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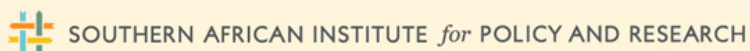

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Public-Private Partnerships for Social and Economic Transformation in Southern Africa: Progress and Emerging Issues

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Attracted by prospects of overcoming public budget, human skills, technical and other constraints, Southern African countries are increasingly adopting public-private partnership (PPP) arrangements to deliver social and economic goods and services. However, most of these countries have yet to solidify the requisite legal, regulatory and institutional frameworks. This paper argues that PPPs have a potential to transform and improve the lives of the regions' citizens if these basic frameworks are attended to forthwith.

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1. Introduction

Africa remains one of the regions in the world with a significant infrastructural deficit, both economic (e.g. transport, electricity and communication networks) and social (e.g. schools, hospitals), due to a lack of resources to finance construction. The United Nations Conference on Trade and Development (UNCTAD) estimates that the region loses 1 percent a year in per capita growth owing to lack of or dilapidated infrastructure (UNCTAD, 2011).

Public-private partnership (PPP) arrangements have rapidly become a preferred way to provide infrastructure in many countries and Southern African countries are catching on. Although private contracting in the public sphere has existed for centuries, PPPs have grown in popularity in the past decades on the basis of financial, political and philosophical considerations. Governments sometimes appear to view PPP projects as a way of getting infrastructure costs off the public balance sheet, keeping investment levels up, cutting public spending and avoiding the constraints of public sector borrowing limits, while the private sector is enticed by pecuniary incentives. In some cases, PPPs have been used by market-oriented governments as a way to enhance private sector involvement in parts of the public sector when outright privatisation is untenable.

Both developed and emerging countries alike have used PPPs, including Australia, Brazil, Canada, Ireland, the Netherlands, South Africa, the United Kingdom (UK) and the United States of America (US). In 2014, the total market value of all PPP projects in Europe

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[1] The views expressed in the paper are those of the authors and should not be viewed as representing the UNECA or UNECA policy.

reaching financial close was €18.7 billion (European PPP Expertise Centre, 2015), while the World Bank said that in countries eligible for International Development Association borrowing, the private sector financed US$73 billion in infrastructure between 2009 and 2014 (World Bank, 2015).

While there is no single or standard definition of PPPs, the phrase describes a contract arrangement between a public and a private entity through which infrastructure or service delivery is provided by the private entity in exchange for remuneration. According to the United Nations (UN), PPPs 'are voluntary and collaborative relationships between various parties, both public and non-public, in which all participants agree to work together to achieve a common purpose or undertake a specific task and, as mutually agreed, to share risks and responsibilities, resources and benefits' (UN General Assembly, 2006, p. 3).

The types of PPPs vary greatly, from Build-Own-and-Operate arrangements, where the only role for the public sector is to authorise the contract and purchase the service for a fixed length of time, to Operation-Maintenance in which the government provides all financing, design and construction of the project and the private entity is responsible for only the operation and maintenance.

In the context of Southern Africa, this paper seeks to understand the policies and institutions that support PPPs and whether PPPs have contributed to the developmental objectives they purport to achieve in terms of broad-based citizen wellbeing and empowerment. Accordingly, section 2 explores the reasons for the rapid embrace of PPPs and examines the circumstances in which PPPs can thrive. Section 3 examines sectoral cases in which PPPs have flourished in Southern Africa. Section 4 looks at the progress on policy and institutional fronts to advance PPPs. Section 5 highlights some of the achievements and concerns arising from the embrace of PPPs in the region. The paper concludes with some recommendations in section 6.

2. Rationale and Requisites for Public-Private Partnerships

Both governments and private sector entities have provided a myriad of reasons for pursuing infrastructure projects as PPPs rather than as purely public or private investments. First, PPP arrangements allow governments to keep budgets and budget deficits down since the upfront capital investments are typically made by private sector partners. In addition, PPPs can reduce governments' administrative costs since project implementation is managed by the private sector. Second, partnering with the private sector allows governments to diversify financial and non-financial risks. Since the private sector may be responsible for the financing, construction, and operations of the project, the government's exposure to market and product risks is minimised. Third, it is often argued that the quality and efficiency of infrastructure services can be enhanced through PPPs. By involving the private sector, governments gain access to skills that may not be available in

the public sector (de Bettignies and Ross, 2004). Finally, PPPs are sometimes justified on the grounds of promoting development. The achievement of the Millennium Development Goals (MDGs) or empowering disadvantaged segments of society have been mentioned by governments as justifications for implementing PPPs (Barrera-Osorio *et al.*, 2011). In some Southern African countries, developmental considerations have been fully integrated into PPP policy frameworks. Namibia, for example, mentions PPPs as integral to the provision of healthcare services and the development of infrastructure (Republic of Namibia, 2012). In South Africa, one of the goals of PPPs is to drive Black Economic Empowerment (BEE) (National Treasury of South Africa, 2004).

A number of conditions are said to be critical in order for a PPP project to be successful. First, there should be a strong procurement system because a competent and strong private consortium is essential to ensure that the project achieves its goals. The second condition covers the project implementation which depends primarily on the private consortium's ability to provide its contracted services in a timely and efficient manner while adhering to well-defined quality standards. The third condition consists of economic conditions deemed crucial to ensuring that the private partners can recoup their investments. Prior to any contractual agreement, a realistic cost/benefit analysis of the project should be undertaken by both the private sector and the government. The final factor is political will, which is an essential component of PPPs to ensure continued support throughout the project's life-cycle.

For all of the above factors to function smoothly, the allocation of risks must be appropriate. The appropriate allocation of risks depends heavily on the legal and regulatory frameworks set up by the government and the transparent negotiation of the contract. Governments should have clear reasons for seeking private financing of projects and must have the capacity to conduct independent feasibility studies, build financial models to assess the value for money of the proposals put forth by private investors, next to regulating and monitoring the quality of implementation (UNECE, 2012).

3. Trends in Public-Private Partnerships in Southern Africa

The prevalence of PPPs has increased in the Southern African sub-region. Among the 11 Southern African countries (Angola, Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) as defined by the UN, there have been 83 greenfield PPP projects since 1993 with total investment commitments of about US$42.7 billion according the World Bank's PPI database (World Bank, 2015).

However, as indicated by Table 1, PPP investments have not been evenly spread. 78 percent of total PPP investment commitments in the sub-region have gone to South Africa, which has the longest history of engaging in PPPs. While there have been investments in energy, transport, and the water and sewerage sectors, the predominant sector in the sub-region in terms of investment commitments has been telecoms, with US$27.3 billion

investment spread out over 24 projects. In terms of the number of projects, the energy sector has led the way with 48 projects, 31 of which were in 2012 and 2013. Despite the massive recent growth in PPPs in the energy sector, 30 of the 33 energy PPP projects since 2012 have been in South Africa. The vast majority have been investments in renewable energy sources, including 14 wind power projects and 13 solar energy projects (World Bank, 2015).

After South Africa, the countries in the sub-region with the highest levels of private investment in infrastructure are Mozambique and Angola, both with over US$2.2 billion in total investment commitments. The 2003 Mozambique-South Africa gas pipeline project garnered US$1.2 billion in investment commitments, causing energy to be the sector with the highest amount of private investment in the country. A number of smaller projects in the telecom sector account for the remainder of investment commitments. In Angola, investments in telecoms accounted for 92 percent of total investment commitments. Investments in the energy sector account for the remaining US$174 million in greenfield project private investment (World Bank, 2015).

Table 1. Total investment commitments, 2005-2014, millions of US$

Year	Angola	Botswana	Lesotho	Malawi	Mauritius	Mozambique	Namibia	South Africa	Swaziland	Zambia	Zimbabwe
2005	0	19	3	0	0	14	0	1,191	3	74	13
2006	259	18	4	0	0	16	0	4,850	0	238	20
2007	198	28	5	37	4	66	9	1,217	4	141	0
2008	327	52	9	57	0	67	0	1,153	20	131	123
2009	474	86	11	73	0	87	0	1,781	25	114	200
2010	334	59	11	116	0	80	0	1,245	15	134	191
2011	136	158	13	455	0	508	0	1,490	11	357	271
2012	151	28	27	56	0	72	0	5,512	0	168	194
2013	0	0	0	39	0	99	0	4,410	0	39	155
2014	0	0	0	56	0	250	0	1,189	0	39	130

Source: World Bank PPI Database, November 2015

Zambia and Zimbabwe have also received over US$1 billion in investment commitments from the private sector, mainly in the telecom sector. Other countries in the sub-region have not experienced the same levels of investment. Namibia has received only US$9 million in greenfield project investment from a mobile telecom access project in 2007. While Mauritius has implemented 10 PPP projects, second only to South Africa in the sub-region, investment levels have been relatively small, amounting to US$183 million in total investments. The 1998 Bell Vue Power Plant project accounts for over half of the total investment. Botswana, Lesotho, Malawi and Swaziland have all experienced a steady flow of private investment into the telecom sector, but at lower aggregate amounts than other countries in the sub-region.

The level of PPP activity is closely related to how firmly established the legal and regulatory frameworks for these arrangements are in each context. For example, South Africa's PPP framework has existed for nearly two decades, affording the country valuable experience for implementation capacity. Some countries with ample investment opportunities have not used PPP mechanisms extensively in the absence of formalised modalities of implementation.

4. Policy and Institutional Frameworks for Public-Private Partnerships in Southern Africa

At the sub-regional level, PPPs have been encouraged by the two regional economic communities (RECs), the Southern African Development Community (SADC) and the Common Market for Eastern and Southern Africa (COMESA). The SADC PPP Regional Framework provides guidelines that member states should follow to successfully gain from PPPs (SADC, 2015). COMESA has released Public Private Partnership Guidelines, which promote the establishment of an institutional framework that includes a PPP policy, a legal and regulatory framework and recommended responsibilities of various line ministries (COMESA, 2014). Many national level policies and frameworks predate both the SADC framework and COMESA guidelines, which has led countries to follow individualised approaches to PPPs.

PPP laws and institutions are becoming increasingly common in the sub-region, but their level of development varies greatly. Angola passed its Law on Public-Private Partnerships in 2011. While the law stipulates that a General Plan of Public-Private Partnerships be created and more specific regulations be established, these additional steps have not yet been taken. Aside from port and energy concessions, there have been no proper PPPs implemented in Angola as yet (KPMG, 2013a).

In Botswana, the cabinet approved the PPP Policy and Implementation Framework in 2009 and established a PPP Unit in the Ministry of Finance in 2012. Botswana however still has no PPP act or regulations creating some ambiguities as PPPs are not covered under the Public Procurement and Asset Disposal Act, which makes no reference to PPP project modalities (OECD, 2014).

In Lesotho, the PPP policy is still in draft form and there is no dedicated PPP unit with a nationwide mandate, although the Ministry of Finance has a team of officers who have helped develop the policy (KPMG, 2013b). At the municipal level, the Maseru City Council has established a PPP Management Unit (UNDP, 2010). The premature implementation of PPPs without the requisite laws and institutions in place has led to unintended consequences such as the costly Queen 'Mamohato' Memorial Hospital in Maseru which was supposed to save the government money, but ended up being more expensive than those hospitals it was supposed to replace.

Malawi passed the Public-Private Partnership Act and Bill in 2011, which established the PPP Commission, institutional arrangements, procedures for PPPs,

divestitures and other types of privatisations (Government of Malawi, 2010). Mauritius enacted the Public-Private Partnership Act in 2004, amended in 2008 to include a PPP committee (Mauritius Board of Investment, 2009). The Act describes the roles and responsibilities of the contracting authority, the PPP unit, the Central Procurement Board and Transaction Advisors, as well as details on the appropriate process for approving and implementing projects (Government of Mauritius, 2004).

Mozambique's PPP Law was enacted in July 2011 and it was followed by PPP regulations in August 2011. The law provides a general framework for PPPs while accompanying regulations established the procedural rules to be followed with respect to each of the steps of the PPP process. Namibia has put in place a PPP Policy Framework and the institutional framework has been approved and funded. However, the positions of the PPP Directorate are still vacant and the legal framework must still be approved (New Era, 2015).

South Africa has had an established framework and a strategic plan for PPPs since 1999 and has become one of the leading countries in the world in terms of the level of development of its PPP legal, policy and institutional structures (Axis Consulting, 2014). A PPP unit was founded in the National Treasury in 2000 and subsequent legislation and a PPP manual helped solidify the policy framework for PPPs in the country (Burger, 2006). A crucial aspect of PPPs in South Africa is the incorporation of BEE as a weighting factor in the evaluation of bids (National Treasury of South Africa, 2004).

Swaziland enacted its Public Private Partnership Policy in 2013. The policy's purpose was to provide a framework for engaging in PPPs and developing governance structures to help achieve the objectives of PPPs. Zambia's PPP Act was passed in August 2009. In late 2013, the cabinet approved measures to institutionalise the PPP unit into the Zambia Development Agency (Zambia Development Agency, 2014). There is no specific PPP legislation in Zimbabwe, but there are PPP guidelines and the Zimbabwe Agenda for Sustainable Socio-Economic Transformation acknowledges that PPPs should play a role in increasing investment in infrastructure as well as service delivery (Government of Zimbabwe, 2013).

Based on the legal and institutional frameworks described above, it is evident that PPPs are an area that almost all governments in the sub-region have shown interest in, but not all have engaged with. Developing strong institutions that can manage PPPs is an iterative process, requiring revision to policies and practices as countries accumulate experience. In addition, policies should be tailored to national needs, both economic and social, as illustrated by the importance of integrating BEE in South African PPP policy. The participation of all key stakeholders in the policy development process is therefore crucial to secure the buy-in of all involved parties.

5. Evaluation of Public-Private Partnerships in Southern Africa and Emerging Issues

PPP arrangements are still in their infancy in Southern Africa, and as indicated in section 3, they have been confined to only a few sectors and only a few countries. In general, PPP projects seeking to deliver or improve economic infrastructure have had a better chance of success than those seeking to deliver social services. This section highlights the successes and failures of some of these projects.

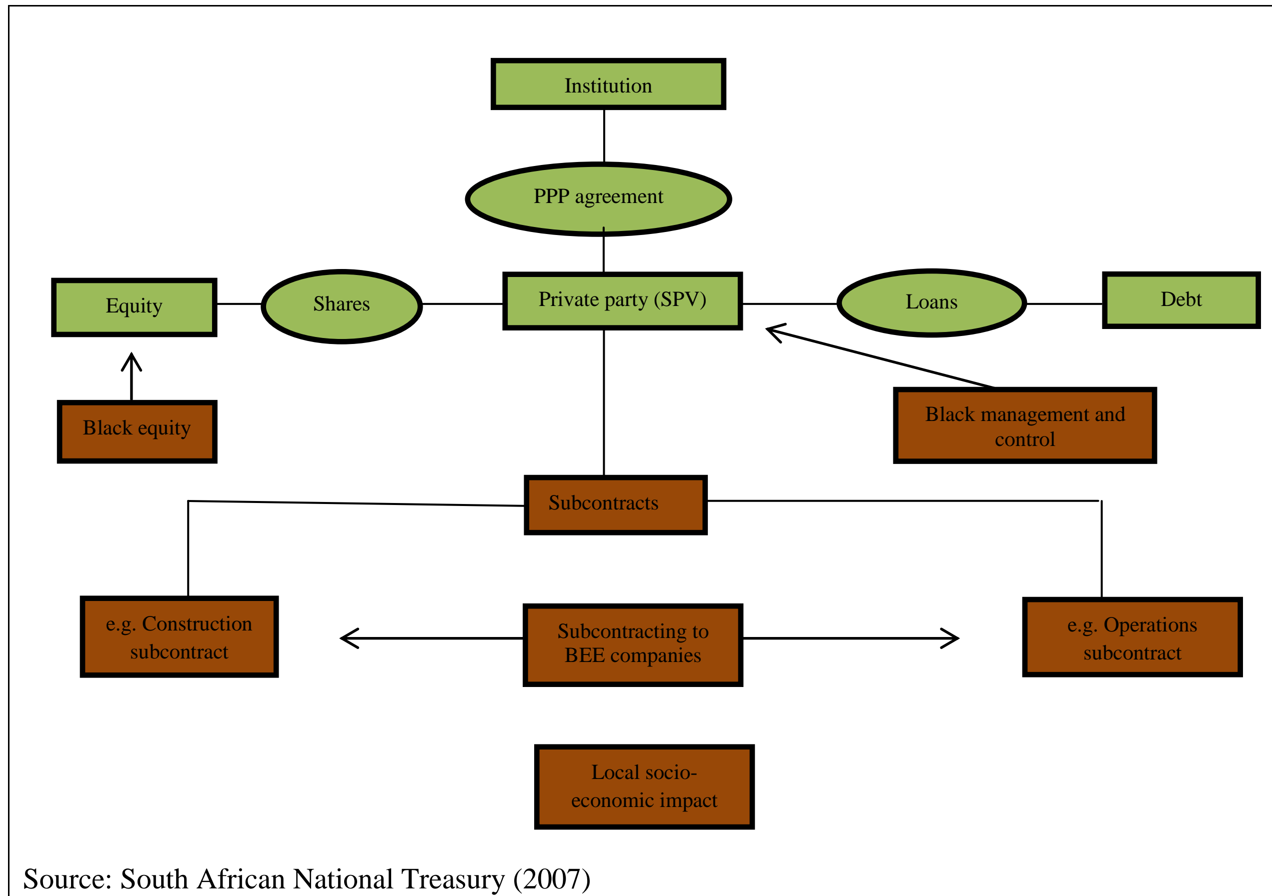
The South Africa-Mozambique cooperation in the N4 Toll Road is deemed a success. The two countries signed a 30-year concession for a private consortium to build and operate the stretch of road from Witbank, South Africa to Maputo, Mozambique. Success stemmed from careful sharing of risk between the two governments and the private companies, cross-subsidisation from the relatively well-off partners to the relatively poor, the increase in private sector investment (for example in tourism and natural gas) and trade related traffic flows following the road infrastructure improvement. In addition, free alternative roads existed, which meant that citizens who were unable or unwilling to pay tolls on the N4 could still travel on a similar route (Farlam, 2005).

The involvement of the private sector in providing water, sanitation, and electricity has proven controversial and less successful in reducing poverty and inequality. The need for cost-reflective tariffs makes these social infrastructure projects harder to implement since exclusion from these services has large health and livelihood implications. South Africa's experiment with PPPs in social service delivery at the municipal level had flaws due to a lack of performance guarantees and an absence of a pro-poor approach (Farlam, 2005). Even in instances in which water was being provided where there was none before, the results have been mixed. Due to relatively high costs, poorer citizens were isolated and only relatively well-off citizens could afford this basic service. In the event, government has had to intervene by providing free water and allocation of grants in concession areas.

Trade unions and other non-government organisations in South Africa and in other countries have been critical in their assessment of PPP performance, calling 'for a review of the current policy framework and public-private partnership unit within the Treasury' (COSATU, 2012, p. 17). Broadly, the non-state critics have rejected the justifications for embracing PPPs arguing that this 'privatisation through the backdoor approach' has not reduced risk for government and has in fact proved costly both to government and to the citizens. The controversial Gauteng Freeway Improvement Project (see text below) exemplifies a number of high profile PPP projects in terms of what should not be done, according to the critics. Incorporating the participation of all key stakeholders into the development of both PPP policy and its implementation would help remedy many of the shortcomings of the current approach.

Opposition to the e-tolling on South Africa's Gauteng Freeway Upgrade
The tolls were designed to fund a R20 billion highway upgrade program on the Gauteng Freeway Development Project. Led by numerous non-government organisations such as Opposition to Urban Tolling Alliance (OUTA) and trade unions such as COSATU, the opposition to the e-tolling system has claimed the following issues as central to their opposition:
First, high costs to citizens. The government has not considered other funding methods that would have been more efficient and less burdensome to the paying public. Second, Gauteng's freeways are not new routes and their base structure capital costs have been paid for through taxation over time. Third, there was poor planning and incorrect information when deciding on e-toll. Fourth, as mentioned above, there are no viable alternative routes. Fifth, there is no effective and reliable public transport option. Sixth, the 'User Pay Principle' is flawed because the benefits that arise from Gauteng's Freeways flow through to the entire country and not just Gauteng residents, e.g. farmers get their produce to the markets and airports using Gauteng's Freeways. Seventh, lack of consultation and transparency. South African National Road Agency Limited (SANRAL) did not consult the public adequately on the elaborate plan to toll the freeway upgrade. Finally, there are less expensive and far more efficient processes used for road funding, for example national treasury, fuel levy, long distance toll roads, vehicle licence fees, or a hybrid of these.
Source: Automobile Association of South Africa, 2013; OUTA, 2012.

In their response to criticisms, the governments of South Africa and Mozambique have claimed that they have used PPPs to more than just deliver on public goods and services, they have used them as a way of empowering citizens economically and through skills. The local content that is part of most PPPs seeks to promote local entrepreneurship and there is a requirement that citizens should be part of top management, such as in Zambia's copper mines. In a country with past racial discrimination, participation by blacks in the private consortium is a key requirement in South Africa. The figure below illustrates a typical BEE in a Special Purpose Vehicle (SPV). BEE PPP was formalised in the *Code of Good Practice for BEE in PPPs* in 2004. PPP BEE policy has been devised to achieve a broad-based and sustainable BEE outcome and is built into the bidding and evaluation processes for PPPs.



Source: South African National Treasury (2007)

The figure indicates that once a PPP agreement has been signed with an institution, its *equity* should seek to achieve meaningful and beneficial direct ownership by the target group (namely, black people, black women and black enterprises). Second, *black management and control* targets seek to achieve effective participation in the management control of the private party and its subcontractors by black people in general and black women in particular. Third, *subcontracting* is also included in the BEE scorecard to ensure that the private party contracts a significant proportion of its subcontracting and procurement to the target group. Finally, the target for *local socio-economic impact* seeks to promote positive impact from the project to the benefit of small, medium, and micro-sized enterprises, the disabled, youth and non-governmental organisations within a targeted area of the project's operations. The BEE element of PPPs has been strictly adhered to and the *Code of Good Practice for BEE in PPPs* has helped ensure that the beneficiaries of the policies are who they purport to be through a thorough selection process.

Admittedly, the above evaluation attempt is limited by the paucity of independently verifiable cases for the performance of PPPs in Southern Africa. Clearly more research work in this area is needed to conclusively position the role of PPPs in the development discourse of the region.

6. Concluding Remarks

This paper and the growing literature on public-private partnerships' performance underscore the critical need to get the basics right if the aims of these partnerships are to be achieved. Southern African countries in particular should: 1) introduce and implement appropriate legal and regulatory frameworks; 2) strengthen institutional quality, including building the requisite human capital needed to negotiate and monitor the implementation of PPP contracts; 3) support inter-country sharing of experiences and learning to achieve an equal level of expertise and thereby ease the rollout of cross-border infrastructure and services that are critical to regional integration efforts; and 4) actively support meaningful participation of all key stakeholders in public and non-state sectors from the policymaking stage to the implementation of PPP contracts. The few case studies in this paper point to scant evidence that these fundamentals are being followed. However, much stands to be gained by countries that assiduously work on getting the foundations right because PPPs do indeed hold promise for social and economic transformation leading to improved living standards for the citizens of Southern Africa.

References

Automobile Association of South Africa. (2013). "e-Tolls – Dangerous Precedents Have Been Set." Accessed 25 September 2014: http://www.aa.co.za/about/press-room/commentary/e-tolls-dangerous-precedents-have-been-set.html.

Axis Consulting. (2014). "PPP Country Paper – South Africa." Submitted to the SADC-DFRC 3P Network Public-Private-Partnership Working Group. Accessed 3 November 2015: http://www.sadcpppnetwork.org/wp-content/uploads/2015/02/south_africa_27012014.pdf.

Barrera-Osorio, F., D.S. Blakeslee, M. Hoover, L.L. Linden and D. Raju. (2011). "Expanding Educational Opportunities in Remote Parts of the World: Evidence from a RCT of a Public-Private Partnership in Pakistan." enGender Impact: the World Bank's Gender Impact Evaluation Database. Washington D.C.: World Bank. Accessed 25 September 2014: http://documents.worldbank.org/curated/en/2013/08/18304571/expanding-educational-opportunities-remote-parts-world-evidence-rct-public-private-partnership-pakistan.

Burger, P. (2006). "The Dedicated PPP Unit of the South African National Treasury." Paper presented at the OECD Symposium on Agencies and PPPs. Accessed 10 October 2014: http://www.oecd.org/mena/governance/37147218.pdf.

Common Market for Eastern and Southern Africa. (2014). "Public Private Partnership Guidelines." Accessed 5 November 2015:

http://programmes.comesa.int/attachments/article/133/COMESA%20PPP%20Guidelines%20(English).pdf.

Congress of South African Trade Unions (COSATU). (2012). "Responses to ANC Discussion Documents for the Policy Conference." Accessed 6 October 2014: http://www.anc.org.za/docs/discus/2012/consolidatedr.pdf.

European PPP Expertise Centre. (2015). "Market Update: Review of the European PPP in 2014." Accessed 3 November 2015: http://www.eib.org/epec/epec_market_update_2014_en.pdf.

Farlam, P. (2005). "Working Together: Assessing Public-Private Partnerships in Africa." NEPAD Policy Focus Report No. 2, South African Institute of International Affairs.

Government of Malawi. (2010). *Public-Private Partnership Bill, 2010*. Lilongwe, Malawi.

Government of Mauritius. (2004). *The Public-Private Partnership Act 2004*. St. Louis, Mauritius.

Government of Zimbabwe. (2013). *Zimbabwe Agenda for Sustainable Socio-Economic Transformation*. Harare, Zimbabwe.

KPMG. (2013). "Angola Country Report for the SADC-DFRC 3P." Accessed 3 November 2015: http://www.sadcpppnetwork.org/wp-content/uploads/2015/02/Angola-NI.docx.

KPMG. (2013). "Lesotho Country Report for the SADC-DFRC 3P." Accessed 3 November 2015: http://www.sadcpppnetwork.org/wp-content/uploads/2015/02/Lesotho-NI.docx.

Mauritius Board of Investment. (2009). "Public-Private Partnerships in Mauritius." Accessed 6 October 2014: http://www.sadcpppnetwork.org/index.php?option=com_phocadownload&view=category&id=172:presentations&Itemid=110.

National Treasury of South Africa. (2007). "Introducing Public Private Partnerships in South Africa." Accessed 29 September 2014: http://www.ppp.gov.za/Documents/Final%20Intro%20to%20PPP%20in%20SA%2021%2009%2007.pdf.

National Treasury of South Africa. (2004). "Public Private Partnership Manual." Accessed 29 September 2014: http://www.ppp.gov.za/Legal%20Aspects/PPP%20Manual/Main%20Intro+Contents.pdf.

New Era. (23 September 2015). "Regional cooperation on development finance...Namibia has benefitted." Accessed 6 November 2015: https://www.newera.com.na/2015/09/23/regional-cooperation-development-finance-namibia-benefitted/.

Organisation for Economic Co-operation and Development. (2014). "OECD Investment Policy Reviews: Botswana 2014." Accessed 5 November 2015: http://www.oecd-ilibrary.org/docserver/download/2013081e.pdf?expires=1446809442&id=id&accname=ocid54015569&checksum=71B4FBDCDBD32DE2222A2DEDAD3C0618.

Opposition to Urban Tolling Alliance. (2012). "Why We Oppose e-Tolling of Gauteng's Freeway Upgrade." Accessed 7 October 2014:
http://www.outa.co.za/site/about-outa/why-we-oppose-e-tolling/.

Republic of Namibia. (2012). "Namibia's Fourth National Development Plan." Accessed 26 September 2014: http://www.npc.gov.na/?wpfb_dl=37.

Southern African Development Community. (2015). "SADC PPP Regional Framework." Accessed 3 November 2015: http://www.sadcpppnetwork.org/wp-content/uploads/2015/02/SADC-PPP-Regional-Framework-new-logo-final.pdf.

United Nations Conference on Trade and Development. (2011). "Economic Development in Africa Report 2011: Fostering Industrial Development in Africa in the New Global Environment." Geneva, Switzerland.

United Nations Development Programme. (2010). "Stories from the Field: Public-Private Partnerships for Service Delivery, Lesotho." Accessed 5 October 2014:
http://www.undp.org/content/dam/undp/library/capacity-development/English/Stories%20from%20the%20Field/Stories%20from%20the%20Field_Lesotho.pdf.

United Nations Economic Commission for Europe (UNECE). (2012). "Introduction to Public-Private Partnerships: Can public-private partnerships improve infrastructure and deliver better public services?" Geneva, Switzerland.

United Nations General Assembly Resolution 60/215, "Towards Global Partnerships", A/RES/60/215 (29 March 2006).

World Bank. (2015). "Private Participation in Infrastructure Database." Accessed 3 November 2015: http://ppi.worldbank.org/explore/ppi_exploreRegion.aspx?regionID=1.

Zambia Development Agency. (2014). "Public-Private-Partnerships in Infrastructure Development in Zambia." Accessed 7 October 2014:
http://www.zda.org.zm/sites/default/files/Public-Private%20Partnership%20in%20Infrastructure%20Development%20in%20Zambia.pdf

Different Types of Participation in Constitution Making Processes: Towards a Conceptualisation

Abrak Saati

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Though participatory constitution making processes in post-conflict states and in states transitioning from authoritarian rule have become a new trend, scholarly research has yet to approach the notion of participation in a sharp and distinct way. In this article, I develop a novel approach for differentiating participation in constitution making, depending on the extent of influence that participants are granted, illustrating this reasoning with eight empirical cases from the African continent.

1. Introduction

Since the dawn of the peacebuilding era, scholars of constitutional design have observed that a new norm, or at least a new 'best practices' standard, has developed with regard to the design of constitution making processes in post-conflict states and in states transitioning from authoritarian rule. This new standard puts ordinary women and men at the front and center of the making of their founding laws and it has developed into a peacebuilding strategy because of a number of perceived beneficial effects, not least because it is held to promote democracy and lead to sustainable peace. The emphasis on broad based public participation, nevertheless, challenges the customary way through which constitutions have traditionally been produced. To be sure, as noted by Arato (2000), Hart (2010) and Tully (1995), constitution making has for a long time been an area strictly reserved for political elites and lawyers. A normative change has, however, been accompanied by new policy standards enthusiastically promoted by international organisations and individual scholars (e.g. Ghai and Galli, 2006; Samuels, 2006; Banks, 2007; Wing, 2008). Hence, traditional methods of arriving at a final document have had to give way to the new trend of public involvement in constitution making.

Though public engagement in constitution making in post-conflict states and in states transitioning from authoritarian rule has increased since the 1990s, up to the point that the term 'participatory constitution making' is by now commonplace (Ginsburg *et al.*,

2009; Brandt *et al*., 2011), scholarly research has yet to approach the concept of 'participation' in an analytically sharp and distinct way. In fact, as things stand today, different cases are being lumped together and designated a general label of being examples of participatory constitution making, in turn indicating that the participation of the people has been uniform with the same extent of influence in all cases. This is, however, quite far from the truth, and addressing what participation implies, how it can be distinguished and hence operationalised, is necessary for two distinct reasons. To begin with, if public participation in constitution making is going to be promoted as a policy, then those who are issuing this policy have an undeniable interest in understanding how participation can take different forms with different amounts of influence for participants. Second, a greater understanding of what participation in constitution making actually entails and how different types of participation can be differentiated from each other in a systematic way provides necessary knowledge for future research projects that may wish to focus on analysing the effects of participation in constitution making on different outcomes of interest (e.g. democracy, legitimacy, reconciliation, etc.).

In this article, my focus is on the conceptualisation and differentiation of public participation in constitution making. This is an important contribution because when it comes to differentiating participatory constitution making processes based on how participation has taken form, there is no previous research to lean on. Therefore, in the first part of the article, I engage in a novel approach of developing an analytical framework for analysing public participation in constitution making and a new typology of participation in such processes specifically. Depending on a) who the initiators of the constitution making process are; b) how the forms of communication with the public are constructed; c) how inclusive the process is; and d) where final authority over the constitutional document is vested, it is possible to categorise cases as different types of participation, namely: *false, symbolic, limited, consultative* or *substantial* participation. I then use this analytical framework to categorise eight African cases that are commonly (and uniformly) referred to as 'participatory processes' in order to illustrate that public participation in constitution making has indeed varied extensively across cases with very different extents of influence over the constitutional content for participants. The eight empirical cases are: Eritrea, Ethiopia, Kenya, Nigeria, Rwanda, South Africa, Uganda and Zimbabwe.

When it comes to the method for constructing the analytical framework, it should be noted that it is developed by using a combination of deductive and inductive analysis. In practice this means that I have moved back and forth between theory and the empirical material, which consists of an original set of twenty participatory constitution making processes that have been carried out in different parts of the world (Saati, 2015). An inductive-deductive approach has been chosen because although the written works of classical participation theorists – particularly the scholarly contributions of Pateman (1970) and Arnstein (1969) – are valuable since they acknowledge that participation can take different forms and because they provide some theoretical guidance for developing a

typology of participation that is specific for constitution making, they also share a weakness. Existing categorisations and typologies of participation fail to be specific as to what exactly makes a specific case of participation an example of a specific type. In order to be as explicit as possible, the study presented here has found it critical to also allow the typology to be influenced by the empirical material. Hence, my typology of false, symbolic, limited, consultative and substantial types of participation in constitution making sets out to be as detailed as possible concerning why a specific case of participation is categorised as a specific type.

2. Public Participation in Constitution Making: Towards a Conceptualisation

When it comes to public participation in constitution making, the lack of definitional clarity in present scholarly work has caused some confusion, in so far as it has led many to construe more participation as an issue of quantity. In a sense, this is a view that the more people that have been involved in a constitution making process, the more participatory the process has been. It is for example not at all uncommon, rather the contrary, that reference is made to the number of constitutional submissions that have been received by the people in a given process and the number of public hearings that have been held (e.g. Rosenn, 2010; Thier, 2010; Ebrahim and Miller, 2010) as an indication of how participatory a constitution making process has been. It is important to note, however, that even if a considerable number of individuals participate in their country's constitution making process, this does not reveal whether or not their participation has had an effect on the constitutional content or whether or not the constitutional draft enters into force. Hence, in order to be able to define 'participation', a first step is to acknowledge that participation in constitution making is in fact a political form of participation and as such entails the core notion of influence*.* To be clear, this study accepts the view that the concept of participation includes the degree of influence participants have over decisions being made in relation to the constitutional document – both in terms of its content and in terms of its adoption. To capture the degree of influence is, in turn, not easily done by the use of quantitative measures – rather a qualitative approach is required. In the next part of this section, I move on to present and discuss four factors that determine the extent of influence that participants are granted in a given constitution making process.[2]

2.1 The Initiators of the Process

The first factor that impacts the extent of influence that the public is allowed during a constitution making process concerns the *initiators of the process.* The agents who decide that constitutional reform should be undertaken and who also determine the rules of

[2] These four factors are elaborated in much fuller detail in Saati (2015).

procedure that will guide the reform process, undoubtedly have the opportunity to design the process to encourage/discourage participation in a manner that results in influence for participants. As regards the agents of constitutional reform in post-conflict states and in states transitioning from authoritarian rule, an initial distinction can be made between initiators who are 'outsiders' (international and regional actors as well as individual states), and those who are 'insiders' (national actors). These two broader categories can be further differentiated into different types. When it comes to the 'outsiders', we on the one hand have actors who influence the actual content of the constitution, and on the other hand, actors who determine how the constitution making process will be carried out (but without getting themselves involved in formulating content). Without a doubt, between the two types, the first is more influential since authority over constitutional content rests with outsiders, rather than with national elites and even less so with ordinary citizens. 'Insiders' as agents of constitutional reform are just as the outsiders, a heterogeneous group of people and/or organisations whose motives for constitutional reform originate from different goals and purposes. On a general level, three different types of inside initiators can be discerned: national elites (political or military), civil society organisations or a broad array of national actors who jointly agree that constitutional reform is desirable. To sum up: the first of four factors that can be used to determine the degree of influence for participants in a constitution making process relates to the issue of agency and the actor/actors resolve (or lack of resolve) to allow the public to influence the content of the constitution.

2.2 The Forms of Communication

The second aspect that has a bearing on how the people can participate in the constitution making process, and thereby try to exert influence, concerns the *forms of communication*. The subject under consideration is: how is the process being communicated to the public and how (if at all) is the public called upon to actively participate? In constitution making processes, forms of communication can generally take one of four different modes. The first is a one-way model of communication in which the initiators of the process are primarily interested in keeping the people informed about the constitution making process, but without allowing them to influence the document. Channels for feedback from the public are hence shut. The second mode is a two-way model of communication, which signals that communication channels are at least open in both directions. However, this does not necessarily imply that participants are guaranteed influence, since those who are tasked with the actual drafting of the constitution might not be legally compelled to consider and include the feedback into the draft. The third approach is a two-way model of communication with integrated proactive measures. This communication plan is used by initiators of the process who are sincerely interested in listening to the opinions of the people on constitutional subjects. In response, different mechanisms are put in practice

during the course of the constitution making process that serve to enable the people's participation and to make it possible for them to provide feedback. An example of such a proactive initiative is to carry out constitutional education programmes prior to asking the public about their views on various constitutional proposals. The fourth mode is that of consultation. When the form of communication is that of consultation, the comprehensiveness of the communication strategy is even more elaborate than in the third approach. The communication scheme involves mechanisms for systematically reviewing the comments of the people in order to facilitate the gathering of additional opinions from them as regards specific suggestions, etc. As part of a more exhaustive communication strategy, constitutional education programmes are also carried out on a nationwide scale and constructed so as to be adaptable for people with varying degrees of previous knowledge concerning constitutional issues.

2.3 The Degree of Inclusion

For purposes of making a fair assessment of how participatory a constitution making process has been, the third factor that must be considered is the *degree of inclusion.* When it comes to this aspect specifically, we want to understand if all groups in society have been invited to participate or if some have been disqualified from making their voices heard, as well as whether invited groups have voluntarily chosen not to participate. While inclusion in and by itself does not equal influence, it is nonetheless an important aspect to take into account, because if some groups are banned from participating and/or some groups boycott the process then this impacts of the public's overall degree of influence on the content of the constitution. On a general level, the scope of inclusion in constitution making can take three different expressions. The first is that some groups/political parties are forbidden to participate. The second is that participation is an option made available for all groups/political parties in a country, some of whom, by choice, refrain from using their right to engage. The third is a constitution making process in which all groups/political parties are welcome to participate, and all groups interested in engaging do so.

2.4 The Question of Final Authority

The last factor that is also important to consider when assessing how participatory a constitution making process is, concerns the *question of final authority.* Although voting may be considered an insufficient form of participation, if one construes participation to hold deeper meaning than to merely vote 'yes' or 'no' on a political package of constitutional provisions, it is still a manifestation of public influence, and particularly so if approval via referendum is decisive for the adoption of a draft constitution. When it comes to constitution making processes specifically, the question of final authority can generally take three different expressions. Sometimes final authority over the document is vested in

the hands of an appointed or executive body whereas in other cases, final authority is indirectly vested in the hands of the people through, for example, a popularly elected constitutional assembly. Final authority may also be vested directly in the hands of the people through a referendum.

To summarise: there are four main factors that can be used to determine the extent of influence for participants in a constitution making process. These have been briefly discussed in this section. Table 1 illustrates how different combinations of these factors give rise to different types of participation, namely: *false, symbolic, limited, consultative* and *substantial.* This typology is the first of its kind to be developed for the sole purpose of distinguishing different types of participation in constitution making processes from each other and it is an important contribution because it aims to demonstrate that there are indeed vast differences between various forms of participation in constitution making. It should be noted that moving from false to substantial (from the far left to the right of the table) signals an increasing level of influence for participants. In the final row of the table, the eight empirical cases are categorised into the participation type that best reflects the extent of participation in that specific constitution making process. Of course, it is worth emphasising that all of these cases are unique as regards the circumstances that led up to the process and the exact procedures that were employed during the course of it. Consequently, some cases are more difficult to classify as a specific type of participation than others. Nevertheless, based on thorough and systematic research (Saati, 2015), the four factors and how they play out in each of the cases give a good indication as to how public participation in constitution making has taken form and with what degree of influence for participants.

Table 1. Typology of Different Forms of Participation in Constitution Making

	False participation	**Symbolic participation**	**Limited participation**	**Consultative participation**	**Substantial participation**
Initiators of the process	Outside actor (determines the content of the constitution or the process)	Outside actor (determines the constitution making process), or different types of inside actors	National elites (political or military)	National elites (political or military)	Civil society organisations, or broad array of national actors
Forms of communication	One-way model of communication	One-way model of communication	Two-way model of communication, or two-way model of communication with integrated proactive measures	Two-way model of communication with integrated proactive measures/ Consultation	Two-way model of communication with integrated proactive measures/ Consultation
Degree of inclusion	Certain groups banned from participation	All segments of the population/ political parties allowed to participate, but some choose to boycott the process	All segments of the population/ political parties allowed to participate, but some choose to boycott the process	All segments of the population/ political parties allowed to participate, and all interested in doing so participate	All segments of the population/ political parties allowed to participate, but some choose to boycott the process/ All segments of the population/ political parties allowed to participate, and all participate
Final authority	Final authority rests with the executive or indirectly in the hands of the public	Final authority rests with the executive or indirectly in the hands of the public	Final authority indirectly vested in the hands of the people	Final authority indirectly vested in the hands of the people	Final authority directly vested in the hands of the people through a referendum
	Empirical case(s): Nigeria	*Empirical case(s):* -	*Empirical case(s):* Rwanda, Uganda, Ethiopia	*Empirical case(s):* South Africa, Eritrea	*Empirical case(s):* Kenya, Zimbabwe

3. Discussing the Categorisation of Two Empirical Cases

It is worthwhile to briefly elaborate the discussion through a few empirical cases that we find in Table 1 in order for the classification to become clearer. I will in this section, therefore, devote attention to the cases of Nigeria and Uganda.[3] When elaborating on these cases, the discussion will follow the structure that we find in the column to the left in Table 1.

3.1 Nigeria

The 1999 constitution making process of Nigeria was initiated by the military. As regards the forms of communication, a time span of two months to finalise the process made it nearly impossible to include Nigeria's large population of 115 million[4] people in the making of the constitution. Furthermore, judging from the set-up of the process it appears as though the Nigerian military was interested in soliciting the views of the public only if they expressed support for a strong military branch and not otherwise (Jega, 2000). In terms of degree of inclusion, the CDCC (Constitution Debate Coordinating Committee) did not engage the Nigerian opposition: the National Democratic Coalition, the United Action for Democracy and the Joint Action Committee of Nigeria, for example, were not consulted. The opposition was rather completely sidestepped in the making of the constitution (Ihonvbere, 2000). Lastly, when it comes to the question of final authority with regards to the adoption of the draft constitution, this was vested in the hands of the executive without any public influence at all. Hence, when taking all of these factors into account, the 1999 Nigerian constitution building process did not produce participation that resulted in actual influence for participants. This explains why it is categorised as an example of false participation in Table 1.

3.2 Uganda

Immediately after it gained power, the National Resistance Movement (NRM) government in Uganda declared that the country would embark on a constitution making process that would produce a new constitution made by the people of Uganda. As to the forms of communication, a 21-member Constitutional Commission was established to review the old constitution and prepare a new one. The commissions agreed that it was vitally important that the Ugandan people be the main agenda setters for the new document. Therefore, the Commission organised seminars throughout all 34 districts of the country in

[3] For further details and discussion about the categorisation of all empirical cases in Table 1, see Saati (2015).
[4] 1999 estimation.

order to develop a constitutional agenda that was based on the input of the people. Over the course of an entire year, constitutional education programmes were carried out on a nationwide scale, in all of Uganda's 890 sub-counties, constitutional materials were disseminated. After that, for another full year, constitutional submissions were gathered from the public in all parts of the country. However, the degree to which the popularly derived constitutional provisions are actually reflected in the document is difficult to establish. It has been argued that although the magnitude of public participation in the process was extensive, the public's input had little real impact on the substance of the document and the ruling elites' main purpose in involving the citizens was to give the constitution a 'shimmer' of legitimacy (Tripp, 2010). Nevertheless, in terms of involving and preparing the Ugandans to participate in the process, the constitution making process in Uganda was successful (Waliggo, 2001; Wapakhabulo, 2001; Mugwanya, 2001). At the same time, regarding the degree of inclusion, the Ugandan process was not fully inclusive. Although politicians could engage in the process in their capacity as Ugandan citizens, they were not allowed to engage as representatives of a political party, because political parties as such were banned from participation (Tripp, 2010). When it comes to the question of final authority over the constitution, this was not directly vested in the hands of the people, but indirectly so. The Ugandans voted for members of a Constitutional Assembly who, in turn, voted on the final document. The combination of these factors explains why Uganda has been categorised as an example of limited participation in Table 1.

4. Concluding Remarks

The analytical framework for differentiating participatory constitution making processes into different types of participation, depending on how much influence participants have been granted, helps us approach this area of research in an analytically sharp and distinct way. This is a novel approach that seeks to be of value for future research projects that set out to both understand the extent of influence for participants in individual cases of constitution making, as well as to analyse whether certain types of participation affect various outcomes of interest in different ways. Indeed, as we move forth and aspire to increase our knowledge about participatory constitution making in post-conflict states and in states under transition from authoritarian rule, the outcomes of these processes at an individual as well as on a macro-level of analysis are an intriguing area of research waiting to be explored.

References

Arato, A. (2000). *Civil Society, Constitution and Legitimacy.* Lanham: Rowman & Littlefield Publishers, Inc.

Arnstein, S. R. (1969). "A Ladder of Citizen Participation." *Journal of the American Institute of Planners* 35(4): 216-224.

Banks, A. M. (2007). "Challenging Political Boundaries in Post-Conflict States." Faculty Publication, Paper 5. William and Mary Law School.

Brandt, M., J. Cottrell, Y. Ghai and A. Regan. (2011). "Constitution Making and Reform: Options for the Process." Switzerland: Interpeace.

Ebrahim, H. and L.E. Miller. (2010). "Creating the Birth Certificate of a New South Africa: Constitution Making after Apartheid." In L.E. Miller and L. Aucoin. (Eds.), *Framing the State in Times of Transition: Case Studies in Constitution Making* (pp. 111-157). Washington D.C.: United States Institute of Peace.

Ghai, Y. and G. Galli. (2006). "Constitution Building Processes and Democratization." International Institute for Democracy and Electoral Assistance: Stockholm.

Ginsburg, T., Z. Elkins, and J. Blount. (2009). "Does the Process of Constitution-Making Matter? " *Annual Review of Law and Social Science* 5: 201-233.

Hart, V. (2010). "Constitution Making and the Right to Take Part in a Public Affair." In L.E. Miller and L. Aucoin (Eds.), *Framing the State in Times of Transition: Case Studies in Constitution Making* (pp.20-56). Washington D.C.: United States Institute of Peace.

Ihonvbere, J. O. (2000). "How to Make an Undemocratic Constitution: The Nigerian Example." *Third World Quarterly* 21(2): 343-366.

Jega, A. M. (2000). "Popular Participation in Constitution Making: The Nigerian Experience." In E.E.O. Alemika and F. Okoye (Eds.), *Constitutional Federalism and Democracy in Nigeria* (pp. 1-19). Human Rights Monitor: Kaduna.

Mugwanya, G. (2001) "The Legitimisation of the Constitution-Making Process in Uganda." In G. Hyden and D. Venter (Eds.), *Constitution-Making and Democratisation in Africa* (pp.162-176). Pretoria: Africa Institute of South Africa.

Pateman, C. (1970). *Participation and Democratic Theory.* Cambridge: Cambridge University Press.

Rosenn, K. S. (2010). "Conflict Resolution and Constitutionalism: The Making of the Brazilian Constitution of 1988." In L.E. Miller and L. Aucoin (Eds.), *Framing the State in Times of Transition: Case Studies in Constitution Making* (pp.435-466). Washington D.C: United States Institute of Peace.

Saati, A. (2015). *The Participation Myth: Outcomes of Participatory Constitution Building Processes on Democracy.* Print & Media. Umeå University.

Samuels, K. (2006). "Post-Conflict Peace-Building and Constitution-Making." *Chicago Journal of International Law* 6(2): 1-20.

Thier, A. J. (2010). "Big Tent, Small Tent: The Making of a Constitution in Afghanistan." In L.E. Miller and L. Aucoin (Eds.), *Framing the State in Times of Transition: Case Studies in Constitution Making* (pp.535-562). Washington D.C.: United States Institute of Peace.

Tripp, A. M. (2010). "The Politics of Constitution Making in Uganda." In L.E. Miller and L. Aucoin (Eds.), *Framing the State in Times of Transition: Case Studies in Constitution Making* (pp. 158-175). Washington D.C.: United States Institute of Peace.

Tully, J. (1995). *Strange Multiplicity: Constitutionalism in an Age of Diversity.* Cambridge: Cambridge University Press.

Waliggo, J. (2001). "The Main Actors in the Constitution-Making Process in Uganda." In G. Hyden and D. Venter (Eds.), *Constitution-Making and Democratisation in Africa* (pp. 43-68). Pretoria: Africa Institute of South Africa.

Wapakhabulo, J. (2001). "Managing the Constitution-Making Process in Uganda." In G. Hyden and D. Venter (Eds.), *Constitution-Making and Democratisation in Africa* (pp.114-131). Pretoria: Africa Institute of South Africa.

Wing, S. (2008). *Constructing Democracy in Transitioning Societies in Africa: Constitutionalism and Deliberation in Mali*. New York: Palgrave Macmillan.

Patient Waiting Time: A Case Study of the Medical Outpatient Department of Kilimanjaro Christian Medical Center

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Studies of patient waiting time are scarce in low-income countries. Significant consequences of long patient waiting times, such as reduced healthcare seeking behaviours, indicate that minimising patient waiting time should be prioritised in low-income settings. Several short and long-term intervention strategies to combat the effects of patient waiting time and improve overall efficiency are based on the analysis of patient waiting time at the Medical Outpatient Department of Kilimanjaro Christian Medical Center.

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1. Background

Organisational efficiency achieved through maximisation of human and monetary resources is especially important in low-income countries. Patient waiting time is a key indicator of efficiency of outpatient departments (Pillay *et al.*, 2011), and is found to moderate patients' healthcare seeking behaviours (Kurata *et al.*, 1992). Especially in settings with high burdens of disease, reduced healthcare seeking behaviours can have detrimental effects on community health. Therefore, prolonged patient waiting time is a growing concern for healthcare administrators and policy-makers (Bielin and Demoulin, 2007).

In addition to serving as an indicator of efficiency, patient waiting time can have a significant effect on healthcare delivery in a hospital. Quality of healthcare may be

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compromised when patients spend relatively long amounts of time waiting to see medical personnel (McClelland *et al.*, 2011). When the demand for healthcare exceeds the supply within a facility, the opportunities for error in healthcare delivery increase. Studies have shown that crowding of people waiting for care contributes to poor quality care (Cho, Hwang and Kim, 2008).

Patients tend to weigh the inconvenience of receiving healthcare against their gain from receiving health services to determine their willingness to return (Camacho *et al.*, 2006). Therefore, if the patient concludes that he or she receives poor health care relative to the burden of receiving care, the patient may be less likely to seek treatment for future medical problems. These burdens include financial losses for a patient due to treatment, transportation to the facility, or a lost day of paid work (Pillay *et al.*, 2011). If the Kilimanjaro Christian Medical Center (KCMC) patients do not seek medical treatment or preventive care because the perceived burden of treatment was greater than the benefits during previous experiences at KCMC, then it is likely that the region may suffer from increased morbidity and mortality.

KCMC serves approximately 15 million people in the northern region of Tanzania (KCMC, 2015). Medical Outpatient Department (MOPD) patients pass through a number of steps before consultation with medical personnel: patients register at the medical records office, make payments at the accounting or insurance offices and then wait for consultation with medical personnel. This case study aims to investigate policy issues that lead to increased patient waiting times in the MOPD, and to develop feasible policy interventions for reducing patient waiting time. In this study, 'patient waiting time' refers to the cumulative amount of time a patient spends waiting for service at KCMC registration and insurance/accounting offices, and then waiting for consultation with medical personnel at the MOPD.

2. Methods

Initial review of relevant literature began in May 2013 at Kilimanjaro Christian Medical University College in Moshi, Tanzania. Peer-reviewed journal articles on patient waiting time were found through online academic databases. Qualitative data was collected from semi-structured interviews of several stakeholders during June 2013.

To gain a multidisciplinary understanding of patient waiting time at the KCMC MOPD, several stakeholders with conflicting interests and varying levels of influence were interviewed. The questions asked during individual interviews were specific to the perspective of the stakeholder. The majority of interviews were conducted in Kiswahili and then translated into English.

Stakeholders interviewed include an Assistant Medical Officer (AMO) of a community health center, a Medical Administrator of a community health center, an Administrator at KCMC, three Medical Doctors of the MOPD, three Medical Records

Personnel at KCMC, and 25 patients from the MOPD. Stakeholders were chosen by availability and willingness to participate in the case study.

Permission to interview patients was obtained from hospital and college authorities. Patients were interviewed immediately after medical personnel consultation on June 10, 2013. The patients were chosen randomly upon their exit from the MOPD.

3. Limitations of the Study

The greatest constraint was limited accessibility and availability of data, especially regarding patient waiting times, percentage of patients who are properly referred to KCMC and funding sources for KCMC. Therefore, discussions with stakeholders were a principal source of information. Other limitations include stakeholders' difficulty recalling past events, as well as the inherent subjectivity of qualitative interviews. These elements may have affected the validity of data collected from individuals.

4. Results

The combination of several complex and interacting factors determine patient waiting time at the MOPD of KCMC. From the start of a patient's encounter with KCMC, he or she immediately experiences one of the leading sources of prolonged waiting time, overcrowding. Tanzania's high burden of disease and the practice of bypassing lower-tier facilities contribute to doctors' frustrations with overcrowded conditions.

Misguided self-referrals produce higher patient loads at high-level healthcare facilities such as KCMC. An AMO of a community health center posited that 'the referral system is not well elaborated to patients (…) they are not told for which diseases they should go to KCMC' (AMO, Interviewed 11 June 2013). A Medical Records employee corroborated with the AMO, emphasising that no restrictions exist to discourage patients without referral letters from attending KCMC, resulting in overcrowding (Medical Records Personnel, Interviewed 12 June 2013). The majority of MOPD patients are returning patients who seek continuous care for chronic conditions such as diabetes and hypertension, even though most lower-level healthcare facilities can also adequately treat their illnesses through continued medication regiments (Medical Doctor, Interviewed 14 June 2013).

A final challenge that contributes to overcrowding is the MOPD's limited hours of operation; the clinic is only open on Mondays and Fridays. Although approximately 75% of MOPD patients have scheduled appointments for follow-up care, limited hours prevent patients from finding optimal appointment dates, which reduces the likelihood of patients making their designated appointments (Medical Records Personnel, Interviewed 12 June 2013).

Human resource challenges are another main contributor to patient waiting time at the MOPD. In an analysis of KCMC's clinical services, it was determined that shortage of medical personnel is one of KCMC's critical weaknesses (KCMC, 2015). Staff shortages within the administrative and clinical settings restrict the MOPD's ability to cater to the needs of the few thousand patients who pass through the clinic each year.

According to the head of the Medical Records Department, the staff shortage problem exacerbates waiting time across the entire hospital because the manual filing system is not only time-consuming, but is also often mismanaged. The few medical records personnel are overwhelmed by the several hundred patients that visit KCMC daily and patient files are easily misplaced (Medical Records Personnel, Interviewed 12 June 2013). In 2013, the Medical Records Department reported a deficit of eight trained health records officers. Unfortunately, the gap between the number of trained health records officers employed and the number required for sufficient service has reportedly widened to 17. To meet the required 62 total employees, the Medical Records Department must recruit 39 additional employees (KCMC, 2014).

Furthermore, many KCMC employees have few tangible incentives to work efficiently. An increased quantity of patients seen does not correlate with any financial bonus, because health professionals are paid with fixed salaries in the MOPD (Medical Doctor, Interviewed 14 June 2013). The registration officers, among many other administrative employees, earn minimum wages. In the event of colleague absenteeism, medical records personnel are often expected to work multiple back-to-back shifts, although overtime wages do not differ from their usual minimum wage earnings. Their limited income discourages employees from exceeding management's expectations (Medical Records Personnel, Interviewed 12 June 2013). For many employees, both clinical and administrative, job description and performance standards are unclear (KCMC, 2015). The combination of misunderstood expectations and insufficient financial incentives creates a culture of tolerance for mediocrity among employees at the MOPD and within the registration departments and prevents the employees from reaching their full potential.

5. Discussion

The goal of these recommendations is to combat the underlying causes of patient waiting time and limit the repercussions, thereby aiming to improve overall efficiency of the MOPD of KCMC. Although the MOPD is the subject of this analysis, many of the proposed recommendations would have positive impacts on all of KCMC's outpatient departments. To be successful in creating organisational change, it is important that the hospital leadership consistently makes patient flow improvement a priority and that they provide enthusiastic support to the lower level managers who promote change within their own departments. Additionally, it is essential that all staff members are afforded the

opportunity to provide input throughout the planning, implementation and monitoring and evaluation stages (Rich, Sullivan and Kirby, 2007).

There are many opportunities to improve KCMC operations. However, to truly reduce patient waiting time in Tanzania's healthcare system, long-term efforts must be made to reduce high morbidity throughout the country. As one of Tanzania's leading hospitals, KCMC is responsible for contributing to national efforts to reach health related Sustainable Development Goals set forth by the World Health Organization. Therefore, although the overcrowding and high burden of disease surrounding KCMC is likely to be unremitting, KCMC is committed to working towards developing a healthier community (KCMC, 2015). The high burden of disease contributes greatly to the overcrowding at the MOPD, but only long-term community health initiatives can make a noticeable impact on reducing the high need for health services, and thus further lower waiting times throughout the healthcare system.

Understanding the limitations of opening the MOPD only twice per week, KCMC plans to expand the availability of clinic days to meet the needs of the overcrowded healthcare system (KCMC, 2015).

Bypassing lower-level healthcare facilities is indicative of a costly and inefficient health system. Investments by the Tanzanian government to improve the quality of services provided by primary care facilities would likely reduce bypassing and improve the overall efficiency of the referral system (Kruk *et al.*, 2009). Although the government is responsible for many long-term improvements to the healthcare system in Tanzania, the MOPD can adjust procedures to more effectively accommodate the many patients who seek care unnecessarily from KCMC. Castelnuovo *et al.* (2009) found that introducing pharmacy-only refill visits and nurse-only visits in an outpatient clinic effectively reduced patient waiting time. Given that the majority of patients are returning patients seeking treatment for chronic diseases, minimising visit procedures to only include the necessary steps for re-prescribing can effectively shorten visit length. Streamlining chronic patient care will thus allow medical personnel to see more patients throughout a shift.

There are several feasible and inexpensive interventions that can alleviate the negative impact of human resource shortages on patient waiting time. Considering the extreme shortage of doctors in Tanzania (KCMC, 2015), doctors' expertise should be optimised through task shifting. Assigning low-priority patients to nurses and other lower cadre healthcare workers can give doctors more freedom to attend to high-need patients. Training and recruiting lower cadre health workers is a cost-effective alternative to training and recruiting doctors (Fulton *et al.*, 2011) and should therefore be a priority for KCMC. Increased nursing support can lower patient waiting time when task shifting is appropriately implemented (Potisek *et al.*, 2007).

The registration personnel shortage can be minimised over time through increased class sizes at the KCMC School of Medical Records (KCMC, 2015). Even without the additional staff, the Medical Records Department can improve efficiency through

implementing an electronic record-keeping system (KCMC, 2015) to replace the manual filing system. KCMC should take care to thoroughly train employees to avoid the potential that a new electronic system could create even more inefficiencies (Rich *et al.*, 2007).

Lastly, while addressing staff shortages would be one of the most effective methods of reducing patient waiting time, training and recruiting staff is both time-consuming and expensive. Therefore, improving staff motivation could catalyse change without requiring large monetary input. KCMC's (2015) intentions to make improvements to staff promotion guidelines could serve as a practical way to motivate employees to improve performance. Easily accessible promotion guidelines can give employees a tangible goal with a corresponding financial reward. Additionally, efforts to clarify job descriptions and performance standards (KCMC, 2015) can improve employees' motivation to meet or exceed expectations. A study at one of the other Tanzanian consulting hospitals found that employee 'awareness of job description through performance evaluations and feedback, as well as the administration of rewards and punishment for work-related behaviors' influenced motivation and performance, and provided opportunities for intervention (Leshabari *et al.*, 2008).

Through a combination of multifaceted interventions, KCMC could effectively reduce patient waiting time at the MOPD, while simultaneously improving overall efficiency across KCMC's entire outpatient operations.

References

Bielen, F. and N. Demoulin. (2007). "Waiting Time Influence on the Satisfaction-Loyalty Relationship in Services." *Managing Service Quality* 17(2): 174-193.

Camacho, F., R. Anderson, A. Safrit, A. Snow Jones and P. Hoffmann. (2006). "The Relationship between Patient's Perceived Waiting Time and Office-Based Practice Satisfaction." *NC Medical Journal* 67(6): 409-413.

Castelnuovo, B., J. Babigumira, A. Muwanga, A. Kambugu and R. Colebunders. (2009). "Improvement of the Patient Flow in a Large Urban Clinic with High HIV Seroprevalence in Kampala, Uganda." *International Journal of STD & AIDS* 20(2): 123-124.

Cho, S., J. Hwang and J. Kim. (2008). "Nurse Staffing and Patient Mortality in Intensive Care Units." *Nursing Research* 57(5): 322-330.

Fulton, B., R. Scheffler, S. Sparkes, E. Yoonkyung Auh, M. Vujicic and A. Soucat. (2011). "Health Workforce Skill Mix and Task Shifting in Low Income Countries: A Review of Recent Evidence." *Human Resources for Health* 9(1).

Kilimanjaro Christian Medical Center (2015). http://www.kcmc.ac.tz/

Kilimanjaro Christian Medical Center (2015). Strategic Plan 2015-2020: http://www.kcmc.ac.tz/downloads/KCMC%20strategic%20plan%202015-2020.pdf

Kilimanjaro Christian Medical Center (2014). Annual Report: http://www.kcmc.ac.tz/downloads/annual_report_2014.pdf

Kruk, M., G. Mbaruku, C. McCord, M. Moran, P. Rockers and S. Galea. (2009). "Bypassing Primary Care Facilities for Childbirth: A Population-Based Study in Rural Tanzania." *Health Policy and Planning* 24: 279-288.

Kurata, J., A. Nogawa, D. Philips, S. Hoffman, and M. Werblum. (1992). "Patient and Provider Satisfaction with Medical Care." *Journal of Family Practice* 35: 176-179.

Leshabari, M., E. Muhondwa, M. Mwangu, and N. Mbembati. (2008). "Motivation of Health Care Workers in Tanzania: A Case Study of Muhimbili National Hospital." *East African Journal of Public Health* 5(1): 32-37.

McClelland, M., M. McHugh, D. Moss and K. Van Dyke. (2011). "Improving Patient Flow and Reducing Emergency Department Crowding: A Guide for Hospitals." *Agency for Healthcare Research and Quality* 11(12): 8.

Pillay, D.J., R.J. Ghazali, N.H. Manaf, A.H. Abdullah, A.A. Baker, F. Salikin and W.I. Ismail. (2011). "Hospital Waiting Time: The Forgotten Premise of Healthcare Service Delivery?" *International Journal of Health Care Quality Assurance* 24(7): 506-522.

Potisek, N., R. Malone, B. Shilliday, T. Ives, P. Chelminski, D. DeWalt and M. Pignone. (2007). "Use of Patient Flow Analysis to Improve Patient Visit Efficiency by Decreasing Wait Time in a Primary Care-Based Disease Management Programs for Anticoagulation and Chronic Pain: A Quality Improvement Study." *BMC Health Services Research* 7(2).

Rich, V., P. Sullivan and A. Kirby. (2007). "Pioneers in Patient Flow Improvement: Combining People, Processes, and Technology." *Nurse Leader* 5(2): 52-56.

Interviews

The authors conducted interviews at KCMC and Majengo Health Center. The majority of interviews were conducted in Swahili and then translated. However, the interviews were conducted in English whenever possible.

Assistant Medical Officer, Interviewed 11 June 2013.
Medical Administrator, Interviewed 13 June 2013.
Medical Doctor, Interviewed at KCMC, 14 June 2013.
Medical Records Personnel, Interviewed at KCMC, 12 June 2013.
Patients interviewed from MOPD of KCMC, 10 June 2013.

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