

## **PUBLIC PRIVATE PARTNERSHIP TECHNICAL WORKING GROUP**

### **1) Background**

Institutions/organizations participating in the Public Private Partnership TWG include the following : MOHSW, CSSC, BAKWATA, APHTA, GIZ, DANIDA, USAID, CIDA, NIMR and TPHA. Public Private Partnerships TWG managed to hold nine meetings and two adhoc meetings. Public Private Partnerships TWG managed to collaborate with very few TWG and mainly by participating in the meeting when there is a need of discussing specific issue. Mainly PPP advisor participated in the Health Financing TWG regularly.

### **2) Performance/achievements**

Progress and status of all HSSP III strategy and strategic objectives related to the PPP TWG's focused on the three strategic area in 2010/11 include the following:

#### ***To ensure conducive policy and legal environment to facilitate PPPs***

PPP Office established which is coordinating the PPP implementation in the Health Sector by ensuring the appropriate guidance in the implementation of PPP in the Health Sector. In order to facilitate better PPP implementation in line with existing National Policy, Act and Regulations and other relevant documents, a Draft Health Sector PPP Policy Guidelines was developed with PPP TWG involvement. Final draft is already aligned to National PPP Policy, PPP Act and the PPP Regulations.

#### ***To ensure effective management and operational framework for PPP***

Review of SA implementation was conducted challenges were identified. advise was shared working on other challenges ongoing. The process of printing Health Sector PPP Strategic Plan has started which will then be distributed and disseminated to all districts and various stakeholders.

Nine monthly national level PPP TWG meetings were conducted where different partners played part in addressing PPP issues. Draft PPP Orientation Manual was developed which will be used to train Health Sector PPP stakeholders to facilitate common understanding.

#### ***To enhance PPP in the provision of health and social welfare services***

Participation in the revision of CCHP Guidelines by proposing ideas which will facilitate PPP implementation at the district level was done. Draft for NPPPCC was prepared to facilitate wider range of stakeholders in the National PPP Forum. We managed to sensitized 4Regions and 14 councils on the importance of service agreements and PPP in general including the establishment of PPP forum. Seventeen councils have signed Service Agreement with private facilities to provide public health services more are planning to implement next financial year. Gov't pays staff salary payments within DDH and VA facilities. A process of preparing Private Health Sector Assessment started where the implementation will improve the developed draft PPP Tracking Framework.

### **3) Major challenges & constraints:**

Final PPP Regulations were out in May 2011. Uncommon understanding of PPP among key stakeholders, involving more stakeholders in the National PPP forum eg. Big private sector in health sector. Costing of health services is not clear in most councils and the source of fund is not clear for implementing SA. The process of getting local consultants took time as there are few local consultants with the PPP expertise.

- 4) **Way forward:** Sharing of Final draft Health Sector PPP Policy Guidelines including management team of MOHSW, Printing and disseminate Health Sector PPP Policy Guidelines, advocacy/Sensitization/Monitoring of PPP implementation in 4 regions and 16 districts, Finalize the PPP Orientation Manual, Implement PHSA and improve draft PPP tracking framework, Integrate PPP indicators in HMIS tool, Develop PPP implementation manual and finalize ToR for National PPPCC
- 5) **Priority areas and most important initiatives planned for the TWG's work in FY 2011/12**  
Sharing of Final draft of PPP Policy Guidelines and print, conduct PHSA and improve draft PPP Tracking Framework, advocating/Sensitization of PPP implementation in four regions, finalize Orientation Manual and Finalize ToR for NPPPCC