critical success factors (CSFs) can be defined as “several key areas of activity in which favorable results are absolutely necessary for a manager to achieve his goals”. According to Liu et al. (2014), since the evolution of PPP, a number of researchers have employed the concept of CSFs to improve the understanding and best possibilities of sustainable implementing PPP policy for infrastructure development. Previous research also shows that the national PPP development depends, among other things, on political commitment, fiscal conditions, institutional support, PPP policies, legal and regulatory framework, and economic investment and government support for PPP initiatives. Recent research revealed a number of obstacles in the implementation of Public-Private Partnerships in developing economies, such as the shortage of government financial resources, public sector inefficiencies, huge uncertainties in contractual environment, public and private partners’ capacity deficiencies, weak political willingness, and administrative bottlenecks. (Amović et al., 2020)

According to Rockart (1982), critical success factors (CSFs) could be defined as the ‘few key areas of activity where favorable results are absolutely necessary for a manager to reach his/her goals’. The CSF model has been employed for management measures since the 1970s (Mohr and Spekman, 1994). This approach actually opens the major areas necessary for ensuring success in management (Boynton and Zmud, 1984).

Since the evolution of PPP, a number of researchers have employed the concept of CSFs to enhance the understanding and best ways of implementing PPP policy for infrastructure development (Liu et al., 2014). This concept has been employed in diverse areas of PPP arrangement ranging from different infrastructure sectors, project models and stages within the PPP arrangement. For instance, in the water sector, Meng et al. (2011) investigated into the CSFs for PPP water projects in China which is of a transfer operate transfer model. Likewise, other infrastructure sectors of which PPP has been implemented have their CSFs explored and these include the transportation, telecommunication, energy and housing sectors (Liu and Wilkinson, 2013; Abdul-Aziz & Kassim, 2011; Askar and Gab-Allah, 2002; Jamali, 2004; Ozdoganm and Birgonul, 2000). At various stages within the PPP arrangement, the CSF concept has also been employed; for example, Ng et al. (2012) examined the success factors at the feasibility stage of PPP projects while Tang et al. (2012) focused on the success factors at the briefing stages of PPP. Additionally, Raisbeck and Tang (2013) analyzed the success factors at the initial design stages of PPP projects.

Also, Gannon and Smith focused on establishing the success factors for outlining a PPP business case to ensure a better forecasting of PPP projects' affordability and success. Other researchers also employed the CSF concept for general PPP infrastructure projects (Chan et al., 2010; Cheung et al., 2012; Hwang et al., 2013; Tiong et al., 1992; Zhang, 2005b). In fact, attention has also been given to developed and developing countries employing PPP policy to foster infrastructure growth; the CSFs for implementing PPP projects in these countries have also been explored by researchers (Babatunde et al., 2012; Jefferies et al., 2002; Li et al., 2005b). However, given the wide spectrum and coverage of studies on the CSFs for PPP, it would still be difficult for both practitioners and researchers to identify the most important CSFs for implementing PPP projects irrespective of the country, sector, stages or project model. It is therefore important for the key findings identified in previous studies to be fully summarized, examined and analyzed in order to broaden the understanding of the most important CSFs for delivering PPP irrespective of country, the stage of PPP project, sector and project model adopted. (Osei-Kyei & Chan, 2015)

2.3 EMPIRICAL LITERATURE REVIEW

This section reviews existing literature from around the global, regional and local perspectives on the implementation of PPPs in Health Sector. The study further brings out the critical success factors of the PPPs.

2.3.1 EMPIRICAL STUDIES IN THE GLOBAL PERSPECTIVE

Joudyian et al. (2021) conducted a scoping review on Public-Private Partnerships in primary health care in Iran. The study was based on the Astana Declaration on Primary Health Care that was agreed as a cornerstone of a sustainable health system for universal health coverage (UHC) and health-related Sustainable Development Goals. The Astana Declaration called for governments to give high priority to PHC in partnership with their public and private sector organisations and other stakeholders.

Joudyian et al. (2021)'s main objective was to examine the evidence on the use of PPPs in the provision of PHC services, reported challenges and recommendations. The study systematically reviewed sixty-one peer-reviewed studies from six databases. These are ScienceDirect, Ovid Medline, PubMed, Web of Science, Embase, and Scopus and supplemented it by the search of grey literature. PRISMA reporting guidelines were followed.

Joudyian et al. (2021) found that most PPPs projects were conducted to increase access and to facilitate the provision of prevention and treatment services for diseases such as tuberculosis, education and health promotion, malaria, and HIV/AIDS services for certain target groups. However, Joudyian et al. (2021) found that most projects reported challenges of providing PHC via PPPs in the initial and implementation phases. The reported challenges and recommendations on how to overcome them related to education, management, human resources, financial resources, information, and technology systems aspects. Joudyian et al. (2021) therefore, concluded that despite various challenges, PPPs in PHC can facilitate access to good health care services, especially in remote areas. The findings agreed with Osei-Kyei & Chan (2015). Joudyian et al. (2021) recommends that governments should consider long-term plans and sustainable policies to start PPPs in PHC and should not ignore local needs and context.

On the other hand, Amović et al. (2020) investigated the critical success factors (CSFs) influencing the establishment of a sustainable Public-Private Partnership in transition conditions in Bosnia and Herzegovina. This study was conducted during the 90s when most of the Western Balkan countries were in transition from one social and political system (Union of Soviet Socialist Republics) to another. Burdened by the turbulent political ambience, unsuccessful privatisation, the changes of ownership structure, and reforms that had taken place in almost all areas of social and economic life, Bosnia and Herzegovina had failed to regenerate the devastated economy and public infrastructure, which had largely slowed the country's economy and economic development. These aspects are reflected in the fact that Bosnia and Herzegovina today have had the most expensive toll costs in the region, the worst traffic infrastructure, the most expensive administration in Europe, sluggish bureaucratic procedures and rules, high price of water and utility services, as well as

devastated utility infrastructure and wild dumpsites, deteriorating schools, hospitals, prisons, and other public facilities. The tendency to meet the needs for public infrastructure and more efficient public services required significant financial means and “know-how” resources, which could be provided by mobilising private capital resources in the form of Public-Private Partnerships. Faced with severe fiscal constraints and growing public debt, Bosnia and Herzegovina took the first steps to establish a legal framework for concessions and Public-Private Partnerships in 2002 by adopting the Law on Concessions at all levels.

Amović et al. (2020) used a factor analysis survey which applied the Principal Analysis and Varimax method with Kaiser normalisation. The normalisation extracted four CSFs: (1) the establishment of a central PPP unit—knowledge center; (2) the establishment of a compatible legal/regulatory framework; (3) development of national PPP policies and strategies; and (4) standardization and transparency of the process. A total of 650 questionnaires were sent to the addresses of public sector institutions in Bosnia and Herzegovina. Most of the respondents in the survey were representatives of local authorities (35%), public undertakings (30.6%), faculties/higher education institutions (12.7%), ministries (10.8%), state agencies (9.6%), and others (1.3%).

Amović et al. (2020) found that an effective Public-Private Partnership (PPP) framework in emerging markets can help to ensure a strong private sector response. The results of this study show that the biggest obstacles to effective PPP implementation in transition countries, with a lack of professionally qualified staff, are the lack of institutional capacity for PPP, inefficient legislative framework, lack of public PPP policies and strategies, and unclear PPP initiation procedures. The research confirmed the established hypothesis and revealed the extraction of four critical success factors (CSFs) in establishing a sustainable PPP in transition conditions: (1) the establishment of a central PPP unit—knowledge center; (2) the establishment of a compatible legal/regulatory framework; (3) development of national PPP policies and strategies; and (4) standardization and transparency of the process.

In the concluding remarks, Amović et al. (2020) address the perspectives and methodological research constraints, examining possibilities to develop new knowledge and more efficient Public-Private Partnership implementation in the developing PPP markets of transitional economies.

2.3.2 EMPIRICAL STUDIES IN THE REGIONAL PERSPECTIVE

Oleribe et al. (2019) conducted a study to identify the principal challenges in the health sector in Africa and their solutions for evidence-based decisions, policy development and program prioritisation. The study was conducted as part of a recent African Epidemiological Association Meeting in Maputo, Mozambique with participants drawn from 11 African countries, Cuba, Portugal and the United Kingdom. Participants were divided into 10 groups, consisting of 7 to 10 persons each. Brainstorming approaches were used in a

structured, modified nominal group process exercise to identify key challenges and strategies to mitigate healthcare service challenges in Africa. Identified challenges and solutions were prioritised by ranking 1–5, with 1 most important and 5 being least important.

Oleribe et al. (2019) found that the first three challenges identified were inadequate human resources (34.29%), inadequate budgetary allocation to health (30%) and poor leadership and management (8.45%). The leading solutions suggested included training and capacity building for health workers (29.69%), increase budgetary allocation to health (20.31%) and advocacy for political support and commitment (12.31%).

Oleribe et al. (2019), therefore, concluded that the underdeveloped healthcare systems in Africa need radical solutions with innovative thought to break the current impasse in service delivery. The study further suggested that public-private initiatives should be sought, where multinational companies extracting resources from Africa might be encouraged to plough some of the profits back into healthcare for the communities providing the workforce for their commercial activities. Most problems and their solutions lie within human resources, budget allocation and management. These should be accorded the highest priority for better health outcomes.

2.3.3 EMPIRICAL STUDIES IN THE ZAMBIAN PERSPECTIVE

Mugwagwa & Banda (2020) conducted a study on the role of Public Private Partnerships in health systems with a case study of seven Southern African countries which includes, Zambia, Zimbabwe, Botswana, Namibia and South Africa. The study used a mixed method of primary and secondary qualitative and quantitative evidence, to assess the dynamics of PPPs as a viable financing mechanism for investment in the pharmaceutical sector (drugs and vaccines) that leads to better health service delivery through the health and industrialisation complex.

Mugwagwa & Banda (2020) found that while the core provision of healthcare services is primarily viewed as the responsibility of governments, policymakers increasingly recognised that in evolving health contexts, private actors' capital and expertise can be a central driver for improving both cost-efficiency and overall health system effectiveness, through enhanced access to services and the introduction of innovative technologies and service delivery modes.

Mugwagwa & Banda (2020) further found that PPPs are better placed to address market deficiencies, through risk sharing, across multiple stakeholders and projects. This is relevant in contexts of emerging technologies and innovations where associated 'high technical risks' may be viewed by traditional funders as outweighing

the short term visible economic benefits, and governments may be balancing a number of development and social initiatives. In conclusion, Mugwagwa & Banda (2020) states that PPPs are prevalent and present innovative financing mechanisms which drive social inclusion. The case studies presented showcased how the potential avenues for advancing well as investors in PPPs. These multiple roles could be leveraged for identification and deployment of needed political champions for PPPs in the study countries.

Mudenda et al. (2007) conducted a study on the potential areas of Public Private Partnerships in Health with a case study of Zambia. The study was premised on the challenges of health care services despite the country opening up the health care to private sector. Mudenda et al. (2007) collected data from 143 private health care centres in Zambia using structured questionnaires. In addition, Mudenda et al used eight key informant interviews with NGOs, private sector, professional organisations and government officials.

Mudenda et al (2007) found that the majority of health providers’ perceived strength lies in the quality of the services provided, good customer relations and location of the health centre. The study further found that 95% of private providers prefer to collaborate with government than any other provider. On the other hand, 65% of health workers preferred to work with government. The interviews with key informants argued that private sector health providers should be nurtured as they complement government’s efforts in health service delivery. Mudenda et al (2007) therefore concluded that there is willingness for private sector to collaborate with government through PPP model.

2.2.4 RESEARCH GAPS

No	Author and Year of Publication	Topic	Findings	Methodology	Gap
1	Joudyian et al. (2021)	Public-Private Partnerships in Primary Health Care: a Scoping Review.	Most PPPs projects were conducted to increase access and to facilitate the provision of prevention and treatment services for diseases such as tuberculosis,	Peer-reviewed studies	The study concentrated on the provision of targeted diseases such as Malaria, HIV/AIDS, TB, Health Promotion and Education leaving out other serious non-communicable

No	Author and Year of Publication	Topic	Findings	Methodology	Gap
			education and health promotion, malaria, and HIV/AIDS services for certain target groups.		diseases and surgical services.
2	Amović et al. (2020)	Critical Success Factors for Sustainable Public-Private Partnership (PPP) in Transition Conditions: An Empirical Study in Bosnia and Herzegovina	<p>An effective Public-Private Partnership (PPP) framework in emerging markets can help to ensure a strong private sector response.</p> <p>The biggest obstacles to effective PPP implementation in transition countries, with a lack of professionally qualified staff, are the lack of institutional capacity for PPP, inefficient legislative framework, lack of public PPP policies and strategies, and unclear PPP initiation procedures</p>	Factor analysis survey which applied the Principal Analysis and Varimax method with Kaiser normalisation.	The study was concerned with the PPP Framework in emerging markets leaving out the challenge of health service delivery hanging.
3	Oleribe et al. (2019)	Identifying key challenges facing healthcare systems in Africa and potential solutions	The first three challenges identified were inadequate human resources, inadequate budgetary allocation to health and poor leadership and management	Brainstorming in a group focused discussion	Human resource in Health sector has been sorted out in Zambia. There are of health workers still unemployed.

No	Author and Year of Publication	Topic	Findings	Methodology	Gap
4	Mugwagwa & Banda (2020)	The Role of Public Private Partnerships in Health Systems: Experiences from Southern Africa.	<p>Private actors' capital and expertise can be a central driver for improving both cost-efficiency and overall health system effectiveness, through enhanced access to services and the introduction of innovative technologies and service delivery modes.</p> <p>PPPs are better placed to address market deficiencies, through risk sharing, across multiple stakeholders and projects.</p>	Mixed method of qualitative and quantitative research	The study does not respond to the reality of income levels of many citizens in the stated countries of study. Most people live below the poverty datum line and depend on government for health interventions. NHIMA in Zambia, only covers those in formal sectors. The majority of income earners are clustered in informal sector.
5	Mudenda et al. (2007)	The Potential Areas of Public Private Partnerships in Health: The Case of Zambia	The majority of health providers' perceived strength lies in the quality of the services provided, good customer relations and location of the health centre. The study further found that 95% of private providers prefer to collaborate	Qualitative Techniques	The study assumes the convergence of private and public health providers will provide efficient services without analysing the work culture of public health workers who are not profit-oriented. On the other hand, private health providers are there in business and

No	Author and Year of Publication	Topic	Findings	Methodology	Gap
			with government than any other provider.		not for political cause of offering free public goods (health services) to the poor.

2.4 CHAPTER SUMMARY

The chapter has highlighted the significance of health services to the people from the global perspective to the local perspective. The chapter has further brought to light the empirical literature review on PPP in health service delivery and ended with an analysis of the research gaps that this study intends to respond. This chapter has laid a foundation for the next chapter which is theoretical and conceptual framework which anchors the subject of research.

CHAPTER THREE

THEORETICAL AND CONCEPTUAL FRAMEWORK

3.1 INTRODUCTION

This chapter posits the theoretical review and conceptual frameworks used to guide the researcher with study investigations. The theoretical and conceptual framework explains the path of a research and grounds it firmly in theoretical constructs. The overall aim of the two frameworks is to make research findings more meaningful, acceptable to the theoretical constructs in the research field and ensures generalizability (Adom et al., 2018). The framework is developed based on the literature review in the previous chapter and the theories considered include: 1) Resources Based View, and 2) New Public Management Theory. The chapter further considers formulation of conceptual framework of the study aimed at depicting independent and dependent variables with their respective parameters employed in the study.

3.2 THEORETICAL FRAMEWORK

The study theoretical framework was founded on theories related to Public Private Partnerships which enabled development of research hypothesis. The guide provided by the framework enables the researcher formulate a well-planned research inquiry (Grant & Osanloo, 2014). In this study, the researcher compiled the following theories which were later used as guide for research investigation of the findings.

3.2.2 New Public Management Theory (NPM)

The New Public Management Theory (NPM), which introduces the methods of business or enterprise management to government (Xu et al., 2015). NPM reforms broadly is aimed at improving public services through a dual ‘Government- Market’ structure (Mongkol, 2011, p.35) where government contributes capital to outsource public goods and services from the Private Sector. Summarily, NPM practices pay more devotion to the Government-Market collaborations (Bonina & Cordella, 2009; Bao, Wang, Larsen & Morgan, 2012; Xu et al., 2015), thus, ‘privileging the private over the public sector, the individual over the community, the consumer over the citizen, rivalry over cooperation, passive over active engagement, and individual interest over the common good aspirations’ (Benington, 2007, p.2-5). The public sector focuses on formulating policies and controlling the way public services are provided by the private for-profit organizations through specific performance indicators, monitoring and market-based mechanisms. In this study, the NPM theory is relevant to the extent of government’s willingness to let the private sector have a larger part of investment and control. This will attract more private sector investment in PPPs. This theory thus supports this study’s topic.

3.2.3 New Public Service Theory (NPS)

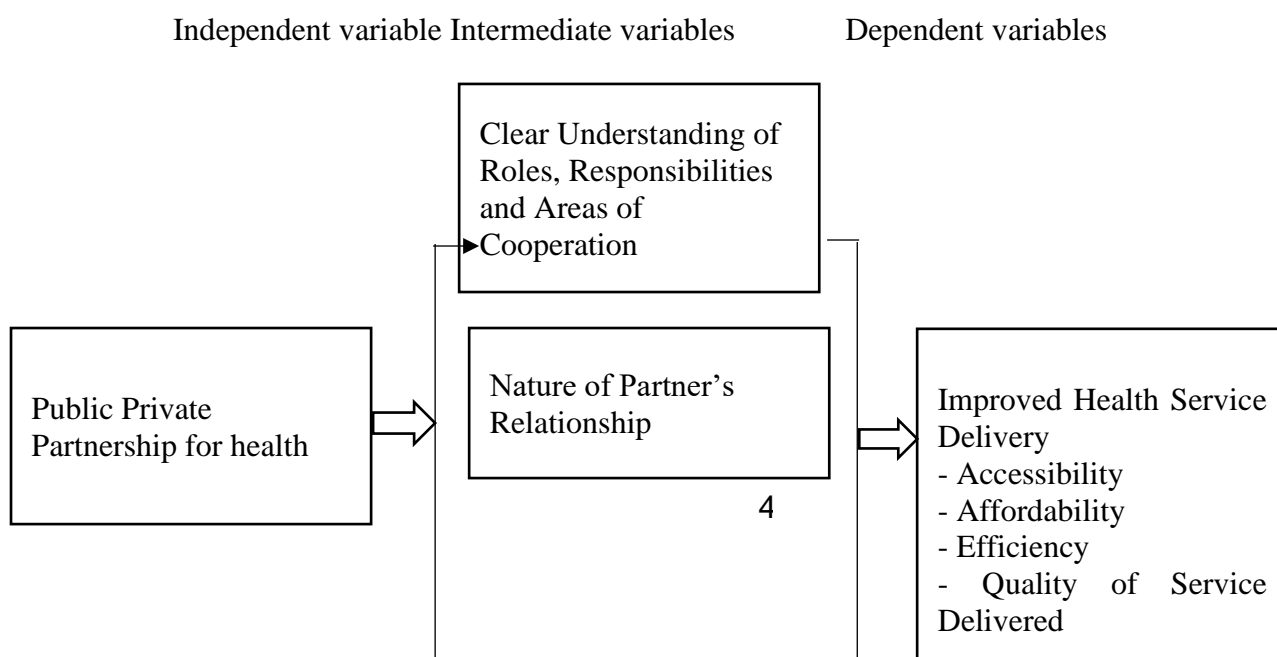
New Public Service Theory (NPS) is a movement built on the ideals of equality among the citizens (Denhardt & Denhardt, 2015), and is a governance scheme that makes citizens the main focus during the management

of public affairs (Denhardt & Denhardt, 2000). NPS focuses on public service provision on complying with public interests through collaborative relationships, shared responsibilities and common understanding of public issues, and active involvement of citizens in government activities (Robinson, 2015). NPS practices ensure that PPPs meet the collective public interests, since public servants are given the mandate to develop innovative ways of consolidating civilian participation in providing solutions to community challenges. The bureaucrats are expected to pursue the implementation of PPP policy through brokering, negotiation and resolving complex service delivery problems in partnership with the citizens. The key role of government is to provide an environment in which PPPs can address society’s service delivery needs through dialogue, open, flexible, accountable, accessible, and transparent means and structures.

This theory is relevant in that it balances and safeguards the interest of the citizen from exploitative interests of the private sector in running PPPs. The private sector’s interest is to reap high returns within short period whereas government has the duty to moderate the private sector’s profit maximization agenda. This theory thus supports this study’s topic.

3.2 CONCEPTUAL FRAMEWORK

A conceptual framework is a structure which the researcher believes can best explain the natural progression of the phenomenon to be studied (Camp, 2001). It is arranged in a logical structure to aid provide a picture or visual display of how ideas in a study relate to one another (Grant et al, 2014). It is an illustration of independent and dependent models/variables together with their assumed connection to each other. The frameworks below was developed by two different authors who undertook similar studies served as references in the formulation of a conceptual framework for this study.



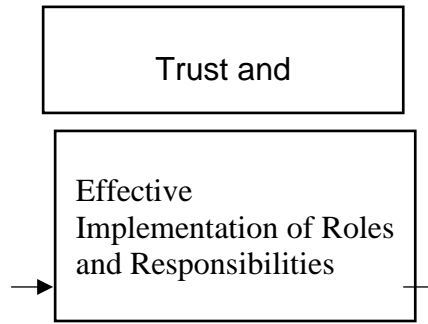


Figure 3.1: Conceptual Framework on the Effectiveness of PPP on Service Delivery in Hospitals

Source: (Musa, 2016)

3.2.1 The Independent Variables

Public Private Partnership in health service delivery was the independent variable in the conceptual framework above. 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.

3.2.2 Dependent Variables

i) Affordability

Affordability was measured by medical costs in terms of ability of the people to pay for health care services before and after PPP.

ii) Accessibility

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.

iii) 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.

iv) 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.

Another conceptual framework is illustrated below by Sakala (2020)

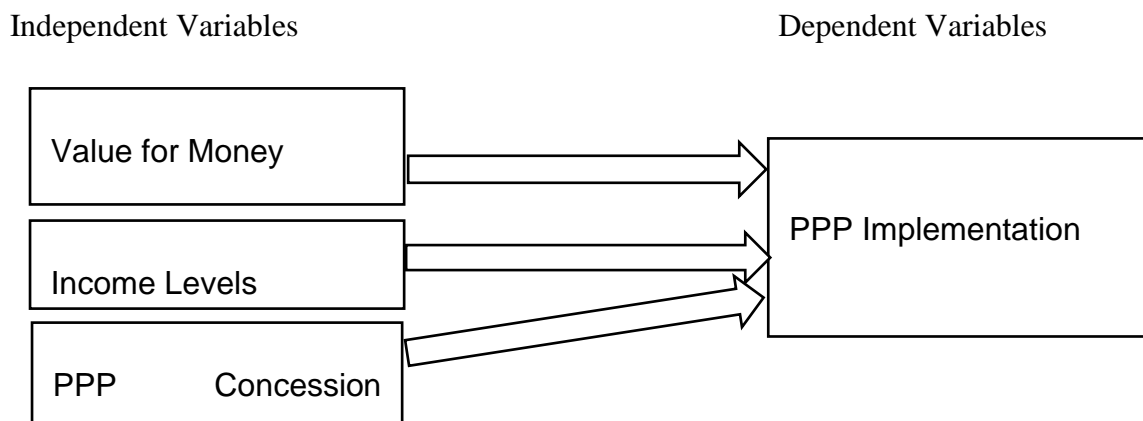


Figure 3.2:Figure 3.2 Conceptual Framework on the PPP Implementation

Source: (Sakala, 2020)

3.2.3 Independent Variables

i) **Value for Money**

Any PPP Model inculcate the private sector’s interest in the PPP project to be undertaken. If the PPP project has a positive Net Present Value after taking into account PPP duration, more private sector will be willing to invest and that leads to Implementation of PPP project.

ii) **Income levels of Private Participants**

When income levels of private individuals is high, more private players will come on board to invest in the PPP project and that leads to Implementation of PPP project.

iii) **PPP Concession Duration**

Private players like a longer PPP duration because it offers more benefits with passage of time. However, the public players favour the shorter duration of PPP concession agreement because ownership will be transferred as soon as the duration expires. So the longer the PPP concession period, the more private players will invest in the PPP implementation than when the duration is shorter.

3.2.4 Dependent Variable

i) **PPP Implementation**

The Implementation of PPP Project is dependent on Value for Money of the project to be implemented. The more private players have high income levels, the easier for the implementation of PPP projects. Finally, the longer the PPP concession duration the more private players will participate to implement the PPP project.

Figure 3.3 below is an illustration of independent and dependent models/variables together with their assumed connection to each other.

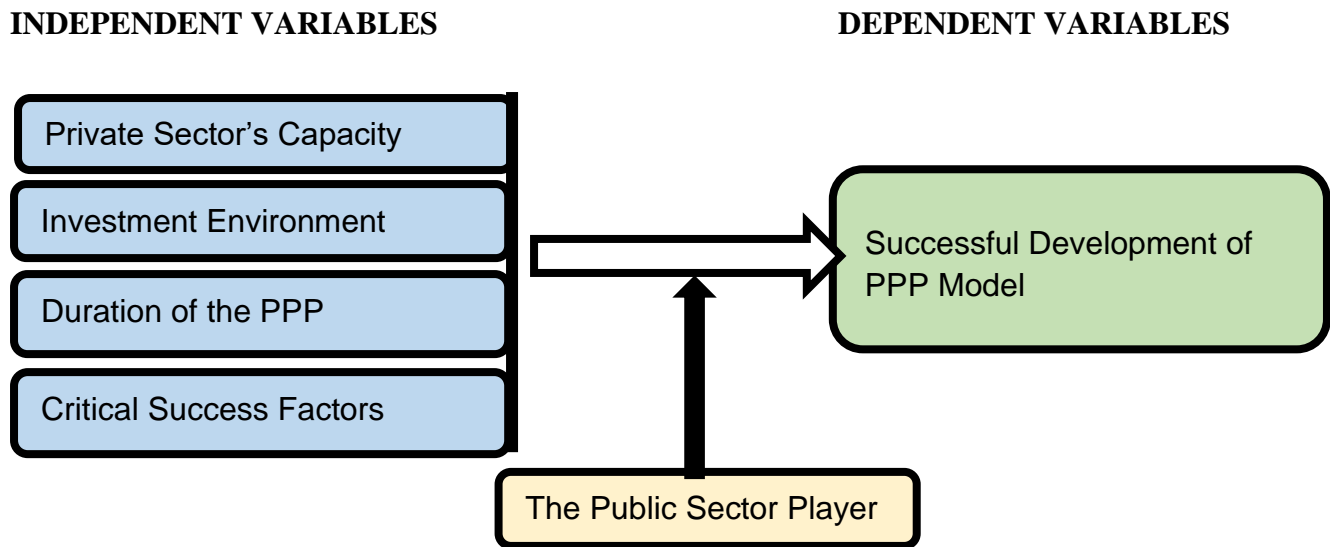


Figure 3.3: Independent and Dependent Variables

Source: Author 2023

3.2.2 CONCEPTUAL RELATIONSHIP BETWEEN VARIABLES

In this section, the conceptual relationship between variables is explained on how the variation in each independent variable cause the variations in the dependent variable and the subsequent formulation of the hypothesis.

i) **Public Sector Player** (an Intervening Variable)– Public Sector’s Capacity, especially fiscal capacity, is essential for successful PPP adoption. The PPP is regarded as a useful tool to alleviate the financial burden and mitigate the debt risk of local governments. As such, governments with a lower fiscal capacity or higher financial burden will be more likely to adopt a. Based on a systematic literature review of 186 articles, (Wang et al. 2018) concluded that fiscal capacity is a leading factor that contributes to the adoption of PPP.

When the public sector has the capacity to enter into the PPP agreement with the private sector for the successful service delivery in the health services, there is likelihood that the two parties will broker a successful PPP Model for service delivery. For a successful PPP, government has to consent for it before the private sector is called to participate through bids. The private sector cannot jump into a PPP without the government's authority.

ii) **Private Sector's Capacity** (Independent Variable) – For a successful PPP engagement, private sector participation is cardinal. The more private sector is willing to invest in PPP agreement, the better the PPP model choice for service delivery. For a more successful PPP Model, the public sector must be willing to offer and invite the private sector to participate.

iii) **Investment Environment** (Independent Variable) – A favorable investment institutional environment can also promote PPP adoption by encouraging private enterprises to invest in PPP. (Pan et al., 2020). For a successful PPP Model the public sector must provide an enabling investment environment that will attract the private sector to increase its participation in a profitable PPP Model. In the absence of a favourable investment environment, the private sector who are profit-oriented will hardly invest in a loss-making PPP venture.

The institutional environment factors reflect the essential elements that constitute a sound PPP environment. Private enterprises may face substantial uncertainties when being involved in a PPP. A suitable institutional environment can help reduce conflicts among different stakeholders, decrease opportunistic behaviors, and increase the profit of a PPP, and thus facilitate the involvement of private sectors and PPP adoption. Brewer & Hayllar (2005) found that a sound institutional environment is beneficial to the long-term cooperation between the private sectors and the government, which plays a critical role in PPP initiation. Based on a qualitative comparative analysis, Soecipto and Verhoest (2018) concluded that a well-developed institutional environment could bolster PPP development. The main elements that constitute the institutional environment include the government institutional environment and investment institutional environment.

iv) **Duration of the PPP** (Independent Variable) – The longer the concession duration of the PPP the more profitable for the private sector. The more private sector will be willing to invest in the PPP. If the concession duration is shorter very few private investors will be willing to engage in the PPP Model for service delivery.

v) **Critical Success Factors** (Independent Variable) – Critical success factors are cardinal for the choice of PPP Model in the health sector. The availability of drugs, increased qualified healthcare workers, increased state of the art health infrastructures across the country, availability of laboratory services and specialized

Medicare for all types of ailments are some of the critical success factors of the PPP in health sector especially at the University Teaching Hospital.

vi) **Successful Development of PPP Model** (Dependent Variable) – Development of a successful PPP Model depends on the Critical Success Factors to a large extent, the Private Sector Capacity to undertake the PPP agreement, the Investment Environment and PPP Concession duration. All these again depend on the willingness of the public sector to engage the private sector into the PPP agreement. Kort and Klijn (2011) pointed out that the management strategy of the government rather than the organizational feature is a determinative factor in fostering PPP development. Based on a systematic review of 122 PPP cases in 27 countries, Xiong et al (2019) pointed out that a good governance practice is critical for PPP success.

3.3 HYPOTHESIS

The study hypothesis was formulated as follows:

Null hypothesis (Ho): Public Private Partnership Model does not affect service delivery in health services.

Alternative hypothesis (Ha): Public Private Partnership Model positively affects service delivery in health services.

3.4 CHAPTER SUMMARY

The chapter reviewed the theoretical literature and conceptual frameworks on the PPP models within public sector of The University Teaching Hospital (UTH) as a case study. A number of theories relevant to this study were explored and also how they were applicable to the study. The chapter established that the public sector efficiency can be influenced by the involvement of the private sector. It also highlighted on the outcomes of PPPs which are either benefits or risks. It was stated that in all theories Government policies were influenced by a number of factors which need to be considered before any formulation and for the success of a particular policy formulation. Thereafter, the chapter considered formulation of an ideal conceptual framework of this study which was derived from the examples from past literature studies. The conceptual framework had various variables which were later explained in form of independent and dependent variables. Lastly, research hypothesis for this study was developed which clearly depicted the

relationships between independent and dependent variables of the research. The next chapter will cover research methodology.

CHAPTER FOUR

RESEARCH METHODOLOGY

4.1 INTRODUCTION

The chapter presents the research methodology applied in the study and describes in detail the research design, the sources of data, the methods of collecting the data and how the data will be analysed. It particularly covers the research design, study area, study population, sample size and sampling techniques, sources of data, data collection methods, validity and reliability, and data analysis methods. Haralambos (2000) defined research methodology as the way of producing and analysing data so that the theories can be tested, accepted or rejected. Kothari (2000) describes research methodology as a technique to systematically

solve the research problem. The chapter also discusses the validity and reliability of data, data analysis methods to be used as well as the ethical issues taken into account in the study.

4.2 RESEARCH APPROACH

There are three types of research approaches, namely: Quantitative, Qualitative and Mixed methods. Researchers believe that the world is made of discoverable facts (quantitative) and also multiple realities which are construed by different individuals' view of the same situation (qualitative). "Quantitative research is a means for testing objective theories by examining the relationship among variables. These variables in turn can be measured, typically on instruments, so that numbered data can be analysed using statistical procedures." (Creswell, 2008). Qualitative research implies that "the enquirer makes knowledge claims based primarily on constructivist perspectives" (Marvasti, 2018).

Mixed method paradigm means that both the qualitative and quantitative research paradigm are used for carrying out research. This is in an effort to reach convergence of findings and as Kothari and Garg (2014) put it, "mixed method research is like conducting two mini-studies within one overall research project." Tashakkori and Teddlie (2003) add that "using mixed research in research complements one set of results with another in order to expand a set of results, or to discover something that would have been missed if only a quantitative or a qualitative approach had been used." In short, using mixed methods helps answer questions that create a solid basis. Furthermore, Cresswell et.al (2003) classified "mixed method design into two major categories: sequential and concurrent. In sequential designs, either the qualitative or quantitative data are collected in an initial stage, followed by the collection of the other data type during a second stage. In contrast, concurrent designs are characterized by the collection of both types of data during the same stage."

This study will select a mixed methods approach using the concurrent design. The motivating factors for choosing mixed methods were the significance of the study and nature of the research questions. This method also will make it easy for the researcher to apply not only statistics in analysis of the problem but also explanations and forecasts. According to Morgan (2007) "there will usually be some quantitative and some qualitative studies in research literature."

4.3 RESEARCH DESIGN

The research design is defined as a framework for carrying out research activities in different fields of study. It provides a guide or framework used to gather information and measure the data acquired from the research. It is the general plan of the research that shows the direction on how you will answer the research questions

(Saunders, et al; 2012). Parahoo (1997) defines a research design as a ‘plan that describes how, when and where data are to be collected and analysed.’ The research problem in this study determined the type of research design chosen. According to Kothari (2006) the research design is the basis of any study as it initiates and sets in motion various research processes necessary to achieve the objectives of the study. A descriptive research design will be used for this study.

Descriptive research design assists in answering the question ‘What’ related with the research question (Leedy and Ormrod, 2005). In addition, descriptive research design was also selected due to the nature of the research problem which is a case study. The descriptive research design helps to attain data relating to the research problem and describes the present status of the research problem. Descriptive studies provide a picture as it naturally occurs, may aim to draw a picture of a situation, person or event and show how things are related to each other (Saunders et al., 2007). Collins et al., (2006) concurred that descriptive research describes the phenomena as they exist. Descriptive designs emphasis on the current status of manifestations rather than the causes of the current manifestations (Mugenda and Mugenda 2003). Thus, it encompasses the collection and analysis of data in order to decide the current status of some phenomenon.

Based on the descriptive research design method chosen, the study will use both qualitative and quantitative research methods to collect data as it is appropriate for the research design and research questions. Qualitative research seeks to comprehend a social phenomenon within cultural, social and situational perspective without imposing pre-existing anticipations upon the setting (Matthews, 2010); Gubrium & Sanker,1994). It dwells upon the assumption that one obtains extensive in-depth data from ordinary conversations with people. Quantitative research is a scientific approach that is objective, gathers and uses numerical data (Saunders et al., 2012). According to Teshome (1998), use of both quantitative and qualitative approaches at the same time is advisable as quantitative data provides precise summaries and comparisons, whereas qualitative data provide general elaborations, explanations, meanings and relatively new ideas. Incorporating both research designs will help to come up with a more comprehensive description of the phenomena under exploration (Leedy 1996).

4.4 RESEARCH POPULATION

Salant and Dillman (1994) referred to research population as a set of elements that a researcher is interested in studying. Polit and Hungler (1999) concurred and define it as an aggregate or totality of all the objects, subjects or members that conform to a set of specifications. The research population for the study is 500 participants which consists of senior members of staff from the University Teaching Hospital, Directorate of Planning from the Ministry of Health, Officers from PPP Unit, Officials from the Private Sector

Development. The Management Team are responsible for strategic decision making, Departmental Heads and Senior Officers are the users of the services and activities as adopted from the Strategic action Plan Report for 2021. Planning Officers are involved in the drafting of specifications, implementation of hospital functions, contract management, monitoring of Service Level Agreements (SLAs) and procedures, as well as inspecting and confirming the works and service carried out by suppliers. Private Sector Development are responsible for safeguarding the interests of the private sector.

4.5 SAMPLING TECHNIQUE AND SAMPLE SIZE

4.5.1 SAMPLE SIZE

The study will use the Yamene (1967) formula for sample size determination which is stated below:

$$n = \frac{N}{1 + N(e)^2}$$

Where,

n is the Sample Size;

N is the Target Population

e is the Margin of Error at 95% Confidence Level

$$n = \frac{500}{1 + 500(0.05)^2}$$

$$n = \frac{500}{2.25}$$

$$n = 222.22$$

n = 223 Participants

The Study's sample size is 223 Participants.

4.5.2 SAMPLING TECHNIQUES

The researcher will use purposive sampling technique to all participants except members of the public which this research proposes to use a random sampling technique. The list of participants is shown in Table 1.4 below.

Table 4.1: Distribution of Research Participants

Table 4.1: Distribution of Research Participants

S/N	CATEGORY OF PARTICIPANTS	NO. OF PARTICIPANTS
1	Senior Medical Staff at UTH	25
2	Senior Management Officials at UTH (Administration)	25
3	Planning Department at UTH	5
4	Buildings Department at UTH	5
5	Senior Lecturers from UNZA (UTH)	25
6	Directorate of Planning at Ministry of Health HQ	5
7	PPP Unit Workers	4
8	Private Sector Development Executive	2
9	Members of the Public	127
TOTAL		223

4.6 DATA COLLECTION TECHNIQUES

Data collection is a substantial facet of any research and according to Sapsford et al., (2001) data collection is defined as the technique of gathering and measuring information on targeted variables in an established systematic fashion, which then enables one to answer relevant questions and evaluate outcomes. For the purpose of this study, the researcher will use both primary and secondary data sources to gather data. The methods that will be used to gather data from primary and secondary data sources are explained in the section below. Data will be collected through self- administered questionnaire; semi-structured interview will also be utilised to collect data. The questionnaire will have open and closed ended questions.

4.7 DATA COLLECTION INSTRUMENTS

Research instruments are tools used to gather information needed to solve a problem under study. Incorrect data collection has a bearing on the results and conclusions of a study. Data collection instruments describe the procedures and data collection tools utilised in the study. To adequately answer the research questions a significant amount of data need to be systematically collected. In order to collect the correct data and capture empirical evidence, the research method for this study combined both primary and secondary data collection instruments. Primary data is original and unprocessed information which is attained from direct source or respondent. Primary data permits a researcher to get as close as possible to what is really transpiring or what

something means to respondent (Ololube et al., 2012). In secondary source the researcher may not have been at the scene when the event happened, however, will get the account of events from sources like survey, newspaper and or text book (Barbie, 2001). Primary data was collected from the questionnaires and interview schedules. While secondary data may be sourced from the publications, audited annual reports and financial statements of UTH.

4.7.1 QUESTIONNAIRES

The questionnaires will be semi-structured in nature and therefore utilised both open-ended and close-ended questions (Sunder et al., 2009). Open-ended questions will be used mostly to gather the personal perspectives and opinions of the respondents. Closed ended questions will be used to maintain objectivity while open questions will be used in order to allow respondents to explain fully their responses.

4.7.2 FACE TO FACE INTERVIEWS

Interview is a relational process which happens when the interviewer asks planned questions to respondents in order to get answers to the issue under study (Ololube et al., 2012). In this study, a total of six interviews will be undertaken. The researcher utilised face to face interviews as a way of triangulating the research instruments to make one compliment the other and thus managing the weaknesses of each instrument.

4.7.3 DESK RESEARCH

Desk research will also be chosen as a data collection instrument for this study. Desk research will be used to gather secondary data which was deemed useful in this study. It fills data gaps that could not be obtained from the interview and questionnaires. It gathered both qualitative and quantitative data. Desk research is vital as it enables the use of information from company reports and statistics, financial statements and journals. Secondary data can either be internal or external. Internal data comprise of company database information, reports from various departments, customer feedbacks and complaints. External data was gathered from Ministry of Health reports, newspaper reports, regional and international institutions and online communities such as blogs, forums and social media.

4.8 ETHICAL CONSIDERATION

Research undertaken in social sciences often uses human beings as informants. Thus, it is vital for investigators to adhere on ethical issues and concerns connected with the research that one intends to carry out (Neuman 2007:50). Ethics of the research incorporate informed consent, confidentiality, protection of privacy, protection against harm and protection against identity (Saunders et al., 2012).

To this end, once the questionnaires have been set, the researcher will get authority from the Ethical Committee of the University of Lusaka to collect data from the field. Further, consent will be obtained from both the individual participants and the University Teaching Hospital Management to collect data from them and their premises respectively.

4.8.1 RIGHT TO CONFIDENTIALITY

The researcher will deliberate with the respondents the precautions which will be in place to protect confidentiality. This permitted respondents to decide on whether or not to take part in the research thereby increasing the reliability of the results as responses in the research will be given under the assurance of confidentiality. All the data that will be gathered will be treated as confidential and access will be limited to the researcher and University of Lusaka.

4.8.2 RIGHT TO REMAIN ANONYMOUS

In order for respondents to remain anonymous, no personal information will be accessible to anyone other than the researcher herself. To make sure that study respondents cannot identify individual names, employee codes, or job numbers will not be required. To uphold anonymity questionnaires and interviews will be administered to individuals as opposed to groups or teams.

4.8.3 RIGHT NOT TO PARTICIPATE

Saunders et al., (2007) it is achieved when intended respondents are fully informed about the nature, purpose and use of research to be commenced and their role in it, and where their consent to partake, if provided, is freely agreed. Informed consent stipulates that legal consent in any research should be properly informed and liberally agreed devoid of forces such as intimidation, coercion or coaxing. It is of utmost importance to allow respondents to choose where to participate in the study or not, as this will impact on the results. The researcher will first get informed consent from the respondents taking part in the study.

4.9 DATA VALIDITY AND RELIABILITY

Reliability denotes the extent to which data collection techniques or analysis processes will yield consistent findings (Easterby-Smith et al., 2009). It is the degree to which a questionnaire, test, observation or any estimation methodology that creates similar outcomes on repeated outcomes (Sanders et al., 2012). Reliability in this study was confirmed by pilot testing the data collection instruments. The questionnaire was piloted on 5 respondents and this assisted the researcher to improve the quality of the questionnaire, making the questions more relevant as well as eliminating any errors that could have been existent. The

Supervisor also supported by reviewing the questionnaire and pointing out area that required corrections and modifications. The supervisor monitored questionnaire use and distribution. The questionnaire will use Lickert scale questions to ensure reliability.

Validity asks the questions on the instrument if it measures what it is supposed to measure. It is concerned with whether the outcomes are certainly about what they appear to be about (Saunders et al., 2007). The instrument will be used for measuring should be accurate for the purpose. Validity will be assured by asking questions that will be in line with the objectives. Impartiality and neutrality will be used during the research. The questionnaire will not be too long and interviews will be expected to be done within 10 minutes (that is, 2 minutes per question).

4.10 DATA PRESENTATION AND ANALYSIS

Marshall and Rossman (1999) describe data analysis as the process of bringing order, structure and meaning to the mass of collected data. The data from the study will first be prepared, coded and then analysed. Data preparation comprises of cleaning, checking, sorting, transforming, recoding, and combining the data as applicable (Lyons and Doueck, 2010). Data analysis will be done by means of descriptive analysis. The descriptive analysis covered both qualitative data analysis and quantitative data analysis as the research design will be a mixture of both qualitative and quantitative methods of data collection. The Statistical Package for Social Sciences (SPSS) version 20 and Microsoft Excel tools will be used to analyse the collected data.

4.11 CHAPTER SUMMARY

The chapter looked at research methodology and gave details on research design, population and sample, research instruments and data collection procedures. The chapter also concentrated on research ethics, validity and reliability. Data analysis and presentation procedures have also been highlighted. The next Chapter, Chapter Five analyses the processed data from this chapter.

CHAPTER FIVE

DATA PRESENTATION AND FINDINGS

5.1 Introduction

This chapter presents the data and findings in line with the research objectives ,questionnaires issued and interviews conducted. The study used a mixture of quantitative and qualitative research design on a case study of the University Teaching Hospital for a successful implementation of improved health service delivery under a favourable PPP Model in Lusaka. Descriptive statistics were used to determine the normality of responses especially with the application of standard deviation and mean. . First, a summary of the data is provided, and then the qualitative and quantitative results are presented.

5.2 Questionnaire Survey

The data analysis for the questionnaire survey carried out was grounded on all the three research questions, namely;

What areas of medical service delivery require improvement at the University Teaching Hospital?
What are the causes of inadequate service delivery? and

What are the critical success factors for implementing a PPP framework in health sector?

5.2.1 Profile of respondents

The study had a sample size of 223 and respondents to the questionnaire were drawn from the members of the public, health authorities, Engineers, Planners, and other relevant stakeholders. The demographic representation of respondents are outlined in the figures below.

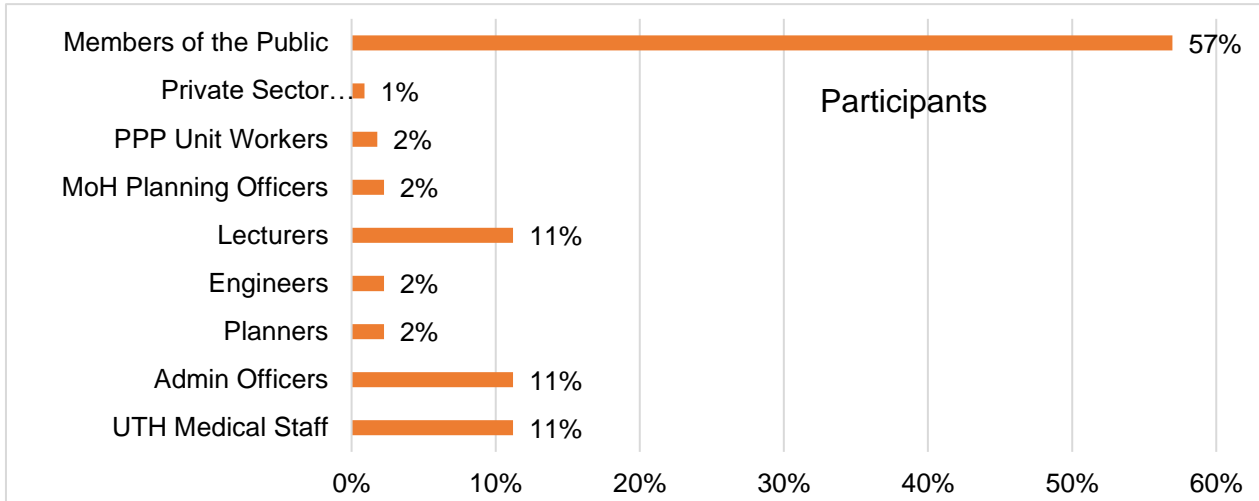


Figure 5.1: Participants

Figure 5.1 above show the characteristics of participants which indicated that the majority 57 percent were members of the public, 11 percent were Lectures, Administrative Officers, and Medical Staffs, 2percent were Planners, Engineers, and PPP Unit Workers while the private sector constituted 1 percent.

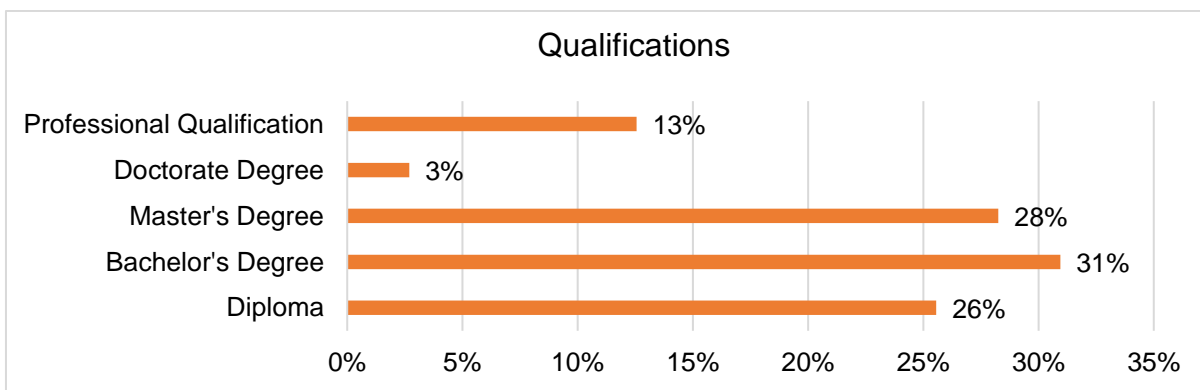


Figure 5.2: Qualifications of the Participants

Figure 5.2 above show the qualifications of the participants where the majority (31%) were Bachelor’s degree holders, 28% were Master’s degree holders, 26% were Diploma holders, 13% had Professional qualifications and 3% had Doctorate degrees.

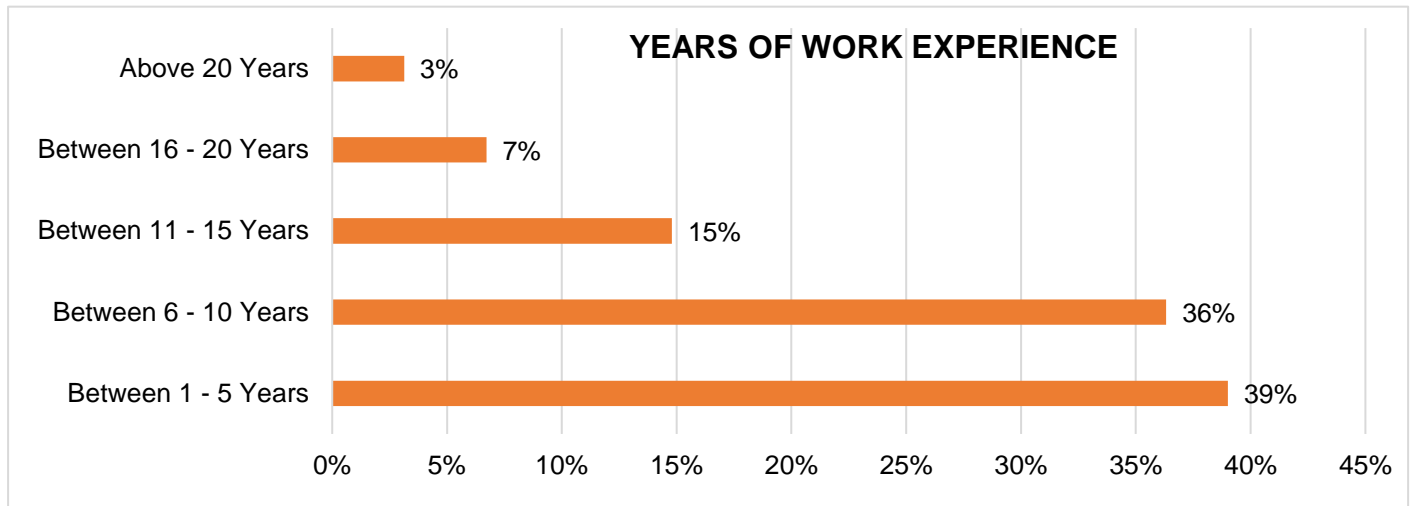


Figure 5.3: Years of Work Experience

Figure 5.3 above show the participants’ number of years of experience in the service. The majority (39%) had between 1 to 5 years of work experience, 36% had between 6 to 10 years of work experience, 15% had between 11 to 15 years of experience while 7% had between 16 to 20 years and 3% had more than 20 years of work experience.

The demographic distribution results therefore show that the study was widely participated by the general public and those in the health institutions who had at least bachelor’s degree and had between 1 to 5 years of work experience. However, the study had some representations from those with Master’s degree and doctorate degrees who had more than 10 years of work experience and provided valuable responses which was of great importance to the study.

5.2.2 DESCRIPTIVE STATISTICS

This section presents the descriptive statistics of the distribution of responses from the general public and health experts on the implementation of PPPs in health service delivery as shown in the Table 5.1 below.

Table 5.1: Descriptive Statistics

Statistics	Areas of Improvements	Causes of Inadequacies	CSFs
Mean	0.223	0.215	0.216

Standard Error	0.090	0.084	0.078
Median	0.206	0.209	0.206
Standard Deviation	0.180	0.168	0.157
Sample Variance	0.033	0.028	0.025
Kurtosis	0.018	1.246	0.043
Skewness	0.486	0.236	0.342

Source: Author (2023)

Table 5.1 above show the descriptive statistics of the responses and the results indicate that mean of 0.22 was evenly distributed in all the thematic areas with a standard deviation of 0.17 which by interpretation means that the standard deviation moves around the mean and indicates the normality of the distribution of data collected from the field. The table further show that the Kurtosis is within the normal range of +/-2.0 and is Skewed to the right with all positive values in the range of +/-1.0 throughout the thematic areas. This means that collected data was normally distributed on the straight line with no outliers present which could otherwise distort the distribution of data and affect the interpretations. This simply shows that there was information asymmetry among the respondents and the information can be relied upon (Kline, 2005).

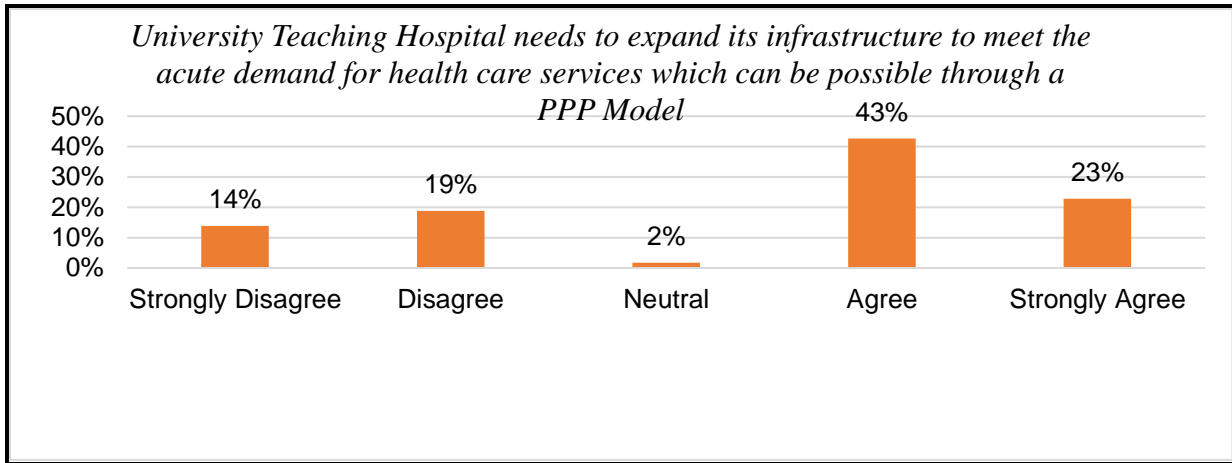
5.2.3 AREAS OF IMPROVEMENT IN MEDICAL SERVICE DELIVERY

The following sections analyse the responses on the thematic areas of research questionnaires. Six (6) possible areas of improvement in the medical service delivery were identified from literature of which all of them were identified as being applicable to Zambia particularly the University Teaching Hospital compiled in the questionnaire survey. These were also analysed and then grouped into key areas.

5.2.3.1 Expansion of Hospital Infrastructure

Figure 5.4 below shows that 43% of participants agreed that UTH needs to expand its current infrastructure to meet the acute demand of health services and 23% strongly agreed while 19% disagreed and 14% strongly disagreed while 2% of respondents remained neutral. The results therefore established that UTH needs to expand its health infrastructure and that can be possible through PPP Model.

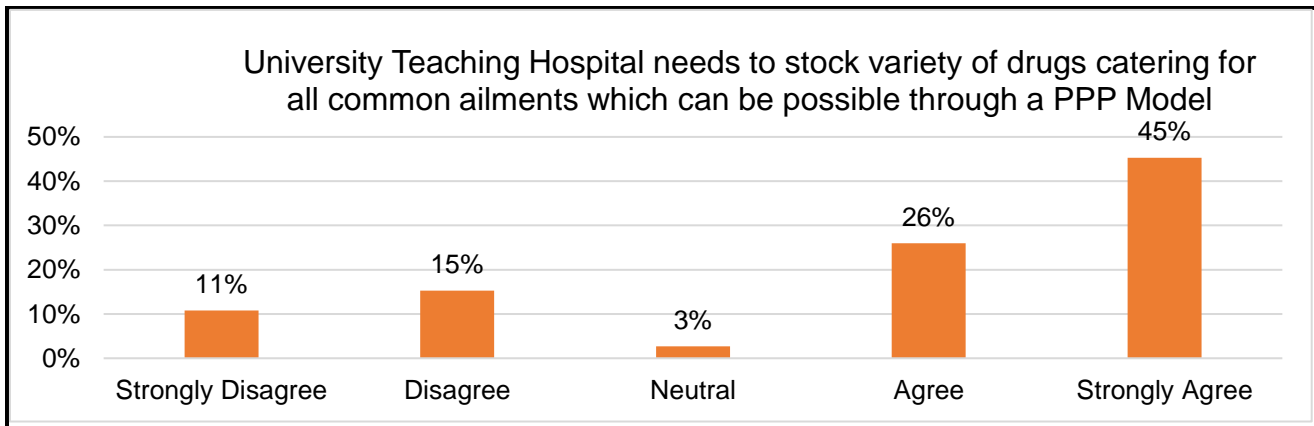
Figure 5.4: Expansion of Hospital Infrastructure



5.2.3.2 Stocking Variety of Drugs

Figure 5.5 below show that 45% of respondents strongly agreed while 26% agreed that UTH needs to stock variety of drugs. However, 15% of respondents disagreed while 11% strongly disagreed and 3% remained neutral.

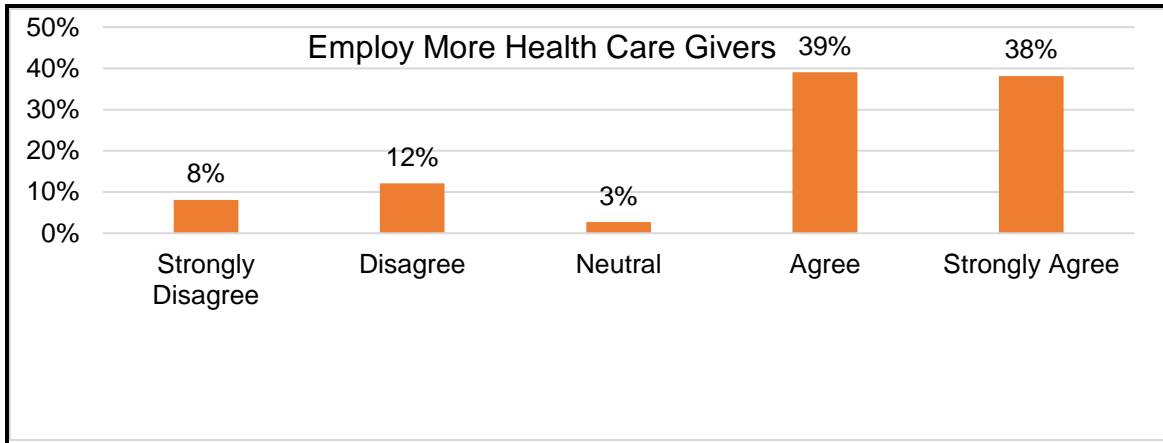
Figure 5.5: Stocking Variety of Drugs



5.2.3.3 Employ more Healthcare Givers

Figure 5.6 below show the responses to suggest the employment of more healthcare givers to cushion the crisis of the shortages of health workers. The majority (39%) agreed and 38% strongly agreed that UTH should employ more health workers to cushion the current health workers crisis in the health sector. However, 12% of respondents disagreed and 8% strongly disagreed while 3% remained neutral.

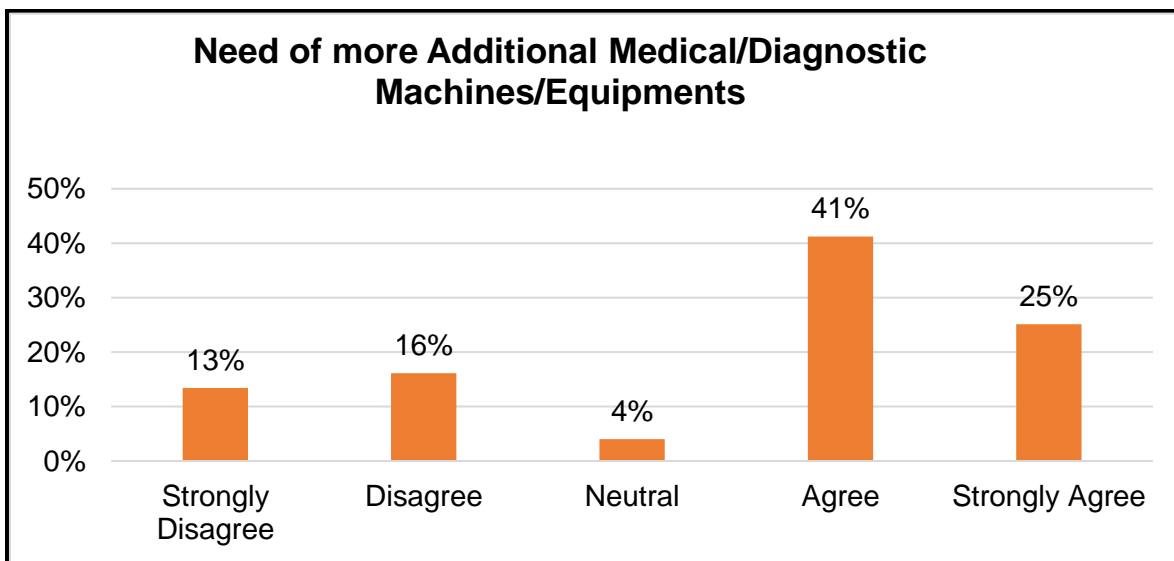
Figure 5.6: Employ more Healthcare Givers



5.2.3.4 Need Additional Medical Equipments

Figure 5.7 below show that the majority of participants (41%) agree and 25% strongly agreed that UTH needs to acquire additional medical equipments for use in the diagnosis. On the other hand, 16% of the respondents, disagreed and 13% strongly disagreed that UTH needs to acquire additional medical equipments.

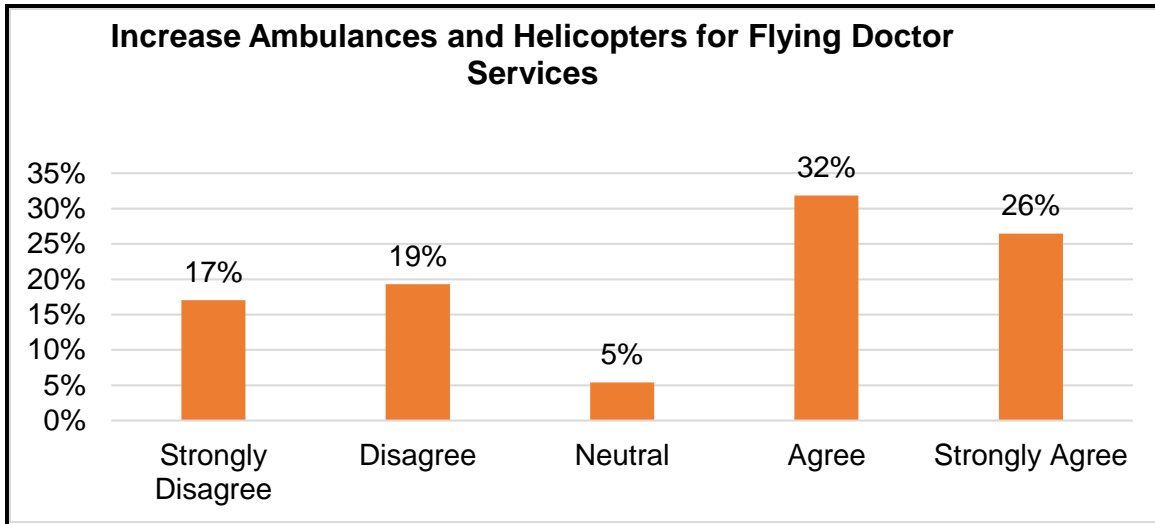
Figure 5.7: Need Additional Medical Equipment



5.2.3.5: Increase Ambulance Services and Flying Doctor Services

Figure 5.8 below shows that 32% of respondents agree and 26% strongly agree that UTH should increase the ambulance and flying doctors’ services for improved health service delivery. However, 19% of respondents disagreed and 17% strongly disagreed while 5% remained neutral.

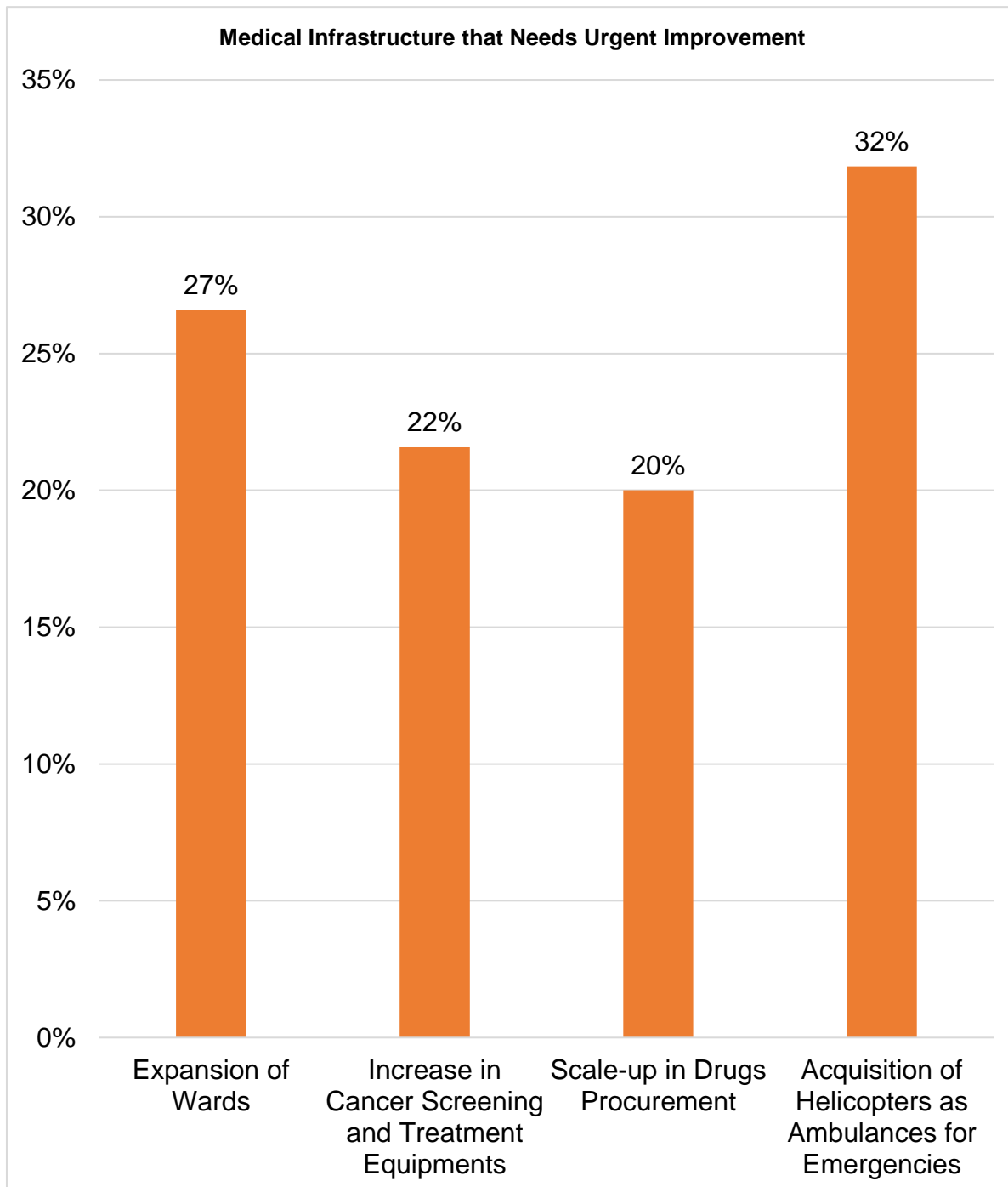
Figure 5.8: Increase Ambulance Services and Flying Doctor Services



5.2.3.6: Medical Infrastructure that Needs Urgent Improvement

Figure 5.9 below show the responses on an open-ended question where participants and interviewees were asked to state the areas that needed improvements for better service delivery. The majority (32%) stated that UTH should acquire and invest in Flying Services as Ambulance for emergencies, 27% stated that UTH should expand the current number of Wards to accommodate more In-Patients, 22% stated that UTH should increase Cancer Screening and Treatment Equipments while 20% of respondents stated that UTH should scale-up its drugs procurement process.

Figure 5.9: Medical Infrastructure that Needs Urgent Improvement



5.2.4 CAUSES OF INADEQUATE SERVICE DELIVERY OF IDENTIFIED AREAS

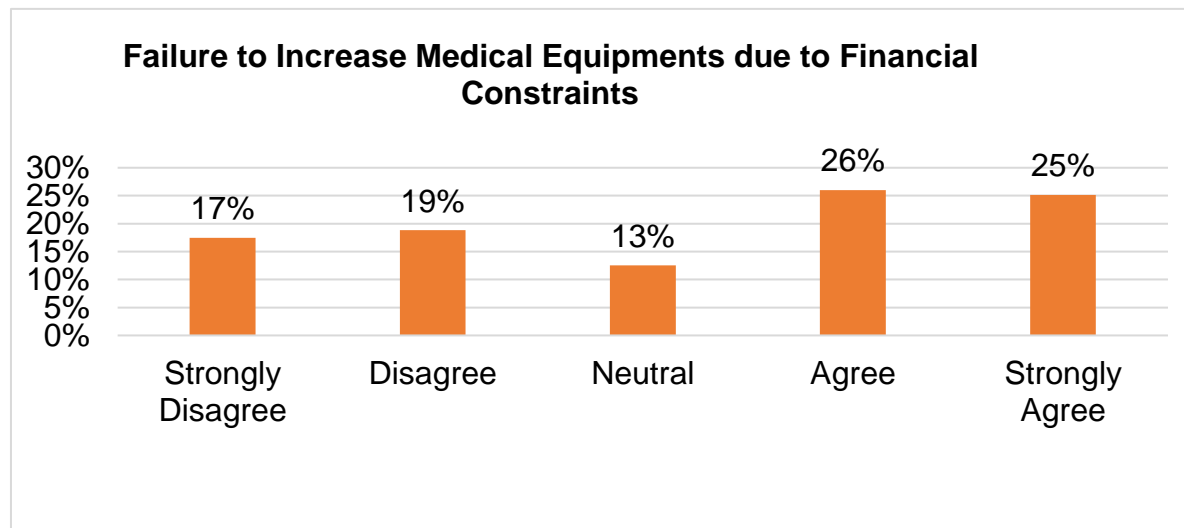
This section presents responses on causes of the inadequacies in health service delivery in identified areas at UTH.

5.2.4.1: Failure to Increase Medical Equipments due to Financial Constraints

Figure 5.10 below shows responses on the cause of inadequacies in the shortages of medical equipments due to financial constraints. The majority (26%) agreed and 25% strongly agreed that financial constraint caused

the inadequacy in medical equipments at UTH while 13% of responses remained neutral. However, 19% of respondents disagreed while 17% strongly disagreed. The results therefore established that Financial Constraints were the reason for the shortages of medical equipments at UTH.

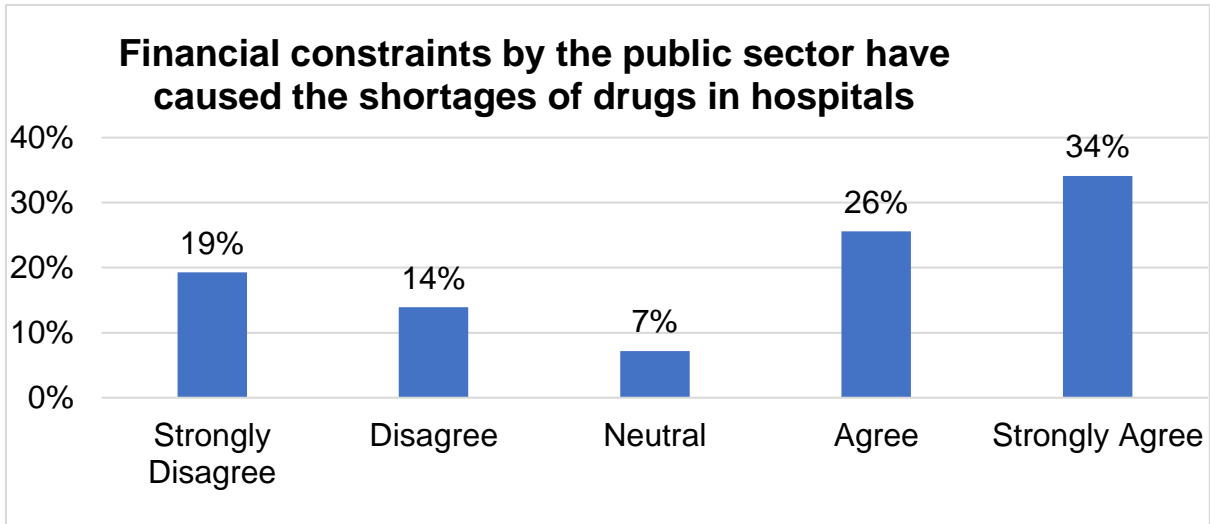
Figure 5.10: Failure to Increase Medical Equipments due to Financial Constraints



5.2.4.2 : Shortages of Drugs due to Financial Constraints

Figure 5.11 below shows that 34% of respondents strongly agreed and 26% agreed that the shortages of drugs was due financial constraints whereas 7% remained neutral. However, 19% of respondents strongly disagreed and 14% disagreed. The results therefore established that shortages of drugs at UTH was due to financial constraints by the public sector.

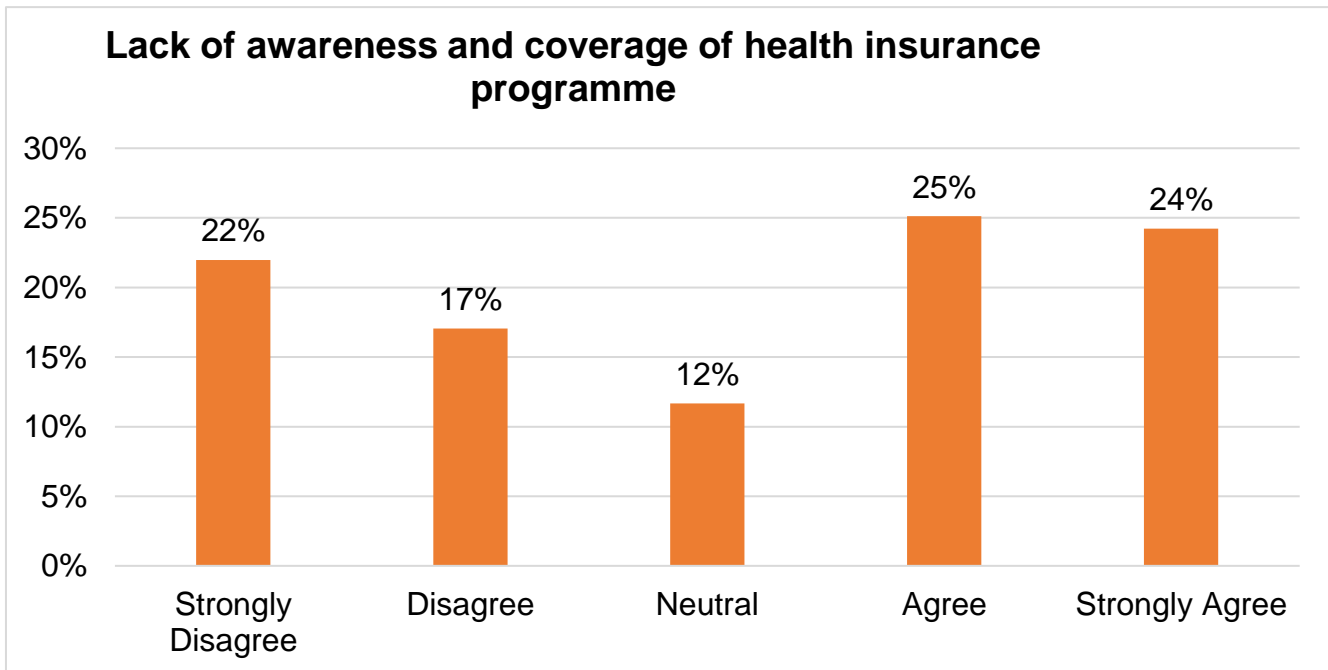
Figure 5.11: Shortages of Drugs due to Financial Constraints



5.2.4.3: Lack of Awareness and Coverage of Health Insurance Programme

Figure 5.12 below shows that 25% of the respondents agreed and 24% strongly agreed that lack of awareness and coverage of health insurance programme has caused the inadequacy in medical service delivery. However, 22% of respondents strongly disagreed and 17% disagreed while 12% of respondents remained neutral. The results therefore established that lack of awareness and coverage of health insurance programme has affected financial resources to deliver medical services.

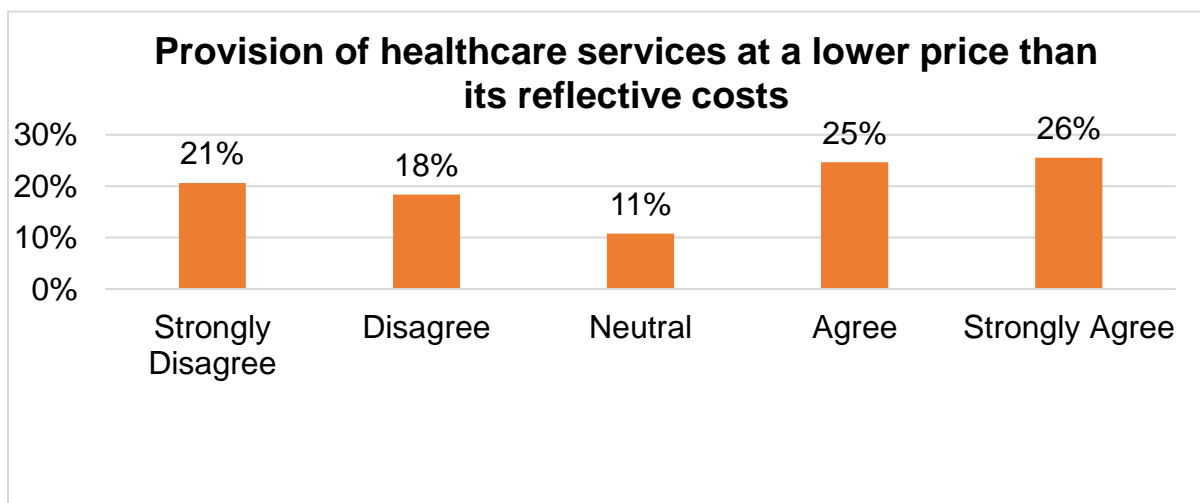
Figure 5.12: Lack of Awareness and Coverage of Health Insurance Programme



5.2.4.4: Provision of Health Services at Lower Prices than Reflective Costs

Figure 5.13 above show that 26% of the respondents strongly agreed and 25% agreed that the provision of healthcare services are at lower price than their reflective costs and thus do not attract investments in health sector. However, 21% of respondents strongly disagreed and 18% disagreed while 11% of respondents remained neutral. The results therefore established that the inadequacy in the provision of healthcare services at a lower price than reflective costs and hence it failed to attract high investment levels at UTH and in health sector as a whole.

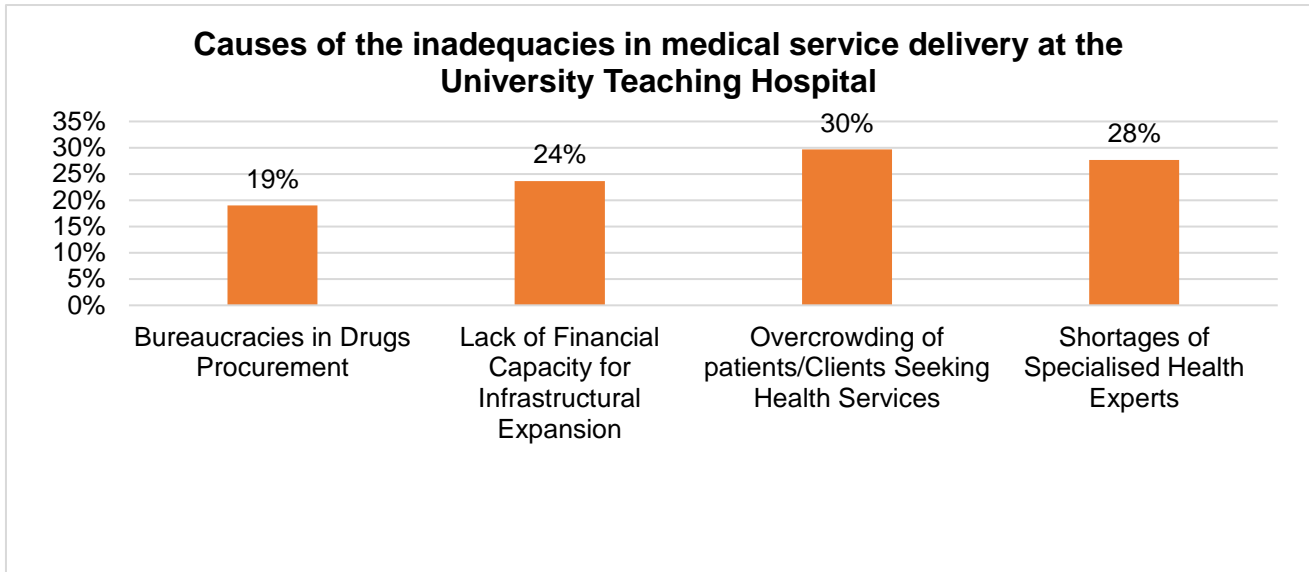
Figure 5.13: Provision of Health Services at Lower Prices than Reflective Costs



5.2.4.5: Causes of Inadequacies in medical service delivery at UTH

Figure 5.14 below shows the responses from both questionnaires and interviews on the possible causes of inadequacies in the medical service delivery at UTH where the majority (30%) of respondents indicated that overcrowding of patients or clients seeking health services at UTH, 28% indicated that its due to the shortages of specialised health experts for special ailments whereas 24% of respondents indicated that there is lack of financial capacity for infrastructural expansion and 19% indicated that there were too much bureaucracies in the procurement of drugs at UTH.

Figure 5.14: Causes of Inadequacies in medical service delivery at UTH



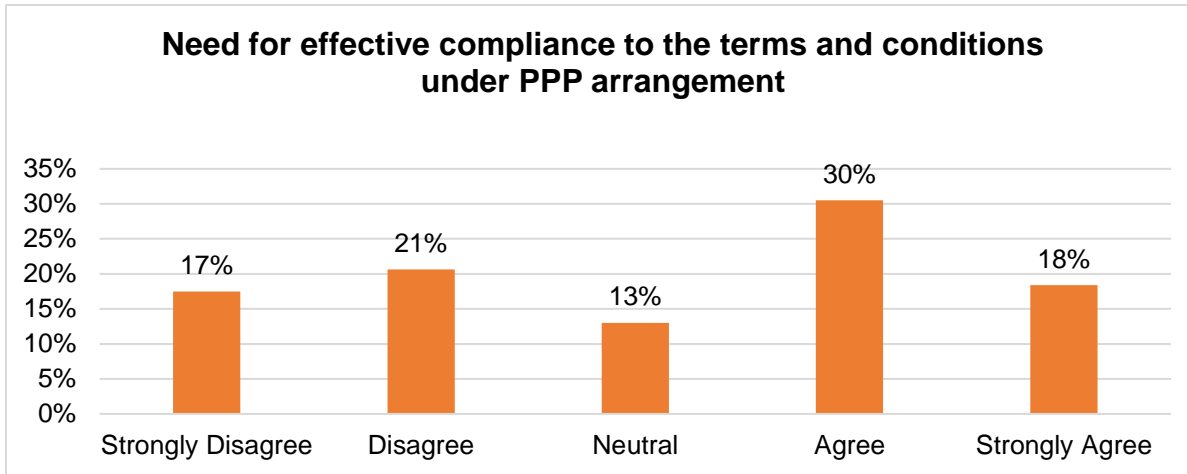
5.2.5 CRITICAL SUCCESS FACTORS OF IMPLEMENTING PPP FRAMEWORK IN HEALTH SECTOR

This section presents the responses on the critical success factors in the implementation of PPP model in the health service delivery at UTH.

5.2.5.1: Need for Effective Compliance to The Terms and Conditions Under PPP Arrangement

Figure 5.15 below shows that 30% of respondents agree and 18% strongly agree that the critical success factor was effective compliance to terms and conditions of the PPP agreement while 13% of the respondents remained neutral. On the other hand, 21% of respondents disagree while 17% strongly disagree. The results established that for PPP agreement to be implemented there must be effective compliance by both parties to the PPP on the terms and conditions of the agreement.

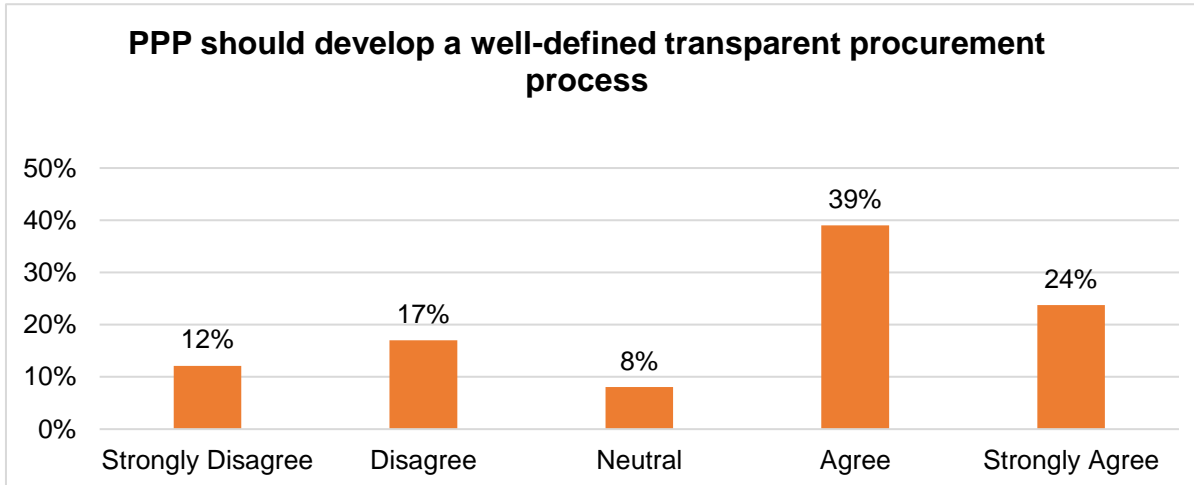
Figure 5.15: Need for Effective Compliance to The Terms and Conditions Under PPP Arrangement



5.2.5.2: Parties to PPP Should Develop a Transparent Procurement Process

Figure 5.16 below shows that 39% of respondents agreed and 24% strongly agreed that it was vitally important that parties to PPP should develop a transparent procurement process. However, 17% of respondents disagreed and 12% strongly disagreed while 8% remained neutral. The results therefore established that parties to PPP should develop a well-defined transparent procurement process

Figure 5.16: Parties to PPP Should Develop a Transparent Procurement Process

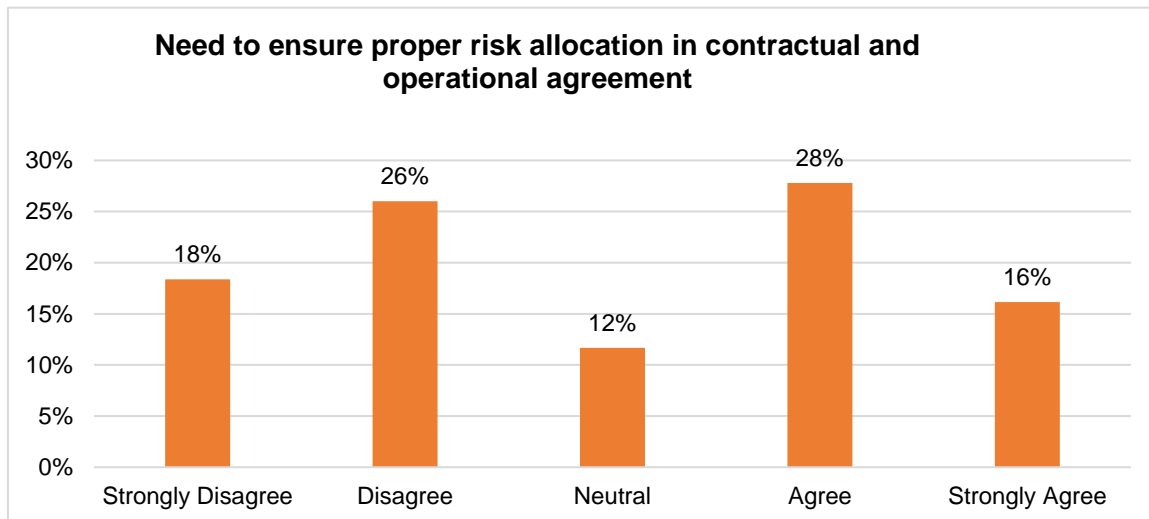


5.2.5.3: Proper Risk Allocation in Contractual and Operational Agreement

Figure 5.17 below shows that 28% of respondents agreed and 16% strongly agreed that there was need for parties to PPP to ensure proper risk allocations in contractual and operational agreement while 12% remained neutral. However, 26% of the respondents disagreed while 18% strongly disagreed. The results therefore established that there was need for parties to PPP to ensure proper risks allocation in contractual and operational agreement so that each party get the share of risks. These findings agree with Mugwagwa &

Banda (2020) who found that PPPs are better placed to address market deficiencies, through risk sharing across multiple stakeholders and projects.

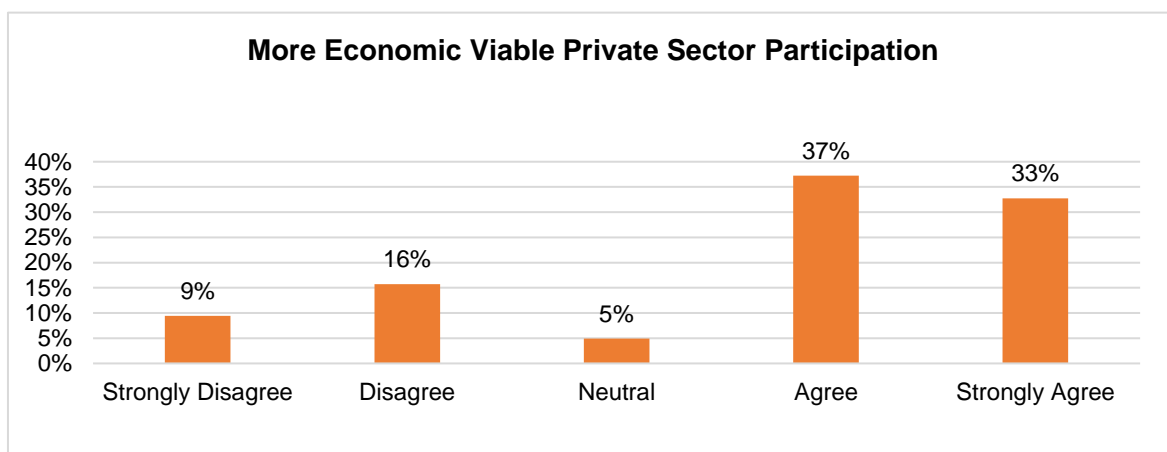
Figure 5.17: Proper Risk Allocation in Contractual and Operational Agreement



5.2.5.4: There Must be more Economic Viable Private Sector Participation

Figure 5.18 below shows that 37% of respondents agreed and 33% strongly agreed that for a successful PPP, there must be more economic viable private sector participation while 5% of respondents remained neutral. However, 16% of respondents disagreed and 9% strongly disagreed. The results therefore established that for a successful PPP there must be more economic viable private sector participation to the PPP arrangement.

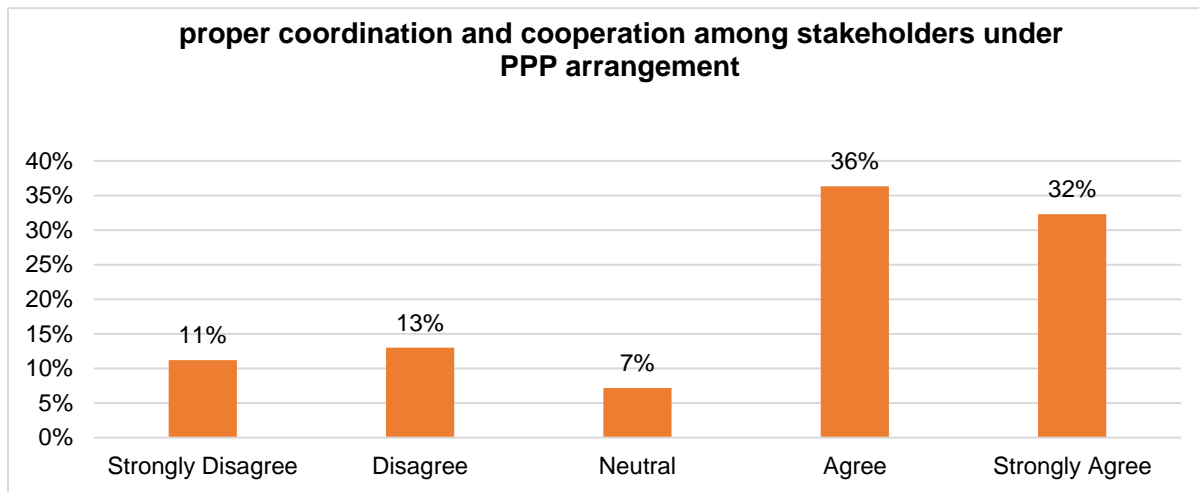
Figure 5.18: There Must be more Economic Viable Private Sector Participation



5.2.5.5: Ensure Proper Coordination and Cooperation among Stakeholders under PPP Arrangement

Figure 5.19 below shows that 36% of respondents agreed and 32% strongly agreed that it was vital to ensure that there was proper coordination and cooperation among parties to PPP. However, 13% of respondents disagreed while 11% strongly disagreed and 7% remained neutral. The results therefore established that it was vital to ensure proper coordination and cooperation among stakeholders under PPP arrangement. Figure

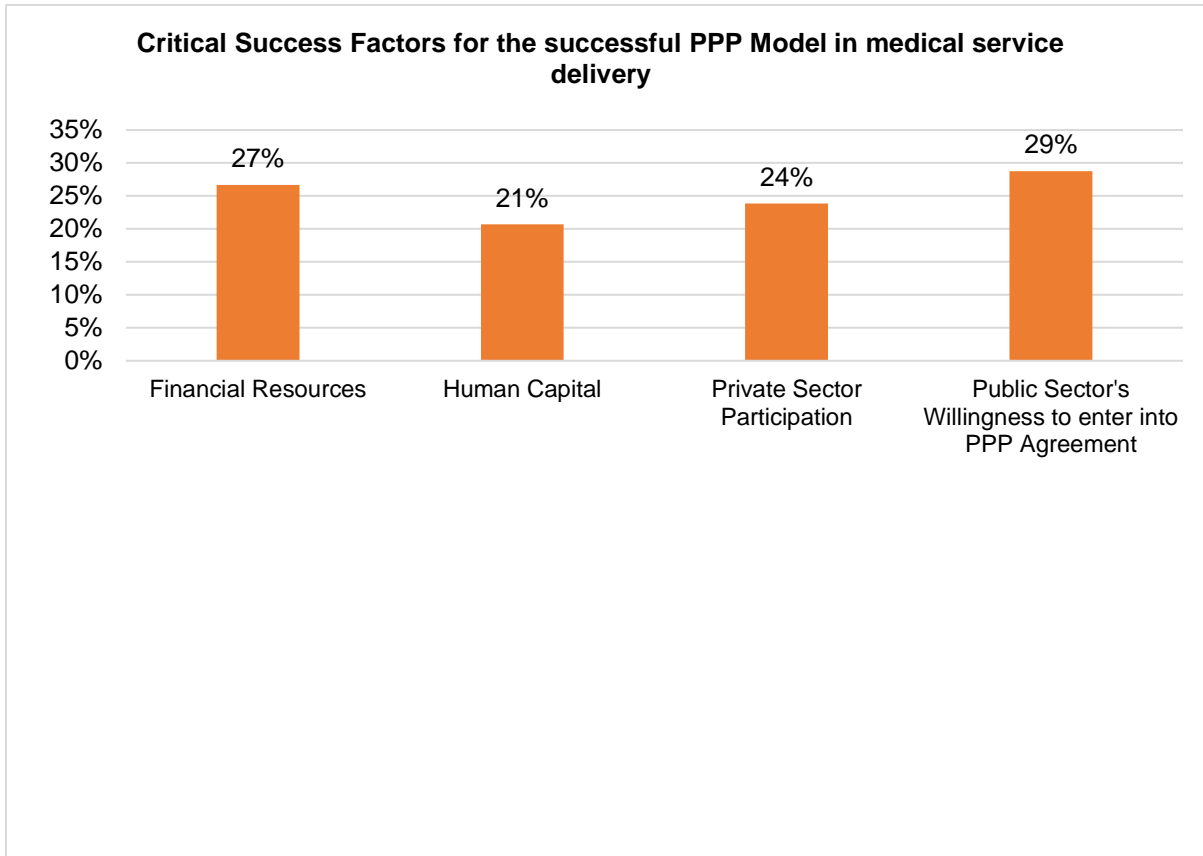
5.19: Ensure Proper Coordination and Cooperation among Stakeholders under PPP Arrangement



5.2.5.6: Critical Success Factors for the Successful PPP Model in Medical Service Delivery

Figure 5.20 below shows responses from both questionnaires and interviews on the critical success factors for the successful PPP model in medical service delivery. The majority (29%) indicated that public sector’s willingness to enter into PPP agreement, 27% indicated that there was need for adequate financial resources, 24% stated that there was need to attract viable private sector participation whereas 21% indicated that there was need for adequate human capital as key Critical Success Factors for a successful PPP Model in health sector.

Figure 5.20: Critical Success Factors for the Successful PPP Model in Medical Service Delivery



5.3 INTERVIEW DATA AND ANALYSIS

The interview questions in this part served as the basis for the responses that are shown below. In keeping with the agreed-upon confidentiality, codes were employed to make it simple to identify the responses. As a result, the coding for Interview PPM/UTH was provided; however, it was abbreviated to Code PPM/UTH1, Code PPM/UTH2, and Code PPM/UTH 3 for the first ten. The order was consistent with the trend. Of the intended ten interviews, seven were conducted successfully, or 70 percent of them. The researcher could not proceed with the interviews due to data saturation, even if other possible interviews could not be conducted due to time constraint.

The data analysis for the interviews carried out has been based on the first research questions. As a recap, the specific questions was as follows;

- i. What areas of medical service delivery require improvement at the University Teaching Hospital?

5.3.1 Areas of Improvement in Medical Service Delivery

The interviewees were asked questions regarding their views on the applicability of PPP procurement method in the health sector in Zambia. Below are some of the main issues that came out.

5.3.1.1 : Expansion of Hospital Infrastructure

The results therefore established that UTH needs to expand its health infrastructure and that can be possible through PPP Model.

In an interview with PPP Unit on whether UTH or government authorities would agree to engage a PPP model to improve service delivery at UTH, the respondent view as follows:

“As PPP Unit, we are ready to support any PPP agreement between UTH and the private sector to expand the hospital’s areas of health service delivery such as construction or expansion of Specialised Hospitals, construction or upgrading of district or township hospitals. We are ready to provide technical support. Even the government has left the PPP agreement to be open to any services. There are no restrictions. We have achieved the market infrastructure such as the Luburma Market and Town Centre Markets through the PPP agreement. Even in health sector, PPP arrangement can be very much welcomed.” (Code PPM/UTH1)

Code PPM/UTH2 “Even the replication of UTH infrastructures to all provinces, the private sector is called upon to invest so that there can be the presence of quicker and quality health services in remote areas especially in provinces where there are no University Teaching Hospitals.”

5.3.1.2: Stocking Variety of Drugs

In an interview at the Ministry of Health Headquarters, when asked whether government would agree to engage in PPP agreement on drugs procurement in hospitals, the respondent stated that:

Code PPM/UTH 3 “even in the area of increased drugs procurement capacity, the private sector can come on board to partner with the public sector to buy more drugs and distribute them.”

5.3.1.3: Employ more Healthcare Givers

In an interview to get the respondents view on the possibility of engaging PPP agreement on the recruitment of specialised medical experts, the respondent expressed the following views:

Code PPM/UTH 4... PPP cannot work on the recruitment of medical experts because the emolument bills will be too huge for the private sector to engage in. These experts are expensive to hire and you have to hire

them on contract. So, what the government is doing is to pay for their services while patients' user fees are just a supplementary.”

Code PPM/UTH 5 added that government has put a recruitment plan for the next 10 years or so, to recruit more health workers in areas of where they are most needed.”

5.3.1.4: Need Additional Medical Equipment

Adding to the above responses, an Officer at UTH had this to say:

Code PPM/UTH 6 “... it is very possible and quicker for the PPP arrangement to procure modern medical equipment UTH. The problem of inadequate medical equipment in health sector is what is letting us down because most of the diagnosis we have to sent our clients to the private hospitals or evacuate them abroad which is costly for the patient and the government.”

5.3.1.5: Increase Ambulance Services and Flying Doctor Services

The results therefore, established that UTH needs increased ambulance services and flying doctors' service at UTH and that can be done through the engagement of PPP model.

These findings agree with respondents at UTH *Code PPM/UTH 7 and Code PPM/UTH 8 who both agreed indicating that in the flying doctor services, the PPP arrangement is still applicable and that the private sector can come on board and agree with the hospital authorities to procure more flights dotted across the country to evacuate critical cases to referral hospitals.”*

5.4 CHAPTER SUMMARY

This chapter provides the presentation and analysis of findings on the implementation of PPP model for improved health service delivery at UTH obtained from the questionnaires and interviews conducted based on the three research objectives. The first part gave the quantitative analysis for the findings . The study also used qualitative analysis to present the findings from the interview guide by analysing the content obtained from the semi-structured interviews.

CHAPTER SIX

DISCUSSION AND ANALYSIS OF RESULTS

6.1 INTRODUCTION

The primary goal of this chapter is to provide a comprehensive discussion of the research findings reported in chapter 5 with the literature earlier reviewed in chapter two. Based on the study objectives presented in chapter 1, this chapter is divided into three (3) primary components and the discussions of the primary components indicated below were presented following the order of the research objectives.

6.2 OBJECTIVE 1: IDENTIFY AREAS OF IMPROVEMENT BORDERING ON MEDICAL SERVICE DELIVERY AT THE UNIVERSITY TEACHING HOSPITAL.

The first research objective of the study was to identify areas where the University Teaching Hospital could improve in to better its provision of medical services. The results of the study were analysed through the review of relevant literature, analysis of questionnaire responses, and interviews with key opinion leaders and it confirmed the institution was not operating at its optimal level of service delivery.

The summary below sheds light on the primary areas where the delivery of medical services by the health sector needs to be improved. The study also established that there were five identified primary area to be reinforced. These areas being Hospital infrastructure, stocking of drugs, employment of more care givers, need for additional medical equipment and an increase in ambulance services and flying doctors.

6.2.1 EXPANSION OF HOSPITAL INFRASTRUCTURE

The survey revealed by a majority score 66% the need to expand hospital infrastructure to meet the acute demand of health care service possibly through a PPP model. On the other hand, other avenues could be explored to address this issue (33%).

From the study results, it was established that hospital infrastructure was one area that needed improvement if the medical service delivery was to be improved at the University Teaching Hospital. Specifics to this finding being the expansion of hospital infrastructure such as admission wards and diagnostic medical equipment for better service delivery. The study revealed that the current problem at UTH is the shortage of admission wards where at peak times, patients earmarked to be admitted are squeezed with other patients to be accommodated. Some, even sleep on the floor due to shortages of admission bed spaces. This is in line with a study by Kaonga (2019) which revealed that the main factor that affects provision of quality health

care in Zambia was inadequate infrastructure, which in turn compromises the quality of services rendered to patients. A well-designed and well-equipped infrastructure can positively impact patient outcomes, staff efficiency, and overall healthcare quality. Hospital infrastructure plays a significant role in patient comfort and satisfaction. This is related to Ulrich et al. (2008) where it emphasizes the importance of a healing environment in healthcare settings. Comfortable and aesthetically pleasing infrastructure, including well-designed patient rooms and waiting areas, contributes to a positive patient experience.

Additionally, hospital infrastructure affects the efficiency of healthcare professionals with adequate spacing, well-organized workstations, and optimized workflow contributing to better staff performance. This research finding is similar to Chaudhury et al. (2006) who stated that the impact of physical design on nursing efficiency and patient care quality. Additionally, in a developing country like Zambia, adequate hospital infrastructure is essential to meet the growing healthcare demands of a population. Ensuring accessibility for patients, efficient use of space, and strategic capacity planning contribute to improved service delivery. This finding is related to Daouk-Öyry et al. (2009) who discusses the impact of physical space on healthcare delivery.

6.2.2 STOCKING VARIETY OF DRUGS

The survey revealed that 71% of respondents to the study agreed that it was necessary to keep a range of medications on hand. However, a minority alternative approaches could be investigated to deal with this problem (26%).

The study established that there was need to stock adequate drugs in hospitals and scaling-up of procurement process. Shortages of essential drugs has been a source of concern for decades now. These findings are in agreement with Mandani & Bangser (2014) and MOH (2017) which found that people living in remote rural areas face various challenges to access primary healthcare due to shortages of essential drugs. Having a diverse range of drugs in stock ensures that healthcare providers can address a wide array of medical conditions effectively. This leads to improved patient care, as healthcare professionals can prescribe and administer the most appropriate medications for various illnesses. Stocking a variety of drugs is also crucial for responding to emergency situations where immediate access to specific medications can be life-saving.

In addition, different patients may respond differently to medications, and having a variety of drugs allows healthcare providers to tailor treatment plans based on individual patient needs and responses. This flexibility is essential for addressing the diverse health conditions prevalent in Zambia.

Epidemic diseases such as cholera that has in the recent past been prevalent in Zambia and outbreaks such as the Covid 19 virus demands that hospitals have a diverse stock of drugs to effectively manage and treat a large number of patients with various symptoms and conditions.

6.2.3 EMPLOY MORE HEALTH CARE GIVERS

The survey majorly by 77% revealed that the University Teaching Hospital needed to employ more Health care givers to address the inadequate workforce and the challenges it presents. The study established that UTH needed more health care givers to cushion the crisis of the shortage of health workers and additionally needed to employ or contract more health workers especially, the experts and specialised workers to sort out the health service demand imbalance. These findings agree with Olieribe et al. (2019) who found that the leading challenges were inadequate human resource for health and that these problems accounted for over two-thirds of the perceived problems in the healthcare sector in Africa.

The study also revealed that the importance of adequate healthcare givers in a hospital is widely recognized for their crucial role in ensuring the well-being and recovery of patients. Adequate healthcare givers contributed to enhanced patient care and safety by providing timely and appropriate medical attention. The revelation of the research is in line with a study published in the journal "Health Affairs" which emphasizes the correlation between nurse staffing levels and patient outcomes, indicating that lower nurse-to-patient ratios are associated with better patient safety and reduced mortality rates (Aiken et al., 2014). Sufficient healthcare staff is essential for maintaining high-quality care standards. Overworked and understaffed healthcare teams may compromise the quality of care provided in tandem with the Institute of Medicine's report "To Err is Human" which highlighted the critical role of healthcare providers in preventing medical errors and improving the overall quality of healthcare (Institute of Medicine, 2000). Additionally the study established that having an adequate number of healthcare providers promoted a more efficient and collaborative work environment. This, in turn, can reduce stress and burnout among healthcare professionals in line with The World Health Organization's report on "Working Together for Health" emphasizes the importance of a well-functioning healthcare workforce for effective health systems (World Health Organization, 2006).

6.2.4 NEED FOR ADDITIONAL MEDICAL EQUIPMENT

The survey revealed that the University Teaching Hospital needed to source for additional medical and diagnostic machine (66%). On the other hand (20%), other avenues could be explored to address these issues.

The study established that UTH needed additional medical equipment to cater for the increased demand in healthcare services. These findings agree with Baltagi & Moscone (2021), Olieribe et al. (2019), and MOH (2016) which stated that shortages of modern medical equipment is affecting the health services delivery to most health centres. A report by the International trade organisation (2022) indicated that Zambia lacks sufficient hospital centers of excellence to treat cases requiring specialized treatment and lacks specialist diagnostic and treatment centers for cancer and cardiovascular, liver, or renal diseases. The report further indicated that opportunities exist for private investment in specialist medical diagnostic and treatment in the following areas: Cardiology; Radiotherapy; Neurology; Urology; Traumatology; Nephrology and Dialysis; Diabetology; Dermatology; Physiotherapy; Keyhole surgery; Stem Cell Therapy; and other surgical interventions which the government cannot manage to fund due to financial constraints.

These findings are in agreement with Teshome (2014) and Joudyian et al. (2021) who found that most PPPs projects were conducted to increase access and to facilitate the provision of prevention and treatment services for diseases where governments do not have the capacity to do so

6.2.5 INCREASE AMBULANCE SERVICES AND FLYING DOCTOR SERVICES

The survey revealed that the University Teaching Hospital needed to increase ambulance services and flying doctor services (58%). On the other hand (36%), other avenues could be explored to address these issues. The study established that there was need for additional ambulance services especially the flying doctor service to ease the facilitation of emergency services when the country was grappling with congested roads that prevented speedy ambulance services and risked patients' lives. Flying doctor service is an initiative to airlift patients from afar to the referral hospital for medical attention. In developed countries, most referral hospitals such as UTH have helicopters to transport critical patients to the hospital and that save lives. These services are available in Lusaka and Ndola at a fee. Equally, in Kenya, its open to subscribers only. These findings agree with Jiwa et.al (2021). However, the service is almost going into extinction due to lack of investment in the flying doctor services owing to the falling income levels of citizens.

6.3 OBJECTIVE 2: TO ESTABLISH THE CAUSES OF THE INADEQUATE DELIVERY OF SERVICES FOR THE IDENTIFIED AREAS

The second object was to establish causes of the inadequate delivery of services for the identified area under 6.2. The study established that the following were the causes of the inadequacies.

6.3.1 FAILURE TO INCREASE MEDICAL EQUIPMENT AND HOSPITAL INFRASTRUCTURE DUE TO FINANCIAL CONSTRAINTS

The survey revealed by 51% of respondents that the failure to increase on the medical equipment and hospital infrastructure is due to financial constraints. 36% of the respondents disagreed while 13% remained neutral. The study established that financial constraints were the reason for the shortages of medical equipment and hospital infrastructure at UTH. Blas & Limbala(2001) indicated in their study that there are no resources in the government to maintain the current hospital infrastructure or increase on the medical equipment and things will likely deteriorate unless radical decisions are taken and implemented. These can be possible through the PPP model that pools resources from the private players. These findings agree with the conceptual framework where the public and private sectors are willing to invest in healthcare services through PPP agreement. Further, the findings are anchored on the New Public Management Theory in which Xu et al. (2015) and Mongkol (2011) stated that the theory is aimed at improving public services through a dual ‘Government-Market’ structure where government contributes capital to outsource public goods and services from the Private Sector. The concept of PPP is to let the private sector take part in the public investment and health sector is one them. Additional wards will mean more patients will be accommodated.

6.3.2 SHORTAGES OF DRUGS DUE TO FINANCIAL CONSTRAINTS AND BUREAUCRACIES IN THE PROCUREMENT OF DRUGS

The survey revealed by 70% of respondents that the shortage of drugs was due to financial constraints. 33% of the respondents disagreed while 7% remained neutral. The study established that shortages of drugs at UTH was due to financial constraints by the public sector and the bureaucracies in the procurement of drugs. From these findings, it shows that stock-outs of essential medical drugs is also a challenge in various health centres. The respondents cited various reasons for the stock-outs. These include: poor government budgets towards pharmaceuticals, having only one distributor of medical drugs (CMST), mismanagement of the drugs in question, medical drugs in public health centres are for free of charge which makes the government to be the only source of finance, incompetency of the managing staff, and drug theft by doctors, nurses and clinical officers. Koomen, L. E (2019) in an article stated that regardless of the consequences of drug stock outs several other studies in Sub-Saharan Africa had suggested that medicine shortages may affect treatment and treatment outcomes.

The PPP model is one of the possible ways to enhance the procurement of adequate drugs. The interest of the private sector is the investment return and hence the private led hospitals have all the necessary drugs stocked at a fee. This can be replicated in public hospitals. However, the challenge is in public hospitals, drugs are highly subsidised which the private sector has taken the challenge of making profits. The findings are consistent with Mandani & Bangser (2014) and MOH (2017) who found that there was a continuing trend of the shortages of drugs in most hospitals' pharmacies largely due to non-replenishment of the drugs when they are all disposed off. Patients are given prescriptions to buy drugs from chemists. However, with the full rolling out of the National Health Insurance Policy, health centres are expected to have all essential drugs in pharmacy shops and easy access to drugs to all accredited NHIMA chemists. The scenario can have an improved drug stocks given the appropriate PPP model in health services.

Lack of awareness and coverage of health insurance programme

6.3.3 LACK OF AWARENESS AND COVERAGE OF HEALTH INSURANCE PROGRAMME

The survey revealed by 49% of respondents there was lack of awareness and coverage of Health Insurance programs. 39% of the respondents disagreed while 12% remained neutral. The study established that lack of awareness and coverage of health insurance programme had affected financial resources to deliver medical services. It can be noted that many individuals and families in Zambia may face financial constraints, making it challenging for them to afford health insurance premiums. As a result, they might not prioritize health insurance or be aware of its importance. This has to a great extent been exacerbated by the lack of awareness about the benefits of health insurance and how it works. Insufficient education and information campaigns can contribute to the low awareness levels among the population.

Geographical location has also had an impact on the awareness and coverage of insurance programs. In many developing countries, like Zambia, there are significant disparities between urban and rural areas. Rural populations might have less access to this kind of information and services, including health insurance programs.

Trust Issues: Some individuals may lack trust in insurance systems due to concerns about the reliability of insurance providers, misunderstandings about how insurance works, or past negative experiences with insurance.

Limited Coverage Options: The availability of health insurance options might be limited, particularly in certain regions. This limitation can reduce the choices available to individuals and families, impacting overall coverage.

Government Priorities and Policies: The prioritization of healthcare and health insurance within government policies and initiatives can significantly impact awareness and coverage. If health insurance is not a priority, it may not receive sufficient attention and resources.

To address these challenges, it's essential for stakeholders, including the government, non-governmental organizations, and private sector entities, to work collaboratively to improve health insurance awareness and coverage. This can involve implementing targeted education campaigns, addressing financial barriers, and ensuring that health insurance programs are accessible and relevant to the needs of the population. Additionally, involving local communities and leaders can help build trust and improve the acceptance of health insurance initiatives.

6.3.4 PROVISION OF HEALTH SERVICES AT LOWER PRICES THAN REFLECTIVE COSTS

The survey revealed by 51% of respondents that the healthcare services were being provided at a lower price than the reflective cost. 39% of the respondents disagreed while 11% remained neutral. The results established that the inadequacy in the provision of healthcare services at a lower price than reflective costs and hence it failed to attract high investment levels at UTH and in health sector as a whole.

The last decade has seen widespread retreat from user fees with the intention to reduce financial constraints to users in accessing health care and in particular improving access to reproductive, maternal and newborn health services. This has had important benefits in reducing financial barriers to access in a number of settings. If the policies work as intended, service utilization rates increase. However this increases workloads for health staff and at the same time, the loss of user fee revenues can imply that health workers lose bonuses or allowances, or that it becomes more difficult to ensure uninterrupted supplies of health care inputs.(McPakel et al, 2013)

6.3.5 CAUSES OF INADEQUACIES IN MEDICAL SERVICE DELIVERY AT UTH

The study established from the responses from both questionnaires and interviews on the possible causes of inadequacies in the medical service delivery at UTH. 28% of respondents revealed shortages of specialised health experts for special ailments was one of the causes of the inadequacies in the medical service delivery. 19% associated the cause to the bureaucracies in the procurement of drugs, and 24% associated with the lack of financial capacity . These findings agree with Olieribe et al. (2019) who found that the leading challenges in the healthcare sector were inadequate human resource for health, inadequate budgetary allocations to

healthcare, and poor leadership and management in healthcare. These three problems accounted for over two-thirds of the perceived problems in the healthcare sector in Africa.

Public-private partnerships in the healthcare sector can take various forms, and their success often depends on the specific context, objectives, and implementation strategies. In the context of healthcare workforce development in Zambia, a PPP might involve collaboration between the government (public sector) and private entities (such as non-profit organizations, educational institutions, or private healthcare providers). Potential Models of PPP in Healthcare Workforce Development can take the following forms:

Training and Education: Private institutions can collaborate with the government to provide training and education for healthcare workers. This might involve setting up training programs, providing scholarships, or upgrading existing training facilities.

1) **Recruitment and Placement:** The government can partner with private staffing agencies or healthcare providers to facilitate the recruitment and placement of healthcare professionals.

2) **Infrastructure Development:** Private entities may invest in the development of healthcare infrastructure, including training facilities and accommodation for healthcare workers.

3) **Skill Enhancement Programs:** Private organizations can collaborate with the government to design and implement skill enhancement programs for existing healthcare workers.

4) **Embarking on such an agreement will result in the following benefits:**

5) **Increased Capacity:** PPPs can help increase the capacity of the healthcare workforce by leveraging the expertise and resources of private partners.

6) **Efficiency:** Private sector involvement can bring efficiency and innovation to training programs and workforce management.

7) **Diverse Skill Sets:** Collaboration with private entities may facilitate the development of healthcare workers with diverse skill sets that align with evolving healthcare needs.

8) **Financial Support:** Private partners may contribute financial resources, reducing the burden on the government's budget for healthcare workforce development.

9) **This of course is not without challenges that would require some consideration such as the following:**

10) **Equity:** Ensuring equitable access to healthcare workforce opportunities is crucial to prevent disparities in healthcare service provision.

11) **Regulation and Oversight:** Adequate regulatory frameworks and oversight mechanisms are essential to maintain quality standards and protect the interests of both the public and private partners.

12) **Sustainability:** Long-term sustainability of PPPs requires careful planning, commitment, and continuous evaluation.

13)Balancing Interests: Aligning the interests of public and private partners can be challenging, as their goals may differ. Clear communication and shared objectives are key.

6.4 OBJECTIVE 3: 3.TO DEVELOP CRITICAL SUCCESS FACTORS OF IMPLEMENTING A PPP FRAMEWORK IN HEALTHY SECTOR.

The last objective of the research study was to develop critical success factors of implementing a PPP framework that would assist key players in the Health Sector to enhance the service delivery at the University teaching hospital

6.4.1 NEED FOR EFFECTIVE COMPLIANCE TO THE TERMS AND CONDITIONS UNDER PPP ARRANGEMENT

The study found that critical success factors to the effective and successful PPP model at UTH was compliance to the terms and conditions of the PPP agreement by parties. Terms and conditions bind parties to the agreement and each side has the responsibility to adhere to the agreement clauses. Weaknesses in the adherence to terms and conditions have been observed by World Bank (2010) and Ke et al. (2010a), Ke et al. (2010b) in the public sector who are not committed infrastructural PPP terms and conditions. Government sees public infrastructure such as roads, hospitals and schools as its main investments (Zhang et al., 2015). For the private sector to willingly invest in health infrastructure, government should open its doors to invite the private sector investment under a PPP model. The results established that for PPP agreements to be implemented there must be effective compliance by both parties to the PPP on the terms and conditions of the agreement. Compliance with terms and conditions ensures adherence to legal and regulatory frameworks governing PPPs. Non-compliance can lead to legal consequences and jeopardize the entire project. It is therefore important that a sound legal and regulatory framework is established or effective PPP coordination. This involves creating contracts and agreements that clearly define roles and responsibilities (Estache & Martimort,2009).

6.4.2 PARTIES TO PPP SHOULD DEVELOP A TRANSPARENT PROCUREMENT PROCESS

The study found that critical success factor lies in develop an effective and transparent procurement process that will be acceptable to all parties. Procurement process has been blamed to increase red-tape and lengthy bureaucracies and hinder timely implementation of projects as observed by Ngoma (2015). Costly procurement process, too, is one of procedures need to be cut. The results therefore established that parties to PPP should develop a well-defined transparent procurement process

6.4.3. PROPER RISK ALLOCATION IN CONTRACTUAL AND OPERATIONAL AGREEMENT

The study found that there was need to ensure proper risk allocation to all parties involved is done appropriately per agreement. This finding agrees with Sanni (2016) who developed a PPP conceptual framework and stated that if these principal factors (risk allocation) are included in the implementation of PPP projects, the success of the project is assured. The public sector should be ready to take their own share of risk as well as the public sector. The results therefore established that there was need for parties to PPP to ensure proper risks allocation in contractual and operational agreement so that each party get the share of risks. These findings agree with Mugwagwa & Banda (2020) who found that PPPs are better placed to address market deficiencies, through risk sharing across multiple stakeholders and projects.

6.4.4 THERE MUST BE MORE ECONOMIC VIABLE PRIVATE SECTOR PARTICIPATION

The study established that for a successful PPP there must be more economic viable private sector participation to the PPP arrangement. Key to the successful PPP is attracting more economic viable private sector participation. If more private sectors are interested in the projects probably due to attractive packages, the PPP is likely to take off. These findings agree with the study's conceptual framework where private sector capacity is needed to implement PPP. Further, Pan et al. (2020) states that investment policy need to be attractive for private sector to be interested in any investment.

6.4.5 ENSURE PROPER COORDINATION AND COOPERATION AMONG STAKEHOLDERS UNDER PPP ARRANGEMENT

The results established that it was vital to ensure proper coordination and cooperation among stakeholders under PPP arrangement. Public-Private Partnerships (PPPs) involve collaboration between public and private entities to deliver public infrastructure or services. Coordination and cooperation among stakeholders are crucial for the success of PPP arrangements.

The findings agrees with Kumar & Rana, (2019) who indicated that effective coordination ensures that all stakeholders are aligned with the project objectives and work together seamlessly. It helps to avoid conflicts, delays, and cost overruns. Additionally, engaging stakeholders early in the process fosters cooperation. This involves not only government agencies but also local communities, NGOs, and other relevant parties (Akintoye & Beck,2009). Communication and Transparency is another aspect that encourages proper coordination and cooperation among stakeholder. Open communication and transparency build trust among stakeholders. Regular updates and clear reporting mechanisms enhance cooperation. (Hart et al, 1997).

6.5 FRAMEWORK EVALUATION AND VALIDATION

As it guarantees the validity and efficacy of the selected framework, verifying a conceptual or theoretical framework is unquestionably an important stage in academic endeavours. Academics frequently stress how important framework validation is to improve the reliability and validity of research.

Creswell (2014) emphasizes the importance of aligning the theoretical or conceptual framework with the research questions and objectives and indicated that validation involves ensuring that the chosen framework is relevant to the study's context. Additionally Easterby et al (2015) highlights the need for empirical support for the components of a framework and also indicates that validation involves checking whether there is evidence or empirical support for the key elements of the chosen framework. Feedback from Experts and Peers is in validation of a frame is important as it helps in refining and strengthening the framework and as suggested by Yin (2018) who further states that seeking feedback from experts and peers during the development and validation of a theoretical framework is an integral part of research.

The researcher validated the suggested model by distributing questionnaires and conducting semi-interviews with ten purposively sampled respondents who had a great deal of expertise with the project. Through the use of purposive sampling procedures, the researcher was able to carefully choose participants based on their capacity to supply crucial information relevant to addressing research issues (Alotaibi, 2019). The respondents included senior staff from the University Teaching Hospital, members of the Directorate of Planning at the Ministry of Health, senior officers from the PPP Unit, and officials from the private sector who gave the model favorable reviews for its applicability.

6.5.1 VALIDATION FEEDBACK

Table 6.1 shows the thematic areas that the key informants commented on.

SN	THEMATIC AREA	COMMENT
1.	Limited Control for the Public Sector	The University Teaching Hospital needs to have control over the operations and management of the project once it is handed over to the private sector. Th lack of control can lead to concerns about service quality, pricing, and overall accountability
2.	Dependency on Revenue Streams	Projects relying on user fees or government payments may face challenges if the anticipated revenue streams do not materialize as expected. This could lead to financial stress for the private partner
3.	Limited Applicability to the Sector	PPPs may not be suitable for all types of projects or sectors. Some projects with uncertain revenue streams and high social impact objectives, may not attract private sector interest.

4.	Social Equity Concerns	There were concerns about the social equity aspects of PPP projects, especially that they involve essential public services as in this case. Issues such as affordability and access for marginalized communities may arise
5.	Financial Risks	Private sector financing involves financial risks, such as fluctuating interest rates, market conditions, and the potential for default. If the project does not generate expected revenues, the private partner may face financial challenges
6.	Monitoring project performance	It was crucial to keep an eye on project performance, make necessary adjustments, and develop suggestions for continuing PPP ventures in the health sector in the future. Therefore, the inclusion of it in the research was commendable.

6.5.2 ANALYSIS OF FEEDBACK

The researcher analyzed the comments from the validators per thematic area as follows:

- I. Limited Control for the Public Sector -The researcher did not agree with Limited control having to be highlighted because it would be addressed in the establish well-defined legal framework for the PPP contract which will clearly outline roles, responsibilities, and dispute resolution mechanisms to minimize the likelihood of contractual disputes.

- II. Dependency on Revenue Streams-The recommendation was incorporated by developing a well-balanced financial structure that considered the risks and rewards for both public and private partners. Evaluating different financing options and choosing a structure that aligned with the project's characteristics.

- III. Limited Applicability to the Sector- The researcher was not in agreement with the comment because the framework entails that comprehensive due diligence be undertaken before embarking on the project and selecting private partners. The project has to be feasible and need to evaluate the private partner's financial stability, track record, and ability to manage the specific risks associated with the project.

- IV. Social Equity Concerns -The researcher welcomes the recommendation of Social Equity Concerns. The project was to prioritize a comprehensive social impact assessment to address equity concerns and also consider the needs of marginalized communities and ensure that the project benefits all stakeholders.
- V. Financial Risks-The recommendation was incorporated in conducting a thorough risk assessment during the project planning phase. Identify potential risks and develop strategies to mitigate or manage them effectively. This then would be covered in the feasibility study and mitigation strategies and mechanisms put in place.
- VI. Monitoring Project Performance- The researcher expressed gratitude for the mention of the monitoring of project performance, which was an ongoing procedure that involved determining whether deliverables were being met. If deliverables were not being met, corrective action was to be taken; if they were, documentation of lessons learned and suggestions for future continuation of similar initiatives were to be prepared.

Lastly, the researcher highlighted that the framework that was developed is open for modifications in future research. The framework developed was presented in the next chapter.

6.6 CHAPTER SUMMARY

This chapter provided the discussions and analysis of the findings based on the three specific objectives of the study and was aligned to the research study findings as presented in chapter five. The next chapter provides the recommendations and conclusions to the research findings.

CHAPTER SEVEN

CONCLUSION AND RECOMMENDATIONS

7.1 INTRODUCTION

By challenging the research questions, this chapter aims to further achieve the previously stated objectives. It also presents the conclusion as derived from the analysis and discussion of the research findings and offers recommendations targeted at resolving the research problem while answering the research questions. Finally, it highlights the limitations of the study and the research's contribution to the body of knowledge.

7.2 CONCLUSION ON RESEARCH FINDINGS

The goal of the study was to determine which aspects of the University Teaching Hospital required enhancement in order to provide the general public with better services overall. Additionally, it aimed to identify the reasons behind the hospital's shortcomings and explain how the idea of a public-private partnership would be able to address the issue. The following lists the responses to the research questions :

7.2.1 WHAT ARE THE KEY AREAS OF IMPROVEMENT IN MEDICAL SERVICE DELIVERY

The study findings concluded that areas that needed improvement in medical service delivery were: expansion of hospital infrastructure such as admission wards and diagnostic medical equipments; the need for additional ambulance services especially the flying doctor service; the need for adequate drugs in hospitals and scaling-up of procurement process; and the employment of more specialised health workers.

7.2.2 WHAT ARE THE CAUSES OF INADEQUATE SERVICE DELIVERY OF IDENTIFIED AREAS

The study findings concluded that the causes of the inadequate medical service delivery at UTH was mainly due to the lack of financial resources as the provision of health services to the general public is at lower costs compared to the value of the services. The study also concluded that the lack of financial resources had also contributed to the shortages of drugs at UTH and lack of adequate medical equipment to meet the current demand for medical services. Recruitment of health workers and specialised care givers also boarder on financial resources be it provision of building capacity of the available workforce. To alleviate the challenges, government is ideally supposed to charges for every services rendered at face value but the government of Zambia just like any other government often subsidize the provision of medical services for several reasons, driven by the recognition of the importance of healthcare for the well-being of the population

and the overall functioning of society with the aim to protect and improve the health of their citizens. By ordering access to affordable medical services that helps prevent the spread of diseases, control epidemics, and enhance overall public health. Subsidizing medical services helps ensure that healthcare is accessible to all citizens, regardless of their socio-economic status. This promotes social equity by reducing disparities in health outcomes between different segments of the population. Additionally, providing access to healthcare is often considered a moral and ethical responsibility of a government. It reflects a commitment to the well-being and dignity of all citizens. While subsidizing medical services has many benefits, it also poses challenges, including financial sustainability and the need for effective management to ensure that resources are used efficiently. The lack of medical insurance awareness which pools financial resources to improve health services is also an avenue that needs exploring. The balance between public and private involvement in healthcare, as well as the specific policies and structures implemented, can vary between countries based on their political, economic, and social contexts. .

The study concluded that the private sector can play a significant role in improving service delivery in government hospitals through various collaborations and partnerships. Several studies and reports have highlighted the potential benefits of involving the private sector in healthcare. An evaluation of the Bamako initiative concluded that Public-Private Partnerships involve joint efforts between the government and private entities to deliver healthcare services. This collaboration can enhance infrastructure, management, and service provision in government hospitals. The Bamako Initiative, for example, demonstrated the potential of community financing in healthcare in Africa.(McPake, et al, 1993). The study also concluded that such partnerships can foster an improvement in Technology and Innovation. According to the World Economic Forum report (2018) it is concluded that the Private sector involvement can bring in technological advancements and innovation to improve healthcare delivery. This could include the implementation of electronic health records, telemedicine services, and other digital solutions that enhance efficiency and patient care. McPake, B., & Hanson, K. (1999) in their study in managing the public-private mix to achieve universal health coverage indicate that a collaboration with private sector training institutions can help in capacity building for healthcare professionals. Training programs and knowledge exchange initiatives can lead to an improved skill set among healthcare workers in government hospitals.

It's therefore essential to note that the success of such collaborations depends on effective governance, regulation, and monitoring to ensure that private sector involvement aligns with public health goals and maintains service quality and accessibility.

7.2.3 WHAT ARE THE CRITICAL SUCCESS FACTORS OF IMPLEMENTING PPP FRAMEWORK IN HEALTH SECTOR

The study findings concluded that the following were the critical success factors to the PPP model at UTH: effective compliance to the terms and conditions of the PPP agreement by parties to the PPP arrangement; parties to the agreement should develop an effective and transparent procurement process; parties should have a proper risk allocation in the contractual and operational agreement; there should be proper coordination and cooperation among stakeholders in PPP arrangement; and finally, there is need to attract a more economic viable private sector participation to the PPP arrangement.

Figure 7.1 Proposed PPP Framework

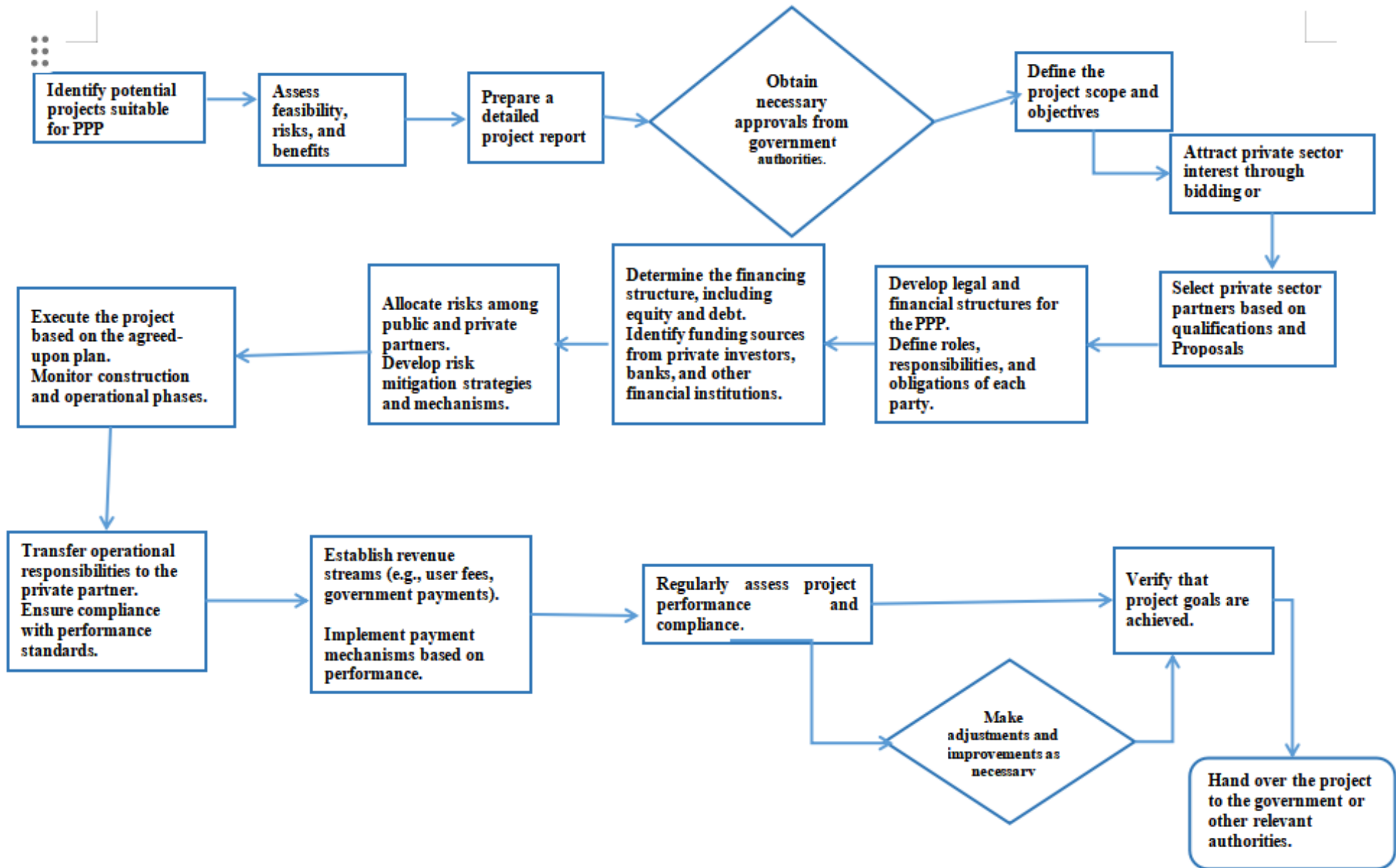


Figure 7.1 above shows framework for the execution Public Private Partnerships agreements that can be applied in the health sector. The instruction manual for the proposed framework is as attached in appendix (i)

7.4 Recommendations

The study makes the following recommendations based on the research findings:

7.4.1 The Public Sector should work on the policy such as a deliberate national health insurance awareness to all social-economic sectors and an attractive concession duration that will attract Private Sector participation in the PPP arrangement. The longer the duration the more the returns period and the more members subscribe in the national health insurance, the better the availability of medical service delivery;

7.4.2 Health authorities in the country should encourage more investors in the health services so as to make health sector marketable. This will attract a lot of economic players to the success of PPP model.

7.4.3 The school of medicine and other health sciences should strengthen its curriculum in medical service delivery looking the critical medical service needs of the country so as to meet the current demand for medical services.

7.5 Contribution to the body of knowledge

This study adds to the corpus of knowledge primarily by shedding light on the intricate interactions between several factors that affect governance, resource management, healthcare delivery, and societal consequences. This information is crucial for developing evidence-based procedures and policies that will achieve the best possible performance for the health system. By examining PPPs in the health sector, this study on Public-Private Partnerships (PPPs) will add a great deal to the body of information and enable academics to evaluate the success and cost-effectiveness of these partnerships. Policymakers and hospital administrators looking for strategies to maximise resource use will also find this information useful.

7.6 Study Limitations

The study was limited due to the scope and study population which concentrated at the University Teaching Hospital in Lusaka. Its findings therefore cannot be extended to other Teaching Hospital in the country. If financial resources and time were available, it would have covered the all the Teaching Hospitals.

7.7 Recommendation for Further Study

This study recommends that a further study be conducted on the critical success factors of the PPP Model in health service delivery to all the University Teaching Hospitals in the country.

7.8 Chapter Summary

Through cooperation between the public and commercial sectors, public-private partnerships (PPPs) enable the achievement of certain shared objectives by removing obvious obstacles. It is the government's crucial responsibility to formulate health policies and programmes that are tailored to the unique needs of each nation, based on studies and sample surveys that are undertaken. But due to a few variables, the health industry has seen a mismatch in supply and demand over time. Through increased productivity, improved management techniques, targeted initiatives, and a stronger base of financial and human resources, the private sector has acted as a catalyst to provide these services to the public. Both the scheme's advantages and disadvantages have been emphasised. Lastly, an evaluation of the difficulties with PPP in the health sector has been conducted, offering some important recommendations.

It is intended that the results of this research would spurn talks that will attract private investment in the health sector of Zambia addressing the discoveries of the areas that require development and what reasons are of the research.

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APPENDIX III: QUESTIONNAIRE



UNIVERSITY
of **LUSAKA**

Dear Participant,

I am Kositimu Mwang'a, a postgraduate student at University of Lusaka conducting dissertation research titled: **“DETERMINING AN APPROPRIATE PUBLIC-PRIVATE PARTNERSHIP MODEL IN HEALTH SERVICES DELIVERY AT THE UNIVERSITY TEACHING HOSPITAL”**.

This research paper is a requirement in partial fulfilment of the award of Masters of Science in Project Management (MSCPM) in the School of Postgraduate studies. You have been purposefully selected as a respondent to participate in this study. The study is for academic purposes and as such will be treated with maximum confidentiality and your decision to participate is voluntary. Consequently, you will not be required to indicate any personal information that may lead to revealing your identity.

For inquiries, contact the undersigned.

The Research Supervisor: Dr. Eng. Kalumbu Nsefu, E-Mail: kalumbunsefu@gmail.com

PART A: DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

1. QUALIFICATION

Diploma..... Bachelor's Degree

Master's Degree..... Doctorate Degree

Professional Qualification

2. YEARS OF WORK EXPERIENCE

Below 5 years

Above 5 years and below 10 years

Above 10 years and below 15 years

Above 15 years and below 20 years

Above 20 years

A) AREAS OF IMPROVEMENT IN MEDICAL SERVICE DELIVERY AT THE UNIVERSITY TEACHING HOSPITAL

Kindly tick in the box provided the suitable answer that best represents the correct rating of the statement. Only tick once in each question.

S/N	AREAS OF IMPROVEMENT IN SERVICE DELIVERY	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	University Teaching Hospital needs to stock variety of drugs catering for all common ailments which can be possible through a PPP Model					
2	University Teaching Hospital needs to expand its infrastructure to meet the acute demand for health care services which can be possible through a PPP Model					
3	University Teaching Hospital needs to employ more health care givers to reduce the nurse/doctor-to-patient ratio which can be possible through a PPP Model					

4	University Teaching Hospital is in dire need of more additional medical/diagnostic machines/equipments which can be possible through a PPP Model					
5	University Teaching Hospital needs to increase ambulances and helicopters for flying doctor services air which can be possible through a PPP Model					

6 Which medical infrastructure that require urgent improvement at the University Teaching Hospital?

.....

B) CAUSES OF THE INADEQUATE DELIVERY OF SERVICES FOR THE IDENTIFIED AREAS

	CAUSES OF THE INADEQUATE DELIVERY OF SERVICES	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
7	Financial constraints by the public sector have caused the shortages of drugs in hospitals					

8	Provision of healthcare services at a lower price than its reflective costs					
9	Failure to increase the stock of medical equipments/diagnostic machines due to financial constraints by the public sector					
10	Lack of awareness and coverage of health insurance programme that help pool resources to improve medical service delivery					
11	Lack of adequate ambulance and flying doctor services has contributed to the inadequate service delivery in health sector					

12 What causes the inadequacies in medical service delivery at the University Teaching Hospital?

.....

C) CRITICAL SUCCESS FACTORS OF IMPLEMENTING A PPP FRAMEWORK IN HEALTH SECTOR

	CRITICAL SUCCESS FACTORS OF IMPLEMENTING A PPP FRAMEWORK	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
13	In order to ensure a successful PPP project delivery, there is need for effective compliance to the terms and conditions under PPP arrangement					
14	It is vitally important that PPP should develop a well-defined transparent procurement process					
15	There is need to ensure proper risk allocation in contractual and operational agreement					
16	It is also vital to ensure proper coordination and cooperation among stakeholders under PPP arrangement					
17	For a successful PPP there must be more economic viable private sector participation					

18 List down three critical success factors for the successful PPP Model in medical service delivery.

.....
.....
.....

APPENDIX: INTERVIEW GUIDE

This interview questions are designed for managers and directors within different departments. The purpose of preparing this interview questions is with the assumption that a better and open responses will be given and the reliability of the data and quality may be enhanced.

Questions

1. Would the hospital/government authorities agree to engage a PPP model to improve service delivery at University Teaching Hospital?
2. What is the appropriate PPP Model that will deliver adequate medical services at the University Teaching Hospital striking the balance between the private sector commercial interests and those of the common citizens?
3. What are the major areas of improvements in medical services delivery at the University Teaching Hospital?
4. What causes the inadequacies in medical service delivery at the University Teaching Hospital in its current form?
5. If the University Teaching Hospital was to engage a PPP framework to invite the private sector investment under the PPP agreement in order to improve service delivery, what critical success factors would you recommend for the successful service delivery at the hospital?

DETERMINING THE CRITICAL SUCCESS FACTORS FOR THE PUBLIC-PRIVATE PARTNERSHIP IN HEALTH SERVICE DELIVERY AT THE UNIVERSITY TEACHING HOSPITAL

ORIGINALITY REPORT

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No	Item	Done
1	Were you registered for GBS800 in the JULY-DECEMBER 2023 semester?	YES
2	Has your FINAL DISSERTATION been signed by the supervisor ¹ ?	YES
3	Have you attached the Turnitin similarity report to the appendix?	YES
4	Is your Turnitin similarity report below 20 percent? Please append the similarity report to your dissertation.	YES
5	Have you submitted a soft copy version of your dissertation to the UNIVERSITY TURNITIN CLASS called "DISSERTATION FINAL SUBMISSION JAN 2024?" See point (3) on the next page for more details.	YES
6	What is your dissertation's total word count (including references and appendices)?WORDS
Candidate Name: MWANG'A KOSITIMU		
Student Number: MSCPLSM1421391		
Signature:		

¹ Please ensure that the "SUBMISSION OF DISSERTATION FOR EXAMINATION FORM" (available on page 43 of the dissertation guidelines) is printed and signed by your supervisor and included as part of your submission.

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SCHOOL OF POSTGRADUATE STUDIES

SUBMISSION OF DISSERTATION FOR EXAMINATION

Name of student:..MWANG'A KOSITIMU

Student number:MSCPLSM1421391

Programme of study:Master of Science in Procurement, Logistics and Supply Chain Management

Dissertation title:DETERMINING THE CRITICAL SUCCESS FACTORS FOR THE PUBLIC-PRIVATE PARTNERSHIP IN HEALTH SERVICE DELIVERY AT THE UNIVERSITY TEACHING HOSPITAL

Signature of student:

A handwritten signature in black ink, consisting of several loops and flourishes, enclosed within a hand-drawn oval.

Date: 14/01/2024

Supervisor's Comments:

I recommend/ do not recommend this dissertation for submission for examination (If you do not recommend, kindly provide a written report and attach hereto).

Name of Supervisor: DR. ENG KALUMBU NSEFU



Signature of Supervisor:

A handwritten signature in blue ink, consisting of a stylized initial 'M' followed by a long horizontal stroke that ends in a small hook.

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