

**The effect of financial and human resources support through Private Public Partnership on the delivery of health services in Juba teaching hospital, South Sudan. A cross-sectional study.**

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**Abstract**

**Background:**

Like any other PNFP hospital in South Sudan, the level of financial and human resource support and the extent to which such support has impacted on Juba teaching hospital's efficiency in delivery of health services to the community remains not well understood. This study is intended to assess the effect of the financial and human resources support through PPP on the delivery of health services in South Sudan using Juba teaching hospital as a case study.

**Methodology:**

The research design used was a descriptive cross-sectional study. A sample of 97 respondents in Juba teaching hospital was used. The methodology used in this study was quantitative. The questionnaire, interview, and documentary review were the major tools of data collection. Data collected from the field were analyzed using both descriptive and inferential statistics in the SPSS computer package.

**Results:**

22(22.7%) of the respondents were from the administration department, and 55(56.7%) of them had worked for between 1 and 5 years. 71(73.2%) of the respondents were in agreement that Juba teaching hospital has effective financial policies and procedures, 80(82.4%) of the respondents generally agreed finance and human resource departments have knowledgeable and experienced staff to ensure effective health service delivery in Juba teaching hospital and 55(56.7%) of the respondents agreed that human resource in Juba teaching hospital improves the quality of services and patient's satisfaction.

**Conclusion:**

Financial and human resources support have encouraged Juba teaching hospital to have effective financial policies and procedures to follow, and an effective human resource policy.

**Recommendations:**

The government has a very strong incentive to become a more active player in defining the structure of the overall health system, public and private, and how the entire sector should allocate resources and manage costs.

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**Keywords:** *Public-Private Partnership (PPP), Financial support, Human resource support, Healthcare delivery, Juba Teaching Hospital.*

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**Background.**

Public-Private Partnerships are important and timely in light of the challenges the public sector is facing in healthcare finance, management, and provision. Many governments are confronted by fiscal constraints that force them to carefully prioritize and restrict public expenditures ((Ahmed & Palermo, 2010). Moreover, many public health systems are already indebted and face further fiscal pressures, such as the need to provide health care to increasingly aging populations, improve quality, or invest in often expensive medical treatment and technology advances.

The study on Public-Private Partnership and Health Services Delivery in South Sudan is important because Measuring Juba teaching hospital's service delivery helps to understand some of the differences in performance, as well as providing some guidance in the reallocation of resources in the bid to close the inequity gap in health service provision (Nkya, E 2013). Operationally, the benefits of PPPs include efficiency gains; output focus; economies generated from integrating the design, building, financing, and operation of assets; innovative use of assets; managerial expertise; and better project identification. These benefits can result in some combination of better and more services for the same price,

and savings, which can be used for other services or for more investment elsewhere (Commonwealth 2013).

The Public-Private Partnership in Health (PPPH) was initiated in 2017 by the Ministry of Health in South Sudan with the support of a parliamentary resolution implementation in July 2016. In South Sudan, the private sector can be broadly categorized into Private-for-Profit (PFP) and Private-not-for-Profit (PNFP) providers. The PFP group contains both formal and informal providers. Informal providers mainly include general merchandise, shops, and traditional healers. There are also new non-South Sudanese systems of care, such as the Indian and Chinese medical systems.

Under partnerships, the public and private sectors can play innovative roles in financing and providing health care services. Partnership has significant potential for achieving efficient and effective high-quality health services. It aims to establish a functional integration and sustained operation of a pluralistic health care delivery system by optimizing the equitable use of the available resources and investing in the comparative advantages of the partners. It ensures the utilization of the potentials of both the public and private sectors (Barakat, 2003). The need to provide and improve the efficiency of the health system delivery has been gaining attention worldwide. Many countries have introduced reforms with the goal of making health care more effective. Public-private partnerships (PPPs) refer to arrangements for the procurement of goods and services utilizing franchising and similar arrangements with the private sector; the private sector is contracted to provide public goods and services on behalf of the government. In essence, the private entity becomes the long-term provider of services while the government becomes the purchaser of the services (Grout, 2013). PPP schemes are built on the expertise of each partner that best meets clearly defined public needs through the appropriate allocation of resources, risks, and rewards (CCPPP 2004). PPPs span a spectrum of paradigms that progressively engage the expertise or resources of the private sector.

In 2014, the PNFP health sub-sector in South Sudan was commended as an indispensable subsystem that offered comparable, better, and acceptable quality of health care than the government (Muwanga et al, 2013). They are under three umbrella organizations: The South Sudan Catholic Medical Bureau (UCMB), the South Sudan Protestant Medical Bureau (SSPMB), and the South Sudan Muslim Medical Bureau (SSMMB). By 2012, the Bureaus together represented 78% of the 490 PNFP health units, while the rest fell under other humanitarian organizations and community-based health care organizations (MOH, 2011).

In partnership with the government, Juba teaching hospital receives government support from three main sources: Primary Health Care Conditional Grant (PHC CG), Essential Drugs and Personnel through secondment of medical staff (Juba teaching hospital, 2017). Human

resources remain the central gist that determines the overall effects of the reforms (HASSANI et al., 2013). Juba Teaching Hospital has been a beneficiary of the PPP since 2016/17. Like any other PNFP hospital in South Sudan, the level of financial and human resource support and the extent to which such support has impacted on Juba teaching hospital's efficiency in delivery of health services to the community remains not well understood. This study is intended to assess the effect of the financial and human resources support through PPP on the delivery of health services in South Sudan using Juba teaching hospital as a case study.

### **Methodology.**

#### **Research Design**

The research design was a cross-sectional study; the data were collected from a sample of respondents across many categories at one point in time. Amin (2005) explains that a research design allows the researcher to have an in-depth understanding of the subject being studied. The reason for a comparative component is inevitable because the study focuses on many respondents who had to be studied at one point in time. (Amin, 2005).

As part of the design, a quantitative approach to data collection was engaged. This is because it's based on variables that are measured in numbers by counting the existing sections within Juba teaching hospital, from which the various respondents were selected. The qualitative approach involves administering interview guide questions, while the quantitative enabled the researcher to analyze and interpret the results.

The following key research question was set in line to address the subsequent research question: What is the role of Public-Private Partnership on Health Service Delivery in Juba teaching hospital? The study objective that underpinned the above research objective was to establish the role of Public-Private Partnership on Health Service Delivery in Juba teaching hospital.

### **Study population.**

The term population refers to a well-defined group from which a sample can be drawn and which is specified in very concrete terms. (Neuman, 2000). An example of a population can be a person, a group, an organization, a written document or symbolic message, or even a social action under investigation. This study targeted both the superior and subordinate staff of Juba teaching hospital and was purposively sampled.

### **Sample size.**

Moser and (Kalron & Bar-Sela, 2013) assert that in many cases, a researcher is unable to cover the entire population, in which case he/she takes a sample that is part of the population. They further experiment that the researcher is

forced to sample in order to save money, time, and other resources. The sample size for the current study was selected based on the criteria.

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

Where n = the required sample size

N = the study population

e = the level of significant co-efficient

n = 170

1 + 170(0.05)<sup>2</sup>

$$\frac{170(0.0025)}{1.75}$$

n = 170

$$\frac{170}{1.75}$$

n = 97

The study used convenience and stratified sampling to determine how many respondents were expected from each stratum. The researcher sampled respondents from each of the departments.

### Sampling techniques.

Neuman (2000) identifies two types of sampling techniques, namely probability (representative) sampling and non-probability (non-representative) sampling. With probability sampling, the researcher can determine the chance or probability of an element being included in the sample. This technique gives each and every member of the population an equal chance of being selected for the sample. Examples of probability sampling include simple random sampling, stratified sampling, and cluster sampling.

In contrast, non-probability sampling is when the researcher has no way to determine the chances of inclusion of a particular element of the population in the sample. The sample may be drawn depending on a determined size in advance, but there is no assurance of representativeness. Examples of non-probability sampling include haphazard sampling, quota sampling, snowball sampling, deviant-case sampling, sequential sampling, theoretical sampling, and purposive sampling.

### Random Sampling.

The simple random sample is the basic sampling method assumed in statistical methods and computations. To collect a simple random sample, each unit of the target population is assigned a number. A set of random numbers is then generated, and the units having those numbers are included in the sample. For example, let's say you have a population of 1,000 people and you wish to choose a simple random sample of 50 people. First, each person is numbered 1 through 1,000. Then, you generate a list of 50 random numbers (typically with a computer program), and those individuals assigned those numbers are the ones you include in the sample.

### Purposive Sampling

In purposive sampling, the investigator uses his or her own judgment about which respondents to choose, and picks only those who best meet the purpose of the study. In this study, purposive sampling was used because it is judgmental, allowing the researcher to handpick certain groups or individuals according to their relevance to the issue at hand. (Muraguri et al., n.d.). The use of purposive sampling was aimed at getting as much relevant and valuable information for the research as possible.

### Data collection methods

Data collection methods refer to the tools that are used to collect data. Quantitative studies largely use the same research instruments for data collection. This study used both Primary and secondary data collection methods. The primary methods involved the use of open-ended (structured) and open-ended (unstructured) questionnaires to ascertain information from the respondents, and the management of Juba teaching hospital was also interviewed. The secondary methods of data collection involved a survey of records, books, and journals, among others, in line with public hospitals in South Sudan.

### Survey

A survey of the perception of the respondents was undertaken. Here, comprehensive self-administered questionnaires were the main instrument in the study. These were designed to gather information and explore the key variables addressed to staff and management. Both open and closed-ended questionnaires were used to let the respondents give their own opinion about the research problem.

### Documentary Review.

The secondary source of data was compiled on account of the documentary review of the literature within the set frame of the study, textbooks, journals, and policy documents

### Data collection instruments.

The instruments of data collection the researcher used include: questionnaire, interview guide, and documentary review. The questionnaire was self-administered and categorized into both structured (closed-ended) and unstructured (open-ended) in order to address specific objectives. Interview guides had unstructured (open-ended) questions to give a chance to the interviewer to probe the respondent on the assessment of specific objectives. The focus group discussion guide contained both closed-ended questions and open-ended questions.

## **Questionnaire**

A questionnaire consists of a set of questions for submission to a number of persons or respondents in order to gather specific data about a given phenomenon or subject. (Ouma, n.d.)The questionnaires were used to collect information from Juba teaching hospital staff members. The questionnaire was used because of its advantage over other tools of data collection. According to Amin (2005), when questionnaires are used as data collection tools, a large number of respondents can be collected in a short period of time and at a relatively lower cost. The result of the questionnaires can be quantified quickly by either a researcher or through the use of computer software (Moser and Kalron, 2010)

## **Interview**

The staff members of Juba teaching hospital were interviewed to get information which may not be copied from questionnaires. The use of an interview has the advantage of allowing the interviewer to classify questions that are not clear to the interviewee (Kalariola 2010)

## **Data collection procedures.**

Questionnaires were distributed to both stakeholders and shareholders, and the Heads of sections. Prior to questionnaire administration, a requisition letter for the study was collected from the office of the research director.

## **Validity and reliability.**

The validity and reliability of the research instruments are important considerations when conducting research. (Hopkins, 2013) defines validity as how well a variable measures what it is supposed to measure, while reliability tells one how reproducible the measures are in a retest. (Edwards & Talbot, 2014)suggest that the validity of information is based on the extent to which the methods measure what they are expected to. Validity is also seen as the extent to which a study is free from interference and contamination, and control or variable manipulation. To ensure the validity of the instruments, the researcher conducted a pilot test on a sample of six and considered their responses for adjusting the tools to yield satisfactory results.

## **Reliability**

(Joppe, 2006) defines reliability as: The extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability and if the results of a study can be reproduced under a similar methodology, then the research

instrument is considered to be reliable. So, a test retest was conducted.

## **Data collection procedures.**

Questionnaires and interviews were distributed to the senior administration and management, subordinate staff, and clients. Prior to questionnaire and interview administration, a requisition letter for the study was sent to the respective departments, and telephone calls were made to the respondents. The questionnaires and interviews were administered to the respondents in their offices and collected in person after three days. The offices were convenient places to administer the questionnaires because the respondents spent most of their time in them. This type of data collection strategy is good as it allows the respondents to fill in the data. The researcher was able to respond to any queries that arose during data collection, and they controlled the data collection procedure, which enabled the researcher to get 100% response rate.

## **Data processing**

Data has no clear meaning unless it is analyzed and interpreted. Data analysis, therefore, gives raw data meaning and implications. (Wallen & Fraenkel, 2000)states that data analysis involves a number of closely related operations, which are performed with the purpose of summarizing the collected data and organizing it in a manner that answers the research questions. (Babbie, 2015) List the operations of data analysis to include editing, coding, classification, and tabulation. It also entails categorizing, ordering, manipulating, and summarizing data in order to find answers to the research questions.

## **Data analysis.**

The data was collected from the field using questionnaires, interview schedules, and observation checklists. This was analyzed using both descriptive statistics and inferential statistics (correlation, regression, and coefficients); the percentage was obtained from the frequency tables, and then the interpretation of the descriptive statistics. This made it possible to make appropriate inferences in terms of clients' relationship management and performance of Juba teaching hospital.

## **Results of the study.**

### **Demographic characteristics of the respondents**

#### **Gender of the respondents.**

**Table 1: Gender of the respondents.**

		Frequency	Percent	Cumulative Percent
Valid	Male	65	67.0	67.0
	Female	32	33.0	100.0
	Total	97	100.0	

*Source: Primary data, 2021*

Table 1 shows that there were 97 respondents in the sample, 65(67%) were male, and 32(33%) were female. These were selected from various sections within the department as a result of sampling techniques. Both male and female

respondents were considered in this study. The insertion of both sexes targeted collecting data from both sexes so as to avoid biased reporting on public-private partnership and health service delivery in Juba teaching hospital.

**Table 2: Age of the respondents**

		Frequency	Percent	Cumulative Percent
Valid	20-24 years	21	21.6	21.6
	25 - 31 years	18	18.6	40.2
	32-38 years	21	21.6	58.8
	39-45 years	18	18.6	77.4
	46-52 years	12	12.4	92.8
	above 53 years	7	7.2	100.0
	Total	97	100.0	

*Source: Primary data, 2021.*

Table 2, indicates that 21(21.6%) were between 20-24 age bracket, 18(18.6%) were between 25 – 31 age brackets, 21(21.6%) in the 32- 38 age bracket, 18(18.6%) were between 39 – 45 age brackets, 12(12.4%) in the 46 – 52 age bracket and 7(7.2%) were above 53 years. Results reveal that the majority of the respondents were between 31 and 38

years old. This is the most active dynamic group, and capable of providing reliable on the public-private partnerships and health service delivery. The implication is that the chosen age groups were recognized for giving reliable information.

**Table 3: Highest level of education attended.**

		Frequency	Percent	Cumulative Percent
Valid	Certificate	22	22.7	22.7
	Diploma	22	22.7	45.4
	Undergraduate Degree	47	48.5	93.8
	Masters	6	6.2	100.0
	Total	97	100.0	

*Source: Primary data, 202.*

Table 3: shows that 22(22.7%) of respondents held certificates, 22(22.7%) held diplomas, 47(48.5%) held undergraduate degree, and 6(6.2%) held masters. This implies that the majority of the respondents were technically capable of providing accurate and reliable information on the study.

**Table 4: Marital statuses of the respondents**

		Frequency	Percent	Cumulative Percent
Valid	Single	19	19.6	19.6
	Married	26	26.8	46.4
	Cohabiting	37	38.1	84.5
	Separated	9	9.3	93.8
	Divorced	6	6.2	100.0
	Total	97	100.0	

*Source: Primary data, 2021.*

Table 4: reveals that 19(19.6%) were single, 26(26.8%) were married, 37(38.1%) were cohabiting, 9(9.3%) separated with their loved ones, 6(6.2%) had divorced. This implies that the majority of the respondents were married, followed by the single ones

**Table 5: Department of the deployment.**

		Frequency	Percent	Cumulative Percent
Valid	Administration	22	22.7	22.7
	Accounting	16	16.5	39.2
	Procurement	31	32.0	71.1
	Human Resource	19	19.6	90.7
	Public relations	9	9.3	100.0
	Total	97	100.0	

*Source: Primary data, 2021.*

Table 5 shows that 22(22.7%) of the respondents were from the administration department, 16(16.5%) were from the accounting and finance department, 31(32%) were from the procurement and logistics department, 19(19.6%) were from the human resource department, and 9(9.3%) were from the public relations department. Respondents were able to give scrupulous (detailed) information about public-private partnerships in Juba teaching hospital.

**Table 6: Number of years employed at Juba teaching hospital.**

		Frequency	Percent	Cumulative Percent
Valid	1 - 5 years	55	56.7	56.7
	5 - 10 years	30	30.9	87.6
	10 - 15 years	8	8.2	95.9
	above 15 years	4	4.1	100.0
	Total	97	100.0	

*Source: Primary data, 2021*

Table 6 shows that 55(56.7%) of respondents had worked for between 1 and 5 years, 30(30.9%) had worked for between 5 and 10 years, 8(8.2%) had worked for between 10 and 15 years, and 4(4.1%) had worked for more than 15 years. The implication is that quite a number of respondents in the population were new to the system, but with a good blend to provide very good ideas and responses. The enclosure of both old and young was to provide a balance in responses and ideas.

**Table 7: Position of employment**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Doctors	10	10.3	10.3	10.3
Manager	11	11.3	11.3	21.6
Volunteer	14	14.4	14.4	36.1
Nurses	19	19.6	19.6	55.7
procurement	33	34.0	34.0	89.7
Patients	10	10.3	10.3	100.0
Total	97	100.0	100.0	

*Source: Primary data, 2021*

Table 7: shows that 10(10.3%) of the respondents were doctors, 11(11.3%) were managers, 14(14.4%) were volunteers, 19(19.6%) were senior and junior nurses, 33(34%) were procurement staff and 10(10.3%) were

patients who had effective information on the study. This reveals that all respondents involved in the study apply vital information to the study. Baru (2019) convers with the same information.

**Effects of financial and human resources support on Juba teaching hospital’s health service delivery.**

**Table 8: Juba teaching hospital has effective financial policies and procedures**

	Frequency	Percent	Cumulative Percent
Valid Strongly Disagree	10	10.3	10.3
Disagree	10	10.3	20.6
Neutral	6	6.2	26.8
Agree	53	54.6	81.4
Strongly Agree	18	18.6	100.0
Total	97	100.0	

*Source: Primary data, 2021*

Table 8 indicates that 71(73.2%) of the respondents were in agreement that Juba teaching hospital has effective financial policies and procedures. This reveals that the hospital established financial policies to ensure that every patient and staff member has access to services, and it also maintains a strong financial base through PPP and services for everyone. However, 6(6.2%) were neutral, and 20(20.6%) of the

respondents were in disagreement. Therefore, financial policies should align with hospital goals and plans, reflect the culture of the hospital, and should be easily interpreted and understood by everybody in the hospital. In a way, this ideology supports the observations by (Velotti et al., 2017)public private are in due diligence of cost and benefit sharing to realize shared goals.

**Table 9: Juba teaching hospital has an effective human resource policy.**

	Frequency	Percent	Cumulative Percent
Valid Strongly Disagree	10	10.3	10.3
Disagree	8	8.2	18.5
Neutral	8	8.2	26.7
Agree	53	54.6	81.4
Strongly Agree	18	18.6	100.0

Total	97	100.0	
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*Source: Primary data, 2021*

Table 9 reveals that the majority, 71(73.2%) of the respondents generally agreed that there is an effective human resource policy at Juba teaching hospital. This means that the hospital improves the quality of services and patient satisfaction. Though 8(8.2%) were neutral, and 18(18.5%) of the respondents were in disagreement. This means that human resource policies do not favor all employees in the

hospital. Therefore, HRM policies should be developed in order to find the appropriate balance of workforce supply and the ability of those practitioners to practice effectively and efficiently, and HR policies should also be very effective at supporting and building the desired hospital culture.

**Table 10: Knowledgeable and experienced staff**

		Frequency	Percent	Cumulative Percent
Valid	Strongly Disagree	11	11.3	11.3
	Disagree	6	6.2	17.5
	Agree	72	74.2	91.8
	Strongly Agree	8	8.2	100.0
	Total	97	100.0	

*Source: Primary data, 2021*

Table 10 reveals that 80(82.4%) of the respondents generally agreed that finance and human resource departments have knowledgeable and experienced staff to ensure effective health service delivery in Juba teaching hospital. This implies that there is effective financial accountability, a recruitment process of technical and non-technical staff, collaboration with patients, and increased commitment of staff to the organization. However,

17(17.5%) of the respondents disagreed. This reveals that some staff in these departments are not experienced and skilled, and they do not deliver services as required and expected by the hospital, stakeholders, partners, and patients. Bataringaya (2010) argues that Public-private partnership is a hybrid service delivery that requires government mandate in full monitoring and implementation.

**Table 11: HR improves the quality of services and patients' satisfaction**

		Frequency	Percent	Cumulative Percent
Valid	Strongly Disagree	23	23.7	23.7
	Disagree	14	14.4	38.1
	Neutral	5	5.2	43.3
	Agree	32	33.0	76.3
	Strongly Agree	23	23.7	100.0
Total		97	100.0	

*Source: Primary data, 2021*

Table 11 reflects that the majority, 55(56.7%) of the respondents agreed that human resources in Juba teaching hospital improves the quality of services and patients' satisfaction. This implies that human resource capabilities are appropriately used to improve the performance of the hospital in order to ensure general patient satisfaction with its services. However, 5(5.2%) were neutral on the statement, and 37(38.1%) of the respondents were in

disagreement. This means that sometimes the HR department fails to provide services that satisfy all patients in Juba teaching hospital. From the interview held with some HR staff, they affirmed that, in order to provide quality health care to patients, employees and patients need to be satisfied in their position as well.

### **Discussion of results.**

#### **The effects of financial and human resources support on Juba teaching hospital's health service delivery.**

Results of findings indicated that the majority, 73.2% of the respondents, were in agreement that Juba teaching hospital has effective financial policies and procedures to follow. This reveals that the hospital established financial policies to ensure that every patient and staff member has access to services, and it also maintains a strong financial base through PPP and services for everyone. Therefore, financial policies should align with hospital goals and plans, reflect the culture of the hospital, and should be easily interpreted and understood by everybody in the hospital.

The study findings also revealed that the majority, 73.2% of the respondents, generally agreed that there is an effective human resource policy at Juba teaching hospital. This means that the hospital improves the quality of services and patient satisfaction. Though 8.2% were neutral, and 18.5% of the respondents were in disagreement. This means that human resource policies do not favor all employees in the hospital. Therefore, HRM policies should be developed in order to find the appropriate balance of workforce supply and the ability of those practitioners to practice effectively and efficiently, and HR policies should also be very effective at supporting and building the desired hospital culture.

The study findings further indicated that 82.4% of the respondents generally agreed that finance and human resource departments have knowledgeable and experienced staff to ensure effective health service delivery in Juba teaching hospital. This implies that there is effective financial accountability, a recruitment process of technical and non-technical staff, collaboration with patients, and increased commitment of staff to the organization. However, 17.5% of the respondents disagreed. This reveals that some staff in these departments are not experienced and skilled to deliver services as required and expected by the hospital, stakeholders, partners, and patients.

The results of the findings presented that 74.3% of the respondents were in agreement that all staff in the human resource and finance departments are well trained to ensure effective service delivery in Juba teaching hospital. This is a clear indication that the hospital employs or hires individuals who already have some training in finance and HR services in order to create a platform for success. However, 6.2% were neutral, and 19.6% of the respondents were in disagreement. This reveals that some staff in these departments are still lacking adequate training to operate effectively. Therefore, staff training and development are equally important to workplace safety, productivity, and satisfaction.

### **Conclusion.**

Financial and human resources support have encouraged Juba teaching hospital to have effective financial policies and procedures to follow, and an effective human resource policy. It was revealed that the Finance and Human Resource departments have knowledgeable and experienced staff to ensure pertinent health service delivery in Juba teaching hospital. Human resources improve the quality of services and patient satisfaction. The hospital acquires financial resources from the Government, even though it's still little to enable improved and enhanced health service delivery. Staff in the human resources and finance departments are well-trained and qualified to enhance effective health service delivery. Human resources for Juba teaching hospital have been neglected by governments, donors, and development policy-makers.

### **Limitation of the study**

Financial resource constraints because of being a student and not having enough finances to effectively carry out the study.

The time frame for the study may not be enough due to other relatively demanding issues.

Slow response and non-response from some of the respondents is expected since some of the respondents claimed to be busy, and others were not available at all.

### **Recommendation.**

The study also recommends that the government has a very strong incentive to become a more active player in defining the structure of the overall health system, public and private, and how the entire sector should allocate resources and manage costs. For this approach to be successful, partnerships should therefore become even more important, not only as a source of efficiency, but also in terms of strategic planning, so that both the private and public sectors benefit from the advances made.

### **Acknowledgement.**

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I acknowledge the fraternity of all the respondents who willingly contributed to this study.

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To all, I say God bless you abundantly.

### List of abbreviations.

BOO	Build-Own-Operate
BOOT	Build-Own-Operate-Transfer
HIV/AIDS	Human Immune Virus/Acquired
Immune Deficiency Syndrome	
HS	Health Service
MOH	Ministry of Health
NGOs	Non-Government Organizations
PFP	Private- for- Profit
PFP	Private For-Profit
PNFP	Private-not-for-Profit
PPPH	Public-Private Partnership in Health
PPPs:	Public-private partnerships

### Source of funding.

There is no source of funding.

### Conflict of interest.

The authors declare no conflicting interests.

### Availability of data.

Data used in this study are available upon request from the corresponding author.

### The author's contribution.

PGBC designed the study, conducted data collection, cleaned and analyzed data, and drafted the manuscript. PB supervised all stages of the study from the conceptualization of the topic to manuscript writing and submission. SM supported the study's conceptualization, general supervision, and mentorship.

### Ethical approval.

There are a number of ethical issues that a researcher must consider when designing research that utilizes participants. Ethics are moral standards that can be followed in situations where there can be potential harm or actual harm to an individual or a group. Awareness of ethical issues in research protects the integrity of the researcher and ensures honest research results. Some of the ethical issues related to both the researcher and the research subjects included avoiding plagiarism, misusing privileges, for example, using collected data to stigmatize or entrap somebody, and maintaining the confidentiality and privacy of the human subjects.

### Informed consent.

The purpose and objectives of the study were explained to the participant, and they understood and voluntarily consented to participate in the study. The participants will benefit from improved wound management, which will

result in faster wound healing once the study recommendations have been implemented.

### Author's biography.

Puot Gatduel Bol Charbang is a student of a master's degree in Public Health at Kampala University. Dr. Peace Beatrice (P.H.D) is a research supervisor at the School of Graduate Studies of Kampala University. Dr. Sendagi Mohammed is a research supervisor at the School of Graduate Studies of Kampala University. Salongo Kateregga is a research supervisor at the School of Graduate Studies of Kampala University.

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