Walden University
ScholarWorks

2018 Program & Posters — Research Symposium

7-27-2018

Community Public-Private Partnership Leadership Synergy In Tanzania

Hawa Yatera-Mshana Dr.
Walden University, hawamshana70@gmail.com

Follow this and additional works at: https://scholarworks.waldenu.edu/symposium2018

Recommended Citation
Yatera-Mshana, Hawa Dr., "Community Public-Private Partnership Leadership Synergy In Tanzania" (2018). *2018 Program & Posters*. 18.
https://scholarworks.waldenu.edu/symposium2018/18

This Book is brought to you for free and open access by the Research Symposium at ScholarWorks. It has been accepted for inclusion in 2018 Program & Posters by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Community Public-Private Partnership Leadership Synergy In Tanzania

Dr. Hawa Yatera-Mshana

Problem

Although the public-private partnership(PPP) concept in health and social health has been politically accepted as a best pathway to improving health outcomes in many developing countries, implementation lacks leadership synergy (LS). Lack of awareness and engagement of community leaders about PPP interventions and their benefits affect accountability and ownership of health and social care interventions. Lack of accountability on PPP interventions and lack of community engagement requires a synergistic approach between public and private sector to improve health and social welfare of the population (Cramm et al., 2013; Itika, et al., 2011:White et al., 2013). The leadership gap in the community care setting affects the implementation of the long-term health and well being of the population (CDC, 2010; Cramm et al., 2013). Further descriptive research was needed to provide evidence about leadership synergy in a community health related innovative program to improve accountability (Cramm et al., 2013; Itika, et al., 2011: Tanzania global Health Initiatives).

Purpose

The purpose of this qualitative empirical case study was to better understand factors that could promote partnership leadership synergy (PLS) to enhance ownership and accountability for community health and social welfare.

Significance

The result of this study indicate significant evidence of promoting accountability and ownership through enhancing leadership synergy between public and private or private and private partnership in the implementation of primary health care interventions in a partnership setting.

Social Change Implications

This study's findings would influence positive social change through diffusion of leadership synergy practice, which would increase awareness of the benefit of PPP in the community and promote more engagement of stakeholders that in turn would foster ownership and accountability of health and social health in the society. Increased awareness and accountability of health and social issues would improve individual and community health outcome.

Theoretical Framework

The DoI construct employed were

1. **Relative Advantage**- measured the degree to which partnership leadership synergy was perceived
2. **Compatibility**- measured the perceived degree of LS with the existing values and practice
3. **Complexibilit**y- measured the perceived degree on how difficult or easiest to understand the concept of PLS.
4. **Triability** – measured perceived degree to what and how the LS can be facilitated with limited resources.
5. **Observability**- measured the perceived degree how the outcome of PLS was visualize in the community setting.(Glanz et al., 2008)

The PPIP – DBFO

Design- explained the degree to which the interventions are designed and contacted, engagement, implementing policy and contract. **Build** – explained the degree of community capacity in provision of PPP, responsibility, accountability, and resources sharing. **Finance**- explained the degree of shared risk, power, source of funds and management. **Operate** – explained the degree to which clinical standards are met, quality of services, collaboration, and communication.(Global Health Group,2010)

Relevant Scholarship

The completion of this study obtained no financial support. The Walden University research quality and Committee supervisory and technical advice contribute to the success of this study. Further, the evidence and academic research literature informed and justified the development of this study. Main literature and the focused on the literature review were:
Public-Private Partnership- Itika et al, (2011); Whites et al., (2013). Social Determinants of Health – CDC (2010). Partnership leadership synergy – Partnership functioning by Cramm et al., (2012); Ansari, (2012). Semi-structured research interview questions adapted from Curry et al., (2012). Further, informed voluntary participations and cooperation from research sites leaders provided the knowledge that merit this study, as such the researcher can authenticate the study.

Research Question

RQ1: what the perceptions were of public and private community health leaders in Tanzania toward public-private partnership leadership synergy
RQ2: the perception of leaders and managers of public and private sectors to facilitate leadership synergy for PPP in health and social care interventions in a community settings.
RQ3: how managers and leaders of the public and private sector facilitate synergy for action health and social health interventions implementation in a partnership setting.

Participants

- Purposeful sampling technique used to select 6 organizations that provide primary health care in a partnership at community level: public (local government) and private sector (not-for-profit) in a ratio of 3:3. 30 potential leaders and managers recruited-participants were recruited according to research protocol to provide descriptive information.
- Saturation level reached with 26 participants.

Procedures

Design: Qualitative Empirical Case Study.
Data Source

- In-depth face to face interview
- Document review.

Data Collection Instrument

- A set of semi-structured open ended interview questions adapted from Curry's et al., (2012) employed.
- An informed voluntary Consent form signed by each participant, In depth one-on-one interview lasted 30-45 minutes. All interviews were transcribed and translated into English language for analysis. Field notes and research journal data contributed to the research data.

Analysis

- Directed Content Analysis approach used to review data collected from each transcripts and field notes.
- Data collected aligned with the overarching research question and the purposed of the study to measure and analyze the text (Yin, 2011; Miles et al., 2014). Then, the theoretical framework constructs guide the initial coding process (Creswell, 2014). NVivo computer qualitative software tool employed. The tool increases flexibility and improves validity in qualitative study (Creswell, 2014; Miles et al., 2013).
- The process of data verification include: comparison, relationship, consolidation and condensation to produce a meaningful explanation of the findings (Miles et al., 2013).

Findings

Common Emerged Theme	% Emerged Theme by specific Sector		% Emerged Theme
	Public Sector	Private Sector	
Integrated Supportive Supervision	18 (78.3%)	5(19.2%)	23(88.5%)
Team Work	11(42.3%)	8 (30.8%)	19 (73.1%)
Strategic Communication	3(11.5%)	3(11.5%)	19(73.1%)
Lack of Clear Roles and Responsibilities	7(26.9%)	5(19.5%)	6(23.1%)
Lack of Data Quality and Linkages	6(23.1%)	5(19.2%)	11(42.3%)
Limited Understanding of PPP and their Benefits	6(23.1%)	6(23.1%)	12(46.9%)

Interpretation

- 88.5%, 73.1% and 73.1% of public and private sector perceived that integrated supportive supervision, team working and strategic communication retrospectively, increase synergetic approach to the implementation of primary health care in a partnership setting.
- On the other hand, lack of clear roles and responsibilities (23.1%), poor data quality and linkages (42.3%) and limited understanding of PPP in health and their benefit (46.9%) hinder the accountability and ownership of PPP interventions at the community level.

Limitation

This empirical case study explored the perceptions of leaders and managers of public and private-not for profit organizations toward leadership synergy in a partnership setting in Tanzania. The focus was on primary health care implementation. Therefore, generalization of the study findings is limited to the participants and study population

Recommendations

- Replication of methodology to explore the perceptions of private for profit organizations toward LS on the implementation of primary health interventions in a partnership setting.
- Further, a mixed methodology study would allow a generic insight to better understand factors that would increase ownership and accountability in PPP primary health and social welfare interventions.
- The PPP national and technical advisory term to advocate policies and budget that engage community social health and primary health interventions.

Acknowledgements
Cheryl Cullen, DHA, RN
Walden University
Magdeline Aagard, PhD
Walden University
Dr. Patrick Tshida
Walden University