PUBLIC PRIVATEPARTNERSHIP AND HEALTH SERVICE DELIVERY IN MOGADISHU, SOMALIA

BY

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A RESEARCH DISSERTATION SUBMITTED TO THE COLLEGE OF HUMANITIES AND SOCIAL SCIENCES IN PARTIAL FULFILMENT FOR THE AWARD A MASTERS' DEGREE IN PUBLIC ADMINISTRATION AND MANAGEMENT OF KAMPALA INTERNATIONAL UNIVERSITY

NOVEMBER, 2018

DECLARATION

I, Said Mohamed Aden declare that this research dissertation on "Public-private partnership and health service delivery in Mogadishu, Somalia" is my original work and to the best of my knowledge, has not been submitted for any award at any academic institution.

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APPROVAL

This is to confirm that this Research Dissertation on "Public-private partnership and health service delivery in Mogadishu, Somalia" is under my supervision and is now ready for submission to the faculty of Humanities and Social Sciences of Kampala International University in Partial Fulfillment of the requirements for the award of a Masters of Public Administration and Management.

Signature: …… **Date……01/11/2018**

SUPERVISOR: Dr. Stella Kyohairwe.

DEDICATION

I dedicate this piece of work to the Almighty Allah who has empowered me to complete research effectively and my beloved parents without forgetting my dear siblings

My sincere thanks go to my supervisor Dr. Stella for her patience, guidance to ensure that this work is perfect.

I would also like to thank people who have molded me to become what I am today through lessons and good advice they have given me. Thank you very much if it wasn't for you I don't think I would have achieved this.

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May Allah Bless you all.

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LIST OF ACRONYMS

PPP	Public Private Partnership
OECD	Organization for Economic Co-operation and Development
SADC	Southern African Development Community
CIDA	Canadian International Development Agency
NGOs	non-governmental organizations
ID	international development
PHC CG	Primary Health Care Conditional Grant
BOO	Build-Own-Operate
IFC	International Finance Corporation
BOT	build-operate-transfer
SPSS	Statistical Package for Social Science

ABSTRACT

The purpose of the study was to establish the effect of public-private partnership on health service delivery particularly in Mogadishu, Somalia. The objectives of the study were to; examine the relationship between leases and Affermage Contracts and health service delivery in Mogadishu-Somalia, establish the relationship between full divestiture and health service delivery in Mogadishu-Somalia and examine the relationship between civil Works and Service Contracts and health service delivery in Mogadishu-Somalia. This study used a correlational research design to assess the respondents' views towards public-private partnership and health service delivery in Mogadishu, Somalia. The researcher chose this research design in order to be able to determine the relationship between Public Private Partnership and Health Service Delivery in Mogadishu, Somalia. The study was conducted from Mogadishu in Somalia. The total population of Mogadishu was 2,587,183 inhabitants. However, there were approximately 136 health centers whereby 3 are public health centers and 133 are private health centers. The study Population comprised 240 participants and these included; 5 Mogadishu Local Government delegates, 5 Officials from Ministry of Health, Mogadishu, 20 Health workers and 210 Patients who were accessible. The coded data were entered into the Computer, checked and statistically analyzed using the Statistical Package for Social Scientists (SPSS) software package to generate descriptive and inferential statistics. From the study findings, a lease contract the private sector retains the revenue and pays a lease fee to the hospital or health facility was most prominent. This implies that leases and Affermage Contracts are vital in public private partnerships which also influence the delivery of health services to the people within communities. The study concludes that in the affermage/lease type of arrangement an operator (the leaseholder) is responsible for operating and maintaining the health facility (that already exists) and services, but generally, the operator is not required to make any large investment. The study recommends that most of the time in PPP, the private sectors are considered by the government as the underdogs and that they ought to be highly regulated. Contrary to this, the private sector should be allowed to enjoy its liberties, as this would ensure that the sector remains objective and is not distracted from its course. This can be done by allowing the private sector to be the formulator of the policies which affect them most.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

In parallel, over the last three decades, there has been increased utilization of public-private partnerships (PPP) in the health sector. Early PPPs in health care focused on product development partnerships, vertical disease programming, and global coordination mechanisms. However, there has been increasing experience of leveraging the PPP model for integrated health-care service delivery implementation including both community-based and hospital-based services in low-income and middle-income countries. While implementation has varied across contexts, these experiences demonstrate that the PPP model can be successful at providing integrated health-care delivery and expanding access to health care in low-income and middle-income countries, with quality, efficiency, and performance-based payment structures. It was in this aspect that the researcher examinespublic private partnership and health service delivery in Mogadishu, Somalia.

This chapter presents the background to the study, statement of the problem, the purpose of the study, objectives of the study, research questions and assumptions, scope of the study, significance of the study, the justification of the study and the operational definitions of terms and concepts as applied to suit the context of the study.

1.1 Background of the Study

The background was studied in four perspectives namely; historical, theoretical, conceptual and contextual.

1.1.1 Historical Perspective

Globally, the need to change the mode of public procurement initially arose from concerns of the level of public debt, which grew enormously during the macroeconomic dislocation of the 1970s and 1980s (ADB Working Paper, 2014).The various government sought to encourage private investment infrastructure, initially on the basis of accounting fallacies arising from the way that

public accounts did not recognize intermittent and capital expenditure. Health spending in the United States accounts for approximately half of all health spending among OECD nations, but the biggest growth will be outside of the U.S. According to PwC projections, the countries that are expected to have the highest health spending growth between 2010 and 2020 are China, where health spending is expected to increase by 166 percent, and India, which will see a 140 percent increase. As health spending increases it is putting pressure on governments and spurring them to look for private capital and expertise (Batley, 2015).

In Africa, for more than two decades public-private partnerships have been used to finance health infrastructure. African Governments are increasingly looking to the PPP-model to solve larger problems in healthcare delivery (Ghere, 2012). There is not a nation in the world where health care is financed completely by the government. While the arrangement of health is broadly perceived as the obligation of government, private capital and expertise are progressively seen as sources to actuate effectiveness and development in Africa. As PPPs move from financing structure to managing care delivery, there is an opportunity to reduce the general cost of healthcare (Burkey, 2013).In Africa, PPPs remain far-reaching and widespread. To take one major example, the Southern African Development Community (SADC), a bloc of 14 countries, has, in the past, frequently benefitted from the financial support of the Government of Canada through the Canadian International Development Agency (CIDA). Describing CIDA's strategy for PPPs in Southern Africa, the SADC Banking Association noted that these sorts of partnerships constitute "a new role for development assistance, aimed at facilitating private investment to and within the region." They can leverage an economy's existing strengths to help other sectors of the same economy or other economies in the region (Hoppe et al., 2013). The Banking Association believes that the partnerships with CIDA recognize the role that the advanced financial sector in South Africa can play in terms of strengthening capacities in the rest of the region.

In Somalia, under partnerships, public and private sectors can play innovative roles in financing and providing health care services. Involvement of the private sector is, in part, linked to the wider belief that public sector bureaucracies are inefficient and unresponsive and that market mechanism will promote efficiency and ensure cost-effective, good quality services (WHO, 2010). Another perspective on this debate is linked to the notion that the public sector must

reorient its dual role of financing and provision of services because of its increasing inability on both fronts (Mitchell, 2011). Somalia government offers the asset of its obtaining power, outlines goals for an optimal health system, and empowers private creativity to update, build, maintain and/or manage the delivery of agreed-upon services over the term of the contract. The Somalia private sector collects payment for its services and assumes substantial financial, technical and operational risk while benefitting from the upside potential of shared cost savings (Klijn and Teisman, 2015). Somalia has embraced public-private partnership and Government commitments to a PPP may also be in kind (notably the exchange of existing resources). In Mogadishu, there are several hospitals such as Banidir General Hospital, Digfer hospital and Madina Hospital that have been constructed under a partnership between the government of Somalia and the private sector. In projects that are aimed at making public goods like in the infrastructure sector, the government may give a capital subsidy as a one-time give, to makeit more attractive to the private investors. In some different cases, the government may support the project by giving income appropriations, including tax breaks or by removing guaranteed annual revenues for a fixed time period (Stephenson, 2011).

For a significant portion of the 20th century, it was taken for granted that the existence of market imperfections implied that the state was the only credible provider for many services, such as health care, education, and prison operation. However, the past 20 years have ushered in a new era with respect to the delivery of public services. Citizens have witnessed the delivery of many services provided by the government being transferred to the private sector (Linder, 2014). In most cases, the government continues to regulate and fund these services. These new private providers have come from both the for- and non-profit sectors. These relationships necessitate a yielding of at least partial control over the delivery of public services from the government to the private sector; some argue that private delivery arrangements may comprise public values while others argue that public values may be strengthened (Minnow et al., 2014).

1.1.2 Theoretical Perspective

The study was based on agency theory. The theory was developed by Jensen and Meckling in 1976. The agency theory, which is often called the principal-agent theory, shows the affiliation between the principals and agents and emphasizes that the principals have the basic task of

choosing and controlling their agents (Onses, 2013).Agency theory suggests that divergences will occur when a principal, e.g. client agent e.g. a project manager, interests are different in the execution of a project. The purpose of this study is to explore if the agency theory can explain the subtleties integral to the behaviors and relationships between players delivering a public-private-partnership (PPP) in the context of an international development (ID) project. The intra-/interpersonal dynamics include governments, non-governmental organizations (NGOs) and private commercial service providers.

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1.1.3 Conceptual Perspective

Public-Private Partnership is an arrangement between government (the public sector), both local and central, and other organizations (e.g. private sector) for the purpose of providing public infrastructure, community facilities, and related services. Such partnerships are characterized by the sharing of investment, risk, responsibility, and reward between the partners (Peter, 2014). The reasons for establishing such partnerships vary but generally involve the financing, design, construction, operation, and maintenance of public infrastructure and services. Public-Private Partnership (PPP) as a catchy phenomenon has been used differently by different scholars and gained momentum in the 1990s. Scholars share a common understanding of PPP as a collaboration between the public and private sector organizations where there is pooling together of resources (financial, human, technical, and information) from the public and private sources to achieve a commonly agreed social goal. Here the term “private” is used loosely to mean stakeholders who are not part of the government organs (Spackman, 2012).

Health service delivery refers to a system of providing safe, accessible, high quality, people-centered, and integrated health services to the people. Health Service delivery systems are responsible for providing health services for patients, people, families, communities, and

populations in general, and not only care for patients (Spackman, 2012). While patient-centered care is usually comprehended as concentrating on the individual looking for the mind (the patient), individuals focused care envelops these clinical experiences and furthermore incorporates thoughtfulness regarding the health of individuals in their communities and their significant part in molding health approach and health services(Starr, 2012).

1.1.4 Contextual Perspective

Globally, most scholars believe that under partnerships, public and private sectors can assume innovative parts in financing and providing health care services (Starr, 2012).The partnership has significant possibilities for achieving productive and successful high-quality health services. It intends to establish a practical incorporation and managed activity of a pluralistic health care delivery system by enhancing the impartial utilization of the accessible assets and putting resources into relative focal points of the accomplices. It guarantees the usage of the possibilities of both the public and private sectors. The need to provide and improve the efficiency of the health system delivery has been picking up consideration around the world.

In Africa, many countries have presented changes with the objective of making health care to more effective (Stephen, 2014).In 2001, the health sector in Somalia was commended as an indispensable subsystem that offered comparable better and acceptable quality of health care than the government. By 2002, the Bureaus together represented 78% of the 490 health units while the rest fell under other humanitarian organizations and community-based healthcare organizations.

In regard to Mogadishu, most hospitals under public private partnership system continue to face financial and human resource challenges resulting from increased cost of drugs, staffing, and budget. In 2016, Banadir General Hospital adopted the Public Private Partnership (PPP) in Health with the aim of improving hospital efficiency in health services delivery to the general population. In spite of the government financial and human resources support through the Public Private Partnership strategy, the hospital management is not certain if the institution has gained substantial improvement in hospital efficiency with regard to service delivery especially hospital outputs such as admissions, outpatient department attendance, antenatal care, immunization, and deliveries. Besides, the Standard Unit of Output (SUO) for Madina Hospital and its relationship

to human resource, cost of medicines, total costs and user fees are not known. Whether Madina Hospital has gained efficiency in the delivery of health services is a critical knowledge gap that needs to be addressed. Failure to appreciate the positive effects of PPP on hospital efficiency may jeopardize future government support to the private -not -for -profit institutions and thus negating the aims for which the partnership was established. It is against this background that the study attempts to examine the Public-private partnership and health service delivery in Mogadishu, Somalia.

1.2 Statement of the Problem

Until the collapse of the central government in 1991, the Authoritative and administrative structure of Somalia's medical services sector was coordinated by the Ministry of Health. There are approximately 136 health centers in Mogadishu whereby 3 are public health centers and 133 are private health centers (UNECE, 2014). However, it is believed that noticeable shortcoming of the Somali health care system could be a direct result of the nonattendance of a strong administrative body on drug importation and use (ADB Working Paper, 2014).In spite of the government financial and human resources support through the Public-Private Partnership strategy, most health facilities in Mogadishu are not if they have gained substantial improvement in health service efficiency especially in hospital outputs, for example, admissions, outpatient attendance, antenatal care, immunization, and deliveries (ADB Working Paper, 2014).In addition, due to the budget constraints, Mogadishu local government can no longer afford to provide public health services alone without the assistance of the private sector. The conventional methods of service delivery have to make way for new, innovative ways of solving governmental problems by way of co-operation between the public and private sector (ADB Working Paper, 2014). It is therefore not imperative to state that public-private partnership greatly influences health service delivery in Somalia particularly in Mogadishu. Due to this concern, the study sought to examine the impact of public-private partnership on health service delivery.

1.3 Purpose of Study

To establish the effect of public-private partnership on health service delivery particularly in Mogadishu, Somalia

1.4 Objectives of the study

i. To examine the relationship between leases and Affermage Contracts and health service delivery in Mogadishu, Somalia
ii. To establish the relationship between privatization and health service delivery in Mogadishu, Somalia
iii. To examine the relationship between civil Works and Service Contracts and health service delivery in Mogadishu, Somalia

1.5 Research Questions

i. What is the relationship between leases and Affermage Contracts and health service delivery in Mogadishu, Somalia?
ii. What is the relationship between privatization and health service delivery in Mogadishu, Somalia?
iii. What is the relationship between civil Works and Service Contracts and health service delivery in Mogadishu, Somalia?

1.6 Research Hypothesis

i. There is a positive significant relationshipbetweenleases and Affermage Contracts and health service delivery in Mogadishu, Somalia
ii. There is a positive significant relationship between privatization and health service delivery in Mogadishu, Somalia
iii. There is a positive significant relationship between civil Works and Service Contracts and health service delivery in Mogadishu, Somalia

1.7 Scope of the study

1.7.1 Geographical Scope

The study was carried out from Mogadishu, Somalia. Mogadishu is the largest city in Somalia and the nation's capital and it is located in the coastal Banaadir region on the Indian Ocean, the city has helped as an important port for centuries. The researcher used Mogadishu because of its

continued poor health service delivery despite the fact that there public-private partnership in existence.

1.7.2 Content Scope

The study was limited to public-private partnership and health service delivery in Mogadishu.

1.7.3 Time Scope

The study covered a period of four years that is 2014-2017because it was during this time period when Mogadishu experienced the worst health service delivery due to issues related to public-private partnership. The study took three months that from April to July 2018 to enable the researcher to get data in depth because of the nature of exercise that was undertaken in gathering, editing and processing data.

1.8 Significance of the Study

Management of Health centers

The study will help to examine the efficiency in the delivery of health services in this manner will help to understand some of the disparities in performance and providing some guidance in the reallocation of resources in the offer to close the inequity gap in service provision.

Policymakers

Furthermore, the discoveries from this study may manage health policymakersand organizers in developing more powerful systems for proficient allocation of resources in government-supported.

Future researchers

The study will also fill in as a future information base for additionally examines that will be completed as researchers can draw data from the findings which will have narrowed the existing gaps in public-private partnerships on health service delivery.

Researcher

The study will be critical to the researcher in satisfying one of the requirements for the award of the Master's Degree of public administration.

1.9 Operational Definition of Key terms

Public-Private Partnership is an arrangement between government (the public sector), both local and central, and other organizations (e.g. private sector) for the purpose of providing public infrastructure, community facilities, and related services.

Health service delivery refers to the situation whereservices provided by nurses and others in the health service.

Leases and affermage contracts are generally public-private sector arrangements under which the private operator is responsible for operating and maintaining the utility but not for financing the investment.

Privatization occurs when all or substantially all the interests of a government in a utility asset or a sector are transferred to the private sector.

Civil works refer to a professional engineering discipline that deals with the design, construction, and maintenance of the physical and naturally built environment, including works like roads, bridges, canals, dams, airports, sewerage systems, pipelines, and railways

Service contracts refer agreement whereby a contractor supplies time, effort, and/or expertise instead of a good (tangible product).

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

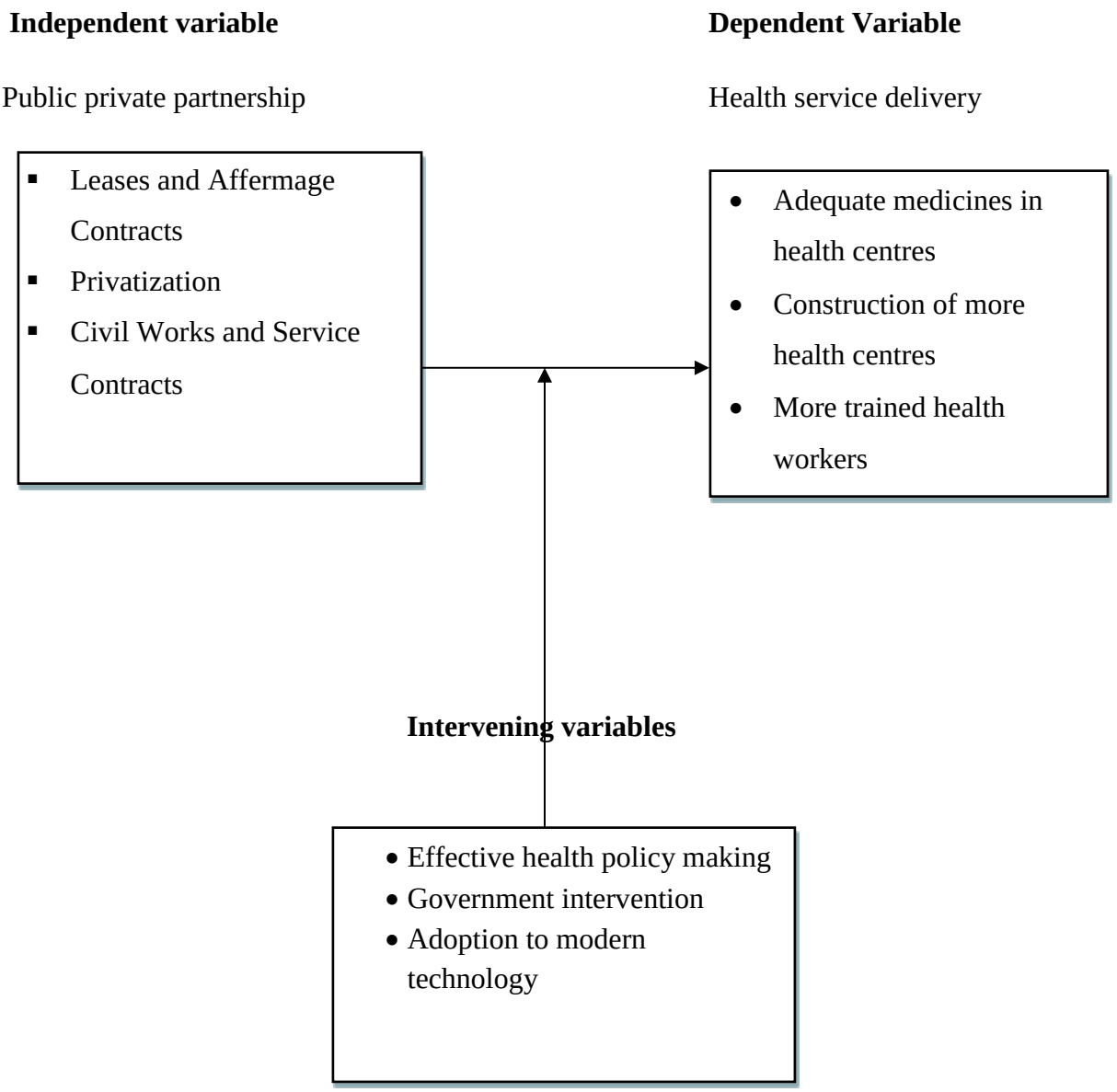
The study reviewed literature from various scholars on the major variables of the study included; the role of public-private partnership on service delivery in Mogadishu, the possible challenges faced by public-private partnerships towardshealth service delivery and the solutions to the challenges faced by public-private partnerships in service delivery in Mogadishu health sector.

2.1 Theoretical review

The study was based on agency theory. The theory was developed by Jensen and Meckling in 1976. The agency theory, which is often called the principal-agent theory, shows the affiliation between the principals and agents and emphasizes that the principals have the basic task of choosing and controlling their agents (Onses, 2013).Agency theory suggests that divergences will occur when a principal, e.g. client agent e.g. a project manager, interests are different in the execution of a project. The purpose of this study is to explore if the agency theory can explain the subtleties integral to the behaviors and relationships between players delivering a public-private-partnership (PPP) in the context of an international development (ID) project. The intra-/interpersonal dynamics include governments, non-governmental organizations (NGOs) and private commercial service providers. The purpose of this study is to explore if the agency theory can explain the subtleties integral to the behaviors and relationships between players delivering a public-private-partnership (PPP) in the context of an international development (ID) project. The intra-/interpersonal dynamics include governments, non-governmental organizations (NGOs) and private commercial service providers.

2.2 Conceptual Framework

The conceptual framework diagrammatically shows the relationship between the different variables in the study. The independent variable was perceived as the public-private partnership and the dependent variable was health service delivery



Source: Burkey (2013)

Figure1.1: Conceptual Framework

The independent variable was perceived as the public-private partnership whereas the dependent variable was health service delivery. The independent variable focuses on Leases and Affermage Contracts, Privatization and Civil Works and Service Contracts whereas the dependent variable concerns ensuring adequate medicines in health centers, construction of more health centers and more trained health personnel etc. The intervening variables include; Effective health policy making, Government intervention, and Adoption of modern technology. Conceptually, health

service delivery is associated with the public-private partnership and therefore the better public-private partnership the better and improved service delivery.

As indicated in the conceptual framework above, it is evident that public-private partnership and health service delivery are closely related since stakeholders such as public and private sectors are instrumental in facilitating the quality and quantity of basic health infrastructure and ensuring early delivery of quality health services (Bataringaya & Lochoro, 2002).

2.3 Related literature review

The related literature review was done basing on the objectives of the study.

2.3.1 Relationship between leases and Affermage Contracts and health service delivery

In the affermage/lease type of arrangement an operator (the leaseholder) is responsible for operating and maintaining the health facility (that already exists) and services, but generally, the operator is not required to make any large investment (Burkey, 2013). However, this is often applied in combination with other models such as build-rehabilitate-operate-transfer. In such a case, the contract period is generally much longer, and the private sector is required to make a significant level of investment.

Generally, the government maintains the responsibility for investment and thus bears investment risks in health projects (Ghere, 2012). The operational risks are transferred to the operator. However, as part of the lease, some assets may be transferred on a permanent basis for a period which extends over the economic life of assets. Fixed facilities and land are leased out for a longer period than for mobile assets.

Under lease contracts, the private partner is responsible for operating, managing and maintaining the health project (Bennett, 2004). The investment, however, is provided by the government. The main difference with management contracts is the desire of the government to transfer more commercial risk to the private sector player in the public-private partnership. This arrangement is particularly suitable either where private investment is not forthcoming or where the public entity wishes to cover the investment itself, thus retaining ownership and involving the private partner only to increase efficiency (Klijn and Teisman, 2015). The private company does not

receive a fixed fee for its service. Responsibility for the health service provision is transferred to the private sector, which charges patients accordingly and bears the risk of any losses or unpaid consumer debts.

Affermage contracts are similar in nature (Linder, 2014). The difference lies in how the government is paid: under lease contracts the private sector retains the revenue and pays a lease fee to the hospital or health facility; under affermage contracts it collects the revenue plus an additional surcharge from customers, pays the public entity an affermage fee for any investment it has made or will make in the underlying infrastructure, and keeps the remaining revenue. Public entities must use their supervisory powers to ensure that maintenance is not sacrificed for greater profit, particularly when the partnership and contract are coming to an end (Linder, 2014). As mentioned above, these contracts provide a number of benefits in terms of management, operational responsibility, and risk, but they still depend on the government to make any investment and to provide the necessary financial capital

I, therefore, think under lease and affermage contracts, the private partner's benefits rely upon the utility's sales and expenses (Minnow et al., 2014). The key advantage of this option is that it provides incentives for the operator to achieve higher levels of efficiency and higher sales. The principal drawback is the risk of management reducing the level of maintenance on long-lived assets, particularly in the later years of the contract, in order to increase profits. Further, the private partner provides a fee to cover the cost of using the assets although the private partner does not provide investment capital.

2.3.2 Relationship between privatization and health service delivery

Divestitures encompass the selling of publicly owned health care facilities to private entities, with the indefinite transfer of ownership to the private sector (Onses, 2013). The Build-Own-Operate (BOO) contract serves as a variation of the divestiture, where the private sector additionally takes on the responsibility of building new facilities at its own expense (Cush, 2005).

The International Finance Corporation (IFC), a member of the World Bank Group, encourages private sector investment in developing countries and has invested in the hospital sector (Peter,

2014). The development agency finances private sector projects, such as hospital PPPs, and provides advice and technical assistance in the establishment of this hospital infrastructure PPPs.

Spackman (2012) noted that public-private partnerships for developing infrastructures, such as hospitals and health centers, have been undertaken in low and middle-income countries, as these PPPs work to address the failure of the public sector's capital investment capacity (IHSD, 2015). These can take on many forms, including lease contracts, build-operate-transfer (BOT) projects, concession agreements, and divestitures.

Health systems are taking different avenues to deal with possible divestitures. Some systems want to completely rid themselves of certain hospitals (Spackman, 2012). Others look to repurpose small hospitals for outpatient, skilled nursing facilities, labs or imaging while maintaining a large regional hospital. Still, others forge partnerships, so they don't completely sell the properties.

Divestitures are a balancing act for systems (Starr, 2012). They can shed debt and assets, but that comes with revenue loss. The balance is always what is the right sale price for the exchange of cash flow when it becomes less than profitable (Stephenson, 2011).

I, therefore, believe balancing those two are always tough. When deciding on whether to divest, merge or partner with other facilities, systems need to figure out the community's needs, the area's business climate, what the facility wants to be and potential partnership opportunities

2.3.3 Relationship between civil Works and Service Contracts and health service delivery

Through civil works and service contracts, the governments in the East Africa region are addressing these health infrastructure projects with the help of foreign partners and the private sector (Stephenson, 2011). Since the healthcare sector in East Africa is seen as a major growth opportunity for two main reasons - firstly because of the significant health challenges that the region faces, and secondly because of the shortfalls that still exist in the rapidly developing healthcare infrastructure. There is a young and growing middle class in East Africa, whose healthcare needs must be met as the country continues to embark on new hospital construction as part of a wider social and infrastructure building initiative.

There is a significant amount of growth and new hospital construction across all of Africa, which is being driven by a greater government focus on expanding the healthcare sector (Strauch, 2015). Over the next decade, hospital facilities with an estimate of between 500,000 – 650,000 new beds are being built in Sub-Saharan Africa. Total healthcare investments of around USD $35 billion are expected to be made by the end of 2016 in major healthcare infrastructure projects (UNECE, 2014).

Strauch (2015) argued that the health sector would only be effective if there were enough buildings and well-equipped health centers. There are no accommodation facilities which make it difficult for staff to attend to patients. In the education sector, the young generation recruited from primary colleges is not well exposed.

In every year, new PHC contracts across Nigeria are awarded. In 2014, for example, according to data available on Budeshi provided by the National Primary Health Care Development Agency (NPHCDA), the federal government awarded 89 contracts worth 2.6 billion Naira for the construction of PHCs (UNECE, 2014). Two years on, when it is safe to assume that these contracts have been fully executed, we randomly select 40 of these PHCs and conduct a basic performance assessment to understand how well these PHCs are contributing to improved access in the communities where they are located. Our assessment makes it strikingly clear that it would take much more than construction contracts to improve primary health care access (Strauch, 2015).

The Ministry of Health has announced plans to renovate the national referral hospital and other regional referral hospitals after acquiring loans from the World Bank amounting to Shs808b. According to a press statement issued by the Director General of Health Services, Dr. Jane Aceng, the government is rolling out a comprehensive plan to renovate the dilapidated hospitals and health facilities throughout the country after mobilizing funds from the national budget and international agencies (Spackman, 2012).

I, therefore, think Primary health care access would require adequate planning, coordination across government tiers and sectors and a system that enables public accountability.

2.4 Related Studies

UNECE (2014) articulates that health infrastructure created through PPP can improve the quality and quantity of basic infrastructuresuch as the construction of more hospitals, provision of adequate medicines, etc. This is also vital since it helps to improve on improving the standards of living of the people in Mogadishu.

Klijnand Teisman (2015) mentions that early delivery of quality health services is delivering wide social benefits. This is because repair and maintenance within the health sector such as renovating hospitals and other improvements on other health services are planned at the outset and in consequence assets and services are maintained at a pre-determined standard over the full length of the concession.

According to Linder(2014), PPPs are helping the public sector develop a more disciplined and commercial approachto health infrastructure development whilst allowing them to retain strategic control of the overall project and service. In PPP structures the risk of performance is transferred to the private sector**.** The private sector only realizes its investment if the asset performs according to the contractual obligations. As the private sector will not receive payment until the facility is available for use, the PPP structure encourages efficient completion, on a budget without defects (Cush, 2005).

Starr (2012) argues that the use of private finance enables the public to have access to improved health services. Unlike when there aregovernments spending programme that permits. And the expertise and experience of the private sector encourage innovation**,** resulting in shorter delivery times and improvements in the construction and health facility management processes (Starr, 2012). Developing these processes leads to best practice and adds value**.**The partnership also helps to reduce government debt and to free up public capital to spend on other government services, the taxpayer benefits by avoiding paying higher taxes to finance infrastructure investment development. PPP projects can also deliver better value for money compared with that of an equivalent asset procured conventionally.

Onses (2013) noted that the quality of health services achieved under a Public-private partnership is often better than that achieved by traditional procurement. This may reflect the

better integration of health services with supporting assets, improved economies of scale, the introduction of innovation in service delivery, or the performance incentives and penalties typically included within a Public-private partnership contract.

Efficiency and the higherquality process of construction and operation of the health infrastructure and provision of required health services by entities (Linder, 2014). This means improved health service delivery by the government hence improved standards of living of people.

Klijn and Teisman (2015) reported that acceleration of infrastructure provision since public-private partnerships often allows the government to translate upfront capital expenditure into a flow of ongoing service payments. This enables projects to proceed when the availability of public capital may be constrained (either by public spending caps or annual budgeting cycles), thus bringing forward much-needed investment.

Access to affordable medicines is included amongst the health-related Millennium Development Goals. Medicines are a major health expense for poor households in most developing countries where 50-90 percent of medicines are paid for by the patients themselves, while in many developed countries, 70 percent of medicines are publicly funded through reimbursement plans and other mechanisms (Linder, 2014). Moreover, it is estimated that less than half of the population in the poorer parts of Africa and Asia have regular access to essential medicines. This remains a major obstacle to good health despite the many achievements in the field of essential medicines since the Declaration of Alma Ata in 1978. Social and cultural constraints disproportionately prevent women, children, ethnic minorities, and other marginalized populations from gaining access to medicines (Batley, 2015).

2.5 Gaps in the literature

The agency theory did not indicate feasible strategies to improve health service delivery. As the foregoing review reveals, early delivery of quality health servicesasanaspect that effectspublic-private partnership in Mogadishu has not been widelyundertaken. A number of studies such as that of Giutsi D, Lochoro P, Mandeli A. (2002); Guisti D (2002) have been done covering the focus of public-private partnership however, none of them has covered the aspect of health

service delivery through improvement of the quality and quantity of basic health infrastructure and reduction of government debthence providing a content gap that this study covered. The gaps in the literature review were filled during field data collection which was guided by the purpose and the objectives of the current study.

CHAPTERTHREE

METHODOLOGY

3.0 Introduction

This chapter explained the specific research methodology and techniques that the researcher used to generate data. It was, therefore, an analysis of research design, study population, study area, sample selection and size, datacollectionmethodsand techniques, data analysis, andprocedure.

3.1 Research Design

This study used a correlationalresearch design to assess the respondents' views towardspublic-private partnership and health service delivery in Mogadishu, Somalia. The researcher chose this research design in order to be able to determine the relationship between Public Private Partnership and Health Service Delivery in Mogadishu, Somalia. The researcher also used correlational research design in order to be able to collect much more data than experiments. Furthermore, because correlational research usually takes place outside of the lab, the results tend to be more applicable to everyday life.

3.2 Study Population

The study was conducted fromMogadishu in Somalia. The total population of Mogadishu was 2,587,183 inhabitants (Ministry of National Planning, Mogadishu, 2017). However, there were approximately 136 health centerswhereby 3 are public health centers and 133 are private health centers. The researcher used Mogadishu because of its continued poor health service delivery despite the existence of public-private partnerships. The study population, therefore,involved240 participants and these included; Mogadishu Local Government delegates, Officials from the Ministry of Health, Mogadishu, Health workers and Patients who were accessible.

3.3 Sample Size

A sample size of 150 respondents was determined through purposive and random sampling methods. This is so because the nature of data to be generated required different techniques for better understanding of the research problem under investigation. Besides this, the approach is

also commonly known for achieving a higher degree of validity and reliability as well as the elimination of biases as per Amin (2014).

The Sloven's formula (1978) was used to determine the minimum sample size.

$n = \frac{N}{1+Ne^2}$ = $n = \frac{240}{1+240(0.05)^2}$ = 150 respondents

n = sample size

N = the population size

e = level of significance, fixed at 0.05

Table 1: Target Population and sample size

Type of respondent	**Target Population**	**Sample size**	**Sampling techniques**
Mogadishu Local Government delegates	5	3	Purposive sampling
Officials from Ministry of Health, Mogadishu	5	3	Purposive sampling
Health workers	20	14	Random sampling
Patients	210	130	Random Sampling
Total	**240**	**150**	

Source: Primary Data (2018)

3.4 Sample Procedure

The sample was purposively and randomly selected. Different stakeholders such as Mogadishu Local Government delegateswere purposely selected because they headed different sections of people and thus had knowledge about the impact of public-private partnership on health service delivery in Mogadishu, Somalia. All respondents were assumed to have vital information on public-private partnership and health service delivery. Respondents who were willing to participate were approached.

3.5 Sources of Data

3.5.1 Primary Data

This was obtained through the use of self- administered questionnaires and interviews with the respondents.

3.5.2 Secondary Data

This was acquired from textbooks and other related works of outstanding scholars such as published magazines, written data sources including published and unpublished documents, company reports and internet sources which were all referred to, to provide more information on the impact of public-private partnership on health service delivery.

3.6 Data Collection instruments

Both the interview guide and questionnaires were used.

3.6.1 Interviews

The researcher organized key informant interviews with Mogadishu Local Government delegates and Officials from Ministry of Health, Mogadishu who enriched the study findings. The researcher, therefore, had to interact with the respondents, face to face and ask them relevant questions to the study. The method was used purposely because it provides for a systematic flow of information due to the order of questions and thus it can help in covering information that may be left out in the questionnaires.

3.6.2 Questionnaires

Structured questionnaires were offered to the selected health workers and patients to provide answers. The instrument was purposely selected because it seeks personal views of the respondents and thus enabled them to use their knowledge in providing a wide range of data as they would not feel shy in any way. This was in addition to avoiding repletion of question.

3.7Validity and reliability of the instrument

3.7.1 Validity

The validity of the instrument was ensured through expert judgment and the researcher made sure the coefficient of validity to be at least 70%. The researcher consulted his supervisor for expert knowledge on questionnaire construction. After the assessment of the questionnaire, the necessary adjustments were made bearing in mind of the objectives of the study. The formula that was used to calculate the validity of the instrument was

$$CVI = \frac{\text{no of items declared valid}}{\text{total no of items}}$$

$CVI = \frac{14}{16} = 0.875$

This implies that the instrument was 0.875 hence valid.

3.7.2 Reliability

Reliability is a measure of the degree to which a research instrument yields consistent results or data after repeated trials (Muganda & Mugenda, 2003). It is the degree to which the instrument constantly measure whatever it is is ended to measure. Joppe (2000) noted that reliability is used as an extent to which results are consistent to research instruments and accuracy in representation. The researcher measured the reliability of the instruments using Cronbach's Alpha results as indicated below;

Reliability Statistics	
Cronbach's Alpha	N of Items
.738	16

3.8 Data Analysis

The quantitative data involved information from the questionnaires only. Data from the field was too rowed for proper interpretation. The raw data obtained from questionnaires were cleaned, sorted and coded. The coded data were entered into the Computer, checked and statistically

analyzed using the Statistical Package for Social Scientists (SPSS) software package to generate descriptive and inferential statistics Descriptive analysis was applied to describe the primary variable and associated indicator items related to the study objectives.

Qualitative data was collected from interview discussions with the selected respondents. Qualitative data analysis involved such processes as coding (open, axial, and selective), categorizing and making sense of the essential meanings of the phenomenon. This stage of analysis basically involves total immersion for as long as it is needed in order to ensure both a pure and a thorough description of the phenomenon.

3.9 Research Procedure

An introductory letter was obtained from Kampala International University. When it was approved, the researcher made a list of qualified respondents from Mogadishu Local Government delegates, Officials from Ministry of Health, Mogadishu, Health workers, and Patients and selected them through random sampling and purposive sampling. The researchers thenexplained the purpose of the studyto the respondents and requested themtosigntheinformedconsent form. The researchers recruited and trained research assistants to collect accurate datatimeously.

The respondents were requested toanswerin full and not to leaveany part of thequestionnairesunanswered. The researcher andAssistants collected the questionnaires within two weeks of data distribution. All returned questionnaires were checked if theywere all answered.

3.10 Ethical Consideration

The researcher carried out the study with full knowledge and authorization of the administration of Mogadishu, Somalia. The researcher, first of all,wouldacquire an introductory letter from the University which he would use to eliminate suspicion. The researcher thereafter went ahead to select respondents, and arrange for dates upon which he would deliver questionnaires as well as pick them in addition to making appointments for interviews to be conducted. The researcher also was charged with a task of ensuring that he assures the respondents of their confidentiality as this was paramount to research.

3.11 Limitations of the Study

The study had the following limitations:

The researcher encountered problems of financial difficulties, especially in areas of printing, transportation, internet costs and feeding among others, this constraint was averted by seeking financial sponsorship from friends and well-wishers

Some respondents would be toobusywiththeirdailyscheduleandwouldfail to spare timeforthequestionnaires. In such situations,the researcher wouldgivesufficient time to those respondents. This made it possible by serving them the questionnaires in time.

CHAPTERFOUR

DATAPRESENTATION, ANALYSIS,ANDINTERPRETATIONS

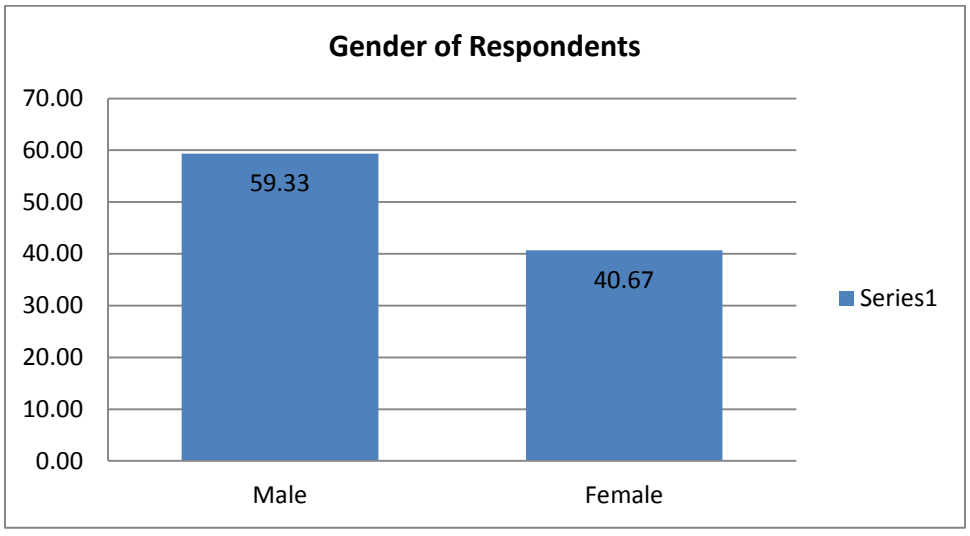
4.0 Introduction

This chapter covers the presentation of the findings according to the themes of the study which were: the relationship between leases and Affermage Contracts and health servicedelivery in Mogadishu, Somalia, the relationship between privatization and health service delivery in Mogadishu, Somalia and the relationship between civil Works and Service Contracts and health service delivery in Mogadishu, Somalia.

4.1 Demographic characteristics of respondents

Under this section, the researcher was interested in finding out the demographic characteristics of the respondents. The character ofthe respondents involved aspects of gender, age, marital status and level of education filled on the questionnaire and the results are presented and analyzed in figures below.

FIGURE 4: 1 Gender Distribution of Respondents

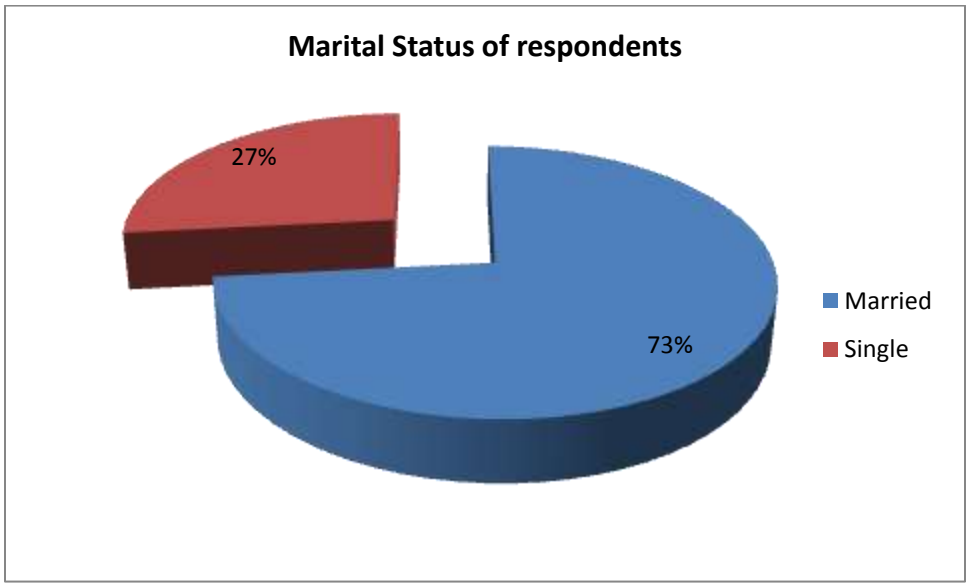


Source: Primary Data (2018)

The figure above indicates that (59.33%) were male while 40.67% were female respondents. This implies that majority of the respondents were men due to societal beliefs that they are more

capable than the female counterparts regarding handling public-private partnership and health service delivery in Mogadishu.

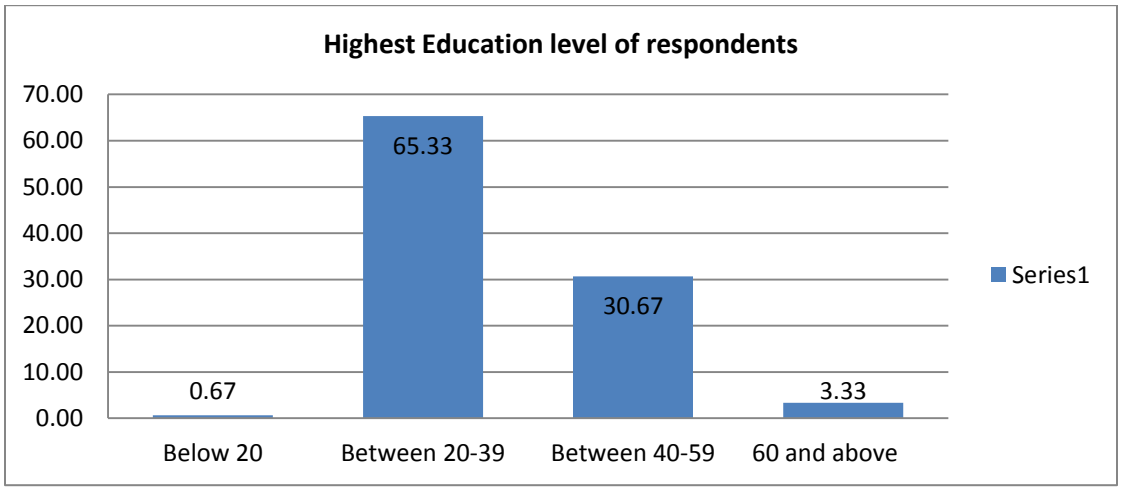
FIGURE 4: 2 Marital Status of the respondents



Source: Primary Data (2018)

The study results presented in figure 4.2 above indicate that the 27% of the respondents were single and the remaining 73% were married. This implies that majority of the respondents were married since this category of people is believed to be more focused and committed at work.

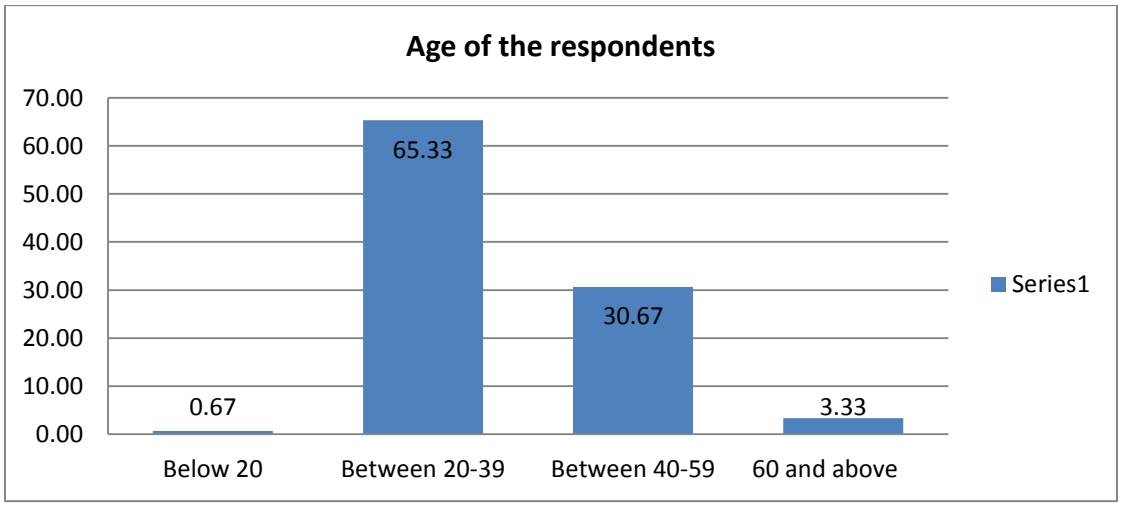
FIGURE 4: 3Highest Educational level



Source: Primary Data (2018)

Information regarding educational level, the majority of respondents were at the university level at (70%) who were followed by those at tertiary level with 26.67% and those at secondary school level were 2.67%. This was followed by those at primary school level who was 0.67%. This implies that most of the respondents were relatively educated since it is believed that persons with high educational qualifications and were believed to be informed about public-private partnership and health service delivery.

FIGURE 4: 4Age of the respondents



Source: Primary Data (2018)

4.2 Findings on Relationship between leases and Affermage Contracts and health service delivery

Table 2: Relationship between leases and Affermage Contracts and health service delivery

Statements	SD (%)	D (%)	NS (%)	A (%)	SA (%)	Mean	Std Dev
The government maintains the responsibility for investment and thus bears investment risks in health projects	3.8	15.4	23.1	37.5	20.2	3.15	1.519
Under lease contracts, the private partner is responsible for operating, managing and maintaining the health project	1.9	6.7	18.3	46.2	26.9	2.68	1.402
Responsibility for the health service provision is transferred to the private sector, which charges patients accordingly and bears the risk of any losses or unpaid consumer debts.	3.8	7.7	17.3	49.0	22.1	2.74	1.262
Under lease contracts, the private sector retains the revenue and pays a lease fee to the hospital or health facility	6.7	7.7	18.3	39.4	27.9	3.55	1.096
Average Mean						**3.03**	

Source: Primary Data (2018)

Mean range	Response range	Interpretation
3.26 - 4.00	strongly agree	Very strong
2.51 - 3.25	Agree	Strong
1.76 - 2.50	Disagree	Weak
1.00 - 1.75	strongly disagree	Very weak

The results presented above were based on the relationship between leases and Affermage Contracts and health service delivery. For this study, it was established using four indicators which the respondents were required to indicate the extent to which they agreed.

As indicated in the table above, the first indicator was that under lease contracts the private sector retains the revenue and pays a lease fee to the hospital or health facility with a mean of 3.55. This was followed by the indicator that the government maintains the responsibility for investment and thus bears investment risks in health projects with a mean of 3.15.

In the third position, Responsibility for the health service provision is transferred to the private sector, which charges patients accordingly and bears the risk of any losses or unpaid consumer debts followed with a mean of 2.74. This was followed by the fourth indicator that under lease contracts the private partner is responsible for operating, managing and maintaining the health project followed by a mean of 2.68.

Generally, the relationship between leases and Affermage Contracts and health service delivery had an average mean of 3.03. This implies that leases and Affermage Contracts are vital in public-private partnerships which also influence the delivery of health services to the people within communities. This also indicates that there is relativelystrong relationship between Affermage Contracts and health service delivery.

Responses from Interviews:

One of the Mogadishu Local Government delegates interviewed revealed that there were leases and Affermage Contracts used in the health sector in Mogadishu. He further suggested that under lease contracts the private partner is responsible for operating, managing and maintaining the health project. The investment, however, is provided by the government.

Officials from Ministry of Health, Mogadishu interviewed also revealed that leases and Affermage Contracts related for instance under affermage contracts it collects the revenue plus an additional surcharge from customers, pays the public entity an affermage fee for any investment it has made or will make in the underlying infrastructure, and keeps the remaining revenue

4.3 Findings on the relationship between privatization and health service delivery

Table 3: Relationship between privatization and health service delivery

Statements	SD (%)	D (%)	NS (%)	A (%)	SA (%)	Mean	Std Dev
Divestitures encompass the selling of publicly owned health care facilities to private entities, with the indefinite transfer of ownership to the private sector	15.3	9.2	14.3	21.4	39.8	3.93	1.209
Public-private partnerships for developing infrastructures, such as hospitals and health centers work to address the failure of the public sector's capital investment capacity	12.2	12.2	8.2	30.6	36.7	3.62	1.224
Health systems are taking different avenues to deal with possible divestitures	7.1	10.2	40.8	14.3	27.6	3.69	1.124
Under privatization, some systems want to completely rid themselves of certain hospitals	18.4	29.6	10.2	10.2	31.6	3.88	1.129
Average Mean						3.78	

Source: Primary Data (2018)

Mean range	Response range	Interpretation
3.26 - 4.00	strongly agree	Very strong
2.51 - 3.25	Agree	Strong
1.76 - 2.50	Disagree	Weak
1.00 - 1.75	strongly disagree	Very weak

According to the results illustrated in the table above, it was clear that the relationship between privatization and health service delivery was determined using four indicators.

First of all, divestitures encompass the selling of publicly owned health care facilities to private entities, with the indefinite transfer of ownership to the private sector had a mean of 3.93. This was followed by the indicator under privatization; some systems want to completely rid themselves of certain hospitals with a mean of 3.88.

In the third position, health systems are taking different avenues to deal with possible divestitures followed by a mean of 3.69. Public-private partnerships for developing infrastructures, such as hospitals and health centers work to address the failure of the public sector's capital investment capacity followed with a mean of 3.69.

Lastly, generally, the relationship between privatization and health service delivery had an average mean of 3.78which is equivalent to very high on the Likert Scale. This implies that there is privatization is a vital instrument that has improved on the health service delivery within parts of Mogadishu. Finally, the study results above indicate that there is a very strong relationship between privatization and health service delivery in Mogadishu, Somalia.

Responses from interviews:

Another Mogadishu Local Government delegate interviewed agreed that they were aware of the relationship between privatization and health service delivery in Mogadishu, Somalia. For instance, divestitures encompass the selling of publicly owned health care facilities to private entities, with the indefinite transfer of ownership to the private sector

One of the respondents interviewed also revealed that there is a close relationship between privatization and health service delivery in Mogadishu, Somalia. For example, when deciding on whether to divest, merge or partner with other facilities, systems need to figure out the community's needs, the area's business climate, what the facility wants to be and potential partnership opportunities.

4.4 Relationship between civil Works and Service Contracts and health service delivery

Table 4: Relationship between civil Works and Service Contracts and health service delivery

Statements	SD (%)	D (%)	NS (%)	A (%)	SA (%)	Mean	Std Dev
Through civil works and service contracts, the government addresses health infrastructure projects with the help of foreign partners and the private sector	12.2	8.2	8.2	65.3	6.1	3.78	1.024
There is a young and growing middle class in Somalia, whose healthcare needs must be met as the country continues to embark on construction of new hospitals	8.2	6.1	23.5	56.1	6.1	3.82	1.156
Health sector would only be effective if there were enough buildings and well-equipped health centers	17.3	9.2	9.2	54.1	10.2	3.18	1.004
There is aneed to renovate the dilapidated hospitals and health facilities throughout the country after mobilizing funds from the national budget and international agencies	13.3	14.3	45.9	9.2	17.3	3.12	1.006
Average Mean						**3.48**	

Source: Primary Data (2018)

Mean range	Response range	Interpretation
3.26 - 4.00	strongly agree	Very satisfactory
2.51 - 3.25	Agree	Satisfactory
1.76 - 2.50	Disagree	Unsatisfactory
1.00 - 1.75	strongly disagree	Very unsatisfactory

In this third objective of the relationship between civil Works and Service Contracts and health service delivery, it was determined using four indicators;

First of all, there is a young and growing middle class in Somalia, whose healthcare needs must be met as the country continues to embark on construction of new hospitals was ranked first with a mean of 3.82. This was followed by the indicator that through civil works and service contracts, the government addresses health infrastructure projects with the help of foreign partners and the private sector with a mean of 3.78.

In the third position, it was the indicator that the health sector would only be effective if there were enough buildings and well-equipped health centers with a mean of 3.18. Lastly, there is a need to renovate the dilapidated hospitals and health facilities throughout the country after mobilizing funds from the national budget and international agencies had a mean of 3.12.

Lastly the average mean was 3.48 equivalent to high on the Likert Scale which implies that a lot had been done in ensuringcivil Works and Service Contracts in public private partnerships are properly undertaken with regard to health service delivery. This finally indicates that there is a very strong relationship between civil Works and Service Contracts and health service delivery in Mogadishu, Somalia.

Responses from Interviews:

One of the delegates from Mogadishu Local Government interviewed also noted that through civil works and service contracts, the government addressing these health infrastructure projects with the help of foreign partners and the private sector. Furthermore,thehealth sector would only be effective if there were enough buildings and well-equipped health centers. There are no accommodation facilities which make it difficult for staff to attend to patients.

Another official from the Ministry of Health interviewed also agreed that public private partnership is related to health service delivery in Mogadishu.

Table 5: Pearson Coefficient correlation between leases and Affermage Contracts statement and Health Service Delivery

Correlations			
		Leases and Affermage Contracts	Health service delivery
Leases and Affermage Contracts	Pearson Correlation	1	.642**
	Sig. (2-tailed)		.000
	N	150	150
Health service delivery	Pearson Correlation	.642**	1
	Sig. (2-tailed)	.000	
	N	150	150
**. Correlation is significant at the 0.01 level (2-tailed).			

According to the results presented in the above table, it is indicated that there is a positive significant relationship between leases and Affermage Contracts statement and Health Service Delivery. ($r=0.642$ $p<0.05$). This is indicated by the Pearson Correlation of 0.642. This further implies that even though there is a strong positive relationship between leases and Affermage Contracts statement and Health Service Delivery.

Table 6: Pearson correlation coefficient between privatization and Health Service Delivery

Correlations			
		Privatization	Health service delivery
Privatization	Pearson Correlation	1	.519**
	Sig. (2-tailed)		.000
	N	150	150
Health service delivery	Pearson Correlation	.519**	1
	Sig. (2-tailed)	.000	
	N	150	150
**. Correlation is significant at the 0.01 level (2-tailed).			

The table above indicates the Pearson Correlation coefficient between privatization and Health Service Delivery. The table indicates that there is a positive significant relationship between privatization and health service delivery since (r=0.519 p<0,05). This is indicated by Pearson Correlation coefficient of 0.519 and significance of 0.000 which rejects hypothesis and thus shows that there is a positive relationship.

Table 7: Pearson's Correlation coefficient index between civil Works and Service Contracts and Health Service Delivery

Correlations			
		Civil Works and Service Contracts	Health service delivery
Civil Works and Service Contracts		1	.565**
	Sig. (2-tailed)		.000
	N	150	150
Health service delivery	Pearson Correlation	.565**	1
	Sig. (2-tailed)	.000	
	N	150	150
**. Correlation is significant at the 0.01 level (2-tailed).			

The Pearson correlation results presented in Table 4.10 show that there is a positive significant relationship between civil Works and Service Contracts and health service delivery. (r=0.565, p<0.05). This indicated by Pearson correlation of 0.565 and significance of 0.000 and this rejects hypothesis and thus significant relationship.

CHAPTERFIVE

DISCUSSIONS, CONCLUSIONS,AND RECOMMENDATION

5.0Introduction

In this last chapter of the report, a summary of findings is provided, conclusions are drawn and recommendations made based on the findings of the study. The section begins with a summary of the findings of this study.

5.1 Discussion of findings

5.1.1 Relationship between leases and Affermage Contracts and health service delivery

From the study findings, lease contracts the private sector retains the revenue and pays a lease fee to the hospital or health facility was most prominent. This implies that leases and Affermage Contracts are vital in public private partnerships which also influence the delivery of health services to the people within communities. This also indicates that there is relatively strong relationship between Affermage Contracts and health service delivery. This is in line with Burkey, (2013) who noted that in the affermage/lease type of arrangement an operator (the leaseholder) is responsible for operating and maintaining the health facility (that already exists) and services, but generally, the operator is not required to make any large investment.

5.1.3 Relationship between privatization and health service delivery

It was found out that divestitures encompass the selling of publicly owned health care facilities to private entities, with the indefinite transfer of ownership to the private sector was also the most prominent. This indicates that there is a very strong relationship between privatization and health service delivery in Mogadishu, Somalia. This is in agreement with Marek et al., (2015) noted that divestitures encompass the selling of publicly owned health care facilities to private entities, with the indefinite transfer of ownership to the private sector

5.1.4 Relationship between civil Works and Service Contracts and health service delivery

From the study results, the most prominent indicator was that there is a young and growing middle class in Somalia, whose healthcare needs must be met as the country continues to embark on construction of new hospitals and furthermore indicates that there is a very strong relationship between civil Works and Service Contracts and health service delivery in Mogadishu, Somalia. This is in line with Stephenson, (2011) who noted that through civil works and service contracts, the governments in the East Africa region are addressing these health infrastructure projects with the help of foreign partners and the private sector.

5.2 Conclusions

5.2.1 Relationship between leases and Affermage Contracts and health service delivery

The study concludes that in the affermage/lease type of arrangement an operator (the leaseholder) is responsible for operating and maintaining the health facility (that already exists) and services, but generally, the operator is not required to make any large investment.

It concludes that under lease contracts the private partner is responsible for operating, managing and maintaining the health project. The investment, however, is provided by the government. The main difference with management contracts is the desire of the government to transfer more commercial risk to the private sector player in the public private partnership.

The study concludes that responsibility for the health service provision is transferred to the private sector, which charges patients accordingly and bears the risk of any losses or unpaid consumer debts.

5.2.2 Relationship between privatization and health service delivery

The study concludes that divestitures encompass the selling of publicly owned health care facilities to private entities, with the indefinite transfer of ownership to the private sector

It furthermore concludes that public-private partnerships for developing infrastructures, such as hospitals and health centers, have been undertaken in low and middle-income countries, as these PPPs work to address the failure of the public sector’s capital investment capacity

The study furthermore concludes that divestitures are a balancing act for systems. They can shed debt and assets, but that comes with revenue loss. The balance is always what is the right sale price for the exchange of cash flow when it becomes less than profitable

5.2.3 Relationship between civil Works and Service Contracts and health service delivery

The study concludes that through civil works and service contracts, the governments in the East Africa region are addressing these health infrastructure projects with the help of foreign partners and the private sector.

It concludes that there is a young and growing middle class in East Africa, whose healthcare needs must be met as the country continues to embark on new hospital construction as part of a wider social and infrastructure building initiative.

The study furthermore concludes that the health sector would only be effective if there were enough buildings and well-equipped health centers. There are no accommodation facilities which make it difficult for staff to attend to patients. In the education sector, the young generation recruited from primary colleges is not well exposed.

5.3 Recommendations

The relationship between leases and Affermage Contracts and health service delivery in Mogadishu, Somalia

Autonomy of the private sector: Most of the time in PPP, the private sectors are considered by the government as the underdogs and that they ought to be highly regulated. Contrary to this, the private sector should be allowed to enjoy its liberties, as this would ensure that the sector remains objective and is not distracted from its course. This can be done by allowing the private sectorto be the formulator of the policies which affect them most.

Adequate funding of the Private Sector: The problem and challenge of funding especially in the private sector have been overemphasized in this study. This is a hurdle which if passed the private sector would be empowered to be equals with the public sector for a more reliable and realistic partnership.

The relationship between privatization and health service delivery in Mogadishu, Somalia

Infrastructure Development: This stands as a responsibility of the government to ensure that the infrastructure is enabling for there to be realizable gains through this partnership. PPP does not work in a vacuum and therefore it needs good road networks, established communication grids and such as facilities within the district.

Proper training of personnel: This should be done to all professionals engaging in various sectors of the economy in order to be assured of their competence. This should involve health practitioners, security personnel, lecturers and teachers. Ensuring this is paramount for the success of the social service delivery process.

The relationship between civil Works and Service Contracts and health service delivery in Mogadishu, Somalia

The study recommends that improved inputs should lead to developed service delivery and enhanced access to services. Ensuring the accessibility of health services that meet the lowest quality standard and getting access to them are key functions of a health system.

Health sector leaders and policy-makers who are tasked with assessing their health systems should participate in the process to deliberate on ways to assess these key characteristics in their countries. Furthermore, researchers should continue to experiment with methods and measures that would allow progress to be assessed over time, along these important dimensions

5.4Areasof further research

The study did not exhaust all the dependent variables that influence health service delivery apart from public private partnership thus the need for other researchers to conduct an exhaustive study on variables under listed.

- Decentralization and health service delivery
- Good governance and health service delivery
- Public policy and health service delivery
- Revenue collection and health service delivery

5.5 Contribution to the existing knowledge

Little is known about how the financial and human resource support through the PPP has influenced health service delivery. Measuring the hospital efficiency in the delivery of health services will help to understand some of the disparities in performance as well as providing some guidance in the reallocation of resources in the bid to close the inequity gap in service provision. Furthermore, the findings from this study may guide health policy makers and planners in developing more effective strategies for the efficient allocation of resources in government supported health facilities

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APPENDICES

APPENDIX I: QUESTIONNAIRE

DEAR RESPONDENT

My name **SAID MOHAMED ADEN, 1164-06266-09273** a student of Kampala International University Pursuing a Masters of Public Administration. I am currently carrying out a study about **"Public private partnership and health service delivery in Mogadishu, Somalia**.**"** as a requirement for the award of Masters of Public Administration and Management. I humbly request you to be one of the participants in this study and your cooperation will be of great importance to this study. Your answers will be kept with utmost confidentiality.

SECTION A: BACKGROUND INFORMATION

1. Gender

Male ☐

Female ☐

2. Marital Status

Married ☐

Single ☐

3. Highest Educational level

Primary ☐

Secondary ☐

Tertiary ☐

University ☐

4. Age.

Below 20 ☐

Between 20-39 ☐

Between 40-59 ☐

60 and above ☐

Direction 1: Please write your rating on the space before each option which corresponds to your best choice in terms of level of motivation. Kindly use the scoring system below:

Score	Response Mode	Description	Interpretation
5	Strongly Agree	You agree with no doubt at all	Very satisfactory
4	Agree	You agree with some doubt	Satisfactory
3	Neutral	You are not sure about any	None
2	Disagree	You disagree with some doubt	Fair
1	Strongly Disagree	You disagree with no doubt at all	Poor

PART 2:

	Relationship between leases and Affermage Contracts and health service delivery	**5**	**4**	**3**	**2**	**1**
1	The government maintains the responsibility for investment and thus bears investment risks in health projects					
2	Under lease contracts the private partner is responsible for operating, managing and maintaining the health project					
3	Responsibility for the health service provision is transferred to the private sector, which charges patients accordingly and bears the risk of any losses or unpaid consumer debts.					
4	Under lease contracts the private sector retains the revenue and pays a lease fee to the hospital or health facility					

PART 3:

	Relationship between privatization and health service delivery	**5**	**4**	**3**	**2**	**1**
1	Divestitures encompass the selling of publicly owned health care facilities to private entities, with indefinite transfer of ownership to the private sector					
2	Public-private partnerships for developing infrastructures, such as hospitals and health centers work to address the failure of the public sector's capital investment capacity					
3	Health systems are taking different avenues to deal with possible divestitures					
4	Under privatization, some systems want to completely rid themselves of certain hospitals					

PART 4:

	Relationship between civil Works and Service Contracts and health service delivery	**5**	**4**	**3**	**2**	**1**
1	Through civil works and service contracts, the government addresses health infrastructure projects with the help of foreign partners and the private sector					
2	There is a young and growing middle class in Somalia, whose healthcare needs must be met as the country continues to embark on construction of new hospitals					
3	Health sector would only be effective if there were enough buildings and well-equipped health centers					
4	There is need to renovate the dilapidated hospitals and health facilities throughout the country after mobilising funds from the					

	national budget and international agencies					

Thank you for cooperation

APPENDIX II: INTERVIEW GUIDE

Instructions: Please give brief information

Are there leases and Affermage Contracts used in health sector in Mogadishu?

_____

If yes, what is the relationship between leases and Affermage Contracts and health service delivery in Mogadishu, Somalia?

_____

Are you aware of the relationship between privatization and health service delivery in Mogadishu, Somalia?

_____

If yes, what is the relationship between privatization and health service delivery in Mogadishu, Somalia?

_____

What is the relationship between civil Works and Service Contracts and health service delivery in Mogadishu, Somalia?

_____

Do you think public private partnership is related to health service delivery in Mogadishu, Somalia?

_____

APPENDIX III: A MAP OF SOMALIA SHOWING MOGADISHU

APPENDIX IV: TIME FRAME FOR RESEARCH

ACTIVITY	DURATION	EARLY START	LATEST START	EARLY ENDING	LATEST ENDING
PROPOSAL	4 WEEKS	01.02.2018	15.02.2018	22.02.2018	05.03.2018
SUBMISSION AND ACCENT	2 WEEK	06.03.2018	10.3.2018	13.3.2018	17.3.2018
DATA COLLECTION	1 MONTH	18.03.2018	21.03.2018	18.04.2018	21.04.2018
EDITING	1 WEEK	22.04.2018	23.04.2018	29.04.2018	30.04.2018
DATA ANALYSIS	1 WEEK	02.05.2018	05.05.2018	09.05.2018	12.05.2018
PRESENTATION	1 WEEK	13.05.2018	15.05.2018	20.05.2018	22.05.2018
OVERALL TIME RUNS FROM 1ST FEBRUARY 2018 TO 22ND MAY 2018					
(4 MONTHS)					

Table 8: Time Frame for Research

APPENDIX V: RESEARCH BUDGET

Table 9: Research Budget

ITEMS	COSTS (UGX)
Data collection and coding	
Transport charges	950,000
Lunch	530,000
Internet	315,000
Photocopying	220,000
Communication	93,000
Report writing	
Typing	180,000
Printing	60,000
Binding	55,000
Other expenses	300,000
Total	**2,703,000**