The Prospects of Public-Private Partnerships (PPPs) Infrastructures and Service Delivery in Tanzania: The Case of CCBRT Maternity and Newborn Hospital

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Abstract

The many undertakings that have been classified to be PPP projects in Tanzania, were largely concluded without PPP policy, legal, institutional and strategy for its implementation. But, having realized that PPPs could provide best developmental option for the sources of funding and technology if well prepared, coordinated and undertaken; as from 2009 important steps were put in place. These constitute a complex interplay of policy, legal and regulatory framework under which PPPs projects in Tanzania can successfully be mainstreamed to support the realisation of the Tanzania Development Vision 2015 and social services provision in particular. The paper accounts for PPPs implementation as a tool for effectiveness and efficiency health service delivery—value-for-money a previously purely government-run domain in Tanzania.

Key words: Public-Private Partnerships, Service Delivery

Introduction

Like many other African countries, Tanzania as from the mid-1980s opted for the radical changes in her policies to revive and promote the dwindling economic and social development. The processes associated with these transition necessitated drastic transformation in social, political and economic institutions, as they adjusted and conformed to the changing guidelines and priorities (Mazrui and Mhando, 2013, p. 69). Some of these adjustments were reflected in drafting, debating, enacting and adopting a series of policies and acts some of which were in favour of the new development impetus that was opening for more formalized private sector participation in the provision of goods and services in some areas which were formally relegated to the public sector. One of the areas of concern was the need to streamline public-private partnership (PPP) at the centre of both public service delivery and capital investment in building and operating facilities that were

serving the interests of the public. In response to this, a complex web of policy, regulatory and institutional framework was put in place to provide for the smooth operation of the envisaged PPP development and service delivery opportunities and health services in particular. However, though recently used in Tanzanian socio-economic development programs; public-private partnership "as an approach to economic development had its origins in American and British public policy during the late 1970s" (Mitchell-Weaver and Manning, 1991/1992, p. 45).

To understand why service sector especially health sector is ahead as far as PPP project implementation in Tanzania is concerned one needs to have a highlight of the political economy of the country from 1961 to 1980s under the leadership of the first President, Julius K. Nyerere. Nyerere's career progressed through three stages of ideological development: conciliatory moderate, economic nationalist and socialist (Mazrui and Mhando, 2013, p. 224). How they influence the country's politics and economy the last two can be combined and then we can have the third phase reflecting the move to market policies. Thus we can historicise the country's political economy into three phases namely; 1961 to 1967; 1967 to 1985 second stage; and 1985 to the present.

During the first period several attempts were made to make the fruits of independence a reality through implementing colonial initiated economic policies and struggle for economic nationalism. However, this was not the case. The struggle for economic nationalism was met with challenges including withdraw of Britain and West German from supporting the 1965-1970 development plan following the country's stand on Britain relation with Iron Smith rule in Zimbabwe and the unification of Tanganyika and Zanzibar in 1964 which brought diplomatic challenges to the newly country. As the result, there were a lot of disappointments as regards to what really independence meant for people. A major disappointment came early in the independence when hopes for substantial economic aid from the West were not fulfilled (ibid). As the result of what Mazrui and Mhando call "wounded economic nationalism" (ibid); the country adopted the socialist policy envisaged in the ruling party's (by then, TANU) 1967 Arusha

Declaration under which it pursued nationalization policy which hampered the development of private sector in the country.

As such, from 1967 to 1985; the country was pursuing the socialism and socialist/state command economy advocated by this declaration. In this document it was declared that "the state needs effective control of the means of production in order to insure economic justice and prevent accumulation of wealth in private hands which is inconsistence with a classless society" (Havnevik, 2010, p. 36). It was determined to address the injustice of the inherited colonial economic and social system. Seen as a political manifesto, the Declaration was essentially a reassertion of basic socialist principles and call for self-reliance, frugality and hard work. It marks a turning-point in the history of Tanzania for rather different reasons. [For example] …within days of its publication Nyerere…announced the nationalization of commercial banking, insurance, milling and a substantial sector of export/import trade (Brown and Brown, 1995, p. 13). The socialist policy almost did away with private providers of public services. It was the nationalization policy that led to the hurriedly formed public enterprises, made up of over 450 parastatal organizations (Njunwa, 2007, p. 34). In principle this marked the end of private sector in Tanzania. In the Arusha Declaration not only did the party commit itself to definite ideological line (Socialism, Ujamaa) but it also spelt out the broad goals of social development i.e self-reliance (Baregu, 1994, p. 203). Though it did not succeed in creating a vibrant economy it has a remarkable impact on lives of Tanzanians and their political economy. As Mapunda puts it, "Evidently, the Arusha Declaration started with massive support. Soon after its promulgation, people filled the streets marching in its support perhaps in anticipation of being rescued from their scotching poverty. Nobody thought that this popular doctrine would be condemned to oral traditions, history books and museums one day; leave alone in less than four decades (2008, p. 170).

At the down of the 1980s, the impact of the debt crisis had its most disastrous effects on African continent (Campbell, 1994, p. 487) which manifested itself in the rising of oil prices, severe droughts and other natural calamities natural calamities as well as man-made catastrophes such as coup d'état set the governments in Africa to lack

continuity in economic growth, which alternately led Africa to a depended economy. It was these harsh economic realities that called for the adoption of pragmatic/practical solutions that made the African leaders to sacrifice the African sovereignty at the capitalist altar on one hand, and by the attraction of carrot and stick motivation approach of loans and aid to the other hand. Or following a long period of economic decline that manifested itself in low or negative Gross Domestic Product (GDP) growth, falling export revenue and deteriorating infrastructure; most of the developing countries … have undertook SAPs policies since 1980s in order to eliminate supply-demand imbalances, resulting from distorted prices and overvalued currencies, and achieve a sustainable economic growth (Benhin and Barbier (1999) as quoted in Benhin and Barbier, 2001, p. 66). Hand in hand with the SAPs, was the general desire to overhaul the policy, legal and institutional framework as a way to build confidence to donors and re-orient Tanzanians towards new economic principles guided by free market economy policies. Among many other reforms was the reinstating of the private sector as one of the driving force of the economy. In respect to these PPP as a developmental and policy strategy was institutionalised but officially seeing its daylight in 2009.

This paper accounts for PPPs projects implementation in Tanzania. The focus is on the implementation of the PPP projects in health sector using the case of CCBRT Maternity and Newborn Hospital PPP project between the Government of Tanzania (Central Government and Dar es Salaam City Council) and CCBRT with other Local and International Partners. Foundation of the account will be drawn from PPP projects that were pursued and are still in operation in Tanzania since 2009 as the year when the PPP policy saw its light and marked an official and explicitly expression by the government of Tanzania in recognizing and domesticating PPPs projects as tools for realising both effectiveness and efficiency—value-for-money "in delivery of public infrastructure and services, a previously purely government-run domain" (URT, 2012, p. 11). In undertaking this analysis, the paper is divided into four parts. After the first part which provides a general introduction, the second part concentrates on the evolution of the PPPs in Tanzania. It is in this part a definition of PPP, policy and regulatory framework, opportunities and conditions for successful PPP undertaking

will be attempted. After this follows a third part in which I present a case of the PPP project being implemented in Tanzania in health sector that have and are designed under the Built-Own-Operate (BOO) PPP model. The last is the fourth part. Here I account for some of the successes in the PPP projects then challenges facing the PPP undertakings and finally I shall propose the way forward.

The Evolution of Public-Private Partnerships in Tanzania: A Synopsis

Definition and Some Conceptual Issues

Like many other policy concepts, "Public Private Partnership (PPP) as a catchy phenomenon has been used differently by different scholars and gained momentum in the 1990s" (Itika, Mashindano and Kessy, 2011, p. 8). PPPs in Tanzania have as well "become mired in a muddle of conceptual ambiguities … attributed to ways in which new policy doctrine come into good currency" (Mitchell-Weaver and Manning, 1991/1992, p. 47). In Tanzania as elsewhere, two scenarios can help in explaining this fact. The first is the scenario of newness of the concept to novice users and second scenario emanates from "the behaviour of politicians and other high-level decision makers, who for practical and strategic reasons tend to present their ideas quite ambiguously, often calling one thing by another name in hope of winning public acceptance or camouflaging their true motives" (Mitchell-Weaver and Manning, 1991/1992, p. 48). This is a typical case on the use of public-private partnership in Tanzania. Often it has been equated to government contracting out private sector, promotion of free market economy, privatization, corporatism, and development strategy.

Providing a universally accepted definition of public private partnership is hard task to realise since the definition of this policy phenomenon varies from one part to another. This however have not prevented scholars and institutes to define and operationalise the concept in the context in which the term is used. For example, Heilman and Johnson, (1992, p. 197) defined public private partnership as "the combination of a public need with private capability and resources to create a market opportunity through which the public need is met and a profit is made" (as quoted by Nkya, 2004, p. 5). Others have defined

public private partnership as "a contractual arrangement between public and private sector entities built on the expertise of each partner that best meets clearly defined public needs through the most appropriate allocation of resources, risks, and rewards" (Ogilio, Kisanga and Kimambo, 2012, p. 1). This definition captures the dynamics in which PPP projects are undertaken as it identifies the design, legal binding contracts and risk sharing components most of which are characteristics of a PPP facility. In respect to this paper public-private partnership is defined as "arrangement between public sector and private sector entities whereby the private entities renovate, construct, operate, maintain, and/or manage a facility in whole or in part in accordance with output specifications. The private entity assumes the associated risks for a significant period of time and in return, receives benefits/financial remunerations according to agreed terms; which can be in the form of tariffs or user charges" (URT, 2009, p. 1). However, though this definition is in consonance with most of the definitions used elsewhere in the world, its content "views PPP as an alternative form of public procurement, where the private sector takes a larger and more comprehensive role in the delivery of public infrastructure and public services" (URT, 2012, p. 9). Thus, PPP "combine the deployment of private sector capital and, sometimes public sector capital to improve public service or the management of public sector asserts" (Gerrard, 2001, p. 49).

As the standard country's PPP definition comes in an environment where the term PPP projects were already in operation; this has neither address the definitional fluidity to provide clarity. As the result in the growing body of literature on PPP in Tanzania, there is a greater confusion between the meaning of public private partnership and other related concepts reflecting the involvement of the private sector by the government to realise its aims. For example, there is a growing literature that equates PPP with privatization such as (Nkya, 2004, URT, 2009 and Triche, 2012) and those equating it with traditional and contemporary government tendering systems such as (Ngowi, 2005 and SHOPS, 2013). This has been caused by the fact that the very terms have a greater degree of similarities. In most times as it has previously said, PPPs are confused the traditional government contracting out private sector, promotion of free market economy, privatization,

corporatism, development strategy. As such in spite of any similarities that may be established, in no way should PPPs be understood in any context mention above. They are neither equivalents or synonymous of the above public-private undertakings; rather, PPP is a "special form of the third-party government corporatism, which brings organised representative of the private sector, labour, and civil society into the government decision-making…" (Mitchell-Weaver and Manning, 1991/1992, p. 50). Two concerns can help to clarify.

First, despite the common usage of identify public private partnership as a development strategy as the case in Tanzania; they two are not synonymous. A strategy suggests something more and more encompassing than a PPP project.

> [The former] … suggest a series of steps initiated to achieve a particular [developmental] end or goal. [But the latter while] could certainly be part of the development strategy [the former], it is just a single component of much larger doctrine of growth a development which needs to be spelled out in some details or, at least be given a more descriptive name that encompasses the whole. [Or PPPs] … rather than being the centerpiece of development strategy, are primarily a set of institutional relationship between the government and various actors in the private sector and civil society (Mitchell-Weaver and Manning, 1991/1992, p. 48).

Second, not all relationship between the state and private sector, and civil society is a partnership since always they are involved in an ongoing set of interactions.

> [It is this relational reality that makes] … possible for the state to shift some of its traditional activities to private sector as a joint endeavour…. However, merely contracting out for private sector service provision in utilities, for example or selling a state owned steel plant, is not the formation of a partnership. By contrast PPP is a business relationship between the public and private

> sector that is not partnered on either of the modes. [In that respect] …PPP business scope, and so its potential for profit are constrained contractually rather than market forces or intervention of statutory regulator (Gerrard, 2001, p. 48).

So what can be drawn from such analysis? Many can be said. However, I will single out two things. One, since privatisation is one of the dominant feature of policy reforms in Tanzania, that is why PPP projects are easily confused with privatisation. Thus, whenever used in this paper privatization means a term often used for the selling of government-owned enterprises to private sector or to joint private-government ownership with the private sector having the majority of shares and management decision-making. And second is that: "The term 'Public–Private Partnership' should, therefore, be distinguished from Private Sector Participation whereby a private sector delivers health and social welfare services including non-core services" (Ogilio, Kisanga and Kimambo, 2012, p. 1).

PPP Policy, Regulatory and Institutional Framework in Tanzania

While there have been several undertakings that have been classified to be PPP projects in Tanzania, many were concluded without PPP policy, legal, institutional and strategy for its implementation. This did cause a lot of losses to the country. But as the country realized the opportunities that PPP projects could provide an alternative strategy to socio-economic development endeavors if well undertaken, as from 2009 important steps were put in place beginning with the adoption of the National PPP Policy, 2009. From then other steps targeting promotion of PPP as a developmental and policy option in Tanzania have been underway.

Today, the implementation of any PPP project is guided by a complex interplay of policy and regulatory provisions. Central to these are the National PPP Policy, 2009; PPP Act, 2010; PPP Regulations, 2011; Investment Act, 1997; Public Procurement Act, 2012; and Public Private Partnership (Amendment) Act, 2014 hereinafter referred to as the 'the Public Private Partnership Act— Principal Act. In addition to these, other important legislations and policy will be that of the ministry

concerned known as contracting authority, ministry of finance and the Environment Management Act, 2004 in case of PPP projects involving investment that has to qualify for environment impact assessment (EIA). In that regard the PPP policy mission is set to "creating an enabling environment from promoting PPPs to achieve sustainable high and broad-based economic growth [while the main objective] is to promote private sector participation in the provision of resources for PPPs enterprises in terms of investment capital, managerial skills and technology" (URT, 2009, p. 6). While the policy focuses on making the ground foundation for legalization for PPP in Tanzania, the PPP Act, 2010 and PPP Regulations 2011 provide a legal framework under which the PPP undertakings can be pursued. These are further elaborated by the PPP Implementation Strategy and Action Plan which "specifies for all stakeholders the activities that they need to undertake in order to take on their role in the preparation, procurement and execution of PPP projects" (URT, 2012, p. 8).

Modes for Successful Implementation of PPP Projects

In Tanzania as from 2009 critical and concrete attempts are underway to recognize PPP as the viable strategy to meeting and realising the country's socio-economic and political development objectives. Like most other developing countries, Tanzania is faced with budgetary constraint which could be addressed through greater participation of the private sector. Thus PPP has become an imperative in order to achieve the Millennium Development Goals (MDGs), Tanzania Development Vision (TDV) 2025 and the National Strategy for Growth and Reduction of Poverty (NSGRP) goals.

Several PPP models are recognised in Tanzania. The National PPP policy, however have grouped/categorized them into two. The first category consists of the PPP arrangement for operating existing public assets while the second category concerned with PPP arrangement that are for development and operation of new facilities. In that respect and for the case of Tanzania, there have been several PPP arrangements under the first category as compared to the second one. The former entails provision of services, managements, leasing contracts and concessions.

As for the second category of PPP projects to be implemented in Tanzania the policy document has identified several models within this category. The core issue in this category is the development of new facility and its ownership over time. Focus is on design and construction of required new facilities, and hence emphasis on the terms: construction, operations and ownership. The resulting options include: Design and Build [DB]; Design Build and Operate [DBO]; Build, Operate and Transfer [BOT]; Build, Lease and Transfer [BLT]; Design, Build, Finance and Operate/Maintain [DBFO/M]; Build, Own and Operate [BOO]; and Buy, Build and Operate [BBO] (URT, 2009, p. 1). For the purpose of realising the national development vision 2025, this category is crucial as compared to the first one. It is however regretful that this is the most under-implemented category as most of PPP projects implemented in Tanzania are concession agreements for running existing enterprises with limited provisions for rehabilitation and new investments.

Opportunities and conditions for successful PPP Projects

Motives and opportunities promised by PPP undertakings are enormous and hard to pin down all together. However, "Worldwide two motives for PPP recur: greater efficiency and effectiveness in the delivery of public services on the one hand, and the possibility for the off-balance and off-budget financing of investments in public infrastructure on the other hand" (URT, 2012, p. 11). As a response to problems of economic management, PPPs offers an alternative strategy that permits a feasible withdrawal of the state from economic activities given the limited capacity in both sectors and the possibility of realizing a synergy of perspectives, values, goals and capacities (Nkya, 2004, p. 19).

The position that PPP is the best policy, strategy and a collaborative mechanism for the improvement of service delivery in Tanzania is no longer an area of controversy. The current debates however are on how to make PPPs work for maximum benefits of all stakeholders (Itika, Mashindano and Kessy, 2011). This calls for considering conditions for successful PPP operation. Rweyemamu (2013) identified four key pillars for successful PPP project. These are "(i) Firm political commitment and policy foundations; (ii) Sound and predictable legal and regulatory environments; (iii) Strong and capable

public sector institutions; and (iv) A vibrant private sector" (Rweyemamu, 2013, p. 2). Once these are in place, expectation for successful implementation of a PPP project is greater. However, for the case of Tanzania both capable public sector and vibrant private sector are missing while the former two conditions are well established. This entails a lot to the current performance of PPP undertakings.

The PPP Projects Implementation in Tanzanian Health Sector

Though the government of Tanzania has been the main provider of health services in the country, the presence of private sector initiatives in provision of health services cannot be ignored. For quite long "religious organizations, traditional healers and birth attendants were the main private providers of health care at that time" (Kowald, 2012, p. 2). However, despite their long time existence, the providers of private-for-profit health services have sometimes been restricted in terms of service delivery. For instance, in 1977, the Government imposed restrictions on private health care service delivery. But, "given the growing demand for health care services and changing socioeconomic and political environment, the government re-introduced private health service practices in 1991" (URT/MOHSW, 2013, p. 2). Still, while "non-profit organisations—especially faith-based organisations—have partnered with the Tanzanian government to extend critical health service provision into rural or hard-to-reach areas; there is some hesitation within the Ministry of Health and Social Welfare (MOHSW) and Local Government Authorities (LGAs) to collaborate with private providers due to concerns over the profit-making aspect of the for-profit sector" (SHOPS, 2013, pp. 10; 8).

PPP undertakings in the health sector are guided by series of policies and legislations which are adhered to in order to execute any PPP project. In additional to the existing PPP policy, Act, legislation and the strategy; the PPP projects in health sector are further regulated by other laws and policies such as (i)The National Development Vision 2025 (ii)National Strategy for Growth and Poverty Reduction (MKUKUTA); (iii) National Health Policy 2007; (iv) Health Sector Reform; (v) Health Sector Strategic Plan of 2009-2015 (HSSP III); (vi) Primary Health Services Development Program -2007-2017 (PHSDP); (vii) Human Resources for Health Strategic Plan (2003-2013); (viii)

Public Service Reform; and (ix) Local Government Reform (see URT, 2011:5-6). As earlier said; the health sector provides both PPP-like and PPP successful stories. But since I cannot account all, one case from the health sector and most specific the Comprehensive, Community Based Rehabilitation in Tanzania (CCBRT)-Maternity and Newborn Hospital (Baobab Maternity Hospital) is chosen for analysis.

The Health Sector PPP Projects Implementation in Tanzania

Background to CCBRT Government of Tanzania Partnership

With the help of Kupona Foundation based in New York in the US, CCBRT was set up in 1994 as a Non-Governmental Organisation (NGO) and is registered as a society under the Societies Ordinance. Kupona means to heal in Kiswahili. CCBRT was established in order to contribute towards poverty reduction in Dar es Salaam by providing accessible and affordable rehabilitative services for people with disabilities, who were, and are, among the most vulnerable people in the country. Since then and in response to the high needs it grew fast to become one of Africa's largest multi-component disability programmes. More specifically for the coming years, it aims to impact the lives of 500,000 poor blind, physically impaired, deaf, epileptic and otherwise disabled, as well as their care takers (90% women) by providing comprehensive home, community and hospital based medical, rehabilitation and education services (CCBRT, 2007, p. 2).

Dar es Salaam region has three districts; Temeke, Ilala and Kinondoni, where CCBRT Disability Hospital is located. As per 2012 National Census, the population of Dar es Salaam stands at 4, 364,541 people and is a leading populous region. Though it is a region with most of the private health facilities, most of these are for-profit and as such many of the people cannot afford the costs charged. Thus, to access affordable health services they depend on Muhimbili National Hospital (MNH) and three hospitals, one in each of the districts. Surprisingly there is no regional hospital to bridge the gap between the district hospitals and the MNH and there is no specialized hospital that is well equipped to offer MCH/HIV health services to reduce risks of mother-to-child HIV transmission, maternal deaths, peri-natal deaths and disability arising from poor delivery services. As far as maternal deaths (1.64 %) and peri-natal deaths (10.3 %) concern in Dar es Salaam, it is

known that for each mother or child dying through peri-natal conditions, many more remain disabled, often however with no reliable figures available (ibid., p. 4).

Construction of CCBRT Maternity and Newborn Hospital: A Model for PPP Project

In order to attain MDGs targets, which reduction of HIV/AIDS prevalence, peri-natal and maternal deaths are some of its goals. Faced with the constraints of expertise, facilities and finance; in 2007 the Tanzanian government approached CCBRT board, which accepted the request for a partnership to construct a Maternal Hospital with Integrated high quality Maternal and Child Health with HIV/AIDS services as part of an efficient comprehensive disability programme—Baobab Maternity Hospital. Apart from giving a helping hand to the government, by undertaking this project; CCBRT will be able to address triple challenges of contributing to prevention of disability through improved MCH; mitigating the consequences of HIV/AIDS and at the same time make those quality services accessible to the poor and to the disabled as well (see CCBRT, 2007:5). More specific is that, the CCBRT Maternity and Newborn Hospital targets the realisation of 4th, 5th and 6th MDGs and has deviated from those concentrating on existing facilities and assets to one which involves the construction of a new facility.

The project is modeled under the Build-Own-Operate (BOO). Under this model the government grants the right to finance, design, build, operate and maintain a project to a private entity which retains ownership of the project. The private entity is not required to transfer the facility back to the government. The government has provided land for Baobab Maternity Hospital (at the same site next to CCBRT Disability Hospital) and will provide annual bulk grants for staff salaries and some supplies. CCBRT is responsible for the construction, management and service delivery of the new hospital.

The project is a partnership of two major partners, the public, (Government of Tanzania and Dar es Salaam City Council) and the private (CCBRT, International, and Local Private (Business and NGO partners). In that memorandum of understanding (MoU), the

government indicated that CCBRT will become the Regional Designated Hospital of Dar es Salaam and that they will approve and provide a yearly bulk grant covering the salaries for the staffs of the existing CCBRT Disability Hospital as well as for those of the new (Maternity and Newborn Hospital) MCH and HIV/AIDS Departments that are still to be built (ibid., 6).

The project is [was] scheduled as follows: 2007 signing of the Memorandum of Understanding (MoU); 2008 conducting needs assessment, drafting the project strategy and consulting the architects; 2009 launching the five-year project strategy plan and commencement of fundraising; 2010 capacity building for healthcare staff, completion of architectural designs and budget; 2011starting of construction; and 2012 opening of the facility. The progress made is promising, as "construction began December 2011, and by 2013 the project continued to strive. Expectations were that by 2014 the kitchen and laundry will be ready to serve the Disability Hospital, with construction expected to reach full construction by the end of 2015, and early 2016 the facility will open its doors for patients (CCBRT, 2013, p. 36).

On completion and opening in 2016, the "CCBRT Maternity and Newborn Hospital will serve as referral centre for emergency and high risk deliveries in Dar es Salaam and eastern Zone of Tanzania" (ibid.). Hopes are high and opportunities certain as the implementation progress though extended four years from initial date of opening the facility 2012 to 2016, the work done, quality of the facility is encouraging and might serve as a source of future reference of few successful PPP projects of the second category in Tanzania. The CCBRT Maternity and Newborn Hospital (Baobab Maternity Hospital) is likely to be one of the exemplary second category PPP facilities in Tanzania.

Conclusion and Some Recommendations

Public-Private Partnerships (PPPs) understood to be a tool for delivery on governments' responsibilities to provide public goods and services it implementation has had varying successes and failures. However, an examination of most heralded projects in Tanzania such as that of TICTS, RITES, Swissco and PPAs revel that:

Many projects involved the transfer of the operations of existing assets to the private sector, rather than private investments in the development of new assets….[And] Overall the PPP projects have yielded mixed results, including a premature termination (railway) and controversies about deregulation (airports), lack of competition though exclusivity contracts (airports and electricity generation) and unfavorable contract terms for the public contracting authority [capacity charges in power generation](URT, 2012, p. 12).

Hopes are that the new PPP (Amendment) Act, 2014 will address some of the key issues that had been inhibiting smooth implementation of PPP projects. And since the policy, legal and institutional framework is now set in place, expectations are that the PPPs involving development and operation of new facilities will multiply. Given the absence of clear policy, legislation and strategy, previous "PPPs like have been implemented either by virtue of existing laws such as the Public Corporation Act of 1992 as amended by Act No. 16 of 1993, or through the mandate emanating from structural reform policies. This has created several challenges that have to be addressed by creating specific legislation and regulatory framework for PPPs "(URT, 2009, p. 3). In addition, lack of expertise in the PPP contracts both from the public and private especially in issues relating to long term contracts is acute.

Emphasis should be in enhancing transparency and accountability in executing the PPP projects. Training and deployment of human resources especially in the designated PPP Centre is crucial since this serves as the nucleolus viable PPP undertakings. Since PPP is mostly mixed with other forms of government cooperation with private sector, civic education should be provided to the people since this will reduce the degree of resistance to PPP projects implemented and enhance mutual trust. More should be done to empower the private sectors which have suffered the blow displacement in the country's economy over two decades, possibility through accessing loan facilities from the banks. The government should abide to the promises of the terms of PPP contracts. More so, there should be a strategy to attract PPP undertakings in education sector the rural and in agriculture since like health it forms the basis of peoples' employment for more than 60%

of the total country's population. Since challenges of science and technology hampers country's development targets, the private sector if well utilized can provide basis for construction and running of laboratories needed for the teaching practical for science subjects.

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