IMPLEMENTATION OF SERVICE AGREEMENT UNDER PUBLIC PRIVATE PARTNERSHIP AT CARDINAL RUGAMBWA MISSION HOSPITAL, ILALA MUNICIPALITY, TANZANIA

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MSc (Project Management, Monitoring and Evaluation in Health) Dissertation
Muhimbili University of Health and Allied Sciences
October, 2019

Muhimbili University of Health and Allied Sciences

School of Public Health and Social Sciences

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By

Pankras Wilbald Luoga

A Dissertation Submitted in (Partial) Fulfilment of the Requirement for the Degree of Master of Science (Project Management, Monitoring and Evaluation in Health) of

Muhimbili University of Health and Allied Sciences
October, 2019

CERTIFICATION

The undersigned certify that he has read and hereby recommend for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled; **"Implementation of Service Agreement under Public Private Partnership at Cardinal Rugambwa Mission Hospital, Ilala Municipality",** in (partial) fulfillment of the requirements for award of the degree of Master of Science of Project Management, Monitoring and Evaluation in Health of Muhimbili University of Health and Allied Sciences.

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Dr. Gasto Frumence

(Supervisor)

_____

Date

DECLARATION AND COPYRIGHT

I, Pankras Luoga declare that this **dissertation** is my own original work and it has never been presented and will not be presented to any other University for a similar or any other degree award

Signature: ……..…….. **Date:** …….

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ACKNOWLEDGEMENTS

I, first, thank the Almighty Lord for giving me energy, wisdom and passion in the whole process building this work.

Second, I would like to thank my supervisor, Dr. Gasto Frumence, for his support for his time and expertise in grooming me to accomplish this work.

Furthermore, I would also like to express my gratitude to the rest of the teaching and administrative staff of the MUHAS School of public health and social sciences for their teaching, constructive criticism and guidance that watered the accomplishment of this work.

Third, I would like to thank Ilala Municipal Council for giving me permission to conduct my research in their district. My study participants District Management team Members, Health Management Team(HMT), Health Care Workers and patients at Cardinal Rugambwa Mission Hospital, who spared their precious time and take part during data collection.

Finally, I would like to thank my wife Oliva Kapinga, my children Evelyn and Elinah my dear Father, and friends for their understanding, flexibility and support during this educational journey.

DEDICATION

I dedicate my dissertation work to my beloved Father Wilbald Luoga, my wife Oliva Kapinga and my children (Evelyn and Elinah) for their morale and material support.

ABSTRACT

Background: Access to essential health services is an important aspect of development. Due to population increase and technological advancement, governments could no longer cater for services needed. The only solution was to involve Private sector through Public private partnerships (PPPs) in provision of the services. In 2007Tanzania made a generic Service Agreement (SA) to govern PPPs in health sector. However, since its establishment in Tanzania less is known on the implementation of SA in the provision health services.

Main Objective: To evaluate the implementation of SA at Cardinal Rugambwa Mission Hospital (CRMH), Ilala Municipality. The study had six specific objectives: to assess the acceptability of Service Agreement, deployment of government Human Resources for Health (HRH)to (CRMH), to assess the government's financial support to CRMH, to explore the health services provision by CRMH, to assess how government monitors the implementation of SA and to explore other factors affecting the implementation of SA.

Methods: The exploratory Cross section study design using qualitative method in data collection was used. Qualitative and quantitative data were collected by using in depth interview guide and documentary review respectively. Data collection was done in July 2019**.** Purposive sampling was used to select participants. The sample size was based on the principle of saturation level of the information. The thematic analysis was used for qualitative data. Quantitative data was descriptively analyzed using frequencies tables.

Results: The acceptance of SA in CRMH, Ilala Municipality is high and done as agreed. However, some challenges were recorded such as:-partial fulfillment of financial commitment, inadequacy deployment of HRH to CRMH by Government. Supportive supervision is mainly used by the government in monitoring of the SA. Other factors affecting implementation of SA in Ilala Municipality are:- existence of guidelines and policies and donor dependency.

Conclusion: The implementation of SA between Ilala Municipal Council and CRMH is implemented as agreed, with few challenges affecting implementation of SA. These include: delays of fund and inadequacy deployment of HRH as agreed to CRMH by Government.

Recommendations: The government and other stakeholders should find reliable sources of fund for the implementation of SA, reliable means of transportation and adhere to the SA.

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ABBREVIATIONS

APHFTA	Association of Private Health Facilities in Tanzania
CBOs	Community Based Organizations
CDH	Council Designated Hospital
CHMT	Council Health Management Team
CHSB	Council Health Services Board
CRMH	Cardinal Rugambwa Mission Hospital
FBOs	Faith Based Organizations
HBF	Health Basket Fund
HIV	Human Immuno-Deficiency Virus
HMT	Hospital Management Team
LGAs	Local Government Authorities
M & E	Monitoring and Evaluation
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
NGOs	Non Government Organizations
PPP	Public Private Partnership
SA	Service Agreement
TB	Tuberculosis
VA	Voluntary Agency
WHO	World Health Organization

OPERATIONAL DEFINITION OF TERMS

Acceptability: Refers to determining how well an intervention is received or recognized by the target population and the extent to which the new intervention or its might meet the needs of the target population and organizational setting.

Government: Means Central Government and local Government Authorities (in Health Services Agreement).

Input: The financial, human, and material resources used during the completion of an activity. Inputs are frequently measured in terms of financial costs.

Output: the products, goods and services which result from an intervention; may also include changes (usually of an immediate nature) resulting from the intervention which are relevant to the achievement of outcomes (1).

Partnership: Means the formal relationship between two or more partners who have agreed to work together in harmonious and systematic fashion and being mutually supportive towards common goals, including agreeing to combine or share their resources and or skills for the purpose of achieving these common goals.

Public: Means belonging to Central Government or local government authority.

Private Sector: Means not belonging to or run by either central or local government.

Process Evaluation: Describes a program's services, activities, policies, and procedures. It typically measures implementation in terms of program outputs, or quantitative indicators of the provision of services or activities. It describes who received the services and what services they received.

Service Provider: Means any person, firm, company or organisation, that is approved to provide health services.

Stakeholders Refer to all of those who have an interest (either direct or indirect) in an institution, its activities and its achievements. These may include clients or customers, partners employees shareholders/owners, government or regulators (1).

Equitable: Delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status (2).

Service Agreement is a legal binding agreement stating clearly: the roles and responsibilities of the parties to the contract, the range of services to be provided, time span, the performance standards to be achieved, and procedures for performance monitoring, terms of payment and costs, quality, arbitration and exemptions.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Access to essential health services is an important aspect of development (3). Governments around the world have increased the use of Private sector in a new form well known as to Public private partnerships (PPPs) in improving services provision and accessibility (3–5). Reasons for this varies ranging from rising expenditures for constructing, maintaining and operating public assets, and deficit of government budgets, opting for seeking innovation through private sector and better risk sharing and management (6).

The private sector plays an ever-growing and diversified role in the delivery of public services around the world. The level of private involvement in its various forms is now vast (3,6–8). According to the most recent statistics, private non-for-profit sector is the second biggest provider of health care after public sector in the world. It constitutes an indispensable addition of 40% to the care provided by the public sector, particularly in rural areas. For profit private health service providers are mainly found in urban areas and while it is on a growing scale still has remains small (9).

The public sector has been the main actor in the development process of most countries in Africa and beyond until the mid 1980s.This was due to monopoly policy of state economy in most countries especially those that embraced centrally planned economic policies, like Tanzania (9). In 1980s due to Structural Adjustment Programme designed as an economic revival strategy which advocated for private sector involvement and decentralization of powers to local governments (10). From the mid 1980s, Governments started to encourage to public-private partnerships (PPPs). The reasons ranges from expanding access to higher quality health services, leveraging capital, managerial capacity, budgetary pressure looking and know-how from the private sector (3,11).

In Tanzania the government has been the main provider of health services even before Tanzania became independent, but also the private health sector existed. This model of service provision was known as ‘Tanzanian model’ where by religious freedom was maintained (9,12). The main private health care providers were religious organizations, traditional healers and birth attendants (12–14). Following the winds of change in social, political and economic reforms, the role of the public sector in the development process have substantially changed in many countries. Its role now remained mainly that of a facilitator for the private sector-led economic development and growth. The role of the private sector in bringing about sustainable development in most economies has increasingly been recognized and acknowledged (3,9,15). One proposed approach to improve coverage and quality of health care for all citizens in a public health care system is to contract with private organizations to deliver specific services that are pre-defined by health authorities (3,4,12,16,17).

This gave rise to new era of participation of the private sector in delivering Health services with focus on public Health priorities such as children under fives and pregnant women (special groups).Generally, Public Private Partnership describes possible relationships between the public and private actors for integrated planning, financing, provision and monitoring of services (18–20).Public Private Partnership in the Health and Social Welfare Sector can take a variety of forms with differing degrees of public and private sector responsibility and risk. They are characterized by the sharing of common objectives, as well as risks and rewards, as defined in a contract or agreement (1,12,20).

Given the changing roles in the light of bringing sustainable development in these countries, it is not sustainable for the public sector to continue to own, manage and operate the commanding heights of the economy. Efficient and effective production and distribution of goods and services is, and should increasingly be left to private sector (9).

The private health sector was deemed better to support the government in implementing different projects due to its efficiency, accountability, quality of service and wide coverage nature(3,12). However, on various occasions there are reported weak collaboration**,** coordination and cooperation in health services delivery between public and non government providers including FBOs and private service providers (17).

The Government of Tanzania started to strengthen the collaboration between public, private and civil society by setting a comprehensive policy, legal and institutional frameworks at all levels (1,21,22). At the end of 2007 the Ministry of Health and Social Welfare together with various stakeholders developed a national Service Agreement template. It acts as contractual tool to facilitate the implementation of public private partnership projects and collaboration. It defines how PPP projects will be implemented and well governed. It advocates for efficiency, accountability, transparency, decency, fairness, and participation in PPPs projects implementation (21). The demand for the Service Agreement emerged from both the government and the Private sectors (6,13). On the side of the government, there was desire to increase access to healthcare services to the population particularly in rural and hard to reach areas where the public health facilities were not available. On private sector a motive was on financial capital and human capital. For example; districts were required to provide free maternal and child health services.

Due to decentralization the SA implementation and management has been left to be practiced by Local government Authorities. The SA in Health services is administered by CHMTs on behalf of District Executive Director. CHMT through Council Health Services Board (CHSB) identifies the private Health facilities to partner with and assess their capacity. The Private Health Facility administrator hold talks with government representatives (CHMT representatives) on intention for, agree on the terms and requirements of SA. Then CHMTs with advice from District Legal Officer contextualize the generic SA to fit their Health services needs. Then the health SA is ready for signing process. The District Executive director, Council Chairperson and chairperson of Council Health Services Board sign the SA on the side of government and Private facilities administrators on the side of Private side

(12).Service Agreement is a formal contract established between the government and non-state providers that stipulates the roles and responsibilities of all parties involved in the contract, the types of health care services to be provided, how the contract will be financed, accountability and performance monitoring mechanisms with focus on public health priorities.

Public health priorities include children under five, pregnant women, elderly and public goods(Immunization, Malaria, HIV/TB) (17). Public Private Partnership in Tanzania which resulted to Service Agreements is governed by National PPP Policy 2007, PPP Act of 2010, and the PPP Regulations (13,24). Presence and use of SA as a tool in performing roles is one way of improving the PPP performance in the health service delivery including, the Local Government Authorities (public party), Private companies, Health institutions, Civil Societies, Local and International organizations, both bilateral and multilateral (private Party) (1,20).

Conclusion: various studies, policies, guidelines, laws and Acts recognize that PPP (SA) is beneficial in attaining sustainable development goals however little information is documented on the implementation process of Service Agreement.

1.2 Statement of the problem

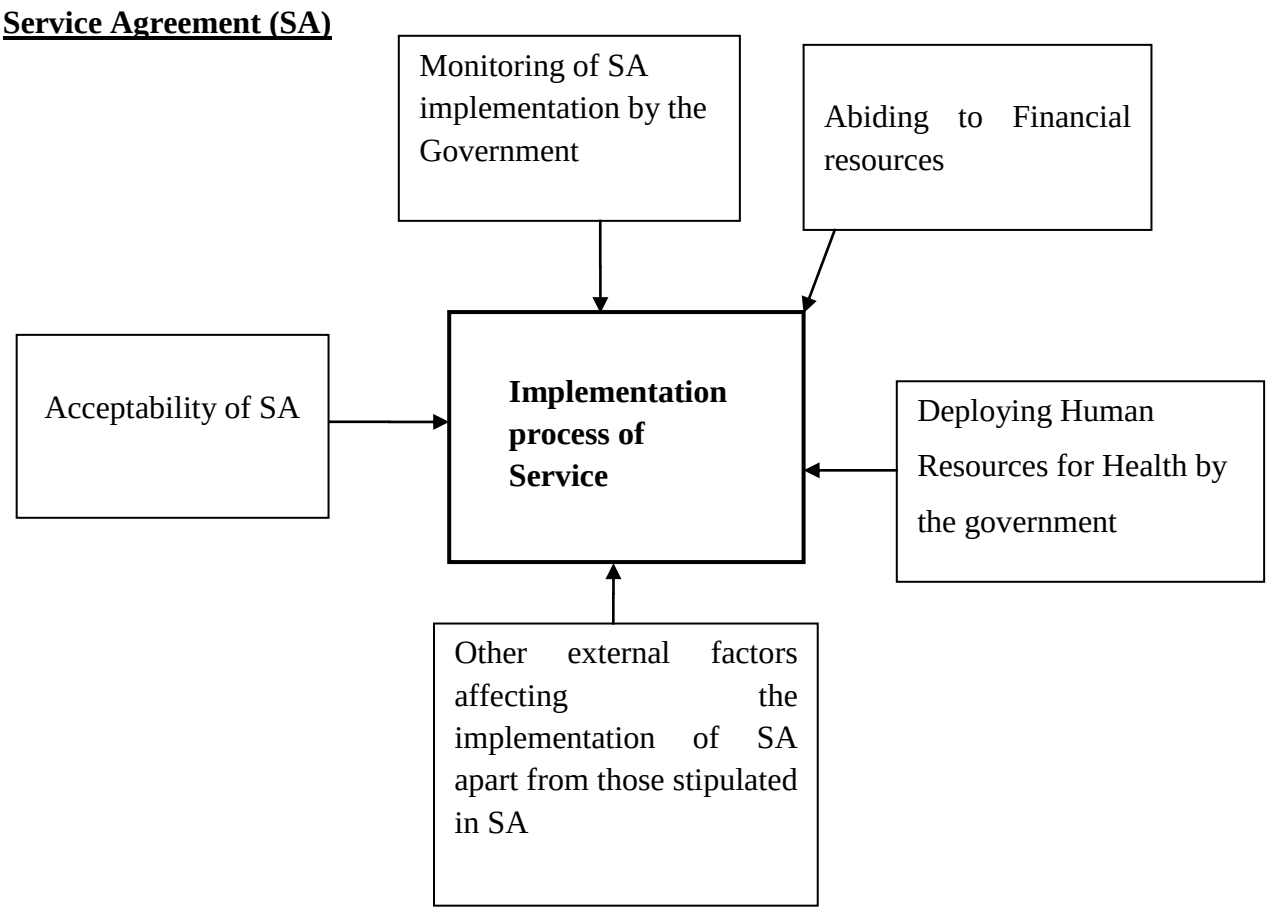
The government initiated legal Service Agreement (SA) between Local Government Authorities and private health facilities in order to clearly define roles and responsibilities in provision of health services in areas between the LGAs and the private health facilities (12,13,26). However, it was reported that there is inadequate fulfillment of roles and responsibilities played by government and private partners as per Health Service Agreement. For instance, monitoring of the contractual relationship was not properly done and supervisions has remained erratic (12,13). Since the introduction of SA under the PPP arrangement in 2007, it has been adopted by different local authorities all over the country.

However, no process evaluation was conducted to assess the implementation process of SA in various areas in Tanzania including Ilala Municipal Council to understand the factors affecting this type of PPP arrangement. This process evaluation study was an attempt to fill this gap.

1.3 Conceptual framework

The implementation process of SA under PPP includes two parties one is local governments representing government sector and another is Private Hospital to represent private sector. One and foremost component is acceptability of the Service agreement by government and private parties as operational tool for PPP in local government authorities. The roles of local government to be assessed in this study are;- first deploying Human Resources for Health (HRH) to private hospital, second government abiding to financial commitments by sending the agreed amount at the right time and frequency to the private hospital and third is monitoring of the Service Agreement implementation. One major role of private health facilities is providing health services to the population as per service agreement. Example: observing exemption policy for maternal and children under five services

The last component to be assessed is the external factors apart from those stipulated in SA which affect the implementation process of service agreement which might include organizational, political, legal, technical and individual factors originating from external or internal the district. Organizational factors are such as guidelines, policies and laws. For example when country undergoes significant changes in her laws and policies (20). This will also affect implementation of SA as well. Technical factors are such as presence/absence of expertise on performing roles as agreed. This will affect the implementation of SA. Individual factors such as motivation, perception and attitude of implementers on SA itself and performing agreed roles. All these factors together or separately forms frameworks for contractual and organizational arrangements (17).



1.4 Rationale of the study

This study aimed to evaluate the implementation process of SA at Cardinal Rugambwa mission Hospital. In Tanzania there was limited information on implementation process of SA. Therefore, the findings from this study will be helpful in the sense that; will inform the policy makers on the implementation process and gives highlights on the factors affecting the implementation process of SA. The study will help implementers (LGAs and Health facilities) of Service Agreement at different levels to understand more if SA has improved the performance of roles and responsibilities of both parties as per SA contract. The study has also come up with recommendations to be used by policy makers, cardinal Rugambwa Hospital and local government authorities in improving the implementation of SA. It provided evidence

for continuing support of the tool in the implementation of Public Private Partnership (PPP) in the country. The study findings have added knowledge to the Public Partnership body of knowledge. Also the findings from this study may provide the bases for the future studies on the related topic.

1.5 Evaluation questions

1.5.1 Main Evaluation question

How the Service Agreement under Public Private Partnership in Cardinal Rugambwa Mission Hospital within Ilala Municipality is being implemented?

1.5.2 Specific questions

1. How Service Agreement is accepted by both parties as a tool towards implementation of Public Private Partnership in the Hospital?
2. To what extent government has deployed HRH to the Hospital?
3. To what extent government abides to financial commitment in terms of amount, time and frequency to the Hospital?
4. How the Hospital is providing Health services in the implementation process of Service Agreement?
5. How the government is monitoring the implementation process of SA in the Hospital?
6. What are other external factors apart from those stipulated in SA that affect the implementation process of SA in the Hospital?

1.6 Evaluation Objectives

1.6.1 Main Evaluation Objective

To evaluate the implementation process of Service Agreement under Public Private Partnership in Cardinal Rugambwa Mission Hospital within Ilala Municipality.

1.6.2 Specific Evaluation Objectives

1. To assess the acceptability of Service Agreement by both parties as a tool towards implementation of Public Private Partnership in the hospital.
2. To find out the extent to which the government has deployed Human Resources for Health to the hospital in the implementation process of SA.
3. To assess the extent to which the government abides to financial commitment in terms of amount and frequency to the hospital.
4. To explore how the Hospital is providing Health services in the implementation process of Service Agreement.
5. To investigate how government is monitoring the implementation process of Service Agreement in the hospital.
6. To explore other external factors apart from those stipulated in SA that affect the implementation process of SA in the hospital.

CHAPTER TWO

2.0 LITERATURE REVIEW

Service Agreement is a legal binding agreement stating clearly the duties and responsibilities of the parties to the contract, the range of services to be provided, time span, the performance standards to be achieved, procedures for performance monitoring, terms of payment and costs, quality, arbitration and exemptions. It also states how the contract will be financed, accountability and performance monitoring mechanisms (24). This came as an essential strategy to engage the private sector to improve accessibility efficiency, accountability, transparency, decency, fairness, and quality of Health services to the public (6,21).

The following sections discuss the implementation process of SA guided by specific objectives of the study:-

2.1 Acceptance of SA as a tool towards implementation of Public Private Partnership (PPP)

Globally different governments and international organizations recognize and accept the role of private sectors in development process differently (3–6). A study done in China reports that when the government signed the service contracts with the private barefoot doctors, they did not provide services as agreed (16).

Regional perspective different policies, strategies and guidelines in sub-Saharan Africa such as in Kenya recognizes PPP as a way of ensuring sustainable development (27). A study done in sub-Saharan Africa reports the acceptance of SA by the governments of Uganda, Chad, Cameroon and Tanzania and it shows that Uganda has gone further in implementing SA by having SA with international organizations (12).

Tanzania perspective on the side of the government the acceptability of SA can be seen by the enactment of enabling policies and environment. Enabling policies are both national and international commitments like National Development Vision 2025, the National Strategy for Growth and Reduction of Poverty (NSGRP), the Millennium Development Goals now

Sustainable Development Goals, the National Health Policy 2007, National Public Private Partnership Policy, Comprehensive Council Health Plan guideline 2011, the Health Sector Strategic Plan III and Policy Paper on Local Government reforms (1,24). According to Maluka, et al in their study reports that the government considered the (SA) as an important mechanism for improving access of primary healthcare services where there are no public facilities (13).

Generally the reported findings various literatures show that SA is accepted by the government.

This study has objectively assessed the acceptability of SA by government and private parties as well as clients served in the process of SA implementation.

2.2 Deployment of Human Resources for Health by the government to private Health facilities

Globally various studies report shortage of Human Resources for Health (28–31) and mostly affected areas are reported to be developing countries (31,32).Another study done in China reports that government could not perform her roles because of the shortage HRH (16).

In Kenya the government commits to share HRH private sector (27),in Uganda as well and abide to it (12).Other studies in the region report shortage of HRH shortage (33,34) on both private and government parties which make the concept to be difficult to materialize. Other studies done in Sub Saharan Africa report that sharing of HRH is crucial as many church providers face staffing difficulties (35,36), but says is among the difficult relationships in Service agreement. This is due to the shortage of HRH facing both government and private sectors which eventually make them reluctant in sharing this kind of resource.

A study done in Tanzania (26) reports that over exaggeration of data on HRH between Government and Private sector although both have deficit comparing with National staffing level standards (26,32). Other studies done in Tanzania shows that government deploys HRH to private health facilities as per service agreement (12). Conclusively different studies report that Tanzanian health sector has HRH shortage especially skilled staff (26,32,37).

Generally various studies agree that government should deploy Human Resources for Health to private health facilities. However, the extent to which government deploys HRH to private facilities as per SA is not well established and documented.

This study has objectively assessed the extent to which government deploys HRH to Cardinal Rugambwa Mission hospital as per signed Service Agreement.

2.3 Government's financial commitments in the implementation of SA

Global perspective a study done in China reports that if government could increase extra financial incentive to private barefoot doctors in the implementation of SA as a new strategy of ensuring health services are available for all (16).

Regional perspective studies done in sub-Saharan Africa report that in most of Service Agreements governments delay to disburse the funds to private sector which pose difficulties to private sector to provide services (12,39,40). Another study in Sub-Saharan Africa reports that private sector's financial problems could be solved by engaging in partnership with government (34).

A study done in Tanzania on Contract Experience reported that there is delay by the government in paying the bills claimed by the private health facilities (12). Hence PPPs may appear to relieve funding problems but this can lead to governments accepting higher fiscal commitments and risk under PPPs than would be consistent with prudent public financial management (21).

Generally various studies done show that private sector faces financial challenges but also when in PPPs government delays or do not send funds to private health facilities as agreed.

This study has objectively assessed the extent to which government abides to financial commitments in terms of amount, time and frequencies in the implementation process of SA in Cardinal Rugambwa mission Hospital as per signed Service Agreement.

2.4 Provision of Health services by Private health facilities as per Service Agreement.

Globally a study done in China reports that private barefoot doctors did not provide services as agreed in contracts but forged data in order to obtain financial incentives (16). Another study done in Brazil reported unsatisfied provision of services under SA by private side (11).

Various studies done in sub Saharan countries report that when Governments fail to disburse the funds on time the private providers decide to charge for the services which are exempted such as maternal, above 60 years of age and children under five (12,36). This is contrary to agreed roles in SA. A study done in Sub Saharan Africa reported that private health facilities serve large number of poor people (32). Hence government should embark PPP (SA) as a way of making health service accessible to poor. A study done in Uganda reports that private providers are doing better than government sector in provision of services (38).

In Tanzania a study done 2014 in two southern regions of Tanzania reported that pregnant women were reportedly exempted from official provider-fees for obstetric services in all public hospitals, whereas only two out of six Faith Based Organization (FBO) hospitals offered this exemption which operated under Service Agreements. The remaining four FBO hospitals charged service fee (26).

Conclusively it is important that private health facilities provide Health services as per SA. However less is known on if private sector is providing services as agreed.

This study had an objective of assessing provision of health services by Cardinal Rugambwa Mission Hospital in the process of SA implementation as per SA.

2.5 Monitoring the implementation of Service Agreements by the government

Globally various studies report the importance of conducting monitoring and having proper M & E systems for PPP implementation (12,43). A study done in China shows that Township Public Health Centers (TPHCs) were given the task of supervising and monitoring the private barefoot doctors and pay them according to their performance (16). The same study reports that TPHCs fail to pay them fairly hence they were frustrated and started to charge patients contrary to the agreement made.

Regional perspective: In most of the developing countries private health facilities are poorly regulated and monitored (12,35). In the study done in four Sub Saharan countries(Cameroon, Tanzania, Uganda and Chad) it was reported that the M &E mechanisms are poorly developed and practiced (12,14,26). Presence of appropriate and complete central level policies/models is not enough in implementation of SA. They need close follow up for successful implementation (12).

Tanzania perspective: Each private provider including (VA hospital) allocated public resources for delivery of health services have to sign a Service Agreement to be monitored (1,12,21). A study done in Tanzania reports that monitoring is for accountability purposes as government payments are conditional on the private party providing the specified outputs at the agreed quality, quantity, and timeframe (21).

Generally, the government should monitor and regulate the implementation of SA. However less in known on how the government is monitoring the implementation of SA in Tanzania

This study has objectively assessed how government is Monitoring the implementation of Service Agreements in Cardinal Rugambwa Mission Hospital.

2.6 The factors affecting the implementation of SA apart from those stipulated in SA

Different factors may affect the implementation process of SA as agreed. The factors can be grouped into three major categories; organizational, technical and individual.

2.6.1 Organizational factors affecting the implementation of SA

2.6.1. Economic factors: Faith-based providers are faced with limited resources, and are constrained against offering the services that they would prefer. This is the case with National Health Insurance Fund (NHIF) contracts where members are requested to pay in cash when NHIF delays the reimbursement (6). This poses difficulties to the implementation of SA especially when the government is unable to pay for those health services which are supposed to be provided free of charge such as Ante Natal Care and under fives (21).

2.6.1.2 Political factors: The presence of policies, guidelines and legal agreements like health service agreement between Local government and private not for profit may affect the implementation of Services agreements.

Global the Millennium Development Goals now changed to Sustainable Development Goals can be affected by the implementation of PPP (SA) at international levels. When host country undergoes significant changes in her laws and policies (20). The changes are always influencing implementation of PPP in that country as well. This obvious affects the implementation of SA as it is a part of Public Private Partnership.

In Tanzania, there exist a number of policies, guidelines and laws on Service Agreement implementation such as national PPP Policy 2007, Procurement Act 2004, PPP Act of 2010, PPP Regulations and Primary Health Services Development Program, 2007-2017 (13,24). The presence of these policies and guidelines create conducive environment for implementation process of Service agreement and when not present they hinder the process as well.

2.6.2Technical factors affecting the implementation of SA

2.6.2.1Capacity to exercise the agreed roles:- In order to exercise any role well there must be capacity to perform it. The roles like mentorship, monitoring and evaluation of SA implementations are supposed to be done by the government but government lacks technical and manpower capacities (12,35). Joint evaluation done in Tanzania reported that lack of competent staff is one of the reasons for non involvement of FBO/VA health facilities in planning, implementation and monitoring for Health services at Local government levels (40).

2.6.3 Individual factors affecting the implementation of SA

2.6.3.1*Corruption (Political and personal gain);* personal gains may bias project selection process hence affecting also the implementation process of that particular project. It may also affect the selection of the health facilities for implementing SA especially when two health facilities with the same quality and quantity of services are competing in entering into SA with government. An analysis done by IMF on corruption in public investment such as in infrastructures found that corruption tends to create a bias towards capital spending projects and increase their size and complexity reducing the productivity of that investment (21).

2.6.3.2 Motivation: The motivation of health managers and health care providers may affect the implementation process of SA. Studies done in China and Brazil reports motivation of implementers' work enthusiasm affects the implementation of SA (11,16).

Generally the implementation of SA is affected by various contextual factors which are mainly categorized into organizational, technical and individual.

This study has objectively assessed the factors affecting the process of SA implementation in the context of Cardinal Rugambwa Mission Hospital located in Ilala Municipality.

In conclusion; many researchers agree that Public Private Partnership (PPP) is crucial in the sustainability of health sector and SA is important as an operational tool in the Local government authorities.

The gap: The implementation process of SA in Tanzania is under evaluated. Therefore, this process evaluation study is an attempt to fill this gap.

CHAPTER THREE

3.0 METHODOLOGY

This chapter describes the methodology that was employed to conduct this evaluation study. It outlined the study area, evaluation design and study population; sample size and the sampling procedures, data collection methods, data management, analysis plan and concluded with the ethical considerations related to the study (41).

3.1 Study area

The study was conducted in Cardinal Rugambwa Mission Hospital found in Ilala Municipal Council; which is one among the five district Councils in Dar es salaam region. The study setting was purposively selected because Ilala is one of the districts in Tanzania where SA under PPP is implemented. It is located at Dar es salaam business center and official places. Ilala municipal hosts around 1,220,611 people (42) who spent their night in the council and more than 4,000,000 people during day time (business time)(according to DMO's office of Ilala). This large population needs health services and other services as well.

The local government cannot provide all services needed on its own hence needs to involve Private sector. Therefore; the Council has engaged in Service agreement with Cardinal Rugambwa Mission Hospital. Reason for selecting Cardinal Rugambwa Mission Hospital is that it is found in Ukonga ward with population of 80,034 people (42) but there is no public hospital and it is three (3) hours from Amana municipal referral hospital. Another reason is that Cardinal Rugambwa Mission Hospital operates under PPP (SA) but not as District Designated Hospital (DDH).

3.2 Evaluation design

Exploratory cross sectional study design was used in this study. The design was selected because the study wanted to explore the phenomena under study and it was cross sectional because data about the phenomena were obtained at one moment in time.

3.3. Evaluation approach

Qualitative approach was used because the researcher wanted to get deeper understanding about implementation process of SA.

3.4. Study population

The study population comprised 6 District Health managers who are dealing with SA implementation at district level. This included District Medical Officer (DMO), District Health Secretary (DHS), District Home Based Care Coordinator, District HMIS Coordinator, Council PPP coordinator. 2 Council Health Service Board (HSB) members, 5 Hospital Management team (HMT) members including Medical Officer in charge (MOI), Hospital Health Secretary (HHS), Hospital matron, RCH in charge and Hospital Social Welfare Officer for (OPD& IPD), 3 health workers working at Cardinal Rugambwa Mission Hospital and 7 patients who received services at Cardinal Rugambwa Mission Hospital in Ilala Municipal Council.

3.5. Sample size

The sample size was 23 respondents including 6 District Health managers, 2 Council Health Service Board (HSB) members, 5 Hospital Management Team members and 3 health workers from Cardinal Rugambwa Hospital. On patients' population; we interviewed a total of 7 patients who were selected based on saturation level of information.

3.6. Sampling Method

Purposeful sampling was employed to select respondents due to their knowledge or experience on the study topic and Convenient sampling method means selecting respondents on easy accessibility, geographical proximity, availability at a given time (43). In this study, convenient sampling was used for getting patients served by the Hospital for In Depth Interview. These were obtained after they were done with receiving health services. Convenient sampling was used due to ease accessibility of patients served at the hospital (41). Council Health Service Board members, Hospital Management Team members and District Health managers were purposively selected for Key Informant interview (KII) due to the roles

they play in implementation of SA. Contact information of District Health managers were obtained to schedule interviews at workplace.

3.7. Data collection methods

Data collection was conducted using mainly qualitative methods but supplemented by documentary review to obtain secondary data which were quantitative data in nature. A documentary review method was used to obtain quantitative data related to two objectives; **first** on the extent to which the government deployed Human Resource for Health (HRH) to private Health facility in terms of number and type of cadre. **Second** is on financial commitments by government to private health facility focusing on amount sent, time and frequency of sending funds to this hospital (10-15% of Health Basket Fund (1)).

On qualitative part for obtaining primary data the questions were framed around four themes originating from the study objectives. First was acceptability of SA, second was provision of health services by private health facilities as per SA, third was monitoring of SA implementation by government and fourth was the factors affecting implementation of SA. The data collection techniques included In Depth Interview (IDI) with patients in Reproductive Health and Child Health (RCH) section as any of the patients served in that section could provide such information. Key Informants Interview (KII) was used to interview key personnel who had rich information such as health Managers at District level, Council Health Service Board Members and Hospital Management Team (HMT), to know whether SA was acceptable as a tool for PPP implementation, whether the government shared HRH with private hospital, how government monitored implementation process of SA and the factors affected SA implementation in Cardinal Rugambwa mission Hospital.

These were expected to provide rich information on the topic under study. Also in depth interviews were conducted with Hospital's workers to get deeper understanding on the acceptability of SA as a tool for operational sing PPP, how they provide services and opinions on whether roles are satisfactorily played.

3.8 Data Collection Instruments/tools

Interview guide was used whereby factual questions about experiences, views and opinions about the subject under investigation were asked. The questions were asked based on assessing the six study objectives.

The interview guide developed in English was translated by the researcher into Kiswahili to ensure that, participants understood the content. In order to maintain content, it was then translated back to English. This technique ensured good understanding and getting right answers from respondents as they were approached using familiar language to the informants.

Checklist was used in conducting documentary review to obtain quantitative data. This helped in obtaining answers on two objectives:-first was on the extent to which government deployed HRH and the second was on the extent to which government abided to financial commitments to Cardinal Rugambwa Mission Hospital. The checklist contained the following key issues: One was the number of health care Workers agreed to be deployed by Government to CRMH, and second was how many to the present time are already deployed by government to CRMH, third was the cadres of HRH agreed to be deployed by government to CRMH, fourth was the cadres of already deployed HRH by Government to CRMH. Fifth was on the amount of fund agreed to be sent and the frequency and lastly was on the amount sent and the frequency.

3.9. Recruitment of research assistants and training

One research assistant was recruited to assist the researcher in data collection. The main three roles of RA was to take notes, making sure that the tape recorder functions and giving brief summary of matters arising from the interviews done each day. The background education of RA was diploma in health related education and this was an advantage during data collection because of he had high level of understanding of the purpose of the research. There was one day training to help the research assistant understand the purpose, aims of the study and be able to ask questions correctly. The training was conducted by the researcher. The scope of training included; research questions to be answered, objectives of the study, study area and study population, data collection procedure and tools, importance of confidentiality, the ethical consideration and timeframe.

3.10. Data management

3.10.1 Qualitative data

All data that was generated from the in-depth interviews were checked and cleared daily to ensure its quality, correctness, completeness and consistency. This was done so as to ensure that all information from the interview are recorded and documented effectively. Management of data was at high level of confidentiality, only those directly involved in the study had access to the collected data. The tape recorder with audio-recorded data and other collected data was kept in a safe box accessed by the principal investigator alone.

3.10.2 Quantitative data

All data that were generated from the financial, HRH records were checked daily to ensure its quality, correctness, completeness and consistency. This is important in order to ensure all needed information from financial and HRH records are recorded and documented effectively. Confidentiality of data was ensured that; only the researcher and research assistants had access to collected data.

3.11 Analysis plan

A thematic analysis approach was used in analyzing the qualitative data. The English translated data was analyzed through the categorization of respondents' opinions. The analysis was carried out in three stages suggested by Virginia Braun and Victoria Clarke (44):- first, the line-by-line coding of field notes and transcripts; second, the in-depth examination and interpretation of the resultant codes and their categorization into descriptive and analytical themes; and third, the development of an overarching theme. The coding involved the development of concepts, i.e. the data was splitted into discrete elements in order to expose underlying thoughts and meanings. The generated codes were further interpreted and categorized into descriptive codes. These latter codes were further distilled into abstract analytical themes around which results were presented. The researcher focused on a few key issues as analyzed to be themes.

Quantitative data was analyzed by descriptive analysis using frequencies tables, percentages and graphs. This was used for two objectives; first is on the extent the government has

deployed Human Resources for Health to Cardinal Rugambwa Mission Hospital and second is on the extent to which the government abides to financial commitment in terms of amount, time and frequency to Cardinal Rugambwa Mission Hospital as per SA.

3.12. Ethical issues

The proposal was submitted for ethical clearance to conduct the study through Muhimbili University of Health and Allied Sciences (MUHAS), research and publications committee. All ethical issues were adhered to and addressed accordingly. Permission to conduct the study was requested from Dar es salaam Regional Authority Secretary. Permission to conduct the study in Ilala Municipal council was sought from Ilala Municipal Executive Director through Municipal Medical Officer (MMO) and other relevant authorities at Cardinal Rugambwa Mission Hospital level. Written or verbal consent were obtained from the participants before interview. Participants could decline to be interviewed and those interviewed were free to end the interview at any point. Participants were not be given any incentives for taking part in the study. Confidentiality was observed throughout the study, no participant identifying information was recorded. Participants were informed about the objectives of the study and their participation was voluntary.

All respondents were requested for their permission to record information through audio recording and writing during the interview process and that the information generated was strictly used for research purposes only. There was no any risk involved on participating in this study.

3.13. Study limitations and mitigation plan

Risk of bias: since the study included District health managers who were involved in implementing and managing SA, there was a risk of information bias from participants giving their perception of issues rather than actual facts. To mitigate this bias first the researcher clearly explained to them the importance and objectives of this study so as to make them understand and provide actual facts. The study also interviewed people from different levels such as lower level health workers from Private Facility to counter the bias derived by one-

sided story (16).Sometimes if the data will have quality problems this might affect the results of the study as well. To reduce this; the study used triangulation methods of data collection such as documentary review and IDI to validate the data received from other sources.

3.14 Trustworthiness of the study

The quality of data for this study may be affected by the accuracy of the findings. Therefore, this qualitative study ensured data trustworthiness. Trustworthiness of the findings is the key fact delivered from the data to make the findings valuable. The purpose of trustworthiness in qualitative research is to support the argument that the inquiry findings are worth to be paid significant attention to. As Guba (45) and other researchers (46,47) suggest that in ensuring trustworthiness in qualitative studies the following four concepts are used:-

Usage of **credibility** is preferred to internal validity; **transferability** in preference to external validity/generalize ability; **dependability** is in preference to reliability; and **confirm ability** is preferred to objectivity. All these were ensured as explained below:-

Credibility refers to how congruent the findings of this study will be with reality. In this study in-depth interview was used because it is an appropriate and well recognized research method for exploring of depth information from the study participants. Triangulation was also done using data collection method, by combining two main methods of data collection: in-depth interviews/key informant interviews and documentary review; involving different types of participants ranging from District health Managers, CHSB members, Cardinal Rugambwa mission Hospital Management Team (HMT) members and health workers as well as patients served by Cardinal Rugambwa mission hospital.

Transferability is concerned with the extent to which the findings of this study can be applied to other situations. For this study to be transferable detailed background data to establish context of study in question was done. This focused on; the information concerning the number of District Health Managers, CHSB members, HMT members, Health workers and patients from Cardinal Rugambwa mission hospital.

Dependability means if this study is to be repeated, in the same context, with the same method and with the same participants, similar results will be obtained. In order for this study to be dependable in-depth methodological description of the study was done to enable a future researcher to repeat the work.

Conformability is the degree of neutrality or objectivity in the findings of qualitative studies. It means that the findings obtained from the study are based on participants' responses and not any potential bias or personal motivations of the researcher. In order for this study to be confirmable, triangulation was used to reduce effect of investigator bias. Triangulation involved method of data collection and study. Also the usage of research assistants reduced researcher's bias. The reasons for favoring one approach over the others were explained and weaknesses in the techniques employed were admitted.

CHAPTER FOUR

4.0 STUDY FINDINGS

The analysis of qualitative data done generated several themes. The results are presented in six main themes which are:-first theme is the acceptability of Service Agreement as a tool toward strengthening PPP, which has two sub themes, namely: intention to renew the SA and benefits of implementing SA. The second theme deployment of Human Resources for Health to Cardinal Rugambwa Mission Hospital by the government, which has one sub-themes, namely number of HRH and the cadres of HRH deployed. The third theme is the government's financial commitment to support Cardinal Rugambwa Mission Hospital. The fourth theme was on the provision of health services by the Cardinal Rugambwa Mission Hospital as per SA. The fifth theme is on the monitoring of the implementation of SA in Cardinal Rugambwa Mission Hospital by the government, which had six sub themes, namely Supportive supervision, Review meetings, spot checks, provision of guidelines, using submitted Annual plan, Monitoring of SA through HMT, CHSB and special committee. The sixth and last theme was on the factors affecting the implementation process of SA in Cardinal Rugambwa Mission Hospital which had six sub-themes, namely transportation, political factor, trust of one party to suppliers, trust between parties, presence of appointed PPP coordinator, and donor dependency.

4.1 Characteristics of the Respondents

The study interviewed 23 Respondents who were actually categorized into four categories; first were eight (6) district health managers and two (2) Council Health Service Board (CHSB) members, second were four (5) Hospital Management Team (HMT) members from Cardinal Rugambwa Mission Hospital, third were three (3) health care workers from Cardinal Rugambwa Mission Hospital and lastly were seven (7) patients.

Table 1: Demographic characteristics of participants

Characteristics		
District Health managers and CHSB Members	**Number (n=8)**	**%**
Sex		
Male	3	37.5
Female	5	62.5
Age (years)		
Below 40 years	0	0
Above 40	8	100
Level of education		
Primary	0	0
Secondary	0	0
College/University	8	100
Working experience in years		
Below 3		
3 and Above		
Hospital Management Team members	**N=5**	**%**
Sex		
Male	0	0
Female	5	100
Age (years)		
Below 40 years	0	0
Above 40	5	100
Level of education		
Primary	0	0
Secondary	0	0
College/University	5	100
Working experience in years		
Below 3	2	40
3 and Above	3	60
Health Care Workers	**Number (n=3)**	**%**
Sex		
Male	1	33.33
Female	2	66.67
Age (years)		
Below 40 years	2	66.67
Above 40	1	33.33

Level of education		
Primary	0	0
Secondary	0	0
College/University	3	100
Characteristic		
Working experience in years		
Below 3	2	66.67
3 and Above	1	33.33
Patients	**Number (n=7)**	**%**
Sex		
Male	2	28.*57*
Female	5	71.43
Age (years)		
Below 40 years	5	66.67
Above 40	2	33.33
Level of education		
Primary	5	66.67
Secondary	2	33.33
College/University	0	0
Occupation		
Self employed (small vendors)	4	57.14
Unemployed	3	42.86

4.2 .1 *The acceptability of Service Agreement by both parties as a tool towards implementation of Public Private Partnership in the hospital.*

The participants were asked whether they accept the SA as a tool to facilitate the implementation of public private partnership projects and collaboration and about the benefits of implementing SA in Ilala Municipality, whether they are planning to renew it and the willingness of the clients to come again for the services at Cardinal Rugambwa Mission Hospital. Analysis of the findings generated two themes as described below:-

4.2.1.1 *Benefits of implementing SA*:

Majority (over ninety percent) of respondents from government, Cardinal Rugambwa Hospital and the patients showed that they accept Service Agreement and they have seen it to be beneficial to them. As one respondent said,

> *"We have increased the number of patients which has increased our revenue collection as well, this increases our capacity of services provision by buying and having supplies all the time and pay our employees. At the same time we have received government employees seconded here"* ***(Respondent No.12HMT -Cardinal Rugambwa Mission Hospital).***

Moreover the respondents from the government side added that after starting implementing SA they are happy that the people around Ukonga are now served at the hospital is near their residences which is a social return to the government side. As the following respondent added,

> *"After signing SA the hospital serves the patients coming from Ukonga ward and beyond that. Even the referrals from Chanika zone are served at this hospital. This was not the case before starting implementing SA"* **(*Respondent No.11HMT - Cardinal Rugambwa Mission Hospital*).**

4.2.1.2 *Opinions on renewing the current SA*:

As a way of showing that SA is accepted by implementing partners, most of respondents showed intention of renewing Service Agreement. In addition, patients especially women attending RCH clinics reported that they will continue utilizing the facility and they benefit from free services and reduced prices.

As one respondent said,

> *"We as government party, we are again holding talks with Cardinal Rugambwa Mission Hospital to renew the current SA and they are 100% ready to renew it. They have helped us to serve that Southern part of Ilala and we need to sign it again"* ***(Respondent NO. 19 -Ilala District Health Manager).***

4.2.1.3 *Intention of continuing in using health services at the hospital*.

In understanding whether the patients accept the SA arrangement in the provision of health services, the respondents who are patients of the Cardinal Rugambwa Hospital were asked if they intend to come again for the same services or other services at this health facility. All the interviewed patients said that they will continue using the same facility in getting health services given the fact that some services are provided free while others at reduced prices and the quality of service is also good

As one respondent said,

> *"I started my first ANC visit and attended all ANC visits here. I gave birth to my child here. The free services were like assessment of pregnancy, Ant malaria drugs, Health education and HIV testing and some were at reduced prices such as checking for Hemoglobin (amount of blood) and cesarean. So to me I will continue accessing services here. Health care workers are polite and they treat me well"* ***(Respondent No.03RCH client -Cardinal Rugambwa Mission Hospital).***

4.2.2 *Deployment of Human Resources for Health to the hospital by the government in the implementation of SA.*

The findings revealed that as part of the Service Agreement, the government agreed to deploy seven (7) Human resources for Health but by the time of undertaking this study, the government deployed only three (3) HRH including two (2) laboratory technicians and one (1) clinician. This is illustrated in table 2 below:-

Table 2: Number of HRH agreed to be deployed and the actual number deployed

2015/2016- 2018/2019		
Cadre of HRH	Number of HRH Agreed to be deployed to CRMH	Actual number of HRH deployed to CRMH
Clinicians	2	1
Nurses	3	0
Laboratory Technicians	2	2
Total	**7**	**3**

Source: Cardinal Rugambwa Mission Hospital visitors' book

4.2.3 The government's financial commitment to support the hospital.

According to SA between Ilala Municipal Council (government) and Cardinal Rugambwa Mission Hospital (CRMH) it was agreed the government will send 10% of total Council Health Basket Fund received to CRMH for each quarter. However the exact amount was not agreed due to its fluctuation tendency. As presented by table 3 the government was unable to send the fund on quarterly basis as agreed.

Table 3: The trend of the flow of fund to Cardinal Rugambwa Mission Hospital is as summarized below,

item	2016/2017				2017/2018				2018/2019			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Amount of Fund received	31,207,734/=	90.191,169/=	60,699,451/=	60,699448/=	53,909,700/=	53,909,700/=	-	107,819,400/=	67,100,600/=	-	134,201,200/=	31,131,592/=
Time funds were received	10/11/2016	16/12/2016	01/02/2017	24/05/2017	03/01/2018	14/03/2017	-	04/06/2018	31/12/2018	-	09/05/2019	24/06/2019
Frequency of receiving the funds.	-	2	1	1	-	2	-	1	1	-	-	2

Source: Cardinal Rugambwa Mission Hospital's receipts for acknowledging receiving funds

The table 3 above depicts that Health Basket Fund delays to reach Cardinal Rugambwa Mission Hospital and for some quarters like first quarter of financial year 2016-2017, first quarter and third quarter of financial year 2017/2018 and third quarter of 2018/2019. Other quarters such as quarter three of financial year 2017/2018 and second quarter of financial year

2018/2019, funds were not sent at all in those particular quarters. Interviewed Health Management Team members of the hospital reported that delay of funds caused many problems such as lack of continuation of services, lack of medical supplies, delaying in paying workers' salaries and inadequate funds for administrative costs.

As one respondent said,

> *"The Health Basket Fund from the government is headache in sense that is not coming on time as we agreed to be quarterly but now it sometimes comes at the end of the quarter and sometimes we do not receive at all and when they send they send with compensation for the previous quarter but they need to be retired immediately before the end of that quarter. Another thing is we only know ten percent of the total Council Health Basket Fund but the exact amount we don't know"* **(*Respondent No.12Hospital Management Team member-Cardinal Rugambwa Mission Hospital).***

Moreover some respondents from District Health Management team added by acknowledging that they are not even sure of the amount because it keeps changing and they just receive the fund and know that they need to send ten percent of Health Basket Fund to the hospital.

> *"We are just receiving the fund and we are not sure even of the amount for the next quarter as it keeps on changing but we are trying to send them immediately as we receive however we have some quarters we don't send fund because we did not receive money from the central government" (**Respondent NO. 16 Ilala District Health Manager).***

4.2.4 *The provision of health services under the SA by the hospital.*

The participants were asked about the cost of providing health services and the capacity Cardinal Rugambwa Mission Hospital of implementing SA as agreed. Analysis of the findings generated three themes as described below:-

Patients are receiving some health Services free of charges:

Interviewed patients and health workers at Rugambwa Mission hospital reported that there are number of health services that are currently provided free of charges. These include: weighing of children, assessment of children, health education provision, vaccination services, Ant malaria (SP) also known as IPT, drugs for deworming, FEFO, HIV test, opening of Cards and pregnancy assessment. All these services are provided at the Reproductive Child health (RCH) clinic.

As one respondent said,

"When I came here while I was pregnant the following services were free, health education, opening of RCH card, assessments of pregnancy, Ant malaria(SP), FEFO for blood, HIV testing and now my child as well is weighted, assessed health development and given deworming drugs free" ***(Respondent No.04 female patient-Cardinal Rugambwa Mission Hospital).***

Patients are receiving some health services at reduced prices:

Interviewed patients and health workers at Rugambwa Mission hospital reported that there are number of health services that are currently provided free of charges. These include: test for hemoglobin, delivery services are provided at reduced prices and we agreed to be 50,000/= instead of 100,000/= per one normal delivery. HB is at reduced prices that is 2000 instead of 4000.

As one respondent reported,

"During delivery I could not deliver normally so I undergone Hemoglobin check up for 2000/= and then after that cesarean followed which costed only 50000/= and it was cheap compared to other private facilities for the same services I got here" ***(Respondent No.03.Female patient-Cardinal Rugambwa Mission Hospital).***

Presence of guidelines:

Interviewed study participants reported that the after signing the SA, Cardinal Rugambwa Mission Hospital has to provide service as per government guidelines in those agreed areas of services. The presence of government health service provision guidelines at health provision places during this study was directly linked to the provision of services as per SA. The interviewed study participants reported that health services are provided as agreed in SA.As one respondent said,

> *"We have government guideline related to provision RCH services here and we need to follow it. By providing our services in line with these guidelines help us in providing services at the standards required by WHO and the country as well"* ***(Respondent No.02Hospital Management Team member-Cardinal Rugambwa Mission Hospital).***

Health workers involvement in trainings

Training is one way of making sure that services are provided at required standards. Health care services do undergo changes in line with technological advancement and recommendations from researches. After starting implementing SA the staff from Cardinal Rugambwa Mission Hospital are included into trainings and given updates of services provision by the CHMTs. Such trainings aim at ensuring that services are provided by skilled and updated health care workers. This was not the case before service agreement. This was remarked by one of the interviewed Health Facility Management team members:

> *"We have seen Service Agreement to be beneficial to us as now we as leaders and our workers are included into trainings and given updates on changes regarding health services provision. This helps to motivate workers and improves the quality of services provided as agreed in the Contract" (****Respondent No. 11HMT member-Cardinal Rugambwa Mission Hospital).***

4.2.5 *Monitoring of the implementation process of Service Agreement in the Hospital by the government.*

Interviewed District Health Managers, Hospital management Team Members and health workers at Rugambwa Mission hospital reported that there are two types of monitoring of the implementation of SA, which are taking place to ensure the implementation of SA is done as planned. One is monitoring done by donors of HBF through Ministries responsible for Health and Local Government Authorities and the second is supportive supervision visits done by local authorities themselves as explained below:-

4.2.5.1 Provision of Guidelines and policies

Interviewed District Health Managers, Hospital management Team Members and health workers at Rugambwa Mission hospital reported that there are number of health services guidelines and policies provided in order for the services to be provided as deemed by government,

As one respondent said,

"We monitor them by making sure they have all the guidelines and policies because now they have to act and provide services like the government facility till when we stop Service Agreement with them even though we have not taken totally this facility to be ours. Example quality of services is monitored through provision of guidelines, we have group of whatsapp and we discuss different issues. Just now I was sending to cardinal Rugambwa a reporting tool through this what sap group" ***(Respondent NO. 18 Ilala District Health Manager).***

Moreover, some of the respondents acknowledged a need to provide guidelines to Cardinal Rugambwa Mission Hospital on the use of Health Basket Funds as the funds have some conditions such as they cannot be used for some of the activities.

As one respondent reported,

"Health Basket Fund is coming from donors and comes with specific guidelines on requesting, receiving, acknowledging, usage and reporting. It is important for

them to have the guidelines to be able to manage and use the funds well as per guidelines" *(**Respondent NO. 19 Ilala District Health Manager*).**

4.2.5.2 Use of submitted Hospital Annual plan

Most of the hospital management team members and district health managers responded that they have annual plan which is submitted to Municipal Medical Officer's Office for all the activities to be executed in that financial year, so monitoring is just by comparing what was planned and what is being done or has been done.

As one respondent said,

*They submit their Annual plan which includes all activities funded by Health Basket Fund (HBF). So we use this plan to monitor them on what was planned and what is implemented but this is mostly in administrative, procurement and financial procedures whereby HBF has some special procedures to be followed. I think you also know that HBF can only fund some of the activities and not everything" (**Respondent NO. 11 Ilala District Health Manager).***

4.2.5.3 Supportive supervision and mentorships

Majority of respondents from District Health managers, Hospital Management team members and health care workers mentioned supportive supervision to be used in monitoring of Services Agreement. Supportive supervision refers to a friendly and more supportive way of making something to happen in a right way as required where by supervisor and supervisee assumes the same room to teach and learn from each other. This was also evidenced by researcher from Cardinal Rugambwa Mission Hospital visitors' book whereby more than 17 Supportive Supervisions were recorded in the past twelve (12) months. Five supportive supervisions were conducted in each quarter (first, second and third)of financial year 2018/2019. Only two supportive supervisions were conducted in the fourth quarter of financial

year 2018/2019. However the records did not show any evidence for the special supportive supervision, which was done focusing on SA.

As one respondent said,

"We are conducting supportive supervision quarterly but for us it is integrated supervision and not specific for SA. Most of the time it includes different departments such as RCH, Quality improvement, Laboratory services, Pharmacy, HIV and checking for HRH. It is very comprehensive which also includes the services agreed in SA" (***Respondent NO. 16 Ilala District Health Manager*).**

4.2.5.4 Spot checks

According to the interviewed study participants, there are also spot checks, whichare done by randomly selecting the facility, checking the receipts of services and interviewing the clients in order to prove particular thing. The method has been very usefully in checking if services are provided as agreed in Service Agreement.

As one respondent said,

*"We randomly select the facility, without even meeting with the management we start checking the receipts of services and interviewing the pregnant women and comparing the prices paid by clients with the agreed prices. We take photos of receipts and show them to the management" (**Respondent NO. 19 Ilala District Health Manager).***

Moreover some respondents added that they conduct spot checks on assessing if procedures and the government guidelines are followed. As the following respondent had at the following to say:

"They sometimes come and we go together through different departments to assess the qualifications of health care providers, ask on several things such as procedures of some operations, request the data of certain services and also they access if the government guidelines are followed or not. After that they give feedback to Hospital

*management on was found" (**Respondent No.08 health care worker-Cardinal Rugambwa Mission Hospital).***

4.2.5.5 Use of given national indicators to monitor Service Agreement implementation.

Majority of the respondents reported that they do not have specific monitoring indicators but they just use national indicators hence they do not have evaluation indicators which could help them in determining whether to sign new contract or not based on the past performance.

As one respondent said,

*"We just use indicators given by the Ministry whereby in my Section I have three types of indicators, that is Scorecard indicators, Indicators for RCH and lastly the indicators for receiving Health Basket Fund (HBF)"(**Respondent NO. 18-Ilala District Health Manager**).*

4.2.5.6 *The involvement of the Ministry of Health, Community Development, Elderly, Gender and Children (MoHCDGEC) and President's Office Regional Administration and Local Government (PO-RALG) in the implementation of SA.*

Majority of the interviewed respondents reported that SA implementation is also monitored by the two responsible ministries. Health Services Agreement involves two ministries: MoHCDGEC and PO-RALG. Hence the ministry responsible for health and Local Government authorities are also monitoring and trying to get updates of the implementation of SA. They need also to get reports related to the implementation of SA. This is one of the ways in which government monitors the SA in Ilala.

As one respondent said,

*"We are actually supervised also by the people from ministry of Health, Community Development, Gender, Elderly and Children and PO-RALG. They are coming to see the progress, hear our challenges and sometimes to solve them. We also submit our financial and technical reports to TAMISEMI (PO-RALG) quarterly" (**Respondent NO. 19- Ilala District Health Manager)**.*

4.2.5.7 Service Agreement review meetings

Majority of the interviewed respondents (over 50%) from the government and the hospital reported that SA implementation is also monitored by the SA review meetings which are done once per year between district government officials and the Hospital management.

As one respondent said,

> *"We always have SA review meetings once per year and this year we did it in May whereby we present and discuss the progress of the implementation of Service Agreement in Cardinal Rugambwa Mission Hospital. But also we identify the areas for improvement and put the way forward together with the District Health officials"* ***(Respondent No. 12 HMT member-Cardinal Rugambwa Mission Hospital).***

Moreover some of district health managers mentioned that when they conduct SA review meetings, they usually use it for informing the hospital side of the changes which are coming in the next agreement.

> *"We call Cardinal Rugambwa Management member for review meetings every year and we have long review meeting when the contract ends whereby we as government party give feedbacks and informs them on some changes if any in the contract and they also get opportunity to give their opinions" (****Respondent NO. 19- Ilala District Health Manager)****.*

4.2.6 The factors influencing the implementation process of SA in the Hospital.

The participants were asked about factors they think to influence positively or negatively the implementation of SA in Ilala Municipality. Analysis of the findings generated seven themes as described below:- existence of guidelines and policies, trust of Cardinal Rugambwa Mission hospital to suppliers, trust between government, Cardinal Rugambwa Mission Hospital and patients, appointment of a focal person for coordination of Public Private Partnership.

4.2.6.1 Existence of guidelines and policies on SA.

The respondents were asked on the factors other than those stipulated in the SA that affect the SA implementation. The interviewed study participants reported that the implementation of SA is possible because it is enabled and facilitated by national policies and guidelines. They said that the National health policy and guideline for council plan 2011 have clearly stated the existence of SA in LGAs

As one respondent said,

"We are able to implement SA in our LGAs without any obstacle because it is directed by national policies and guidelines such as national health policy 2007 and Comprehensive Council Health Plan (CCHP) guideline and not from me as Municipal Medical Officer; if it could be my directives, then we could have failed" ***(Respondent NO. 15- Ilala District Health Manager).***

4.2.6.2 ***Trust of the hospital to suppliers*****.**

The interviewed study participants reported that the Cardinal Rugambwa mission Hospital party is trusted by suppliers; so it can take equipment or service and promise to pay later. Cardinal Rugambwa mission Hospital is run by religious congregation which put it at advantageous position to be trusted even by suppliers.

As one respondent said,

"We are church people and we are trusted outside (suppliers) there even if we have not received Health Basket Fund for that quarter then we just ask them to supply us with commodities sometimes of even over 30 million and we promise them to pay when we get fund from the Council and most of them they say Sister just take it we are sure you will pay us. And when I get money, I pay them on time. This has helped us to provide services as agreed in Service Agreement even if funds have delayed" ***(Respondent No.09- HMT-Cardinal Rugambwa Mission Hospital).***

4.2.6.3 Trust between parties in SA.

The interviewed district health managers reported that they trust the data and reports from Cardinal Rugambwa Mission Hospital and also Cardinal Rugambwa Mission hospital trust the government through Municipal Council Medical Office. They claimed that this type of trust is good for having productive partnership.

As one of the respondents said,

"*Now we trust them and they trust us very much and we trust even the reports they are submitting to us. This is now very strong even they dare to report the bad things happening such as maternal deaths. For instance last year Cardinal Rugambwa Mission Hospital reported two maternal deaths which were not the case before that because we told them that it is not our responsibility to fire them when maternal deaths happen but when it happens we need to set and find together the causes and put measures of ensuring that it does not happen again" (**Respondent NO. 18- Ilala District Health Manager).***

Another respondent insisted by saying,

*"One of the factors for our success implementation of SA is readiness of each party to give and receive other party's concerns and this is mostly to our Partner Cardinal Rugambwa Hospital because if we give them instructions and advice they follow and that makes us come to the same point of understanding. This point is that we need to serve the same people of Tanzania. Hence we trust them, their reports they submit to us such as financial and service data reports through MTUHA"(**Respondent NO. 15- Ilala District Health Manager**).*

4.2.6.4 Appointment of a focal person for Public Private Partnership

The interviewed study participants reported that the Municipal Council Medical Office has appointed a responsible person to coordinate all Private Health facilities in the council and is responsible for all matters related to Service Agreement as well as PPP in general.

As said by one respondent,

*"The act of having PPP coordinator is also a factor which has helped us and Cardinal Rugambwa Mission Hospital to implement the SA well because he acts also as a channel of communication between the council and Cardinal Rugambwa Mission Hospital and other development partners who have interest in SA and PPP in general. If we miss transport for supportive supervision he goes to APFHA and we are given a car to conduct supervision. He actually coordinates well everything related SA in the Council and that is why we are here with SA implementation" (**Respondent NO. 18- Ilala District Health Manager**).*

4.2.6.5 Political support

Majority of the interviewed Municipal Health Managers, Council Health Services Board and Health Management Team members from Cardinal Rugambwa Mission Hospital mentioned that they get full political support in the implementation of SA.

As one respondent said,

*We thank and appreciate the contribution of councilors for passing our Annual Health plans as you know without their acceptance nothing can be done in these local governments. The plans include HBF which is the main source of fund for the implementation of SA" (**Respondent NO. 15- Ilala District Health Manager).***

Another respondent said,

*"The councilor of this area of Ukonga was very positive in supporting SA while holding talks with Local Government for signing this Service Agreement and he has being supporting its implementation and actually he is in Hospital governing Board. He is marketing and advocating the availability of our services outside there to the citizens. He always asks about our services and if we face any challenge he is there to support us. For me I think he has remarkable contribution in successfully implementation of SA in Ilala" **(Respondent No 11.HMT –cardinal Rugambwa Hospital).***

4.2.7. *The factors affecting the implementation process of SA in the hospital.*

The participants were asked about factors they think do affect the implementation of SA in Ilala Municipality. Analysis of the findings generated two sub-themes as described below: - lack of transport facilities and donor dependency.

4.2.7.1 *Lack of Transportation*:

The interviewed study participants reported that the Ilala Municipal Council (Municipal Council Medical Office) has a big problem of transportation and this has affected the implementation of Service Agreement as the District Health Managers fail to go for supervision and other visits to Cardinal Rugambwa Mission Hospital.

As said by one respondent,

*"As I have said earlier on we have failed to go for supportive supervision because we have no transport for such visits as you know we have few vehicles and many ad hocks (emergencies) in these local authorities. All these need transportation and you cannot control them" (**Respondent NO. 18- Ilala District Health Manager).***

4.2.7.2 Donor dependency

The interviewed study participants especially at District level reported that the Municipal Council Medical Office depends on APHFTA and development partners in the implementation of SA. These donors provide transportation, trainings and funds for the implementation of SA. If such support decreases and many donors withdraw as it is now or ceases to exist, then the implementation of SA will also stop.

As one respondent said,

"We understand that these funds are not ours we are just given by donors. We need to use them well but we would like to acknowledge the support given by APHFTA. Without this association maybe we could not have SA in Ilala. They were the first to convince us and to talk to Ilala Municipal Council on collaborating and signing SA. Till now they are calling us together and providing trainings on SA. If we have challenges related to

implementation of SA we feel that APHFTA's office is our home" (***Respondent NO. 01.HMT–Cardinal Rugambwa Hospital).***

Moreover some of the respondents from government side acknowledged depending only on Health Basket Fund by showing that SA could not be implemented if there was no support of Health Basket Fund,

"The money for supportive supervision is part of HBF that means from donors. I can say no Health Basket Funds no Service Agreement as well as its supervision" (*Respondent NO. 14- Ilala District Health Manager).*

CHAPTER FIVE

5.0 DISCUSSION

In this section the study findings are interpreted and discussed with comparison from what was reported by other studies done in developing and developed countries. The section also provides a conclusion and the recommendations of the study. In this study the implementation of SA was assessed on basis of acceptance of SA by parties involved, deployment of HRH by government to Cardinal Rugambwa Mission Hospital, government abiding to financial commitments agreed, the provision of health service by Cardinal Rugambwa Mission Hospital as agreed, and other factors affecting the implementation of SA between Ilala and Cardinal Rugambwa Mission Hospital.

5.1 The acceptability of Service Agreement as a tool towards implementation of Public Private Partnership in the Hospital.

Evidence from the field interviews showed that, Ilala Municipality (local government) health managers and Council Health Service Board members, Cardinal Rugambwa mission Hospital management team and patients accept SA. The acceptability was assessed using three different parties, government, private and clients. Acceptability of SA was vividly seen when the participants expressed the benefits of SA, intention to renew and the willingness of the clients to come again for the services at Cardinal Rugambwa Mission Hospital. Similar findings were reported in a study done on the acceptability of healthcare interventions whereby service drop outs were linked to unacceptability of the intervention (48).

The results of this study are different from those results reported by a study done in China 2015 titled an Evaluation and mechanism for outcomes exploration of providing public health care in contract service in Rural China (16) which found that the patients did not accept the signed Service Agreement between Bare foot doctors and Local provincial governments. The reasons were that the Barefoot doctors had low education hence few of them were national licensed and the established village clinics had no equipments therefore provided the health services of low quality and quantity. Hence they did not go for services and preferred to go to higher government hospitals leaving the nearby bare foot doctors and the village clinics.

5.2 The deployment of Human Resources for Health to the hospital by government in the implementation of SA.

The government through LGAs made commitment to deploy HRH to the Cardinal Rugambwa Mission Hospital so as to improve quality and number of services. However, the study found that government has not fulfilled this commitment as agreed. For instance; the study findings revealed that the government deployed only three (3) health care workers only out of 7 health care workers who were planned for three years of implementing SA. That is from government financial year 2015/16 to financial year 2018/19.

This was similarly reported in a study done in Southern Regions-Tanzania; whereby human Resources for health was found to affect both government and private health sectors (26). Another study done in Sub-Saharan Africa on difficult relationships between government (Public Sector) and Faith Based organization (36) reported that sharing of HRH is one of the difficult things in relationship between Government and Faith based organizations. The same results were reported in a study done on Changing relationships between government and church health services in Africa. It was reported that sharing of Human Resources for Health is not easy undertaking between government and private sectors (35).

5.3 The extent to which the government abides to financial commitment in terms of amount and frequency to the hospital.

In health services delivery the issues related to timing and frequency of sending funds from the central government to the hospital for the delivery of health services matters. The study found that funds are coming late or not coming at all for the whole quarter and when they come they need to be used and finished before the end of the quarter. In some quarters the government sends fund twice, which include the installment which was not sent in the previous quarter. Some of the development partners reduce the amount of support and sometimes delays to disburse the funds.

This was similarly reported in other studies done in Sub Saharan Countries (12,13,17,26,36,49) whereby government was unable to send funds on time as agreed on SA.

This was also reported by an evaluation study on SA conducted in China whereby provincial government did not send money to barefoot doctors as agreed.

5.4 The provision of health services under the Service Agreement by the hospital

The study wanted to assess if services are provided as agreed and in line with national guidelines. The study grouped the services agreed into two major categories; one is those services provided free of charge and second is those services agreed to be provided at reduced prices. The evidence from this study has shown that the presence of guidelines in every point of service and prices posted on walls or notes boards is an indication that Cardinal Rugambwa Hospital was providing services as agreed in SA.

This was similarly reported in a study done on Public and private maternal health service capacity and patient flows in southern Tanzania (26). This study reported that among six Faith Based hospitals, only two hospitals which operated under SA were not charging pregnant women when providing health services to them as agreed in the SA and the remaining four health facilities were charging pregnant women as they had not entered into SA with government. This was different to the results reported by an evaluation study on SA conducted in China whereby barefoot doctors charged for services and did not provide health services as agreed. Other studies done in Sub Saharan Africa (12,13,36) reported that Faith Based Hospital charged for the service supposed to be provided free due to constant delays in reimbursements from Government.

5.5 Monitoring the implementation of Service Agreement in the hospital by government

The study finding revealed that the Cardinal Rugambwa Mission Hospital submit the annual plan to Municipal Medical Office, which include all planned activities funded by the Health Basket Funds each financial year. The district health managers are using these plans to monitor the implementation of the planned activities.

The use of annual plan in monitoring and evaluation is as directed by Comprehensive Council Annual Plan guideline (1). The guideline directs the Voluntary Agency Hospitals under SA to

submit their annual plans to District Medical Officer for administrative, financial and procurement procedures monitoring and Evaluation.

Supportive supervision means the supervisors and supervisees are at the same level and are able to learn from each other. This is mostly in terms of facilitating the health services provision and not as inspection for the mistakes. The study found that integrated supportive supervision is done but not specific supervision for SA. Still supervision is not conducted quarterly as planned due to lack of adequate means of transport and delays of money. Similar findings were reported by other studies including a study by Maluka on Contracting-out primary health care services in Tanzania towards UHC (17) and Boulenger done in Sub Saharan Africa onContracting between Faith-Based Health Care Organizations and the Public Sector in Africa. Supervision of SA was seen to be weak, sometimes done by unskilled personnel and not done quaterly as planned. This was also reported in another study done in China (16) on Evaluation and mechanism for outcomes exploration of providing public health care in contract service in Rural China. In this study it was reported that the provincial governement were not conducting supervision as agreed.

The provision of guidelines and policies help to describe the procedures and ways that implementers of any plan need to follow in order to achieve certain results or outcomes of interest. This study found that Ilala Municipal distributed guidelines and policies to cardinal Rugambwa hospital as one of the ways of monitoring the implementation of SA. These results are different from a study done by Boulenger in Sub-Saharan Africa (2014) on Contracting between Faith-Based Health Care Organizations and the Public Sector in Africa (12). It was reported that guidelines about SA and service provision in general were not found in Health facilities, which implemet SA. This was noted to affect mostly in the peripherial facilities.Similarly, Maluka (17) reported that there was lack of guidelines and monitoring systems related to SA implementation in some of the health facilities in Tanzania.`

However generally; in this study, it was revelead that supervisors use national indicators to monitor SA between Ilala Municpality and Cardinal Rugambwa Mission Hospital. These

include specific indicatorsdefined for receiving Health Basket Fund, Scorecard indicators and RCH indicators.

5.6 The factors affecting the implementation process of SA in the hospital

Trust has been reported as an important factor facilitating the implementation of SA. For instance, Cardinal Rugambwa mission hospital has been well trusted by people to the extent that they can supply commodities or services expecting to be paid later on. In this study, Cardinal Rugambwa Mission Hospital was seen to be trusted by suppliers such as suppliers of medical commodities even if the Health Basket Fund delayed. This was one of the factors which made Cardinal Rugambwa Hospital to be able to provide services by having sufficient drugs and other medical supplies as agreed in SA. The same finding was reported by a study done in India (50) whereby the private practitioners were not ready to enter into SA with Indian Government as it could reduce the reputations and trust of their facilities, which indicates that trust is an important factor for the implementation of SA. Another study done in East and Southern Africa (35) reported that in the relationship between Public and Private sectors the Church health services are much trusted by people due of community involvement, using a -word of God in curing people (charity) and frequent contact with people while using signs of God's presence.

In addition, the trust that has been built over time between key SA implementing parties (LGAs and the private health facility) has been reported as one of the facilitating factors for the implementation of SA**.** On other hand, the LGAs trust that the private health facility will implement its defined roles and responsibilities whereas on the other hand, the Cardinal Rugambwa Mission Hospital trusts that the LGAs will play its roles. This has been a fundamental foundation for productive relationship during the implementation of SA. Similarly the patients have also built a trust to the Cardinal Rugambwa Mission Hospital and they regularly visit this facility for accessing health services. The results of this study are different from those results reported by a study done in China (16) which found that the patients mistrust the bare foot doctors who signed Service Agreement with Local provincial

governments and preferred to go to higher government hospitals. Other two studies done in India 2017 (49,50) also reported mistrust between parties whereby government accused private for submitting forged data and that they are profit oriented, which resulted to private providers to withdraw from the Contracts. Other studies done in Sub Saharan Africa also reported mistrust between parties to affect negatively the implementation of SA (12,13,26,36). The parties could not trust the reports and whatever is done by other party. This posed difficulties in the implementation of SA between government and Private parties.

Transportation has been reported in this study as an important factor for effective implementation of most of the health interventions. However, lack of reliable means of transport was seen to be a main problem in Ilala Municipality as district Health managers could not go regularly for supervision to Cardinal Rugambwa Mission Hospital as planned in the supervision matrix. Similar findings were reported in other studies done in Sub Saharan Countries (12,13,17,26,36) which showed that irregular flow of funds results to unavailability of fuel hence lack of transportation affects implementation of SA due to partial fulfillment of financial commitment by government for conducting regular monitoring of SA.

Political support:

The political influences can facilitate or hinder the implementation of SA. In this study political influences were seen to be supportive in implementing SA and also the councilors were supportive by passing the Health Plans including HBF which is the main source of fund for SA in the local governments. The political influence was found as one of the key factors facilitating the implementation of SA. Councilors in the study area were advocating and promoting the use of the Cardinal Rugambwa Mission Hospital in the provision of health services since they have seen the benefits of SA. The same results were reported by a study on Contracting Out Non-State Providers to Provide Primary Healthcare Services in Tanzania: Perceptions of Stakeholders (13). The study reported that there was political will of leaders to implement SA, however not capacitated in implementing and monitoring it. Another study done on Health contracting experiences in Sub-Saharan Africa (36) reported that the relations

with the administrative authorities were cooler: there was a certain mistrust of "politics" due to a tendency of some individuals belonging to the administrative authorities to protect their own interests, particularly financial interests.

The existence of good planning and coordination mechanisms was also reported as an important factor facilitating the implementation of SA. The study found that the appointment of PPP coordinator to coordinate all issues related to Private Health facilities, the presence of Hospital plan submitted to Municipal Medical Officer and the presence of special committee to supervise all private health facilities together have contributed to good implementation of SA in Ilala Municipal Council. This was in agreement with the World Bank; PPP Reference guide (21) on successful PPP Projects which documented that for any PPP project to be successful good planning and coordination system is important.

Donor dependency

The Presence of APHFTA and development partners have played a major role in the implementation of SA. The implementation of Service agreement has been donor dependent. In this study the support of APHFTA and development partners was remarkable in successful implementation of Service Agreement in Ilala Municipality. The support was in terms of Trainings, providing platforms for discussions related to SA, transportation for supportive supervision. This observation in this study was interpreted that the implementation of SA in Ilala Municipal Council cannot be possible if the donors decide to withdraw. This endangers the sustainability of this intervention. This was similarly reported in other studies done in Sub Saharan Africa (12,17,26) whereby the introduction and the implementation of SA was seen to be chaired by development partners such as GIZ in Tanzania. This affected implementation of SA because when some partners withdraw, it reduces the amount of support and sometimes delays the disbursement of funds.

CHAPTER SIX

6.0 CONCLUSION

In summary**,** the implementation of Service Agreement between Ilala Municipal Council and Cardinal Rugambwa Mission is done as agreed. A number of factors have attributed to the successful implementation of SA, which include among others: SA review meetings, supportive supervisions, presence of policies and guidelines on the implementation of SA, trust between parties, political support, good coordination. However, there are a few challenges affecting smooth implementation of SA. These include: delays of the government to send fund quarterly to cardinal Rugambwa mission Hospital and inadequacy fulfillment of deploying Human Resources for Health to Cardinal Rugambwa Mission Hospital by government as agreed.

6.1 Recommendations

6.1.1 Diversify the sources of financing the implementation of Service Agreement. Service agreement only depends on Health Basket Fund which is donor dependency. Delays of funds and withdraw of donors as presented in the findings pose direct effect on the implementation SA. LGAs should find additional, reliable and sustainable sources to fund the implementation of Health Service Agreement such as community-based health insurance and National Health Insurance Fund.

6.1.2 LGAs/government commitment to deploy HRH. The government should make sure that the Human Resources for Health are timely deployed to Private facilities as agreed as it was found that government have not deployed HRH as per SA.

6.1.3 Conduct regular supervision. The Local Government Authorities (LGAs) should make sure they collaborate with PO-RALG and Ministry of Health, Community Development, Gender, Elderly and Children to conduct regular supportive supervision of the implementation of SA. This will ensure that all agreed terms are implemented and deviations are corrected on time.

Find reliable means of transport. The Government through Ministry of Health, Community Development, Gender, Elderly and Children should find and ensure reliable means of transport to these local Government Authorities for conducting supervision visits in order to make follow up on the implementation of SA**.** This is because lack of reliable means of transportation was found to hinder the smooth implementation of SA in Ilala Municipality.

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APPENDICES

Appendix I: Informed Consent – English Version

ID **NO:** …..……

Introduction

Dear Participant,

Greetings! I want to thank you for taking your time to meet with me today.

My name is Pankras Luoga a student of Master of Sc in Project Management at Muhimbili University of Health and Allied Sciences (MUHAS). On behalf of MUHAS, I am conducting research on implementation of service agreement in your area

Purpose of the Study: The purpose of the interview is to collect information on implementation of service agreement in your area. You are kindly being asked to participate in this study because we believe that you have particular information that may be important to the study.

Methods of the study: As part of the study In Depth Interview will be done and interviewer will record your responses. You will be interviewed once for approximately 35-45 minutes. Data will be collected at single point that is after this interview with you; we are done with you.

Procedure of the study: information is provided for you to decide whether you wish to participate in the present study. You should be aware that you are free to decide not to participate or to withdraw at any time without affecting your relationship researcher.

Do not hesitate to ask any questions about the study either before participating or during the time that you are participating. I would be happy to share our findings with you after the research is completed. However, your name will not be associated with the research findings in any way, and your identity as a participant will be known only to the researchers. This is for assuring your confidentiality as my informant.

The expected benefits: There are no direct benefits for your participation however, information you provide will help the hospital to improve the implementation process of Service Agreement hence improve service delivery. No harm is expected as a result of participation in the study and you can ask the interviewer questions any time during the study.

Whom to contact. In case of any question or query concerning this study, please contact the principal investigator Pankras Luoga (Msc.PMMEH) from MUHAS,P.O BOX 65001,Dar es salaam mobile number 0757645746 or my supervisor Dr. Frumence Gasto 0787133945. If you have any question about your rights as participants you may contact Dr,Bruno Sungunya, Chairperson of Research and Publications Committee, MUHAS. P.O Box 65001,Dar es salaam-Tanzania, Tel +2552150302-6.

I……have read the contents of this form and understood it, my questions have been adequately answered, I agree to participate in this study.

Please sign your consent with full knowledge of the nature and purpose of the procedures.

A copy of this consent form will be given to you to keep.

Signature of Participant……..Date…….

Researcher's Signature…….. Date……

Appendix II: Informed Consent - Kiswahili Version

Namba ya Utambulisho …….

Utambulisho

Habari, naitwa Pankras Luoga, ni mwanafunzi wa shahada ya uzamili ya sayansi ya usimamizi, ufuatiliaji na tathimini ya miradi ya afya katika chuo kikuu cha afya na sayansi shirikishi Muhimbili. Utafiti huu unaangalia mchakato wautekelezaji wa ubia kati ya serikali na sekta binafsi katika hospitali ya Kardinali Rugambwa.

Madhumuni ya Utafiti

Dhumuni la mahojiano haya katika utafiti huu ni kukusanya taarifa juu ya utekelezaji wa ubia kati ya serikali na sekta binafsi katika hospitali ya Kardinali Rugambwa.

Unaombwa kushiriki katika Utafiti huu kwasababu tunaamini uzoefu wako na taarifa zako ni muhimu katika utafiti huu.

Mbinu za Utafiti

Kama sehemu ya utafiti huu tutafanya mahojiano ya kina,mhojaji atanakili kwa kinasa sauti majibu yako. Utahojiwa kwa taktibani dakika 35 hadi 45 kwenye eneo binafsi.

Taratibu za utafiti

Ushiriki wako kwenye utafiti huu ni wa hiari hii inamaanisha kuwa hutakiwi kushiriki ikiwa hutaki kufanya hivyo. Waweza kukataa kujibu swali lolote ambalo hujisikii kulijibu na waweza kusitisha mahojiano wakati wowote. Taarifa utakazotoa ni siri na zitatumika kwaajili ya utafiti pekee. Wanaohusika na utafiti huu ndiyo wanaweza kuzipata taarifa hizi. Jina lako halitaaandikwa kwenye fomu hii na halitahusishwa na taarifa, namba za siri zitatumika kutambulisha taarifa ulizotoa.

Faida: Hakuna faida za moja kwa moja utakazopata kwa ushiriki ila taarifa utakazotoa zitasadia hospitali katika kuimarisha utekelezaji wa mkaktaba wa ubia na kuboresha utoaji wa huduma. Hakuna hatari zozote zinazoweza kukupata kwa kushiriki kwenye utafiti huu. Waweza kumwuliza mhojaji maswali wakati wote wa utafiti.

Mawasiliano: Kama utahitaji ufafanuzi zaidi juu ya utafiti huu usisite kuwasiliana na mtafiti mkuu Pankras Luoga, mwanafunzi wa shahada ya uzamili ya sayansi ya menejimenti, ufuatiliaji na tathimini ya miradi ya Afya (Msc.PMMEH) katika chuo kikuu cha afya nasayansi shirikishi Muhimbili S.L.P 65001, Dar es salaam au namba ya kiganjani 0757645746. Kama una swali juu ya haki zako unaweza kuwasiliana na Dk.Bruno Sunguya ambaye ni mwenyekiti wa kamati ya utafiti na Machapisho, S.L.P 65001,chuo kikuu cha Afya na Sayansi shirikishi, Muhimbili S.L.P 65001 Dar es salaam au namba +2552150302-6.

Mimi…….Nimesoma/nimesikia na kuelewa madhumuni ya utafiti huu na maswali yangu yamejibiwa ipasavyo. Hivyo nimeridhia kwa hiari yangu kushiriki.

Unaweza ukapewa nakala ya fomu hii kama utapenda.

Saini ya Mshiriki……..tarehe……..

Saini ya Mtafiti……..…tarehe……..……..

Appendix III: Interview guide for Patients

District/Ward……..……

Title…….

Age……..

Sex……..

Education level……..

Occupation……

1. **Please describe briefly the type of health services offered free in this facility?**
    a. Probe if they get maternal and child health services free of charge
        -Ask them to specify type of maternal and child health services that are provided free of charge in the health facility around this area?
    b. Probe about service for elderly if they are also provided free of charge
        -Ask them to specify type of elderly health services that are provided free of charge in the health facility around this area
    c. Probe if they know when did they start receiving free services from this facility (ask them to specify period (in terms of Year)
    d. Probe if they sometimes pay for some of the exempted services such as for maternal, elderly 60+ and under five children.
    e. Probe if they are treated equally compared to those who pay.
2. **How were you informed that there are free services provided in this facility?**
    a. Probe for free services and for reduced price services.
    b. Probe if they are services which they used to pay but now they are offered free.

3. **On your opinion how do you see the quality of service provided by Cardinal Rugambwa Mission hospital?**
    a. Probe on quality issues such as availability of skilled staff.
    b. Probe on availability of equipment.
    c. Probe on availability of drugs.
    d. Probe about waiting time

4. **On your opinions would you like to continue attending the Health services here at Cardinal Rugambwa Mission hospital?**

   Probe for reasons for the answer given.

5. **How are you satisfied with service provided by Cardinal Rugambwa Mission Hospital under SA?**

   Probe for more reasons.

6. **What challenges do they experience when seeking maternal and child health services in this HF?**

   a. Probe on language of health care providers?
   b. Probe on charges?
   c. Probe on Corruption?

Appendix IV: Dodoso kwa Wajonjwa

Wilaya / Kata……..……

Title……..

Umri……..

Jinsia……..

Kiwango cha Elimu……

Aina ya Kazi……

1. **Tafadhali nieleze kwa ufupi aina ya huduma zitolewazo bure katika kituo hiki?**
   a. Dadisi kama wanapata huduma za wajawazito na watoto chini ya miaka mitano bure.

      -Waulize wakutajie huduma gani mahususi za wajawazito na watoto zinazotolewa na kituo cha afya maeneo haya?
   b. Dadisi kama huduma za wazee pia zinatolewa bure katika kituo hiki.

      -Uliza huduma mahuhusi za wazee zinazotolewa bure katika eneo hili?

   c. Dadisi kama wanajua lini walianza kupokea huduma hizo bure katika kituo hiki.
   d. Dadisi kama kuna wakati wanalipia huduma za wajawazito na watoto.
   e. Dadisi kama wanapata huduma kwa usawa na wale wanaolipia huduma hizo.
2. **Kwa namna gani ulitaarifiwa juu ya huduma hizi za bure zinazotolewa na kituo kituo hiki?**
   a. Dadisi huduma zinazotolewa bure na kwa bei punguzo?
   b. Dadisi juu ya huduma ambazo walikuwa wanalipia ila sasa wanapata bure?

3. **Kwa mtazamo wako je unaonaje ubora wa huduma zitolewazo na kituo hiki?**
    e. Dadisi juu ya ubora kama upatikanaji wa wataalamu.
    f. Dadisi upatikanaji wa vifaa tiba.
    g. Dadisi juu ya muda kusubiri.

4. **Kwa maoni yako ungependa kuendelea kupata huduma kwenye kituo hiki?**
    Dadisi zaidi kuhusu sababu za jibu ulilopewa.
5. **Je ni kwa kiasi gani unaridhika na huduma zinazotolewa na kituo hiki?**
    Dadisi zaidi juu ya sababu.

6. **Ni changamoto zipi mnakutana nazo wakati wa kupata huduma ya mama na mtoto katika kituo hiki?**

    a. Dadisi kuhusu kauli za watoa huduma?

    b. Watumishi?vifaa? na majengo?

    c. Kuhusu kutakiwa kulipia?

    d. Dadisi kuhusu vitendo vya rushwa/upendeleo?

Appendix V: Interview guide for District health managers and CHSB members.

District……..…….

Title…….

Age……..

Sex……..

Education…….

1. **What do you understand by service agreement?**
    a. Probe when did it start
    b. probe the factors responsible for signing SA with private health facilities

2. **What type of health services are offered under SA?**
    a. Probe on how are they being provided at the cardinal Rugambwa mission Hospital
    b. Probe if the hospital is providing free health services such as for maternal, elderly and under five children as per SA?
    c. Probe if the hospital is providing health services in a reduced price as per SA

3. **Can you briefly describe the implementation of SA in Cardinal Rugambwa Mission hospital?**
    a. Probe if the SA is being implemented as stipulated
    b. If not probe for reasons

4. **What are the benefits of implementation of SA in this municipality?**
    a. Probes coverage of the provision of health services
    b. Probe about reduction of Maternal death
    c. Probe about reduction of Workload of referral hospital

5. **How are you monitoring the implementation of Service agreement in Cardinal Rugambwa Mission Hospital?**
    a. Probe if they conduct supervisions
    b. Probe if the conduct Review meetings
    c. Probe if they talk to patients (e.g Exit interview) about the services offered as per SA Probe if there is availability of bound objective/indicators monitoring system
    d. Probe on financial monitoring
    e. Probe on monitoring of services to be provided as per national guidelines
    f. Probe on quality of services monitoring

6. **How do you see the services provided by the Cardinal Rugambwa Mission Hospital after signing SA?**
    Probe if the hospital is providing free services such as for maternal, elderly and under five children as per SA?

7. **What are the factors which make the government to implement well SA?**
    Probe for HRH, availability of good monitoring system, political factors, individual and financial factors? Probe for more reasons

8. **What are the factors which make the government fail to implement well SA**?
    Probe on policies, government bureaucracy, political factors, financial issues, individual factors, donors issues?

9. **How do you foresee the future of SA with Cardinal Rugambwa Mission Hospital?**
    a. Probe if they have plan to renew the SA with this facility when the current SA ends
    b. Probe for reasons?

Appendix VI: Interview guide for HMT members in Cardinal Rugambwa Mission Hospital.

District……..…….

Title…….

Age……..

Sex……..

Education…….

1. **What do you understand by service agreement?**
2. **What types of services do you provide free of charge?**
    a. Probe on elderly, maternal and children services?
    b. Probe specific type of maternal and child health services that are provided free of charge in Cardinal Rugambwa Mission health facility
    c. Probe to know other types offered in a reduced price

3. **When did you start providing free maternal and child health services in Rugambwa HF?**

    Ask for specific year if they know

4. **What new services have been initiated due to SA with government?**
    a. Probe for example such as:-Increase of services due to skilled HRH
    b. Probe for any new Equipment bought?

5. **How does the government monitor the implementation of SA in your Hospital?**
    a. Probe to see if the government officials come for supervision
    b. Probe if the government conducts Review meetings
    c. Probe about who monitors the implementation of SA
    d. Probe about the government role in monitoring SA
    e. Probe about how often the monitoring exercise for the implementation of SA in your facility is done

f. Probe about any challenges facing the monitoring aspect of the implementation of SA by the government

6. What are the factors which make Rugambwa HF to implement well SA?

a. Probe the availability of skilled HRH,
b. Probe about the existence of monitoring system by the Government,
c. Probe about any political related factors facilitating the implementation of SA
d. Probe about how availability of financial resources facilitates the implementation of SA.
e. Probe if there are any other factors that are likely to facilitate the implementation of SA.

7. **What are the factors which make Rugambwa HF fail to implement well SA**?

Probe on HRH, monitoring of government, political factors, financial issues and individual factors.

8. How do you foresee the future of SA with government?

a. What are your views about renewing the SA with the government when the current SA ends?

Probe for reason

Appendix VII: Interview guide for health workers in Cardinal Rugambwa Mission Hospital.

District……..…….

Title…….

Age……..

Sex……..

Education……..

1. **What types of services do you provide free of charge?**
    a. Probe on elderly, maternal and children services.
    b. Probe specific type of maternal and child health services that are provided free of charge in Cardinal Rugambwa Mission health facility
    c. Probe to know other types offered in a reduced price

2. **When did you start providing free maternal and child health services in Rugambwa HF?**
    Ask for specific year if they know?

3. **What new services have been initiated due to SA with government?**
    a. Probe for examples such as:- Increase of services due to skilled HRH
    b. Probe for any new Equipment bought?

4. **How do you foresee the future of SA with government?**
    a. What are your views about renewing the SA with the government when the current SA ends?
    b. Probe for reasons

Appendix VIII: Documentary review checklist for Municipal and Hospital

Name of district/facility……..

Item	**Year 1**				**Year 2**				**Year 3**			
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
No of HRH agreed to send												
Number of HRH sent												
Cadres of HRH deployed												
Total HBF												
Funds sent/received to Cardinal Rugambwa Hospital amount												
Time sent/received												
Frequency send/ received												
What equipment/service has been brought/ bought by the fund received?												

Appendix IX: Ethical Clearance

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES

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Ref. No. DA.287/298/01A/

04th July, 2019

Dr. Pankras Luoga,
MSc. Project Management Monitoring and Evaluation
MUHAS.

RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED" IMPLEMENTATION OF SERVICES AGREEMENT UNDER PUBLIC PRIVATE PARTNERSHIP IN CARDINAL RUGAMBWA MISSION HOSPITAL WITHIN ILALA MUNICIPALITY

Reference is made to the above heading.

I am pleased to inform you that, the Chairman has, on behalf of the Senate, approved ethical clearance for the above-mentioned study. Hence you may proceed with the planned study.

The ethical clearance is valid for one year only, from **3rd July, 2019 to 02nd July 2020.** In case you do not complete data analysis and dissertation report writing by **02nd July, 2020,** you will have to apply for renewal of ethical clearance prior to the expiry date.

Dr. Emmanuel Balandya
ACTING: DIRECTOR OF POSTGRADUATE STUDIES

cc: Director of Research and Publications, **MUHAS**
c.c. Dean, School of Public Health and Social Sciences, **MUHAS**

Appendix X: Introduction Letter

HALMASHAURI YA MANISPAA YA ILALA

BARUA ZOTE ZIPELEKWE KWA MKURUGENZI WA MANISPAA

S.L.P. 20950
SIMU 2128800
2128805
FAX NO. 2121486

OFISI YA MKURUGENZI
MANISPAA YA ILALA
1 MTAA WA MISSION
S.L.P. 20950
11883 DAR ES SALAAM

Kumb: IMC/DF.3/7/II/69

08/07/2019

Mganga Mkuu,
Hospitali ya Cardinal Rugambwa
DAR ES SALAAM.

YAH: RUHUSA YA KUFANYA UTAFITI KATIKA MANISPAA YA ILALA MWANAFUNZI PANKRAS LUOGA

Tafadhali husika na kichwa cha habari hapo juu.

Aliyetajwa hapo juu ni mwanafunzi wa Chuo Kikuu MUHAS kwa sasa anasomea Shahada ya Uzamili katika usimamizi, ufuatiliaji na tathmini za Miradi ya Afya (MSc Project Management, Monitoring and Evaluation in Health).

Kwa barua hii namtambulisha kwako ili aweze kufanya utafiti juu ya utekelezaji wa Service Agreement (SA) kati ya kituo chako na Manispaa ya Ilala kwa ajili ya kukamilisha masomo yake.

Tafadhali mpokee na kumpatia ushirikiano

C. Sechambo
Kny: MGANGA MKUU WA MANISPAA YA ILALA

Nakala: Pankras Luoga

Makamu Mkuu wa Chuo
MUHAS Dar es Salaam.