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RESEARCH ARTICLE

USING THEORETICAL FRAMEWORK TO ANALYSE A QUALITATIVE INQUIRY: EMPIRICAL CASE STUDY ON COMMUNITY PUBLIC-PRIVATE PARTNERSHIP LEADERSHIP

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ABSTRACT

Background: Improving community health in many developing nations requires synergetic leadership. The concept of public-private partnership in health and social care initiatives was adapted to improve health outcomes in many developing countries; the implementation lacks community leadership engagement to promote ownership and accountability of health and social health outcomes ***Objectives:*** To understand strategies that could promote community partnership leadership engagement to enhance ownership and accountability on health and social care initiatives, and to increase awareness of primary health care collaborative initiatives needs in Tanzania, the developing nation. ***Methods:*** Empirical qualitative case study used. Twenty-six leaders and managers responded to in-depth one-on-one interviews and partnership national policies and guidelines documents reviewed. Content analysis and NVivo 11 software employed to analyse collected data. ***Results:*** Two major themes emerged. Firstly, findings indicated that integrated supportive supervision, teamwork, and strategic communications promote leadership synergy. Secondly, the findings showed that limited data, unclear roles and responsibilities, limited understandings of the benefits of Public-Private Partnership at the community level hinder the promotion of ownership and accountability of health and social initiatives. ***Conclusion:*** The results of this study indicate significant evidence of improving population health through promoting community leadership ownership and accountability of health and social care initiatives. Also, this study finding provides insight into supporting community leadership synergies for the implementation of primary health care initiatives in a partnership setting. Further studies are needed to explore partnership and community engagement in provision of primary health initiatives in private for-profit health organisations. In addition, this study contributes to the strategic development goal 3.

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INTRODUCTION

Although the public-private partnership (PPP) in health and social care has been politically accepted as a best pathway to improving health outcomes in many developing nations, implementation lacks leadership synergy. Promoting ownership and accountability in community partnership in health and social care initiatives requires integrated leadership [1, 2,3,4.] Taking an example of Tanzania PPP in health and social welfare, the PPP concept has been adopted to foster collaboration and accountability to deliver continuity of health services, to improve the quality of health, and ease access to health care especially in the remote area [5,7,9.] As such, a large number of studies done across many countries in developing world in the area of public-private partnership in health reflected a deficiency in leadership synergy, which affects accountability and ownership in the implementation of PPP in a partnership setting [11,6.] Leadership synergy is a joint coalition force between public and private partners to influence accountability through active communication, shared values and collaboration for the delivery of health and social care initiatives [12,13, 14.] Leadership synergy is essential for promoting ownership and accountability, particularly in a partnership setting service implementations and data management because it provides in depth insight into quality decision-making on community health and social care delivery issues [15, 16, 17, 18.] Evidences suggest that most health and social problems are preventable [19, 20, 21, 13, 10.] Taking into account that public health leaders are accountable of promoting and improving health of the population, evidence suggest that the consequence of limited healthcare leadership contributes to a range of adverse health outcomes and inequality [22, 10, 23, 24.] Public health leaders not only represent the voice and needs of the citizens, but also are accountable for the delivery of health and social interventions at the community setting [25,11,24.] Given an example of Tanzania, the large area in the rural setting and marginalized communities struggle to access quality health care and social services those that are publicly provided for the population[8, 25, 10.] A lack of adequate and quality information on health care service delivery and monitoring from these PPP in health and social care limits decisions and verities of health improvement and coverage on the core health and social care

services [26, 10, 27]. Enhancing accountability and ownership requires promotion of PPPs leadership synergy and engagement of the community in monitoring the delivery of primary health and social care initiatives[28, 1, 29, 30, 31, 10]. With lack of accountability on PPP leadership, and a lackof community engagement on PPP flag a call for promoting synergistic approach between public and private sector to improve primary health care of the population[15, 31, 32, 14, 33,35, 56]. Lack of descriptive information on community primary care initiatives limit decisions on the fundamental improvement of healthcare and social service coverage [34, 35, 36, 37]. On the other hand, limited data on PPP leadership contribute to the lack of evidence and shared best practices, which limit the innovative implementation of primary health care [32, 35, 36, 49]. In the reviewed literature, public health leaders presented different perceptions, which show a conceived limited insight into best practice PPP in primary health care [38, 15, 35]. Public health leaders perceptions influence decision and the implementation of primary and social health interventions[39]. A lack of awareness and engagement of community leaders on PPP and their benefit from participating in PPP health and social services interventions was the gap that this study contributed to the literature.

METHODS

Qualitative empirical case study approach was used. The researcher employed diffusion of innovation (DoI) theoretical framework and public private integrated partnership (PPIP) model that focused on Design Build Finance Operate (DBFO) to facilitate the process of data collection and analysis. The use of theoretical framework provided not only a reliable guidance on data collection and analysis, but also demonstrated quality of this study finding [40,41,42,44]. Also, theoretical framework facilitated the understanding of how communication works in a partnership setting at the different levels of leadership between public and private organisation and at the community level. The diffusion of innovation constructs provided insight into the public and private partnership leaders' communication and practices in a partnership setting. Saturation level reached at 25 participants and at 26 participants stopped data collection procedure because no new information gathered [43]. A total of 26 leaders and managers from public and private (not for profit) health sector who provided primary health and social care interventions in a community partnership setting at the time of this research were interviewed. In addition, PPP policies and guideline documents were reviewed. Directed content analysis strategy was employed and the researcher facilitated the coding process[40, 41]. In addition, the NVivo 11 computer qualitative software tool was utilized to support data management, organization, and analysis. Table 1below shows a summary of the procedures alignment from data collection to the research findings.

RESULTS

This study explored public and private leaders' perceptions of community PPP leadership synergy. The result of this study were based on in-depth one-on-one interviews with participants n=26, who were from the private not for profit sector n= 11(42.3%) and the public sector (Municipal councils)n= 15 (57.7%). The participants were leaders, managers and coordinators of public and private partnership interventions in Dar es Salaam, Tanzania. At the time of this study, the participants were leaders of some of the community primary health interventions within their organisation and in a partnership-setting environment. The professional characteristics of the participants ranged significantly from medical doctors, social workers, health economist, and nurses, and among them, 19.2% were project directors, 65.4% were project coordinators, and 42.3% were project lead managers. This study was an empirical qualitative case study focused on understanding the factors that could enhance partnership leadership synergy in PPP primary health care interventions to improve quality of life of the population. The DoI theoretical framework and community PPIP module used to guide data collection and analysis for this study. As such, DoI theory not only explained how the innovations are diffused and implemented within the organizations[44, 45] but also provided a reliable insight into the process of data analysis and findings in this study[46]. The three overarching research questions formulated the focus on reporting the results of this study. Each question was addressed separately, and data were presented to support each finding. For example, Table 1 above highlights a summary of findings from this study. Whereas, Table 2 illustrates how the theoretical framework was used to analyze the qualitative data in this study. Table 2 presents results of this study focused on organizations as a unity of analysis, which is the public and private (not for profit) sector. As such, the results are presented as follows: Question one seeks to understand the perceptions of public and private community health leaders toward public-private partnership leadership synergy.

Table 1. A summary of Data alignment and Study Findings

Data source	Unit of Analysis	Overarching research questions	Theoretical Framework	Emerged Themes
Interviews Transcripts Document Review	Organizations *Three Public sector Organization and *Three Private sector organizations	What are the perceptions of public and private community health leaders toward public-private partnership leadership synergy?	DoI Constructs Relative Advantage, Compatibility Triability Observability Complexity	Integrated Supervision, Team Work, Strategic Communication
		What are the perceptions of leaders of public and private sector to facilitate leadership synergy for PPP in health and social care interventions in a community setting?		Lack of clear roles and responsibility Limited understanding of PPP in health at community level Lack of data quality
		How do managers and leaders of the public and private sector facilitate synergy for action health and social care interventions implementation in a partnership setting?	PPIP-Module Design Build Finance and Operate	

Table 2. The Application of DoI Theoretical Framework

Theoretical Framework	Description of Measurements	Results Per Organisation	
DoI Constrict		Public	Private
Relative advantage	Explained perceived degree to which the interventions are seen as better than the current practice.	7(26.9%)	12(46.2%)
Compatibility	Explained perceived factors on how consistent the intervention is within values, habit, experience and needs of potential adoption	8(30.8%)	8(30.8%)
Complexity	Explained perceived difficult on understanding the concept and on the implementation of leadership synergy	5(19.2%)	6(23.1%)
Observability	Explain the perceived extent to which the intervention can be monitored for decision and accountability	13(50.0%)	10(38.5%)
Triability	Explained the perceived extent to which the innovation would provide visible or tangible outcomes	11(42.3%)	10(38.5%)

Table 3. The Application of PPIP Framework

PPIP - Module	Description of Measurements	Result
Design	The degree to which the interventions are designed and contracted to the private entities, (plan of action). The degree to which theoperating policy engage both partners (public and private)	8%
Build	The degree of local capacity in contracting the services. The degree to which responsibility and accountability for implementation and on-going maintenance and operation of the services is managed. Degree of shared government resources and tools	33%
Finance	The degree of shared risk, power and financial accountability The degree of risk transferred, risk allocation and rewards The source of PPP funding The degree of financial accountability The degree of managing associate financial risk	14%
Operate	The degree to which clinical standards is followed. Thedegree, to which the on-going implementation of services is monitored, shared and maintained. The degree of collaboration and communication	45%

Question two addresses the perceptions of leaders of public and private sector to facilitate leadership synergy for PPP in health and social care interventions in a community setting. Both question one and two were answered through DoI theoretical framework construct, which are relative advantage, compatibility, complexity, observability and triability. According to Roger(2003) the DoI theory takes different approaches to examine reasons of success and failure of the interventions. In this case, the DoI constructs explained how the Leadership Synergy concept can be diffused and be implemented by the majority of the PPP leaders and managers to raise awareness of PPP benefit and enhance ownership and accountability in a community partnership health and social care interventions[46.]Literatures shows DOI theoretical framework not only provides a reliable insight in the process of social change but also, considers peer to peer communication strategies and provide a clear pathways and understanding of needs in a different levels of interventions implementation[44, 47.] Similarly, in Table 2 the PPIP-DBFO model illustrates findings for research question three that seeks to understand how managers and leaders of the public sector and private sector facilitate synergy for action health and social care interventions implementation in a partnership setting. PPIP module is comprehensive and widely used in the integrated services to deliver beneficial outcomes in PPP interventions[48, 49.] The model Design, Build, Finance and Operate (DBFO) used in this study not only because it provides a linkage to preventive, primary, and long-term care, but also enhances financial capabilities in addressing population needs [50, 51, 11.] Six themes emerged from the results of this study as illustrated in Table 3. The themes are divided into two parts: part one explained the factors that enhance leadership synergy, which were: integrative supportive supervision, effective communication and teamwork. Part two themes explained factors that hinder ownership and accountability, these were: poor data quality, a lack of clear roles and responsibilities and limited understanding of PPP and it is benefit at the community level. The findings from this study not only contribute to the body of knowledge in PPP in health and social services, but also provide insight into how to promote partnership leadership synergy for a PPP in primary health care and social welfare partnerships. In summary, the study findings show that integrative supportive supervision promotes partnership leadership synergy in primary health care and social welfare interventions. Strategic communication and teamwork foster collaborative leadership in a partnership setting. On the other hand, poor data quality and linkages between implementers impede the decisions making and the implementations of PPP in primary health care. While strategic communication harmonizes the relationship between partners, also provides a light that brings both parties to move into achieving the intended goals. In addition, promoting clear delineation of roles and responsibilities of all levels in a partnership setting would promote ownership and accountability at the establish PPP primary care interventions. Similarly, awareness and understanding of the PPP and it is benefits at community level would enhance ownership and accountability in health interventions to that in turn promote quality of care and improve the health outcome of the population.

DISCUSSION

Relative advantage: Relative Advantage explained the perceived degree to which, the partnership leadership synergy idea would be better than the current practice in the implementation of PPP primary health intervention in the community setting[44, 45.] This study showed that 19 (73.1%) of the total participants perceived that collaborative leadership promotes engagement and provides a positive environment for the effectiveness of their activities. A total of 23 (88.5%) of public sector participants mentioned that integrative supervision and meetings had improved the level of engagement between the two partners, the private (not for profit) and public sector. With diffusion of innovation, the theory explained that the influence of adopting a new idea increases in an existing level of relationship between two parties[36, 45.] Because of teamwork and integrated leadership practice on the implementing of clinical supervision and meetings, the leaders, coordinators and the managers within the PPP health interventions have built a better environment for sharing and acknowledging each other. From this study's results, both public and private sectors participants responded that integrative meetings reduced the duplication of activities and improved trust between community health providers and service users. In addition, both participants in the public and private sector perceived that teamwork has improved the access to long term reproductive services, leprosy and TB services. Further findings show that the use of mobile digital

networking communication system, provides a facilitative platform between the public and private sector family planning clinical services team to work together and coordinate outreach services. The mobile digital networking is perceived to have a significant contribution not only for increasing access to service, but also for the promotion of long-term family planning services uptake. The researcher found that teamwork and integrated supervision are relative advantage practices between public and private sector PPP integrated health initiatives. Therefore, promoting the partnership leadership synergy concept could be effectively facilitated through teamwork and integrated supervision and in turn advocate for inclusive community PPP policy guidelines. Evidence suggests that synergistic and integrative ways of working not only promote positive partnership, but also increase ownership and effectiveness of public health innovations[1, 22.] This study's findings noted that promoting partnership leadership in a PPP setting could be also a challenge, as revealed by11 (42.3%) of private sector participants. As such, the private sector participants highlighted that the complexity in promoting partnership leadership synergy practices could be bureaucracy within the public sector. On the other hand,5(19.5%)of public sector participants perceived that private sector organizations focus on business and that most of the private organizations are not transparent about their business. The literature suggests that leaders behaviour contributes significantly to the effectiveness of the public health leadership in a complex organizational framework [52, 53.] Therefore, promoting strategic communication not only increases team accountability and engagement, but also improves positive partnership functioning [1, 15, 14, 54.]

In this study, findings indicated that strategic communication harmonizes the relationship between public and private community health providers. For example,5(33.3 %) of the public and private participants highlighted that initially it was too hard for partners to understand each other but since they started to focus on the specific PPP issues both could see the challenges and could set an action plan to solve the problems. Another example from public sector, which reflects on the benefit of strategic communication, was shared qualified staff with private sector. This study noted that staff sharing practiced within PPP to ensure continuity of maternal health services in some of private sector facilities that work in partnership with Municipal Council. Evidence shows that strategic communication not only increases the relationship between the organizations but also considers the mobilization of knowledge as well as implementation of the communication to meet the intended goal[55,56,64.] Achieving positive health outcomes of the population in a collaborative and synergetic leadership, literature suggests that engagement of multidisciplinary and shared leadership practice within the PPP framework empowers organization to function [22, 18, 64]Although teamwork, strategic communication and integrated supervision and meeting practices are highlighted to be the relatively advantage for enhancing partnership leadership synergy Jones& Barry (2011) argued that the framework for integration needs to be considered and understood by both partners. Taking an example of Tanzania Ministry of Health and Social Welfare PPP policies and guideline[57, 58, 62]the document concentrated on top down leadership practice and lacked partnership leadership directives for the PPP at the municipal and community level. The training policy document provided evidence and emphases on supportive supervision and integrative meetings to improve the quality of services. On the other hand, the national training and supervision guideline document[57]underpins the national PPP implementation policy, which leveraged to reach both private and public sector health providers at the community setting[62.]However, the training and supervision document neither shows the level of private sector engagement nor community leader collaboration on the supportive supervision in the implementation of PPP in a partnership setting[57.] The PPP national policy[58, 62.]is explicit on task sharing, and this could provide a relative advantage for promoting partnership leadership synergy in a community setting. In addition, the presence of a private sector coordinating hub, the Association of Private Health Facilities in Tanzania (APHFTA),which assumes leadership role for the private sector reflects on relative advantage for enhancing coalition leadership to promote ownership and accountability[59.] APHFTA works together with the public sector in the implementation of PPP in health and social care strategy. The association provides technical advice and incorporating and advocating for private sector for profit organizations to provide primary health care interventions implementation in a partnership setting.

The APHFTA private sector strategic plan document 2016-2020 highlighted the strategies for the private sector integration project plan in a PPP intervention and emphasized the provision of quality and access to primary health services. However, in the APHFTA strategic plan for PPP did not specify the level of inclusion of community private leadership in the delivery of PPP interventions in a partnership environment[59.]On the other hand, the faith organisation, Christian Social Services Commission (CSSC) document illustrated a comprehensive PPP plan, which indicated levels of mainstreaming PPP health and social welfare interventions within the faith based not for profit agencies in the country[60.] However, both reviewed documents show limited plans on PPP collaborative strategies that could provide insight into data linkages, monitoring and evaluation for primary health care in a partnership setting. Further, the study findings show 6 (23.1%) and 5 (19.2%) of the public and private sector respondents respectively mentioned that lack of data linkages and poor-quality data contribute to ineffective health and social care interventions coverage plan. Similarly, 12 (46.2%) of the respondents, both private and public sector stated that limited community leaders' engagement, a lack of ownership and accountability contribute to poor quality data production. On the other hand, 7 (26.9%) of public sector respondents mentioned that lack of capacity and understanding of the roles and responsibilities of PPP leadership at the community level also contributes to the lack of data reliability and linkages. Documents review for this study highlighted challenges encounter on health and social welfare decisions and planning due to poor quality data and limited information received from the PPP collaborations[58.] In addition, the national PPP policy[58] underpinned the result of this study on poor quality data. The policy document highlighted that the limited capacity on PPP leadership and limited health related data hinder the design and service agreement implementation and output[58.] With limited awareness on the benefit of PPP and community leadership engagement contribute to the lack of ownership and accountability. Looking at the HIV and Tuberculosis strategic guideline [61,] the document exemplified the benefit of PPP in the provision of primary health outreach services, of which 19 (73.0%) of the respondents noted that team work in a PPP setting enabled the comprehensive coverage and increased access to services in the remote area. Also, public sector

participants 11 (42.3%) acknowledged the contribution of the private sector that it is eminent in the provision of health and social care particularly in the community and remote areas. This study results indicate that promoting integrated supportive leadership supervision, enhancing integrative leadership teamwork and fostering strategic leadership communication are some of the factors that could foster ownership and accountability in the implementation of PPP in health and social care interventions in a partnership setting.

Compatibility: The compatibility construct explained perceived factors that show how consistent the partnership leadership is within values, habits, experiences and needs of potential adoption of leadership synergy practice within the PPP in health framework [44, 55.] The finding in this study shows that 8 (30.8%) of private sector leaders and 8 (30.8%) of public sector leaders perceived that they could function together successfully. For example, the faith based health organizations have historical backgrounds of complementing government efforts on the provision of health and social care services in the remote areas[60, 62, 58.] Similarly, the APHFTA represents private sector facilities, and advocates not only for the inclusive policy, standards adherence and legal framework, butalso the financial capacity for the implementation of primary health care [59, 62.] This study found that through teamwork, integrated meetings and strategic communication public and private sector share values, experience and culture, which provide a concrete platform for promoting partnership leadership synergy for the implementation of PPP in health and social services in a partnership setting. Evidence suggests that although the influence of culture compatibility may vary across the organization; effective integration, participation and shared risk, values and experience have influence on performance[57,58, 59, 60,62.] The reviewed literature mentioned that synergetic power contribute to the strategic efforts between two or more organizations that come together to act for the common good [13, 69.] Given an example of Tanzania, the PPP policy [58,] highlighted that integrated meetings bring partners together and provide a fair ground on planning, which increases coverage of health interventions. Also, with shared values, organisations that work together could build the capacity and promote empowerment to visualize their mission and objectives [18, 24, 57]in a partnership environment.

The compatible integrated practice, values and experience that noted in this study from public and private sector are the following comments: 4(36%) of private sector participants mentioned that they get support from the ministry of health and social welfare. Similarly, (64%) of the private sector participants commented that they use ministry of health national PPP guideline and they find that the document is good because it engages both parties. In addition, 7(64%) of private sector participants highlighted that teamwork, especially in formulating PPP policies and guideline documents, is one of the factors that has made it possible to resolve PPP in health challenges. On the other hand, 5(33.3%) of the public and private participants commented that before the initiatives that brought together the PPP technical team that engaged both private and public sector, it was harder to collaborate and plan for PPP health initiatives. In addition, 4(26.7%) commented that in some areas they could see duplication of activities, but acknowledged that the teamwork between the private and public sector proved a vivid achievement especially on the increase of coverage in the remote area. Further, the local and international non-governmental organizations (NGOs) that are not for profit implement the national PPP strategic plan for primary health care in some extent. However, this study analysis the results revealed that there is a lack of coordinated leadership, which limits accountability and increases chances for duplication of health intervention activities in a community setting. A previous study indicated that enhancing clear pathway of diffusion of innovation fosters the stakeholders to leverage the idea at all levels [64.] Historically, the government of Tanzania had open ground for both private sector and public sector to work together to meet the health and social needs of the population [60.]With strategic communication, existing values and experiences of collaboration between public and private sector in health interventions bring an integral effort of sharing leadership to deliver a universal value [70, 33.] However, in this study, 12(46.2%) of the participants stated that there is a lack of clear roles and responsibilities among leaders of PPP at the community level. As such, when there is no clear accountability the chances of negligence increase, which negatively affects not only the facilitation of awareness of the PPP and its benefit but also hinder the promotion of ownership for community health interventions [15, 31.]

Triability: In the case of Triability, the construct explained the perceived extent on how the partnership in health interventions can be monitored for decision and accountability [44, 45, 46.] The findings in this study showed that 21 (80.8%) of the participants perceived that triability is prominent. That means, 10 (38.5%) of private sector participants and 11 (42.3%) of public sector participants perceived the leadership synergy practice in PPP could be evaluated through meetings and supervision. Further, the result shows that the involvement during supervision and meetings perceived to promote synergy that fueled opportunities for both parties to understand government guidelines and share any updates. In addition, the literature shows that the national PPP implementation assessment magnifies the intensity of the private sector and provides advantages for PPP to promote effective integration between private and public sector [10, 22.] The study done by Hayers *et al.* (2015) suggested that having an opportunity for the organization to experiment or try to address challenges together predicts change and minimizes the risk, or perceived risk. With integrated meetings and supportive supervision, participants in this study observed increased coverage in primary health care services. For example, both public sector and private sector participants believe that the positive outcome on reduction of duplication of outreach services is significant. This study found that with the use of strategic communication, both public sector and private sector believed that the approach promoted understanding and harmonized engagement. Given the opportunities for community leaders to exercise integration for PPP interventions supervision, this study found that the opportunity provided an observable predictive factor that could promote synergetic leadership in a partnership setting for the implementation of PPP primary health care interventions.

Observability: The Observability construct explained the perceived extent to which the innovation will provide visible or tangible outcomes [44, 65.] According to the results of this study, 23 (88.5%) of the participants perceived that collaborative partnership leadership in PPP is a strategic idea that could provide value for money. Literature suggests that the act of doing things (triability) provides observable outcomes that could facilitate the adoption of the idea [65] such as synergetic leadership. In this study, 6(23.1%) of the

participants mentioned strvategic communication in the partnership produced visible results such as harmonized teamwork and mutual relationship in the integrated supportive supervision. On the other hand, 12 (46.2%) highlighted a limited understanding of partnership leadership and the PPP in health concept deprives ownership and accountability of PPP interventions. The result on observability underpins the study done by [66, 67] on shared values where various skills, knowledge and best practices were consolidated and communicated increased leaders' capacity in a partnership environment.

Complexity: Complexity explained the perceived difficulties in understanding the PPP concept and the implementation of the leadership synergy in a partnership setting[44]. This study revealed a controversial insight on the perceived complexity of the implementation of PPP in primary health care in a partnership setting. Findings showed that there is stigma due to lack of awareness of PPP and its benefit by 11 (42.3%) of all participants. Also, this study's findings showed a significant lack of clear roles and responsibilities within the PPP in health at the community level. The deficiency in clear roles and responsibilities has a potential negative impact not only on accountability and ownership, but also on increasing awareness on the community PPP and its benefit at the population [15, 31]. Looking at the documents, the findings showed that a lack of awareness and limited understanding of leaders on the benefit of PPP in health is a challenge[58, 10]. In addition, findings of this study revealed that changes in the government focus on politics affect PPP priority and stability. These changes provide uncertainty of PPP design and implementation at the community level. The evidence from the analysis highlighted 66.6% of leaders from the private sector who participated in this study believed that bureaucracy and lack of transparency, including instability of leadership at the regional and district Municipals, pose complexity issues on promoting ownership and accountability of PPP health interventions. Literature suggest that not only leaders or managers perceptions affected the diffusion of the interventions[34,55,64], but also evidence of data and the linkages between them had an impact on planning health and social care interventions [5,66,63]. As such, strengthening the public-private integrated partnership in health and social services interventions and defining clear roles and responsibilities for the leaders in a partnership setting is vital for increasing ownership and accountability [1, 68,69, 15]. Looking at the national framework for operationalizing PPP in health and social welfare document [58, 62]it shows a top down plan that concentrates on the national PPP implementation. The gaps in the policy document could be a contributing factor that deprives leaders of the community to fully manage PPP in primary health care interventions. According to Global Health Group (2012), it is expected that the partnership between the government and private sector could bring the expertise, management skills and financial awareness to the unit and produce a better value for money. In this study, findings show no evidence of a plan of action that engaged both private and public leaders. As illustrated in table two, 8% of the design process was done at the national level [58]and 14% of shared risk, power and financial accountability, 33% of shared government resources and tools, but no evidence on the management and implementation of PPP in primary health care. Further, findings show that 45% of leaders are aware of the operation, collaboration and communication of the PPP services. The integrated PPP model focuses on the provision of greater access to management empowerment, and quality of services in the community setting [70, 33, 63]. The policy documents reviewed lacked coherence on the integration of PPP in primary health interventions in a partnership setting.

In response to Research Question Three: How do managers and leaders of the public sector and private sector facilitate synergy for action health and social care intervention implementation in partnership setting? In this question, the researcher was interested in understanding how leaders, managers and coordinators facilitate joint actions for health and social care intervention implementation in a partnership setting. The researcher employed public-private integrated partnership (PPIP)-Design Build Finance and Operate module on data collection and analysis. Looking at the participants' responses from both public and private sectors the findings shows that there limited understanding of how PPP in primary health care is designed, built and financed at the community level. Moreover, result highlights a lack of clear roles and responsibilities of leaders at the PPP implementation point - the municipal council and community level. On the other hand, the reviewed policy and guidelines on both private (not-for-profit) and public sector found no evidence of fully involvement of community health and social services leaders.
In summary, PPP concept has gained a political acceptance and proved to increasing the access to primary health and social care of the population[61, 63]. However public health leaders encounter ineffective planning problems due to unclear data linkages and poor data quality. On the other hand, the community leaders are unaware of their roles and responsibilities on these PPP in health and social services interventions. Depriving community leaders with awareness and limited leadership knowledge on the benefit of PPP in health and social services diminish ownership and accountability of monitoring, promoting and improving health and social welfare of the population to improve health outcome.

Conclusion

Enhancing partnership leadership synergy would promote the joint coalition force between public and private partners to influence ownership and accountability through active communication, shared values and collaboration for the delivery of health and social care initiatives in a partnership setting. This study found that the private sector provides a broad range of health services, reaching populations in remote areas with limited community leadership engagement at the municipal level. Provision of primary health care, which is defined as publicly free consumed health interventions, requires not only integrated supervision leadership activity, but also, role specification to promote accountability and ownership in a partnership setting. This study employed a diffusion of innovation conceptual framework that explained relative opportunity for synergism between the private and public leadership in the delivery of primary health interventions in a partnership setting. As such, the public health leader's perception has an impact on the influence of decisions especially on how to plan, implement and evaluated health and social interventions. With limited understanding of the shared leader's roles and responsibilities in the implementation of primary health intervention within a PPP and frequent relocation of health executive leader' positions within the local government has a negative impact on the continuity of PPP healthcare and social service awareness as well as it is implementation. The results of this study indicate

significant evidence of promoting accountability and ownership through enhancing leadership synergy between public and private or private and private partnerships in the implementation of primary health care interventions in a partnership setting. Further research should explore the perceptions of the public-private sector for profit organizations in the implementation of primary health care intervention in a partnership setting at the community level. Also, this study finding contribute to the body of literature on the field of public-private partnership in health and social care and public health leadership in the implementation of primary health care at the community level. The systematic use of theoretical framework to guide empirical case study provides epistemological insight for qualitative research.

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