

**THE IMPLEMENTATION OF PUBLIC PRIVATE PARTNERSHIP IN
PUBLIC HEALTH SECTOR IN ISIOLO SUB-COUNTY, KENYA**

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HEALTH SYSTEMS MANAGEMENT OF KENYA METHODIST
UNIVERSITY**

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DECLARATION

This research thesis is my original work and has not been presented for a degree program in any other University.

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DEDICATION

I wish to dedicate this thesis to my family to whom I owe a great deal. To my wife Qabale Wario, Sons Wario and Somo and daughters Adi and Darmi, I will remain indebted to you all for the love and support all along. To my late father, Wario Tore, thank you for teaching me the values of hard work and resilience. Your fond memories still live on.

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ABSTRACT

The public health sector has overtime been unable to effectively provide the badly needed health care to the public on its own owing to lack of resources and management challenges. The promise of universal coverage of health services financed through tax revenue has proved untenable in the face of increase in demand for quality health services and other competing demand for the same revenue. The need for properly structured and executed Public Private Partnership (PPP) has become a necessity. There has been growing concern that despite much presence and effort by public and private health actors over the years, nationally and in Isiolo Sub County, a number of health indicators are either on downward trend or have stagnated. Isiolo County is ranked 5th highest maternal mortality in the country. This has put to question how PPP in health sector has been conceived, structured, regulated and coordinated. The aim of this research was to establish factors influencing implementation of public private partnership in health sector in Isiolo Sub County, of Isiolo County. Specific objectives were to determine the influence of existing policy framework, coordination mechanism, training on implementation of PPP in health care in Isiolo Sub County. The study adapted a mixed research design. Census was used to include 30 respondents who included hospital administrations program coordinators in non-governmental organizations. A structured questionnaire was used to collect data. Both descriptive and inferential analysis was done using SPSS. The results indicated that existing policy framework, coordination mechanisms, training, and information sharing had positive and significant effect on implementation of PPP public private partnership in the health sector in Isiolo Sub-County. The study concluded that an improvement in policy framework, training on PPP, information sharing among stakeholders and coordination mechanisms would lead to an implementation of PPP in the health sector. The study recommends that the government of Kenya and policy makers should initiate a thorough review of existing policies and laws related to PPPs in Kenya's health sector. In addition, the government of Kenya should organize workshops and training sessions specifically designed to educate stakeholders on partnership agreements. Kenya's health sector management should encourage a participatory approach by involving important public and commercial sector partners, civil society organizations, and local communities.

TABLE OF CONTENTS

| | |
|---|------------|
| COPYRIGHT | iii |
| DEDICATION..... | iv |
| ACKNOWLEDGEMENTS | v |
| ABSTRACT..... | vi |
| LIST OF TABLES | x |
| LIST OF FIGURES | xi |
| LIST OF ABBREVIATIONS | xii |
| CHAPTER ONE | 1 |
| INTRODUCTION..... | 1 |
| 1.1 Background of the study | 1 |
| 1.2 Statement of the Problem | 5 |
| 1.3 Research Objectives | 6 |
| 1.4 Research Hypothesis | 6 |
| 1.5 Justification of the study | 7 |
| 1.6 Limitation of the study | 7 |
| 1.7 Delimitations of the Study..... | 8 |
| 1.8 Significance of the Study | 8 |
| 1.9 Assumptions of the Study | 9 |
| 1.10 Operational Definition of Terms | 9 |
| CHAPTER TWO | 12 |
| LITERATURE REVIEW | 12 |
| 2.1 Introduction | 12 |
| 2.2 Public-Private Partnerships | 12 |
| 2.3 Policy on Public Private Partnerships | 14 |
| 2.4 Training on PPPs..... | 15 |
| 2.5 Coordination Mechanisms of Public Private Partnership | 17 |
| 2.6 Information Sharing among Stakeholders and Implementation of PPPs | 24 |
| 2.7 Theoretical framework | 25 |
| 2.8 Conceptual Framework | 28 |
| CHAPTER THREE..... | 30 |

| | |
|--|-----------|
| RESEARCH METHODOLOGY | 30 |
| 3.1 Introduction | 30 |
| 3.2 Research design..... | 30 |
| 3.3 Location of the study..... | 30 |
| 3.4 Variables..... | 31 |
| 3.5 Target population | 31 |
| 3.6 Sampling techniques and sample size | 32 |
| 3.7 Construction of research instruments | 32 |
| 3.8 Pretesting..... | 33 |
| 3.9 Data Collection Techniques | 35 |
| 3.10 Data Analysis | 35 |
| 3.11 Logistical and ethical considerations | 36 |
| CHAPTER FOUR..... | 38 |
| RESULTS AND DISCUSSION | 38 |
| 4.1 Introduction | 38 |
| 4.2 Response Rate | 38 |
| 4.3 Reliability Results | 39 |
| 4.4 Demographic Characteristics of the Respondents..... | 39 |
| 4.5 Implementation of Public Private Partnership in the Health Sector..... | 42 |
| 4.6 Policy Framework on PPP | 44 |
| 4.7 Coordination Mechanisms of Public Private Partnership | 48 |
| 4.8 Training on PPPs..... | 55 |
| 4.9 Information Sharing among Stakeholders..... | 56 |
| 4.10 Inferential statistics | 62 |
| CHAPTER FIVE | 68 |
| SUMMARY, CONCLUSION AND RECOMMENDATION..... | 68 |
| 5.1 Introduction | 68 |
| 5.2 Summary of the Findings | 68 |
| 5.3 Conclusion..... | 72 |
| 5.4 Recommendations | 74 |
| 5.5 Suggestions for Further Research | 75 |
| REFERENCES..... | 76 |

| | |
|---|-------------------------------------|
| APPENDICES | 84 |
| Appendix 1: Consent Form | 84 |
| Appendix 2: Research Questionnaire | 86 |
| Appendix 3: KEMU Ethical Clearance | 91 |
| Appendix 4: NACOSTI Permit | 93 |
| Appendix 5: Authorization Letter to Collect Data | 94 |
| Appendix 6: Map of Isiolo County | 95 |
| Appendix 7: Names of health facilities and NGOs in Isiolo Sub County..... | 96 |
| Appendix 8: Similarity index/Anti plagiarism report | Error! Bookmark not defined. |

LIST OF TABLES

| | |
|--|----|
| Table 4.1: Questionnaires' Response Rate | 38 |
| Table 4. 2: Cronbach Reliability Alpha | 39 |
| Table 4. 3: Demographic Characteristics of the Respondents | 40 |
| Table 4.4: Measures of Implementation of Public Private Partnership in the Health sector | 43 |
| Table 4. 5: Aspects of Policy Framework on PPPs..... | 47 |
| Table 4. 6: Components of a Partnership Agreement | 50 |
| Table 4. 7: Components of Coordination Mechanisms..... | 53 |
| Table 4. 8: Components of Training on PPPs..... | 56 |
| Table 4. 9: Components of Information Sharing among Stakeholders | 61 |
| Table 4. 10: Correlation Coefficients..... | 63 |
| Table 4. 11: Model Summary | 64 |
| Table 4.12: ANOVA | 65 |
| Table 4.13: Regression Coefficients | 65 |

LIST OF FIGURES

| | |
|--|----|
| Figure 2.1: Conceptual framework showing the relationship between the independent and dependent variables | 29 |
| Figure 4.1: Existence of partnership agreement | 49 |
| Figure 4. 2: Modality of planning | 51 |
| Figure 4. 3: Frequency of partners performance review forums..... | 52 |
| Figure 4. 4: Formal Training/ Induction on PPP Policy and Law | 55 |
| Figure 4. 5: Information Sharing among Stakeholders | 57 |
| Figure 4. 6: Existence of stakeholders/partners coordination forum | 58 |
| Figure 4. 7: Frequency of Stakeholders Meetings | 59 |
| Figure 4. 8: Components of Information Sharing among Stakeholders | 60 |

LIST OF ABBREVIATIONS

| | |
|-----------------|---|
| ANOVA: | Analysis of Variance |
| HENNET: | Health NGOs Network |
| ICDH: | International Conference on Digital Health |
| MOH: | Ministry of Health |
| NACOSTI: | National Commission for Science, Technology and Innovation |
| NGOs: | Non-Governmental Organizations |
| NHS: | National Health Service |
| PFI: | Private Finance Initiative |
| PPPs: | Public-Private Partnerships |
| SARAM: | Kenya Service Availability and Readiness Assessment Mapping |
| SPSS: | Statistical Package for Social Sciences |
| WHO: | World Health Organization |

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Discussion of Public Private Partnerships (PPPs) in the Health Sector is crucial and overdue considering the difficulties the public sector is having with healthcare financing, management, and delivery of health services (Almarri & Abuhijleh, 2017). Many governments are faced by financial limitations that force them to carefully select and limit public expenditures. Public health systems are under financial strain due to factors like the need to provide care for an aging population, enhance the standard of care, or make investments in frequently expensive medical treatments and technological advancements (Visconti, 2019). In light of the rising need for high-quality healthcare services and other competing demands for the same tax income, the promise of universal access to health services has proven unworkable. The need for properly structured and executed public private partnership has become imperative.

PPPs in the healthcare industry involve cooperation between public and private enterprises to provide healthcare services or carry out healthcare projects (De Matteis, 2021). The government typically identifies specific healthcare needs, such as building new hospitals, upgrading existing facilities, providing specialized medical services, or managing healthcare infrastructure. Private partners may deliver healthcare services directly, manage healthcare facilities, or provide specialized services (e.g., diagnostics, radiology). These services are often subject to performance standards and quality benchmarks outlined in the contract (Ghasemi & Amini-Rarani, 2022).

PPP has been adopted in health sector in different parts of the world. The United Kingdom (UK) has a long history of engaging private sector in healthcare delivery and

service provision (Adamou et al., 2021). In the 1990s, the Private Finance Initiative (PFI) was introduced to allow private sector companies to finance and build healthcare infrastructure like hospitals and medical facilities, in partnership with the National Health Service (NHS). Under PFI, private companies are in charge of planning, building, financing, and maintaining the infrastructure over long-term period (Mallat et al., 2021).

In addition, Colombia has implemented health concessions, which involve private sector assuming responsibility for construction, operation, and management of healthcare facilities and services. These concessions aim to improve access, quality, and efficiency in healthcare provision (Carballo-Cruz, 2017). Similarly, The Italian government has outsourced some healthcare services to private providers to alleviate capacity constraints and reduce waiting times. This includes contracting private providers for diagnostic tests, surgical procedures, and specialist consultations (Pratici & Singer, 2021). In the United States, public health agencies collaborate with private organizations, including nonprofit entities and businesses, to implement public health programs (Akomea-Frimpong, 2022).

The Nigerian government has encouraged partnerships between public and private healthcare providers to enhance service delivery (Okwilagwe, 2017). The National Health Act of 2014 provides a legal framework for PPPs in health sector in Nigeria. It outlines provisions for collaboration, resource mobilization, and private sector participation in healthcare system. Similarly, government of Tanzania has implemented health sector reforms aiming at enhancing overall health system, including the engagement of the private sector through PPPs. As indicated by Kavishe, Jefferson and Chileshe (2018), the country has developed and implemented a PPP Policy and

associated guidelines that provide the overarching framework for PPPs across sectors, including the health sector. These policy documents guide the establishment, implementation, and management of PPPs in Tanzania.

In Kenya, the government is working to enhance the delivery of high-quality healthcare services and to secure the sector's long-term financial viability, as part of this effort, the public and private sectors are being encouraged to work together more closely in the health sector (Health NGOs' Network [HENNET], 2010). The private healthcare industry in Kenya has expanded dramatically during the past 20 years. The Kenyan government recognizes the value of PPP, and the private sector plays a significant role in the country's economic strategy, Vision 2030. Therefore, it is crucial to comprehend the peculiarities of the private health sector and also to decide on suitable and efficient methods to interact with them (World Bank, 2010).

The study addressed the governance and leadership building block of health systems strengthening. According World Health Organization (WHO,2010) health governance is becoming more and more recognized as a key issue on development agenda. Leadership and governance in development of health system entail making certain that there are strategic policy frameworks and incorporate efficient supervision, regulation, coalition-building, system design considerations, and accountability. The need for increased accountability derives from both an increase in investment and a rise in the need to show results (WHO, 2006).

Governance and leadership also involves information sharing among stakeholders and ensuring that stakeholders are aware of governing policies and laws (Pratici & Singer, 2021). Training remains a critical component of governance and leadership in the context of PPPs. PPPs involve collaboration between government entities and private

sector organizations to deliver public services, infrastructure projects, and development initiatives. In this context, effective training is essential for both public and private sector leaders involved in managing and implementing PPP projects (Mallat *et al.*, 2021). Training plays a crucial role in equipping stakeholders with the expertise they need to effectively initiate, manage, and optimize PPP projects.

Information sharing among stakeholders in PPPs is a vital aspect of ensuring effective collaboration, transparency, and project outcomes. Effective information sharing among stakeholders is crucial for the implementation of PPPs (Visconti, 2019). PPPs involve collaboration between public sector entities, private companies, and sometimes other stakeholders like local communities and user groups. Transparent and timely information sharing fosters trust, alignment, and informed decision-making throughout the lifecycle of a PPP project. Sharing information efficiently helps stakeholders stay aligned, make informed decisions, and address challenges promptly (Akomea-Frimpong, 2022).

Isiolo County is an arid and semi-arid County in Kenya that has a diverse population that includes various ethnic groups, with the Borana and Somali communities being the most prominent. With less than 50% of the population using the healthcare system in Isiolo, health status remains at an unsatisfactory level. According to the United Nations Population Fund (UNFPA), life expectancy will continue at 58.9 years. With stunting prevalence at 27.8% and underweight prevalence at 24.2%, nutrition as a crucial predictor of health remains a significant concern in the county. In addition to having a high percentage of underweight children, the Isiolo district has a moderately high infant and child death rate. These crucial metrics are still not improving due to a number of issues. Isiolo County has 1159 health workers and support staff against the

recommended minimum of 2338, meaning there is a gap of 1179. The doctor–population ratio for the County is 1:20,000 (United Nations Population Fund [UNFPA], 2022). Isiolo County has got its fair share of public private partners supporting various aspects of health services including clinical care, nutritional interventions, capacity building, procurement of medical supplies and equipment and disease prevention.

1.2 Statement of the Problem

Kenya health policy, 2012-2030 recognizes the place of PPP as important policy option towards improving health service delivery (Ministry of Health [MOH], 2012). Over the years, various initiatives have been ongoing at national and sub national level towards PPP in health care. However, despite effort by government and private sector to enhance financing, quality and coverage services for health, performance of health sector indicators in many areas has performed below target putting to question the ability of sector players in achieving set health sector targets (HENNET, 2010). Lack of a comprehensive plan to bring together all stakeholders in the health system notably the private sector for better health outcomes has been decried as a major undoing of PPP. Coordination of the partnership is passive, there is inadequate training of stakeholders on PPPs and health facilities are characterized by poor information sharing among stakeholders. Overall, there is little to show for the investment in terms of improvement in societal health (World Vision, 2009).

The situation is aggravated by unacceptably poor referral system. There is only one ambulance on the road, the rest having broken down. Most are old and rustic, with the rough road taking toll on them. Care continuum is therefore nonexistent (HENNET, 2010). The recent survey report released by Ministry of Devolution and Planning paints a more grim picture of the county placing Isiolo as the 5th unsafe County in the country

to bear a child in (Pregnancy is more like a death sentence) with maternal mortality ratio of 790/100,000 live births, which is higher than the national rate of 350/100,000 live births (Kenya National Bureau of Statistics [KNBS], 2022). Various studies have been conducted in Kenya on PPPs in the health sector (Kamau & Achuora, 2023; Miseda, 2020; Njoroge, 2022). However, these studies did not show how training on PPP, coordination mechanism, information sharing and policy framework affects implementation PPPs. This study therefore sought to establish the influence of coordination mechanisms on the implementation of PPP in health sector in Isiolo Sub County.

1.3 Research Objectives

The specific objectives of the research are to:

1. Establish the influence of policy framework on implementation of PPP in the health sector in Isiolo Sub County.
2. Determine the influence of training on PPP on implementation of PPP in the health sector in Isiolo Sub County.
3. Determine the influence of coordination mechanism on implementation of PPP in the health sector in Isiolo Sub County.
4. To assess the influence of information sharing among stakeholders on implementation of PPP in the health sector in Isiolo Sub County

1.4 Research Hypothesis

The study seeks to test the following null hypothesis;

H₀₁: Policy framework has no statistically significant influence implementation of PPP in the health sector in Isiolo Sub County

H₀2: Training on PPP has no statistically significant on implementation of PPP in the health sector in Isiolo Sub County

H₀3: Coordination mechanism has no statistically significant on implementation of PPP in the health sector in Isiolo Sub County

H₀4: Information sharing among stakeholders has no statistically significant on implementation of PPP in the health sector in Isiolo Sub County

1.5 Justification of the study

Isiolo County has a poverty index rate of 0.07%, resulting to limited financing for its health care. Over 70 per cent of the population in Isiolo County lives in rural areas where health facilities are inadequate and sometimes inaccessible (Muchilwa, 2023). The Health and Nutrition Survey 2020 data states that 16.7% of children in Isiolo are underweight (Munyoki & Nasieku, 2021). The County experiences inequitable coverage of health services which results in disparities between Sub-Counties, urban and rural residents, thus poor health statistics and low performance in indicators. As such, PPP has been adopted by different health facilities to improve service delivery (UNFPA, 2022). However, despite the adoption of PPP, service delivery in Isiolo County still remains poor.

1.6 Limitation of the study

This study faced numerous limitations that were addressed. To start with, data collection was carried out in the health sector in Isiolo County therefore, not all participants were committal in responding to questions because some are likely to fill in research tool for the sake of it or withhold information. Nevertheless, this was mitigated by the researcher issuing a letter acquired from the University explaining privacy of all information given. Research permit was acquired from NACOSTI.

Additionally, the participants were also assured that this research was used strictly to enhance learning among students to enhance response rate. Moreover, questionnaire administration was a challenge because the study targeted employees at all levels in the organization including management team. Due to strict employees' schedules, time for filling the research tool was hardly available. However, this limitation was dealt with by deploying drop and picking technique when administering questionnaire.

1.7 Delimitations of the Study

The research focused on four factors influencing implementation of PPP in health sector in Isiolo Sub County, which included training on PPP, coordination mechanism, information sharing and policy framework. The unit of analysis was non-governmental organizations, public health facilities, Faith Based Organizations (FBOs) facilities and private health facilities in Isiolo Sub-County. Isiolo County has an overall Human Immunodeficiency Virus (HIV) prevalence of 1.8 %, which is the highest among the arid and semi-arid counties. The unit of observation was hospital administrations/ chief executive officers in health facilities in Isiolo Sub County (public, FBOs and private) as well as program coordinators in non-governmental organizations. The target population was 21 hospital administrations/ chief executive officers in health facilities in Isiolo Sub County (public, FBOs and private) as well as 9 program coordinators in non-governmental organizations.

1.8 Significance of the Study

The outcomes of this research may be beneficial to the management of health facilities, academicians and other researchers. To health facilities management the study provides information on how the existing policies and coordination mechanisms for PPPs align with their objectives and operations. This knowledge may enable them to align their

strategies and activities with the broader policy framework, ensuring coherence and synergy between health facility management and the PPP policies. Management of health facilities can leverage outcomes of this research to identify suitable partners and foster strategic collaborations that bring complementary skills, technology, and investment. Such partnerships can enhance quality of services and infrastructure offered by health facilities.

The research provides additional information to the knowledge body on existing policy framework, coordination mechanism, training on PPPs and information sharing among stakeholders. The research may help researchers and academics identify gaps in knowledge and topics for more investigation in context of PPPs. It can highlight areas where limited research has been conducted or where new insights are needed to advance understanding of PPPs in the specific region or context.

1.9 Assumptions of the Study

This research made an assumption that population targeted could read, comprehend and were also in a position to provide answers and fill in responses in questionnaire. Furthermore, this research made an assumption that the entire target population could co-operate as well as give honest, correct, reliable information to best of their knowledge. Additionally, assumption of the research was that the target population could provide genuine and accurate information voluntarily when gathering the information and the authority would also give researcher consent to gather information.

1.10 Operational Definition of Terms

Coordination mechanisms: These are structures, processes, and systems put in place to facilitate and manage the coordination of activities, resources, and stakeholders towards a common goal.

Existing policy framework: These are set of established policies, regulations, guidelines, and laws that are currently in place within a specific context or jurisdiction.

Health sector: This refers to a broad range of organizations, institutions, and professionals involved in promoting, maintaining, and enhancing the health and wellbeing of people as well as communities.

Information sharing among stakeholders – This refers to the exchange of relevant data, knowledge, insights, and updates between various individuals, groups, organizations, or entities who have a vested interest in a particular topic, project, or initiative.

Partnership – Refers to partnership between health facilities (Public and private) on one side and Non-Governmental organization supporting health services on the other side of partnership.

Private partners- Refers private health facilities and Non-Governmental organizations supporting health services

Public partners- Refers to Government owned health facilities

Public Private Partnership- This is cooperative endeavor and mutually beneficial interaction between two or more parties, in this case public health facilities on one side and private health facilities and Non-Governmental organizations on the other side. The partnership is premised on explicit terms and conditions between parties, established partnership structures and specific performance measures for delivery of set health services within specified period of time.

Training on PPPs – This refers to educational programs, workshops, seminars, or courses that provide individuals, organizations, or government officials with knowledge and skills related to PPPs.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

A review of the literature on PPP implementation in the health sector is covered in this chapter. PPP policies and PPP coordination mechanisms come first. The theoretical framework as well as conceptual framework are then presented after this.

2.2 Public-Private Partnerships

PPPs are being promoted more and more as a part of a framework for holistic development (Kavishe et al., 2018). The necessity for such partnerships is reinforced by a clear knowledge of public sector's inability to supply public goods wholly on its own, in an effective, efficient, and fair manner due to a shortage of resources and management challenges. According to Beckett-Camarata (2020), these factors have made it necessary to construct various interaction arrangements that combine organizations with the responsibility to provide for the common good on one hand and those who could help achieve this objective on the other.

There are numerous benefits from effective PPP including in health sector. Conventionally, public sector requires capital that private sector may offer. The public sector may offer services that the private sector requires. The public sector needs new infrastructure which can be offered through partnership. The public sector seeks new technology which can be made available through effective partnership with private sector (HENNET, 2010).

Non-Governmental Organizations (NGOs) often target the poor and the underserved populations, may subsidize for services and are so much involved in community work.

Private and FBO run hospitals often provide quality services and employ innovative approach to service delivery (Sania, 2004). While private partnership has injected the badly needed investment into health care over time, the same has not always translated to better health outcomes for the recipient community. The arrangement brings together a number of parties with various, perhaps competing interests and goals that operate under various governing systems (HENNET, 2010).

De Matteis (2021) investigated how PPP was used in Italy to deliver social services. A cross-sectional research design was used in the study. The study found that the implementation of PPPs involves assessing extent to which partnership has achieved its goals, delivered desired outcomes, and provided value for all stakeholders involved. Some measures commonly used to evaluate the implementation of PPPs include achievement of objectives, financial viability, value for money, stakeholder satisfaction and enhanced service quality. Assessing whether the PPP has met its intended objectives is a fundamental measure of success.

Ghasemi and Amini-Rarani (2022) investigated how PPPs were implemented in Iran's primary healthcare system. The study used a critical review of literature and found that evaluating the financial viability of the PPP is important to determine if the project is economically sustainable. This includes assessing the ability to secure financing, generate revenues, and ensure long-term financial stability. Assessing the value for money is crucial in determining the success of a PPP. This involves evaluating whether the partnership has provided efficient and cost-effective services or infrastructure in relation to the quality and quantity of output.

The evaluation of stakeholder satisfaction is essential for measuring the success of a PPP. This includes assessing the satisfaction levels of service users, communities,

private partners, government entities, and other stakeholders (Yaya, 2017). Surveys, feedback mechanisms, and qualitative assessments can be used to gauge stakeholder perceptions of the partnership's effectiveness and performance. Assessing whether PPP has increased the quality of services is a critical measure of success (Adamou *et al.*, 2021). This can involve evaluating indicators such as improved access, reduced waiting times, increased service responsiveness, enhanced customer experience, and adherence to quality standards.

2.3 Policy on Public Private Partnerships

Brey (2022) looked at how the South African healthcare PPPs were affected by the policy framework. The research design used for the study was qualitative. The study concentrated on six PPPs. The findings showed that the introduction of PPPs in the South African healthcare system was significantly influenced by policy frameworks. However, it was limited to South African Healthcare.

In Uganda, Aluma (2022) investigated the connection between institutional framework and PPP implementation in the delivery of health services. Using a qualitative research approach, the study found that institutional framework in terms of laws and regulations had a significant effect on implementation of PPPs in health service delivery. The results also indicated that a clear and supportive policy environment encourages private sector engagement, while an ambiguous or restrictive framework can deter potential private partners. A well-defined framework helps establish the rules of engagement, risk-sharing mechanisms, and standards for service delivery. However, because the study was restricted to Uganda, the results cannot be applied generally to Kenya due to the macroeconomic situation.

In Kiambu County, Kenya, Njoroge (2022) investigated the effects of PPPs on the efficiency of healthcare service delivery. The results indicated that Kenya has developed a policy for PPPs and enacted the PPP Act 2013. They are both meant to enhance private sector's involvement in public services. The Bill creates organizations to supervise, develop, monitor, and regulate PPPs. Both policy and the Bill aim to establish an environment that is favorable for private sector involvement in areas of capital provision, management expertise, and technology. However, the study was limited to health facilities in Kiambu County, which are different from those in Isiolo County.

The Kenya health policy, 2012-2030 recognizes place of PPP as important policy option towards improving health service delivery. It states that Future planning for health services should recognize that working towards the objective of achieving the best possible level of health for citizens cannot be achieved by the government or public health sector alone but through partnership among public and private sector (MOH, 2012). The policy recognizes PPPs as a means to facilitate the development of healthcare infrastructure, including the construction and maintenance of healthcare facilities such as hospitals, clinics, and diagnostic centers. The policy acknowledges the potential of PPPs to expand access to healthcare services, especially in underserved or remote areas where public healthcare infrastructure may be limited. PPPs are recognized for their ability to introduce innovation and technology into the healthcare system, leading to better healthcare outcomes and improved patient experiences.

2.4 Training on PPPs

Training on PPPs involves understanding the collaboration in delivering public services or developing infrastructure projects. In Russia, Dzhikiya et al. (2023) conducted a

study on education management in PPP. Regression analysis was used in conjunction with economic and mathematical modeling to examine how alternative investment methods affected the economically active population's acquisition of digital skills. Stakeholder training on the use of PPPs is crucial for ensuring a shared understanding, effective collaboration, and implementation of PPP projects. Training and professional development for teachers are essential components of education management in PPPs. These programs can help educators adapt to new teaching methodologies and technologies.

After the health sector changes of the 1990s, Sirili et al. (2019) studied the role of PPPs in doctor training in Tanzania. A qualitative case study was used in the investigation. In order to gather information from training institutions and umbrella organizations that teach and hire doctors. The study used a mixed-thematic methodology. According to the study, PPP in training has had a major impact on Tanzania's rising doctor graduation rate. Private partners might have offered financial support, scholarships, or sponsorships to deserving medical students, making medical education more accessible. Nonetheless, the study was limited to Tanzania and adopted qualitative approach and hence no quantitative data was collected.

De Matteis (2021) investigated the impact of training on the decision to partner with the public or private sector to provide social services in Italy. The study used a cross-sectional research design and found that training on PPP policy involves educating individuals about the principles, guidelines, processes, and best practices associated with PPPs at a policy level. This type of training is designed for government officials, policymakers, regulatory authorities, and other stakeholders involved in formulating, implementing, and overseeing PPP policies. Training on PPP policy equips individuals with the knowledge and tools necessary to create and implement effective PPP

frameworks that foster sustainable development, attract private investment, and deliver public value.

In Kenya's Ministry of Health, Kamau and Achuora (2023) looked at the relationship between training and the implementation of PPPs in health projects. The target population for the study, which used a descriptive survey approach, was 154 employees. Primary data was gathered using questionnaires that were well-structured. The findings indicated that training on PPP laws focuses on educating individuals about the legal framework, regulations, and legal considerations associated with PPPs. In addition, frequency of training for the implementation of PPPs can vary based on several factors, including the complexity of the projects, the level of expertise among stakeholders, the evolving nature of the PPP landscape, and the specific needs of the participants. However, the study was limited to the headquarters of the Ministry of Health in Kenya.

2.5 Coordination Mechanisms of Public Private Partnership

In Australia, Akomea-Frimpong (2022) studied coordination mechanisms of PPP. The findings indicated that coordination mechanisms in PPPs involve structures, processes, and strategies put in place to facilitate effective collaboration and coordination between public and private sectors. These mechanisms are designed to ensure that the partners work together harmoniously, share responsibilities, align their objectives, and achieve the desired outcomes of the partnership. The findings also indicated that coordination mechanisms help overcome challenges related to differing priorities, organizational cultures, and decision-making processes between the public and private sectors. Australia has standardized procurement frameworks and guidelines for PPP projects. These frameworks outline the procurement process, evaluation criteria, and contractual

arrangements. However, the study adopted a critical review of literature and hence no primary data was collected.

Health system is made up of several participants with different priorities. It is the way the participants are set up and motivated to contribute to the system's success, including funding, input management (such as the allocation of human resources and medications) and incentives for providing high-quality healthcare. Such a strategy would eliminate redundancy brought on by ineffective coordination and strengthen the complementary nature of one other. In this manner, the government can focus on securing sustainable finance and performing the management role (HENNET, 2010). Coordination mechanisms in PPPs in the health sector can encompass various elements, including partnership agreement, stakeholder's coordination forum, stakeholder meetings, information sharing, joint planning and performance management.

2.5.1 Partnership Agreement

A qualitative study on the difficulties facing the expansion of PPPs in the delivery of healthcare services was conducted by Sadeghi et al. (2020). The results showed that in PPPs, a partnership agreement is a legally enforceable contract outlining the terms, conditions, and obligations of the public and private partners involved in the partnership. This agreement provides a structure for efficient cooperation and coordination throughout the project's lifecycle and acts as the basis for the partnership. The goals, purpose, and boundaries of the partnership are distinctly laid out in the agreement's opening paragraphs. The roles, responsibilities, and obligations of each partner are specified in the partnership agreement. It details the duties, responsibilities, and outputs given to the public and private sectors. However, the study was conducted

in Iran, which has different health care system from that of Kenya and specifically Isiolo County.

In Uganda, Aluma (2022) investigated the connection between partnership agreements and the adoption of PPPs in the provision of health services. Using a qualitative research approach, the study established that a partnership is a cooperative effort and mutual connection among two or several parties that has explicit terms and conditions, established structures of partnership, and predefined performance metrics for the delivery of a certain range of health services within a given time frame. In other words, beneficence (common advantages), autonomy (of every partner), joint-ness (accountability), and equity (fair benefits corresponding to investment and efforts) are the essential components of a successful relationship. Also, the study adopted a qualitative research approach and hence no quantitative research approach was adopted.

2.5.2 Stakeholder's Coordination Forum

A Stakeholder's Coordination Forum is a platform established within a project or program to facilitate effective coordination, communication, and collaboration among various stakeholders. Al-Hanawi, et al. (2020) conducted research on obstacles to the adoption of PPPs in the healthcare sector in Saudi Arabia. One of the barriers identified was poor stakeholder's coordination. Coordination forums aim to bring together representatives from different stakeholder groups to engage in dialogue, exchange information, share perspectives, and jointly address issues related to the project or program. The forum provides a space for stakeholders to coordinate their efforts, align their activities, and collaborate on matters of mutual interest. The forum facilitates the identification and discussion of key issues and challenges that arise during the project or program implementation. Stakeholders can raise concerns, provide feedback, and

collectively work towards resolving issues through dialogue and collaborative problem-solving. However, the study was limited to the Kingdom of Saudi Arabia and hence its findings are not generalizable to Kenya.

Kamugumya and Olivier (2016) conducted research in Tanzania on the impact of stakeholder coordination on the district-level implementation of PPPs. The study used a case study design and data was qualitative. The results indicated that stakeholder's coordination forum enables stakeholders to participate in decision-making processes, fostering inclusivity and ensuring that diverse perspectives are considered. It provides a platform for deliberation, negotiation, and consensus building, allowing stakeholders to contribute to the development of solutions and the formulation of joint decisions. It provides stakeholders with a sense of ownership, involvement, and accountability, creating an environment where their voices are heard, and their contributions are valued. Stakeholder coordination allows for a better understanding of the specific needs and priorities of the district. This alignment ensures that PPP projects are tailored to address local challenges and contribute to development goals.

In its report, HENNET emphasized that there is no clear structure for coordinating all the stakeholders in health, particularly the private sector, for a stronger influence on health. The public sector is not able to support and monitor the nongovernmental sector's activities, which has the effect of leaving quality and standards for service delivery unenforced and un-adhered, and poorly designed channels for soliciting contributions from the nongovernmental sector to enhance service delivery (HENNET, 2010).

Key partnership coordination that needs to be enhanced includes assessing the capabilities of the public and non-public institutions participating in the collaboration,

as well as mapping out suppliers or collaborators. It is essential to designate a point of contact for the partnership's execution, assemble a steering committee made up of the partnership's key players, and mobilize both domestic and foreign resources. Additionally, evaluate each partner's particular capabilities before allocating duties and responsibilities. Training, supplying pharmaceuticals, raising and allocating money, quality assurance and associated actions can be organized and carried out. Create a system of coordination that connects the parties involved in the implementation (HENNET, 2010).

2.5.3 Stakeholder Meetings

Wang and Sankaran (2022) in Sydney performed research on the association between social sustainability and stakeholders' participation in PPP initiatives at Northern Beaches Hospital. The results showed that stakeholder meetings are essential in PPPs because they give the many participants in the partnership a forum for interaction, communication, and collaboration. Meetings with stakeholders in PPPs should have a clear goal in mind. This could include sharing project updates, discussing policy decisions, seeking stakeholder input on key decisions, addressing concerns or challenges, or building consensus on important matters.

In the United Kingdom, Adamou et al. (2021) examined the relationship between stakeholders' involvement and implementation of PPP. The study used a case study design and hence it was qualitative in nature. The findings indicated that stakeholder meetings should include representatives from relevant stakeholder groups, including public sector entities, private sector partners, organizations for civil society, community representatives, and some other main stakeholders. The participation of diverse stakeholders ensures that different perspectives, interests, and expertise are brought to

the table, fostering a more inclusive and comprehensive decision-making process. Developing a well-structured agenda is crucial for effective stakeholder meetings. However, the study used a qualitative approach.

2.5.4 Joint Planning

Sadeghi et al. (2020) studied the obstacles to the growth of PPPs in the provision of healthcare services in Iran. The study used a qualitative study approach, and the results showed that one of the PPPs' implementation difficulties was teamwork. The results indicated that joint planning and a participatory approach are essential elements of PPPs as they promote collaboration, inclusivity, and shared decision-making among stakeholders. In PPPs, stakeholders from the public, private, and other relevant sectors, such as civil society groups, community representatives, and service users, are involved in joint planning. Stakeholders actively participate in the planning process, allowing their opinions, requirements, and knowledge to form the partnership's objectives, strategies, and execution plans. However, the study was conducted in Iran, which has different health care system from that of Kenya and specifically Isiolo County.

Sirili et al. (2019) study on PPP in doctor training for health sector reforms and the function of joint planning was carried out in Tanzania. The study adopted a qualitative case study. Joint planning incorporates a participatory needs assessment and analysis process to identify the priorities, gaps, and challenges in the target area or sector. Joint planning facilitates establishment of shared goals and objectives for the PPP. Through a participatory approach, stakeholders collectively define the partnership's vision, mission, and overarching objectives. Joint planning integrates participatory evaluation and monitoring mechanisms to assess the progress, performance, and impact of PPP.

Nonetheless, the study was limited to Tanzania and adopted qualitative approach and hence no quantitative data was collected.

2.5.5 Performance Management

Basabih and Rahayu (2022) conducted research on performance management in Indonesia's public-private health partnerships. The study used a methodical assessment of the literature and discovered that performance management in PPPs entails a systematic strategy to measuring, monitoring, and improving the partnership's performance to assure the achievement of intended results. It includes all of the procedures, instruments, and tactics used to monitor performance, pinpoint problem areas, and implement remedies. The outcomes also showed that establishing precise performance indicators and targets that line up with the partnership's goals is the first step in performance management. Nonetheless, the study was limited to Indonesia and adopted a critical review of literature and hence the findings are not specific to any institution or region.

Miseda (2020) looked at important success elements for health PPPs in Narok County. According to the study, which used a descriptive research design, partnership agreements contain specific operating guidelines for partners as well as performance objectives and metrics. Some partnership agreements require the parties to produce periodic reports, although majority only mentions a monitoring system without providing any further information. There is a general consensus that performance metrics tend to go overlooked in government contracts. However, the study was limited to Narok County and Managed Equipment Services (MES). Also, the study focused on only one health facility in Narok County.

2.6 Information Sharing among Stakeholders and Implementation of PPPs

Information sharing is a crucial element in PPPs as it facilitates transparency, collaboration, and effective decision-making among the involved stakeholders. In the South African Healthcare, Brey (2022) examined the effect of information sharing among stakeholders on PPPs. The findings indicated that information sharing in PPP projects in healthcare industry is crucial for effective collaboration, transparency, and the delivery of quality healthcare services. Sharing relevant documentation is essential for transparency and ensuring stakeholders have access to accurate and comprehensive information. Information sharing allows stakeholders, including government agencies, private sector partners, and healthcare professionals, to make well-informed decisions. Access to accurate and up-to-date data helps in the selection of suitable PPP projects, assessment of feasibility, and formulation of effective strategies.

The role of information sharing in the execution of PPPs in health projects at the Kenyan Ministry of Health was explored by Kamau and Achuora (2023). The results showed that sharing financial data is necessary for accountability and transparency in healthcare PPPs. This includes sharing budget allocations, cost estimates, financial reports, revenue generation, and cost recovery mechanisms. Stakeholders should have access to clear and accurate financial information to understand the financial sustainability of the project and ensure effective resource allocation. Sharing health data and performance metrics provides insights into the effectiveness and impact of the PPP project. Information sharing enables stakeholders to collaborate in the planning and design phases of health PPPs. It ensures that all parties have access to the necessary data, research, and expertise to develop well-structured projects that address specific healthcare needs.

Njoroge (2022) looked at the connection between information exchange in PPPs and the delivery of healthcare services in Kenyan public hospitals. Stakeholders in PPP projects at hospitals in Kiambu County were the study's target population. The study established that in health sector related PPPs, the agreement should develop communication channels via which details regarding decision-making processes, financing, resource allocation, and outcomes are frequently communicated to all parties involved, and should offer opportunities for stakeholder participation. However, the study was conducted in Kiambu County whose health facilities differ from those of Isiolo County.

2.7 Theoretical framework

A theory is a well-substantiated explanation or model that is based on a body of evidence and has undergone rigorous testing and validation through scientific research and experimentation (Saunders et al., 2016). This study was anchored on the theory of PPPs and agency theory.

2.7.1 Theory of Public Private Partnerships

The theory of Public Private Partnerships was developed by Hodge and Greve (2005). The theory of PPP encompasses a set of principles, concepts, and frameworks that guide collaboration among public and private sectors to obtain mutually beneficial outcomes in delivering public services or infrastructure projects (Hoxha, 2020). The theory recognizes that both sectors bring unique strengths and capabilities to the table, and by leveraging their respective expertise, resources, and incentives, more efficient and effective outcomes can be achieved (Ferk & Ferk, 2019).

The theory of PPP can be used to explain impact of the existing policy framework and coordination mechanisms on implementation of PPPs in health sector. The existing

policy framework and coordination mechanisms can influence the ability to leverage comparative advantages of the public and private sectors effectively (Hoxha, 2020). If the policy framework encourages collaboration, recognizes the strengths of each sector, and promotes a conducive environment for PPPs, it can facilitate the identification and selection of suitable private partners, leading to better outcomes. Conversely, if the policy framework is restrictive or lacks clarity, it may hinder the effective engagement of private sector partners and limit the realization of potential benefits (Ferk & Ferk, 2019).

The policy framework and coordination mechanisms can impact the management and allocation of risks in PPPs. A well-defined policy framework and robust coordination mechanisms can enable a fair distribution of risks between public and private industry, ensuring that risks are allocated to party well equipped to control them (Mourgues & Kingombe, 2019). In addition, existing policy framework and coordination mechanisms play a crucial role in promoting value for money in healthcare PPPs (Dolla & Laishram, 2020). A comprehensive policy framework that includes guidelines for assessing value for money, cost-effectiveness analysis, and performance measurement can support decision-making processes and help ensure that PPP projects deliver optimal outcomes. Additionally, effective coordination mechanisms among relevant stakeholders can facilitate the selection of projects with the best value for public investment and promote efficiency and cost savings in the implementation of PPPs.

The theory of PPPs centers around combining the strengths of the public and private sectors to deliver projects efficiently, while training involves a systematic process of planning, execution, and management (Hoxha, 2020). Effective information sharing among stakeholders ensures transparency, accountability, and the overall success of

PPP initiatives. Information sharing among stakeholders is essential to ensure transparency, accountability, and successful PPP implementation. Key stakeholders include government agencies, private partners, financiers, civil society organizations, and the public (Ferk & Ferk, 2019).

2.7.2 Agency theory

Agency theory is a concept in economics and management that explores the relationship between two parties: principals and agents. It is commonly used to analyze and understand the dynamics of the relationship between shareholders (the principals) and managers or executives (the agents) within a corporation. The theory is also applicable in various other contexts where there is a principal-agent relationship, such as in government, non-profit organizations, and even personal relationships (Adamo et al., 2021).

The core tenet of agency theory is that there may be conflicts of interest and knowledge asymmetry when one party, the principal, transfers authority or decision-making ability to another party, the agent (Beckett-Camarata, 2020). These agency problems can result in suboptimal decisions and outcomes for the principal (Al-shareem & Kamal, 2019). Agents often possess more information than principals, which can lead to a lack of transparency and trust. This information asymmetry can create opportunities for agents to act in their own self-interest rather than in the best interest of the principal.

Agency theory was used to explain how coordination mechanisms, policy frameworks, information sharing, and training impact the implementation of PPPs (Dolla & Laishram, 2020). Coordination mechanisms in healthcare PPPs should align the interests of the public sector (the principal) with those of the private healthcare

providers (the agents). This alignment is crucial for achieving common health objectives and ensuring that the private sector acts in the best interest of public health.

Agency theory emphasizes that transparent sharing of healthcare data, patient outcomes, and financial information can help build trust and ensure that both parties are adequately informed to make decisions in the best interests of public health (Gerstlberger & Schneider, 2018). Training programs can enhance the competence of healthcare professionals in both the public and private sectors. Well-trained agents are better equipped to make informed clinical and administrative decisions, reducing the risk of adverse outcomes or inefficiencies in healthcare delivery.

2.8 Conceptual Framework

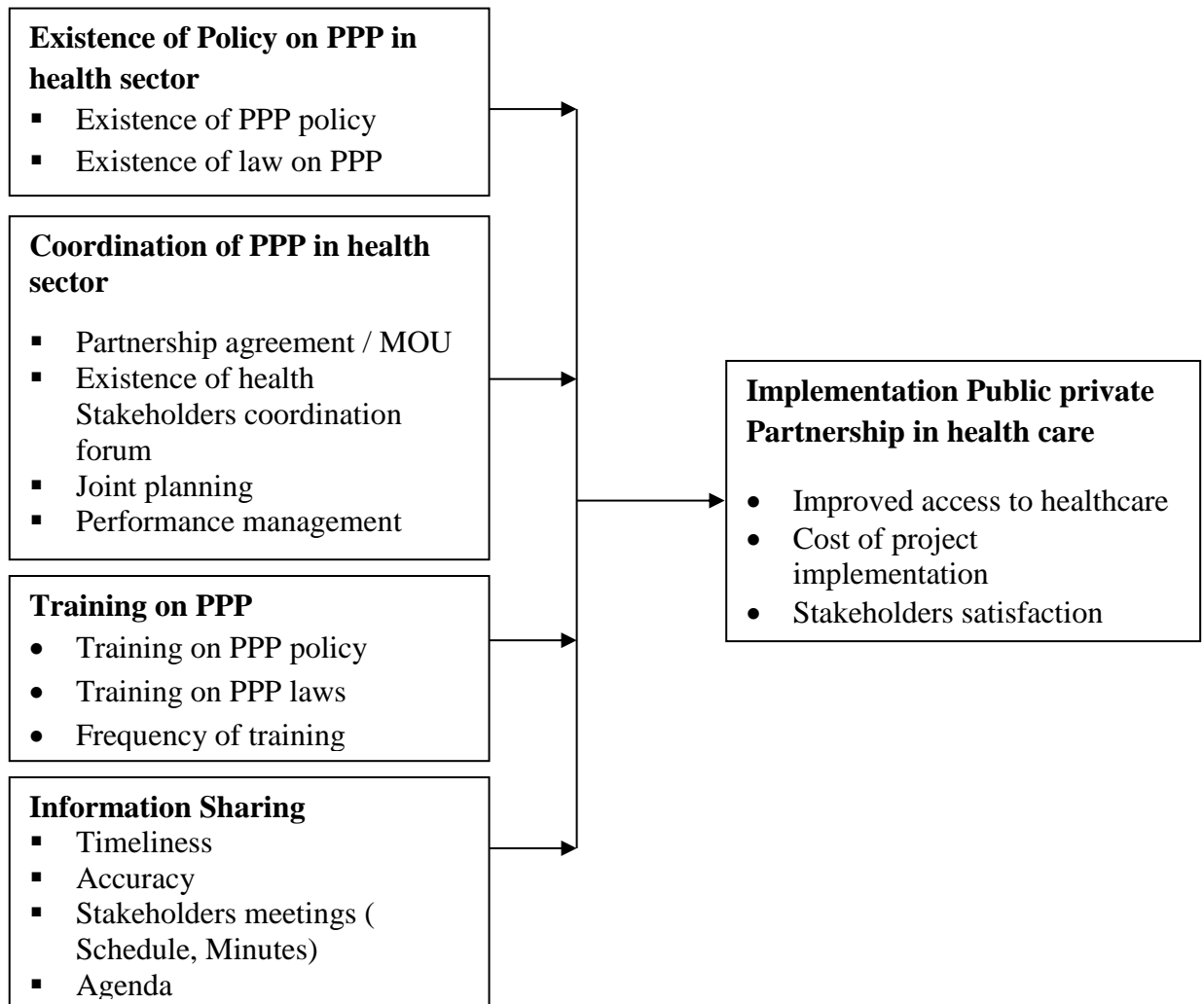
Conceptual framework is defined as an illustrated depiction that portrays association between dependent as well as independent study variables (Devi, 2019). The conceptual framework which is shown in Figure 2.1 indicates relationship between dependent and independent study variables. Dependent variable was implementation of PPP and independent variables will be the policy framework on PPP in health sector and coordination mechanisms of PPP in health sector, information sharing among stakeholders and training on PPPs.

Independent Variable

Dependent Variable

Figure 2.1:

Conceptual framework showing the relationship between the independent and dependent variables



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Research methodology is a structured approach employed to carry out research and investigate a particular topic or research question (Bhattacharjee, 2018). The methodology covers design of research, location of research, variables, population targeted, techniques for sampling and the size sampled, construction of research instruments, pretesting, techniques for gathering information, analysis of information, logistical and ethical considerations.

3.2 Research design

This was a mixed research design to determine factors influencing implementation of PPP in health sector in Isiolo Sub County. In a single study or research effort, it incorporates components of both qualitative and quantitative research approaches. This strategy seeks to combine the advantages of qualitative and quantitative research to comprehend a study question or issue in greater detail (Devi, 2019). It aims to offer a snapshot or description of characteristics and behaviors of certain variables of interest within the population.

3.3 Location of the study

The research was done in Isiolo Sub-County, of Isiolo County, in former Eastern province. The County is composed of three (3) sub counties namely Isiolo, Garbatulla and Merti. The County's total population is 164,366. Isiolo Sub County, the study area has 56.2 % (93,823), Garbatulla 29.5% (48,521) and Merti 14.3 % (22,022) of the total county population.

In this County, temperatures range from a minimum of 12 degrees Celsius to a maximum of 28 degrees Celsius due to the variable climate. Rainfall patterns in Kenya's Arid and Semi-Arid Lands (ASALs) range from 150 mm to 650 mm annually. The population density is 5.66 persons per square kilometer, and the annual growth rate is 1.45%. The age distribution is varied; 0-14 years (44 %), 15-64 years (52 %) and 65+ years (4%). Poverty rate is high with 71 % of the population living below poverty line. The dependency ratio 1: 103. Infant mortality rate is 43/1000 and the under-five mortality rate being 56/1000. The skilled deliveries are around 40%

3.4 Variables

The implementation of PPP in health care was the dependent variable. The independent variables included policy framework on PPP in health sector and coordination mechanisms of PPP in health sector, information sharing among stakeholders and training on PPPs. Policy framework on PPP in health sector were looked at in terms of existence of PPP policy and existence of law on PPP. Coordination mechanisms of PPP in health sector were looked at in terms of partnership agreement / Memorandum of Understanding (MOU), existence of health stakeholders coordination forum, joint planning and performance management. Information sharing among stakeholders was measured in terms of timeliness, accuracy, stakeholders meetings (schedule and minutes) and agenda. Training on PPPs was conceptualized in terms of training on PPP policy, training on PPP laws and frequency of training.

3.5 Target population

The unit of analysis was non-governmental organizations, public health facilities, Faith Based Organizations (FBOs) facilities and private health facilities in Isiolo Sub-County. The unit of observation was hospital administrations/ chief executive officers

in health facilities in Isiolo Sub County (public, FBOs and private) as well as program coordinators in non-governmental organizations. The target population was 21 hospital administrations/ chief executive officers in health facilities in Isiolo Sub County (public, FBOs and private) as well as 9 program coordinators in non-governmental organizations.

Table 3.1

Health facilities and NGOs in Isiolo Sub County

| Partner in PPP** | Details/Ownership | Number |
|-------------------------|--------------------------|---------------|
| Health facilities | Public | 11 |
| | FBOs | 4 |
| | Private | 6 |
| Health partners (NGOs) | | 9 |
| | Total | 30 |

*** Details (Names) of partners in each category is provided in appendix IV*

3.6 Sampling techniques and sample size

The research used census approach and hence included all the 30 health facility staff and staff of Non-governmental organizations supporting health service delivery in Isiolo Sub County. The most significant advantage of a census approach is that it provides a complete and accurate picture of the entire population. There is no sampling error, and a researcher can capture data from every entity of interest (Kumar, 2019). Census data can be highly precise because it is not subject to the variability introduced by sampling. This precision can be essential in certain research or decision-making contexts (Mukherjee, 2020).

3.7 Construction of research instruments

Structured questionnaires were employed to gather information. Structured questionnaires are a data collection instrument used in research and survey studies to

gather information from respondents in a systematic and standardized manner. Structured questionnaires consist of a set of pre-defined questions with fixed response options, allowing for efficient data collection and analysis (Sileyew, 2019). The tool was administered by trained enumerators on the respondents who include health facility staff and staff of Non-governmental organizations supporting health service delivery in Isiolo Sub County. The tools established policy and regulatory framework guiding PPP in health, organization and execution of the existing partnership in Isiolo Sub County, the benefits of partnership arrangements to intended beneficiaries and the inherent challenges experienced in the process of its implementation.

3.8 Pretesting

A pre-test is a preliminary investigation or small-scale trial carried out prior to main research study. It serves as a testing phase to evaluate and refine the research methodology, procedures, instruments, and data collection processes (Creswell & Creswell, 2017). The primary objective of a pilot test is to recognize and address any possible problems or difficulties that may arise during main study. Pre-test was carried out to measure validity and reliability of research instrument as well as address ambiguous, misinterpreted or misunderstood questions. A small scale study was undertaken at a different location with similar characteristics to pre- test the tools and determine the effectiveness of the study in generating desired outcomes in terms of achieving its objectives. The pre-test was conducted in Garissa County with more than 10% of the sample size (5). Garissa County was selected due to similarity in characteristics with those of Isiolo County. According to Sileyew (2019), 10 percent of the study sample required for a complete research ought to be employed in sample size.

3.8.1 Validity

Validity is how correctly a research study measures or represents the idea or topic that it is intended to explore. It is concerned with level of accuracy and soundness of research outcomes and extent to which they can be considered trustworthy and meaningful (Greenfield & Greener, 2016). The study focused on two validity types: face validity and content validity. Face validity is the subjective judgment or appearance of a measurement instrument or research tool (Kara, 2019). It is concerned with whether measurement tool appears to accurately measure what it purports to measure at face value. Face validity of the research tool was enhanced by conducting a pilot test and modifying any vague or unclear questions. Content validity relates to the degree which a measurement instrument or tool adequately captures the full range and depth of the concept being measured (Kumar, 2019). Content validity was enhanced by obtaining feedback from authorities in the subject of research, such as the Supervisors.

3.8.2 Reliability

Reliability refers to how consistently a data gathering tool, such as a questionnaire, produces information or findings after several tries (Metsamuuronen, 2017). Data reliability, which is a metric of average correlation and internal consistency between statements measuring a construct, was evaluated using the 0–1 scale of the Cronbach's alpha coefficient. A measure of internal consistency, or how closely related a set of items are to one another, is called Cronbach's alpha. It is regarded as a metric of scale reliability (Mitchell & Jolley, 2017). A Cronbach's alpha (α) of greater than 0.7 was regarded acceptable in this research.

3.9 Data Collection Techniques

A letter authorizing information gathering was obtained from Kenya Methodist University's Department of Health Systems Management prior to stepping out into the field. After then, a research permission was obtained from NACOSTI, the National Commission for Science, Technology, and Innovation. In the research, the drop-off and pick-up method was used. Two weeks were allotted for the participants, during which time questionnaires were collected as study tools. Due to the participants' limited availability, dropping them down and picking them up later was the best course of action. The participants were expected to fill in surveys as truthful and thoroughly as possible. Follow up was done on daily basis after the delivery of the questionnaires so as to ensure that all collected data is accurate and complete. It helps in verifying the information provided during the initial data collection, reducing the chances of errors or omissions. By following up, a researcher can minimize non-response bias, as it encourages respondents to provide missing data or clarification.

3.10 Data Analysis

Data analysis and presentation are essential components of the research process. They involve the examination, interpretation, and communication of the collected data to derive meaningful insights and draw conclusions (Saunders et al., 2016). The questionnaires generated quantitative information, which was analyzed employing descriptive and inferential statistics with the aid of statistical software referred to as Statistical Package for Social Sciences (SPSS) version 25 statistical software. Descriptive statistics are numerical measures employed to summarize and describe key features of dataset. They offer a concise summary of information, permitting researchers to gain insights into its central tendency, variability, and distribution

(Stokes & Wall, 2017). Descriptive statistics consisted of percentages, frequency distribution, standard deviation and mean. Inferential data analysis is statistical approach employed to draw conclusions and draw conclusions about a population from a sample of information. In this research, inferential data analysis was carried out employing Pearson correlation coefficient and multivariate linear regression.

Multivariate regression analysis is a statistical method involved to explore relationship between multiple independent variables (predictors) and single dependent variable (outcome) (Devi, 2019). Since independent variables in this research are four, multivariate regression model was as follows;

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

Whereby;

Y = Implementation of PPP in the health sector;

B₀ = Constant;

β₁- β₄ =Coefficients of determination;

X₁ = Policy framework;

X₂ = Coordination mechanisms;

X₃ = Training on PPPs;

X₄ = Information sharing among stakeholders; and

ε = Error term

3.11 Logistical and ethical considerations

3.11.1 Logistical Considerations

The researcher established the logistical implication of the research project and the related cost as detailed in the budget at the appendix. The researcher met the cost of the project by mobilizing own resources from self and family.

3.11.2 Ethical consideration

Ethics is the appropriate or lawful code of behavior that the researcher will take into account when carrying out the research (Stokes & Wall, 2017). The researcher obtained a letter of data collection and an Ethical Approval Letter from Kenya Methodist University. A research permit was obtained from National Commission for Science, Technology and Innovation (NACOSTI) Furthermore, researcher ensured that beneficence, human dignity, and justice were respected, as these are the foundational principles of any appropriate code of conduct for corporate endeavors. Since concept of sensitivity was respected, participants were questioned if they were willing to take part in this investigation. Only participants who expressed a willingness to take part in the investigation were provided with questionnaires to complete.

To preserve secrecy, the researcher guaranteed participants that any detail they submitted would be given the utmost respect for their privacy and utilized for educational reasons. The study secured the information documents in a protected space and limited access to the data by only allowing a small number of people to examine the data. In order to preserve respondents' anonymity, a research instrument should not capture respondents' private details unless it is essential to the study's methodology. Participants were asked not to provide their identity or private contact details when completing the questionnaires utilized in this research.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter entails the results of research, interpretations as well as discussion of findings. The chapter initiates with rate of response, followed by descriptive analysis covering three variables of research (implementation of PPP in health sector, existing policy framework and coordination mechanisms) as well as inferential statistics. The outcomes were presented in tables and figures (bar charts and pie charts).

4.2 Response Rate

This research targeted 30 health facility staff and staff of Non-governmental organizations supporting health service delivery in Isiolo Sub-County. Out of 30 questionnaires that the researcher distributed, all of them were dully filled therefore giving a 100% rate of response. See Table 4.1.

Table 4.1:

Questionnaires' Response Rate

| Partner category | Number | Percentage |
|-------------------------|---------------|-------------------|
| Public health facility | 11 | 37 |
| Private health facility | 6 | 20 |
| FBO Health facility | 4 | 13 |
| NGO | 9 | 30 |
| Total | 30 | 100 |

Babbie (2017) contends that a response rate of 75% is sufficient for data processing, making conclusion, and providing recommendation. This indicates that a response rate of 100% was sufficient for analyzing the data, making recommendations, and drawing conclusions.

4.3 Reliability Results

A pilot group of five respondents from Garissa County was used to assess the reliability of the study instrument. The results were as presented in Table 4.2.

Table 4. 2:

Cronbach Reliability Alpha

| Construct | Cronbach Reliability Alpha |
|--|-----------------------------------|
| Policy framework | 0.877 |
| Training on PPP | 0.743 |
| Coordination mechanism | 0.873 |
| Information sharing among stakeholders | 0.782 |
| Implementation of PPP | 0.721 |
| Average | 0.799 |

The results discovered that policy framework had Cronbach reliability alpha of 0.877, training on PPP had 0.743, coordination mechanism had 0.873, information sharing among stakeholders 0.782 and implementation of PPP had 0.721. This demonstrates that the research tool was trustworthy, hence no changes were required.

4.4 Demographic Characteristics of the Respondents

Demographic characteristics are measurable attributes or traits of a population or group of people. In this research, demographic characteristics included age of respondents, their sex as well as their positions in their organizations. See Table 4.3.

Table 4. 3:***Demographic Characteristics of the Respondents***

| Category | Frequency | Percent |
|-------------------------------------|------------------|----------------|
| Sex | | |
| Male | 19 | 63.33 |
| Female | 11 | 36.67 |
| Total | 30 | 100.00 |
| Age Bracket | | |
| 20 to 30 years | 2 | 6.67 |
| 31 to 40 years | 16 | 53.33 |
| 41 to 50 years | 10 | 33.33 |
| Above 51 years | 2 | 6.67 |
| Total | 30 | 100.00 |
| Position in the Organization | | |
| Hospital Administrations | 16 | 53.33 |
| Chief Executive officers | 5 | 16.67 |
| Program coordinators | 9 | 30.00 |
| Total | 30 | 100.00 |

Gender considerations are critical in the implementation of PPP projects because they promote fairness, economic empowerment, improved services, and social inclusion. Addressing gender in PPPs contributes to more equitable development outcomes, enhances the overall effectiveness of projects, and aligns with global goals and commitments related to gender equality and women's empowerment. From the outcomes, 19(63.33%) of the participants stated that they were male while 11(36.67%) stated that they were female. This indicates that majority of the participants in this research were male. The prominence of male gender in PPP projects in health sector in Isiolo sub-County may be influenced by various factors, including cultural and societal norms, access to resources, and participation patterns within the pastoralist communities.

Age considerations are important in the implementation of PPP projects because they promote fairness, intergenerational equity, and inclusivity. Addressing age-related needs and concerns in PPPs contributes to more equitable development outcomes, enhances the long-term sustainability of projects, and ensures that services and infrastructure are responsive to the diverse needs of people at different stages of life. In terms of age bracket, 16 (53.33%) of the participants stated that they were aged between 31 and 40 years, 10 (33.33%) stated that they were aged between 41 and 50 years, while 2(6.67%) stated that they were aged between 20 and 30 years and the same percent indicated above 51 years. This implies that most participants in this research were aged between 31 and 49 years. The involvement of individuals aged 31 to 40 years in PPP projects in health sector can bring valuable perspectives, skills, and experiences to the table. This age group represents a stage in their professional careers where they have likely gained substantial expertise and knowledge in their respective fields.

Leaders play a central role in PPP project implementation by providing direction, support, and oversight. Their leadership is essential for creating a conducive environment, managing risks, engaging stakeholders, and ensuring that PPP projects align with broader development goals while delivering value to the public. In regard to positions, in their organizations, 16(53.33%) of the respondents indicated that they were hospital administrations, 9(30.00%) indicated that they were program coordinators and 5(16.67%) indicated that they were Chief Executive officers. This suggests that most of the participants in this research were hospital administrators. Hospital administrations play a crucial role in PPP projects in health sector. They are responsible for overseeing and managing the implementation of the partnership within the hospital setting.

4.5 Implementation of Public Private Partnership in the Health Sector

The dependent variable of this research was implementation of PPP in health sector in Isiolo sub-county. The participants were asked to indicate whether or not PPP in health sector was necessary. From outcomes, 29 (96.67%) of respondents stated that PPP in health sector was necessary while 1(3.33%) indicated that it was necessary. These findings imply that PPP in health sector was necessary. In addition, all the participants who indicated that PPP in health sector was necessary also indicated that their organizations were involved in the PPPs. This reinforces the spirit of Kenya health policy 2012-2030 which recognizes PPP as an important policy option towards improving health service delivery.

The participants were requested to state their level of concurrence with different statements on the implementation of PPP in Isiolo County. The findings were as displayed in Table 4.4.

Table 4.4:***Measures of Implementation of Public Private Partnership in the Health sector***

| Statements | N | Mean | Std. Deviation |
|--|----------|-------------|---------------------------|
| The collaboration between public and private sectors in this PPP has been effective in achieving the desired outcomes. | 30 | 3.882 | 0.440 |
| The partnership has successfully improved service delivery and access to services. | 30 | 3.779 | 0.987 |
| The PPP has demonstrated cost-effectiveness in its operations. | 30 | 2.088 | 0.638 |
| The PPP has demonstrated efficiency in its operations. | 30 | 3.809 | 1.007 |
| The partnership has effectively utilized and allocated resources to maximize value for money. | 30 | 2.074 | 0.628 |

From the outcomes, participants agreed with a mean of 3.882 (SD=0.440) that collaboration between public and private sectors in this PPP has been effective in achieving the desired outcomes. The participants also agreed with the mean of 3.809 (SD=1.007) that PPP has demonstrated efficiency in its operations. With a mean of 3.779 (SD=0.987) the participants agreed that partnership has successfully improved service delivery and access to services. However, participants disagreed with a statement indicating that PPP has demonstrated cost-effectiveness in its operations as shown by a mean of 2.088 (SD=0.638). They also disagreed with the statement indicating that the partnership has effectively utilized and allocated resources to maximize value for money as shown by a mean of 2.074 (SD=0.628).

These findings agree with Karpitskaya (2019) observation that implementation of PPPs (PPPs) involves assessing extent to which partnership has achieved its goals, delivered desired outcomes, and provided value for all stakeholders involved. These outcomes are in line with Visconti (2019) observation that implementation of PPPs should involve

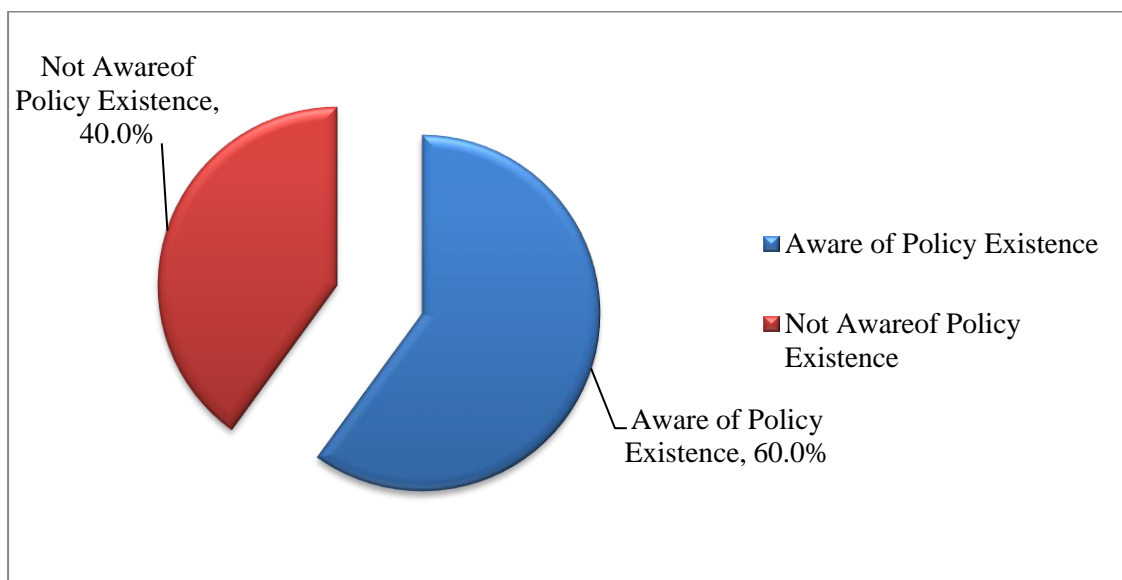
efficient and cost-effective services or infrastructure in relation to the quality and quantity of output. However, the outcomes are contrary to Agyenim-Boateng (2017) observation that assessing the value for money is crucial in determining the success of a PPP.

4.6 Policy Framework on PPP

The research sought to establish the influence of policy framework on implementation of PPP in the health sector in Isiolo Sub County. The participants were requested to state whether they were aware of existence of a policy that guides PPP in health care. The outcomes were as shown in Figure 4.1.

Figure 4. 1:

Awareness on the Existence of the Policy Framework on PPPs



Out of the 30 organizations who were subject of this study, only 12 who formed 12(40%) of the respondents had information of existence of policy on PPP. The bulk of respondents at 18 (60%), were not aware of existence of such a policy.

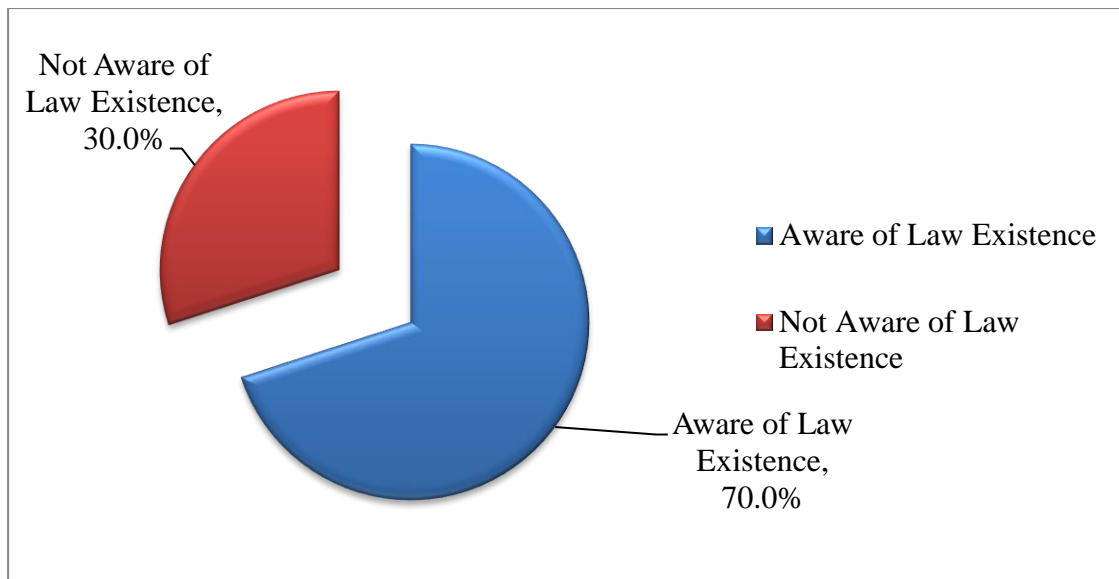
Of those who responded affirmative to existence of PPP policy, 6(50%) did not know the origin of the very policy, 1(8%) cited county level as the origin of the policy while 5(42%) stated national level as the source. Only two organizations (17%) of those who reported existence of PPP policy affirmed that a copy of the policy document was actually available in their organization. However, only one could retrieve a copy of the same.

The findings are contrary to Akomea-Frimpong (2022) observation that most of the stakeholders are aware of existence of such a policy. According to Aluma (2022), when stakeholders are aware of a policy, they are more likely to comply with its requirements and guidelines. This is especially important for policies related to legal and regulatory compliance, ethics, and industry standards.

The participants were requested to state whether they were aware of law on PPP. The outcomes were as displayed in Figure 4.2.

Figure 4. 2:

Awareness on the Existence of Law on Public Private Partnership



From the results, 21(70%) of participants reported that they were aware of its existence while 9(30%) denied such knowledge. Only one organization indicated having a copy of PPP law. However, this respondent could not produce a copy when requested to do so. The findings are contrary to Yaya (2017) that insisted on creation of awareness among all stakeholders on the existence of laws and policies surrounding PPPs.

The participants were asked to state their level of concurrence with different statements on existence of a policy framework on PPPs in health sector in Isiolo County. The outcomes were as presented in Table 4.5.

Table 4. 5:***Aspects of Policy Framework on PPPs***

| Statements | N | Mean | Std. deviation |
|--|----------|-------------|---------------------------|
| The existing policy framework provides clear guidelines and regulations that support implementation of PPPs in the health sector. | 30 | 1.382 | 0.667 |
| The policy framework adequately addresses the legal and regulatory challenges associated with PPPs in the health sector. | 30 | 1.515 | 0.935 |
| The existing policies encourage innovation and technological advancements in healthcare through PPPs. | 30 | 3.779 | 1.059 |
| Policies promote accountability and monitoring mechanisms to ensure the quality of PPPs in the health sector. | 30 | 4.162 | 0.800 |
| Existing policies provide mechanisms for addressing social equity and ensuring equitable access to healthcare services through PPPs. | 30 | 3.853 | 1.119 |

From outcomes, respondents agreed with a mean of 4.162 (SD=0.800) that policies promote accountability and monitoring mechanisms to ensure quality of PPPs in the health sector. Additionally, participants agreed with a mean of 3.853 (SD=1.119) that existing policies provide mechanisms for addressing social equity and ensuring equitable access to healthcare services through PPPs.

Furthermore, participants agreed with a mean of 3.779 (SD=1.059) that existing policies encourage innovation and technological advancements in healthcare through PPPs. With a mean of 1.382 (SD=0.667), participants disagreed with statement indicating that the existing policy framework provides clear guidelines and regulations that support implementation of PPPs in health sector. The participants also disagreed with a statement indicating that policy framework adequately addresses the legal and

regulatory challenges associated with PPPs in the health sector as indicated by a mean of 1.515 (SD=0.935).

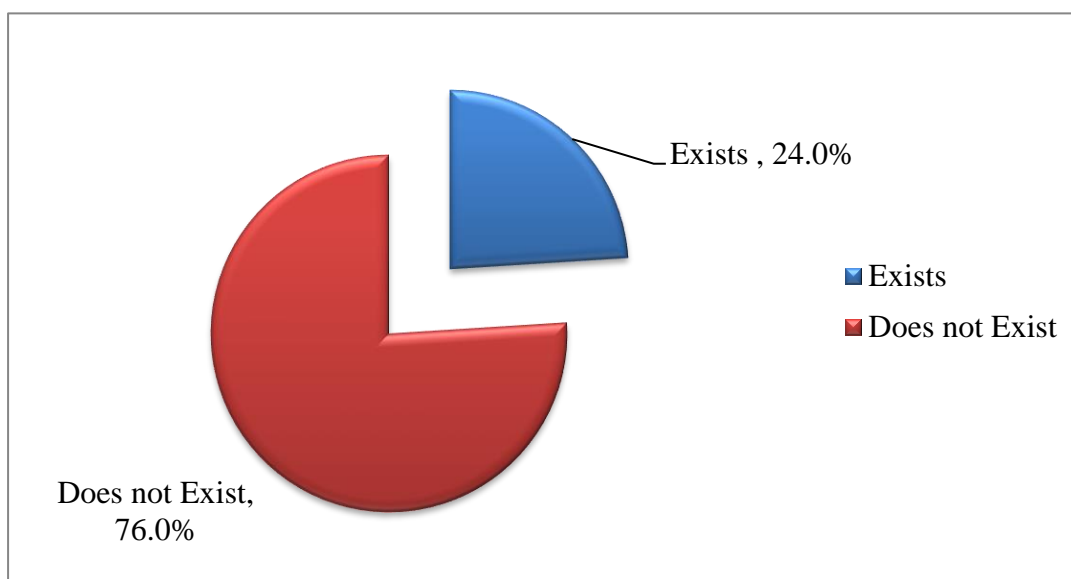
These findings agree with Mallat, et al. (2021) observation that PPP policies should promote accountability and monitoring mechanisms so as to ensure the quality of the projects. The findings are contrary to Adamou et al. (2021) observation that policy framework for PPPs should provide clear guidelines that support implementation.

4.7 Coordination Mechanisms of Public Private Partnership

The research sought to determine the influence of coordination mechanism on implementation of PPP in the health sector in Isiolo Sub County. The participants were requested to state whether there was a partnership agreement or Memorandum of Understanding between collaborating parties. The outcomes were as shown in Figure 4.3.

Figure 4. 3:

Existence of partnership agreement



From the results majority of respondents at 19(76%) reported lack of partnership agreement, commonly referred to as memorandum of understanding between parties in partnership. Only 11(24%) representing six (6) respondents reported existence of such agreement. This is contrary to WHO's assertion that a partnership is a cooperative effort and reciprocal interaction between two or more parties and that these parties should be bound by a collective partnership agreement that establishes clearly defined objectives, roles, duties and decision making processes.

The participants were requested to state whether the partnership agreement clearly spelt out various components. The outcomes were as shown in Table 4.6.

Table 4. 6:***Components of a Partnership Agreement***

| Components | Frequency | Percent |
|--|------------------|----------------|
| Roles & responsibilities of each party | 6 | 100.00 |
| Resource basket of each party | 5 | 83.33 |
| Benefits to all parties | 4 | 66.67 |
| Coordination mechanism | 6 | 100.00 |
| Terms of engagement | 5 | 83.33 |

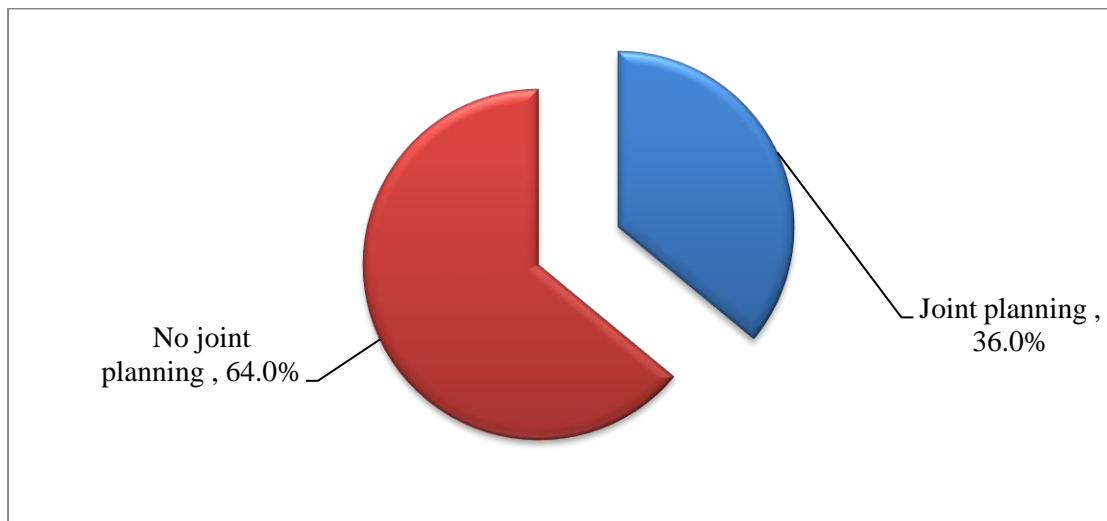
From the results, all participants 30 (100%) stated that partnership agreement clearly spelt out coordination mechanisms and roles & responsibilities of each party. The findings agree with Gerstlberger and Schneider (2018) observation that partnership agreements should clearly spell out coordination mechanisms. In addition, 5(83.3%) of the participants indicated that partnership agreement clearly spelt out the terms of engagement and resource basket or each party while 4(66.67%) indicated that it clearly spelt out the benefits of all parties.

When asked on how partners developed plans, almost 3 of respondents (64%) stated that plans were not jointly developed, while 2(36%) reported a joint process of partners planning. Of the respondents who affirmed to a joint planning process, only 1(33%) confirmed existence of the current year's joint plans, the rest denying existence of such a plan. However, only one partner could make a copy of current years plan available to the researcher. The above findings agrees with a WHO 2006 report which stated that while participatory approach to decision making is a critical ingredient of partnership, many a times the same is not accomplished. In this report, WHO reiterates that partners should undertake joint planning to ensure harmony in their operations.

The participants were requested to state whether there were forums or meetings held for joint performance reviews. The results were as presented in Figure 4.4.

Figure 4. 4:

Modality of planning

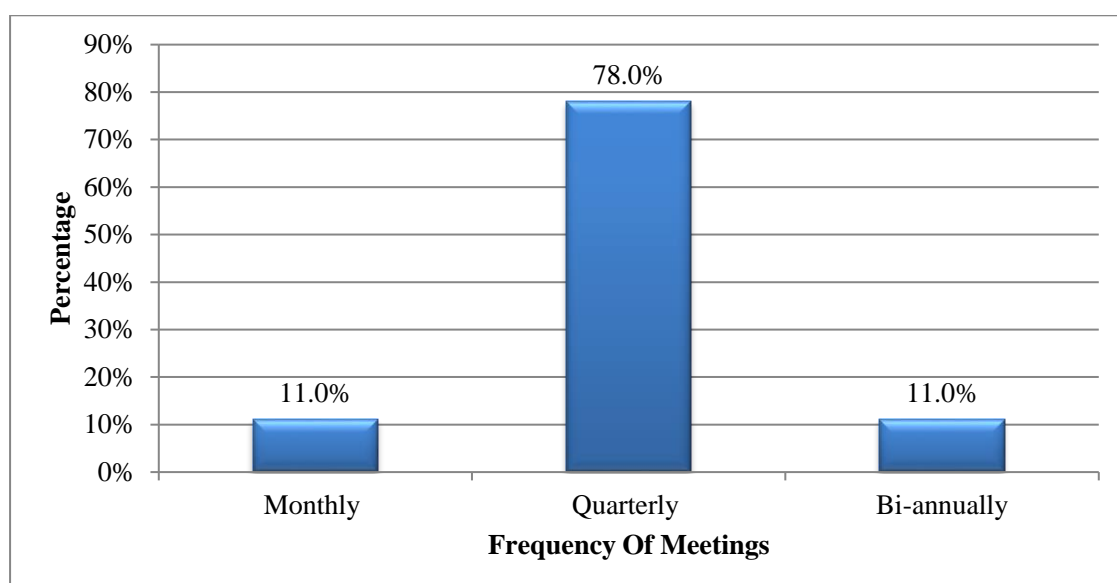


Slightly over 1/3 of respondents (36%- translating to nine partners) involved in PPP reported existence of joint performance review forums for partners. The bulk of respondents at 64% denied existence of performance review forums.

On frequency of performance review forum, the response is as in Figure 4.5.

Figure 4. 5:

Frequency of partners performance review forums



Of the nine partners who reported existence of partners performance review forum, seven of them indicated that report of the recent review was available. However, only four respondents could make available a copy of the same at the time of the interview. This finding agrees with that of World Vision which in its 2009 report found that there is a tendency to ignore to performance indicators in most partnership arrangement. World Bank in 2010 also found that numerous partnerships do not guarantee that everyone involved is held responsible for providing services in a partnership structure that are effective, efficient, and fair.

The participants were asked to state their level of concurrence with different statements on coordination mechanisms on PPPs in health sector in Isiolo County. Outcomes were as presented in Table 4.7.

Table 4. 7:***Components of Coordination Mechanisms***

| | N | Mean | Std. Deviation |
|--|----------|-------------|---------------------------|
| The coordination mechanisms in place facilitate effective communication and collaboration between public and private partners in the health sector PPP. | 30 | 3.721 | 1.298 |
| The partnership agreement clearly outlines the roles and responsibilities of each partner involved in the health sector PPP. | 30 | 3.750 | 1.052 |
| The partnership agreement effectively addresses the allocation of risks and liabilities between the public and private partners in the health sector PPP. | 30 | 3.882 | 0.440 |
| The health stakeholders' coordination forum provides a valuable platform for communication and collaboration among stakeholders involved in the health sector PPP. | 30 | 3.779 | 0.987 |
| Stakeholders meetings are scheduled in a timely manner, allowing sufficient time for preparation and active participation. | 30 | 3.809 | 1.007 |
| The agenda for stakeholders meetings adequately covers the relevant topics and issues related to the health sector PPP. | 30 | 3.735 | 0.702 |
| The joint planning process in the health sector PPP effectively aligns the goals and objectives of the public and private partners. | 30 | 3.941 | 0.859 |
| Information sharing among stakeholders in the health sector PPP is timely and accurate. | 30 | 3.750 | 0.653 |
| Performance management framework in the health sector PPP effectively measures and evaluates the achievement of desired outcomes and targets. | 30 | 3.735 | 0.762 |

From outcomes, respondents agreed with a mean of 3.941 (SD=0.859) that joint planning process in health sector PPP effectively aligns goals and objectives of public and private partners. The respondents also agreed with a mean of 3.882 (SD=0.440) that partnership agreement effectively addresses allocation of risks and liabilities between public and private partners in the health sector PPP. With a mean of 3.809

(SD=1.007) participants agreed that stakeholders meetings are scheduled in a timely manner, allowing sufficient time for preparation and active participation.

As shown by a mean of 3.779 (SD=0.987) participants agreed that health stakeholders' coordination forum provides a valuable platform for communication and collaboration among stakeholders involved in the health sector PPP. Additionally, the participants agreed with a mean of 3.750 (SD=1.052) that partnership agreement clearly outlines roles and responsibilities of every partner involved in health sector PPP.

Further, respondents agreed with a mean of 3.750 (SD=0.653) that information sharing among stakeholders in the health sector PPP is timely and accurate. With a mean of 3.735 (SD=0.702) participants agreed that the agenda for stakeholders meetings adequately covers the relevant topics and issues related to the health sector PPP. Also, the respondents agreed with a mean of 3.735 (SD=0.762) that performance management framework in the health sector PPP effectively measures and evaluates the achievement of desired outcomes and targets. Moreover, participants agreed with a mean of 3.721 (SD=1.298) that coordination mechanisms in place facilitate effective communication and collaboration between public and private partners in the health sector PPP.

These findings agree with Carballo-Cruz (2017) argument that joint planning facilitates the establishment of shared goals and objectives for the PPP. The findings are in concurrence with Osei-Kyei, et al. (2021) findings that stakeholders' coordination

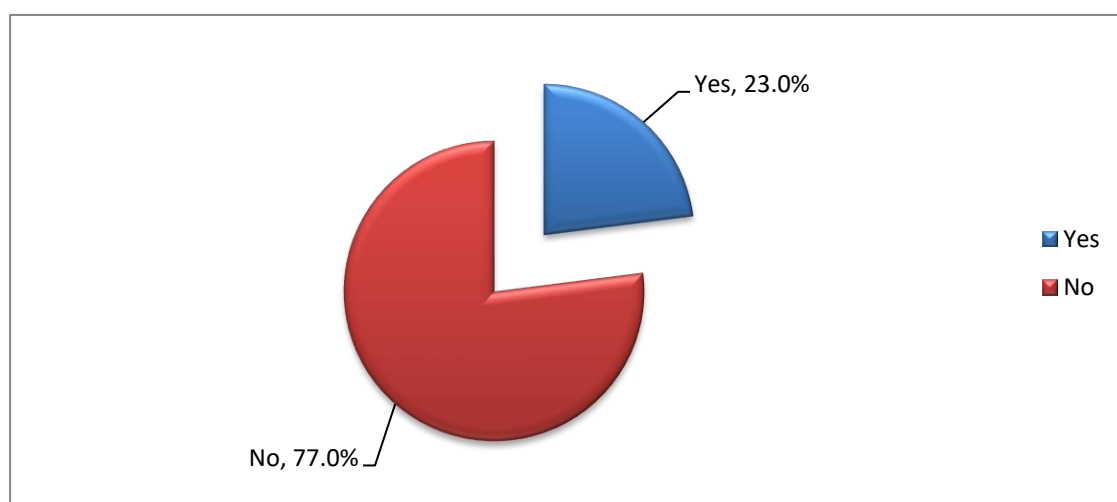
forum is valuable in ensuring the communication and collaboration among stakeholders.

4.8 Training on PPPs

The study sought to determine the influence of training on PPP on implementation of PPP in the health sector in Isiolo Sub County. The participants were requested to state whether they had been formally trained/ Inducted on PPP policy and law. The results were presented in Figure 4.6.

Figure 4. 6:

Formal Training/ Induction on PPP Policy and Law



From the results, the bulk of the respondents at 23(77%) had not been trained on both policy and law on PPP. Only 7(23%) of the respondents reported some form of training. This implies that though PPP is advocated for as an important policy imperative by both Kenya health policy 2012-2030 and vision 2030, little has been done to inform stakeholders on the same through systematic dissemination.

In Isiolo Sub County, the respondents were asked to rate how much they agreed with certain assertions regarding PPP training. The findings were as presented in Table 4.8.

Table 4. 8:

Components of Training on PPPs

| | N | Mean | Std. deviation |
|--|----------|-------------|---------------------------|
| Stakeholders are trained on the fundamental concepts of PPP policy | 30 | 2.199 | 0.897 |
| Stakeholders are trained on the fundamental concepts of PPP laws | 30 | 1.893 | 0.988 |
| There is an annual training on the PPPs in our organization | 30 | 2.422 | 0.842 |

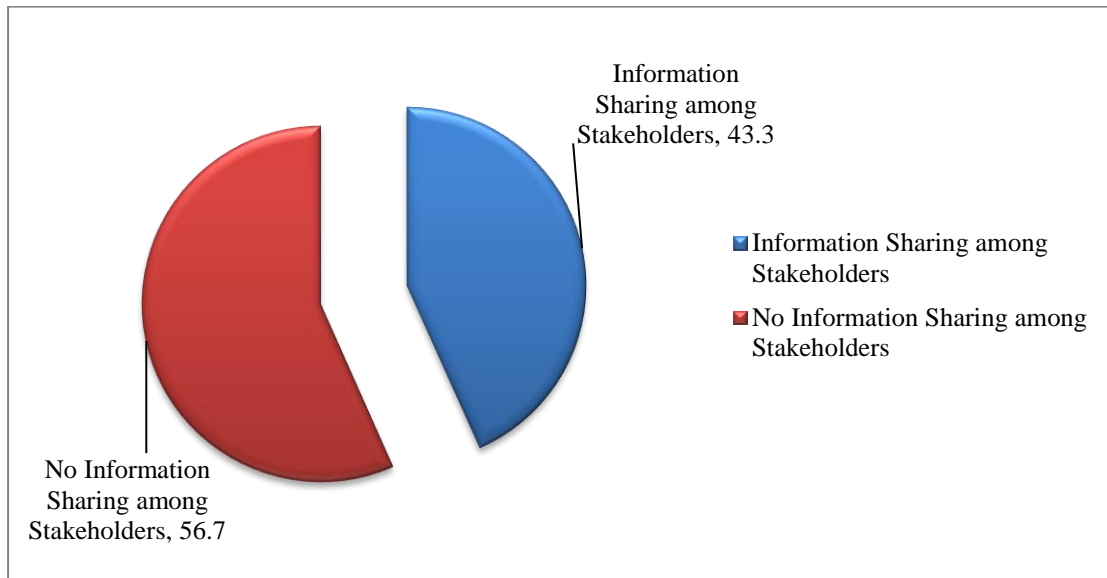
From the findings, the respondents disagreed with the statement indicating that stakeholders are trained on the fundamental concepts of PPP policy as shown by a mean of 2.199 (SD=0.897). With a mean of 1.893 (SD=0.988) the respondents disagreed with the statement indicating that stakeholders are trained on the fundamental concepts of PPP laws. As shown by a mean of 2.422 (SD=0.842) the respondents disagreed with the statement indicating that there is an annual training on the PPPs in their organizations. These findings are contrary to Carballo-Cruz (2017) emphasis on the importance of training in ensuring the implementation of PPP projects.

4.9 Information Sharing among Stakeholders

The goal of the study was to evaluate the impact of stakeholder information exchange on PPP implementation in the health sector in Isiolo Sub County. The respondents were requested to indicate whether there was information sharing among stakeholders. The results were as shown in Table 4.5.

Figure 4.7

Sharing Information among Stakeholders

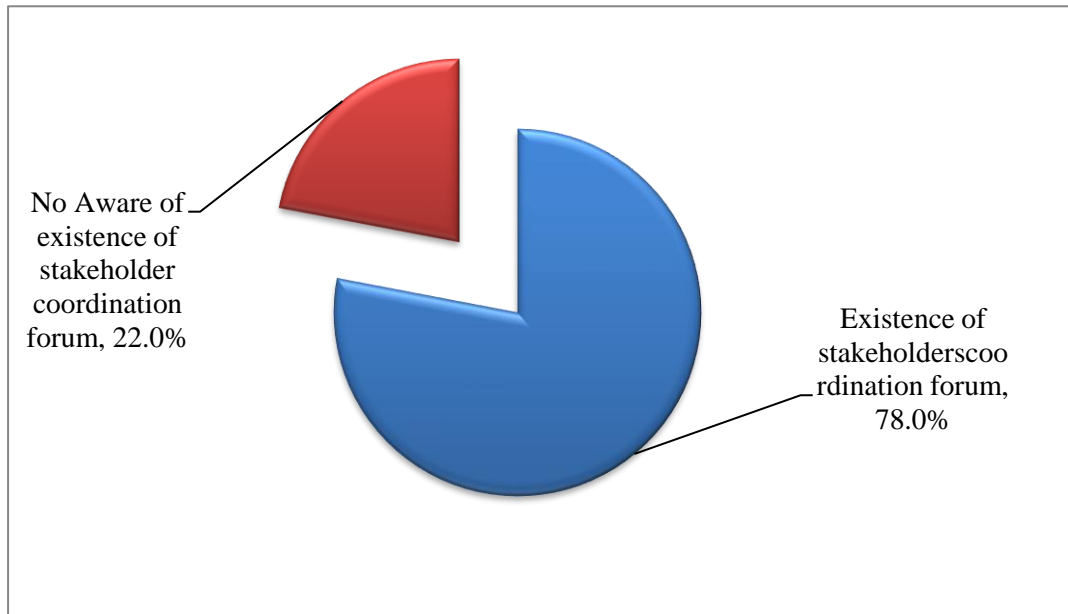


From the findings, 17(56.67%) of the respondents indicated that there was information sharing among stakeholders while 13(43.33%) indicated that there was no information sharing among stakeholders. The findings are in agreement with Brey (2022) argument that most of the PPPs are built up on information sharing among stakeholders.

The participants were requested to state whether they were aware of stakeholders/partners coordination forum in existence. The results were as shown in Figure 4.6.

Figure 4. 7:

Existence of stakeholders/partners coordination forum



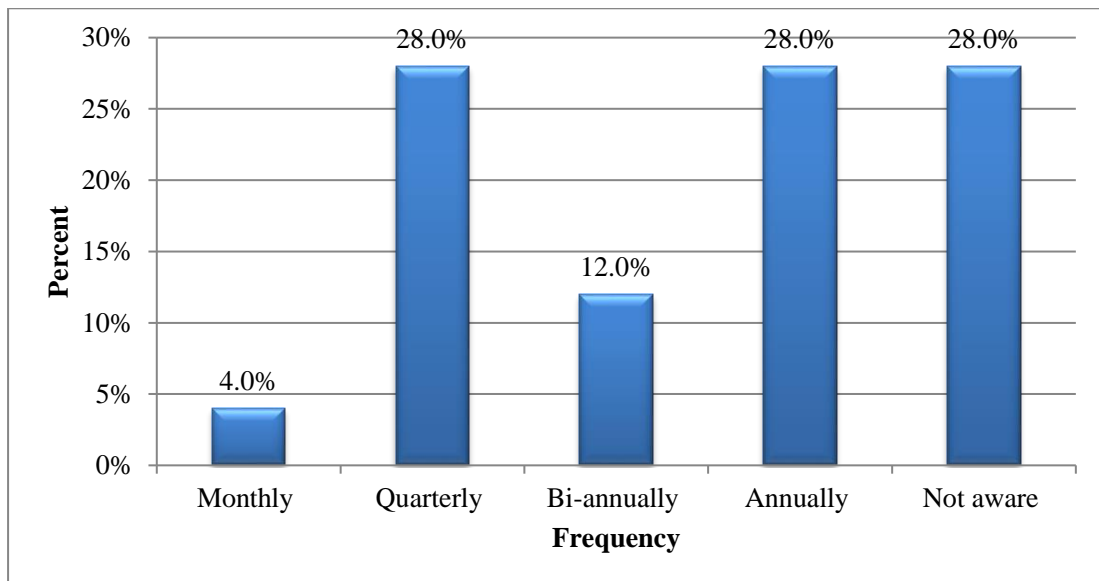
The results indicated that while a large proportion of partners, 23(78%) indicated existence of partnership coordination forum, a sizeable proportion of 7(21%) were not aware of this arrangement. Sinisammal and Hyrkäs (2018) observed stakeholder's coordination forum is important so as to facilitate effective coordination, communication, and collaboration among various stakeholders.

The participants, who stated that they were aware of stakeholders/partners coordination forum in existence, were also requested to indicate how often the meetings were held. The results indicated that equal proportion of respondents, both at 28% gave two different responses on frequency of stakeholders meetings, being quarterly and annually.

The respondents were asked to indicate the frequency of stakeholder meetings. The results were as shown in Figure 4.7.

Figure 4. 8:

Frequency of Stakeholders Meetings

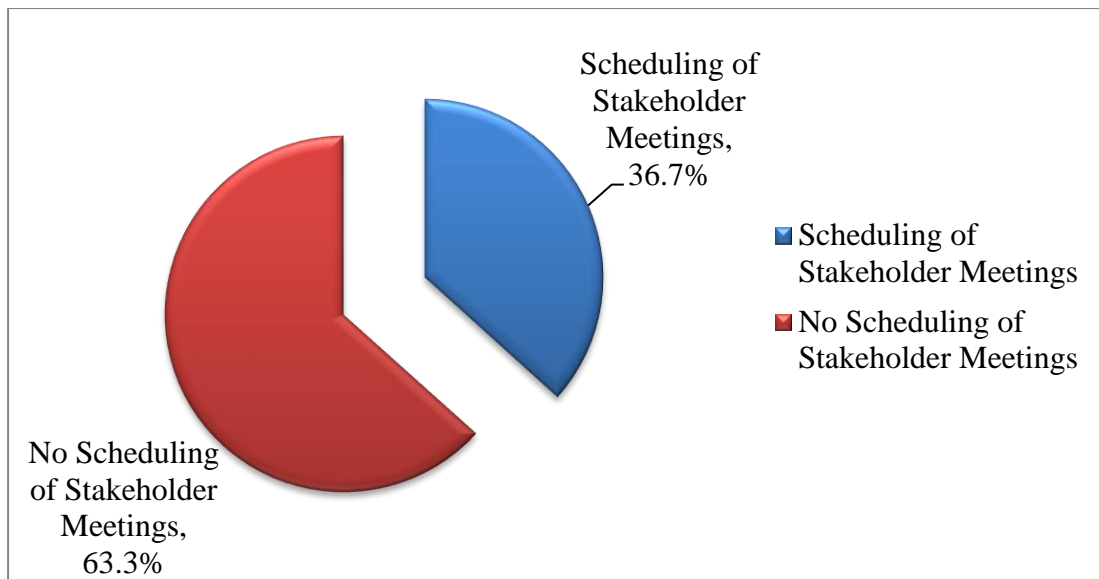


A similar proportion was unaware of any schedules of meetings. 4(12%) of respondents indicated that meetings were held bi- annually, 1(4%) putting it as monthly. These findings agree with similar findings by HENNET who in its 2010 report reiterated lack of clear framework to coordinate all the players in health for greater health impact. HENNET further stated that public sector is unable to oversee activities of nongovernmental sector with consequence that quality and standards for delivery are not adequately enforced and adhered to.

The respondents were requested to indicate whether stakeholders meetings were scheduled. The results were as shown in Figure 4.10.

Figure 4. 9:

Components of Information Sharing among Stakeholders



From the findings, 19(63.3%) of the respondents indicated that stakeholders meetings were not scheduled while 11(36.7%) indicate that the stakeholders meetings were scheduled. This implies that stakeholder meetings were not scheduled.

When it comes to information sharing among stakeholders in the health sector in Isiolo Sub County, the respondents were asked to express their level of agreement. The results were as presented in Table 4.9.

Table 4. 9:***Components of Information Sharing among Stakeholders***

| | N | Mean | Std Deviation |
|--|----------|-------------|--------------------------|
| Relevant information about PPP opportunities is shared promptly to all stakeholders. | 30 | 1.515 | 0.935 |
| The information shared in PPP projects is consistently accurate. | 30 | 1.212 | 0.977 |
| Stakeholders meetings for PPP projects are consistently scheduled in a timely manner. | 30 | 1.779 | 1.059 |
| The minutes of stakeholders meetings accurately reflect the discussions and decisions. | 30 | 3.779 | 1.059 |
| The agendas effectively prioritize important topics related to PPP project progress. | 30 | 4.162 | 0.800 |

The respondents indicated with a mean of 4.162 (SD=0.800) that the agendas effectively prioritize important topics related to PPP project progress. Also, the respondents agreed with a mean of 3.779 (SD=1.059) that the minutes of stakeholders meetings accurately reflect the discussions and decisions. With a mean of 1.515 (SD=0.935) the respondents disagreed with the statement indicating that relevant information about PPP opportunities is shared promptly to all stakeholders. The respondents also agreed with a mean of 1.779 (SD=1.059) that stakeholders meetings for PPP projects are consistently scheduled in a timely manner. The respondents also disagreed with the statement indicating that the information shared in PPP projects is consistently accurate as shown by a mean of 1.212 (SD=0.977).

The findings are in agreement with Carballo-Cruz (2017) findings indicating that minutes of stakeholders meetings accurately reflect the discussions and decisions. The

findings are also in line with Dolla and Laishram (2020) observation that the agendas effectively prioritize important topics related to PPP project progress. The findings agree with Carballo-Cruz (2017) who observed that stakeholders meetings for PPP projects should be consistent to ensure successful implementation.

4.10 Inferential statistics

Inferential statistics like multivariate regression and correlation analysis were used to assess effect of policy framework, coordination mechanisms, training on PPPs and information sharing among stakeholders on implementation of PPP in the health sector in Isiolo Sub-County.

4.10.1 Correlation Analysis

Pearson product moment correlation coefficient was utilized to evaluate strength of correlation between independent research variables (policy framework, coordination mechanisms, training on PPPs and information sharing among stakeholders) and dependent variable (implementation of PPP in health sector). Findings were displayed in Table 4.10.

Table 4. 10:***Correlation Coefficients***

| | | Implementation of PPP in the health sector | Policy framework | Coordination mechanism | Training on PPPs | Information sharing among stakeholders |
|--|--|--|---------------------|---------------------------|---------------------|---|
| Implementation of PPP in the health sector | Pearson Correlation Sig. (2- tailed) N | 1 30 | | | | |
| Policy framework | Pearson Correlation Sig. (2- tailed) N | .789** .000 30 | 1 | | | |
| Coordination mechanism | Pearson Correlation Sig. (2- tailed) N | .809** .000 30 | .062 .161 30 | 1 | | |
| Training on PPPs | Pearson Correlation Sig. (2- tailed) N | .802** .000 30 | .107 .100 30 | .152 .101 30 | 1 | |
| Information sharing among stakeholders | Pearson Correlation Sig. (2- tailed) N | .757** .000 30 | .098 .090 30 | .062 .161 30 | .098 .090 30 | 1 30 |

The research discovered that there exists significant positive correlation between existing policy framework and implementation of PPP in the health sector in Isiolo Sub-County ($r=0.789$, $p\text{-value}=0.001$). Moreover, the $p\text{-value}$ 0.001 was below significant level of 0.05, indicating that correlation was significant. The findings are in agreement with Gerstlberger and Schneider (2018) observation that existing policy framework has an impact on implementation of PPP programs.

In addition, the research discovered that there exists a positive correlation between coordination mechanisms and implementation of PPP in the health sector in Isiolo Sub-County ($r=0.809$, $p\text{-value} =0.001$). Moreover, the $p\text{-value}$ of 0.000 was below significant level of 0.05, indicating that correlation was significant. The results are in agreement with Okwilagwe (2017) findings that coordination mechanisms have an influence on implementation of PPP projects.

The study established that there exists significant positive correlation between training on PPPs and implementation of PPP in the health sector in Isiolo Sub-County ($r= 0.802$, $p\text{-value} =0.001$). Moreover, the $p\text{-value}$ of 0.000 was below significant level of 0.05, indicating that correlation was significant. These findings are in line with Visconti (2019) observation that training is a key component of PPP implementation.

In addition, the study revealed that there exists a positive correlation between information sharing among stakeholders and implementation of PPP in the health sector in Isiolo Sub-County ($r=0.757$, $p\text{-value} =0.001$). Moreover, the $p\text{-value}$ of 0.000 was below significant level of 0.05, indicating that correlation was significant. These findings are in line with Adamou et al. (2021) observation that information sharing among stakeholders has an influence on implementation of PPP.

4.10.2 Regression Analysis

Multivariate regression analysis was utilized to assess the effect of independent variables (policy framework, coordination mechanisms, training on PPPs and information sharing among stakeholders) on the dependent variable (implementation of PPP in the health sector).

Table 4. 11:

Model Summary

| Model | R | R-Square | Adjusted R-Square | Std. Error of Estimate |
|-------|-------------------|----------|-------------------|------------------------|
| 1 | .789 ^a | 0.623 | 0.614 | 0.14835 |

The r-squared (R²) statistic shows how much of a dependent variable's variance can be accounted for by independent variables in a regression model. The r-squared for this study was 0.623, which suggests that the policy framework, coordination mechanisms, PPP training, and information exchange among stakeholders can account for 62.3% of the variation in PPP implementation in the health sector.

Table 4.12:

ANOVA

| Model | | Sum of Squares | df | Mean-Square | F | Sig. |
|-------|------------|----------------|----|-------------|--------|-------------------|
| 1 | Regression | 31.684 | 4 | 7.921 | 68.687 | .000 ^b |
| | Residual | 2.883 | 25 | 0.115 | | |
| | Total | 34.567 | 29 | | | |

ANOVA can also be applied to assess the overall significance of a regression model. F-calculated was 68.687 while F-critical from the F-distribution Table was 2.46. Because F-calculated was above F-critical and p-value of 0.000 was not more than 0.05, model used was deemed to be good fit for research data.

Table 4.13:

Regression Coefficients

| Model | Unstandardized Coefficients | | Standardized coefficients | t | Sig. |
|-------|-----------------------------|------------|---------------------------|---|------|
| | B | Std. Error | Beta | | |

| | | | | | | |
|---|--|-------|-------|-------|-------|-----------|
| 1 | (Constant) | 0.467 | 0.103 | | 4.534 | 0.00 0 |
| | Policy framework | 0.353 | 0.067 | 0.143 | 5.269 | 0.00 0 |
| | Coordination mechanisms | 0.440 | 0.087 | 0.211 | 5.057 | 0.00 0 |
| | Training on PPPs | 0.153 | 0.073 | 0.664 | 2.087 | 0.03 8 |
| | Information sharing among stakeholders | 0.240 | 0.082 | 0.567 | 2.938 | 0.00 2 |

Regression equation was;

$$Y = 0.467 + 0.353X_1 + 0.440X_2 + 0.153X_3 + 0.240X_4 + \epsilon$$

The researcher found that existing policy framework has a positive and significant effect on implementation of PPP in the health sector in Isiolo Sub-County ($\beta_1=0.353$, p-value=0.038). P-value (0.038) was not more than 0.05 hence, relationship was regarded significant. The outcomes are in line with Adamou *et al.* (2021) observation that existing policy framework considerably influences implementation of PPPs.

Furthermore, coordination mechanisms has a positive and significant effect on implementation of PPP in the health sector in Isiolo Sub-County ($\beta_2=0.440$, p-value=0.002). Moreover, p-value (0.002) was below 0.05, hence relationship was regarded to be significant. The outcomes concur with Sinisammal and Hyrkäs (2018) observation that coordination mechanisms play a significant role in the implementation of PPP projects.

In addition, training on PPPs has a positive and significant effect on implementation of PPP in the health sector in Isiolo Sub-County ($\beta_3=0.153$, p-value=0.038). P-value (0.038) was not more than 0.05 hence, relationship was regarded significant. These findings agree with Okwilagwe (2017) observation that training on PPPs has a significant effect on implementation.

Also, information sharing among stakeholders has a positive and significant effect on implementation of PPP in the health sector in Isiolo Sub-County ($\beta_4=0.240$, p-value=0.002). Moreover, p-value (0.002) was below 0.05, hence relationship was regarded to be significant. The findings concur with Dzhikiya, et al. (2023) argument that information sharing among stakeholders has a significant effect implementation of PPPs.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter covers summary of findings on effects of existing policy framework and coordination mechanisms on implementation of PPP in the health sector in Isiolo Sub-County. This is followed by conclusions, recommendations as well as suggestions for further research.

5.2 Summary of the Findings

5.2.1 Policy Framework on Public Private Partnership

The research discovered that existing policy framework has a positive and significant impact on implementation of PPP in the health sector in Isiolo Sub-County. The research also found that most of stakeholders were not aware of information of existence of policy on PPP. In addition, Most of stakeholders were aware of its existence of Law on PPP. The research also found that most of the stakeholders had not been trained on both policy and law on PPP. The findings indicated that existing policies provide mechanisms for addressing social equity and ensuring equitable access to healthcare services through PPPs. Further, the study established that the existing policies encourage innovation and technological advancements in healthcare through PPPs.

A well-crafted policy framework is a critical enabler for the successful implementation of healthcare PPPs in Isiolo Sub-County. It can provide the necessary legal and regulatory structure, attract private investment, ensure quality and access to healthcare services, promote transparency and accountability, and address the unique needs of the

local population, ultimately contributing to improved healthcare outcomes in the region. A policy framework can establish mechanisms for ongoing monitoring and evaluation of healthcare PPPs. This allows for continuous improvement, ensuring that projects adapt to changing circumstances and deliver better outcomes over time.

5.2.2 Coordination Mechanisms of Public Private Partnership

The research also discovered that coordination mechanisms have a positive and significant impact on implementation of PPP in health sector in Isiolo Sub-County. The research also found that most stakeholders were not aware of partnership agreement, commonly referred to as memorandum of understanding between parties in partnership. Some of the components of the partnership agreements include roles and responsibilities of each party, resource basket of each party, benefits to all parties, coordination mechanisms and terms of engagement.

The findings indicated that plans were not jointly developed among stakeholders in the PPP. However, the study also found that joint planning process in health sector PPP effectively aligns goals and objectives of public and private partners. In addition, the partnership agreement effectively addresses the allocation of risks and liabilities between the public and private partners in the health sector PPP. Further, research found that stakeholders meetings are scheduled in a timely manner, allowing sufficient time for preparation and active participation. Additionally, the health stakeholders' coordination forum provides a valuable platform for communication and collaboration among stakeholders involved in health sector PPP.

The research discovered that the partnership agreement clearly outlines the functions and responsibilities of every partner involved in health sector PPP. Further, information

sharing among stakeholders in the health sector PPP is timely and accurate. Also, the study found that the agenda for stakeholders meetings adequately covers the relevant topics and issues related to the health sector PPP. Also, performance management framework in health sector PPP effectively measures and evaluates achievement of desired outcomes and targets. Moreover, the research found that the coordination mechanisms in place facilitate effective communication and collaboration between public and private partners in health sector PPP.

5.2.3 Training on PPPs

The study found that training on PPPs has a positive and significant effect on the implementation of PPP in the health sector in Isiolo Sub County. The training is seen as having a beneficial impact. This could mean that after receiving the training, stakeholders are more informed, confident, and capable of effectively engaging in PPP initiatives. The study established that most of the stakeholders had not been trained on PPPs. Although PPP is advocated for as an important policy imperative by both Kenya health policy 2012-2030 and vision 2030, little has been done to inform stakeholders on the same through systematic dissemination. The study found that stakeholders had not been on PPPs in the health sector in Isiolo Sub County. If stakeholders in Isiolo Sub County have not been trained on PPPs in the health sector, it signifies a potential gap in their knowledge and skills necessary for effectively participating in and managing such partnerships.

The study established that stakeholders had not been trained on the fundamental concepts of PPP policy. If stakeholders in Isiolo Sub County have not been trained on the fundamental concepts of PPP policy, it's crucial to provide them with the necessary knowledge to understand and engage effectively in PPP initiatives. In addition, most of

the stakeholders had not trained on the fundamental concepts of PPP laws. The study found that training on the PPPs was not conducted consistently on annual basis. If training on PPPs has not been consistently conducted on an annual basis, it's important to establish a regular training schedule to ensure that stakeholders receive the necessary knowledge and skills to engage effectively in PPP initiatives.

5.2.4 Information Sharing among Stakeholders

The finding that information sharing among stakeholders has a significant effect on the implementation of PPPs in the health sector in Isiolo Sub County highlights the critical role of communication and collaboration in the success of such initiatives. The study found that in most of the institutions there was no information sharing among stakeholders. Effective information sharing among stakeholders is crucial for aligning goals, making informed decisions, and ensuring that all parties are on the same page. In the context of PPPs, clear and transparent communication helps prevent misunderstandings, reduce conflicts, and foster a shared understanding of project objectives and expectations. The study established that most of the stakeholders were aware of the stakeholders' coordination forum. Lack of information sharing can hinder coordination, decision-making, and overall progress of PPP projects. Addressing this issue is crucial to improve the effectiveness of PPP initiatives. Stakeholder's coordination forum is important so as to facilitate effective coordination, communication, and collaboration among various stakeholders.

The study found that stakeholder meetings were held on annual basis in some organizations and quarterly basis in other organizations. A stakeholders' coordination forum is a platform where representatives from various stakeholders come together to

collaborate, share information, and coordinate efforts towards the implementation of PPP projects. The study found that the agendas effectively prioritize important topics related to PPP project progress. Creating effective agendas that prioritize important topics related to PPP project progress is crucial for productive stakeholder meetings. A well-structured agenda ensures that discussions remain focused, relevant, and aligned with the project's goals. In addition, the study established that stakeholders meetings for PPP projects are consistently scheduled in a timely manner. Also, the study found that the minutes of stakeholders meetings accurately reflect the discussions and decisions.

The study revealed that relevant information about PPP opportunities was not shared promptly to all stakeholders. The lack of prompt sharing of relevant information about PPP opportunities with all stakeholders can hinder collaboration, slow down decision-making, and ultimately impact the implementation of PPP projects. Timely and transparent communication is crucial to ensure that stakeholders are well-informed and can actively participate in identifying and pursuing PPP opportunities. The findings indicated that the information shared in PPP projects was not consistently accurate. Inaccurate information shared in PPP projects can lead to misunderstandings, misaligned expectations, delays, and even project failures. Ensuring accurate and reliable information sharing is critical for maintaining transparency, building trust, and achieving successful project outcomes.

5.3 Conclusion

The research concludes that policy framework has a positive and significant impact on implementation of PPP in health sector in Isiolo Sub-County. A well-defined and

supportive policy framework is crucial for implementation of PPPs in health sector. The study found that most of the stakeholders were not aware of the existence of PPP policy. The study found that the existing policy framework does not provide clear guidelines and regulations that support implementation of PPPs in health sector. The study established that policy framework does not adequately address the legal and regulatory challenges associated with PPPs in the health sector.

The research also concludes that coordination mechanisms have a positive and significant effect on implementation of PPP in health sector in Isiolo Sub-County. This suggests that an improvement in coordination mechanisms would lead to an improvement on implementation of PPP in health sector in Isiolo Sub-County. Therefore, development of partnership agreement / MOU, existence of health stakeholders coordination forums, stakeholders meeting, joint planning, information sharing and performance management contribute to smoother implementation of PPPs. The study found that there were no partnership agreements, commonly referred to as memorandum of understanding between parties in partnership. In addition, the study established that plans were not developed jointly between partners in PPP projects and programmes.

The study concludes that training have a positive and significant effect on implementation of PPP in health sector in Isiolo Sub-County. This implies that an improvement in training would lead to an improvement in implementation of PPP in health sector. The study found that majority of the stakeholders had not been trained on both policy and law on PPP. In addition, majority of the stakeholders had not been trained on the fundamental concepts of PPP policy. Also, the study established that

most of the stakeholders had not been trained on the fundamental concepts of PPP laws. Moreover, most of the organizations had no annual training on the PPPs.

The study further concludes that information sharing among stakeholders have a positive and significant effect on implementation of PPP in health sector in Isiolo Sub-County. This shows that an improvement in information sharing among stakeholders would lead to an improvement in implementation of PPP in health sector. The study found that there was little or no information sharing among stakeholders in PPP projects and programs. The study found that most of the stakeholders' were not aware of stakeholders/partners coordination forum. Also, most of the stakeholders meetings were not officially scheduled. The study established that relevant information about PPP opportunities was not shared promptly to all stakeholders. In addition, stakeholders meetings for PPP projects are not consistently scheduled in a timely manner. Further, study revealed that information shared in PPP projects was not consistently accurate.

5.4 Recommendations

- i. The government of Kenya and policy makers should initiate a thorough review of existing policies and laws related to PPPs in Kenya's health sector.
- ii. The National Ministry of Health should also establish a robust M&E framework that clearly defines the objectives, outcomes, indicators, and targets for the partnership.

- iii. The government of Kenya should always ensure that partnership agreements, commonly referred to as memorandum of understanding between parties in partnership are developed before the start of PPPs.
- iv. The government of Kenya as well as the management of health facilities should ensure that PPP plans are developed jointly between partners in PPP projects and programmes.
- v. The County governments of Kenya in support of Ministry of Health in the national government should implement training programs for stakeholders on various policies and laws touching on PPPs.
- vi. The management of health sector in the county should foster a participatory approach by engaging main stakeholders from public and private sectors, civil society organizations, and local communities.
- vii. The management of health facilities should ensure that relevant information about PPP opportunities should be shared promptly to all stakeholders.

5.5 Suggestions for Further Research

Further investigations on other factors that influence implementation of PPP in health sector. These factors could include factors that institutional capacity, political will and leadership and socio-cultural context among others.

REFERENCES

- Adamou, M., Kyriakidou, N. & Connolly, J. (2021). Evolution of public-private partnership: the UK perspective through a case study approach. *International Journal of Organizational Analysis*, 29(6), 1455-1466. <https://doi.org/10.1108/IJOA-08-2020-2397>
- Agyenim-Boateng, C. (2017). The role of structure in manipulating PPP accountability. *Accounting, Auditing & Accountability Journal*, 30(1), 119-144. DOI: 10.1108/AAAJ-01-2014-1590
- Akomea-Frimpong, I. (2022). A critical review of public–private partnerships in the COVID-19 pandemic: key themes and future research agenda. *Smart and Sustainable Built Environment*, 12(4), 701-720. DOI:10.1108/AAAJ-01-2014-1590
- Almarri, K. & Abuhijleh, B. (2017). A qualitative study for developing a framework for implementing public–private partnerships in developing countries. *Journal of Facilities Management*, 15(2), 170-189. DOI:10.1108/JFM-07-2016-0031
- Al-shareem, K.M. & Kamal, E.M. (2019). External factors influencing the readiness for implementing public-private partnerships among public and private organizations in Yemen. *Journal of Science and Technology Policy Management*, 6(1), 56-75. DOI:10.1108/JSTPM-07-2014-0030
- Aluma, G. M. (2022). Factors Affecting Implementation of Public Private Partnerships in Health Service Delivery in Uganda: A Case of Lira District. *Journal of Public Private Partnership*, 23, 101-123. <https://hdl.handle.net/20.500.12305/630>
- Babbie, E.R. (2017). *The Basics of Social Research*. Cengage Learning.

- Basabih, M. & Rahayu, A. Y. (2022). Hospital services under public-private partnerships, outcomes and, challenges: A literature review. *Journal of Public Health Research*, 11(3), 101-133. <https://doi.org/10.1177/227990362211157>
- Beckett-Camarata, J. (2020). Infrastructure Finance Policy Design and Implementation: Public-Private Partnerships. *Journal of Infrastructure Finance*, 12(1), 41-71. <https://doi.org/10.1108/978-1-83909-654-920201013>
- Bhattacharjee, A. (2018). *Social Science Research: Principles, Methods, and Practices*. Free Press.
- Brey, Z. (2022). Factors influencing Public Private Partnerships in the South African Healthcare Context. *Journal of Public Health*, 12(2), 901-928. <https://doi.org/10.1093/heapol/czw075>
- Carballo-Cruz, F. (2017). Boosting Public–Private Partnership in Infrastructure: PPP Expansion in Colombia. *Journal of Emerging Economies*, 32(1), 439-463. <https://stratfordjournals.org/journals/index.php/journal-of-entrepreneurship-proj/article/view/439>
- Creswell, W. & Creswell, D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage Publications, Inc.
- Devi, P. S. (2019). *Research methodology: A handbook for beginners*. Notion Press.
- Dolla, T. & Laishram, B. (2020). Bundling in public–private partnership projects – a conceptual framework. *International Journal of Productivity and Performance Management*, 69(6), 1177-1203. DOI:10.1108/IJPPM-02-2019-0086
- Ferk, B. & Ferk, P. (2019). Top 10 Reasons Why (Not) and How (Not) to Implement PPPs in the Developing and Emerging Economies. *Developing and Emerging Economies*, 12(3), 3-44. <https://doi.org/10.3390/su14031570>

- Gerstlberger, W. & Schneider, K. (2018). Outsourcing and concession models as door opener for public-private partnerships in the European health sector? *International Journal of Public Sector Management*, 26(7), 554-575. DOI: 10.1108/IJPSM-12-2011-0143
- Ghasemi, M. & Amini-Rarani, M. (2022). Role of Public-Private Partnerships in Primary Healthcare Services Worldwide: A Scoping Review. *Health Scope*, 11(3), 129-146. DOI: <https://doi.org/10.5812/jhealthscope-129176>
- Greenfield, T. & Greener, S. (2016). *Research methods for postgraduates*. John Wiley Sons Limited.
- Health NGOs Network. (2010). *Public Private Partnership in Health Sector*. Government Press
- Hodge, G.A. & Greve, C. (2005). Public-Private Partnerships: An International Performance Review. *Public Administration Review*, 67(3), 545-558. DOI: 10.1111/j.1540-6210.2007.00736.x
- Hoxha, J. (2020). Becoming Collaborative: Policy Networks within the Turkish Health Sector in Turkey. *Becoming Collaborative*, 19(1), 63-93. DOI:10.1108/9781838670948
- Irina, A. N. & Harald, M. (2006). Public-Private Partnerships and Collaboration in the Health Sector An Overview with Case Studies from Recent European Experience. *Journal of project Management*, 12(9), 95-111. <https://doi.org/10.1108/978-1-83867-094-820201006>
- Isiolo County Director of Health. (2014) *Isiolo County Health Strategic Plan 2013-2017*. <https://www.isiolo.go.ke>

- Jensen, M.C. & Meckling, W.H. (1976). Theory of the firm: Managerial behavior, agency costs and ownership structure. *Journal of Financial Economics*, 3(4), 305-360. [https://doi.org/10.1016/0304-405X\(76\)90026-X](https://doi.org/10.1016/0304-405X(76)90026-X)
- Kamau, D. G., & Achuora, J., (2023). Critical Success Factors for Implementation of Public Private Partnerships in Health Projects at the Ministry of Health in Kenya. *International Journal of Management and Business Research*, 5(1), 344-357. <https://grandmarkpublishers.com/index.php/ijmbr/article/view/22>
- Kamugumya, D. & Olivier, J. (2016). Health system's barriers hindering implementation of public-private partnership at the district level: a case study of partnership for improved reproductive and child health services provision in Tanzania. *BMC Health Service*, 16(2), 596-612. <https://doi.org/10.1186/s12913-016-1831-6>
- Kara, H. (2019). *Creative research methods in the social sciences: A practical guide*. Policy Press.
- Karpitskaya, M. (2019). Public–Private Partnerships and Social Innovation in Belarus. *Entrepreneurship and Global Economic Growth*, 19(2), 193-204. <https://elib.grsu.by/doc/56825>
- Kavishe, N., Jefferson, I. & Chileshe, N. (2018). An analysis of the delivery challenges influencing public-private partnership in housing projects: The case of Tanzania. *Engineering, Construction and Architectural Management*, 25(2), 202-240. <https://doi.org/10.1108/ECAM-12-2016-0261>
- Kenya National Bureau of Statistics (2022). *Demographic and Health Survey 2022*. <https://dhsprogram.com/pubs/pdf/PR143/PR143.pdf>

- Kumar, R. (2019). *Research methodology: A step-by-step guide for beginners* (4th ed.) Sage Publications.
- Kusio, T. (2021). Stakeholders of public-private partnerships in Poland: an analysis of an evolving phenomenon. *International Journal of Organizational Analysis*, 29(6), 1483-1505. <https://doi.org/10.1108/IJOA-08-2020-2384>
- Mallat, A., Vrontis, D. & Thrassou, A. (2021). Patient satisfaction in the context of public-private partnerships. *International Journal of Organizational Analysis*, 29(6), 1395-1422. DOI:10.1108/IJOA-03-2020-2066
- Metsamuuronen, J. (2017). *Essentials of research methods in human sciences*. Sage Publications.
- Ministry of Devolution and Planning. (2013). *Health status in devolved units*. <https://www.devolution.go.ke>
- Ministry of Health. (2012) *Sessional paper No. 6 of 2012 on the Kenya health policy, 2012-2030*. <https://repository.kippra.or.ke/xmlui/bitstream/handle/123456789>
- Ministry of Health. (2013) *Service Availability Readiness Assessment Mapping*. <http://guidelines.health.go.ke/#/category/12/144/meta>
- Miseda, J. O. (2020). Analysis of critical success factors for Health Public-Private Partnerships: A case of the Managed Equipment Services (MES) in Narok County. *Research Policy*, 45(7), 1410–1418. <http://hdl.handle.net/11071/12020>
- Mitchell, M. L., & Jolley, J. M. (2017). *Research design explained* (6th ed). Thomson Wadsworth.
- Mouraviev, N. & Kakabadse, N.K. (2018). Conceptualizing public-private partnerships: A critical appraisal of approaches to meanings and forms. *Society*

and Business Review, 11(2), 155-173. <https://doi.org/10.1108/SBR-04-2016-0024>

Mourgues, T. & Kingombe, C. (2019). How to Support African PPPs: The Role of the Enabling Environment. *Public–Private Partnerships in Developing and Emerging Economies*, 42, 269-310. DOI:10.1080/15623599.2021.1892947

Muchilwa, R. (2023). Public private partnerships could cure Africa's healthcare challenges. *Journal of Financial Economics*, 3(4), 305-360. [https://doi.org/10.1016/0304-405X\(76\)90026-X](https://doi.org/10.1016/0304-405X(76)90026-X)

Mukherjee, S.P. (2020). *A Guide to Research Methodology: An Overview of Research Problems, Tasks and Methods*. CRC Press.

Munyoki, M., & Nasieku, T. (2021). Public-Private Partnerships and the Healthcare Sector Performance in Kenya. *Advances in Social Sciences Research Journal*, 8(9), 339–362. <https://doi.org/10.14738/assrj.89.10841>

Nishtar, S. (2004). Public – private 'partnerships' in health – a global call to action. *Health Res Policy System*, 5(4), 7-9. <https://doi.org/10.1186/1478-4505-2-5>

Njoroge, M. W. (2022). Effect of Public Private Partnership on Efficiency of Healthcare Services Delivery in Kenyan Public Hospitals: A Case of Public Hospitals in Kiambu County. *Journal of Social Sciences*, 101(5), 341-362. https://iajournals.org/articles/iajhmn_v2_i1_341_362.pdf

Okwilagwe, O.O. (2017). Towards Rethinking Public–Private Partnership Implementation: Insights from the Nigerian Context. *Journal of Emerging Economies*, 29(2), 465-487. <https://doi.org/10.1108/978-1-78714-493-420171001>

- Osei-Kyei, R. & Chan, A.P.C. (2018). Public sector's perspective on implementing public – private partnership (PPP) policy in Ghana and Hong Kong. *Journal of Facilities Management*, 16(2), 175-196. DOI:10.1108/JFM-06-2017-0026
- Osei-Kyei, R., Tam, V. & Ma, M. (2021). Effective strategies for developing retirement village public – private partnership. *International Journal of Housing Markets and Analysis*, 14(5), 821-841. <https://doi.org/10.1108/IJHMA-08-2020-0092>
- Pratici, L. & Singer, P.M. (2021). Public-private partnership in health care organizations. How to cope with complexity issues: a comparative case-study between Italy and the US. *International Journal of Organizational Analysis*, 29(6), 1467-1482. <https://doi.org/10.1108/IJOA-10-2020-2452>
- Sadeghi, A., Bastani, P. & Barati, O. (2020). Identifying Barriers to Development of the Public-Private Partnership in Providing of Hospital Services in Iran: A Qualitative Study. *Evidence Based Health Policy, Management & Economics*, 4(3), 162-171. DOI:10.18502/jebhpme.v4i3.4162
- Saunders, M., Lewis, P. & Thornhill, A. (2016). *Research methods for business students*. Pearson Education.
- Sileyew, K. (2019). *Research Design and Methodology*. Intechopen.
- Sinisammal, J. & Hyrkäs, E. (2018). Entrepreneurs ' perspective on public-private partnership in health care and social services. *Journal of Health Organization and Management*, 30(1), 174-191. DOI: 10.1108/JHOM-02-2014-0039
- Stokes, P. & Wall, T. (2017). *Research methods*. Macmillan International.
- Visconti, R.M. (2019). Public–Private Partnerships for Sustainable Healthcare in Emerging Economies. *Journal of Emerging Economies*, 43(2), 407-437. <https://doi.org/10.3390/su11133748>

- Wang, K. & Sankaran, S. (2022). Social sustainability in Public–Private Partnership projects: case study of the Northern Beaches Hospital in Sydney. *Engineering, Construction and Architectural Management*, 29(6), 2437-2460. DOI:10.1108/ECAM-10-2020-0835
- World Bank. (2010). *Private Health Sector Assessment in Kenya*. <https://openknowledge.worldbank.org/handle/10986/5932>
- World Health Organization. (2006). *Working together for Health*. <https://apps.who.int/iris/handle/10665/43432>
- World Health Organization. (2010). *Health Systems Financing; The path to Universal Coverage*. <https://apps.who.int/iris/handle/10665/44371>
- World Vision. (2009) *Health Services in Arid and Semi-arid underserved regions; enhancing partnership*. <https://www.wvi.org/kenya/integrated-management-natural-resources-resilience-arid-and-semi-arid-lands-imara>
- Yaya, R. (2017). Twelve years of scottish school public private partnerships: Are they better value for money? *Journal of Public Procurement*, 17(2), 187-228. DOI:10.1108/JOPP-17-02-2017-B002

APPENDICES

Appendix 1: Consent Form

IMPLEMENTATION OF PPP IN PUBLIC HEALTH SECTOR: A CASE STUDY OF ISIOLO SUB COUNTY

Dear Participant,

You are being invited to take part in a research on the implementation of public-private partnership (PPP) in public health sector. This research aims to understand experiences, perspectives, and challenges related to PPPs in public health sector, specifically focusing on Isiolo Sub County. Before deciding whether to participate or not, it is crucial to understand the objective of research, your role as a participant, and the potential risks and benefits involved.

Research Procedures: If you agree to take part, you will be requested to:

1. Provide information about existing policy framework, coordination mechanisms, training & information sharing on PPP in implementation of PPPs in public health sector in Isiolo Sub County.
2. Share your opinions, challenges, and recommendations regarding PPP implementation in the public health sector.
3. Your participation will require approximately 30 minutes of your time.

Confidentiality: Every information gathered for this investigation will be handled in absolute confidence. Your replies will be presented in aggregate form to maintain anonymity, and your identity will remain private. Data will only be accessible to authorized researchers who are participating in the investigation. All data will be kept in strict confidence and discarded in accordance with the institution's policies.

Voluntary Participation and Withdrawal: You have the freedom to discontinue participating in this research at any time without incurring any fees or losing any of the advantages to which you are entitled. You are free to decide not to respond to a certain question or to stop taking part in the research at any time without giving a reason.

Benefits and Risks: You might not directly profit from taking part in the research in any way. However, your involvement will advance knowledge and understanding of

PPP implementation in the public health sector. There are minimal anticipated risks associated with participation, such as the possibility of discomfort while discussing sensitive or challenging topics. However, the research team will provide necessary support and ensure a safe and respectful environment throughout the study.

Contact Information: In case you have any inquiries, concerns, or require additional information about the research, you can contact [WARIO BORU TORE] at [+254 723 279080]. If you have any questions concerning your rights as a participant, you can get in touch with the [Research Ethics Committee or Institutional Review Board] at Kenya Methodist University.

Consent: I have read and comprehended the information given in the consent form. I have had the chance to ask queries and have gotten good responses. I willingly accept to take part in this investigation of the use of public-private partnerships in the field of public health. I understand that my involvement in this research is fully voluntary, and I am free to leave at any moment with no repercussions.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Researcher's Name: _____

Researcher's Signature: _____

Date: _____

Appendix 2: Research Questionnaire

Research topic: Implementation of PPP in public health Sector; The case of Isiolo Sub County

Introduction and consent

Hallo. My name is Wario Boru and I'm a student at Kenya Methodist University. I'm conducting a study to assess implementation of PPP in health sector in Isiolo Sub County.

Health facility in charges and heads of partnering Nongovernmental organizations or their representatives will be interviewed. This study is a partial requirement by the university towards award of the master's degree program I'm undertaking. I therefore request you to take part in this research.

The information obtained in this research will be handled confidentially and be employed only for academic reasons. Note that some other people might assist me in collection of this information.

I hereby consent to be interviewed-----

Respondent's number-----

Part A: Demographic information

Date-----Name of institution/Organization-----

Age of respondent -----Sex of respondent -----

Respondents position in the organization-----
--

Part B: Implementation of PPP

1. Do you think PPP in health sector is necessary?

☐ Yes ☐ No

2. If yes to 3 above, as an organization are you involved in such partnership arrangement?

☐ Yes ☐ No

3. How much do you agree with the following assertions regarding PPP implementation in Isiolo County? Please use the Likert scale below, where 1 represents strongly disagree and 5 represents strongly agree, and TICK as necessary.

| | | | | | | |
|--|--|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
|--|--|---|---|---|---|---|

| | | | | | | |
|----|--|--|--|--|--|--|
| 1. | The collaboration between public and private sectors in this PPP has been effective in achieving the desired outcomes. | | | | | |
| 2. | The partnership has successfully improved service delivery and access to services. | | | | | |
| 3. | The PPP has demonstrated cost-effectiveness in its operations. | | | | | |
| 4. | The PPP has demonstrated efficiency in its operations. | | | | | |
| 5. | The partnership has effectively utilized and allocated resources to maximize value for money. | | | | | |
| 6. | The PPP project has met stakeholders' expectations regarding its objectives and outcomes. | | | | | |

PART C: Existence of Policy to support PPP in health sector

4. Are you aware of existence of a policy that guides PPP in health care? Yes

No ☐ ☐

5. If yes to 4 above, is the policy from national or local (county/sub County) level?

☐ Local ☐ National

6. Is a copy of the above policy available in your organization? ☐ Yes ☐ No

7. Are you aware of a law on PPP? Yes No ☐ ☐

8. If yes to 7 above, do you have a copy of the law in your organization?

☐ Yes ☐ No

9. Which of the following assertions about the current policy framework that supports PPP in the health sector in Isiolo Sub County do you agree with? Please use the Likert scale below, where 1 represents strongly disagree and 5 represents strongly agree, and TICK as necessary.

| | | 1 | 2 | 3 | 4 | 5 |
|----|---|---|---|---|---|---|
| 1. | The existing policy framework provides clear guidelines and regulations that support implementation of PPPs in health sector. | | | | | |
| 2. | The policy framework adequately addresses the legal and regulatory challenges associated with PPPs in the health sector. | | | | | |

| | | | | | | |
|----|--|--|--|--|--|--|
| 3. | The existing policies encourage innovation and technological advancements in healthcare through PPPs. | | | | | |
| 4. | Policies promote accountability and monitoring mechanisms to ensure the quality of PPPs in the health sector. | | | | | |
| 5. | Existing policies provide mechanisms for addressing social equity and ensuring equitable access to healthcare services through PPPs. | | | | | |

Training on PPPs

10. Have you been formally trained/ Inducted on PPP policy and law?

☐ Yes for both ☐ Yes for policy ☐ Yes for law ☐ No

11. Which of the following assertions about PPP training in the health sector in Isiolo Sub County do you agree with? Please use the Likert scale below, where 1 represents strongly disagree and 5 represents strongly agree, and TICK as necessary.

| | | 1 | 2 | 3 | 4 | 5 |
|----|---|---|---|---|---|---|
| 1. | Stakeholders are training on the fundamental concepts of PPP policy | | | | | |
| 2. | Stakeholders are training on the fundamental concepts of PPP laws | | | | | |
| 3. | There is an annual training on the PPPs in our organization | | | | | |

Information Sharing among Stakeholders

12. Is there information sharing among stakeholders? Yes ☐ No ☐

13. Is stakeholders/partners coordination forum in existence? Yes ☐ No ☐

14. Do the stakeholders meet regularly? Yes ☐ No ☐

15. Are stakeholders meetings scheduled? ☐ Yes ☐ No

16. Which of the following assertions about information sharing among stakeholders in the health sector in Isiolo Sub County do you agree with? Please use the Likert scale below, where 1 represents strongly disagree and 5 represents strongly agree, and TICK as necessary.

| | | 1 | 2 | 3 | 4 | 5 |
|--|--|---|---|---|---|---|
|--|--|---|---|---|---|---|

| | | | | | | |
|----|--|--|--|--|--|--|
| 1. | Relevant information about PPP opportunities is shared promptly to all stakeholders. | | | | | |
| 2. | The information shared in PPP projects is consistently accurate. | | | | | |
| 3. | Stakeholders meetings for PPP projects are consistently scheduled in a timely manner. | | | | | |
| 4. | The minutes of stakeholders meetings accurately reflect the discussions and decisions. | | | | | |
| 5. | The agendas effectively prioritize important topics related to PPP project progress. | | | | | |

PART D: Coordination mechanisms of PPP in the health Sector

17. Is there written Partnership Agreement or Memorandum of Understanding between collaborating parties? Yes ☐ No ☐

18. If yes to 17 above, was it jointly developed by all parties? ☐ Yes ☐ No

19. Does the Partnership Agreement clearly spell out the following? (Tick as appropriate)

☐ Roles & responsibilities of each party

☐ Resource basket of each party

☐ Benefits to all parties ☐ Coordination mechanism ☐ Terms of engagement

20. Do health stakeholders undertake joint planning? ☐ Yes ☐ No

21. If yes to 20 above, is current years plan in place? Yes ☐ No ☐

22. Are performance targets clearly known by all parties? Yes ☐ No ☐

23. Are there forums or meetings held for joint performance reviews?

Yes ☐ No ☐

24. If yes to 23 above, what is the frequency of such review?

☐ Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually

25. Is there a report of outcomes and actions from one of the recent reviews?

Yes ☐ No ☐

26. Is there a joint secretariat to manage the partnership arrangement?

Yes ☐ No ☐

27. Which of the following assertions regarding PPP coordinating systems in the health sector in Isiolo Sub County do you agree with? Please use the Likert scale below, where 1 represents strongly disagree and 5 represents strongly agree, and TICK as necessary.

| | | 1 | 2 | 3 | 4 | 5 |
|----|--|---|---|---|---|---|
| 1. | The coordination mechanisms in place facilitate effective communication and collaboration between public and private partners in health sector PPP. | | | | | |
| 2. | The partnership agreement clearly outlines roles and responsibilities of each partner involved in health sector PPP. | | | | | |
| 3. | The partnership agreement effectively addresses the allocation of risks and liabilities between the public and private partners in the health sector PPP. | | | | | |
| 4. | The health stakeholders' coordination forum provides a valuable platform for communication and collaboration among stakeholders involved in the health sector PPP. | | | | | |
| 5. | Stakeholders meetings are scheduled in a timely manner, allowing sufficient time for preparation and active participation. | | | | | |
| 6. | The agenda for stakeholders meetings adequately covers the relevant topics and issues related to the health sector PPP. | | | | | |
| 7. | The joint planning process in health sector PPP effectively aligns the goals and objectives of the public and private partners. | | | | | |
| 8. | Information sharing among stakeholders in the health sector PPP is timely and accurate. | | | | | |
| 9. | Performance management framework in health sector PPP effectively measures and evaluates the achievement of desired outcomes and targets. | | | | | |

Appendix 3: KEMU Ethical Clearance



KENYA METHODIST UNIVERSITY

P. O. BOX 267 MERU - 60200, KENYA
TEL: 254-064-30301/31229/30367/31171

FAX: 254-64-30162
EMAIL: INFO@KEMU.AC.KE

27TH APRIL, 2017

Wario Boru Tore
HSM-3-4055-3/2011

Dear Wario,

SUBJECT: ETHICAL CLEARANCE OF A MASTERS' RESEARCH THESIS

Your request for ethical clearance for your Masters' Research Thesis titled "Implementation of Public Private Partnership in Public Health Sector: A Case Study of Isiolo Sub County" has been granted to you in accordance with the content of your Thesis proposal.

As Principal Investigator, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the Thesis.
2. Changes, amendments, and addenda to the protocol or the consent form must be submitted to the SERC for re-review and approval prior to the activation of the changes. The Proposal number assigned to the Thesis should be cited in any correspondence.
3. Adverse events should be reported to the SERC. New information that becomes available which could change the risk: benefit ratio must be submitted promptly for SERC review. The SERC and outside agencies must review the information to determine if the protocol should be modified, discontinued, or continued as originally approved.
4. Only approved consent forms are to be used in the enrollment of participants. All consent forms signed by subjects and/or witnesses should be retained on file. The SERC may conduct audits of all study records, and consent documentation may be part of such audits.

5. SERC regulations require review of an approved study not less than once per 12-month period. Therefore, a continuing review application must be submitted to the SERC in order to continue the study beyond the approved period. Failure to submit a continuing review application in a timely fashion will result in termination of the study, at which point new participants may not be enrolled and currently enrolled participants must be taken off the study.

Please note that any substantial changes on the scope of your research will require an approval.

Thank You,





Dr. Wamachi

Chair, SERC

Cc: Dean, RD&PGS



Appendix 4: NACOSTI Permit

| | |
|---|--|
|  <p>REPUBLIC OF KENYA</p> |  <p>NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION</p> |
| Ref No: 156387 | Date of Issue: 11/May/2017 |
| RESEARCH LICENSE | |
|  | |
| <p>This is to Certify that Mr. Wario Boru Tore of Kenya Methodist University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: Implementation of Public-Private Partnership in Public Health Sector: A case Study of Isiolo Sub-county for the period ending : 17/September/2017.</p> | |
| License No: NACOSTI/P/23/27414 | |
| <p>156387</p> <p>Applicant Identification Number</p> |  <p>Director General NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION</p> |
| <p>NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.</p> | |
| <p>See overleaf for conditions</p> | |

Appendix 5: Authorization Letter to Collect Data



REF; ICG/CHD/VOL.7/137/17

Date: 20th May, 2017

TO
Medical superintendent, Isiolo county referral hospital
Administrators/ Facility in charges (Public, Private & FBO) Health facilities
Program officers/Heads of Health NGOs

RE: AUTHORITY TO CONDUCT RESEARCH/ COLLECT DATA

The bearer, **Wario Boru Tore**, ID No. **12429215**, Phone No. **0723279080** is a student at **Kenya Methodist University** pursuing Master of Science degree in Health Systems Management.

Wario is currently undertaking a study as a partial requirement for his master's degree. The thesis topic is **Implementation of public private partnership in public health sector, a case study of Isiolo Sub County**.

The study population is a **census of all public, private & faith-based health facilities and partners/Health NGOs** operating in Isiolo Sub County.

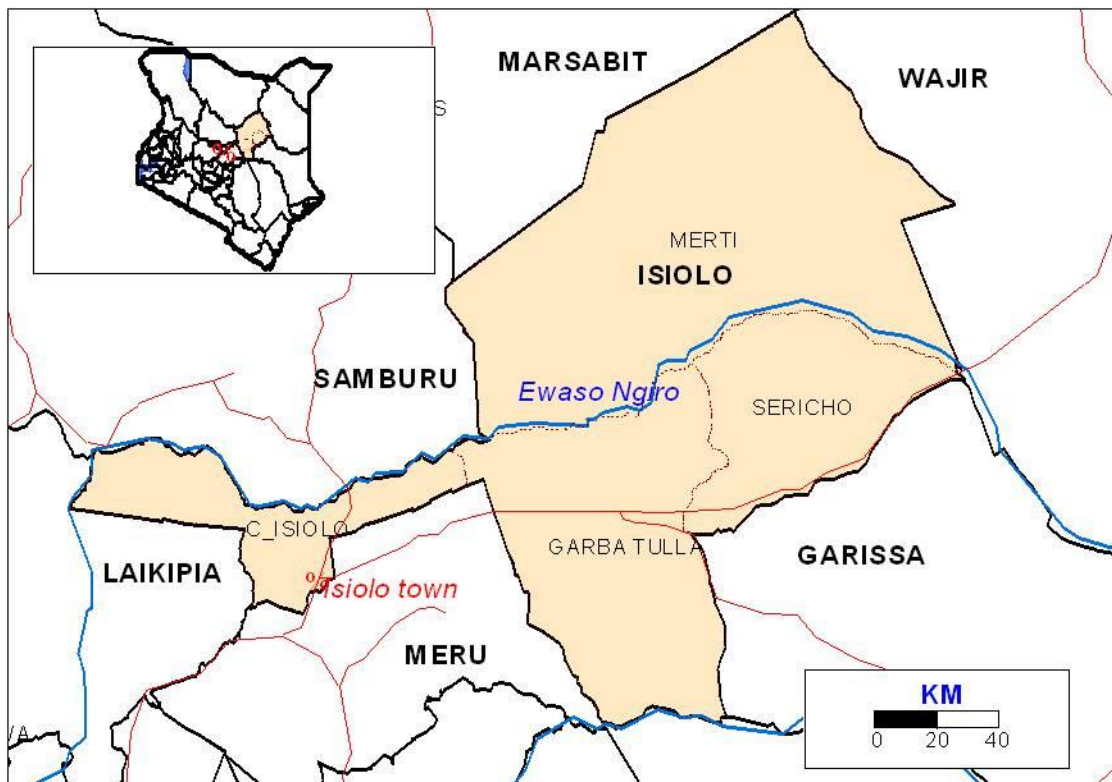
To this end, Wario will visit your organization/institution, engage leadership/respondents and collect data in pursuit of this study.

This is therefore to request you to accord Wario the necessary support to enable him to accomplish the objectives of this study. In addition to pursuit of academic excellence, the result of the study will provide insight to county health department and its stakeholders on strengths & gaps in the existing public private partnership arrangement in health sector & provide suggestions for future improvement.

Yours sincerely

Molu Huka
COUNTY DIRECTOR- HEALTH SERVICES
ISIOLO COUNTY GOVERNMENT

Appendix 6: Map of Isiolo County



Appendix 7: Names of health facilities and NGOs in Isiolo Sub County

| Health facilities | | | NGOs |
|--|--|--|---|
| Public | FBOs | Private | |
| 1. Isiolo district hospital 2. APU dispensary 3. Eremet dispensary 4. GK prison 5. Isiolo complex dispensary 6. Kipsing dispensary 7. Leparua dispensary 8. Kambi juu dispensary 9. Oldonyiro dispensary 10. Ngaremara dispensary 11. Tupendane dispensary | 1. ACK dispensary 2. AIC dispensary 3. Alfalaha dispensary 4. Catholic dispensary | 1. Isiolo central nursing home 2. Matercare hospital 3. Waso clinic 4. Iqra nursing home 5. Isiolo medical centre 6. Isiolo county nursing home | 1. Aphia plus Imarisha 2. FH 3. KRC 4. IMC 5. PSI 6. Action Aid 7. World vision 8. UNICEF 9. Pastrolist women |