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UTILIZATION OF PUBLIC- PRIVATE PARTNERSHIP TO IMPROVE QUALITY OF HEALTHCARE SERVICES: MANGAUNG METRO, FREE STATE

BY

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A DISSERTATION SUBMITTED TO THE FACULTY OF HEALTH SCIENCES IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE MASTERS IN PUBLIC HEALTH

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DECLARATION

I, Nwabisa Jumba, declare that this dissertation entitled "**UTILIZATION OF PUBLIC- PRIVATE PARTNERSHIP TO IMPROVE QUALITY OF HEALTHCARE SERVICES: MANGAUNG METRO",** is my original own work and all the sources used or cited have been indicated and recognized by means of complete references, and that this research study has not been submitted/conducted before for attainment of a degree at any institution.

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CERTIFICATION

This mini-dissertation titled "**UTILIZATION OF PUBLIC- PRIVATE PARTNERSHIP TO IMPROVE QUALITY OF HEALTHCARE SERVICES: MANGAUNG METRO,FREE STATE"** satisfies the University of Fort Hare's requirements for the issuance of a Master's in Public Health degree, and is authorized for the contribution it will make to scientific knowledge and literary demonstration._____

Supervisor

Date: 26/08/2022

DEDICATION

I DEDICATE THIS DISSERTATION TO:

God Almighty for His guidance, strength and wisdom to pursue this study. ‘I can and will

do all things through Christ who strengthens me” (Phil.4:13).

My mother, Nonganiyakhe Madikane; without your strict upbringing, constant support and guidance, I would not have achieved this. You have instilled in me the value of education and you have been the pillar of my strength; your prayers have carried me. I thank God for you Manxuba, Rhudulu ‘ENKOSI’

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ABSTRACT

Introduction:

In both developed and developing nations, the cost of providing healthcare has been rising exponentially in recent years. Governments all across the world are looking for new ways to cut costs and expand the capacity of social programmes while making substantial infrastructure investments. Public-private partnerships (PPPs) have gained popularity throughout the world as a means of enhancing the delivery of health care services.

Aim:

This research aimed to find out how the Free State Department of Health is using public-private partnerships to improve health care quality, and whether partnerships have the potential to improve access, quality, and efficiency in health care. The study focused on exploring and describing the utilization of Public-Private Partnership in improving the quality of health care services in the Free State Province, using the Universitas-Pelonomi PPP projects.

Methodology:

An explorative qualitative study was conducted using an open-ended interview, semi-structured interviews. 18 participants were sampled using snowball sampling was used to sample participants from government and private sector with experience in the Universitas-Pelonomi PPP project. Thematic analysis was used to analyse the collected data.

Findings:

Three themes with six sub-themes were identified. The study findings revealed that PPP have the potential of increasing access to quality health service provision, to close the gap in the public sector. Furthermore, PPP led to attraction and retention of skilled professionals. PPP in healthcare could be enhanced by strengthening contract management, having a dedicated unit for evaluating and accountability, as well as enhancing governance structures. PPP should have a dedicated line item in the budget for effective rollout. The issue of having a legal team to cater for the needs of the government during contract formulation was highlighted as well.

Inadequate specific contract management, governance and evaluation systems were identified as identified as the major challenges followed in the Universitas-Pelonomi PPP project. The study recommended that FSDoH should develop the PPPH unit to have the capacity of carrying out the enormous task of conceiving, engaging, implementing and monitoring partnership

projects. Other provinces wishing utilise PPP to improve on health care service delivery should use the lessons from the Universitas-Pelonomi PPP to effectively implement this partnership.

Keywords: Public-private partnership, PPP Free State Department of Health, Universitas-Pelonomi PPP**,** PPPH.

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LIST OF ABBREVIATIONS

PPP	Public-Private Partnership
PPPH	Public-Private Partnership in Health
FSDOH	Free State Department of Health
VfM	Value for Money
TA	Treasury Approval
PPPH	Public-Private Partnership Health
GTAC	Government Technical Advisory Centre
SPV	Special Purpose Vehicle
RWOPS	Remunerative Work Outside the Public Service

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1 CHAPTER 1: OVERVIEW OF THE RESEARCH

1.1 BACKGROUND

A public-private partnership (PPP) is a worldwide recognized public-sector procurement process in which the government receives obligation from the private sector and delegated responsibility for providing public facilities or services to the private sector (Ristinar & Dalmiah, 2018).

In numerous countries, PPPs have been largely acknowledged as a viable method of obtaining public infrastructure projects. China, for example, had completed 13 554 PPP projects totalling $2 612 billion USD as of June 30, 2017. (Zhu & Chua, 2018). Different commercial purchase, profitable leasing, government acquisition, and government leasing, which augment current commercial and public sector capabilities, public-private partnerships (PPPs) expand and change each sector's capabilities through increasing resilience (Stevenson, 2018).
According to most PPP experts (Chauhana & Marisetty, 2018), PPPs are currently being embraced by many emerging and developing countries as a result of increased costs for revamping, maintaining, and operating public assets, tightening government budgets, and private-sector innovation and risk management. In a number of countries, PPPs have been universally regarded as a viable method of obtaining public infrastructure projects. China had completed 13 554 PPP projects worth a total of $2 612 billion USD as of June 30, 2017. the year 2018 (Zhu & Chua). Unlike commercial purchases, commercial leasing, government purchases, and government leasing, which just augment existing commercial and public sector capabilities, public-private partnerships (PPPs) expand and change each sector's capacities through increasing resilience (Weston & Stevenson, 2018).

According to Nuwagaba (2019), a public-private partnership (PPP) is a type of government-business partnership that aims to ensure effective financing, building, restoration, and maintenance of an infrastructure project or service. A private company commonly designs, builds, finances, and operates a major capital asset, such as a road, a hospital, a school, or a prison, and must ensure that these assets are accessible to supply related services to a high standard (Chunga & Hensherb, 2018).

The public agency, on the other hand, is largely responsible for acting as a coordinator and enforcer to guarantee that the private firm's actions and the PPP's output are consistent with public policy goals (Chunga & Hensherb, 2018). Toll highways, light rail systems, bridges, tunnels, wastewater treatment plants, hospitals, courts, museums, schools, and private prisons are all examples of public-private partnerships (Chauhana & Marisetty, 2018). As a result, public-private partnerships (PPPs) appear to be the logical next step in the "21st-century governance" movement (Wendell & Lawrence, 2005). The interest rate for private borrowing may be greater than the interest rate for government borrowing, which is a disadvantage of this type of financing arrangement for public projects (Krol, 2018).Only increased private-sector innovation and productivity will be able to compensate for the higher borrowing costs as well as costs associated with the bidding process, allowing the arrangement to be efficient. Even when these factors are considered, a direct comparison of borrowing costs can be misleading (Krol, 2018).

The company evaluates a variety of factors while utilizing resources and opportunities, including quality, appropriateness for the business's goals, timeliness, cost-effectiveness, efficiency and economy (Klynveld Peat Main Goerdeler (KPMG), 2014). The way PPPs are organized may not be good for assuring value for money, because the partnership arrangement bundles together numerous separate activities such as design, construction, operations, and maintenance in some situations. Unbundling these features into individual contracts might be a more cost-effective option (Norment, 2005).

PPPs, like other types of government contracting, are having trouble narrowing the gap between what the government can pay and what the public wants in health-care service delivery (Hammami, Ruhashyankiko & Yehoue, 2006). This challenge has resulted in the failure of certain PPP initiatives in the health sector around the world, according to Rwelamila, Fewings & Henjewele (2015), demanding the construction of systems that ensure quality results or quickly detect and overcome any bottlenecks in PPP agreements and execution.

PPPs are becoming more appealing to policymakers who want to improve the quality of healthcare services they deliver, especially when government financial resources are limited and public inefficiencies must be addressed (Delmon, 2017). In many nations around the world, governments have been the primary source of money for providing health care to the general

populace (Grimsey & Lewis, 2007). PPPs have been a focus in the health sector in a number of countries throughout the world since the 1980s (Ruckert, & Labonté, 2014).

The public-private partnership (PPP) concept is now widely regarded as a win-win strategy that benefits both the public and private sectors. As a result, the government has recognized PPPs as a viable option for satisfying infrastructure needs, because they reduce the financial load on the public sector and allow for more effective and careful budget management (Bovaird, 2004). The development of a distinct commercial enterprise known as a Special Purpose Vehicle (SPV) is common in PPPs (Chauhana & Marisetty, 2018).

The provision of high-quality health care is a constitutional necessity in South Africa (Maphumulo & Bhengu, 2019). As a result, the government has launched a number of projects and programs aimed at improving health care, efficiency, safety, and service quality, as well as ensuring that all users have equal access (Mogashoa & Pelser, 2014).

However, there is substantial evidence that a range of problems have impacted the quality of South African health care. Due to a reduction in quality services, the public of South Africa has lost faith in the healthcare system (Maphumulo & Bhengu, 2019).

Concerns about the quality of health-care services provided by the Free State Department of Health have arisen as a result of the public's opinion of governmental institutions. Long wait times due to a lack of human resources, adverse events, poor hygiene, and inadequate infection control measures, rising litigation due to avoidable errors, a shortage of drugs and equipment, and failing infrastructure are just a few of the challenges (Treatment Action Campaign Report 2018).

PPPs in healthcare allow governments to tap into the private sector's resources and expertise to fund large-scale projects that promote national and local public health objectives, such as enhancing service quality and extending access to care. PPPs are progressively being measured as a way to improve the efficiency, quality, and creativity of health systems around the world by combining the best qualities or models of the public and private sectors (Mitchell, 2017).

The Public Finance Management Act (999) (PFMA) and Treasury Regulation 16 govern public-private partnerships in South Africa, setting forth a clear and open framework for government and private sector partners to enter into mutually advantageous commercial agreements in the public interest (Department of Nation Treasury, 2007). As a result, there is a rising debate

concerning the role/usage of FSDOH public-private partnerships (PPP) in the delivery of high-quality health-care services, which some believe can help address some of the difficulties. While there has been multiple research on the various PPPs employed by different nations (Froot, & Rogoff, 2016), there have been few investigative studies concentrating on the usage and influence of PPPs in the delivery of excellent health care services in the Free State Department of Health. Furthermore, no explicit research has been conducted to see if the usage of PPP models may assist the Free State Department of Health in addressing the issues of providing high-quality health care.

1.2 STATEMENT OF THE PROBLEM

Public Private Partnerships projects in healthcare play a critical role in the development, and sustainability of quality healthcare system (Minjire, 2015). The Free State Department of Health is dealing with health-care issues, which include insufficient infrastructure and equipment, frequent shortages of medicines and supplies, and poor quality of care. The FSDOH hospitals' ability to offer quality healthcare has been harmed by their inability to recruit and retain skilled employees, both in the clinical areas (doctors, nurses, and allied health professionals) and in the support areas (administrative and technical) (Treatment Action Campaign Report 2018).

Patients are subjected to intolerable conditions in certain hospitals due to a lack of essential medical equipment, medical consumables, and medicines; linen; and, in some cases, crumbling infrastructure caused by a lack of maintenance, resulting in water supply interruptions, sewerage blockages, lift failures, and unusable air conditioning (Treatment Action Campaign Report 2018).

The FSDOH health's financial situation has had both an indirect and direct impact on the hospitals' capacity to fulfil their mandate of providing high-quality clinical care to the patients they serve (Report on the Treatment Action Campaign for 2018). The FSDoH entered into the PPP agreement with (the concessionaire) during 2002 to develop private health facilities at Universitas and Pelonomi hospitals, the objective was to improve the provision of quality services at the two facilities.

Utilization of Public-Private Partnerships (PPPs) in enhancing the quality of health care services in the Free State Department of Health - with specific reference to Mangaung Metro Free State,- has not been evaluated. The study consequently pursued to evaluate the usage

of PPPs to improve the provision of quality of health care services in Mangaung Metro, Free State.

While there have been several studies on the various PPPs used by different countries (Froot, & Rogoff, 2016), there have been few exploratory studies focusing on the use and impact of PPPs in the Free State Department of Health's provision of great health care services. Furthermore, no specific research has been done to evaluate if using PPP models could help the Free State Department of Health handle the difficulties of providing high-quality health care. This research aims to find out how the Free State Department of Health is using public-private partnerships to improve health care quality, and whether partnerships have the potential to improve access, quality, and efficiency in health care.

1.3 PURPOSE OF THE STUDY

To explore and describe the utilization of Public-Private Partnership in improving the quality of health care services.

1.4 OBJECTIVES OF THE STUDY

1. To explore the utilization of public-private partnership in improving the quality of health care services in the Free State Department of Health.
2. To describe the utilization of public-private partnership in improving the quality of health care services in the Free State Department of Health.

1.5 RESEARCH QUESTION

1. What is the utilization of public-private partnership in improving the quality of health care services in the Free State Department of Health?
2. How can utilization of PPPs improve quality Health Services?

1.6 SIGNIFICANCE OF THE STUDY

This research could contribute significantly to our understanding of how PPPs can be used in the health care industry to improve the quality of care. The findings may aid in better describing the extent to which PPPs can alter the quality of health-care services provided. Furthermore, the knowledge gained from this research will aid in the understanding of PPP ideas in the health sector in the Free State (Jomo, 2016).

The study will also identify elements that influence the implementation of PPPs in the health sector, adding to the body of knowledge about the factors that can be used to effectively use PPPs in the delivery of high-quality health care services. The selection of such elements will aid in the development of a best practice framework in the Free State Department of Health, impact policy improvement in the implementation of PPP, and lessons learned will be widely disseminated to assist policymakers in making successful use of this model.

Furthermore, the insights gained from this research will aid in a better understanding of how PPPs can be used effectively, efficiently, and cost-effectively, particularly in the provision of high-quality healthcare services.

1.7 DELIMITATIONS OF THE STUDY (SCOPE)

Delimitation of the study refer those features that limit the scope and define restrictions of the study (Yin, 2015). The research will focus only on the exploration and description of the utilization of PPP in improving the quality of health care services in Tertiary and Academic Hospitals, Mangaung Metro, Free State (Universitas-Pelonomi Hospital PPP).

Only individuals with experience in PPP will participate in the study at the Free State Department of Health. Therefore, the study will not consider anything else outside the PPPs in the health sector.

1.8 LIMITATIONS OF THE STUDY

The term "limitations" refers to limitations in a study's methodology that may limit the findings' ability to be generalized (Ellis & Levy, 2009). Limitation of the study also refers to potential weaknesses that are beyond researchers' control (Kirkwood & Prince, 2013). The quality of the respondents' responses, as well as their level of expertise, involvement in the PPP process and operations, and limits in their understanding of PPPs, are all factors in the research study on PPPs. The interpretation of the findings from the study cannot be generalized with or to other PPPs in South Africa.

1.9 OPERATIONAL DEFINITIONS OF KEY TERMS OR CONCEPTS

Affordability	means that the financial commitments to be incurred by an institution in terms of the PPP agreement can be met by funds
PPP Contract Management	PPP contract management is the process that enables both parties in a contract to meet their respective obligations in order to deliver the objectives required from the PPP contract. Once the contract has been signed, and the “deal” has been agreed, each party should perform its respective role.
Quality of health care	The extent to which health care services provided to individuals and patient populations improve desired health outcomes. To achieve this, health care must be safe, effective, timely, efficient, and equitable and people-centred
Metro	A busy city of urban nature, in this study Bloemfontein is regarded as a metro
Public-private partnership (PPP)	Is an agreement between a public-sector institution and a private party in which the private party performs a function normally performed by the public sector and/or uses state property in accordance with the PPP agreement's provisions
Risk Transfer	a risk matrix is a matrix constructed at feasibility study stage, to identify and track risk allocation throughout the procurement process up to financial close.
Private Party	means a party to a PPP agreement that is non-government entity

PPP agreement	means a written contract recording the terms of a PPP concluded between an institution and a private party
	means that the provision of the institutional function or the use of state property by a private party in terms of the PPP agreement results in a net benefit to the institution defined in terms of cost, price, quality, quantity, risk transfer or a combination thereof
Outsourcing	The private sector assumes full operating responsibility for a specific function/service previously provided by the public sector. The contractor should provide the service of similar quality at lower cost than the public sector. The contractor may have the skills, capacity or resources that are not available in the public sector, or the service to be contracted out may not be a core competency of the government.

1.10 CONCEPTUAL FRAMEWORK

The conceptual framework, as presented in the figure below, was designed based on prior experience as well as literature reviewed on the topic:

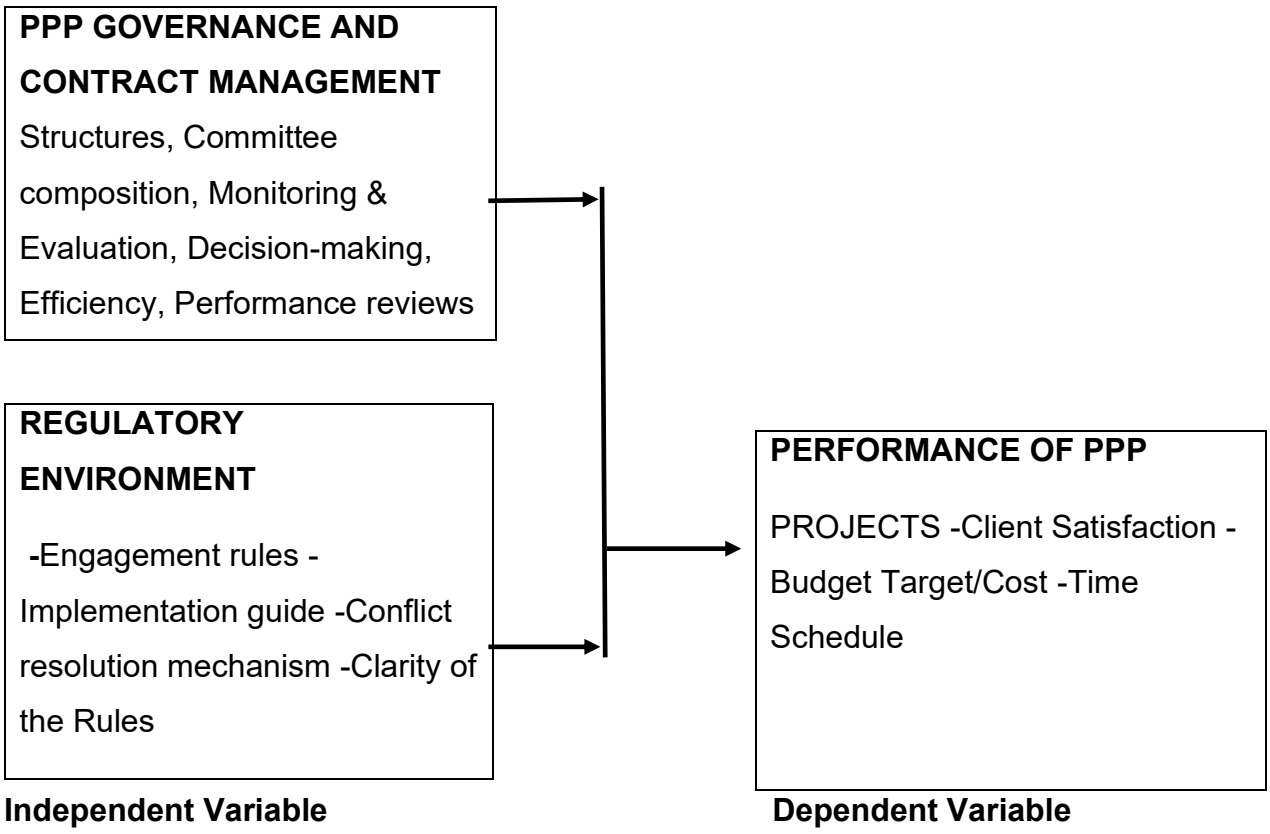

Figure 1.1 Conceptual Framework of PPP utilization

1.11 CHAPTER OUTLINE

This study encompasses the following chapters:

Chapter 1: Overview of the study- An introduction, statement of the problem, goal of the study, specific objectives, research questions, and importance of the study, as well as delimitation, limitations, and operational definitions, are all found in this chapter**.**

Chapter 2: Literature review- outlines the relevant literature to the issue under investigation, which is the use of public-private partnerships to improve healthcare service quality: Mangaung Metro, Free State, and a conclusion

Chapter 3: Study Methodology- The approach employed in the research study is presented in this chapter. The research design and setting, population, sample, research instruments, study trustworthiness, and ethical considerations are all covered in this chapter. Following that, a description of the data gathering process used in the study is given. Finally, the data analysis for the research is described.

Chapter 4: Results, Discussion and Interpretation of Findings- This chapter contains data presentation and discussion that is congruent with the study's aims. This chapter also compare the study findings to findings in other settings from similar studies.

Chapter 5: Conclusion and recommendations- The conclusion and recommendations based on the findings are presented in this chapter

2 CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

The research problem, objectives, justification for the study, scope for the investigation, and theory that underpins the research were all introduced in Chapter 1. Gray, Grove & Sutherland (2017) define literature review as a systematic and explicit way to generating a picture of what is known and not known regarding PPP in health. The literature discusses all aspects of PPP's success, problems, and utility in health care settings.

2.2 RESEARCH STRATEGY

The researcher examined existing evidence in this literature review on the challenges and benefits of adopting and using PPP in healthcare to improve quality care. The sources of information in this literature review were peer-reviewed journal articles along with books and government publications. The review of the literature starts with an overview of PPP, followed by a review of the quality of health care literature. Subsequent is a review and literature synthesis on the impact and benefits of PPP, focusing on the outcomes of productivity, quality, and health care. Review of evidence on the use of PPPs in the health sector in developing countries, with emphasis on critical success factors, challenges, and barriers. In databases, including Science Direct, PubMed, BIOMED and Sage Publications, the researcher accessed research materials. Additional searches that use commercial search engines like Google Scholar were also conducted. Various keywords such as public-private partnerships, healthcare PPP, quality care PPP, PPP barriers, or a combination of these keywords were also used to guide the literature search.

PPPs-specific literature and how they relate to the use of PPPs in quality healthcare arrangements are lean and meagrely accessible, especially for South Africa. However, in the existing literature, the concepts of PPP and quality healthcare were well defined.

2.3 PUBLIC-PRIVATE PARTNERSHIPS

2.3.1 Overview of PPP

Governments around the world have increasingly used private sector involvement through public private partnerships (PPPs) to develop, finance and deliver public health infrastructure and service delivery. Reasons for this take-up range from rising expenditure on the

rehabilitation, maintenance and operation of public assets, and increasing government budget constraints, innovation through the intelligence of the private sector and better risk management (Widdus, 2005). Their advocates argue that such 'partnerships' secure better-quality infrastructure and services at 'optimal' cost and risk allocation by promoting increased diversity of supply and contest capacity (Roehrich, Lewis, & George, 2014).

Although a public-private partnership (PPP) can be defined as "a long-term contract between a private party and a government agency to provide a public asset or service in which the private party bears significant risk and responsibility for management" (Kivleniece & Quelin, 2012), there are differences in practice based on the separation of ownership and risk-bearing between public and private actors.

This study focuses on PPPs defined as infrastructure and services business models; excluding, for example, drug research PPPs where contributions from the private sector are more charitable. According to Roerich et al., 2014, the use of PPPs has increased almost fivefold over the past decade. Despite the fact that PPPs have piqued the interest of practitioners and academics over the last two decades, no attempt has been made to integrate the literature on general and health management to present a holistic understanding of PPPs' role in providing high-quality healthcare.

2.3.2 Public-private partnership definition

The concept of a public-private partnership (PPP) necessitates a precise explanation in order to comprehend it. In general, a public-private partnership (PPP) is a government or public service that is run and supported by a partnership between the public and private sectors. The UK Commission on PPP provides the most well-known and recognized definition of PPP as follows: "a PPP is a risk-sharing agreement between the public and private sectors based on a common aim to achieve a desired public policy outcome.” As comparison, according to The Canadian Council for Public-Private Partnerships, PPP can be defined as: “a cooperative venture between the public and private sectors, built on the expertise of each partner that best meets clearly defined public needs through the appropriate allocation of resources, risks and rewards”(Wang, Xiong, Wu, & Zhu, 2018).

The World Bank defines PPP as "a long-term contract between a private party and a government agency to provide a public asset or service in which the private party bears

significant responsibility for risk and management" (Fantom & Serajuddin, 2016) Notwithstanding, applying the term "partnership" to characterize the relationship between government and non-governmental actors is problematic, because the term suggests an equal status and authority for the actors involved (Fantom & Serajuddin, 2016)

The word denotes that the actors involved are on an equal footing in terms of position and authority (Martens & Hallonsten, 2003). In this view, agreement on major concepts is critical, as is preserving a balance of power between the parties, letting each party to keep their core values and identities (Buse & Walt, 2000). Modes of collaboration such as contracting public services and privately financing are just a few examples of public-private interaction in the global setting.

PPP is defined as a contract between an open segment institution or district and a private party in South Africa under Treasury Control 6 of the Open Fund Administration Act (PFMA), in which the private party accepts significant budgetary, specialized, and operational risk in the planning, financing, construction, and operation of a venture (Office of National Treasury, 2004). Cooperation, sharing of responsibility, decision-making power and authority, risk and reward sharing or mutual benefit, pursuing shared or compatible aims, and joint investment are all significant components contained in these definitions.

The lack of a shared understanding of what a PPP is makes the process of assessing whether PPPs have been successful complex. For example, evidence of PPP efficiency is mixed and often unavailable (Hodge & Greve, 2016).

2.3.3 The concept of public-private partnership

In the early 1980s, the British government first put PPP forward as a management concept. It refers to the way that the government grants private enterprises to replace the government in infrastructure construction, operation and management, and to provide public goods and services to the general public through long-term agreements (Top & Sungur, 2019). Nevertheless, this idea was created widely later. Some academics in public administration from various international organizations and nations, such as the United Nations Development Programme, the United Nations Institute for Training and Research, the European Union, the United States, Canada and so on, have provided distinct understandable terms from distinct angles.

The perception of the PPP model is defined as follows: PPP method is a cooperative method of activity and governance in which the public industry enters into collaborative contracts and create collaborative ties with private parties and the private sector more efficiently perform their tasks and duties for public organizations around the shared objective of public organization (Top et al.,2019).

PPP is not offered solely by the public or private sector, but helps certify important services that will be made available to the general public in an efficient manner. According to a case analysis by the African Health Forum, this has affected the promotion of access to health care, especially in low- and middle-income countries (LMICs). However, achieving the universal health goal focuses on the most pressing challenges in terms of quality medical services, available resources, and the value gained from a focused investment in health care. The PPP model needs to be rethought through the Social Awareness PPP (David., 2019).

The perception of PPP is based on the desire of a government to resolve capacity restrictions in the provision of public facilities and services by calling for skills in private management to improve the efficiency and quality of facilities and services (Zhang,2019). The level of involvement of the private sector could range from simple service without recourse to public facilities, through service provision based on the use of public facilities, to full private ownership of public facilities and the operation of their associated services (Zhang, 2019).

2.4 PUBLIC-PRIVATE PARTNERSHIP DEVELOPMENT GLOBALLY

Globally, public-private partnerships are frequently formed to expedite the delivery of high-priority projects by utilizing innovative technology not generally available through traditional procurement methods (Roehrich, Lewis, & George, 2014).

PPPs are not new arrangements; they first emerged as part of an infrastructure development approach in the Global North in the 1980s. PPPs have been promoted as a way of avoiding perceived shortcomings in the public sector through increased involvement of private-sector agents, with stated efficiency and cost-effectiveness benefits. (Roehrich et al., 2014).

In terms of Africa, the country's health situation appears to be poor, owing primarily to some limitations. Some of the key challenges that make the health sector handicapped in promoting higher social good include a lack of suitable infrastructure, poor funding, and excessive population growth. Jean Philippe Prosper, the World Bank's East and Southern African

Director, believes that bringing the public and private sectors together in the field of health is the hope and need of the hour.

In Africa, a number of cooperation's had formed. One of the most well-known is the Nkosi Albert Luthuli Hospital. This hospital does not require any papers. The private sector is responsible for providing new medical equipment, facilities management, and an IT system. Medical staff can access information about the diagnosis and treatment of every patient in the hospital using this integrated IT system (National Treasury, 2016).

In Africa, Lesotho's PPP scheme is the first, and the government has used the PPP scheme to promote a state-of-the-art 425-bed national referral hospital to replace major aging hospitals. This ground-breaking PPP serves as a paradigm for increasing private sector involvement in the overcrowded medical sector in sub-Saharan Africa. The project also included the refurbishment of an adjacent gateway clinic, three strategic filter clinics, private management of facilities and equipment, and the provision of all clinical care services for 18 years. In addition, clinical training components were included to increase the availability of healthcare professionals (Jomo et al., 2016).

There has been relatively little comparison of how PPP plans are employed across industries. Furthermore, current proponents or opponents of public-private partnerships in certain regions and nations have completely ignored the nature and history of both the public and private sectors. Much has been written about the perceived benefits and limitations of public and private agents.

2.5 PPP IN SOUTH AFRICA

According to the Office of National Treasury 2016, The Public Finance Management Act (PFMA), 1999 (Act No.1 of 1999) and Treasury Regulation 16 have governed public-private partnerships in South Africa, offering a clear and open framework for government and private sector partners to engage in mutually beneficial public-good business transactions (Nation Treasury budget review, 2017).

In South Africa, the Department of National Treasury specifies two types of PPPs: a contractual partnership in which the private party (i) fulfils an institutional function and (ii) gains the use of public property for commercial interests (National Treasury budget review, 2017). PPPs with diverse characteristics and financial structures are also permitted by the National Treasury Department. In most PPPs, the private partner develops a specific corporate entity to

implement the project, known as a special purpose vehicle (SPV) (National Treasury Budget Review, 2017). There are study gaps in the nature of PPPs, whether they work and, if so, under what conditions, in the context of the form and content of the specific PPP, as well as its inter-organizational and interpersonal functioning in practice. This understanding is necessary to comprehend the diversity of PPPs in diverse contexts, as well as their role, benefits, and influence on health systems.

2.6 PPPS IN HEALTH CARE BACKGROUND

PPPs have become a popular solution to healthcare challenges around the world, and there has recently been a surge of interest in using PPPs to improve healthcare and welfare services for a broader range of health conditions (Broogaard & Petersen, 2018.).

The impact could be seen on various levels. Institutions like the World Health Organization (WHO), which played a key role in creating health policies and prescribing healthcare standards, accepted and fostered state-to-market partnerships in funding, delivery, and healthcare research on a worldwide scale (Laing, Hogerzeil & Ross-Degnan, 2012). Furthermore, as service providers face rising budgetary pressures, public and private community leaders have turned to these types of collaborations to serve a wide range of community health needs and rationalize local health care spending (Meier, Schöffski, & Schmidtke, 2013).

The most common argument was that budget constraints necessitated prioritization and restraint in government spending, and that turning to the private sector could address cost and investment challenges, improve efficiency, provide a better understanding of service delivery and management at lower costs, and improve service quality (Meier et al., 2013). Furthermore, due to significant changes in healthcare services, mostly due to aging populations, medical-technology advancements, and policy changes, governments all over the world have been coping with difficulties such as rising healthcare expenditures and shrinking government budgets. PPPs between health-care professionals and the private sector have proven to be a viable solution to these issues.

In this dynamic context, the public sector's role has evolved, moving away from direct service provision and toward the establishment of partnerships in the health sector. PPPs can take a range of forms, depending on the degree of responsibility and risk shared by the public and

private sectors. They are defined as stakeholders who share common aims, risks, and benefits via a contract or through a different arrangement (Meier et al., 2013).

PPPs can address unique cost and investment concerns; enhance service efficiency; and improve service quality when correctly organized and implemented. PPPs, on the other hand, may not be the most effective or efficient alternative available in many circumstances, making them difficult to build and implement. As a result, it is required to thoroughly examine the criteria for success and sustainability on a case-by-case basis in order to estimate the costs and advantages of such a strategy, as well as the chance of success (Nikolic & Mawkish, 2006).

Because of the expanding importance of PPP development, researchers and field practitioners alike value research articles on the subject (Torchia, Calabro, & Mourner, 2015). Despite the widespread enthusiasm around the world for utilizing the PPP model to improve healthcare, it is clear that there is a lack of understanding of what really characterizes a PPP and what the major characteristics and features are that lead to PPP success (Osei-Kyei,& Chan, 2015).

To bridge this divide, this research aims to explore the use of PPP in providing performance health care facilities by systematizing the most appropriate PPP literature in the health care industry.

2.6.1 The Use of Public-Private Partnership in the Provision of Quality Health

The use of PPPs has become more and more common in recent years, including in the healthcare industry. Governments around the globe are searching for methods to cope with rising healthcare expenses and lower government expenditures at the same time (Wang et al., 2018). Both the government and business sectors acknowledge their personal inability to tackle evolving problems of public health that remain on the global and domestic policy agendas (Wang et al., 2018).

At the same moment, personal organisations for profit have grown to acknowledge the significance of public health goals for their instant and long-term goals and to take a wider perspective of social responsibility as portion of the commercial policy (Croft, Barrett & Urbina 2005). Thus, many countries are now dealing with such issues by setting up PPPs between social service suppliers (government service), constructing and managing firms, and private sector financers. Therefore, PPPs appear to be both inevitable and imperative in the healthcare industry.

In order to create an environment where we can provide high-quality medical infrastructure and services, public-private partnerships bring the strengths of private entities such as innovation, technical knowledge and skills, management efficiency, and entrepreneurship to public entities such as social responsibility. Can be combined with the role of. Social justice, public and private accountability and local knowledge.

Due to the widespread adoption of PPP in healthcare systems around the world, more and more issues related to the implementation of PPP projects are being discovered. As a result, academic papers on the characteristics and implementation challenges of PPP projects have been published in recent years.

To my understanding, given the growing amount of study papers on the subject, there is still an absence of systematization of the most appropriate literature on the use of PPP to enhance the performance of healthcare facilities in provision of better-quality care.

2.6.2 Challenges of Quality of Health Care Services

Given issues such as population increase, ageing, rising public expectations, increasing chronic illness prevalence and multiple morbidities, and emerging and chronic infectious diseases, the health system's sustainability is a global concern. Fragmentation of the healthcare system, labour limits, and technological advancement investments are all problems for the healthcare system's long-term viability, putting pressure on the health system's financial capability to meet demand. Different types of public-private partnership (PPP) interactions and styles of collaboration between the public and private sectors are increasingly being investigated as a means of mobilizing resources to improve the calibre of public services. The private sector includes non-governmental organizations (NGOs), for-profit organizations and corporations, and charitable philanthropic organisations (Galea & McKee, 2014).

2.6.3 Governance of PPPH Projects

Governance refers to the structures, processes, rules and traditions through which decision-making power that determines actions is exercised to achieve accountability (Zadek & Radovich, 2018).

Organisations in all sectors, regardless of purpose, are increasingly expected to demonstrate how well they are governed. It is a vital element of how organisations operate and are held accountable. Code of governance principles demands that an effective management board will

provide good governance and leadership by: (1) Understanding its role, (2) Ensuring delivery of organisational purpose, (3) Working effectively both as individuals and as a team, (4) Exercising effective control, (5) Upholding with integrity, and (6) Being open and accountable.

A PPP project management structure is responsible for the administrative activities of the partnership and is accountable for all partnership affairs. The type and size of the management structure should tailor towards partnership's mission and scope of work (Global Health Initiative, 2015). Brinkerhoff, (2020) states that good governance and leadership provides a conducive environment for project teams. Participation of the senior management in decision-making and planning results is the organisation commitment to the partnership project success and fosters the trust among the partner organizations. Senior Management support is a key factor for the success of PPP projects. Best managerial practices such as recruitment of staff on merit and proper work ethics may also help ensure that talented and productive members of the project teams are retained and sustain high productivity.

Managing a PPP project entails preparation, procurement, and operation which involves dealing with multiple issues with stakeholders all at the same time (ADB, 2015). Good project governance is about successful delivery of the project and management of the interaction with the private sector. Governance requires the management to develop a more comprehensive structure of project governance such as system of project boards. A project board comprises stakeholders from the public sector and independent members capable of providing neutral, technically sound opinions. This is the regular forum for resolving major issues and for making decisions above the powers delegated to the project management team. This board sets the project requirements, constraints, and boundaries, monitors the project management activities, and provides a forum for challenging and supporting the project team. The project advisers are usually not team members, but they may be called to attend project board meetings when expert advice is needed. Conflicts may exist in inter-organizational partnerships because of interdependencies between the firms. The responsibility of the senior management includes detection and timely resolution of conflicts. However, conflicts management may be complex and hence an understanding of conflict resolution mechanism is critical to the success of partnerships (Brinkerhoff, 2020). Joint problem-solving engagements helps the partners to arrive to a mutually satisfied solution and therefore it is contributor to successful partnership.

2.6.4 PPPH Regulatory Environment

Enabling legal, regulatory, and policy framework are key elements to a sustainable partnership project (ADB, 2015). According to the World Bank (2016), regulations and laws relating to PPP projects delivery can hamper success if poorly designed and executed. Regulations must be adaptable and predictable in line with the social and economic dynamics in order to achieve the expected goals. Agreeing with this, Cruz & Sarmento, (2017) cites strong PPP regulatory framework as an important ingredient for the success of partnership programmes in South Africa. Ribeiro, Rauen & Li, Y., 2018 points out that apart from public procurement regulations and rules, the legal environment refers to a broad legal framework that governs all business activities including research and development, manufacturing, finance, marketing, personnel, and contracts. He adds further that in developing and particularly transitional countries, where legal systems are not comprehensive, government contracts may need detailed provisions. A weak national regulatory framework is cited as one of the major challenges facing organizations and business enterprises in public procurement (Nkonge, 2013). A strong legal framework facilitates transparency in the public procurement process. According to Mitchell (2017) regulatory environment enhances quality and efficiency in healthcare projects. The goals of regulations are to; (1) protect the individual; (2) control costs; and (3) ensure access. The basic aim of regulations is the establishment of standards of practice which define expectations on which to measure quality. Sound regulatory policy enhances the efficient functioning of a partnership projects by ensuring that they operate under a clear mandate, without political interferences. It also ensures that the PPPs are appropriately resourced and equipped, with transparent and accountable decision-making process.

2.7 PERFORMANCE OF PPP

Various other factors affecting the performance of PPP projects have been cited in various contexts. Zhang (2019), studying infrastructure development projects implemented through PPP model, identified the critical success factors and classified them into five major categories as follows: (i) favorable investment environment; (ii) economic viability; (iii) reliable concessionaire consortium with strong technical strength; (iv) sound financial package; and, (v) appropriate risk allocation via reliable contractual arrangements. Trafford and Proctor, (2006) lists good communication, openness, effective planning, ethos and direction as the key characteristics of a successful project. Another publication by Zhang (2019), mentions the following elements; mutual trust and commitment, joint planning, joint operating controls,

effective communication, risk/reward sharing, style of contract, scope of the activities and the extent to which financial resources are shared. Other factors include collaboration among stakeholders, reputation trust and motivation of private sector, good public acceptance of PPP projects.

In addition, a study by Raman & Bjorkman (2019) on "Public Private Partnership in Health Care in India: Lessons for Developing Countries", lists factors affecting the performance of PPPH projects as: Relative Equality between partners, Mutual Commitment to Health objectives; Autonomy for each partner; Shared decision-making and accountability; Equitable Returns/Outcomes; Benefits to the Stakeholders. The same document highlights the constraints for PPP projects as: Lack of clarity on why PPP; Defining Beneficiaries in High value services; Local political interference; Non-revision Contract; Payment Delay; Institutional capacity for monitoring; and, Attitude or personality styles. A study by Kavishe, Jefferson, & Chileshe, 2019 pointed out some of the factors influencing PPPH projects in Tanzania as regulatory framework, coordination, financial support stakeholders' commitment, human resource capacity and utilisation, access to essential drugs, tax relief and adherence to professionalism. Kavishe, et al., (2019) highlight the characteristics of PPP projects. The characteristics referred to include; trust, governance structures, mutual respect, common goals, agreed objectives, transparency and communication between partners, teamwork and joint working (Kavishe, et. al., 2019).

2.8 CONCEPTUAL FRAMEWORK

The conceptual framework, as presented in the figure below, was designed based on prior experience as well as literature reviewed on the topic:

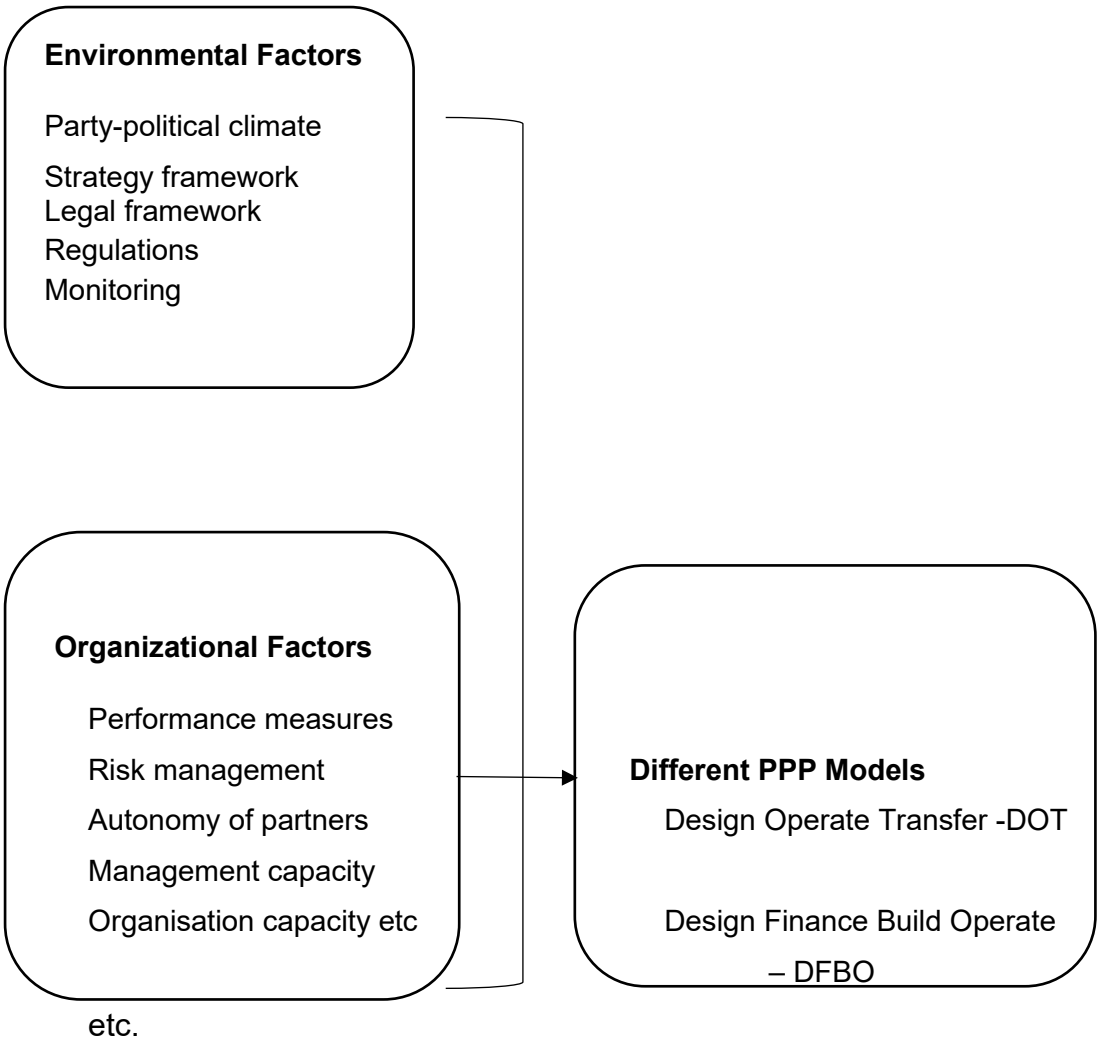

Figure 2.1. Conceptual Framework for utilisation of PPP in provision of quality healthcare services in Mangaung Metro, Free State.

Source: Own illustration (2020)

Environmental factors (political situation, policy framework, legal framework, regulation and oversight, etc.), organizational factors (performance measurement, risk management, partner autonomy, management and organizational capabilities, etc.) and personal factors (performance indicators) Management, partner autonomy, management ability, organizational ability) are all included in the above conceptual framework (e.g. employee ability, employee communication, employee conflict)

PPP arrangements come in a wide range of shapes and sizes, and they're used in a wide range of projects all over the world. These public-private partnerships (PPPs) are for new

infrastructures or construction projects. The National Council for Public Private Partnerships describes some of the most prevalent and widely used PPP configurations as follows:

• Design-Build (DB): In this PPP arrangement, the government or public sector enters into a PPP agreement/contract with a private partner or third party to design and construct a facility according to the government's standards. The government is responsible for the facility's management and maintenance once it is constructed and ready. The asset is still mostly in the hands of the government. Build-Transfer is another name for this setup (BT).

• Design-Build-Maintain is an acronym for design-build-maintain (DBM) This PPP scheme is similar to Design-Build, except the private sector is also responsible for facility maintenance, commonly known as the facility management model, while the government is solely responsible for operations and service delivery. The property is owned by the government.

• Design-Build-Operate-Operate-Operate-Operate-Oper (DBO) The commercial partner assumes responsibility for the design and construction/building of a public facility under this PPP structure. After the facility is completed, the government receives the title share of the new facility for operation, though the private partner is liable for the facility's operation for a period of time, which is known as co-location. The government is in charge of asset ownership and maintenance. Build-Operate-Transfer is another name for this strategy (BOT).

• Design-Build-Operate-Maintain is an acronym for design-build-operate-maintain (DBOM) This strategy combines design-build with a commercial partner's responsibility for the operation and maintenance of a public asset for a set length of time. When the time period is up, the operation is returned to the government as the asset's owner. Build-Operate-Transfer is another name for this strategy (BOT).

• Build-Own-Operate-Transfer is an acronym for "Build-Own-Operate-Transfer" (BOOT) Under this PPP program, the government grants a private partner the right to finance, construct, build, and run a facility for a set number of years or a set duration in order to recoup the capital investment. For that particular period, the private partner controls the assets. Ownership of the assets, operations of the facility, and maintenance of the facility are returned back to the government after the period or contract ends.

2.9 LEGISLATIVE FRAMEWORK

PPPs are defined in South African law as an agreement between a government institution and a private party/sector where the private party performs an institutional function and/or uses state property in terms of output specifications for a significant period of time, according to the Office of National Treasury 2016, It takes on significant project risk (financial, technical, and operational), in exchange for unitary payments or concession fees from the government budget and/or user fees. The government retains a significant role, either as the primary purchaser of services or as the project's primary facilitator.

To successfully deliver PPP projects, a rigid policy framework is required, including precise laws and regulations pertaining to the inception and termination of a PPP contract (Almarri & Abuhijleh, 2017). This researcher examined the legal environment, which includes existing laws and regulations, contracts, and other legal documents relating to the use and implementation of public-private partnerships in general, as well as the necessary revisions. The study looked into the holes that the government has to fill in the PPP policy framework and legal instrument. The PPP structure must comply with the tax regime, concession rights, dispute resolution procedures, public service legislation, and labour regulations, as required by Treasury Regulations 16 and the PPP Manual. If a legislative change is required to establish PPP, a realistic schedule for completing this process should be established. While the PPP process is being created, the legal framework should be maintained. The regulatory framework related to the aforementioned description should be modified to include a price policy, customer service, operations, and market structure.

2.9.1 Key regulatory features of the PPP

The following regulatory features are important in South African PPP frameworks: • Treasury Regulation 16 requires all PPP projects to receive required Treasury Approval (TA) for:

(1) Demonstration of affordability (2) Demonstration of value for money (3) Demonstration of appropriate risk allocation

The PPP project cycle is as follows: (1) conception (2) feasibility (3) procurement (4) management of the PPP agreement.

The following regulatory features are important in South African PPP frameworks: • Treasury Regulation 16 requires all PPP projects to receive required Treasury Approval (TA) for:

(1) Demonstration of affordability (2) Demonstration of value for money (3) Demonstration of appropriate risk allocation fundamental difficulty in the PPP market a few years ago was that too few transactions had been successfully closed. With 26 PPPs successfully completed in the market, this has changed dramatically. Currently, there are more than 50 projects in various phases of development. New triumphs, however, bring new obstacles that must be confronted head-on. One of the most significant issues facing PPPs today is ensuring that contracts are effectively left at the conclusion of the contract or implemented according to the provisions of the final agreement. The majority of PPP contracts are extended for another period.

The South African government established a PPP Unit to build the policy/regulatory framework for PPPs and to prepare guidelines and manuals on the regulatory needs of PPPs. South Africa has approved a number of PPP-related regulations, including the Public Finance Management Act, Treasury Regulation 16 for PPPs, and the Municipal Finance Management Act.

On the top-level design of PPP, a well-defined regulatory framework contains a collection of supporting policies to be developed based on lessons learned from good practice and practices in countries with a mature PPP market, as well as results absorbed from worldwide organizations. Converging the methodologies for PPP operation, such as evaluating value for money, assessing fiscal affordability, contract management, and procurement, as well as streamlining the roles and duties of all stakeholders, is critical.

2.10 SUMMARY

This chapter reviewed literature of PPP, their usefulness in improving access to services and the challenges thereof. The literature delved more in to South Africa, and reviewed the PPP that have been carried out in the country, the legislative framework guiding the PPP and the challenges faced by the South African public sector.

3 CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous Chapter 2 presented the literature review relating PPP in the health sector, their usefulness and the challenges, as well as the legislative frameworks that govern PPP. The research objectives and research questions, as well as a detailed description of the research design and method used for this study, such as sample, sampling, population, pilot study, data collection procedures, physical setting, ethical considerations, and data analysis, are highlighted in this chapter. The last section of the chapter discusses the procedures employed to ensure trustworthiness.

3.2 OBJECTIVES OF THE STUDY

- To explore the utilization of public-private partnership in improving the quality of health care services in the Free State Department of Health.
- To describe the utilization of public-private partnership in improving the quality of health care services in the Free State Department of Health.

3.3 RESEARCH QUESTION

- What is the utilization of public-private partnership in improving the quality of health care services in the Free State Department of Health?
- How can utilization of PPPs improve quality Health Services?

3.4 RESEARCH DESIGN

A research design is a detailed plan for determining the answers to the research questions as well as addressing some of the potential problems that may develop during the research process (Polit & Beck, 2004). It serves as a blueprint for the research.

In this study used a qualitative research approach, explorative and descriptive design. Qualitative research is utilized to get a knowledge of underlying causes, attitudes, and motives, according to Creswell (2014).

3.5 THE RESEARCH SETTING

The research setting states the place where the data was collected. This study was conducted at Pelonomi Tertiary Hospital and Universitas Academic Hospital in Free State Department of Health, Mangaung district Metro. Mangaung has a population of over 700 000 people, divided into 276 905 households.

This metro was selected because it is where the PPP colocation agreement has been established. The Netcare Pelonomi/Universitas Private Hospital is one of two Netcare Group hospitals in the Free State that is part of a public-private partnership (PPP) with the Department of Health. The co-location PPP initiative between Community Hospital Management and the Free State Department of Health, in which Netcare is a shareholder, began in 2002.

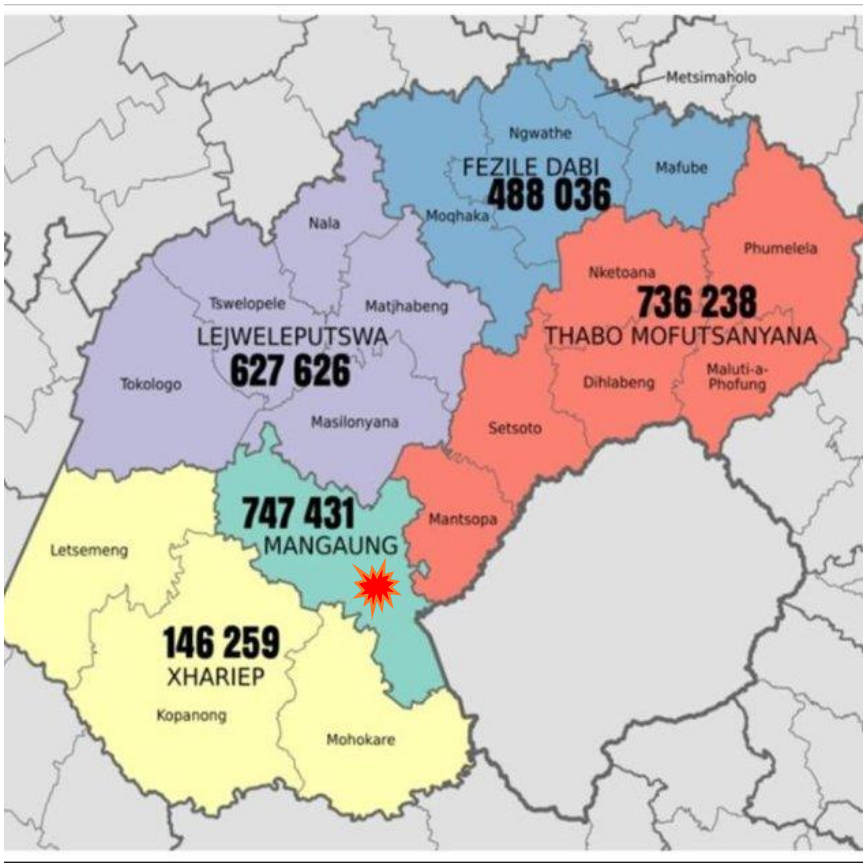

Figure 3-1 Map of Free State province, indicating Mangaung metro and four other districts. (https://www.researchgate.net/figure/Map-of-Free-State-Province-showing-one-metro-Mangaung-four-districts-and-their_fig1_335517823).

3.6 RESEARCH METHOD

The study is generally exploratory and descriptive in nature in terms of its qualitative approach, and the research technique (Gray, Burns, & Grove, 2015) for selecting a sample and sample size, population, sampling, data collection, study setting, and data analysis is detailed hereunder.

3.6.1 Sample

For the purpose of this research, the sources of the phenomenon which was studied were movement and private officials with experience/ knowledge of the Netcare/Universitas PPP. The size of the sample was eighteen (18) individuals who were sampled by means of non- random sampling from Mangaung district.

3.6.2 Population

The target population comprised of senior managers of the Free State Department of Health and senior managers from the private sector who understand PPPs. These were recruited via emails and telephonically during the Covid19 lockdown.

Inclusion criteria: Officials with more five years or more working in a senior position at Mangaung district. Any age group was allowed as long as they had five or more years' experience in PPP.

Exclusion criteria: Government and private officials who had less than five years' experience in PPP.

3.7 SAMPLING

A non-probability snowball sampling technique was utilized, to select the participants for the study. The participant was believed to be the best sources of data needed for the study. Sampling is the process of selecting cases to be observed from a study population (Mesa, González-Chica, Duquia, Bonamigo, & Bastos, 2016). In this study, the researcher used the snowball sampling technique to select participants. Snowball sampling is a well-known nonprobability survey sample selection approach that is frequently used to find hidden populations. This technique was based on

referrals from initially sampled respondents to other people who are thought to exhibit the desired feature.

Table 3-1. List of number of Respondents from each Organization sampled for interviews.

	Organisation		No of participants
Government			
1	Free State Department of Health	Clinical Services: DDG	5
		CEO Pelonomi	
		CEO Universitas	
		Managerial Accountant	
		Head of Clinical	
		Directorate of Planning	1
		PPP Management Unit	1
		Infrastructure Directorate:	2
		Former PPP Project Officer	
		Director: Service Delivery	
2	National Treasury- GTAC	Directorate of PPP: Senior PPP Advisors	3
3	FS: Provincial Treasury	Risk Management Unit/PPP Oversight	1
Private			
4	CHM/Netcare	Management	3
Experts			
5	KPMG	Consultants: PPP Specialist	1

3.8 DATA COLLECTION

The following sections cover data collection procedures, the physical environment, the instrument, and the pilot study.

3.8.1 The instrument

An open-ended, one-on-one, semi structured interview guide was used to collect data. The interview schedule was designed to capture in-depth information based on the research objectives and it was written in English, and there was no need to translate to any other vernacular language due to the literacy levels of the selected officials. All official selected were fluent in English and the terminology used in PPP. It consisted of three sections, each section capturing a theme as per the research objectives (**APPENDIX B**). The semi-structured interview schedule was preferable for gathering complicated data with a higher proportion of opinion-based data, which is required for this kind of qualitative research.

The interview guide was divided into three sections to allow participants to share their thoughts on the research topics and help the study achieve its goals.
Section A- contained demographic information, including age questions to confirm that participants met the inclusion criteria.
Section B: General PPP questions to assess the general understanding of participants of the issue of PPPs.
Section C: Specific questions about the project: PPP of Universitas-Pelonomi Hospital Under section C, participants were allowed to add further comments on PPP that were not covered by the questions or they wanted to emphasize.

3.8.2 Pilot study

The interview guide was piloted on four participants whore were from the targeted, sampled population, to pre-test the interview guide to assess its acceptability. Poorly designed interview guides have an impact of the completion rate, as well as authenticity of the information provided.

The goal of the pilot study was to see if the questions were appropriate and to give the researcher some early feedback on the research's potential. In addition, it aided the

researcher in gaining experience conducting in-depth, semi-structured interviews and establishing rapport with the informants. Importantly, the pilot study aided the researcher in learning interviewing techniques and conversational flow (Janghorban, Latifnejad, Robab, & Taghipour, 2014). The results of the pilot research, as well as the changes made, are given in the next chapter section.

3.8.3 Pilot study results

The pilot study was conducted on four (4) Participants that took part in the interview process, and of the four, three agreed that the interview schedule had necessary questions that would lead to the investigation of the problem. The participants indicated that the interview was lengthy, and while questions were important, some could be lumped together to be one question. This would save time and not exhaust the participants that they end up responding just to finish and not providing in-depth perspective.

Table 3-2 Changes made on the interview questions based on the input from the pilot study

Interview Questions before Modification	Interview Questions after Modification
How would you describe a successful public-private partnership in healthcare?	What are the major areas of partnership, and how is the Hospital prepared for the alternative means in order to make sure there is a good quality of health services delivering in case the governments fail to play its roles? How would you describe a successful public-private partnership in healthcare?
What do you think the most important features of a successful healthcare PPP initiative are?	What do you think the most important features of a successful healthcare PPP initiative are? How does the PPP has improved the health service time? The capacity of the Hospital to service its patients?

What value does the private sector contribute to PPPs in healthcare, in your opinion?	What value does the private sector contribute to PPPs in healthcare, in your opinion? To what extent does the public private partnership improve a better access to health to the entire community??
Do you believe that political intervention has an impact on the performance of public-private partnerships in healthcare? What do you mean by that?	Do you believe that political intervention and governance of the companies involved have an impact on the performance of public-private partnerships in healthcare? What do you mean by that?

Based on inputs from pilot interviews, the interview questions for the main study were modified to combine related questions as participates were answering these questions simultaneously. The number of questions were reduced and repetition was minimised. The average time that it took to conduct the interview was also reduced from almost an hour which was inconvenient for participants, t between 25-35 minutes, which was found to be acceptable by participants.

Although the interview guide seemed lengthy, participants were able to respond to more than one question simultaneously for some questions, especially when discussing the general PPP questions and Universitas-Pelonomi Hospital. Participants answered generally and became specific to the Universitas-Pelonomi Hospital, and those were not repeated.

For example, the question "*What effect or impact do you believe the PFMA's rule 16 and the PPP handbook have on the performance of healthcare PPPs*?, was answered simultaneously with the question "*What role, if any, do you believe Regulation 16 and the PPP manual played in the project's delays*?

The pilot exercise uncovered research bottlenecks and problems that needed to be addressed, as well as a media channel that led to effective recruiting strategies for the full study.

3.9 DATA COLLECTION PROCEDURES

After accessing the participants who were sampled and agreed to participate in the study, an explanation was given regarding the procedures for the research, how data will be collected, as well as signing the verbal or written agreement to the informed consent. This is because the interview were done online due to Covid19 lockdown and people working from home.

All interviews were recorded via Microsoft teams with permission from the participants, as Klenke (2008) argues that transcripts of recorded interviews give a detailed version of conversation and eliminate the temptation for researchers to annihilate the "unwanted" components of the interview, such as data that goes against the researcher's hypothesis. The interviews were guided by an interview schedule with open-ended questions where participants were requested to explain and elaborate. The interviewer proposed certain responses further, for clarity, where the responses were not satisfactory.

The environment where the team’s meetings were held were closed, with only the interviewer, the assistant and the participant on the other end, to observe confidentiality and to ensure that all participants were comfortable to provide sensitive information. This interaction also allowed the researcher to respond to queries that arose during the interview, as well as describe the study's aims in greater depth, in order to obtain a viable answer.

To develop rapport and ease the mood, the researcher first explained to the participants what would be expected of them during the interview. The researcher convened the meeting using Microsoft Teams, and she introduced herself, the research assistant, the study's topic, and its goal. The use of silent mobile phones, and the notion that each participant would have an equal chance to speak without being interrupted were all established as ground principles.

The researcher was assisted by a research assistant to take field notes during the interviews; field notes are important for any investigator who is collecting and analysing data. They detail everything that happened during the interviews in general. The field notes were written up immediately during and following interviews and the observations of non-verbal communication. These notes were taken by the researcher

and research assistant, before and after conducting the interviews. By doing so, it helped the researcher not to miss any relevant formation that was needed (Gary (2018).

The participants were read the questions from the interview guide (APPENDIX B) to gain clarity and a better grasp of what the interview was all about. Each interview lasted 25-35 minutes per participant, and data was collected until saturation was reached, ensuring that the research questions were fully answered.

The interviews were one-on-one due to the nature of the study. The interviews were conducted across different days which were dependent on the availability of participants. The challenges encountered during the interview process was connection issues for some participants, and the connection had to be restored in order to continue with the interview.

3.10 DATA ANALYSIS

Data analysis from the Microsoft teams was done by listening to the recording again, and transcribing on paper to determine themes. After transcribing, themes were identified by sorting the responses and looking at similar responses to generate themes. The use of an expert consultant in identifying themes was obtained to validate themes identified and indicate if any themes were missed. The steps involved in thematic analysis included closely examining the data to identify common themes – topics, patterns of meaning and ideas and that come up repeatedly from the participants.

There are steps that were followed for thematic analysis were

- Familiarization with the transcripts
- Coding using key words
- Generating themes from the key words,
- Reviewing of themes,
- Defining and naming themes, and writing up.

The identified themes are discussed in chapter 4.

3.11 TRUSTWORTHINESS

For qualitative research, the trustworthiness of the data is the primary concern. Trustworthiness of qualitative data relates to whether the accuracy of the research findings can be trusted. Confirmability, dependability, transferability and credibility are the four factors used to ensure the trustworthiness of the data (Anney, 2014)

3.11.1 Credibility

The research findings were judged on their credibility by whether they provided convincing information derived from the participants' original data and a correct interpretation of the participants' original viewpoints. During the interviews, the researcher described the purpose of the study and their participation to the participants. Participants were asked the same research questions about credibility. Furthermore, the researcher compared transcribed and translated data for accuracy and completeness, as well as listening to audio tapes of the interviews (Anney, 2014).

3.11.2 Transferability

The extent to which qualitative research findings can be employed in diverse contexts or settings with different respondents is referred to as transferability. The researcher's detailed description enhances the ability of a future user to establish transferability (Anney, 2014)In this study, transferability was accomplished by systematizing using one interview guide and detailing all steps that were taken to collect data, to ensure that the study to be transferred to new contexts.

3.11.3 Dependability

The term "reliability" refers to the constancy of results throughout time. Dependability refers to participants' assessments of the research's findings, interpretations, and recommendations, all of which must be backed up by data collected from study participants. The research approach was comprehensive in order for future researchers to be able to duplicate the study for consistency. The researcher made sure that the research procedure was reasonable and well-documented in this study. To ensure dependability, the research process was audited. Peers followed the same technique as

the researcher (Anney, 2014)and verified whether the results were consistent and acceptable.

3.10.4 Confirmability

The study's confirmability was verified through co-coder decisions based on data scripts. The Microsoft teams recording ensured that the data was appropriately evaluated and reflected the information provided by the participants. As a result, the researcher's conclusions and themes were backed up by data, and there was internal agreement between the investigators and the real evidence. The purpose of confirmability was to demonstrate that the data and interpretations of the findings were derived directly from the facts and were not the result of the inquirer's imagination (Anney, 2014)

3.12 Ethical considerations

3.12.1 Ethical clearance and permission

Ethical approval was obtained from the Faculty of Health Science Ethics Committee of Fort Hare prior to data collection (**ETHICAL CLEARANCE CERTIFICATE REC-100118-054).** Before collecting data, permission from the Free State Department of Health-Head and all Heads of facilities was sought (APPENDIX A).

3.12.2 Informed consent

The aim and the nature of the study was explained to all participants prior to any questions being asked to ensure voluntary participation. The participant was asked to sign or verbally agree to an informed consent form that emphasizes the interview's voluntary nature and the participant's right to withdraw at any time.

3.12.3 Confidentiality

The identities of participants in this study will remain confidential. For purposes of privacy and confidentiality, all participant names and identities in the narrative were classified as Participant 1, Participant 2, and so forth

3.12.4 Beneficence

No monetary benefits were given to the participants. Participants were offered data for connection, and few needed assistances as they already had data connection at no extra cost. Those who needed were provided with 1G of data tp be able to connect to the most reliable network.

3.12.5 Intellectual property/ data protection

Microsoft team's recordings are encrypted into a file, while notes from transcripts are kept on a locked shelf in a locked room only accessible to the primary investigator. The data would be deleted/destroyed after three years post the research.

3.13 SUMMARY

This chapter covered the research design and procedures employed in this study in greater depth. The study process, as well as the reason for employing a qualitative approach for sample selection, population, sampling, data collection techniques, and data analysis procedures, were all addressed. The research results, discussion, and findings are presented in Chapter 4 of the report

4 CHAPTER4: RESULTS, DISCUSSION AND INTERPRETATION OF FINDINGS

4.1 INTRODUCTION

The research design and approach utilized to collect data for this study were discussed in Chapter 3. It also included details on the ethical considerations that were considered, as well as how the data was analysed. The pilot research and its results were also described in Chapter 3. This chapter presents the outcomes of the interview guides for the entire study. This chapter will provide an overview of the findings as well as a discussion of the findings that are supported by the literature.

4.2 THE REALIZATION OF DATA COLLECTION AND ANALYSIS

After the pilot study, data regarding this research was obtained from the population that were chosen by non-probable, snowball voluntary sampling and it was made up of 18 participants. All the identified officials met the inclusion criteria and data saturation was reached after the 18th interview, but further two interviews were conducted to confirm the findings and are not included in this analysis. The response rate of those who were sampled was 100%.

Thematic Data analysis was conducted independently by the researcher and an analyst with experience in coding. Themes, to ensure that researcher is not based in identification of themes. A consensus was reached on the general themes identified. The results are discussed hereunder.

4.3 THE DEMOGRAPHICS OF PARTICIPANTS

The participants consisted of officials from the following institutions, described in Table 3.1.

- Government organizations, including: Free State Department of Health, Provincial Treasury and National Treasury.
- Private investors, including: CHM/Netcare.
- PPP experts including: PPP specialist and consultants GTAC-National Treasury

A total of 16 participants out of the 18 identified as males, while two were females. There majority of participants had 5-10 years' experience in PPP, and have been part of the Universitas-Pelonomi PPP colocation project, either directly involved or indirectly. 15 participants belonged to the 46≤55 age group, while the remainder belonged to the 31≤45. All those who had 5-10 years' experience belonged to the 46≤55 age group.

4.4 IDENTIFICATION OF THEMES

The results from the interview schedules (**APPENDIX B**) were analysed using thematic analysis approach. The following themes were identified which were further divided into sub-themes as presented below. Three themes were identified from the interviews, to address the research objectives and answer the research questions (Table 4.1). The themes answered the research questions and the objectives of this study

Table 4-1 Themes and subthemes identified from the interviews on PPP

Themes	**Sub-themes**
Public health benefits of PPP	• Improving access to quality health care services • Attraction and retaining of highly skilled labour through PPP
Knowledge of decision maker on PPP	• Increase knowledge of decision makers on PPP
Strengthen leadership and governance	• Contract management strengthening • Monitoring and evaluation of PPP • Reduce political interference

4.5 THEME 1: PUBLIC HEALTH BENEFITS OF PPP

The theme was identified on the general questions about PPP, as well as the specific questions on the Universitas-Pelonomi PPP. This theme responded to exploring the utilization of PPP in FS province, which is objective 1 and question 1. Several questions outlined below led to the identification of theme.

4.5.1 Sub-theme 1: Improving access to quality health care services

The following questions from the interview guide revealed that PPP, if well executed, have a potential to increase access to health care services, and decrease the load in public sector. Through PPP, highly specialised equipment is procured for diagnostics and treatment. Specific to the Universitas-Pelonomi PPP, the agreement led to establishment of private health care for

people with medical aid and those who can pay out of pocket, thereby increasing access to services that would otherwise not be available through this PPP.

The questions that led to identification of this subtheme are; and the following are the responses. Participants were written as **P#** for quotation.

"*What do you think the most important features of a successful healthcare PPP initiative are?*

''Broadly, four parameters make the PPP model in healthcare successful in the long term. It has to be affordable, cost-efficient, timely, and feasible for all stakeholders'' ***P#1***

*''Public-private partnerships require strong managerial systems and expertise and considerable buy-in from all stakeholders.****P#2***

'One important feature of successful PPP programmes is the development of strong public sector management skills and governance' ***P#3***

''To have a successful healthcare PPP the institution needs to support implementation of the PPP by appointing a dedicated project manager, the establishment of a PPP forum with all relevant stakeholders, building capacity of management and staff, marketing of the strategy and an adequate monitoring and evaluation framework.'' ***P#4***

How does the PPP has improved the health service time?

''Through this public-private partnership (PPP) initiative, the Free State Department of Health sought to transform the operation of the facilities, improve the quality of care they provided, and to build capacity in the public health system''. ***P#4***

*''Through this PPP health network, the Free State Department of Health is providing much better quality of care. It is achieving better health outcomes for a larger number of patients, including providing more advanced medical technologies than were previously available in Universitas and Pelonomi Tertiary Hospital''****P#7***

*''FSDOH PPP improvements include: availability of most laboratory results within 1 hour; patients are triaged within 5 minutes of their arrival at the casualty department; improved cleanliness of facilities for less infection-risk to the patients, staff and visitors and better and adequate equipment for staff which results in improved diagnose''****P#6***

"*What are the major areas of partnership, and how is the Hospital prepared for the alternative means in order to make sure there is a good quality of health services delivering in case the governments fail to play its roles? How would you describe a successful public-private partnership in healthcare*"?

*''It is without doubt that the PPP led to an increased in clinical outcomes and quality of care. Through the infrastructure refurbishment and erecting new infrastructure in both hospitals, the PPP assisted in solving the inherited aging infrastructural issues. This means that services that required specialized infrastructure such as radiology services and theatre services could be offered to the citizens of Free State without hindrances.**''P#2***

*''The FSHoD is better equipped to provide quality clinical services to its citizens. The population's healthcare requirements are met daily, regardless of whether they are insured or uninsured, the health care needs of the people of Free State province have been greatly enhanced by the PPP agreement''**P#1***

*''The availability of highly specialised equipment procured through this PPP agreement such as CT scanner and MRI scanner, meant that clients can receive efficient and state-of –the-art diagnostic services within the same premises. Medical technology is one of the cornerstones for effective health care service delivery.**''P#12***

*''The ethos of the Department was, and is, to provide a high-quality health care to all patients, regardless of their ability to pay. Two of the proposed PPPs involved tertiary/academic institutions at a time when the Department's structural transformation process emphasised the need to strengthen district and regional hospitals. The historically disadvantaged institutions, due to their geographical location, available facilities and condition of their institutions would be less able to attract private patients and generate revenue.***''P#13**

What value does the private sector contribute to PPPs in healthcare, in your opinion? To what extent does the public private partnership improve a better access to health to the entire community?

*''Offer quality healthcare services that consider the needs of all people, including poor and marginalized populations, and make these affordable, accessible and sustainable''**P#1***

*‘’Help strengthen the health workforce, responding to local context, priorities and needs, this involves training and capacity-building of local healthcare workers to improve access to quality and affordable essential health services and better health outcomes’’**P#3***

*‘’It has improved the efficiency and quality of delivery of nonclinical services and clinical support services and has increase capacity of public healthcare infrastructure to deliver services’’ **P#4***

*‘’This PPP health model or network has improved management of clinical service delivery for specific, high-demand services such as radiology services, oncology and etc, that resulted to an improved quality of and access to specific clinical services and it has mobilized private sector involvement in the delivery of healthcare services’’**P#5***

The participants that were not quoted had similar views on the theme of PPP and increased in access to quality health care services, if well implemented and managed.

4.5.2 Sub-theme 2: Attraction and retaining of highly skilled labour through PPP

*‘’ If managed well, PPPs can play an important role in attracting private sector expertise at their best they can enable change, give patients the best care in an appropriate setting, and make healthcare staff feel valued and fulfilled’’.**P#3***

*“The Netcare PPP came with Doctors and specialists that the public system was not going to be able to pay them. Some of them left when the radiology services were stopped”. **P15***

“**The working conditions at private hospitals are very good, from the physical condition to the infrastructure, everything is on points and Nurses and Doctors enjoy working in such environments, hence there was an attraction and retention of clinical staff at the Netcare hospitals in Universitas and Pelonomi**” P#13

“**There are lots of Doctors and Nurses that were doing RWOPS at the private hospital, and some of them have years of experience that led to quality service provision” **P#10

*“There are lots of Doctors at the two private hospitals, some came from other provinces as well to work at these hospitals. So yes, PPP can attract Nurses and Doctors with expertise to come and service our people” **P#2***

The other quotations not listed had positive narratives on PPP and attraction of Nurses and Doctors with specialised skills.

4.6 THEME 2: KNOWLEDGE OF DECISION MAKERS ON PPP

This theme addressed both objective and question 1 & 2 of this research, on exploring the utilization and improving use of PPP to strengthen health care in Free State. The participants explained that decision makers should be equipped with adequate knowledge, on the different types of contract in health care and also on how PPP are supposed to be run.

The following subtheme was identified, and the quotations that address this theme was identified through the following questions.

4.6.1 Increase knowledge of decision makers on PPP

"*What do you think the most common features of a failed healthcare PPP initiative are*?"

*''Government capacity to run the PPP, people are not trained to effectively manage PPP and the private partner end up deciding what to do**" P#1***

Lack of monitoring systems, government do not have enough staff to monitor what is happening with the PPP because there is no dedicated unit to manage" **P5**

*''Low institutional and managerial capacity, Institutional capacity shortages in respect of: project initiation; funding for project preparation and development; policy support for active PPP development in each departments or government institutions'' **P#8***

*''Legal systems and regulatory systems to support complex PPP ventures are weak and where they may exist are not effectively enforces contract sanctity''**P#10***

*''Government / Political Interference/Flip Flops interference particularly in respect of tariffs and the autonomy of PPPs at operational level reduces potential financial success'' **P#11***

*''Fluctuating budgetary allocations or non-availability of government funds for PPPs which have been initiated, but require government support, can undermine success and increase project risk, however the biggest problem facing PPPs is a misunderstanding of the difference between project development and preparation and lack of funding for project development bankable projects with risks well understood and allocated properly''**P#12***

*"There is no line item of funding for PPP, the budget is under the overall budget and its difficult to get things done without a dedicated proper budget for PPP from the government side**" P#14***

Poor understanding of PPP contracts and management failure to enforce regulations, that the challenges I picked with the current contract that we have with Netcare" ***P#15***

The funds and managerial incapacity to effectively manage PPP, as well as political/government interferences were the most listed reasons for a failed PPP in health. ***P#16***

"*How well do you believe the private partners in health PPPs understand the project's goals, and how willing are they to change their methods to fit with the government's goals*?"

''There was general acknowledgement on the changing nature of PPPs and that the standard definitions relating to PPPs needed a recalibration in order to avoid a disconnect between current PPPs and those of the future. Traditionally, PPPs were mostly focussed on infrastructure, but this is evolving and in future we could see PPPs where the private sector could build a hospital as well as provide equipment services to government patients in that hospital for which government would pay a fee." ***P#1***

''*Private sector encompassed all entities that were not state. This included for-profit and not-for-profit organisations such as faith-based organisations, adding that all African leaders came into power wanting to improve health, and that none of them came in with the intention of ignoring the private sector. Where this has happened, he added, it has been a mistake and unintentional as everything in healthcare is impacted by the private sector, for example that medicines are always manufactured in the private sector*.'' ***P#2***

*''Government must see itself as the initiator, the protector and the prioritiser, must ensure sustainability of the project and that any PPP should speak to the priorities for the health sector.****''P#*****3**

"The private sector entering into a PPP must be committed to invest in that country and be committed to sustainability of the project". ***P#4***

''A range of approaches to healthcare PPPs has emerged. The UK range was the leading proponent of hospital facility PPPs under its PFI Initiative, focusing on development/ rehabilitation of facilities and facilities management. A number of countries have followed a similar approach to hospital PPPs, focusing on facilities, including South Africa where a number of states continue to follow this approach.'' ***P#5***

*‘’Government and other countries have adopted more comprehensive service delivery PPPs, where not only are the facilities developed and improved by the concessionaire but services are provided. The approach is more one of a private hospital built on public land with a requirement to make a certain number of beds/ treatments available to publicly funded patients. The rest of the facilities can be used for private patients. ‘’**P#6***

The discussions around this question showed that private partners understand PPP in general, however, government should play a role in directing private partners on what is needed or the output specifications**.**

“***When it comes to changing contractual terms and project structure after the project has started, how much leeway do you have? Do you believe this has an impact on the project's success or failure? Why*”**

‘’Sometimes executives find it hard to believe that the best way to accelerate a project is to invest time in planning, especially those working in organizations where the entire portfolio is composed of “urgent” projects with pressure to move more quickly. Cause, meet effect. Too many managers in healthcare organizations say things like, “We need to move fast and do not have time to plan,” or “We will have a kick-off meeting next week and begin this project immediately.” This thinking is symptomatic of a bigger problem: failing to plan properly for projects’’ ***P#6***

‘’It is important that decisions, on when and how to implement PPPs are made that they are based on universally acceptable standards and ethical considerations that consider the needs and expectations of local communities.’’ ***P#7***

‘’You can change a project contract and the related project, but you can't change the project type. The project contract structure should always reflect the working relationships of all involved parties, as closely as possible. It should also reflect the chain of value creation of the project, as detailed as necessary.’’ ***P#8***

“*It is advisable to have the department to be represented by strong legal team, as the private always come with a back-up of good legal teams. In this way, the departmental needs will be addressed efficiently in the contract. Change is possible, but it should be minimal if the project has already been implemente*d**” *P#11***

"The need analysis should inform the contract, because once the need have been identified, the contract will be tailor-made to address the needs" Then the changes will be minimal, if ever there's a change needed" ***P#13***

Majority of respondents agreed the contract can be changed at any point to meet the needs f the population at a particular time, but the general terms of the PPP cannot be changed.

4.7 THEME 3: STRENGTHEN LEADERSHIP AND GOVERNANCE

Three subthemes were identified on this theme, and it addressed both the two objectives of this study. The theme was identified for both the general PPP questions and the Universitas-Pelonomi

The subthemes identified and their subsequent questions and quotations are noted below:

4.7.1 Contract management strengthening

Is there a contract management unit or official within the PPP? What effect has it had?

*''Yes, however at the beginning of the contract there was no PPP unit established to manage the PPP Project, which resulted to a lot of challenges in managing the PPP contract****,P#1***

*Yes, however at a later stage the department established the PPP Unit which it has a lot of effect on revenue generation, as there was no dedicated official who were responsible for PPP contracts which define the payment terms, negotiation patterns, work flow, and expected service levels. This PPPMU ensured that there is effective contract management not only ensures better relationships between contractual parties, but also enforces compliance and mitigates risk''****P#3***

*''FSDoH had a sound contract management towards the end of the contract which is therefore crucial to the success of a PPP. Further indicated that the contract management unit still need to be fully capacited as failure to adequately manage the project will inevitably erode its Value for Money and may ultimately undermine its objectives''****P#4***

*''It was of great importance that PPP management unit be established headed by the Project Officer, reporting directly to the Accounting Officer. The unit was established, and KPMG was appointed as a TA to assist with the implementation of contract management and revenue collection which according to Practice note is a responsibility of the Accounting Officer''****P#5***

*‘’Yes, developing a PPP project is a complex task requiring skills of a diverse nature many of which are not normally required for traditional public sector projects. The success of PPP projects depends on a strong public sector which has the ability to identify, develop, negotiate, procure, and manage suitable projects through a transparent process. However, the knowledge and the necessary skills that are required in development, financing and management of PPP projects are often lacking in the public sector’’**P#6***

*‘’After the conclusion of the agreement Governance structures to manage the PPP were non-existent in both organisation and that compromised the smooth running of the project and contract management was non-existent and that affected performance monitoring and evaluation’’**P#7***

*‘’Yes, however there is a lack of skills of a diverse nature, ranging from project identification and economic evaluation, financial and risk analysis, contract document preparation, procurement, to contract negotiation are required for administering a PPP programme. The government needs to consider suitable capacity-building programmes in developing necessary skills of its officials involved in PPP project development and implementation’’ **P#8***

*‘’Yes, Effective contract management requires a good working relationship between the two parties, and it should continue throughout the project term and the FSDoH PPP Project did demonstrate that effective contract management although there were challenges at the beginning’’**P#9***

From this quotation that have been cited and the ones not cited, the participants agreed that there is a deficiency in contract management of the PPP, due to lack of dedicated personnel and skills. However, towards the end of the contract this issue has been resolved.

4.7.2 PPPS Regulatory Framework

What effect or impact do you believe the PFMA's rule 16 and the PPP handbook have on the performance of healthcare PPPs? What effect does the National Treasury's support have on PPPs?

‘’Government has established a firm regulatory framework in terms of which national and provincial government institutions can enter into public private partnership (PPP) agreements.

*The central legislation governing PPPs for national and provincial government is Treasury Regulation 16 issued to the Public Finance Management Act, 1999 (PFMA).**''P#8***

"*National Treasury has a dedicated PPP Unit which has the following core functions: provides quality technical assistance to institutions embarking on PPPs, throughout the PPP project cycle, to help departments to achieve a quality PPP project and comply with Treasury Regulation 16 to the PFMA PPP policy, manuals, standardisation and sectoral toolkits''**P#9***

*''The instructions contained in National Treasury's PPP Manual are presented in the form of detailed best practice guidance, based on National Treasury's PPP Unit's experience in PPPs to date. An institution to which Treasury Regulation 16 applies which seeks materially to deviate from this guidance should inform the relevant treasury of such intentions prior to execution, and justify its reasons for such material deviation in the relevant application(s) for treasury approvals in terms of the regulation''**P#10***

*''Treasury Regulation 16 to the PFMA defines a PPP, and sets out the phases and tests it will have to go through''**P#11***

*''The PFMA provides, in section 76, that National Treasury must make regulations for a range of matters to do with the effective and efficient management and use of financial resources. Many of these matters are relevant to PPPs, and National Treasury's Regulation 16 provides precise and detailed instructions for PPPs''**P#12***

*''The complexity of PPP projects leads to the need for appropriate legal frameworks and institutions to support successful PPP programmes. As a result, in recent years, governments have considered various changes in the legal and regulatory environment, as well better administrative procedures, in order to reduce uncertainties for private investors. In particular, dedicated PPP'' **P#13***

*"I actually like the manual, it's so detailed that anyone can use it and understand the process" **P#1***

Participants agreed that the PFMA's rule 16 and the PPP handbook are good guiding documents for PPP, with clear instructions on what to do and how to do it"

***On this project, do you think FSDoH did a good job of incorporating consequences management for public and private sector officials? Why*?**

‘*’No, during the Operations Phase, key activities that were not included in managing the PPP contract are: monitoring and managing project delivery and performance against service outputs; monitoring and managing changes; managing disputes; and managing handover processes at the end of the contract which resulted to poor management of the FSDOH PPP contract”* ***’P#3***

“No, I cannot really mention the details but overall, there was no consequence management or follow through on the decisions made”. ***P#1***

“*No, there are no guidelines for consequence management in general. It’s the same across all government departments****” P#8***

“The contract was developed before the PFMA manual, I think that is where the challenge is. Hence there was no clear indication on how to resolve some of the challenges that were observed during the course of the contract” ***P#9***

“No, I can’t say much since the contract is still ongoing” ***P#12***

The discussions around this point indicated that there were no systems in place to make the parties accountable. The parties did not want to provide detailed information citing the sensitivity of the matter.

4.7.2 <u>Monitoring and evaluation of PPP</u>

How is the governance as well as monitoring and evaluation on the project?

*‘’it’s not at the standard where it supposed to be , any lack of government involvement and monitoring of private party delivery could lead to a sense of complacency by the private partner; this can lead to the delivery of sub-standard services while government payments or user fees continue to be paid.****’’P#1***

‘Good ‘governance is the key success for any project, it helps in the control of internal processes on an ongoing development of the project in order to ensure that all projects and

programmes undertaken under the PPP are delivered in the most inconvenient way that will maximise the value and the benefits to the intended parties involved in the PPP''. ***P#2***

FSDoH established steering committee which was intended to govern the operations of this PPP which led to the project success'' ***P#3***

''The first element of good project governance and monitoring which was identified in the FSDoH PPP project was the specifications of the particular distribution and responsibility rights of every participants of the PPP to avoid conflict of interest. Secondly it is crucial to formulate rule and procedures that will be used that will be used in decision making.
*Governance and monitoring make it easier to deal with any changes in the PPP project''****P#4***

*''FSDoH governance and monitoring of the PPP project encouraged efficient usage of resources to avoid wastages and maximise profits, efficient usage of available resources helps the guaranteeing that the project gets completed successfully and within prescribed timeframes and continuous ongoing project performance evaluation.****P#5***

*''There was good cooperation between public and private sector in relation to this PPP, which is vital in enhancing cohesion throughout the PPP project and which increase the success of the project, however government is still falling to select and capacitate the identified individuals who will manage day to day operations of the project to guarantee that all deliverables are appropriate to attain the desired goals''****P#6***

The PPP unit at the department needs to be have a dedicated unit for governance and evaluation. There is governance and evaluation but it needs to be strengthened" ***P#8***

"*The issue here is that governance structures keep on changing, most of the people who were there when the contract started are no longer there, so there are gaps****"P#13***

The majority of quotations cited and those not cited indicated that governance and monitoring were not of the desired standard. They further highlighted the importance of monitoring and evaluation of any project, including PPP

4.7.3 <u>Reduce political interference</u>

What role did the government and legislators play in this project? Do you think this influenced the project's success or failure in any way? Why?

*‘’Yes, Formulation of a policy framework is an important step towards building an enabling environment for PPPs. The existence of a clear Treasury Regulations Framework has removed ambiguities and uncertainties about government's intention to PPP development.**’’P#1***

*‘’Yes, the roles of public and private sector have been clearly defined in the framework. Private sector friendly policies can be formulated and their implementation needs to be coordinated across all sectors and at all spatial levels. It is also important to include in the framework (and follow) certain core principles of good governance namely transparency, accountability and participatory approach in decision making to promote PPPs. Formulation of a PPP policy framework is also important in view of the fact that many aspects of it can be turned into legal and regulatory instruments.**’’P#12***

*‘’Yes, Deficiencies of the regulatory and legislative framework: laws and regulations have control whether, or how, PPPs can be implemented. At minimum, the legal and regulatory framework have allowed the Government to enter in PPP type of contracts with the private sector. In many cases, the existing regulatory environment may also be conservative and too restrictive and may not be favourable for undertaking PPPs. In order to address these issues, governments may **consider enacting new legislations** or suitably amend the existing ones to address these issues.**’’P#13***

*‘’Yes, however Prevailing unfavourable general perception and understanding of PPP and the absence of clear policies on the role of private and public sectors which should be addressed through the development of a clear policy framework’’**P#14***

The role of legislature to govern PPP was well understood and the involvement of national treasury was appreciated as playing a big role in PPP ventures.

Do you believe that political intervention and governance of the companies involved have an impact on the performance of public-private partnerships in healthcare? What do you mean by that?

‘’Yes, the interface between the government and the service provider is key to the success of PPP projects. Government involvement is important both at the planning and design phase and the implementation and monitoring phase and it should be determined early on which public entities are required to be/ should be involved in the different phases of the project.’’ ***P#1***

‘’Public Private Partnerships (PPPs) have been touted as the solution to South Africa’s onerous infrastructure development needs. However, the traditional PPP model has been only minimally successful as the associated administrative burden, which often takes years to complete, is generally considered extremely cumbersome. A typical PPP, as per Treasury Regulation 16 to the Public Finance Management Act, has no less than six distinct phases with approval gates at each stage. Added to this is the likelihood that significant investors could be foreign nationals or companies who may need to adhere to BBBEE requirements and fulfil various obligations such as establishing a local presence. At times one would be forgiven for thinking that PPPs successfully completed to-date is nothing short of miraculous.’’ ***P#2***

‘’Yes, Inefficient organization can result in increased costs to the project, and a lack of definition and transparency in government processes can increase uncertainty for investors and developers and multiply costs or delay or halt projects’’ ***P#3***

‘’The political parties have failed to adopt a healthy and positive attitude towards autonomy of public officers especial at local level. They do not allow an autonomous public administration movement to grow.’’ ***P#4***

‘’ If Project Manager knows all these things he can define his boundaries to deal with these social and political factors. He should aware that who cause trouble and who will minimize his risk. To avoid these things project manager should follow these things’’ ***P#5***

‘’The long-term risk nature of PPPs is, however, a concern for investors, especially within the current context of policy uncertainty and political malady. One factor that is non-negotiable when considering long-term investments of this nature, often typified by low rates of return, is that of minimal risk associated with a stable regulatory and political environment.’’ ***P#6***

‘’it is true community members (especial youth) indiscipline has occurred in this area due to the lack of adequate social facilities such as poor road condition and lack of enough water but all these are the result of political interference in allocation of public funds.’’ ***P#7***

‘’Project success is truly depending on how the project manager is managing the scope, delivering the project on time, keeping the project on budget, quality of the project is accepted to customer, as these aspects given satisfaction to customer. By doing all these things project manager must be aware of cultural, social and political elements and he/she should seek to understand them. If Project Manager is avoiding these factors that will create problem in project delivery.’’ ***P#8***

‘’Key to success will be the willingness of government to allow private sector influence over state-owned enterprises (SOEs) through PPP model in order to improve their efficiency and reduce their drain on the fiscus. In an environment characterised by corruption and nepotism, government’s willingness to take guidance from astute business leaders remains to be seen as such intervention will inevitably lead to a severe tightening of the fiscal belt and considerable actions to dismantle the predominant culture of graft and entrepreneurship within PPPs ’’ ***P#9***

‘’*The private sector is, and always should be, driven by a profit motive. In order to engage in effective partnerships, government needs to appreciate that there are countless competing investment opportunities around the globe and should immediately start working much harder to create a stable environment favourable to investors’’* ***P#10***

4.8 ADDITIONAL COMMENTS ON PPP IN HEALTH CARE COULD BE EFFECTIVELY UTILISED

The participants were asked if they have additional comments that were not addressed in the previous questions. According to the three responses from private sector, they further emphasized on the challenges of governance, funding, commitment, lack of PPPH implementation expertise, and accountability as the factors that should be addressed for effective PPP. Recommendations for improving PPPH management at the FSDoH were listed as: bureaucracy, streamlining of PPPH procurement to reduce bureaucracy and other bottlenecks, increased funding, disseminating lessons from past projects, participation of local partners and proper management.

Challenges facing PPPH Projects at FSDoH Recommendations for improving PPPH Performance quality of healthcare services as per private sector respondents:

‘’ (**Policy and Advocacy**)’’

- ‘’Lack of expertise to conceive and implement certain PPPH projects. Set outcome goals and properly assess risks, improve on procurement as well as enhance project team efficiency.’’
- ‘’Lack of Commitment by partners. By disseminating the lessons learnt and modifying the PPPH agreements to reflect the lessons learnt and documented’’.
- ‘’Low funding coupled with Poor accountability of funding. ‘’
- ‘’Reduce legal and policy bottlenecks’’

P#1

(Health Information Management)

- Weak Governance system Address the health budgetary constraints by allocating at least 25% of the total budget towards health
- Unpredictability of Financing Attract local firms instead of over relying only on international partners.
- Information gap exists between policy makers and the implementers Streamline the procurement process for PPPH projects.
- Regulate private organizations to curb those which have no public interest at hand.

P#2

(Health Economist)

- Poor oversight on PPPH projects leading to abuse or diversion of funds.
- Ensure Proper participation by all stakeholders.
- Lack of Commitment by private partners who are only interested in profits and other personal gains. Undertake Social Accountability for all the PPPH projects is needed.
- Low absorption of private sector/donor funding to drive PPPH Proper prioritization of projects.
- Proper risk management is needed due to the huge amount of resources required for most projects.

P#3

4.9 DISCUSSION

4.9.1 Introduction

The findings from the results of this study are supported by literature to validate these findings regarding PPP utilization and using PPP to improve health care services. In this section, data from themes identified are discussed further to highlight other significant information, and compared to other studies on PPPs. The discussion will be related to the research topic and in line with the study's objectives.

Since there is little information about PPP in health, the researcher also relied on secondary data from the PPP manual.

4.9.2 Theme 1: public health benefits of PPP

Despite various challenges, PPPs in healthcare services can facilitate access to health care services, especially in remote areas. Governments should consider long-term plans and sustainable policies to start more PPPs in order to improve quality of healthcare services and should not ignore local needs and context.

4.9.2.1 Sub-theme 1: Improving access to quality health care services

Local support and private initiatives could become viable when improving performance of healthcare services under a PPP, particularly in a situation when government does not have the necessary facilities to provide improved quality services, the utilisation of healthcare services provided by the public sector is low, and there is a lack of effective mechanisms to evaluate and monitor its performance (Joudyian, Doshmangir , Mahdavi, Tabrizi, & Gordeev, 2021). Private providers may also play an important role in the management of public health problems, such as malaria, sexually transmitted diseases, and tuberculosis (TB) (Sinanovic & Kumaranayake, 2015).

Moreover, the use of PPPs can significantly reassure and reduce the fear of privatising health care services (Baig, Panda, Das, & Chauhan, 2014.)

Not surprisingly, PPPs are rapidly expanding and becoming an integral part of effective health interventions. (Miles, Conlon, Stinshoff & Hutton 2014). They have been tested as a means of ensuring the provision of comprehensive healthcare service is efficient, effective, and fair (Miles at el, 2014). PPPs are also often perceived as an innovative method that can produce

desired results, particularly when the market fails to distribute health benefits to those who need them (i.e., disadvantaged and the poor people in developing countries)

To improve the health care delivery system and to overcome the limitations of financial, technical, and human resources aspects, PPPs should be considered for future health reforms.(Ahmed & Nisar, 2018). Governments already see the potential for private sector involvement in improving public health and healthcare services delivery. (Carlsson & Nordström, 2015), as they can bring benefits to the health care system, population health, and can lead to direct and indirect costs savings. (Mitchell, 2017). They also provide an opportunity for mutual learning between colleagues by stimulating the creation of new knowledge and infrastructure, increase transparency, which can provide greater accountability, public confidence, and result in a higher quality of care. (Carlsson, et al., 2015), PPPs can lead to improvements in efficiency and effectiveness in service provision and provide a necessary platform for social tests that can enable learning, for example, on how to handle the most unsustainable health problems. However, the opponents of PPPs believe that most PPPs are weak, as developing countries do not have the resources to monitor the quality of provided health services. (Malmborg, Mann, Thomson & Squire, S.B., 2016). Private medical providers are also accused of self-centred attitudes and non-interference in public works.

4.9.2.2 Sub-theme 2: Attraction and retaining of highly skilled labour through PPP

PPPs can have a better and more stable performance by improving existing healthcare infrastructure, deploying trained human resources, and, most importantly, by better monitoring doctors and professionals and managed organisations. (Malmborg, el at 2016). Although the implementation of a PPP model is not easy, it could be even harder to maintain it. (Newell, Pande, Baral, Bam, & Malla, 2015) . Sustainability of participatory models is one of the important issues. A lack of financial support and commitment, especially at the level of top executives, are among the issues that can distort the model's sustainability(Newell, el at 2015). Hence, the sustainability of each model of PPP depends on the ability, commitment, collaboration, and communication between the public and private sectors.

To effectively manage human resources in a manner that attracts, retains and motivates the health workforce to both the public and private sectors in an appropriate balance by developing quality accommodation potentially through PPPs should be investigated, accessing funding

sources consider models where government provides land, financial guarantees and rentals, as determined by the human resource health strategy and workload indicators of staffing need.

The health workforce is the backbone of each health system, the lubricant that facilitates the smooth implementation of health action for sustainable socio-economic development. It has been proved beyond reasonable doubt that the density of the health workforce is directly correlated with positive health outcomes. In other words, health workers save lives and improve health. The health workforce crisis can be tackled if there is government responsibility, political will, financial commitment and public-private partnership for country-led and country-specific interventions that seek solutions beyond the health sector. Only when enough health workers can be trained, sustained and retained in the healthcare will there be meaningful socio-economic development and the faintest hope of improving health outcomes.

The most common factors that force health workers away from public sector, especially medical doctors are the lack of incentives and amenities, as well as limited opportunities for career progression. With the very low salaries of health workers in public sector, health workers in private sector tend to compensate through private practice, and government has since discontinued remunerative work outside the Public Service in the health sector.

There were challenges with the Doctors in demonstrate that their team members are capable of caring for their patients when they are on duty in the private sector especially in relation to the FSDoH PPP. There were severe challenges in ensuring that both the public sector treated during core hours, as well as private patients treated in terms of RWOPS, will receive optimum care, without being compromised. The FSDoH has ensured that presence of health workers with skills both doctors and nurses have largely focused on clinical training and specialties, rather than on the more relevant public health training.

Health service providers are the backbone of a health system’s core values: they treat and care for people, ease pain and suffering, prevent disease and mitigate risk, and are the link connecting knowledge to health action. There is ample evidence that health worker numbers and quality health care are positively correlated, especially in the domains of immunization coverage, primary care, and infant, child and maternal survival through the existence of public-private partnership in a healthcare environment.

Public- Private Partnership has address the critical shortages in human resources for health which is the key causes of exclusion to access to quality health care, and this is especially true in public health sector environment.

Governments must have the political will to acknowledge the presence and extent of the crisis, and the commitment to convince their parliaments to approve the huge sums of money needed to tackle the different dimensions of and possible solutions for the crisis such as public-private partnerships in the health environment. Money freed up by debt relief should also target this immense crisis in the health sector. There is no “magic bullet” solution for the crisis but best practices and promising innovative interventions abound and should be shared and implemented. For these to succeed there must be close collaboration between governments, the private sector and the health workers themselves. (George & Rhodes, 2012).

4.9.3 Theme 2: knowledge of decision maker on PPP

4.9.3.1 Sub-theme 1: Increase knowledge of decision makers on PPP

Healthcare PPP’s role is increasing and at the same time reducing the level of control exercised by government over providers. There is some vicarious belief that the Private partner delivers better service, manages better and efficiently, but up-to-date the Free State Department of Health still plans to keep these loss-making hospitals afloat and remaining under pressure from the regional offices to implement penalties for underperformance and this pushes most of the trust into deficit.

A partnership should not be formed unless the public sector is strong enough to ensure that it can provide appropriate training and health care services, monitor the outcomes, and have the ability to engage as a partner in PPPs. (Newell , el at, 2015).Before designing any partnership, clear and achievable public interest goals should be considered. A government structure should then ensure that the goals are in line with the needs of stakeholders in public-private partnerships, and tools and mechanisms to measure progress and success are well-defined. (Alexander, Rowe, Brackett, Burton-Freema, Hentges, Kretser, Klurfeld, Meyers, Mukherjea & Ohlhorst, 2015). All partners should also be motivated and provided with incentives to ensure active engagement and participation. (Alexander, el at 2015). All individuals who participate in the partnership must have the appropriate level of bargaining power. Hence, to form a common attitude among all partners, sensitisation and persuasion training is also recommended.

(Alexander, el at 2015). Another important element is transparent communication and accountability of all partners. (Alexander, el at 2015).

4.9.4 Theme 3: Strengthen leadership and governance

4.9.4.1 Contract management strengthening

Recently, National Treasury published its approach to PPPs in which it demonstrated its commitment to become a leader in modernising discovering innovative ways to deliver healthcare PPPs, including public infrastructure and services. Some key informants noted that flourishing healthcare PPPs facilitate the public sector to access the discipline, skills and expertise of the private sector.

A flexible contract period should be decided by government as a way of managing the uncertainties of epidemics, demographic changes and government policy changes that characterise the health sector. In this regard, the National Treasury authorised departments to be able to make yearly decisions regarding, for example, how planned care services will be delivered by the providers either as a service separate service. Almost all public sector key informants viewed flexible contracts from their private counterparts ranging from being able to use the services as and when required or changing aspects of the contract to meet the current needs of the patient (s) or policy change. On the other hand, those informants from the private sector valued the importance of being able to offer flexibility health care PPPs, as this is key to ensuring that the health service is fit for purpose at a given time without compromising patient safety. Despite this common recognition of the importance of flexible contracts between healthcare PPPs, commissioners placed different weight on the flexibility and ensuing financial implications. To this end, one private partner noted that the infrequent use of service as and when is required increases unit costs compared to a service agreed at specific level on a usual basis.

Abednego and Ogunlana, (2016) analysed the role of project governance in PPP project success. The study deduced that good project governance depends on project management and product success in short term and on strategic issues influencing performance in long term. Short-term issues mainly include smooth flow of the assignment, client satisfaction and organizational issues. Good project governance also leads to proper allocation of risk and results in better project performance. Criteria needed to achieve good project governance include transparency, equality, effectiveness and efficiency. Effective governance within a PPP

project setting is a complex undertaking (World Economic Forum, 2018). The public sector players still hold preconceived notions about the motives of the private sector therefore increasing transaction costs in PPPs. This necessitates the planning of strong governance arrangements. Ambiguity in the concepts of good governance-accountability, transparency, legitimacy, disclosure, participation, decision-making, grievance management and performance reporting- further complicates the meaning effective partnership governance. According to UNECE (2018) good governance has six core principles, namely: (i) Participation, (ii) Decency, (iii) Transparency, (iv) Accountability, (v) Fairness, and, (iv) Efficiency.

A strong and reasonably detailed legal framework sets the parameters for handling partnership projects while providing assurance to the private sector that contracts will be honoured. The more transparent and credible the enabling environment, the less risk premium charged by private investors in PPP projects (IMF, 2018). According to ADB (2017), a PPP project is a contract that require a legal approval in order to give it a locus standi. This is because public workers unions may often oppose PPP deals for fear of losing jobs among other reasons. A conducive regulatory environment will also provide for arbitration mechanisms. There is often a balance to be struck between a fixed legal framework and a flexible one that is able to respond to developments in best practice over time (PPIAF & World Bank, 2017). Investors have a strong preference for certainty and clarity in the legal framework provided it is a good framework. Private investors will want to be assured that the existing laws and regulations will enhance the partnership and that it is compatible with the international laws. Specifically, the regulatory framework sets the pace by detailing: (1) Rules for engagement ; (2) Implementation process guide; (3) Conflict resolution mechanism and (4) Clarity of the Rules.

4.9.4.2 Monitoring and evaluation of PPP

The PPP project identified by the researcher lacked the essentials of good project management and poor monitoring and they have weakened the health system financially as well as good health outcomes.

Monitoring and evaluation of the PPP activities have not been adequately conducted since there is missing information and lack of compliance by private partners. It was also revealed that enforcement of compliance was ineffective because of limited funds. The district health

officials consulted admitted that supervision costs are very high for the municipality and therefore adequate supervision is hard to affect.

It is critical for private healthcare facilities under PPP establishments to be monitored to ensure compliance to contractual agreements for effective and efficient delivery of health services. Monitoring and evaluation of PPP activities is mandatory. (Basu, Andrews, Kishore, Panjabi & Stuckler, 2012). The policy states that the government in collaboration with the private sector will: (i) prepare a monitoring and evaluation framework, including performance indicators and benchmarks; (ii) set up a timeframe for evaluation; (iii) and review the policy and associated legislation as when need arises. However, the execution of PPP is not monitored and evaluated adequately according to policy requirements and indicators as revealed. Similar challenges have been highlighted by other scholars. (Basu, et al 2012). Raman and Bjorkman concluded that the problem of ineffective monitoring and evaluation of PPP in the health sector emanates from paying less attention to performance indicators (Raman & Björkman, 2016).Basu argues that the problem of monitoring and evaluation of PPP is exacerbated because the government does not have adequate capacity to monitor and evaluate the private sector. (Basu, et al. 2012). These observations suggest that, to a large extent, enforcement procedures could be weak, accountability mechanisms lacking and therefore partners become reluctant in implementing PPP activities. Poor monitoring and evaluation procedures may also indicate poor communication structures and processes.

Successful implementation of PPP largely depends on effective monitoring and evaluation of the agreed performance indicators between partners. These include the degree of collaboration between partners in terms of numbers, contribution to the partnership and client satisfaction rate.

FSDoH has designed monitoring and evaluation mechanisms which demand partner adherence. We always evaluate how partners follow agreed-upon procedures in all implemented activities to make informed decisions.

This shows that the government has been keen on monitoring to ensure efficiency and effectiveness of health service delivery under PPP. The discussion with government officials revealed that reports from partners were sometimes not submitted, or not written, and hence the monitoring team lacked a foundation to assess progress. Showing concern, the official from government lamented:

It is always assumed that the government is not serious, but even the private sector is not effective. Imagine, sometimes the private health facilities under PPP do not submit periodic reports but they need financial support...how do they expect the government to take action when there is no evidence to show activities conducted and services provided?"

4.9.4.3 Reduce political interference

The researcher observed that most departments who manage healthcare PPPs were subject to undue influence pressures from patient relatives, politicians, patient groups and other aspects of the health system to deliver short- term and often financially unsuitable healthcare PPPs. It is against this background that most key Informants noted that the healthcare private partners utilise this pressure on government as a business opportunity at the cost of weakening the health system. This is confirmed by the research; that the inability to manage pressures of poor service delivery by government and opting to go into Healthcare PPPs creates frustration. Some acknowledged that this frustration was due to their personal attitude towards private organisations unnecessarily making profit from non-speciality services - which can be delivered by the same capacity within the Free State Health. One of the key informants actually confirmed that he finds it sickening to know that some private providers in healthcare PPPs put profits before patients because making money is their objective of being in this partnership. Although some interviewees did not see anything wrong with profit making from healthcare, because private sector involvement is part of the health systems and also its contribution to the wider politico-eco-social system of Free State remains crucial. This respondent further noted that, even GPs, pharmacological companies and research organizations have a natural symbiotic relationship with government agencies like hospitals to further their work and contribute to strengthening of the health systems. This comes in the form medicine development and use of hospital data to inform treatment research and primary health care by GPs who are private companies. The challenge lies in Government department to develop robust procurement, contracting and management mechanisms that match the business acumens endowed in the private sector partners.

Although Basu et al (2012), PWC (2010) & Raman & Bjorkman (2009) cited different factors necessary for successful partnership projects, they all variously cited accountability and governance as well as funding as critical elements , the study sought to find out the extent to which the respondents agreed on PPPH governance that influence the performance of public-private partnership projects in healthcare.

PPP arrangement is more affected by weak governance mechanisms. These include inadequate policies, poor enforcement mechanisms, lack of transparency and unequal participation in decision making.(Kamugumya & Olivier, 2016). Efficiency of PPP performance in health service provision is also influenced by divergent partners' missions, strategies and values.(Torchia, Calabrò & Morner, 2015). Whereas, the primary aim of the public sector is to improve access to health services, the private sector is profit oriented. (Torchia, M el at, 2015). While PPP is expected to supposedly improve the quality of healthcare service, sometimes this is compromised in the spirit of maximising profits. (Kamugumya, el at 2016). Despite these challenges, PPP can be improved through careful crafting of agreements and negotiations, as well as enabling partners to cooperate and fulfil their interests and goals

PPPS Regulatory Framework

Regulatory Environment for PPPH Projects

The study further determines the respondent's views on the PPPH regulatory framework that influence the performance of PPPH projects in the healthcare. Consequently, the researcher sought a number of answers relating to the subject. Harmonizes Regulations for PPPH Management. The researcher asked the participants whether there was a harmonized manual to guide all the PPPH projects. There were 8 who said Yes 5 said No others were unsure.

The majority of the respondents therefore had issues with the regulatory framework. As Nkonge, (2013) observed, a weak legal framework poses major challenges in the public procurement processes of the PPP and regulatory of thereof. On the other hand, the high number of respondents with no idea on challenges relating to regulatory frameworks may point to the fact that various legal issues on projects are normally handled at the policy level and at the Treasury. This was given credence by two of the 3 private sector respondents who argued that many government departments and including FSDoH have little capacity to handle the intricate legal issues relating to procurement in public projects.

The regulatory framework guiding the implementation of PPP arrangements sometimes gives more power to the public sector. Mahoney & Thelen note that institutional arrangements are important in determining power relations, which determine partners' decision making (Mahoney & Thelen, 2017). Existing power relations between partners while implementing PPP activities may trigger formidable challenges when each partner struggles to maintain power. In

partnership, power may be exercised based on coercion, either politically or financially, besides the authority and legitimacy. (Mahoney, el at 2017). The private health facility owners have been given little room to make decisions in the partnership while delivering health services in the FSDoH. Notably, the existing relations have never been a neutral tool that may realise a win-win situation for all partners involved. Sevilla emphasises that the specific format of PPP, in any situation, depends on the policy and regulatory framework, which often needs to be adjusted to accommodate new types of institutional arrangements, partnerships and collaborations. (Sevilla, 2018).

4.10 SUMMARY

This chapter summarizes the research findings on the use of PPPs in the provision of health care services, with a focus on the Free State Health Pelonomi and Universitas PPP Project as a case study. The overall findings of semi-structured interviews are that healthcare PPPs can, with effective contract management and negotiation useful in providing efficiency, add resources and skills to the health systems.

The study intended to show how partnership government, accountability, partner commitment to project goals and regulatory environment, affect the performance of PPPH projects. A sample size of 18 respondents, comprising technical officers and heads of units with experience in PPPH projects was purposively selected. Three (3) officers from the private sectors entities that have often been engaged in PPPH projects with the Free State Department of Health and Community Hospital Management PPP were also included in the sample for the purpose of moderating the views of the respondents who might tend to self-overrate themselves. The officers provided a clear opinion on the areas of challenges facing PPPH projects and gave suggestions in how to improve their management. Influence of Governance on the performance of PPPH projects. The one of question was on whether the government has an effective PPPH governance mechanism/ contract management . It is clear that most respondents believe that the government has strong governance for PPPH programs/ project. Influence of Political influence and regulatory framework on the Performance of PPPH projects On PPPH regulatory framework, was described by the majority of the respondents as having a strong regulation.

5 CHAPTER 5: SUMMARY OF FINDINGS, SHORTCOMINGS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter discusses the study's conclusion and recommendations, which are based on the theoretical overview and research findings. Several research areas have been found, and a conclusion has been reached. Following these results, recommendations are made on the same issues regarding the activities that must be taken to improve the use of PPP in the provision of quality healthcare services in the Free State Department of Health Mangaung. Furthermore, recommendations for future related research are provided as a contribution to the development of a more sophisticated body of knowledge on private sector engagement in healthcare services PPPs, particularly in relation to government support for financially sustainable PPP projects.

In the context of semi- structured interview analysis, this study has concluded that Free State healthcare PPPs and other PPPs are common in developed countries experiencing fiscal deficits. In regards to healthcare PPPs and their financial models, the author concluded that in theory, these healthcare PPPs have a role in financing health facilities infrastructures with the potential of delivering value for money (VfM). Some practical gains for the health systems such as upfront integration of the design and planning processes were identified. The Pelonomi and Universitas PPPs provide opportunities in the health system to maximise the benefits of economies of scale and improve the primary care health service, which may contribute to the ultimate positive patient experience and improved healthcare.

5.2 SUMMARY OF THE FINDINGS

The snowball sampling was able to obtain respondents with detailed information on the Universitas-Pelonomi PPP. The findings from the interviews were able to answer the research objectives and research question. The research questions were as follows:

1. What is the utilization of public-private partnership in improving the quality of health care services in the Free State Department of Health?

The theme 1 identified that PPP led to improvement in access of quality health care services in the Free State province. Pelonomi and Universitas hospitals are the only two tertiary facilities in the province, and by providing provide care, there was an improvement in access as well as

provision of quality health care services. Furthermore, the PPP led to attraction and retention of highly skilled labor force, to the benefit of quality service delivery to the service recipients. The findings indicate that PPP are a useful alternative resource to address the service delivery gaps that are observed at the public facilities.

2. How can utilization of PPPs improve quality Health Services?

For this question, utilization of PPP has been proven to be an effective resource in improving quality health services. However, there are areas that needs to be strengthened. Contract management is the core for effective implementation of the PPP, as well as governance and evaluation. The importance of the regulatory framework and understanding the framework was also highlighted for strengthening the PPP in health.

5.3 RECOMMENDATIONS

This study suggests broad policy and operational level recommendations in order improve the utilisation and role of Healthcare PPPs in improving and strengthening the provision of healthcare services in Mangaung - Free State Health. These recommendations are to be taken on board by the Government stakeholders because they carry the responsibility of ensuring the health of their populations and they are the national health authority.

- FSDoH should develop the PPPH unit to have the capacity of carrying out the enormous task of conceiving, engaging, implementing and monitoring partnership projects.
- Increase opportunities for successful partnerships that strengthen rather than weaken healthcare systems.
- To ensure that trust and complementarity between the and private sector partners is maintained, there should be participatory approach to project management issues, transparency and open communication on every aspect of partnerships.
- The regulatory environment/framework should be dynamic and responsive to the changing realities of the modern healthcare challenges. As such, licensing and procurement process for various projects with high sense of urgency and priority such as emergency response should be made expeditious. Bureaucracies and unnecessary legal protocols need to be addressed. Issues relating to devolution of health services to counties need also be streamlined.

- Ensure that the Government has the political will and overall control of the Healthcare PPPs policy environment.
- Develop contracts that are robust and flexible to manage, so that they reflect the dynamism associated with health service and that they put patients before profits.
- The Free State Department of Health and Provincial Governance management should consider and act on the concerns of all stakeholders prior to authorising any Healthcare PPPs.
- Provincial needs of the population should determine the tenets of any Health care PPPs.

5.3.1 5.2.1 POLICY RECOMMENDATIONS

5.2.1.1 Increase opportunities for successful partnerships that strengthen rather than weaken healthcare systems. Considerable political and regulatory barriers must be addressed in order for the health systems to maximise the benefits of the health care PPPs to discharge the efficiency, capital and management skills endowed in the private sector in a way that satisfies public interest efficient use of the taxpayer's money.

5.2.1.2 Ensure that the Government has the political will and overall control of the Healthcare PPPs policy environment. The Government must maintain its commitment and continue to demonstrate political will and be seen to be in control of the Healthcare PPPs environment. An example is the National Treasury PPP manual government publication of its approach and management of PPPS, entitled —A new approach to public private partnerships. This is a good start to ensure that the private sector will have confidence in these PPPs arrangements. Without this explicit government support, private investors will be scared away and by the same token, the Free State Provincial Government should also like the shareholders of the Private sector ensure that the public resources are put to good use that ultimately benefit the national health service system.

5.2.1.3 The Free State Health government should demonstrate that it has learnt lessons and not confuse identifying mistakes and learning from such mistakes. Often most lessons learnt and evaluation reports represent a catalogue of mistakes from the current PPP project that is approaching exit phase. Therefore, this study recommends consistent policy guidance and an institution that is solely responsible for ensuring that the Healthcare PPP environment is

professionally managed and supported at central level to ensure information is equally shared to inform commissioners when discussing contracts or procuring private partner providers. This may mean putting in place a well-resourced strategic procurement Unit for health care PPPs within the Department of Health or the Treasury Department.

5.2.1.4 Establish Healthcare PPPs contracting and accounting frameworks. It is important that the Government standardise contractual terms and accounting frameworks in order to improve clarity and effectiveness in the healthcare PPP procurement and management process; this helps to reduce time wastage variation in contract negotiation or dealing with the associated problems. Contract standardisation could incorporate flexibility arrangements to ensure the full benefits of innovation and continuous improvement, while robust accounting protocols and standards ensure that the government will be open about the level of risks and uncertainties in each Healthcare PPP. This strengthens stakeholders' confidence in dealing with government, and everyone will put in place strategy to manage such risk.

5.2.1.5 Develop contracts that are robust and flexible to manage, so that they reflect the dynamism associated with health service and that they put patients before profits. This is due to many factors such as lack of skill to develop strong contract performance measurement and monitoring frameworks. Without agreed robust measurement performance frameworks inbuilt in each healthcare PPP, the public interest cannot be guaranteed. One way of achieving this as suggested by one key informant in this study is to ensure that commissioners use the same outcomes and measurement targets required by the national authorities when negotiating local healthcare partnerships. The author also acknowledges the difficulty associated in developing robust performance measurements in healthcare infrastructure - especially when the public interest objective differs from the cost. .

5.2.2.2 The Department of Health and Provincial Governance in the Free State should consider and act on the concerns of all stakeholders prior to authorising any Healthcare PPPs. The Department of Health should take note and act on any concerns raised about business cases by a monitoring institution or any other stakeholders. Implementation of any health care PPP should not go ahead until all the issues are adequately addressed or when there is a robust and well-resourced plan to address any issues. In the case of the Pelonomi and Universitas PPP, the Free State Health Department, Provincial and National Treasury were made aware of the risk of unaffordability of the Project due to the Radiology services scheme, but they still approved the project without addressing the problems.

5.2.2.3 In evaluating business cases for any healthcare PPP, the FDOH and Free Sate Governance structures must test and consider the practicality of predictable cash flows. When it comes to determining the affordability of significant capital projects, national and provincial governance PPP frameworks must rely less on norms and assess the practicality of predictable cash flows more thoroughly. When considering the impact of PPP finances, the department should analyse evidence-based data and request well-resourced, strong strategies to deal with monitor or department of health downside scenarios.

5.2.2.4 Healthcare PPPs must never put profits and relationships over Patient care. Patient care should never be compromised because of Healthcare PPPs; therefore, the Department of Health and Provincial Government stakeholders should cooperate to address any serious financial difficulties and ensure the local health economy is financially stability.

5.2.2.5 Evidence that the provincial and national governments' policies represent the overall demands of the local health economy is required. For example, in Free State Health, the government has struggled for years to fund health services, despite the fact that they were within their financial allocation. Through efforts that discourage improper hospital attendances and funding based on realistic evaluations of future activity levels, the provincial government can be useful resources in enabling a stable financial environment. An independent organization is required to lead the development of a strategic solution for the local health economy.

5.4 FURTHER RESEARCH DIRECTION

Further research on this topic is suggested to focus on the following aspects related to the application of PPP in the provision of high-quality healthcare services:

- Assessing the roles of policy and regulations in fostering a favourable investment climate for healthcare PPPs, both in terms of service supply and infrastructure development, with a focus on the presence of financially marginalized people.

There is need to study further the private sector partners with a view to profile them according to their type’s areas of specialization. The performance of various partnership programs should also be investigated so as to establish their impact and relevance. Needed also, is an analysis of the state of healthcare programmes in the specific counties in FSDoH.

CONCLUSION.

The study established that PPP's projects have contributed significantly in the quality improvement of healthcare sector in the Free State Department of Health. Although the concept of PPP is still nascent and unclear to even the staff working in the related projects, the study found out that the government FSDoH has a wealth of highly learned and fairly personnel who are capable of transforming the sector through such partnerships. It is also apparent that there is a rich repository of private sector partners including international donors and development partners with strong local presence collaborating with the government in various fields of healthcare sector. The factors under the scope of the study were twofold: Utilisation of PPPs to improve quality of healthcare services, Governance; and, Regulatory environment of PPPs. It was clear from the study that although there exist strong institutions for enforcing proper governance in PPP projects in FSDoH, their efficiency faces challenges such as low participation and poor communication that are necessary to resolve complaints and concerns of partners.

Despite various challenges, PPPs could provide a good opportunity to facilitate access to health care services, especially in remote areas. However, it should be noted that the success of PPPs depends on the existence of transparency in relationships between partners, PPPs being flexible, having a sustainable financing source, mutual commitment**,** and the ability of the public sector to monitor and control the quality of services provided by the private sector. Therefore, governments should consider long-term plans and sustainable policies to start such partnerships and learn from the experience of other countries.

The success of PPP in providing high-quality healthcare services is dependent on its policy and regulatory environment. They help PPP initiatives succeed by creating an atmosphere that is suitable to their implementation.

Major advancements in health systems require approaches that simultaneously address not only infrastructure and financing, but also access, service delivery, contract management, evaluation and administration, in order to harness the benefits of PPP.

The researcher also concluded that the concept of risk sharing in healthcare PPPs is yet to be attained in Free State Health, although well-crafted PPPs in line with some of the recommendations below must allocate the biggest risk to the private partner with the best incentive and capacity to control the costs of the project least cost. It was clear to the researcher

that the Free State Provincial Government is outwitted and end up carrying most of the risks of the Pelonomi and Universitas PPP projects.

It is not possible to apply the findings of one case study to other areas given the differences inherent in specific sectors and methodologies employed across the studies. A research gap therefore exists on the PPPH projects in the country. As the popularity of partnership projects continue to rise, more studies are needed on the performance of these projects and their impacts on the ground and to assess the capacity of the public sector to implement PPPH projects.

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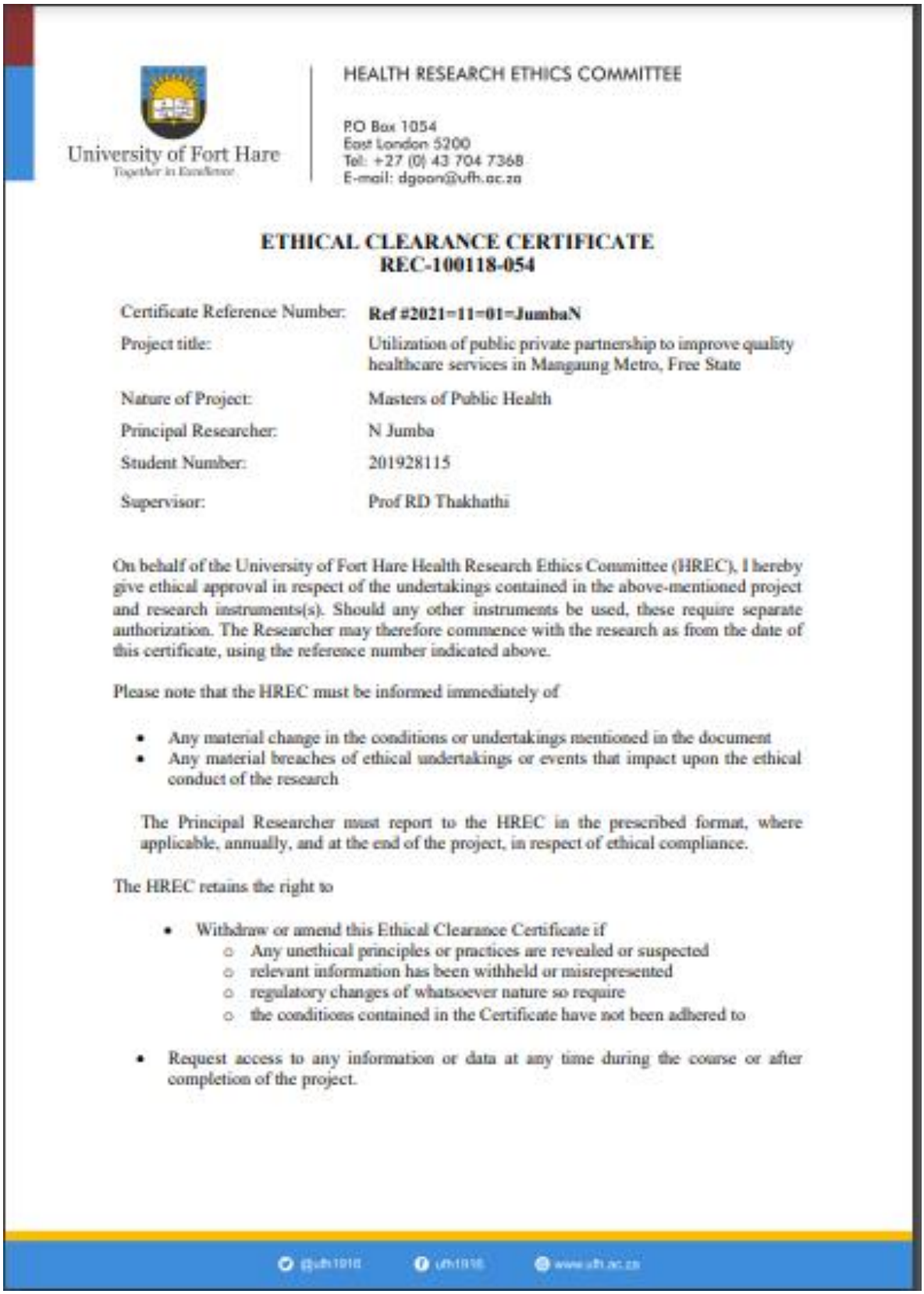
7 APPENDICES

7.1 APPENDIX A: THE ETHICAL APPROVAL



University of Fort Hare
Together in Excellence

HEALTH RESEARCH ETHICS COMMITTEE

P.O Box 1054
East London 5200
Tel: +27 (0) 43 704 7368
E-mail: dgoon@ufh.ac.za

ETHICAL CLEARANCE CERTIFICATE
REC-100118-054

Certificate Reference Number:	**Ref #2021=11=01=JumbaN**
Project title:	Utilization of public private partnership to improve quality healthcare services in Mangaung Metro, Free State
Nature of Project:	Masters of Public Health
Principal Researcher:	N Jumba
Student Number:	201928115
Supervisor:	Prof RD Thakhathi

On behalf of the University of Fort Hare Health Research Ethics Committee (HREC), I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instruments(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the HREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the HREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

The HREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
  - Any unethical principles or practices are revealed or suspected
  - relevant information has been withheld or misrepresented
  - regulatory changes of whatsoever nature so require
  - the conditions contained in the Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project.

University of Fort Hare
Together in Excellence

HEALTH RESEARCH ETHICS COMMITTEE

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In addition to the need to comply with the highest level of ethical conduct principal investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to HREC monitoring@ufh.ac.za.

The Ethics Committee wishes you well in your research endeavours.

Yours sincerely

Professor DT Goon
Chairperson: HREC
26th November 2021

7.2 APPENDIX B: INTERVIEW GUIDE

INTERVIEW TOOL

SECTION A: DEMOGRAPHICS

1. Age	≤30 □	31≤45 □	46≤55 □	≥55 □
2. Years of experience	>5 □	5-10 □	10-20 □	≥20 □
3. Sector	Public □		Private □	
4. Gender	Male □		Female □	

SECTION B: GENERAL PPP QUESTIONS

Number	Question	Chunks
1	What are the major areas of partnership, and how is the Hospital prepared for the alternative means in order to make sure there is a good quality of health services delivering in case the governments fail to play its roles? How would you describe a successful public-private partnership in healthcare?	Characteristics of successful and unsuccessful projects in general

2	What do you think the most important features of a successful healthcare PPP initiative are? How does the PPP has improved the health service time? The capacity of the Hospital to service its patients?	Characteristics of successful and unsuccessful projects in general
3	What do you think the most common features of a failed healthcare PPP initiative are?	Characteristics of successful and unsuccessful projects in general
4	What effect or impact do you believe the PFMA's rule 16 and the PPP handbook have on the performance of healthcare PPPs? What effect does the National Treasury's support have on PPPs?	The regulatory/legislative environment, as well as the institutional environment
5	Do you believe that political intervention and governance of the companies involved have an impact on the performance of public-private partnerships in healthcare? What do you mean by that?	The structure and cycle of politics, governance and society
6	What value does the private sector contribute to PPPs in healthcare, in your opinion? To what extent does the public private partnership improved a better access to health to the entire community?	Risks and expertise are transferred to the government, as is an awareness of the goals and private sector alignment.

7	How well do you believe the private partners in health PPPs understand the project's goals, and how willing are they to change their methods to fit with the government's goals?	Assumptions made by the private sector and understanding of project and government goals

SECTION C: SPECIFIC QUESTIONS ABOUT THE PROJECT: PPP OF UNIVERSITAS-PELONOMI HOSPITAL

Number	Question	Chunks
1	When it comes to changing contractual terms and project structure after the project has started, how much leeway do you have? Do you believe this has an impact on the project's success or failure? Why?	PPP project structure
2	What role did the government and legislators play in this project? Do you think this influenced the project's success or failure in any way? Why?	Intra-public-sector collaboration and political interference
3	How successfully do you believe the project's goals were communicated to and understood by all parties involved? Do you believe this had an impact on the project's success or failure?	Goals for the project must be defined and understood.
4	What do you think the most common features of a failed healthcare PPP initiative are?”	Goals for the project must be defined and understood.

5	Is there a contract management unit or official within the PPP? What effect has it had?	Management of the contract
6	How is the governance as well as monitoring and evaluation on the project?	Governance
7	On this project, do you think FSDoH did a good job of incorporating consequences management for public and private sector officials? Why?	Evaluation and monitoring

7.3 APPENDIX C: INFORMED CONSENT

CONSENT TO PARTICIPATE IN RESEARCH STUDY

Title of research : Utilization of public- private partnership to improve quality of healthcare services: Mangaung Metro, Free State

Researcher : Nwabisa Jumba

Research Supervisor : Prof Dovhani Reckson Thakhathi

Department : UNIVERSITY OF FORT HARE FACULTY OF HEALTH SCIENCES

Qualification : Masters in Public Health (MPH)

Dear Participant

My name Nwabisa Jumba and I am doing Masters in Public Health at Forth Hare University. I would like

to invite you to participate in a research project entitled: **UTILIZATION OF PUBLIC-PRIVATE PARTNERSHIP TO IMPROVE QUALITY OF HEALTHCARE SERVICES: MANGAUNG METRO, FREE STATE**

Introduction

The study will examine the use of public-private partnerships to improve the quality of health-care services in Free State Health, considering the current PPPs in Pelonomi and Universitas

Tertiary Hospital, in order to identify critical factors that determine the project's success or failure.

Purpose of the study

This dissertation was submitted to the faculty of health sciences as part of the masters in public health requirement. The University of Fort Hare Ethics Committee has given their approval to the project.

Procedures of the study

Because of your extensive knowledge and experience with PPPs, you have been approached as a participant.

The researcher is interested in speaking with you about your project experience and any lessons learned from participating in this type of PPP in Free State Health. There will also be general questions about health PPPs and their characteristics.

Benefits of the Study

There is no financial reward for participating in this study. On the other hand, your contribution to this study is worthwhile and contributes to a better knowledge of PPP projects in health care, their applications in the delivery of healthcare infrastructure and services, and the involvement of the private sector in this area. increase.

The goal of this study is to add to the body of knowledge in the field of public-private partnerships. Second, it aims to generate knowledge about the characteristics that limit or facilitate the effectiveness of public-private partnerships, which could be valuable to policymakers and PPP players in future PPP initiatives and legal frameworks.

Use and security of data

The raw data from the project file reviews and interviews will be available to the researcher without restriction. Professor Dovhani Reckson Thakhathi may also need access as part of his oversight role in the project. Transcripts and records will be retained for 5 years after the final study submission. Electronic data is stored on password-protected PCs and cloud-based storage tools, and all physical documents (if applicable) are stored in the researcher's home locked cabinet. The data will be used for analysis and will be input to the above researchers' research projects.

As a participant, you have certain rights.

- You have the right to withdraw at any moment, and you don't have to give a reason.
- You have the right to ask for any recording to be turned off during the interview.
- You have the right to have unprocessed data removed and destroyed, as long as it can be properly recognized and you are not putting yourself or your company at danger.
- Prior to, during, and after the interview, you have the right to ask questions and get responses.
- You have the right to withdraw your consent and stop participating at any moment.

Consideration of Ethics

This work was presented/submitted to the Departmental Ethical Committee at Forth Hare University for review and approval. The research was carried out in compliance with the University's ethical guidelines for research.

Consent in writing

Prior to the interview, the researcher will ask you to sign a separate written consent form. Furthermore, within two weeks after getting your interview transcript through email, you will have the opportunity to evaluate and modify it.

Yours faithfully

Ms Nwabisa Jumba

SIGNATURE AND DECLARATION OF THE RESEARCH SUBJECT

Nwabisa Jumba communicated the information above to me in simple terms. I was given the opportunity to ask questions, which were all satisfactorily answered.

I hereby provide my informed consent to participate in this study. A copy of this form has been supplied to me.

Name of participant:

_____

Signature:  **Date:** 26/08/2022

RESEARCHER DECLARATION AND SIGNATURE

I declare that I informed the participant about the information contained in this document. She/he was invited to ask me any questions and was given plenty of opportunity to do so.

Signature:  **Date:** 26/08/2022

7.4 APPENDIX D: LETTER FROM THE DEPARTMENT OF HEALTH

health
Department of Health
FREE STATE PROVINCE

APPLICATION FOR APPROVAL TO CONDUCT RESEARCH

Dr D Motau
Head of the Department: Health
Department of Free State Health
P.O. Box 277
Bloemfontein
9300

Dear Dr Motau

APPLICATION FOR APPROVAL TO CONDUCT RESEACH ON UTILIZATION OF PUBLIC-PRIVATE PARTNERSHIP TO IMPROVE QUALITY OF HEALTHCARE SERVICES: MANGAUNG METRO, FREE STATE

I am currently doing Masters in Public Health at Forth Hare University. I would like to request permission from the Accounting Officer to conduct the study on the topic entitled: **UTILIZATION OF PUBLIC- PRIVATE PARTNERSHIP TO IMPROVE QUALITY OF HEALTHCARE SERVICES: MANGAUNG METRO, FREE STATE**

The study will examine the use of public-private partnerships to improve the quality of health-care services in Free State Health, considering the current PPPs in Pelonomi and Universitas Tertiary Hospital, in order to identify critical factors that determine the project's success or failure.

The study will further explore the utilization of public-private partnership in improving the quality of health care services in the Free State Department of Health and describe the characteristics of successful PPP in improving the quality of health care services in the Free State Department of Health.

The results and finding of the study will shared with the Accounting Officer : FS Health, Research Unit: FS Health and University of Fort hare. Information obtained from this research study will only be used for research purposes in order to complete the qualification.

Submitted by:	Approved/Not Approved
Nwabisa Jumba	Dr D Motau
Deputy Director : FS Health/ Fort Hare Student	Head of Department : Health
Date: 19/11/2020	Date: 21/12/2020

1

7.5 APPENDIX E: LETTER FROM THE EDITOR

Appendix E

UFS BUSINESS SCHOOL
BE WORTH MORE

4 December 2021

To whom it may concern

This is to certify that I lightly language-edited Nwabisa Jumba's mini-dissertation electronically via track changes and comments, excluding references and appendices. The author effected the changes and suggestions in view of final clarity, cohesion and coherence.

Sincerely

Dr Luna Bergh

Language and Writing Specialist

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7.7 APPENDIX F: EXAMPLE OF A COMPLETED INTERVIEW GUIDE

7.1 APPENDIX B: INTERVIEW GUIDE

INTERVIEW TOOL

SECTION A: DEMOGRAPHICS

1. Age	≤30 □	31≤45 □	46≤55 ■	≥55 □
2. Years of experience	>5 □	5-10 ■	10-20 □	≥20 □
3. Sector	Public ■	Private □		
4. Gender	Male ■	Female □		

SECTION B: GENERAL PPP QUESTIONS

Number	Question	Chunks
1	What are the major areas of partnership, and how is the Hospital prepared for the alternative means in order to make sure there is a good quality of health services delivering in case the governments fail to play its roles? How would you describe a successful public-private partnership in healthcare?	Characteristics of successful and unsuccessful projects in general

	‘’The FSHoD is better equipped to provide quality clinical services to its citizens. The population's healthcare requirements are met daily, regardless of whether they are insured or uninsured, the health care needs of the people of Free State province have been greatly enhanced by the PPP agreement’’	
2	What do you think the most important features of a successful healthcare PPP initiative are? How does the PPP has improved the health service time? The capacity of the Hospital to service its patients? *’Broadly, four parameters make the PPP model in healthcare successful in the long term. It has to be affordable, cost-efficient, timely, and feasible for all stakeholders’’*	Characteristics of successful and unsuccessful projects in general
3	What do you think the most common features of a failed healthcare PPP initiative are? *‘’Government capacity to run the PPP, people are not trained to effectively manage PPP and the private partner end up deciding what to do”*	Characteristics of successful and unsuccessful projects in general

4	What effect or impact do you believe the PFMA's rule 16 and the PPP handbook have on the performance of healthcare PPPs? What effect does the National Treasury's support have on PPPs? *“I actually like the manual, it’s so detailed that anyone can use it and understand the process”*	The regulatory/legislative environment, as well as the institutional environment
5	Do you believe that political intervention and governance of the companies involved have an impact on the performance of public-private partnerships in healthcare? What do you mean by that? *‘’Yes, the interface between the government and the service provider is key to the success of PPP projects. Government involvement is important both at the planning and design phase and the implementation and monitoring phase and it should be determined early on which public entities are required to be/ should be involved in the different phases of the project.’’*	The structure and cycle of politics, governance and society

6	What value does the private sector contribute to PPPs in healthcare, in your opinion? To what extent does the public private partnership improve a better access to health to the entire community? *‘’Offer quality healthcare services that consider the needs of all people, including poor and marginalized populations, and make these affordable, accessible and sustainable’’*	Risks and expertise are transferred to the government, as is an awareness of the goals and private sector alignment.
7	How well do you believe the private partners in health PPPs understand the project's goals, and how willing are they to change their methods to fit with the government's goals? *‘’There was general acknowledgement on the changing nature of PPPs and that the standard definitions relating to PPPs needed a recalibration in order to avoid a disconnect between current PPPs and those of the future. Traditionally, PPPs were mostly focussed on infrastructure, but this is evolving and in future we could see PPPs where the private sector could build a hospital as well as provide equipment services to government patients in that hospital for which government would pay a fee.”*	Assumptions made by the private sector and understanding of project and government goals

SECTION C: SPECIFIC QUESTIONS ABOUT THE PROJECT: PPP OF UNIVERSITAS-PELONOMI HOSPITAL

Number	Question	Chunks
1	When it comes to changing contractual terms and project structure after the project has started, how much leeway do you have? Do you believe this has an impact on the project's success or failure? Why? *''It is important that decisions, on when and how to implement PPPs are made that they are based on universally acceptable standards and ethical considerations that consider the needs and expectations of local communities.''*	PPP project structure
2	What role did the government and legislators play in this project? Do you think this influenced the project's success or failure in any way? Why? *''Yes, Formulation of a policy framework is an important step towards building an enabling environment for PPPs. The existence of a clear Treasury Regulations Framework has removed ambiguities and uncertainties about government's intention to PPP development.''*	Intra-public-sector collaboration and political interference

3	How successfully do you believe the project's goals were communicated to and understood by all parties involved? Do you believe this had an impact on the project's success or failure? *'There was general acknowledgement on the changing nature of PPPs and that the standard definitions relating to PPPs needed a recalibration in order to avoid a disconnect between current PPPs and those of the future. Traditionally, PPPs were mostly focussed on infrastructure, but this is evolving and in future we could see PPPs where the private sector could build a hospital as well as provide equipment services to government patients in that hospital for which government would pay a fee."*	Goals for the project must be defined and understood.
4	What do you think the most common features of a failed healthcare PPP initiative are?" *'Government capacity to run the PPP, people are not trained to effectively manage PPP and the private partner end up deciding what to do"*	Goals for the project must be defined and understood.

5	Is there a contract management unit or official within the PPP? What effect has it had? *''Yes, however at the beginning of the contract there was no PPP unit established to manage the PPP Project, which resulted to a lot of challenges in managing the PPP contract''*	Management of the contract
6	How is the governance as well as monitoring and evaluation on the project? *''it's not at the standard where it supposed to be , any lack of government involvement and monitoring of private party delivery could lead to a sense of complacency by the private partner; this can lead to the delivery of sub-standard services while government payments or user fees continue to be paid.''*	Governance
7	On this project, do you think FSDoH did a good job of incorporating consequences management for public and private sector officials? Why? *"No, I cannot really mention the details but overall, there was no consequence management or follow through on the decisions made"*	Evaluation and monitoring