

THE PERCEPTIONS OF HOSPITAL PERSONNEL ON THE NEED TO ENTER INTO PUBLIC-PRIVATE PARTNERSHIP IN JUBA TEACHING HOSPITAL, SOUTH SUDAN. A CROSS-SECTIONAL STUDY.

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ABSTRACT

Background

Public-private partnerships are increasingly seen as critical to improving the performance of health systems worldwide by bringing together the best characteristics of the public and private sectors to improve efficiency. This study aimed to examine the perceptions of hospital personnel on the need to enter into public-private partnerships in Juba Teaching Hospital, South Sudan.

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 was analyzed using both descriptive and inferential statistics in the SPSS computer package.

Results

65(67%) of the respondents were male, 21(21.6%) were between 20-24 age bracket and 47(48.5%) held undergraduate degree. The majority 63(64.3%) of the respondents were in agreement that PPP provides a continued or improved level of service at reduced costs, 76(78.3%) of the respondents agreed that PPP increases competition, efficiency in service provision, expands coverage, and reduce delivery costs and 73(75.3%) of the total respondents were in agreement that Juba teaching hospital needs PPP for effective health service delivery.

Conclusion

Public-private partnerships are increasingly seen as playing a critical role in improving the performance of health systems worldwide, by bringing together the best characteristics of the public and private sectors to improve efficiency, quality, innovation, and health impact of both private and public systems.

Recommendation

To improve the quality of health services in public hospitals, the public-private partnership approach should be applied to a wide range of healthcare system needs: construction of facilities, provision of medical equipment or supplies, or delivery of healthcare services across the spectrum of care.

Keywords: Hospital personnel perceptions, Public-Private Partnership, Juba Teaching Hospital

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BACKGROUND

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 (Regan,

2010). In essence, the private entity becomes the long-term provider of services while the government becomes the purchaser of the services (Grout, 2013; Ahadzi, 2014).

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 2014). PPPs span a spectrum of paradigms that progressively engage the expertise or resources of the

private sector. At one end, there is straight contracting out as an alternative to traditionally delivered public services. On the other end, some arrangements are publicly administered but within a framework that allows for private finance, design, building, operation, and possibly temporary ownership of an asset. Hence an effort to scale the options available for the delivery of public services ranging from direct provision by a public sector entity to outright privatization, where the government transfers all responsibilities, risks, and rewards for health service delivery to the private sector and the role of government moves from being a provider to an enabler and regulator.

In 2017, Juba Teaching Hospital adopted the Public Private Partnership (PPP) in Health with the Palliative Care Association of South Sudan (PCASS) in collaboration with the Ministry of Health, to improve hospital efficiency in health services delivery to the general population. There is inadequate facilitation of team activities especially for home visits to follow-up patients at home, Referrals between facilities and community volunteers are still weak due to poor infrastructure and communication and there is also a need for some palliative care specialist skills in the hospital (Juba teaching hospital Antimicrobial Resistance and Infection report 2016).

Despite the government financial and human resources support through the Public Private Partnership strategy, Juba Teaching Hospital has not gained substantial improvement in hospital efficiency in health service delivery especially hospital outputs such as admissions, outpatient department attendance, antenatal care, immunization, and deliveries, Yasimin, (2021). Besides, the Standard Unit of Output (SUO) for hospitals and its relationship to human resources, cost of medicines, total costs, and user fees is not known. Failure to appreciate the role of PPP in Juba Teaching Hospital's efficiency may jeopardize future government support to the private institutions and thus oppose the aims for which the partnership was established. Thus, this study aimed to examine the perceptions of hospital personnel on the need to enter into a private Partnership in Juba Teaching Hospital, South Sudan.

METHODOLOGY

Research Design

The research design was a cross-sectional study, the data was collected from a sample of many categories of respondents at one point in a 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 quantitative approach of 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 quantitative enables 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 in 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 (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 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

$$n = \frac{170}{1 + 170(0.05)^2} = \frac{170}{1.75} = 97$$

The study used convenience and stratified sampling to determine how many respondents are 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 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 the individuals assigned those numbers are the ones you include in the sample.

Purposive Sampling

In purposive sampling, the investigator uses his or her 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 method data collection

methods. The primary methods involved the use of Closed-ended (unstructured) questionnaires to ascertain information from the respondents, 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. Closed-ended questionnaires were used to let the respondents give their own opinions 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; a questionnaire, interview guide, and documentary review. The questionnaire was self-administered and categorized into both structured (close-ended) and unstructured (open-ended) 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 close-ended questions and open-ended questions.

Questionnaire

A questionnaire consists of a set of questions for submission to several persons or respondents 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 in a short period and at a relatively lower cost. The result of the questionnaires can quickly and easily 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 that 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. Before 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 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. Before the questionnaire and interview administration, a requisition letter for the study was obtained from 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 there were controlled over the data collection procedure, which enabled the researcher to get a 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 several closely related operations which are performed to summarize the collected data and organize it in a manner that answers the research questions. (Babbie, 2015) list the operations of data analysis including editing, coding, classification, and tabulation. It also entails categorizing, ordering, manipulating, and summarizing data 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); Percentage was obtained from the frequency tables and correlation then the interpretation of the descriptive statistics. This made it possible to make appropriate inferences in terms of clients' relationship management and the performance of Juba Teaching Hospital.

Ethical approval

There are several 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 participants, 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.

Demographic characteristics of the respondents

RESULTS OF THE STUDY.

Gender of the respondents.

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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 to avoid biased reporting on public-private partnerships 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(2.4%) 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 is capable of providing reliable public-private partnerships and health service delivery. The implication is that the chosen age groups were recognized for giving reliable information.

Table 3: The 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 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%) from

human resource department and 9(9.3%) from 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 1-5 years, 30(30.9%) had worked for between 5-10 years, 8(8.2%) had worked for between 10-15 years and 4(4.1%) having worked for more than 15 years. The implication is that quite a several 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.

The perceptions of hospital management on the need to enter into public-private partnership

Table 8: PPP provides a continued level of service at reduced costs

	Frequency	Percent	Cumulative Percent
Valid Strongly Disagree	16	16.5	16.5
Disagree	12	12.4	28.9
Neutral	6	6.2	35.1
Agree	43	44.3	79.4
Strongly Agree	20	20.6	100.0
Total	97	100.0	

Source: Primary data, 2021

Table 8: reveals that the majority 63(64.3%) of the respondents were in agreement that PPP provides a continued or improved level of service at reduced costs. This is a clear indication that Government revenues are usually not sufficient to meet spending demands, Juba Teaching Hospital provides a continued or improved level of service at reduced costs by developing partnerships with private-sector entities to maintain quality health services despite budget limitations. However, 6(6.2%) were not sure

and 28(28.9%) were in disagreement. Therefore, it is increasingly clear that governments cannot meet the constantly growing demand for services by acting on their own, and that there is a need to look for support from other sectors of society to improve health service delivery. This is in divergence with the views of Oshiname, (2021) where imperatively he suggests the need to promote Primary care training for patent medicine vendors in rural Nigeria aimed at complementing government efforts.

Table 9: Developing hospital capabilities through joint ventures

	Frequency	Percent	Cumulative Percent
Valid Strongly Disagree	13	13.4	13.4
Disagree	18	18.6	32.0
Neutral	6	6.2	38.1
Agree	49	50.5	88.7
Strongly Agree	11	11.3	100.0
Total	97	100.0	

Source: Primary data, 2021

Table 9, indicates that 60(61.8%) of the respondents were in agreement that utilizing PPP as a way of developing hospital capabilities through joint ventures with large international firms as well as sub-contracting opportunities for local firms in areas such as civil works, electrical works, facilities management, security services, cleaning services, maintenance services. However, 6(6.2%) were neutral and 31(32%) of the respondents were in disagreement. Therefore, if properly designed and implemented, PPPs bring real benefits in terms of helping government hospitals finance infrastructure investment more efficiently,

freeing up scarce resources to allocate to other national spending priorities. Likewise, Singh and Prakash (2010) argue that public service contributions arise mostly from the accounting and the public management literature, and address predominantly the risk management and the governance dimensions of PPPs; and Regan, Smith, and Love (2009) propose that PPPs needs a more systematically costed method to risk allocation, and a rethinking of patronage risk to avoid issues related to substandard work.

Table 10: PPP introduces private sector technology and innovation

	Frequency	Percent	Cumulative Percent
Valid Strongly Disagree	14	14.4	14.4
Disagree	13	13.4	27.8
Neutral	6	6.2	34.0
Agree	49	50.5	84.5
Strongly Agree	15	15.5	100.0
Total	97	100.0	

Source: Primary data, 2021

Table 10, indicates that the majority 64(66%) of the respondents were in agreement that PPP introduced private sector technology and innovation in providing better public services through improved operational efficiency. This implies that recent attention has been focused on fiscal leveraging of projects, governments look to the private

sector to help them deliver infrastructure for several other reasons. Though 6(6.2%) were neutral and 27(27.8%) of the respondents disagreed. This implies that PPP also extracts long-term value for money through appropriate risk transfer to the private sector over the life of the project from design or construction to operations.

Table 11: PPP exposes Hospitals to increased levels of private-sector participation

	Frequency	Percent	Cumulative Percent
Valid Strongly Disagree	12	12.4	12.4
Disagree	11	11.3	23.7
Neutral	8	8.2	31.9
Agree	53	54.6	86.6
Strongly Agree	13	13.4	100.0
Total	97	100.0	

Source: Primary data, 2021

Table 11: presents that 66(68%) of the respondents generally agreed that the Government of South Sudan Under Ministry uses PPP as a way of gradually exposing Juba Teaching Hospital to increase levels of private sector participation. However, 8(8.2%) were neutral on the statement and 23(23.7%) of the respondents were in disagreement. From the interview held with administrative staff at Juba Teaching Hospital, they argued that PPP is

based on the recognition that the Government and private sectors benefit from pooling their financial resources, know-how, and expertise to improve the delivery of basic health services to all citizens. According to (Liu & Xu, 2018), requirements for partnership deem that, organizations are incapable of attaining set targets on the alliance, corroboration, and supportive interactions.

Table 12: Infrastructure development

	Frequency	Percent	Cumulative Percent
Valid Strongly Disagree	13	13.4	13.4
Disagree	12	12.4	25.8
Neutral	19	19.6	45.4
Agree	39	40.2	85.6
Strongly Agree	14	14.4	100.0
Total	97	100.0	

Source: Primary data, 2021

Table 12, indicates that the majority 52(54.6%) of the respondents were in agreement that public-private partnerships supplement limited public sector capacities to meet the growing demand for infrastructure development. This implies that Public-private partnerships (PPP) in infrastructure development involve private sector participation in any or all of the design, construction,

financing, and operation phases of a public hospital utility infrastructure, service, or both. Though, 19(19.6%) were not sure about the statement and 25(25.8%) of the respondents disagreed. Therefore, PPPs are used in areas of public service provision including education, health services, waste management, and public buildings.

Table 13: PPP increases competition, efficiency in service provision

	Frequency	Percent	Cumulative Percent
Valid Strongly Disagree	12	12.4	12.4
Disagree	9	9.3	21.6
Agree	49	50.5	72.2
Strongly Agree	27	27.8	100.0
Total	97	100.0	

Source: Primary data, 2021

Table 13: indicates that the majority of 76(78.3%) of the respondents were in agreement that PPP increases competition, efficiency in services provision, expands coverage, and reduces delivery costs. In Juba Teaching Hospital. This implies that the involvement of the private sector ensures that hospital projects and programs are subject to commercial discipline and sound financial due diligence. However, 21(21.6%) of the respondents were in

disagreement. Therefore, public-private partnerships can bring new ideas for designing programs and projects, and greater synergy between the design and operation of facilities. Brinkerhoff and Brinkerhoff (2011) discuss the broader implications of a PPP (a cross-sectional collaboration), noting it has some critical features, including joint determination of goals and collaborative decision-making.

Table 14: PPP helps government reduce public expenditures

	Frequency	Percent	Cumulative Percent
Valid Strongly Disagree	7	7.2	7.2
Disagree	18	18.6	25.8
Neutral	4	4.1	29.9
Agree	49	50.5	80.4
Strongly Agree	19	19.6	100.0
Total	97	100.0	

Source: Primary data, 2021

Table 14: shows that the majority 68(70.1%) of the total respondents were in agreement that Public Private Partnership (PPP) helps the government reduce public expenditures or raise revenues from concessions. This reveals that private enterprises are playing increasingly important roles in managing a wide range of public health

services through contracts and concessions, Build-Operate-Transfer (BOT) arrangements, public-private joint ventures, and other forms of cooperation with governments. However, 4(4.1%) were neutral and 25(25.8%) of the respondents were in disagreement. However, from the interview held with administrative and managerial staff,

they affirm that PPPs combine the best of both worlds: the private sector with its resources, management skills, and technology; and the public sector with its regulatory actions and protection of the public interest.

Table 15: PPP is an effective way for the government to mobilize private and foreign investment capital for infrastructure expansion.

	Frequency	Percent	Cumulative Percent
Valid Strongly Disagree	12	12.4	12.4
Disagree	9	9.3	21.6
Neutral	5	5.2	26.8
Agree	48	49.5	76.3
Strongly Agree	23	23.7	100.0
Total	97	100.0	

Source: Primary data, 2021

Table 15: reveals that 71(73.2%) of the respondents generally agreed that public-private partnership is an effective way for the government to mobilize private and foreign investment capital for infrastructure expansion. This indicates that through public-private partnerships, the government avoids expensive over-specification and design of public assets and focuses on the life-of-project

costs of initiating new activities or building new facilities. However, 5(5.2%) were neutral and 21(21.6%) of the respondents disagreed. Therefore, contracting for infrastructure and services allows the government of South Sudan to arrange with private companies to provide health services or facilities that meet government specifications.

Table 16: PPPs use asset management practices

	Frequency	Percent	Cumulative Percent
Valid Strongly Disagree	20	20.6	20.6
Disagree	10	10.3	30.9
Neutral	7	7.2	38.1
Agree	46	47.4	85.6
Strongly Agree	14	14.4	100.0
Total	97	100.0	

Source: Primary data, 2021

Table 16: shows that 60(61.8%) of the respondents were in agreement that PPPs use asset management practices that are linked to business planning. This reveals that Public-Private Partnerships (PPP) is a joint effort that entails hospital infrastructure being built and managed for the

mutual benefit of investors, stakeholders, private companies, and end users. However, 7(7.2%) were neutral and 30(30.9%) of the respondents were in disagreement. Therefore, integrating PPPs makes it possible for the government to expedite the process in the health sector.

Table 17: PPP incentivizes the hospital to deliver projects on time

	Frequency	Percent	Cumulative Percent
Valid Strongly Disagree	8	8.2	8.2
Disagree	8	8.2	16.5
Neutral	5	5.2	21.6
Agree	50	51.5	73.2
Strongly Agree	26	26.8	100.0
Total	97	100.0	

Source: Primary data, 2021

Table 17, reveals that 76(78.3%) of the respondents were in agreement that public-private partnerships incentivize

Juba Teaching Hospital to deliver projects on time and within budget. This reveals that recent attention has been

focused on fiscal risk, and governments look to the private sector for other reasons such as Imposing budgetary certainty by setting present and future costs of infrastructure projects over time.

Table 18: PPP benefits the government to finance infrastructure investment

	Frequency	Percent	Cumulative Percent
Valid Strongly Disagree	9	9.3	9.3
Disagree	9	9.3	18.6
Agree	61	62.8	81.4
Strongly Agree	18	18.6	100.0
Total	97	100.0	

Source: Primary data, 2021

Table 18, presents that 79(81.4%) of the respondents generally agreed that public-private partnership brings real benefits in terms of helping government to finance infrastructure investment in more appropriate ways. Though 18(18.6%) of the respondents were in disagreement. In the interview held with hospital administrators, they argued that Public-private partnership (PPP) should represent a relationship involving private

investment in public projects and/or public co-financing of private projects that are in the public interest such as infrastructure development in hospital development such relationship is formed between public and private partners in connection with the construction, maintenance and operation of public infrastructure or other projects that are in the public interest.

Table 19: Juba Teaching Hospital needs PPP for effective health service delivery

	Frequency	Percent	Cumulative Percent
Valid Strongly Disagree	10	10.3	10.3
Disagree	9	9.3	19.6
Neutral	5	5.2	24.7
Agree	57	58.8	83.5
Strongly Agree	16	16.5	100.0
Total	97	100.0	

Source: Primary data, 2021

Table 19: shows that the majority 73(75.3%) of the total respondents were in agreement that Juba Teaching Hospital needs PPP for effective health service delivery. This implies that PPPs enable the public hospital to harness the expertise and efficiencies that the private sector can bring to the delivery of certain health facilities and services traditionally procured and delivered by the public sector. However, 5(5.2%) were neutral and 19(19.6%) of the respondents were in disagreement. In the interview held with procurement staff at Juba Teaching Hospital, they argued that the cross-transfer of public and private sector skills, knowledge, and expertise creates innovation and efficiency in hospital services.

DISCUSSION OF RESULTS

The perceptions of hospitals on the need to enter into public-private partnership

The study findings revealed that the majority 64.3% of the respondents were in agreement that PPP provides a continued or improved level of service at reduced costs. This is a clear indication that Government revenues are usually not sufficient to meet spending demands, Juba Teaching Hospital provides a continued or improved level of service at reduced costs by developing partnerships with private-sector entities to maintain quality health services despite budget limitations. Therefore, it is increasingly clear that governments cannot meet the constantly growing demand for services by acting on their own, and that there is a need to look for support from other sectors of society to improve health service delivery.

The study found out findings that 70.1% of the respondents were in agreement that Public Private Partnership (PPP) helps the government reduce public expenditures or raise revenues from concessions. This reveals that private enterprises are playing increasingly important roles in managing a wide range of public health services through

contracts and concessions, Build-Operate-Transfer (BOT) arrangements, public-private joint ventures, and other forms of cooperation with governments. From the interview held with administrative and managerial staff, they avow that PPPs combine the best of both worlds: the private sector with its resources, management skills, and technology; and the public sector with its regulatory actions and protection of the public interest.

The study findings further indicated that the majority 73.2% of the respondents generally agreed that public-private partnership is an effective way for government to mobilize private and foreign investment capital for infrastructure expansion. This indicates that through public-private partnerships, the government avoids expensive over-specification and design of public assets and focuses on the life-of-project costs of initiating new activities or building new facilities. Therefore, contracting for infrastructure and services allows the government of South Sudan to arrange with private companies to provide health services or facilities that meet government specifications. This result concurs with the results of Brugha, (2019) who asserts that global funding can meet the expectations of the government in a well doctored public-private partnership. Barnum (2021) augmented that, resource use, cost, and financing take a toll on the governments.

CONCLUSION

Public-private partnerships are increasingly seen as playing a critical role in improving the performance of health systems worldwide, by bringing together the best characteristics of the public and private sectors to improve efficiency, quality, innovation, and health impact of both private and public systems. Yet, partnerships can be an effective force toward achieving these results; they are not a magic solution to the many problems that now face health systems in South Sudan. If partnerships are to be effective in addressing the issues of poverty reduction and equity, quality improvement, and cost containment, considerable work needs to be done to develop accountability and transparency, the legal and regulatory framework, and the mutual trust that is necessary for partnerships to succeed. The delivery of hospital care inevitably involves many partnerships between the public and private sectors. The study examined the situation where public authorities contract with the private sector to run and sometimes build a hospital and its entire services.

LIMITATIONS 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

PPPs should provide the government with alternative methods of financing, infrastructure development, and/or service delivery. Ideally, PPPs should allow private parties to "do well while doing good." PPPs should make private capital investment more attractive to the private sector.

The study further recommends that in public hospitals to improve quality health services, the public-private partnership approach should be applied to a wide range of healthcare system needs: construction of facilities, provision of medical equipment or supplies, or delivery of healthcare services across the spectrum of care.

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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 interest.

AVAILABILITY OF DATA

Page | 13 Data used in this study is available upon request from the corresponding author.

AUTHORS CONTRIBUTION

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

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