

**INFLUENCE OF PUBLIC PRIVATE PARTNERSHIP ON HEALTH CARE SERVICE  
DELIVERY: A CASE OF GITHURAI 45 COMMUNITY LIFE CENTER PROJECT  
IN KIAMBU COUNTY, KENYA**


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Award of Master of Arts Degree in Project Planning and Management of the University  
of Nairobi**

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**DECLARATION**


This research project is my original work and has not been presented to any other University for any award.

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The research project has been submitted for examination with my approval as university supervisors.

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## **DEDICATION**

I dedicate this piece of work to my loving mum Mrs. Anastasia Nyasetia my sister Caroline Mosoba and my brother Eric Ototi. May God bless you.

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## **ABBREVIATIONS AND ACRONYMS**

CLC	Community Life Center
DBOT	Design, Build, Operate and Transfer
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
MDG	Millennial development Goal
OECD	Organization for Economic Co-operation and Development
PIU	Project Implementation Unit
PFI	Private Finance Initiative
PPIP	Public Private Integrated Partnership
PPP	Public Private Partnership
ROI	Return on Investment
SDG	Sustainable Development Goals
SSA	Sub-Sahara Africa
SUO	Standard Unit of Output
VFM	Value for Money
UK	United Kingdom
UN	United Nation

## ABSTRACT

Health sector projects within Kiambu County are faced with financial, Technical and human resource challenges resulting from increased cost of goods, staffing, and budget. However, in spite of the government financial and human resources support through the Public Private Partnership strategy, it is not certain if the community has gained substantial improvement in their livelihood with regard to service delivery. The purpose of the study was to investigate the influence of Public Private Partnership on Health Care Service Delivery: A Case of Githurai 45 Community Life Center Project in Kiambu County. The study's objectives were to determine the influence of PPP's financial, technical, human and managerial support on service delivery in the health sector. The study was grounded on two theories namely: Stakeholders Theory and the Transaction Cost Theory. The study adopted descriptive survey research design and relied mostly on primary data sources. The study's target population was the staff working at Githurai 45 CLC project, which included residence doctors, technical staff, community health care nurses, community health workers, Ministry of Health officials and project beneficiaries, totaling to 300 respondents. The sample size for the research study that was a representative of the target population was 169 respondents, derived using Krejcie and Morgan table. This study adopted purposive sampling and stratified random sampling due to the heterogeneous nature of the target population. A questionnaire and an interview guide were used as the study's research instruments. The quantitative data was coded by the SPSS tool and the descriptive statistics was analyzed by the use of arithmetic means, standard deviation, frequencies and percentages. Inferential statistics using Pearson Moment Correlation was computed to measure the influence of the independent variables on the dependent variable. Data was presented in tables. Qualitative data obtained from the interviews was analyzed according to themes, and constructs aligned to the research objectives. Content analysis identifying similarities and differences that emerged during the interviews were identified. Secondary data obtained from published books, scientific dissertations, peer-reviewed journals and other related scholarly publications were augmented with the primary data. From the study findings, the healthcare service delivery attained a composite mean of 3.141 and standard deviation of 2.850. On the theme of PPP managerial support, the composite mean and standard deviation was found to be 3.516 and 3.195 respectively. On the theme of PPP human support, the composite mean and standard deviation was found to be 2.847 and 2.547 respectively. On the theme of PPP procurement support, the composite mean and standard deviation was found to be 3.280 and 2.939 respectively. On the theme of project PPP financial support, the composite mean and standard deviation was found to be 3.426 and 3.113 respectively. The values of Pearson Correlation Coefficient were found to be ranging from 0.730 to 0.876, indicating that there was a positive correlation between the independent variables and the dependent variable. The study concluded that PPP managerial support, human support, procurement support and financial support influence healthcare service delivery. The study recommended that the financiers should ensure that funds are available and adequate for operations. It also recommended that health project technical staff should have a corresponding technical qualification. The study findings recommended that the government and private partners should work on a modality to ensure that the procurement process is not long and complex. Finally, the study findings recommended that the management should ensure the smooth operations of the projects. Areas for further research were identified

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of the Study

The Public Private Partnership (PPP) is a cooperation between the government and the non-government sector to provide service delivery or construction of infrastructure projects, whereby the private companies provide public services and then transfer ownership to the government (Colla, Hellowell, Vecchi & Gatti, 2015). In order to renovate, build or operate a building or a system, the government contacts the private sector. The government maintains control of the project, and additional decision rights on how the project will be completed are granted to the private sector (PPP Act, 2013). The limited resources, however, cannot be stretched by governments, hence the need for PPP to bridge the gap. Microeconomic dislocation in the 1970s and 1980s, much of the government was dealing with high debt and thus needed to adjust the public procurement mode (Atkinson, 2014). Financing a project through a public-private partnership will make it possible to complete a project faster or to make it an incentive in the first place. Private investment in public facility procurement has been promoted by the majority of the government (Jim, 2019). The first proposal to promote a public-private relationship was the Private Finance Proposal (PFI) in the United Kingdom (UK). Actually, 24% of public spending is paid for by the UK's PPPs (World Bank, 2019). This is achieved in the expectation that the disparity between need and availability of medical services facilities will decrease in the growing mismatch.

The Private Finance Initiative (PFI) model has been adopted by several Organization for Economic Cooperation and Development (OECD), developed and average-earning countries, in which the non-governmental sector bears the responsibility for catering for the infrastructure, which is inclusive of fully-equipped hospitals, whereas the public sector can provide the other core health services (Jim, 2019). In Australia, the PPP model has been preferred by the powers-that-be, with the non-governmental sector shouldering responsibility for full-service delivery. An example is New Midland Health campus undertaking with 310 municipal beds (plus 60 private beds), (Perrow, 2016). This form of collaboration is important because not only the scarcity of up-to-date implements, but also the shortage of specialists is the subject of the issue (Williamson, 2011). All of these variables balance each other to ensure that the health system operates smoothly. The growing number of foreign private health organizations with close links to the private sector in the United States makes it very clear that the counts of such collaborations will increase dramatically in the days to come (Thadani & Khushbu, 2014). Since 1997, the City of Valencia has fundamentally changed the way public health care system is given in Spain. The Public-

Private Integrated Partnership (PIIP) paradigm has made it possible for almost 20 percent of the populace to attain a substantial return on its own health ventures, while raising accessibility to high-standard medical services, extending and improving health facilities, and fostering innovative practices to enhance healthcare management (Sosa, Brashers, Foong, Montagu and Feachem, 2016). By experimentation with various models to satisfy its increasing healthcare needs, Peru has shown creativity in its approach to health PPPs. Three healthcare PPP ventures have been awarded to Peru to date, all at the state level (Lileu, 2016). The design and clinical operations of new hospitals, each one with corresponding primary and immediate care facilities, were involved in two programs. Both projects implement the DBOD PIIP scheme and have been based in the metropolitan region of greater Lima. In the Sabogal and Rebagliati networks, each hospital extended insurance to 250,000 benefactors, respectively. A similar DBOD scheme was followed by the third initiative, but it included the renovation of an old abandoned high-rise building into an outpatient care facility. The fresh centre was set up with the aim of providing coverage for around 4 million benefactors, according to Torchia and Calabr'o (2018).

Chile tendered its first healthcare PPP projects in 2009, and tendered three additional replacement hospitals in 2014 (Bataringaya & Lochoro, 2012). In an attempt to accomplish global health care coverage, Colombia was among the pioneer nations in Latin America to adopt health care bill. The government enacted a law 100 in 1993, that changed the way the health care system was financed, required individual participation in a medical insurance plan and consolidated diverse social welfare, public and private healthcare programs all under social security system for general health (Sinisammal, 2016). In 2005, Mexico implemented its first ever healthcare PPP pilot program and tendered a total of 10 projects over a 10-year period. At the federal level, four of the projects were financed, and then at the national level, six. All programs in Mexico come under the conventional DBOT system and include medical equipment and distribution of services (Estache & Philippe, 2012). According to healthcare PPP project study by Becton and Dickinson (2017), the US spent US\$ 18 million between 2007 and 2012 to improve national laboratory technologies in eight African countries seriously affected by HIV / AIDS and TB. As a direct consequence, advances in multidrug-resistant TB detection, patient care, and clinical outcomes have indeed been made by improving professional skills, creating protocols, and preparing referral networks (De & Mangano, 2013). For instance, in Uganda, Nsawe, (2018) noted that the healthcare PPP projects initiated by the US government took to training 120 laboratory laborer's on antiretroviral remedy and upscaled valuable services of management in laboratories that attend to close to 100,000 people. According to Williamson (2011), it has been noted that in the African states such as Mozambique, Rwanda and Burundi, and in Asian states such as Indonesia and Mongolia, the Dutch Government is active in PPPs, investing over EUR 483 billion on thousands of PPP ventures. PPP healthcare projects have shown

a quantifiable, growth oriented, evidence-based model to proliferate the individual abilities of the public and private sectors (Leigland, 2018). The Queen Elizabeth II hospital was upgraded in Lesotho in collaboration with Tšepong, a bring up by Netcare, a South Africa-based group, to design, build, piece-finance and run a 425-bed tertiary hospital and a gateway center adjoining the hospital (Legtong, 2015). Three filter clinics, which would handle patient referrals to that same hospital, were also revamped and re-equipped by the initiative.

Projects involving coalitions between organizations such as the Global Alliance for Vaccination and Immunization, collaborations with independent companies such as the Dutch energy company Nuon in the Mali Rural Energy Services Foundation and Product Creation Collaborations (Williamson, 2011) have been undertaken. Usually, project collaborations are involving a multinational corporation and a contributor, usually research organizations (Gates Foundation, 2019). A common illustration of the above is a scheme of drug donation in which medications are offered no-cost or at a discounted rate to certain foreign organizations for the highly effective use of subsidized rates for HIV / AIDS medications for a particular reason (Metcalf, 2013). Organizations like to build effective methods of providing preventive measures such as vaccines or wellness therapies in addition to this. According to Mohammed (2017), the healthcare partnership initiated in 2001 between the Abbott Fund and the Government of Tanzania aided retool amenities, train personnel, upgrade hospitals, manage patients, and extend HIV / AIDS screening and medication capability in more than 90 hospitals and remote medical centers across the region. It was further noted that, in addition to providing the professional expertise of Abbott volunteers to resolve a number of critical health areas, the Abbott Fund has heavily invested over US\$ 50 million in the program. The PPP has enhanced healthcare services and facilitated health outcomes that have improved.

The 2030 Plan for Sustainable Development, which comprises 17 Sustainable Development Goals (SDGs), was adopted, in September 2015, by the United Nations General Assembly. They are likely to risk moving focus and money away from the goals of national growth. SDG 3 is focused on maintaining safe lives and encouraging well-being for all of all ages. The government needs to upgrade the existing facilities and equip them with the latest technologies and equipment in order to effectively enforce the SDG, and get trained workers to improve the procurement process. Kenya ranks among the top 10 in Sub-Saharan Africa (SSA) in the implementation of PPP programs, with around 64 PPPs currently in the pipeline, health and energy sectors (World Bank, 2019). However, since 1996, private investment has taken place in the public sector, with the health sector benefitting from the schemes. In its feasible development roadmap, Vision 2030, that strives to turn Kenya into a average-earning region, the Government of Kenya (GoK) strongly supports PPPs (GoK, 2018). The government recently passed the 2013 Public Private Partnerships Act. The Act developed regulatory and project creation agencies under

the PPP Act (2013), and outlined the project cycle and procurement methods. The tender process, contract award, and execution phases were also controlled in the law. The United Nations (UN) is convinced that Kenya is a leading representative for timeless development, according to the World Bank (2018), and emphasizes the significance of PPPs in its growth route, and multifaceted organizations are increasingly partnering with GoK and the non-governmental sector to introduce PPPs in the region.

The Githurai 45 Community Life Centre (CLC) project is based in Kiambu's County Githurai 45 area. As an integrated project approach for primary health care and service facilities, launched in June 2014, and offering community development in terms of health care, lighting and safe living perspective. Developed in alliance with the County Government of Kiambu, Kenya and Philips Africa Innovation Center, the project covers an area of about 1,000 m<sup>2</sup>, has the latest solar powered LED lightning technology, relying on 100% of its solar energy and does not rely on the national electricity grid, Ministry of Health, Kiambu County Report (2019). The report further indicated that the Githurai 45 CLC project is evidence of the notion that grants accessibility to health care, makes after dusk communal, academic and business activities and improves the asylum and security of the community. A crucial point of interest of the CLC project is to deal with infant mortality and improve maternal health care, adjourned to the current UN Millennium Development Goals 4 and 5. With the latest diagnostic medical equipment that enhances diagnosis, the facility has been built and the medical staff have been qualified. In that culture, the facility caters for a population of over 46,000 people. Since the opening of the center, there has been a remarkable rise in the use of services in the facility. The average number of clients seen in the prenatal clinic each month increased by 14 times after the launch of the CLC compared to the period between January 2013 and May 2014, according to the Ministry of Health, Kiambu County Report (2019). The Philips Africa Innovation Hub Report (2020) reported that the general outpatient department for curative services has the highest number of patients registered. In 2018, an average of 3,886 patients were seen monthly, with a minimum of 3,138 in April and a maximum of 4,517 in July. The report added that within the first 18 months of the launch, the monthly number of women attending prenatal care visits increased from six to 94. The overall number of patients accessing the CLC rose from 900 to 4,080 per month during the same period. An average of 158 ultrasound examinations have been performed every month since the launch, with a minimum of 149 in December 2016 and a maximum of 283 in April 2018 (Ministry of Health, Kiambu County Report, 2019). This has further demonstrated that with less than \$10 per person per year, at the primary level, quality healthcare service delivery can be achieved.

The CLC strategy enables the country to operate concurrently on other U.N. Sustainable Development Goals on health and well-being, not just SDG 3. Solar power provides health care facilities with a reliable supply of clean energy. Long lasting outdoor and indoor LED lighting allows for extended opening hours

and provides patients and employees with security. The CLC also supports local socio-economic programs and facilitates community growth. The health center has however faced many challenges in terms of minimal budgetary allocation to the health sector, technical, procurement, human resources and the high number of non-communicable diseases and emerging pandemics like Cancer, HIV and the COVID 19, making it hard for the government to sustain the health sector. The study has therefore evoked the need to investigate the influence of PPP financial, technical, human and managerial support on service delivery in Githurai 45 CLC project.

## **1.2 Statement of the Problem**

In implementing various projects in the public sector, PPP healthcare projects are significant. The success of PPPs in healthcare is critical because the model helps to achieve cost efficiencies, tapping into the ability of the private sector for productivity, creativity, risk management, technological competence, economies of scale, and management. In Kiambu County, health sector projects face financial, technological and human resource challenges resulting from increased products, personnel, and budget costs (Ministry of Health, Kiambu County Report, 2019). According to the same report, the county has initiated PPP projects in the areas of health, agriculture, education, among others, with the goal of enhancing the provision of services to the general population. Despite national and budgetary and human resource support through the Public Private Partnership strategy, the running of these projects is not certain whether the community has significantly improved its livelihoods, mainly hospital outputs, such as prenatal care, outpatient department attendance, admissions, immunization, examination and delivery, in terms of service delivery (Philips Africa Innovation Hub Report, 2020). In addition, it is not known about the Typical Unit of Production (SUO) and its relationship with human capital, medication costs, overall costs and user fees (Ministry of Health, Kiambu County Study, 2019). Whether society has improved livelihood in service delivery is a vital awareness gap that needs to be tackled. Failure to consider the positive effect of PPP on the livelihood of the community will jeopardize future government projects. The study therefore aimed to bridge the information gap by investigating the influence of PPP on health care service delivery: A case of Githurai 45 CLC project in Kiambu County.

## **1.3 Purpose of the Study**

The purpose of the study was to investigate the Influence of Public Private Partnership on Health Care Service Delivery: A Case of Githurai 45 Community Life Center Project in Kiambu County.



## **1.4 Objectives of the Study**

The study's objectives were as follows:

1. To determine the influence of PPP financial support on health care service delivery in Githurai 45 Community Life Center project in Kiambu County
2. To establish the influence of PPP human resource support on in health care service delivery in Githurai 45 Community Life Center project in Kiambu County
3. To determine the influence of PPP procurement support on in health care service delivery in Githurai 45 Community Life Center project in Kiambu County
4. To assess the influence of PPP managerial support on in health care service delivery in Githurai 45 Community Life Center project in Kiambu County

## **1.5 Research Questions**

The study sought to answer the following research questions:

1. What is the influence of PPP financial support on health care service delivery in Githurai 45 CLC project in Kiambu County?
2. What is the influence of PPP human resource support on health care service delivery in Githurai 45 CLC project in Kiambu County?
3. How does PPP procurement support influence health care service delivery in Githurai 45 CLC project in Kiambu County?
4. How does PPP managerial support influence health care service delivery in Githurai 45 CLC project in Kiambu County?

## **1.6 Significance of the Study**

The study hoped that the PPP 's impact on community access to healthcare services and healthcare facility service delivery with the PPP model would be addressed and the findings found useful in health care service delivery.

The study generated proof in support of the efficacy of PPP public-private partnerships in the delivery of healthcare services. It is hoped that the study would provide intellectual information to those who want to further study the same subject, record and alert on health PPP models, and extract lessons to offer information on present and coming health partnerships and fill the knowledge gap.

### **1.7 Basic Assumptions of the Study**

The study assumed that the selected Githurai 45 CLC healthcare project would represent other healthcare facilities with PPP in place. It is assumed that the data would be collected in a timely manner and the data from a sample size could be generalized to the study's entire population. It was hoped that the management would allow the respondents to respond openly without feeling threatened.

### **1.8 Limitations of the study**

In Kenya's healthcare system, PPP has existed in the national referral hospital and fewer district hospitals or level 5 hospitals. There has been little emphasis on sub-district / dispensary hospitals, so this could lead to less information being collected.

Because of the COVID 19 pandemic, Kenya currently has a shortage of healthcare workers, the research study faced difficulties in having trained staff to respond and the main emphasis was on the pandemic, appointments were booked in advance so that medical staff can have sufficient time to respond to the research instruments. Many officials and workers of government and private companies were working from home including some of the target respondents, which could have impacted the return rate of the questionnaire. The questionnaires were physically administered the via emails and other social media channels, in order to alleviate the situation.

### **1.9 Delimitation of the Study**

The study was on the influence of public private partnership on health care service delivery: A case of Githurai community life center project in Kiambu County. The variables used in the study are PPP financial support, PPP human resource support, PPP procurement support and PPP managerial support. The study target population was project managers, project technical team, project community nurses, project community health workers, Ministry of Health officials and project beneficiaries, totaling to 300 respondents. The sample size that is representative of the target population was 172, derived using Krecjie and Morgan Table (1970). Qualitative and quantitative research design was used for data collection. Qualitative data was coded using SPSS statistical analysis tool and analyzed in arithmetic mean, standard deviation, percentages and frequencies and presented in tables. Inferential statistics which included Pearson correlation was computed to measure the influence of the independent variables on the dependent variable. Qualitative data obtained from the interviews was analyzed according to themes, and constructs aligned to the research objectives. Content analysis identifying similarities and differences that emerged during the interviews was identified. Secondary data obtained from published books, scientific dissertations, peer-reviewed journals and other related scholarly publications were augmented with the primary data.

## **1.10 Definition of Significant Terms**

<b>Githurai 45 CLC Project:</b>	This is an upgraded county dispensary in Githurai 45, established in collaboration with Philips and Kiambu County. It is an improved hospital with all the facilities known as a CLC, which is an open network that provides a comprehensive, community-driven solution to expanding access to primary care. The facility has testing facilities that help medical professionals diagnose the treatment and management of patients, and the facility works on a model that enhances the delivery of health care services.
<b>Health care:</b>	The act of taking preventive or required medical care to prevent / improve the well-being of an individual. This can be done with surgery, medication prescribed, or other adjustments in the lifestyle of an individual. Usually, such services are provided by a health care system consisting of hospitals and qualified practitioners.
<b>PPP Financial Support:</b>	Financial services are delivered by government and private partnerships to make projects possible.
<b>PPP Managerial Support:</b>	The assistance given to the project manager to oversee the PPP process support and take responsibility for it.
<b>PPP Procurement Support:</b>	The assistance provided to projects by both private and public companies in procurement operations.
<b>Private Public Partnership:</b>	This is a long-term government-private sector project to bridge a gap in the provision of government service delivery or the construction of infrastructure.
<b>PPP Human Resource Support:</b>	Relevant workers with sufficient expertise and experience are available to make projects happen through government and private partnerships.

### **1.11 Organization of the Study**

The study contains five chapters; Chapter one contains the background of the study, statement of the problem, purpose of the study, objective of the study, research questions, significance of the study, basic assumptions of the study, limitation and delimitation of the study, organization of the study and definition of significant terms. Chapter two is the literature review which covers Introduction, PPP in provision of public service, Service delivery in health sector, PPP financial support and service delivery in the health care sector, PPP human resource support and service delivery in the health care sector, PPP procurement support and service delivery in the health care sector and PPP managerial support and service delivery in the health care sector, theoretical framework, conceptual framework, summary of literature review and the knowledge gaps. Chapter Three describes research methodology of the study, which comprises of research design, target population, sample size and sampling procedures, data collection instruments, pilot testing of the instrument, validity and reliability of the instrument, data collection procedures and data analysis techniques and ethical consideration. Chapter Four covers data analysis, presentation and interpretation. Chapter Five comprise of summary of the findings, discussion of findings, conclusions and recommendations as well as suggestions for further studies

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter presents a thorough review of the related literature on the influence of public private partnership in the provision of health care services is given in this chapter. It consists of a literature review on the health care service delivery and the themes of the independent variables, which is on PPP's financial, human resource, procurement and managerial support. It has a theoretical framework that provides a theoretical basis underpinning the variables of the study, a conceptual framework that shows the relationship of the variables, a summary of literature review and the knowledge gaps.

#### **2.2 The Concept of Public Private Partnership**

PPPs are a type of long-standing contract by a national section and a private agency where public and private parties invest jointly in public service provision. The long-standing duration of the contract (usually 15 + years); the reciprocal duration of the endowment or contribution of assets; and the risk transfer to the private sector from the public are differentiated from other government private contracts through PPPs (Jim, 2019). The private sector undertakes substantial budgetary, technological and operational risks under a PPP agreement and is kept responsible for specified performance. PPPs offer alternative funding options, infrastructure growth, and service delivery to governments. PPPs will lower risks by making capital investment more attractive to the private sector and ease entry barriers (World Bank, 2016). All Governments regardless of the income of their countries have been steadily pursuing long-term alliances with the private sector over the past three decades to provide in sectors such as transport, energy and infrastructure. In the last 10 years, healthcare alliances have grown more slowly, but have expanded rapidly. From the building of hospitals, to the facilitating with medical equipments or materials, to the provision of medical services, the evolving alliances have covered a variety of health system needs.

Majority of the PPPs function under the design, build, operate and transfer (DBOT) model of from which the infrastructure is the responsibility of the private party as long as the contract still holds. Upon termination of the contract, the government takes back this obligation. It is the responsibility of the private partner to run the hospital while the government holds the role for the provision of healthcare services in the country. The popular type of PPPs in the health sector has been the private finance initiative (PFI) model used to develop many hospitals, according to Barlow and Roehrich (2019). However, more and

more policymakers have recently been considering more aggressive models, such as public-private integrated partnerships (PPIPs), in which the private partner takes responsibility for offering all healthcare services in numerous health facilities (World Bank, 2018). The private partner, including the recruiting and staffing of healthcare practitioners, designs, develops, manages and provides clinical care. Hodge and Greve (2017) observed that PPPs have existed for more than a century, but before the Modern Public Management movement in the 1970s, widespread interest did not arise. There is no agreement about when PPPs correctly got a say in public policy, but from then, the use of PPPs has been globally cyclical (Yu, 2016). Among the major reasons for states to accept PPPs, regardless of when PPPs acquired that foothold, was that it created room for heightened spending in the public domain, particularly when the states face budgetary problems.

Yescomb (2017) suggested that governments can efficiently raise capital for different policy purposes, such as the provision of public infrastructure, to enhance and extend the basic supplying of public goods and services by establishing public-private partnerships (Roehrich, Lewis & George, 2014). Alternatively, for broader long-lasting growth projects such as food electricity access and security especially when states lack governance capabilities, such as below standards institutions, dysfunctional macroeconomic surroundings and underdevelopment (Klein, 2018; Yang & Hou, 2013). The non-governmental entity will take on a critical position in regulating the main infrastructures and services to be delivered by the PPP efficiently and competitively. From such alliances, all the stakeholders involved in the PPP will reap major benefits. The private party, for example, would expect government-supported policies to produce a stable return on investment, while public authorities would benefit from technological experience, productive organizational abilities, cost-effectiveness and private-sector resources (Yang & Hou, 2013). It helps the non-governmental entity, but dependent on the position of the country on the spectrum of public provisioning and privatization, to join previously inaccessible state-run sectors or markets (Pattberg & Widerberg, 2015). These principles are present beyond the academic field and into the field of global growth, as multifaceted foundations such as the United Nations, the World Bank and the EU with a long record of supporting PPPs to support sustainable development (Hall, 2015; Mohieldin, 2018; Yu, 2016). Nonetheless, a growing amount of literature suggests that there is an unclear direct relation between PPPs and sustainable development (Hall, 2015; Leigland, 2018). Klein Mcree, a renowned World Bank PPP expert, vigorously supports PPPs for growth, but has recently claimed that international excitement is unjustified. It will therefore heavily be dependent on the economic, political and social background of the country hosting, where well-governed sectors could perform equally good in terms of the desired results compared to PPPs by well-run governments or entirely private companies (Klein, 2015). In addition, Leigland (2018) sets to establish that assistance in technical matters and capacity building are highly

resourceful for developing countries compared to promoting private involvement by PPPs in the public sphere.

Others claim that, relative to normal public procurement, PPPs are excessively costly (Powell, 2016). Value-for - money (VFM) analysis was proposed to take on a major part of the PPP strategic undertaking when this problem gained growing attention (Yang & Hou, 2013). A VFM study measures the expenses and returns of the project or PPP for the private members, compared to the project accolades for the public members, for instance quality of services and rates for end clients (Leigland, 2018). In order to analyze whether the PPP can actually be justified for practicality, end targets, expenses, and value-for - money, the findings are then compared to standard public procurement. VFM reports, however, do not determine the cumulative effect of PPPs on growth (Estache & Philippe, 2012). In VFM studies, there are reasons why this effect is not considered. It is expensive for the private party and does not produce revenues, so it requires encouragement from the public top powers to undertake analyses like this meanwhile for the public authority; the successful implementation of a project in good time is often favored over long-term development results that are well-considered (Hall, 2015). This challenge is apparent in nations with low to medium incomes, particularly in the face of problems such as low development, financial limitations or political deadlines in the plans undertaken to facilitate the advancement of public infrastructure or services in the hosting nation. The functions of the parties involved are complementary, as the law and regulatory power for advancement project is influenced by the public authorities, while non-governmental operators may bring on board the necessary resources and technical expertise to execute such a project (Yescombe, 2017). In such ways, 'partnership' means that the ups of public agencies, such as social responsibility and transparency, and the ups of private members, such as competition and financial performance, are symbiotically beneficial of the strengths, capital and skills of the various sectors.

### **2.3 The Concept of PPP in Provision of Public Services**

The literature on PPPs is relatively recent, but the definition is ancient. The French were the first to employ PPPs through the private use of public infrastructure funding under the French concession model. In 1663 and 1666 respectively, the Canal de Briare and Canal du Midi were funded and designed in France in this way. France used PPPs to fund its infrastructure, water, power, railways and trams during the 19th and 20th centuries (Grimsey & Lewis, 2015). Although the French may claim to be the founders of PPPs, Britain has accelerated the evolution of PPPs. The roots of PPP can also be found in the turnpikes in the United Kingdom and the USA. A turnpike is a road paid for in full or in part by fees received from tollgates. In 1663, the first British turnpike was built and the first turnpike road was approved in 1785 in

the United States (Grimsey & Lewis, 2015). The rise of Britain as a naval powerhouse in the 16th and 17th centuries was also attributed to private merchant financing. In modern history, the United Kingdom has been at the forefront of creating new approaches to public service delivery involving the private sector. (2018, Carroll). In the growth of PPPs, Canada, Australia and New Zealand are also seen as front-runners.

## **2.4 Health Care Service Delivery**

Healthcare has been considered as a suitable area for the implementation of PPP as an obvious selection of communal infrastructures with growing need (Colla, Hellowell, Vecchi & Gatti, 2015). This model has been relatively widely implemented by European countries to build and deliver healthcare facilities (Barlow, Roehrich, & Wright, 2013). Data from a report on PPP in Infrastructure Delivery by the European PPP Expertise Center (EPEC) indicated that health-care was the biggest PPP industry, with a huge amount of business transactions (Epec Business Update, 2015). Scholars gathered 49 hospital incidents of PPP from the UK and molded an empirical model to emphasize that under circumstances of stability in the political and economic arenas, PPP could achieve value for money in hospital growth (De & Mangano, 2013). However, PPP in healthcare has also faced difficulties in terms of the variety of medical facilities and the difficulty of success measures (Sastouque, Arboleda & Ponz, 2016). A previous study by Gertler and Molyneaux (2017) on the sustainability of PPP healthcare in Italy indicated that the sustainability of PPP healthcare could be ruined by unreasonable and ill-advised growth. Torchia and Calabr'o (2018) stressed a crucial problem, and the health environment has been experiencing a time of immense change relative to other areas, including clinical technology, treatment models, and epidemiological trends; thus, the complexity has been greatly magnified. In effect, four approaches have been concluded for private sector involvement in healthcare delivery through PPP. Firstly, without intense collaboration, private companies provide medical services and nonclinical jobs. Secondly, there is a new project company for the activity of health facilities. Concessions, which were closely monitored by health authorities, were third model (Sinisammal, 2016). Finally, hospital facilities and health care for patients in their place were offered by the private sector.

In Kenya, for example, through small private clinics in rural areas operating with the state-run National Hospital Insurance Fund (Ministry of Health Report, 2018), PPP is credited with an accelerated reduction in infant mortality rates by almost 50 percent, and post-maternal mortality by 50 percent. Over the past two decades, the same relationship has greatly strengthened TB, malaria and HIV and Aids prevention and care (Gates Foundation, 2019). According to the World Bank, in terms of developing systems that promote PPP, Kenya is already in the top ten African countries and is only second to Tanzania in East



Africa (World Bank, 2018) However, much still needs to be done to scale the number of partnerships and projects needed at national level in the public health system and particularly in counties.

## **2.5 Public Private Partnership Financial Support and Health Care Service Delivery**

In a research work done in Germany by Bloomfield (2016) on the difficult business of long-term public-private partnerships using regression analysis on a random sample of five county governments, he concluded that increasing financial support from government grants and modifications in operational efficiency have enabled most amenities to adjust their downstream user fees, enabling productivity. Wright (2013) argues in his study that PPPs would enable state and state entities to undertake project which are feasible as per the overall inter-temporary financial limitations of the government, but cannot be carried out via traditional procurement due to the existence of limited funding, fiscal regulations, or limits on the allocation of agencies in the central budget. In such a scenario, when determining whether to follow the PPP path, value for money ceases to be the singular thing that a government or government agency can put to consideration (Gertler & Molyneaux, 2017). To ensure successful service delivery, this should be taken into careful consideration. According to Green (2019), Malaysia 's funding structure can have detrimental effects on the means health services are delivered. In Cameroon, Litvack and Bodart (2013) found that, without 19 compensatory changes in quality, price increases deter the use of health services for the vulnerable.

In a study conducted by Barlow (2013) on the Private Financing Initiatives (PFI), he argued that in practice the PFI, which typically includes a concession deal, has emerged as a separate means of financing senior capital projects in the health sector by funding facilitated through private partners, leading to improved service delivery. Private consortia take on long-term agreement with the state to fund, develop and, less commonly, operate new ventures or consortiums in the United Kingdom's PFI, which is possibly the easily identifiable illustration, will fund the building of health amenities which leasing by public partners follow to ensure efficient service delivery. PFIs have taken the focus of a rolling debate on the budgetary benefit, their applicability and usage need to be meticulously assessed both as a policy question and on a case-by - case basis, e.g. by determining the overall need for the project, using up-to - date public comparator methods (Sinisammal, 2016). In another Ugandan study conducted by Ssengoba (2020) on the healthcare sector, overall funding for the PNFP sub-sector amounted to only 0.5% of the total expenditure of the health sector in 2018/19, and by 2020 it had risen to 7%. This investment has made a major contribution to the financial security of the health units of the PNFP, thus enhancing the delivery of services. In 2019,

for instance, government support from the PNFP conditional grant accounted for approximately 30 percent of the PNFP health units' budgetary requirements, leading a long way to better health care facilities (Bataringaya & Lochoro, 2012). The prospect of bringing in new sources of funding to finance public infrastructure and service needs in order to boost service delivery is a crucial reason for the government of Kenya to explore public private partnerships (Ministry of Health Report, 2018). The main mechanisms for infrastructure projects, the main investors in developing countries, the restricted sources of funding for land, debt, equity, etc., the traditional structure of project financing and the key issues arising from the production of transactions financed by projects should be understood. To measure the financial potential of a public-private relationship, often governments use an audience.

## **2.6 Public Private Partnership Human Resource Support and Health Care Service Delivery**

To turn the employment structure into one driven by demand, the U.S. Several programs have been initiated by the Department of Labor: The high growth career training program, the community-based grants for job training and the creativity of the workforce in the regional economic development program (Douglas, 2010). A vital aspect in all these programs is good public-private partnerships. According to a report by Adhazi (2014) on staff in global health sustainability, all countries are equally worried from the human resource (HR) dimensions of health sector issues in service delivery. The extreme and urgent shortage of workers has been widely reported by influential people in the field of health development, such as WHO, GHWA, and various international agencies, think tanks, associations, and members of civil society (Grimsey & Lewis, 2015). The unavailability of staff contributes to the scarcity of health services. The lack of health workers holds out as the major factor to a global health sector chaos in a lot of countries in Europe as well as in Africa, whether emerging or developing, leading to low service quality (Gertler & Molyneaux, 2017). Its severe consequences are intertwined with the scarcity of medical workers encountered by developing nations.

The international background of liberal association of staff and capital can have an impact on national-level health sector empowerment strategies. Alternative research emphasizes on this being a grain of sand in a sandstorm: constant underfunding of the systems of public health, a backdrop of poor finance development, poor working circumstances and infrastructures, unproportionate wages are subject to examination, whilst a pattern of professional workers deference to highly appealing and motivating working and living surroundings overwhelms all nations. It sticks out to be a legitimate issue that sparks a solid debate on the applicability of policies and the validity of foreign demands. Such drive elements also overshadow the ground gained to improve the entire structures (Chen, 2012). Human resource

components in Asian countries represent potential areas where collaborations will improve the results of the entire system, given that goals of coherence, quality and cost-effectiveness have been established and incorporated into a strategic context in advance, thereby enhancing efficient service delivery. The causes of this crisis are well known, as seen previously. The scarcity of HR in the health sector is bounded within the core of the policy motives for improving the health sector (Beck, 2013). The baseline point is as long as insufficient investments carry on, it would be exceedingly difficult to keep health workers in appalling job environments inside structures that fail to efficiently provide their services. In other nations, more desirable job elements can easily be searched for.

In a research on health workers in the public sector in Malawi, Mwesigye (2018) found that the number of physicians fell from 1171 to 964 from 1972 to 1996; in a census ratio exceeding the double from 1:9090 to 1:20228; as the count of nurses gained marginally from 3877 to 4059, the people ratio still gained from 1:2745 to 1:4804. Likewise, the population ratio increased from 1: 3917 to 1: 7431 and 1: 24457 to 1: 29367 for midwives and medical assistants, respectively, leading to a downward facing offering of health services. The investigator further argued that, as of 30 June 2007, the overall number in health employment organized by a trio of medical offices (UCMB, UPMB and UMMB) was 11,114. This is up from 10,000 as of November 2004, by 10 percent. In nearly three years, it is a very minimal increase and therefore much lower compared to a 28 percent increase in the public sector, thus low service delivery. Approximately 4 percent of the PNFP workers, who are enrolled by the districts or employed by the Ministry of Health, were civil servants. Where the number of workers and the proportion of eligible personnel working in PNFP health centres have risen over an extended time, the bulk of the workers has remained undettered. The Kenya Education Sector Support Program (KESSP) has been introduced by the government in partnership with development partners and other stakeholders to resolve key sector concerns, including the need to improve the management and delivery of educational services. This will in fact increase the access, efficiency, equity and importance of education and training. Further investments in the 23 short, medium and long term (GoK, 2018) would be required in order to remain on track towards achieving the goals of the EFA, MDGs and Vision 2030. The short and medium-term investment initiatives to be introduced have been classified into main areas, including: a one-year turnaround strategy; flagship initiatives that are vital to achieving Vision 2030; and initiatives for the Public Private Partnership.

## **2.7 Public Private Partnership Procurement Support and Health Care Service Delivery**

Bidding for the procurement of PPP projects in Canada is costly, according to Austin (2010). Design, contributing to 50-60 percent of the wholesome from around 40 percent in 2005, is also the largest component of bid costs. On the other hand, legal fees have become less significant, falling from 40 percent in 2005 to 12 percent at present. Since services are delivered as required, the success of the procurement process can have a significant impact on efficient service delivery. In the Netherlands, inefficient resources linked to the stop / start existence of the PPP industry are the most significant problems that need to be resolved in association to incompetence in the procurement phase for certain undertakings due to a variety of causes, inclusive of the complexity and shortage of a consistent project rail, prolonged decision communication and lengthy procurement steps. In order to make procurement problems more feasible and thereby boost service quality, the 24 problems should be discussed. According to a study conducted in India by Khanna (2010) on the efficacy of the PPP procurement process, the finding revealed that the procurement process can have a major impact on the magnitude of government enactment expenses and the bid expenses effected by market participants, thereby enhancing the efficient delivery of services. The value for money attained by governments is influenced by high and unnecessary bid costs, with the market placing the expenses to the cost of potential competitive tenders and/or the amount of benefits expected per project.

In order to increase efficient service delivery, German governments should use the most effective procurement method for a project, according to Barlow (2013). The advantages consequences to the importance of incorporating design, building, service, maintenance and finance, and comprehensive legal filing is needed. Focusing on a greater value for money, inclusive of which result from design creativity, ensures the procurement process would be feasible, leading to the efficient delivery of required services. In his research on PPP projects in Africa, Lewis (2018) argued that techniques used in developing countries such as Kenya, Nigeria, South Africa, among others, have enhanced procurement performance, thereby enhancing service quality and reducing bid expenditure. Undeterred sticking to project schedules and the overall evasion of more bid steps, few knowledge criteria, depending highly on the chosen bidder creating his plan before and after commercial closure, and less focus on architectural design and design creativity on the safeguards within the project contract (GoK, 2018). Any mean of significant donation to bid costs, better contract standardization, with 25 agreements being issued to following projects regardless of meaningful reform and less relying as a source of value for money on third party profits or growth gains. In sectors of the economy, this leads to more effective service delivery.

## **2.8 Public Private Partnership Managerial Support and Health Care Service Delivery**

The study findings concluded that the sponsoring authority of PPPs ought to assign a project supervisor to oversee, assist and embrace ownership for the process, according to a report by Smith (2018) on project implementation teams and units. This person would be sponsored by and would lead a team of projects. The main individual guiding the PPP healthcare project were the team, with the project manager at its head. It was developed in Phase 1 (PPP Identification) and stay together in Phase 3 (PPP Procurement) at least until technical closure. Often, such a project team is often referred to as a Project Implementation Unit (PIU). Managerial support supervision can contribute to the effective implementation of services. Harris (2011) claims that both the project manager and the project team members will normally come from the Sponsoring Authority workers in Turkey. In order to increase service delivery, sponsors that already have experience with PPPs can have a PPP team in place or that can be easily reconstituted. Alternatively, explicitly for the project at hand, a team may be formed. This may be permanent team members or a core project management team may be produced with specialists called in as needed from other areas of the Sponsoring Authority. Wright (2013) revealed that the task of project management support is overall, ensuring that the process is implemented on time and involves costs, recruiting consultants, including deciding their terms of reference; managing consultants to ensure that they perform, and reviewing their services and championing the project and submitting the application for approval to ensure Lewis service delivery (2020) Help may be given through the Project Planning Organization, the PPP Cell, or through the participation of technical experts to help enhance the provision of services. In Japan, according to a study by Chen (2012) on the Plans and Procedures of the Project Manager, the project plan, prepared at the beginning of the process by project management help, can be a valuable planning method to ensure improved service delivery. The preparation of the strategy would provide a focal point for the team to think in depth about how the PPP process were conducted. One of the main roles of the PPP project management support and project team is to prepare the PPP production and procurement process in advance so that better services are ensured. Work performed at the start of the process would pay dividends later, since the project team would be more prepared for the next steps and were more able to foresee problems until they occur. The probable performance and efficiency of PPP production and procurement can be improved by this (Ragu, 2011).

## **2.9 Theoretical Framework**

This research was based on two theories: the theory of stakeholders and the theory of transaction costs.

### **Stakeholders Theory**

Edward Freeman first identified the stakeholder theory in 1847. It means that stakeholders in a corporation are hardly among the several stakeholders. Anyone that takes an investment and interest in or affected by the company is active in the stakeholder ecosystem: personnel, activists near the company's facilities, government agencies, suppliers, and more. The theory of Freeman states that the definite prosperity of a business lies in bringing satisfaction to all its stakeholders, regardless of them benefiting from its stock. The qualities of strength, urgency and credibility of claims characterize the stakeholder organization and must be taken care of if managers are to represent the legitimate stakeholders' legal and moral interests (Hwang & Ng, 2013). Thus, the theory of stakeholders includes methods for identifying and managing stakeholders and the relative influence of various stakeholders. It is crucial to bear a vivid picture of what a stakeholder is in order to be able to relate with stakeholders (Rifat & Mohammad, 2014). A stakeholder community consists primarily of shareholders and investors, workers, consumers, vendors, government or public bodies, trade unions and environmental groups.

From the theory presented, it can be argued that the healthcare sector can be described as a complex environment with multiple stakeholders who often have multiple, vague and divergent objectives. No significant evidence, however, has been found that categorically prevents the transfer from the private sector to the public sector of functioning ideas, techniques and theories. Nevertheless, the probability of successful effects of such transfers is believed to be related to the degree of modification to match the goal setting characteristics (Getz & Page, 2016). The theory's key points include recognizing that a number of stakeholders surround any organization or project and that these stakeholders may influence the organization or project. In order to manage an organization or a project with a minimum of confrontation, it is also necessary to consider the interests of key stakeholders. Analysis of stakeholders is particularly useful in mapping a project's primary stakeholders and defining their respective project interests.

Proper participation of all project stakeholders in the implementation of the stakeholder principle to Githurai 45 CLC project ensures that it has an impact on workers and customers in terms of greater competitiveness across the Githurai 45 CLC project. If workers, who are perceived to be stakeholders,

feel as if they are respected, they can work harder and be more effective. This also ensures that their staff and clients will have better retention in the project. If the performance is up, the product or service supplied to the user is enhanced. More customer loyalty comes with that change, especially as they are one of the many stakeholders that the organization considers when making decisions. Customers are often more likely to refer other customers to the business afterwards. Increased investment: All of which would lead to greater financial investment. They, too, are stakeholders, of course. Although sometimes they are considered to be the only stakeholders or the most important to the Githurai 45 CLC project as they keep their hands on the capital stage, they are really linked to other stakeholders. The value of the project increases as other stakeholders are priced, and investors are more likely to add capital to manufacturing to take advantage of this increased market share. Ethical advantages: The principle of stakeholders drives more than benefit and efficiency. There are also legal advantages of performing it. Companies discover that as their job satisfaction improves, the mental health of the workers is greatly enhanced. It would also improve the social-economic standing of the business in the local community. As one company practices the principle of stakeholders, it generates healthy competition among other companies, where everyone can succeed and help their stakeholders' profit.

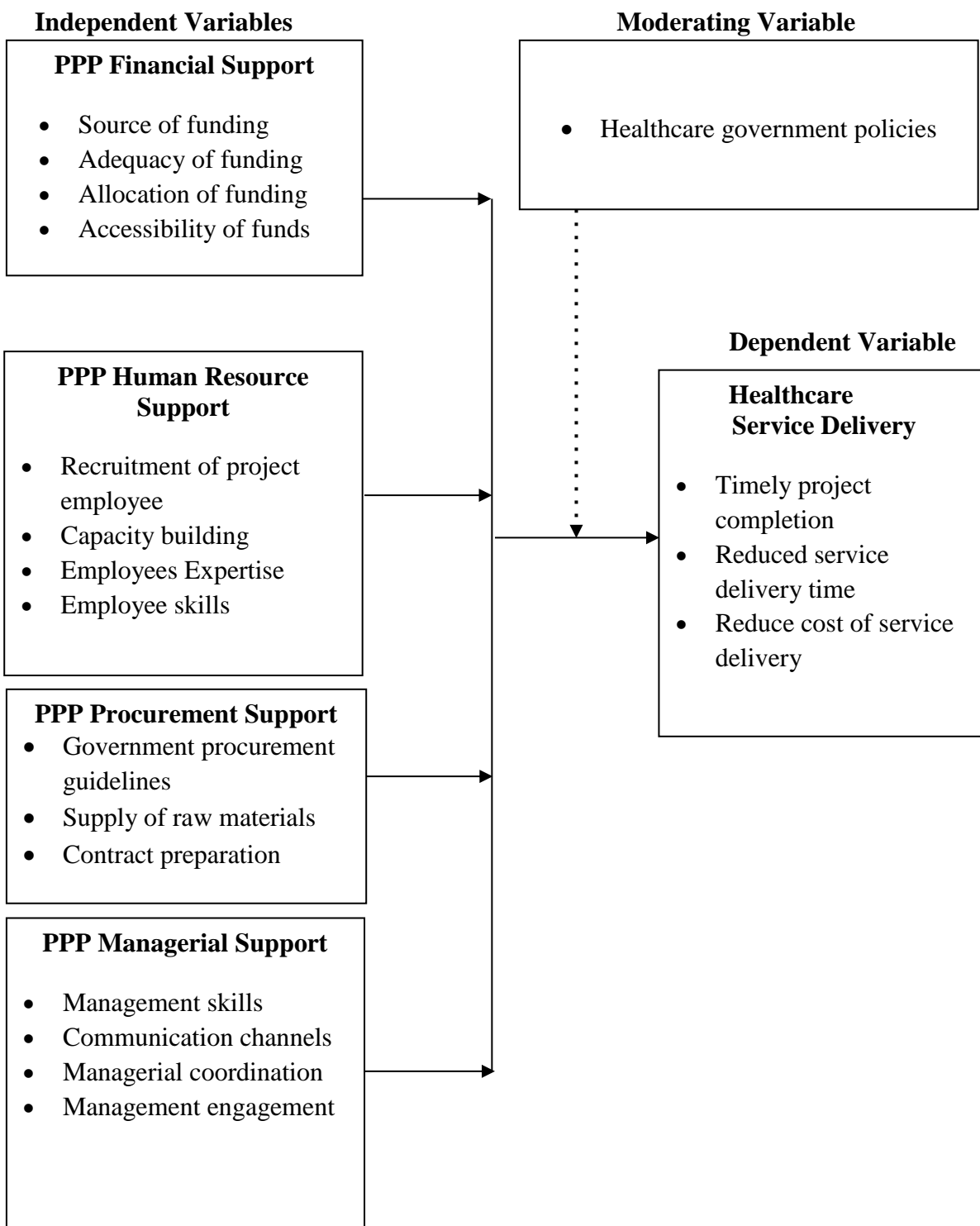
### **Transaction Cost Theory**

In 1937, Coase defined the Transaction Cost Theory. It stipulates that the relative costs of alternative governance systems such as spot market transactions, short-term contracts, long-term contracts, vertical transaction management integration are measured by organizations. The theory of transactional costs argues that contractual agreements are expensive, but costs must be incurred in order to negotiate and compose the terms of the deals, track the contracting party's performance, and implement the contracts. In an environment of confusion, where contractual agreements are too costly, new types of organizations or businesses arise as a way of economizing on transaction costs. In this report, the transaction costs relate to the costs of forming and sustaining a partnership; more precisely, they include the legal, financial and technical consulting costs incurred in the procurement and operating phases of a project by both the public and private sectors. Transaction costs will include costs for managing the bidding process; engaging in it; negotiating the contract between the public sector and the winning bidder; monitoring the compliance of the private sector partner with the contract and also renegotiating the contract during its life-cycle.

## **2.10 Conceptual Framework**

The conceptual framework is a graphical mapping of the interrelationship between various variables. The independent variable is a factor that determines the behavior or result of another variable while the dependent variable is a factor that is capable of determining the effect of the independent variable if observed over time and measured. In this research study, the independent variables are PPP human resource support, PPP financial support, PPP Procurement support and PPP Managerial support while the dependent variable is service delivery in the health care sector. The study's moderating variables was government policy. The research study will aim at finding out if there is a correlation between the variables and whether the factors being investigated will have direct impacts in the service delivery in the health sector.





**Figure 1: Conceptual Framework**

## **2.11 Summary of Literature Review**

The review of literature has produced reoccurring themes emphasizing definition of public private partnership and service delivery. Studies indicating how public private partnership financial support influences service delivery in the health sector has also been presented in the literature. PPPs can allow the government and government entities to undertake projects that are affordable in terms of the overall inter-temporal budget constraint of government, but cannot be undertaken through traditional procurement because of the existence of budgetary limits, fiscal rules or limits to the budgetary allocations of entities from a central budget. In such a case, value for money is not the only thing that a government or government entity should consider when deciding whether or not to take the PPP route. Influence of public private partnership human resource support on service delivery in the health sector. Health personnel shortage remains the key component of a massive health sector crisis suffered in many Europe countries as well as African countries whether emerging or in development which leads to low service delivery Influence of public private partnership procurement support on service delivery in the health sector. Governments should make use of the most suitable procurement approach for a project in order to enhance efficient service delivery. The benefits result in a need to integrate design, construction, operation, maintenance and finance; and require extensive legal documentation. Influence of public private partnership managerial support on service delivery. PPPs should appoint a project manager to oversee, support and take responsibility for the process.

## 2.12 Knowledge Gaps

**Table 2.1 Knowledge Gap Matrix**

Variables	Author(s) & Year	Focus of Study	Findings	Knowledge Gaps
Influence of Public Private Partnership Financial Support in Healthcare Service Delivery	Barlow (2013)	Private Financing Initiatives	PFI also contributed to increased delivery of service.	It was not clear if the same research findings can apply in health service delivery.
	Ssengoba (2018)	Healthcare Sector Services	In 2018/1998, overall expenditure for the PNFP sub-sector amounted to just 0.5% of the total budget of the health sector.	The analysis was conducted in Uganda and the results applied to Uganda's health sector. In Kenya's Kiambu county government budget, comparative analysis can be conducted.
Influence of Public Private Partnership Human Resource Support in Healthcare Service Delivery	Adhazi (2014)	Personnel in Sustainability of Global Health	All countries are similarly concerned with the HR dimensions of health sector issues in service delivery.	It is necessary to perform studies on the shortage of staff contributing to inadequate quality of health services.
	Mwesigye (2018)	Health Workers in the Public sector	The number of doctors fell from 1171 to 9644 between 1972 to 1996.	The analysis failed to capture the period from 1996 to 2020, the current year.
Influence of Public Private Partnership Procurement Support in	Khanna (2010)	The efficiency of the PPP procurement process	The procurement process may have a huge effect on the amount of	The study did not show whether high and unnecessary bid costs influence the value of money

<p>Healthcare Service Delivery</p>	<p>Lewis (2018)</p>	<p>PPP Projects in Africa</p>	<p>government transaction costs.</p> <p>PP techniques, which have increased procurement performance in developing countries such as Kenya, Nigeria, South Africa and others</p>	<p>received by governments.</p> <p>The study did not indicate the strategies used included rigorous adherence to project timetables and the general avoidance of bid stages</p>
<p>Influence of Public Private Partnership Managerial Support in Healthcare Service Delivery</p>	<p>Smith (2018)</p> <p>Chen (2012)</p>	<p>Project Implementation Teams and Units</p> <p>Project Manager's Plans and Procedures</p>	<p>A project manager should be named by the PPP sponsoring authority to oversee, assist and take responsibility for the operation.</p> <p>At the beginning of the process, the project plan prepared by project management support can be a valuable planning method to ensure enhanced service delivery.</p>	<p>The study reveals differences in expertise because it did not touch on the project team and staff's experience and ability.</p> <p>The research, in terms of management support tools, was too broad. It is possible to examine unique project planning tools in the health sector.</p>

<p>Health Sector Service Delivery</p>	<p>EPEC (2015)</p> <p>Gertler and Molyneaux (2017)</p>	<p>PPP in Infrastructure Delivery</p> <p>Italy's sustainability of PPP healthcare</p>	<p>The healthcare industry had the highest PPP growth with a massive volume of business transactions.</p> <p>The sustainability of PPP healthcare could be spoiled by unreasonable and ill-advised growth.</p>	<p>The research was conducted in European countries, so the results of the research cannot be applied to the healthcare sector in Kiambu County.</p> <p>Further studies should be carried out on the global viability of PP health initiatives in order to make the study data useful for potential delivery of healthcare services.</p>
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## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.1 Introduction

The research methodology that was used in conducting the research study is covered in this chapter. It consists of the research design, target population, sample size and sampling procedures, research instruments, data collection procedures, data analysis techniques, ethical considerations and operationalization of variables.

#### 3.2 Research Design

Descriptive survey research design was used. It involved collection of data from one or more populations at a given point in time in order to explain the current characteristics of a sample population. The strength of a descriptive survey was its ability to produce sample population data collection methods that were fast, inexpensive, effective and reliable (Cooper and Schindler, 2006). Qualitative data was collected through performing interviews. This naturalistic inquiry collects data without manipulating the phenomena.

#### 3.3 Target Population

The target population of this study was 300 respondents. They were drawn from the Githurai 45 CLC project staff, Kiambu County's Ministry of Health officials and the project's beneficiaries. These respondents shaped the target population of this study due to their rich understanding of the research subject, having been involved in the delivery of project services and as beneficiaries of Githurai 45 CLC project.

**Table 3.1 Target Population**

Category	Population Frequency
Project Managers	10
Project Technical Team	25
Project Nurses	15
Project's Community Workers	50
Ministry of Health's Project Officials	50
Beneficiaries	150
Total	300

Source: Githurai 45 CLC Report (2020)

### 3.4 Sample Size and Sampling Procedures

Kothari (2004) indicated sampling as the process of obtaining information about the entire population by examining its sample. The sample size for this research study was derived from the target population of 300 respondents.

#### 3.4.1 Sample Size

The sample size for the research study that was a representation of the target population was 169, as extracted from the target population of 300 respondents using Krejcie & Morgan Table (1970).

**Table 3.2 Sample Size**

<b>Strata</b>	<b>Sample Size (n)</b>	<b>Percentage (N /n) * 100 (%)</b>
Project Managers	6	3.48
Project Technical Team	14	8.14
Project Nurses	9	5.24
Community Health Workers	29	16.86
Ministry of Health Officials	29	16.86
Beneficiaries	82	48.52
<b>TOTAL</b>	<b>n=169</b>	<b>100</b>

#### 3.4.2 Sampling Procedures

Due to the heterogeneous existence of the target population, the stratified random sampling methodology were implemented to collect quantitative data for this analysis. The participants were chosen according to their suitability for study participation in each stratum. In order to give each member of the population an equal chance of being chosen, samples were drawn randomly from each sampling unit, thereby eliminating bias (Creswell, 2009). The number of elements from each population sample was dependent on the proportion of the population being studied (Faridullah, 2010). Purposive sampling technique was used to collect qualitative data through interviews, from Githurai 45 CLC Project's Head Nurse, Project's Lead Service Worker, and Kiambu County' Ministry of Health Director. The interviewees were chosen according to the research judgement on their capability to give rich information on the study variables.

### 3.5 Research Instruments

Closed ended questionnaires were used to obtain quantitative data for this study. Questionnaires were appropriate for this research study because the questions are easy to ask, quick to respond and data can be

easily analyzed. It is a versatile way to gather data within a limited period of time from a broad number of respondents (Gay,1996). The questionnaire included an introductory note explaining the purpose of the research study, it was prepared in the English and clear, simple and concise instructions were given for completing the questionnaires. The questionnaires were divided into six sections that were in line with the study objectives, namely: Section A: demographic characteristics of respondents; Section B: service delivery in the health sector; Section C: PPP financial resources support; Section D: PPP human resources support; Section E: PPP managerial support and finally, Section F: PPP procurement support. To collect research data, a Likert scale technique using a five-point scale was used. The respondents were asked to place themselves on an attitude continuum ranging from Strongly Agree = 1, Agree = 2, Undecided = 3, Disagree= 4 and Strongly Disagree =5. Finally, interview guides were used to collect qualitative data.

### **3.5.1 Piloting of the Instruments**

Mugenda and Mugenda (2003) theory guides the selection of the piloting of the research instruments. The theory suggested that depending on the sample size of the study, the piloting sample should be between 1% and 10% of the study sample. 17 questionnaires were used for pilot testing, randomly given to respondents that did not participate in the actual study. The pilot testing was carried out on Kibera CLC project in Nairobi County, because the population of the healthcare service delivery project shared similar characteristics with those of Githurai 45 CLC project in Kiambu county. According to McDaniel and Gates (1996) the pilot testing questionnaire are structured to classify other research items that may be included in the questionnaire as open-ended questions. The questionnaires were administered physically, allowing inquiries to be explained as appropriately as possible and evaluating the interpretation of research questions by the respondents. In order to avoid uncertainty, incoherence or repetition, the questionnaires were drawn up to integrate the input from the pilot respondents. Three experts who were the academic supervisor, lead project manager and one doctor were requested to check the piloting instruments and ensure they collected the required data.

### **3.5.2 Validity of the Instruments**

Validity refers to whether or not the data needed to answer the research question is obtained by the measurement (Somekh & Lewin, 2007). A research instrument would be valid if it genuinely calculates what it is intended to measure and collects data to better reflect the opinion of the respondents (Amin, 2012). Content validity was controlled by consultation with a research supervisor who was a specialist in the area. The validity of the model was defined through the tests of the pilot study. The elements which were not going to be obvious were changed to make them clearer. Recommendations from the supervisor helped with amending the final questionnaire.



### 3.5.3 Reliability of the Instruments

Reliability refers to the stability or consistency of measurement; that is if the test or calculation is applied twice, the same results was obtained (Samekh & Lewin, 2007). It shows the stability and precision with which the definitions are evaluated by the data collection methods. To estimate reliability, repeated measurements were used, with administration of an alternative form method. According to Berg (2001), the use of consistent and systematic lines of questions is important for reliability and for possible replication of the study. Cronbach's alpha was computed to measure the internal consistency reliability for multipoint scaled items in the questionnaires. The value of the rank near +1 and -1 indicate a strong positive or negative correlation between the two samples, respectively. According to Gay, (1996), a reliability coefficient with a score of 0.7 is considered to be the acceptable criterion for scale reliability in the social sciences. For this study, the Cronbach values was found to be ranging from 0.769 to 0.835, revealing a high reliability of the research instruments.

**Table 3.3 Reliability Co-efficient**

Statements Scale	Cronbach's Alpha Value
Management Support	.835
Human Resource Support	.808
Procurement Support	.769
Stakeholders Involvement	.824

### 3.6 Data Collection Procedures

A letter of introduction from The University of Nairobi was obtained and a research permit from NACOSTI subsequently was issued. A survey kit containing a copy of the questionnaire was intended to ensure study autonomy. A questionnaire is a form that features a set of questions designed to gather information from respondents and thereby accomplish the research's objectives (Grewal & Levy, 2010). A cover letter of introduction for each respondent was prepared. A tentative notification to all respondents was made by means of a telephone call or a text message, to inform them of the request for response before sending or emailing the questionnaires. Research instruments were provided to the respondents by the researcher and research assistant who was properly trained. The interviews were conducted face to face, but respondents who were not available for a face to face meeting had a telephone interview option available. Secondary data was obtained from published books, scientific dissertations, peer-reviewed journals and other related scholarly publications

### **3.7 Data Analysis Techniques**

Quantitative data was collected in this research study using questionnaires, prompting descriptive statistical analysis to be used. The data was thoroughly scrutinized for completeness, accuracy and uniformity and then coded. The respondent's data was keyed into the Statistical Package for Social Sciences analytical tool and analyzed using arithmetic mean, standard deviation, percentages and frequencies. Inferential statistics using Pearson Correlation Coefficient was computed to measure the influence of the independent variables on the dependent variable. Qualitative data obtained from the interviews was analyzed according to themes, and constructs aligned to the research objectives. Content analysis identifying similarities and differences that emerged during the interviews were identified. Secondary data obtained from published books, scientific dissertations, peer-reviewed journals and other related scholarly publications was augmented with the primary data.

### **3.8 Ethical Considerations**

Ethical standards were observed while administering questionnaires in order to promote collaborative work, create accountability, trust, fairness and mutual respect. A permit to collect the study data was sought from NACOSTI. All questionnaires had a cover letter seeking permission from the respondent and signed individually. Respondents were assured of their confidentiality. Belmont Report (1979) outlines the four well-known ethical principles that constitute the basis for ethics in research study and which were observed in the course of the study. The principle of non-maleficence, stating that the research must not cause any harm to the respondents or people in general. The principle of beneficence, stating that the work of research should make positive contribution towards people's welfare. The principle of autonomy, stating that the research must respect and protect the rights and also dignity of the respondents and finally, the principle of justice, stating that research benefits and risks should be distributed fairly among people.

### **3.9 Operationalization of Variables**

This section indicates the matrix containing the following: objectives of the study, the study variables, indicators, scale of measurement, data analysis techniques and tools of analysis.

**Table 3.4 Operationalization of Variables**

<b>Objectives of the study</b>	<b>Variables</b>	<b>Indicators</b>	<b>Measurement of Scale</b>	<b>Data Analysis Techniques</b>	<b>Tools of Analysis</b>
To determine the influence of PPP financial support in health care service delivery in Githurai 45 CLC Project in Kiambu County	Public Private Partnership financial support	<ul style="list-style-type: none"> <li>● Source of funding</li> <li>● Adequacy of funding</li> <li>● Allocation of funding</li> <li>● Accessibility of funds</li> </ul>	Ordinal Nominal Interval	Descriptive Statistics Inferential Statistics Content Analysis	Mean S.D Frequencies Percentages
To establish the influence of PPP human resource support in health care service delivery in Githurai 45 CLC Project in Kiambu County	Public Private Partnership human resource support	<ul style="list-style-type: none"> <li>● Employees' Expertise</li> <li>● Employees' skills</li> <li>● Availability of health workers</li> <li>● Recruitment of project employee</li> <li>● Capacity Training of employees</li> </ul>	Ordinal Nominal Interval	Descriptive Statistics Inferential Statistics Content Analysis	Mean S.D Frequencies Percentages
To determine the influence of Public Private Partnership procurement in health care service delivery in Githurai 45 CLC Project in Kiambu County	Public Private Partnership procurement support	<ul style="list-style-type: none"> <li>● Funding of suppliers</li> <li>● Availability of raw materials</li> <li>● Supply linkages</li> <li>● Supply Competencies</li> </ul>	Ordinal Nominal Interval	Descriptive Statistics Inferential Statistics Content Analysis	Mean S.D Frequencies Percentages
To determine influence of Public Private Partnership managerial support in health care	Public Private Partnership managerial support	<ul style="list-style-type: none"> <li>● Management skills</li> <li>● Communication Channels</li> <li>● Coordination</li> <li>● Engagement</li> </ul>	Ordinal Nominal Interval	Descriptive Statistics Inferential Statistics	Mean S.D Frequencies Percentages

service delivery in Githurai 45 CLC Project in Kiambu County				Content Analysis	
	Health Care Service Delivery	<ul style="list-style-type: none"> <li>• Timely project completion</li> <li>• Reduced service delivery time</li> <li>• Reduced cost of service delivery</li> </ul>	Ordinal Nominal Interval	Descriptive Statistics Inferential Statistics Content Analysis	Mean S.D Frequencies Percentages

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION AND INTERPRETATIONS

#### 4.1 Introduction

This chapter contains data analysis, presentations and interpretation of the research findings. The sub themes covered are the introduction, questionnaire return rate, personal information of the respondent, data presentation and summary. The variables used were Public-Private Partnership managerial support, Public-Private Partnership human resource, Public-Private Partnership procurement support and Public-Private Partnership financial support. Quantitative data was coded using the SPSS analytical tool and the descriptive statistics analyzed using arithmetic mean, standard deviation, presented, frequencies and percentages and presented in tables.

#### 4.2 Questionnaire Return Rate

Quantitative data was obtained using semi structured questionnaires. The research study had a sample size of 169 respondents. 169 questionnaires were administered. 133 questionnaires were filled and returned, achieving a return rate of 78.70%. A response rate of 50% is satisfactory, 60% is good, 70% is really good, 80% and above is excellent, (Mugenda and Mugenda, 2003). Questionnaire return rate of 78.70% was really good and therefore appropriate for data analysis. The findings are indicated in Table 4.1.

**Table 4.1 Questionnaire Return Rate**

<b>Research Instrument</b>	<b>Frequency</b>	<b>Percentage</b>
Questionnaires returned	133	78.70
Questionnaires not returned	36	21.30
<b>Total</b>	<b>169</b>	<b>100</b>

#### 4.3 Personal Information of the Respondents

The respondents were requested to indicate the following personal information: Gender, Age, level of education, residence, and duration of residence in Githurai 45.

### 4.3.1 Respondents' Gender

The study sought to determine the respondents' age. The findings are indicated in Table 4.2.

**Table 4.2 Gender of Respondent**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	80	60.9
Female	52	39.1
<b>Total</b>	<b>133</b>	<b>100</b>

From the findings, 60.9% of the respondents were male, forming the majority, while 39.1% were female. The high number of male respondents could reflect gender bias against women being the beneficiaries of community projects.

### 4.3.2 Respondents' Age

The study sought to determine the respondents age. The findings are indicated in Table 4.3.

**Table 4.3 Age of Respondents'**

<b>Age Brackets (Years)</b>	<b>Frequency</b>	<b>Percentage</b>
Below 20	12	9.02
20-30	69	51.88
31-40	44	33.08
41-50	6	4.51
51-60	2	1.50
Above 60	0	0
<b>Total</b>	<b>133</b>	<b>100</b>

From the study findings as shown in table 4.3, 9.02% of the respondents were below the age of 20 years, 51.88% were within the age of 20-30 years, 33.08% were within 31-40 years, 4.51% were within 41-50 years and 1.50% were within 51-60 years of age. The high number of respondents within the 20-30 years age bracket could be because this forms majority of the population of Githurai 45 and therefore could be the major beneficiaries of the project.

### 4.3.3 Respondents' Highest Level of Education

The study sought to determine the highest level of education of the respondents. The results are indicated in Table 4.4.

**Table 4.4 Highest Level of Education**

Highest Level of Education	Frequency	Percentage
Primary School	9	6.77
Secondary School	32	24.06
College	58	43.61
University	34	25.56
<b>Total</b>	<b>133</b>	<b>100</b>

According to the study findings, 43.61% of the respondents went to college, 25.56% graduated from the university, 24.06% reached up to secondary school level and only 6.77% studied up to primary school level. These findings depicted that most of the respondents were educated and understood the questionnaire's line statements.

### 4.3.4 Respondents Residence in Githurai 45

The study sought to determine if the respondents lived in Githurai 45. The results are indicated in Table 4.5

**Table 4.5: Residence in Githurai 45.**

Responses	Frequency	Percentage
Yes	133	100
No	0	0
<b>Total</b>	<b>133</b>	<b>100</b>

According to the study findings, 100% of the respondents indicated they lived in Githurai 45. This is an indication they were familiar with the study topic since the research project is located in Githurai 45 estate.

#### 4.3.5 Respondents' Duration of Residence in Githurai 45

The study sought to determine respondents' duration of residence in Githurai 45. The results are indicated in Table 4.6

**Table 4.6: Duration of Residence in Githurai 45**

<b>Duration (Years)</b>	<b>Frequency</b>	<b>Percentage</b>
Below 1	13	9.77
1-2	25	18.8
3-4	52	39.1
Over 4	43	32.33
<b>Total</b>	<b>133</b>	<b>100</b>

According to the study findings, 9.77 % the respondents indicated their duration of residence in Githurai 45 was less than 1 year, 18.8% indicated they have lived between 1-2 years, 39.1% indicated 2-4 years and 32.33% indicated over 4 years. 71.34% of the respondents have been living in Githurai 45 for at least 3 years, which is a period long enough to monitor the service delivery of the project being studied.

#### 4.4 Health Care Service Delivery

The study sought to determine Health Care service delivery at Githurai 45 Community Life Center project. The study findings are as shown.

##### 4.4.1 Respondents' satisfaction with service delivery at Githurai 45 Community Life Center project.

The study sought to investigate whether the service delivery at Githurai 45 Community Life Center project satisfies the users. The results are indicated in Table 4.7

**Table 4.7 Satisfaction with Service Delivery at Githurai 45 Community Life Center project.**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	37	27.82
No	96	72.18
<b>Total</b>	<b>133</b>	<b>100</b>



The study findings indicated that 72.18% of the respondents are not satisfied with the service delivery at Githurai 45 Community Life Center project. Only 27.82% of the respondents indicated that they are satisfied with how the services are offered.

#### 4.4.2 Health Care Service Delivery at Githurai 45 Community Life Center Project

The study sought to determine the extent to which the respondents agreed with statements relating to service delivery at Githurai 45 Community Life Center project. The respondents were requested to use Strongly agree=5, Agree=4, Neutral=3, Disagree=2, and Strongly Disagree=1. The results are indicated in Table 4.8

**Table 4.8 Health Care Service Delivery at Githurai 45 Community Life Center Project**

<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Mean</b>	<b>S. D</b>
<b>The project was delivered on time</b>	31 (23.31)	46 (34.59)	43 (32.33)	12 (9.02)	1 (0.75)	2.293	1.966
<b>Health care is faced with challenges</b>	0 (0.00)	11 (8.27)	27 (20.30)	47 (35.34)	48 (36.09)	3.992	3.584
<b>Service information is not easily obtained</b>	13 (9.77)	44 (33.08)	9 (6.77)	45 (33.83)	22 (16.54)	3.143	2.904
<b>Service delivery is fast</b>	7 (5.26)	49 (36.84)	18 (13.53)	32 (24.06)	27 (20.30)	3.173	2.915
<b>Interrupted service delivery is experienced</b>	3 (2.26)	8 (6.02)	32 (24.06)	46 (34.59)	44 (33.08)	3.902	3.512
<b>The services offered are at reduced cost</b>	28 (21.05)	42 (31.58)	14 (10.53)	37 (27.82)	12 (9.02)	2.722	2.531
<b>Community does not get value for money</b>	27 (20.30)	35 (26.32)	24 (18.05)	37 (27.82)	10 (7.52)	2.759	2.54
<b>Composite Mean and Standard Deviation</b>						3.141	2.850

The study findings indicated that 34.59% of the respondents disagreed with the statement that the project was delivered on time, 32.33% were undecided, 23.31% strongly disagreed, 9.02% agreed and 0.75% strongly agreed. The statement achieved a mean score of 2.293 and a standard deviation of 1.966 which is lower than composite mean of 3.141 and standard deviation of 2.85, implying that the line item influenced health care service delivery negatively.

On the statement that the Health care is faced with challenges, 36.09% of the respondents strongly agreed, 35.34% agreed, 20.30% were undecided and 8.27% disagreed. The statement achieved a mean score of 3.992 and a standard deviation of 3.584 which is higher than composite mean of 3.141 and standard deviation of 2.85, implying that the line item influenced health care service delivery positively.

On the Service information not being easily obtained, 33.83% of the respondents agreed with the statement, 33.08% disagreed, 16.54% strongly agreed, 9.77% strongly disagreed and 6.77% were undecided. The statement achieved a mean score of 3.143 and a standard deviation of 2.904 which is higher than composite mean of 3.141 and standard deviation of 2.85, implying that the line item influenced health care service delivery positively.

On the statement that Service delivery is fast, 36.84% of the respondents disagreed, 24.06% agreed, 20.30% strongly agreed, 13.53% were undecided and 5.26% strongly disagreed. The statement achieved a mean score of 3.173 and a standard deviation of 2.915 which is higher than composite mean of 3.141 and standard deviation of 2.85, implying that the line item influenced health care service delivery positively.

On the statement that Interrupted service delivery is experienced, 34.59% of the respondents agreed, 33.08% strongly agreed, 24.06% were undecided, 6.02% disagreed and 2.26% strongly disagreed. The statement achieved a mean score of 3.902 and a standard deviation of 3.512 which is higher than composite mean of 3.141 and standard deviation of 2.85, implying that the line item influenced health care service delivery positively.

On the statement that services being offered are at reduced cost, 31.58% of the respondents disagreed with the statement, 27.82% agreed, 21.05% strongly disagreed, 10.53% were undecided and 9.02% strongly agreed. The statement achieved a mean score of 2.722 and a standard deviation of 2.531 which is lower than composite mean of 3.141 and standard deviation of 2.85, implying that the line item influenced health care service delivery negatively.

On the statement that the Community does not get value for money, 27.82% of the respondents agreed, 26.32% disagreed, 20.30% strongly disagreed, 18.05% were undecided and 7.52% strongly agreed. The

statement achieved a mean score of 2.759 and a standard deviation of 2.540 which is lower than composite mean of 3.141 and standard deviation of 2.85, implying that the line item influenced health care service delivery negatively.

#### **4.5. Public-Private Partnership Managerial Support and Health Care Service Delivery**

The study sought to determine PPP managerial support and health care service delivery in Githurai 45 Community Life Center project.

##### **4.5.1 Respondents’ receipt of managerial support in Githurai 45 Community Life Center project**

The study sought to investigate whether the respondents received managerial support in Githurai 45 Community Life Center project. The results are indicated in Table 4.9

**Table 4.9: Receipt of managerial support in Githurai 45 Community Life Center project**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	43	32.33
No	90	67.67
<b>Total</b>	<b>133</b>	<b>100</b>

The study findings indicated that majority of the respondents, 67.67%, did not received managerial support in various operations of the Githurai 45 Community Life Center project. Only a 32.33% of the respondents indicated that they received managerial support.

##### **4.5.2 Statements on Public Private Partnership Managerial Support**

The study sought to determine the extent to which the respondents agreed with statements relating to Public-Private Partnership managerial support and health care service delivery support in Githurai 45 Community Life Center Project. The respondents were requested to use Strongly agree=5, Agree=4, Neutral=3, Disagree=2, and Strongly Disagree=1. The results are indicated in Table 4.10

**Table 4.10: Statements on Public-Private Partnership Managerial support**

<b>Statements</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Mean</b>	<b>S. D</b>
<b>Personnel have management skills</b>	18 (13.53)	32 (24.06)	17 (12.78)	43 (32.33)	23 (17.29)	3.158	2.93
<b>Personnel do not provide specialist advice</b>	30 (22.56)	31 (23.31)	15 (11.28)	41 (30.83)	16 (12.03)	2.865	2.692
<b>Community training programs are offered</b>	26 (19.55)	38 (28.57)	17 (12.78)	36 (27.07)	16 (12.03)	2.835	2.644
<b>Administrative operations are fast</b>	27 (20.30)	51 (38.35)	11 (8.27)	26 (19.55)	18 (13.53)	2.677	2.513
<b>Technical personnel lack equipment</b>	17 (12.78)	31 (23.31)	13 (9.77)	37 (27.82)	35 (26.32)	3.316	3.107
<b>Work supervision leads to efficient service delivery</b>	18 (13.53)	24 (18.05)	14 (10.53)	51 (38.35)	26 (19.55)	3.323	3.083
<b>Service coordination is adequate</b>	20 (15.04)	41 (30.83)	17 (12.78)	32 (24.06)	23 (17.29)	2.977	2.78
<b>Staff engagement is poor</b>	26 (19.55)	24 (18.05)	12 (9.02)	51 (38.35)	20 (15.04)	3.113	2.917
<b>Composite Mean and Standard Deviation</b>						3.033	2.833

On the statement that Personnel have management skills, the findings indicated that 32.33% of the respondents agreed with the statement, 24.06% disagreed, 17.29% strongly agreed, 13.53 strongly disagreed and 12.78 were undecided. The statement attained a mean score of 3.158 and a standard

deviation of 2.930 which is higher than composite mean of 3.033 and standard deviation of 2.833, implying that the line item influenced health care service delivery positively.

Concerning the statement, Personnel do not provide specialist advice, the study findings indicated that 30.83% of the respondents agreed with the statement, 23.31% disagreed, 22.56% strongly disagreed, 12.03% strongly agreed, and 11.28% were undecided. The statement attained a mean score of 2.865 and a standard deviation of 2.692 which is lower than composite mean of 3.033 and standard deviation of 2.833, implying that the line item influenced health care service delivery negatively.

On the statement, Community training programs are offered, the study findings indicated that 28.57% of the respondents disagreed with the statement, 27.07% agreed, 19.55% strongly disagreed, 12.78% were undecided and 12.03% strongly agreed. The statement attained a mean score of 2.835 and a standard deviation of 2.644 which is lower than composite mean of 3.033 and standard deviation of 2.833, implying that the line item influenced health care service delivery negatively.

On the statement, Administrative operations are fast, the study findings indicated that 38.35% of the respondents disagreed with the statement, 20.3% strongly disagreed, 19.55% agreed, 13.53% strongly agreed and 8% were undecided. The statement attained a mean score of 2.677 and a standard deviation of 2.513 which is lower than composite mean of 3.033 and standard deviation of 2.833, implying that the line item influenced health care service delivery negatively.

On the statement, Technical personnel lack equipment, the study findings indicated that 27.82% of the respondents agreed with the statement, 26.32% strongly agreed, 23.31% disagreed, 12.78% strongly disagreed and 9.77 were undecided. The statement attained a mean score of 3.316 and a standard deviation of 3.107 which is higher than composite mean of 3.033 and standard deviation of 2.833, implying that the line item influenced health care service delivery positively.

On the statement, Work supervision leads to efficient service delivery, the study findings indicated that 38.35% of the respondents agreed with the statement, 19.55% strongly agreed 18.05% disagreed, 13.53% strongly disagreed and 10.53% were undecided. The statement attained a mean score of 3.323 and a standard deviation of 3.083 which is higher than composite mean of 3.033 and standard deviation of 2.833, implying that the line item influenced health care service delivery positively.

On the statement, Service coordination is adequate, the study findings indicated that 30.83% of the respondents disagreed with the statement, 24.06% agreed, 17.29% strongly agreed, 15.04% strongly

disagreed, and 12.78% were undecided. The statement attained a mean score of 2.977 and a standard deviation of 2.780 which is lower than composite mean of 3.033 and standard deviation of 2.833, implying that the line item influenced health care service delivery negatively.

On the statement, Staff engagement is poor, the study findings indicated that 38.35% of the respondents agreed with the statement, 19.55% strongly disagreed, 18.05% disagreed, 15.04% strongly agreed and 9.02% were undecided. The statement attained a mean score of 3.113 and a standard deviation of 2.917 which is higher than composite mean of 3.033 and standard deviation of 2.833, implying that the line item influenced health care service delivery positively.

#### **4.6 Public-Private Partnership Human Resource and Health Care Service Delivery**

The study sought to determine PPP human resource support and health care service delivery in Githurai 45 Community Life Center project.

##### **Respondents’ view on whether Githurai 45 Community Life Center project have enough human resource**

The study sought to investigate whether Githurai 45 Community Life Center project have adequate service delivery personnel. The results are as indicated in Table 4.11

**Table 4.11 Human Resource Capacity**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	16	12.03
No	117	87.97
<b>Total</b>	<b>133</b>	<b>100</b>

The study findings indicated that 87.97% of the respondents were of the opinion that the human resource currently available cannot meet the demand in the health-care facility. Only 12.03 % of the respondents thought that the human resource available now is sufficient.

## Statements on Public Private Partnership Human Resource Support

The study sought to determine the extent to which the respondents agreed with statements relating to Public Private Partnership Human resource. The respondents were requested to use Strongly agree=5, Agree=4, Neutral=3, Disagree=2, and Strongly Disagree=1. The results are indicated in Table 4.12

**Table 4.12 Statements on Public-Private Partnership Human Resource**

Statements	1	2	3	4	5	Mean	S. D
<b>Employees have expertise</b>	23 (17.29)	30 (22.56)	24 (18.05)	44 (33.08)	12 (9.02)	2.94	2.703
<b>Staff are not motivated to work</b>	21 (15.79)	19 (14.29)	19 (14.29)	64 (48.12)	10 (7.52)	3.173	2.902
<b>Health workers are available</b>	0 (0.00)	25 (18.80)	13 (9.77)	71 (53.38)	24 (18.05)	3.707	3.313
<b>There is shortage of personnel</b>	1 (0.75)	6 (4.51)	11 (8.27)	49 (36.84)	66 (49.62)	4.301	3.864
<b>Increasing staff increases health care quality</b>	11 (8.27)	13 (9.77)	17 (12.78)	48 (36.09)	44 (33.08)	3.759	3.451
<b>Health service staff are skilled</b>	16 (12.03)	36 (27.07)	17 (12.78)	38 (28.57)	26 (19.55)	3.165	2.941
<b>Community capacity building is offered</b>	41 (30.83)	31 (23.31)	15 (11.28)	30 (22.56)	16 (12.03)	2.617	2.501
<b>Training programs are not available</b>	17 (12.78)	47 (35.34)	12 (9.02)	35 (26.32)	22 (16.54)	2.985	2.777
<b>Composite Mean and Standard Deviation</b>						3.331	3.057

On the statement, Employees have expertise, the study findings indicated that 33.08% of the respondents agreed with the statement, 22.56% disagreed, 18.05% were undecided 17.29% strongly disagreed and 9.02 strongly agreed. The statement attained a mean score of 2.940 and a standard deviation of 2.703

which is lower than composite mean of 3.331 and standard deviation of 3.057, implying that the line item influenced health care service delivery negatively.

On the statement, Staff are not motivated to work, the study findings indicated that 48.12% of the respondents agreed with the statement, 15.79% strongly disagreed, 14.29% disagreed, 14.29% were undecided and 7.52 strongly agreed. The statement attained a mean score of 3.173 and a standard deviation of 2.902 which is lower than composite mean of 3.331 and standard deviation of 3.057, implying that the line item influenced health care service delivery negatively.

On the statement, Health workers are available, the study findings indicated that 53.38% of the respondents agreed with the statement, 18.80% disagreed, 18.05% strongly agreed and 9.77% were undecided. The statement attained a mean score of 3.707 and a standard deviation of 3.313 which is higher than composite mean of 3.331 and standard deviation of 3.057, implying that the line item influenced health care service delivery positively.

On the statement, there is shortage of personnel, the study findings indicated that 49.62% of the respondents strongly agreed with the statement, 36.84% agreed, 8.27% were undecided, 4.51% disagreed and 0.75% strongly disagreed. The statement attained a mean score of 4.301 and a standard deviation of 3.864 which is higher than composite mean of 3.331 and standard deviation of 3.057, implying that the line item influenced health care service delivery positively.

On the statement, increasing staff increases health care quality, the study findings indicated that 36.09% of the respondents agreed with the statement, 33.08% strongly agreed, 12.78% were undecided, 9.77% disagreed and 8.27% strongly disagreed. The statement attained a mean score of 3.759 and a standard deviation of 3.451 which is higher than composite mean of 3.331 and standard deviation of 3.057, implying that the line item influenced health care service delivery positively.

On the statement, Health service staff are skilled, the study findings indicated that 28.57% of the respondents agreed with the statement, 27.07% disagreed, 19.55 strongly agreed, 12.78% were undecided and 12.03% strongly disagreed. The statement attained a mean score of 3.165 and a standard deviation of 2.941 which is lower than composite mean of 3.331 and standard deviation of 3.057, implying that the line item influenced health care service delivery negatively.



On the statement, Community capacity building is offered, the study findings indicated that 30.83% of the respondents strongly disagreed with the statement, 23.31% disagreed, 22.56% agreed, 12.03 strongly agreed and 11.28% were undecided. The statement attained a mean score of 2.617 and a standard deviation of 2.501 which is lower than composite mean of 3.331 and standard deviation of 3.057, implying that the line item influenced health care service delivery negatively.

On the statement, Training programs are not available, the study findings indicated that 35.34% of the respondents disagreed with the statement, 26.32 agreed, 16.54% strongly agreed, 12.78% strongly disagreed, 9.02% were undecided and. The statement attained a mean score of 2.985 and a standard deviation of 2.777 which is lower than composite mean of 3.331 and standard deviation of 3.057, implying that the line item influenced health care service delivery negatively.

#### **4.7 Public-Private Partnership Procurement Support and Health Care Service Delivery**

The study sought to determine PPP procurement support and health care service delivery in Githurai 45 Community Life Center project.

##### **Respondents’ view on the adequacy of the products offered at Githurai 45 Community Life Center project**

The study sought to investigate whether the products offered at Githurai 45 Community Life Center project are adequate. The results are indicated in Table 4.13

**Table 4.13 Adequacy of the services offered at Githurai 45 Community Life Center project**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	3	2.26
No	130	97.74
<b>Total</b>	<b>133</b>	<b>100</b>

The study findings indicated that 97.74% of the respondents were of the opinion that the products offered at Githurai 45 Community Life Center project are not adequate. Only 2.26 % of the respondents thought that the available products were sufficient to meet the community’s health needs.

##### **4.7.2 Statements on Public-Private Partnership Procurement support**

The study sought to determine the extent to which the respondents agreed with statements relating to the Public-Private Partnership procurement support at Githurai 45 Community Life Center project. The

respondents were requested to use Strongly Agree=5, Agree=4, Neutral=3, Disagree=2, and Strongly Disagree=1. The results are indicated in Table 4.14

**Table 4.14 Statements on Public-Private Partnership Procurement support**

<b>Statements</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Mean</b>	<b>S. D</b>
<b>Suppliers are sponsored</b>	3 (2.26)	3 (2.26)	16 (12.03)	85 (63.91)	25 (18.80)	3.955	3.505
<b>There is delay in products offered</b>	7 (5.26)	21 (15.79)	16 (12.03)	63 (47.37)	26 (19.55)	3.602	3.261
<b>The procurement process is efficient</b>	30 (22.56)	66 (49.62)	31 (23.31)	6 (4.51)	0 (0.00)	2.098	1.712
<b>There is reduced quality of products offered</b>	27 (20.30)	38 (28.57)	13 (9.77)	35 (26.32)	20 (15.04)	2.872	2.706
<b>Important equipment is ordered</b>	37 (27.82)	52 (39.10)	21 (15.79)	14 (10.53)	9 (6.77)	2.293	2.085
<b>Supply of raw materials is fast</b>	54 (40.91)	62 (46.97)	14 (10.61)	1 (0.76)	2 (1.50)	1.759	1.398
<b>Contract preparation is time consuming</b>	22 (16.54)	34 (25.56)	17 (12.78)	41 (30.83)	19 (14.29)	3.008	2.799
<b>Procurement guidelines are observed</b>	13 (9.77)	36 (27.07)	10 (7.52)	61 (45.86)	13 (9.77)	3.188	2.907
<b>Composite Mean and Standard Deviation</b>						2.847	2.547

On the statement, Suppliers are sponsored, the study findings indicated that 63.91% of the respondents agreed with the statement, 18.80% strongly agreed, 12.03% were undecided, 2.26% strongly disagreed and 2.26% disagreed. The statement attained a mean score of 3.955 and a standard deviation of 3.505 which is higher than composite mean of 2.847 and standard deviation of 2.547, implying that the line item influenced health care service delivery positively.

On the statement, there is delay in products offered, the study findings indicated that 47.37% of the respondents agreed with the statement, 19.55% strongly agreed, 15.79% disagreed, 12.03% were undecided and 5.26% strongly disagreed. The statement attained a mean score of 3.602 and a standard deviation of 3.261 which is higher than composite mean of 2.847 and standard deviation of 2.547, implying that the line item influenced health care service delivery positively.

On the statement, the procurement process is efficient, the study findings indicated that 49.62% of the respondents disagreed with the statement, 23.31% were undecided, 22.56% strongly disagreed and 4.51% agreed. The statement attained a mean score of 2.098 and a standard deviation of 1.712 which is lower than composite mean of 2.847 and standard deviation of 2.547, implying that the line item influenced health care service delivery negatively.

On the statement, there is reduced quality of products offered, the study findings indicated that 28.57% of the respondents disagreed with the statement, 26.32% agreed, 20.30% strongly disagreed, 15.04% strongly agreed and 9.77% were undecided. The statement had a mean score of 2.872 and a standard deviation of 2.706 which is higher than composite mean of 2.847 and standard deviation of 2.547, implying that the line item influenced health care service delivery positively.

On the statement, Important equipment is ordered, the study findings indicated that 39.10% of the respondents disagreed with the statement, 27.82% strongly disagreed, 15.79% were undecided, 10.53% agreed and 6.77% strongly agreed. The statement had a mean score of 2.293 and a standard deviation of 2.085 which is lower than composite mean of 2.847 and standard deviation of 2.547, implying that the line item influenced health care service delivery negatively.

On the statement, Supply of raw materials is fast, the study findings indicated that 46.97% of the respondents disagreed with the statement, 40.91% strongly disagreed, 10.61% were undecided, 1.50% strongly agreed and 0.76% agreed. The statement had a mean score of 1.759 and a standard deviation of 1.398 which is lower than composite mean of 2.847 and standard deviation of 2.547, implying that the line item influenced health care service delivery negatively.

On the statement, Contract preparation is time consuming, the study findings indicated that 30.83% of the respondents agreed with the statement, 25.56% disagreed, 16.54% strongly disagreed, 14.29% strongly agreed and 12.78% were undecided. The statement had a mean score of 3.008 and a standard deviation

of 2.799 which is higher than composite mean of 2.847 and standard deviation of 2.547, implying that the line item influenced health care service delivery positively.

On the statement, Procurement guidelines are observed, the study findings indicated that 45.86% of the respondents agreed with the statement, 27.07% disagreed, 9.77% strongly disagreed and 9.77% strongly agreed and 7.52% were undecided. The statement had a mean score of 3.188 and a standard deviation of 2.907 which is higher than composite mean of 2.847 and standard deviation of 2.547, implying that the line item influenced health care service delivery positively.

#### **4.8 Public-Private Partnership Financial Support and Health Care Service Delivery**

The study sought to determine PPP financial support and health care service delivery in Githurai 45 Community Life Center project.

##### **Respondents' view on the affordability of products and services offered at Githurai 45 Community Life Center project.**

The study sought to investigate whether the products and services offered at Githurai 45 Community Life Center project affordable. The results are indicated in Table 4.15

**Table 4.15 Affordability of products and services offered at Githurai 45 Community Life Center project.**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	16	12.03
No	117	87.97
<b>Total</b>	<b>133</b>	<b>100</b>

The study findings indicated that 87.97% of the respondents were of the view that products and services offered at Githurai 45 Community Life Center project are not affordable. Only 12.03% of the respondents indicated that the products and services offered are affordable.

##### **Statements on Public Private Partnership Financial Support**

The study sought to determine the extent to which the respondents agreed with statements relating to Public Private Partnership financial support at Githurai 45 Community Life Center project. The

respondents were requested to use Strongly agree=5, Agree=4, Neutral=3, Disagree=2, and Strongly Disagree=1. The results are indicated in Table 4.16

**Table 4.16 Statements on Public-Private Partnership Financial Support**

<b>Statements</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Mean</b>	<b>S. D</b>
<b>PPP is the main source of funds</b>	0 (0.00)	8 (6.02)	12 (9.02)	54 (40.60)	59 (44.36)	4.233	3.796
<b>PPP financial support is expensive</b>	39 (29.32)	47 (35.34)	16 (12.03)	22 (16.54)	9 (6.77)	2.361	2.183
<b>Service funds are available</b>	21 (15.79)	44 (33.08)	12 (9.02)	39 (29.32)	17 (12.78)	2.902	2.698
<b>Health partners assist in funding</b>	2 (1.50)	8 (6.02)	26 (19.55)	53 (39.85)	44 (33.08)	3.97	3.563
<b>The center has inadequate funds</b>	0 (0.00)	9 (6.77)	17 (12.78)	50 (37.59)	57 (42.86)	4.165	3.74
<b>Disbursement of funds by financiers is delayed</b>	0 (0.00)	2 (1.50)	21 (15.79)	69 (51.88)	41 (30.83)	4.12	3.656
<b>Health center face poor accessibility of funds</b>	12 (9.02)	38 (28.57)	8 (6.02)	54 (40.60)	21 (15.79)	3.256	2.994
<b>There is proper allocation of funds</b>	41 (30.83)	46 (34.59)	15 (11.28)	14 (10.53)	17 (12.78)	2.398	2.278
<b>Composite Mean and Standard Deviation</b>						3.426	3.113

On the statement, Public-Private Partnership is the main source of funds, the study findings indicated that 44.36% of the respondents strongly agreed with the statement, 40.60% agreed, 9.02% were undecided and 6.02% disagreed. The statement attained a mean score of 4.233 and a standard deviation of 3.796 which is higher than composite mean of 3.426 and standard deviation of 3.113, implying that the line item influenced health care service delivery positively.

On the statement, Public-Private Partnership financial support is expensive, the study findings indicated that 35.34% of the respondents disagreed with the statement, 29.32% strongly disagreed, 16.54% agreed, 12.03% were undecided, and 6.77% strongly agreed. The statement attained a mean score of 2.361 and a standard deviation of 2.183 which is lower than composite mean of 3.426 and standard deviation of 3.113, implying that the line item influenced health care service delivery negatively.

On the statement, Service funds are available, the study findings indicated that 33.08% of the respondents disagreed with the statement, 29.32% agreed, 15.79% strongly disagreed, 12.78% strongly agreed and 9.02% were undecided. The statement attained a mean score of 2.902 and a standard deviation of 2.698 which is lower than composite mean of 3.426 and standard deviation of 3.113, implying that the line item influenced health care service delivery negatively.

On the statement, Health partners assist in funding, the study findings indicated that 39.85% of the respondents agreed with the statement, 33.08% strongly agreed, 19.55% were undecided, 6.02% disagreed and 1.50% strongly disagreed. The statement attained a mean score of 3.970 and a standard deviation of 3.563 which is higher than composite mean of 3.426 and standard deviation of 3.113, implying that the line item influenced health care service delivery positively.

On the statement, the center has inadequate funds, the study findings indicated that 42.86% of the respondents strongly agreed with the statement, 37.59% agreed, 12.78% were undecided and 6.77% disagreed. The statement attained a mean score of 4.165 and a standard deviation of 3.740 which is higher than composite mean of 3.426 and standard deviation of 3.113, implying that the line item influenced health care service delivery positively.

On the statement, Disbursement of funds by financiers is delayed, the study findings indicated that 51.88% of the respondents agreed with the statement, 30.83% strongly agreed, 15.79% were undecided and 1.50% disagreed. The statement attained a mean score of 4.120 and a standard deviation of 3.656 which is higher than composite mean of 3.426 and standard deviation of 3.113, implying that the line item influenced health care service delivery positively.

On the statement, Health center face poor accessibility of funds, the study findings indicated that 40.60% of the respondents agreed with the statement, 28.57% disagreed, 15.79% strongly agreed, 9.02% strongly disagreed and 6.02% were undecided. The statement attained a mean score of 3.256 and a standard deviation of 2.994 which is lower than composite mean of 3.426 and standard deviation of 3.113, implying that the line item influenced health care service delivery negatively.

On the statement, there is proper allocation of funds, the study findings indicated that 34.59% of the respondents disagreed with the statement, 30.83% strongly disagreed, 12.78% strongly agreed, 11.28% were undecided and 10.53% agreed. The statement attained a mean score of 2.398 and a standard deviation of 2.278 which is lower than composite mean of 3.426 and standard deviation of 3.113, implying that the line item influenced health care service delivery negatively.

#### 4.9 Inferential Analysis - Pearson Correlation Co-efficient

The data on the independent variables, that is, managerial support, human resource support, procurement support and financial support on the dependent variable, health care service delivery, were analyzed using Pearson Correlation Co-efficient and averages for each factor calculated into single variables. The was performed at a confidence interval of 95% and a 2-tailed confidence level of 5% significance. Results are as indicated in the correlation matrix in Table 4.17

**Table 4.17 Correlation Matrix**

Variables		Health Care Service Delivery	Managerial Support	Human Resource Support	Procurement Support	Financial Support
Values / P. Values						
<b>Health Care Service Delivery</b>	Pearson's (R) Sig. (2tailed)	1				
<b>Managerial Support</b>	Pearson's (R) Sig. (2tailed)	.876 .026	1			
<b>Human Resource Support</b>	Pearson's (R) Sig. (2tailed)	.771 .028	.873 .019	1		
<b>Procurement Support</b>	Pearson's (R) Sig. (2tailed)	.824 .022	.731 .021	.645 0.19	1	
<b>Financial Support</b>	Pearson's (R) Sig. (2tailed)	.730 .024	.793 .033	.704 .031	.753 .016	1

The results on table 4.11 indicated that there was a positive coefficient between managerial support (co-efficient of 0.876 and p-value of 0.26), human resource support (co-efficient of 0.771 and p-value of 0.28), procurement support (co-efficient of 0.824 and p-value of 0.22) and financial support (co-efficient of 0.730 and p-value of 0.24) and health care service delivery, with managerial support having the highest influence on health care service delivery, followed by procurement support, human resource support and financial support having the lowest influence on the health care service delivery.



## CHAPTER FIVE

### SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter highlights the summary of findings, discussions, conclusion and recommendations made from the findings. Finally, suggestions for further research are given, made in line with the outcomes of the study.

#### 5.2 Summary of Findings

The study sought to establish the influence of Public Private Partnership in Health Care Service Delivery: A Case of Githurai 45 Community Life Center Project in Kiambu County. The summary of study findings are as follows:

The study findings indicated that 72.18% of the respondents are not satisfied with the service delivery at Githurai 45 Community Life Center project. Only 27.82% of the respondents indicated that they are satisfied with how the services are offered. Overall, 71.43% of the respondents agreed that health care is faced with challenges, scoring the highest mean of 3.992 and a standard deviation of 3.584. 67.67% of the respondents agreed that interrupted service delivery is experienced, the statement having mean score of 3.902 and a standard deviation of 3.512. 44.36% of the respondents agreed that service delivery is fast, scoring a mean of 3.429 and a standard deviation of 3.126. 50.37% of the respondents agreed that service information is not easily obtained. The statement had a mean score of 3.143 and a standard deviation of 2.904. 46.62% of the respondents disagreed that the community does not get value for money, attaining a mean score of 2.759 and a standard deviation of 2.540. 52.63% of the respondents disagreed that the services offered are at reduced cost. The statement scored a mean of 2.722 and a standard deviation of 2.531. Lastly, majority of the respondents (57.9%) disagreed that the project was delivered on time. The statement attained the lowest mean score of 2.293 and a standard deviation of 1.966. The line statements regarding health care service delivery had a composite mean of 3.141 and composite standard deviation of 2.850. Majority of the line statements had mean scores higher than the composite mean implying that each has a positive influence on the health care service delivery at the Githurai 45 Community Life Center Project. Pearson Correlation Co-efficient test showed that there was a positive correlation between managerial support (co-efficient of 0.876 and p-value of 0.26), human resource support (co-efficient of 0.771 and p-value of 0.28), procurement support (co-efficient of 0.824 and p-value of 0.22) and financial support (co-efficient of 0.730 and p-value of 0.24) and health care service delivery, with managerial

support having the highest influence on health care service delivery, followed by procurement support, human resource support and financial support having the lowest influence on the health care service delivery.

The study findings indicated that 67.67% of the respondents received managerial support in Githurai 45 Community Life Center project in terms of supervision, timely implementation, recruitment, oversight and general management. 32.33 % however indicated they did not receive the desired managerial support. Overall, 57.9% of the respondents agreed that work supervision leads to efficient service delivery, with the statement attaining the highest mean score of 3.323 and a standard deviation of 3.083. 54.14% of the respondents agreed that technical personnel lack equipment, with the line statement attaining a mean score of 3.316 and a standard deviation of 3.107. 49.62% of the respondents agreed that personnel have management skills, and the statement attained a mean score of 3.158 and a standard deviation of 2.930. 53.39% of the respondents agreed that the staff engagement is poor, attaining a mean score of 3.113 and a standard deviation of 2.917. Majority of the respondents, 45.87%, disagreed with the statement that service coordination is adequate, attaining a mean score of 2.977 and a standard deviation of 2.780. Majority who formed 45.87% of the respondents disagreed that personnel do not provide specialist advice, attaining a mean score of 2.865 and a standard deviation of 2.692. Most of the respondents, constituting 48.12%, disagreed with the statement that community training programs are offered, attaining a mean score of 2.835 and a standard deviation of 2.644. Finally, on the issue of managerial support, 58.65% of the respondents disagreed that administrative operations are fast, with the statement attaining the lowest mean score of 2.677 and a standard deviation of 2.513. The line statements with mean scores higher than the composite mean implying that each has a positive influence while those with lower mean score implied that each has a negative influence on health care service delivery. The line statements regarding PPP managerial support had a composite mean of 3.033 and composite standard deviation of 2.833.

The study findings indicated that 87.97% of the respondents thought that Githurai 45 Community Life Center project does not have enough human resource. Only 12.03% of the respondents indicated that the human resource currently available at the facility is sufficient to offer the required health care to the community. 86.46% of the respondents agreed that there is shortage of personnel scoring the highest mean of 4.301 and a standard deviation of 3.864. 69.17% of the respondents agreed that increasing staff increases health care quality. The statement attained a mean score of 3.759 and a standard deviation of 3.451. 71.43% of the respondents agreed that health workers are available, the statement attaining a mean score of 3.707 and a standard deviation of 3.313. A majority, 55.64%, of the respondents agreed that staff are not motivated to work, scoring a mean of 3.173 and a standard deviation of 2.902. 48.12% of the

respondents agreed that health service staff are skilled. The statement attained a mean score of 3.165 and a standard deviation of 2.941. 48.12% of the respondents disagreed that training programs are not available. The statement attained a mean score of 2.985 and a standard deviation of 2.777. Overall, 42.1% of the respondents agreed that the employees have expertise. The statement attained a mean score of 2.940 and a standard deviation of 2.703. Finally, on the subject of PPP human resource, 54.14% of the respondents disagreed that community capacity building is offered, attaining the lowest mean score of 2.617 and a standard deviation of 2.501. The line statements with mean scores higher than the composite mean implied they had a positive influence while the ones with lower mean score implied that they had a negative influence on health care service delivery. The line statements regarding PPP human resource had a composite mean of 3.331 and composite standard deviation of 3.057.

The study findings indicated that 97.74% of the respondents think that the products offered at Githurai 45 Community Life Center project are not adequate. Only 2.26 % of the respondents thought that the available products were sufficient to meet the community's health needs. Overall, 82.71% of the respondents agreed that the suppliers are sponsored, scoring the highest mean of 3.955 and a standard deviation of 3.505. 66.92% of the respondents agreed that there is delay in products offered, the statement having mean score of 3.602 and a standard deviation of 3.261. 55.63% of the respondents agreed that procurement guidelines are observed, scoring a mean of 3.188 and a standard deviation of 2.907. 45.12% of the respondents agreed that contract preparation is time consuming. The statement had a mean score of 3.008 and a standard deviation of 2.799. 48.87% of the respondents disagreed that there is reduced quality of products offered, attaining a mean score of 2.872 and a standard deviation of 2.706. 66.92% of the respondents disagreed that important equipment is ordered. The statement scored a mean of 2.293 and a standard deviation of 2.085. Many, 72.18%, of the respondents disagreed that the procurement process is efficient, the statement attaining a mean score of 2.098 and a standard deviation of 1.712. Lastly, a vast majority of the respondents (87.88%) disagreed that supply of raw materials is fast. The statement attained the lowest mean score of 1.759 and a standard deviation of 1.398. The line statements with mean scores higher than the composite mean implied that they had a positive influence while the ones with lower mean score implied that had a negative influence on health care service delivery. The line statements regarding PPP procurement support had a composite mean of 2.847 and composite standard deviation of 2.547.

The study findings indicated that 87.97% of the respondents were of the view that products and services offered at Githurai 45 Community Life Center project are not affordable. Only 12.03% of the respondents indicated that the products and services offered are affordable. The findings to the various statements regarding PPP financial support showed that overall, PPP is the main source of funds according to 84.96%

of the respondents who agreed to that statement, attaining the highest mean score of 4.233 and a standard deviation of 3.796. An overwhelming 80.45% of the respondents agreed that the center has inadequate funds, attaining a mean score of 4.165 and a standard deviation of 3.740. 82.71% of the respondents agreed that disbursement of funds by financiers is delayed, getting a mean score of 4.120 and a standard deviation of 3.656. 72.93% of the respondents agreed that the health partners assist in funding. This statement attained a mean score of 3.970 and a standard deviation of 3.563. 56.39% of the respondents agreed to the statement that the health center faces poor accessibility of funds, attaining a mean score of 3.256 and a standard deviation of 2.994. 48.87% of the respondents disagreed that service funds are available, obtaining a mean score of 2.902 and a standard deviation of 2.698. 65.42% of the respondents disagreed to the statement that there is proper allocation of funds, attaining a mean score of 2.398 and a standard deviation of 2.278. Finally, 64.66% of the respondents disagreed that PPP financial support is expensive, getting the lowest mean score of 2.361 and a standard deviation of 2.183. The line statements with mean scores higher than the composite mean implied that they had a positive influence while the ones with lower mean score implied that had a negative influence on health care service delivery. The statements regarding PPP financial support had a composite mean of 3.426 and composite standard deviation of 3.113.

### **5.3 Discussion of the Findings**

The following is the discussion of the findings on the research objectives.

#### **Public Private Partnership Managerial Support on Health Care Service Delivery**

Regarding the first objective on the influence of PPP financial support on service delivery in health care service delivery in Githurai 45 CLC project in Kiambu County, 87.97% of the respondents were of the view that products and services offered are not affordable. This is in contrast to the study conducted by Germany by Bloomfield (2016) on the difficult business of long-term public-private partnerships using regression analysis on a random sample of 5 county governments, which concluded that growing financial support from government grants and improvements in management performance have allowed many of the facilities to change their user fees downstream, thereby allowing productive service services. 84.96% of the respondents agreed that PPP is the main source of funds for the project. This confirms the research by Bataringaya & Lochoro (2012) who indicated that government's support from the PNFP conditional grant accounted for approximately 30 percent of the PNFP health units' budgetary requirements, leading a long way to better health care facilities. The findings also supported the Ministry of Health Report (2018), the government has been keen on exploring public-private partnerships to bring in new sources of funding to finance public infrastructure in order to boost service delivery which agrees with the majority

view on this project. Majority of the respondents (82.71%) indicated that disbursement of funds by financiers is delayed while 64.66% of the respondents disagreed that PPP financial support is expensive. These findings concur with Wright (2013), who indicated that PPPs allow government and government agencies to pursue projects that are affordable in terms of the governments overall inter-temporal budget constraints. This could be as due to budgetary constraints, fiscal regulations, or constraints on the central budget allocation of agencies.

An interview guide was conducted and an interviewee was asked to describe the challenges facing service delivery at Githurai 45 CLC, and this is the response given:

*“The health center has however faced many challenges in terms of minimal budgetary allocation to the center, technical issues, procurement challenges, human resources and the high number of non-communicable diseases and emerging pandemics like and the Covid-19, making it hard for the Kiambu County government to sustain the health sector in Githurai 45 CLC”*

The findings confirm the statement by Sastoque, Arboleda and Ponz (2016), that PPP in healthcare is faced difficulties in terms of the variety of medical facilities and the difficulty of success measures.

### **Public Private Partnership Human Resource on Health Care Service Delivery**

Regarding the second objective on the influence of PPP human resource support on service delivery in health care service delivery in Githurai 45 CLC project in Kiambu County, the study findings indicated that 87.97% of the respondents thought that Githurai 45 Community Life Center project does not have enough human resource. The findings agree with Grimsey & Lewis (2015) who noted that reports and papers by influential figures in the field of health development, such as WHO, GHWA, and various international agencies, think tanks, associations, and members of civil society said there is extreme and urgent shortage of workers. The findings also confirm what Adhazi (2014) asserted, that all countries are equally worried when it comes to the human resource dimensions of health sector issues in service delivery. 54.14% of the respondents disagreed that community capacity building is offered. This contrasts the research by Douglas (2010) which concluded that career training program, the community-based grants for job training and the creativity of the workforce in the regional economic development program have increased. However, 48.12% of the respondents concur with Douglas (2010) on training programs by disagreeing that training programs are not available. The 86.46% of the respondents who agreed that there is shortage of personnel and the 55.64%, of the respondents who agreed that staff are not motivated to work could be confirming a finding by Chen (2012) which indicated that professional workers are migrating towards more satisfactory and stimulating working and living environments due to push factors such as appalling working conditions and infrastructure, deterrent wages and under-investment in public health systems. As confirmed by Mwesigye (2018), the overwhelming bias in the health specialist to

patient ratio has reduced the level of service delivery and that is why 69.17% of the respondents agreed that increasing staff increases health care quality. Beck (2013) believes that in order to improve health care service delivery, the scarcity of human resource is a matter that stakeholders must look into. The lack of health workers remains the key component of a global health sector crisis, whether emerging or developing countries, leading to low service quality

An interviewee was asked whether the staff were properly remunerated, as a way of motivating them, and the response given was that:

*“I would not say they are. But what I know for sure is that if no sustainable investments are made in one way or another, it would be exceedingly difficult to keep health workers in appalling job environments inside structures that fail to efficiently provide their services”*

This confirms the fears of Barlow (2013), that in other nations, more desirable job elements can easily be searched for.

### **Public Private Partnership Procurement Support on Health Care Service Delivery**

On the third objective on the influence of PPP procurement support on service delivery on health care service delivery in Githurai 45 CLC project in Kiambu County, the study findings indicated that 97.74% of the respondents think that the products offered at Githurai 45 Community Life Center project are not adequate. The findings agree with KPMG (2010) which indicated that inefficiencies in the procurement phase for certain projects have led to inadequate resources and these problems are usually associated with the start/stop nature of a county’s PPP market. 72.18%, of the respondents disagreed that the procurement process is efficient which is backed by Khanna (2010) who says that high and excessive contract costs affect the value for money attained by governments, with the market loading these costs into the price of future competitive tenders and/or the amount of return required within a project. Lewis (2018) however disagrees with this in his research on PPP in Africa saying techniques used in developing countries such as Kenya, Nigeria, South Africa, among others, have enhanced procurement performance. A majority of the respondents (87.88%) disagreed that supply of raw materials is fast and 45.12% of the respondents agreed that contract preparation is time consuming. These statements are related and concurs with Austin (2010), bidding for procurement projects in some countries for example Canada is complex and costly. 55.63% of the respondents agreed that procurement guidelines are observed and this must have been due to the strict guidelines by GoK (2018) which states that there should be rigorous adherence to project schedules and the general avoidance of further bid steps, less knowledge criteria, relying more on the preferred bidder developing his proposal before and after commercial closure, and less emphasis on architectural design and design imagination on the protections within the project contract agreement. The government should use the most effective procurement method for a health care project delivery.

During the interview session, an interviewee was asked to talk about the delays in supply of products needed. The response was that:

*“Inefficient resources associated with the Githurai 45 CLC has significant problems that need to be resolved in relation to inefficiencies in the procurement phase for certain projects due to a variety of factors, including the complexity and lack of a consistent project pipeline, delayed decision communication and lengthy procurement processes”*

The findings concur with Barlow (2013), who stated that in order to increase efficient service delivery, governments should use the most effective procurement method for a project, because focusing on a greater value for money, including that resulting from design creativity, ensures that the procurement process would be feasible, leading to the efficient delivery of required services

### **Public Private Partnership Financial Support on Health Care Service Delivery**

Finally, on the fourth objective on the influence of PPP managerial support on service delivery in health care service delivery in Githurai 45 CLC project in Kiambu County, the study findings indicated that 67.67% of the respondents received managerial support in Githurai 45 Community Life Center project in terms of supervision, timely implementation, recruitment, oversight and general management. This agrees with Wright (2013) who says that overall, the role of project management support is to ensure that the process is completed on schedule and involves costs, hiring consultants, including determining their terms of reference, managing consultants to ensure that they deliver, evaluating their services and championing the project. 49.62% of the respondents agreed that personnel have management skills, which should be the case. The findings assert Harris (2011), who indicated that in order to increase service delivery, sponsors that already have experience with PPPs are the ones who should be charged with the responsibility of constituting PPP team to help in the processes. Most of the respondents, constituting 48.12%, disagreed with the statement that community training programs are offered while 53.39% of the respondents agreed that the staff engagement is poor. This concurs with Wright (2013) and Smith (2018), who opined that organizing trainings and capacity building is the responsibility of the project managers. The findings however, disagree with Douglas (2010) who stated that there are high growth career training programs, the community-based grants for job training and the creativity of the workforce in the regional economic development program.

An interview was asked to the changes that Githurai 45 CLC has brought to the community, which demonstrated affordable health care. The answer given was:

*“In the first 18 months of the launch, the monthly number of women attending prenatal care visits increased from six to 94. The overall number of patients accessing the CLC rose from 900 to 4,080 per month during the same period. An average of 158 ultrasound examinations have been*

*performed every month since the launch, with a minimum of 149 in December 2016 and a maximum of 283 in April 2018. This has further demonstrated that with less than \$10 per person per year, at the primary level, quality healthcare service delivery can be achieved”*

The findings concur with GoK Report (2018) which indicated that the prospect of bringing in new sources of funding to finance public infrastructure and service needs to be put in place, in order to boost service delivery is a crucial reason for the government of Kenya to explore public private partnerships.

#### **5.4 Conclusions of the Study**

The study findings concluded that Public-Private Partnership financial support influences health care service delivery by ensuring that the financial frameworks are not expensive, ensuring that service funds are always available, ensuring timely disbursement of funds by financiers and making sure the funds are adequate for the operations of the facility. Also, the health center should have ease of accessibility to the funds and it should be ensured that the available funds are properly allocated.

Secondly, the study findings concluded that Public-Private Partnership human resource influences health care service delivery through employing staff with expertise, motivating staff to work, ensuring staff are always available to work and making sure there is no shortage of personnel in the facility. Community capacity building, introducing more training programs and increasing the capacity of employees are also other ways through which human resource influences health care service delivery.

Also, the study findings concluded that Public-Private Partnership procurement support influences health care service delivery through offering products timely, efficiency of procurement processes, quality of the products offered and whether or not important equipment is procured. The speed with which raw materials are supplied, time consumption in contract preparations and observance of procurement guidelines should also be taken into consideration as they are key influences in health care service delivery.

Finally, the study findings concluded that Public-Private Partnership managerial support influences health care service delivery through having personnel with management skills, whether the personnel provide specialist advice, offering of community training programs and how fast administrative operations are. Availability of technical staff, work supervision, adequacy of service coordination and the level of staff engagement are also ways through which managerial support influences health care service delivery.



## **5.5 Recommendations**

From the study findings, the following recommendations were made:

- i. The financiers of healthcare projects should ensure that funds are available in time and adequate for operations
- ii. Technical staff employed in a facility should have a corresponding technical qualification to avoid complications that may come as a result of lack of experience and all the staff should be properly remunerated.
- iii. The government and private partners should work on a modality to ensure that the procurement process is not long and complex.
- iv. The products offered including machines used should be of a better quality otherwise the project may just be as unsuccessful as other non-PPP projects since it will have not met the expectations of the community.
- v. Management should ensure the smooth operations of the projects by employing enough technical staff. . The management should engage staff in order to have a first-hand experience of the service delivery and to make it easy to be approached in case of any assistance required. Another recommendation is that the management should offer more community training programs as a way of sensitization and also as corporate social responsibility of the project.

## **5.6 Suggestion for Further Research**

The following as areas for further research were identified:

1. The study was conducted in Kiambu County in Kenya. Similar studies can be researched on in other counties in Kenya, as well as other countries all over the world
2. The study focused on public-private partnership projects. Further studies can be explored, to find out if the study findings can be generalized to other types of projects.
3. From the study findings, further research can be done to determine the critical factors influencing health care service delivery, in order to establish how best to engage all project stakeholders to ensure performance of public private partnership projects is increased.

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## APPENDICES

## **Appendix I: Letter of Transmittal of Data Collection Instruments**

Sylvia Nyasetia,

Phone :0721920446

Email: snyasetia@gmail.com

Dear Respondent,

### **RE: REQUEST TO PARTICIPATE IN RESEARCH STUDY**

I am a graduate student undertaking a degree in Master of Arts in Project Planning and Management at the University of Nairobi. I am conducting a research on Influence of Public Private Partnership on Health Care Service Delivery: A Case of Githurai 45 Community Life Center Project in Kiambu County. You have been identified to assist in providing all the required information for the research study. Your input is very valuable because you are considered resourceful personnel in the project and the study. Kindly fill this questionnaire. Please note that any information given will be used for research purpose only and your identity will be treated with utmost confidentiality.

Your cooperation and assistance will be highly appreciated.

Yours Faithfully,

Sylvia Nyasetia



Appendix II: Introduction Letter - The University of Nairobi.



**UNIVERSITY OF NAIROBI**  
OPEN, DISTANCE AND e-LEARNING CAMPUS  
SCHOOL OF OPEN AND DISTANCE LEARNING  
DEPARTMENT OF OPEN LEARNING  
NAIROBI LEARNING CENTRE

Your Ref:

Our Ref:

Telephone: 318262 Ext. 120

REF: UON/ODeL/NLC/32/253

Main Campus  
Gandhi Wing, Ground Floor  
P.O. Box 30197  
NAIROBI

2<sup>nd</sup> November 2020

**TO WHOM IT MAY CONCERN**

**RE: SYLVIA MAGARE NYASETIA - REG.NO. L 50/21349/2019**

The above named is a student at the University of Nairobi, Open Distance and e-Learning Campus, School of Open and Distance Learning, Department of Open Learning pursuing a Masters course in Project Planning and Management.

She is proceeding for research entitled "*Influence of Public Private Partnership on Health Care Service Delivery: A Case of Githurai Community Life Center Project in Kiambu County Kenya*"

Any assistance accorded to her will be appreciated.

For:

*Handwritten signature*  
**CAREN AWILLY**  
CENTRE ORGANIZER  
NAIROBI LEARNING CENTRE





**Appendix III Research Permit -NACOSTI**



**NATIONAL COMMISSION FOR  
SCIENCE, TECHNOLOGY & INNOVATION**

Ref No: 407417

Date of Issue: 09/November/2020

**RESEARCH LICENSE**



This is to Certify that Ms., SYLVIA ,MAGARE NYASETIA of University of Nairobi, has been licensed to conduct research in Kiambu on the topic: INFLUENCE OF PUBLIC PRIVATE PARTNERSHIP ON HEALTH CARE SERVICE DELIVERY: A CASE OF GITHURAI 45 COMMUNITY LIFE CENTER PROJECT IN KIAMBU COUNTY KENYA. for the period ending : 09/November/2021.

License No: BAHAMAS ABS/P/20/7536

407417

Applicant Identification Number

Director General  
NATIONAL COMMISSION FOR  
SCIENCE, TECHNOLOGY &  
INNOVATION

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## Appendix IV: Healthcare Worker and Beneficiary Questionnaires

### Questionnaire for the Staff Working for Githurai 45 Dispensary, Kiambu County's Ministry of Health and the Local Community's Project Beneficiaries

Please respond to the following questions by placing a tick (✓) in the appropriate box spaces provided or by writing your answers in the spaces provided.

#### SECTION A: GENERAL PERSONAL INFORMATION

Kindly put a check [✓] to answer the following questions:

1. Kindly indicate your gender

Male [ ]

Female [ ]

2. Kindly indicate your age

Below 20 years [ ]

20 to 30 years [ ]

31 to 40 years [ ]

41 to 50 years [ ]

51 to 60 years [ ]

Above 60 years [ ]

3. What is your level of education

Primary [ ]

Secondary [ ]

College [ ]

University [ ]

Any Other [ ]

4. Do you live in Githurai 45?

Yes [ ]

No [ ]

5. How long have you lived in Githurai 45?

Below 0 to 1 year [ ]

1 to 2 years [ ]

3 to 4 years [ ]

Above 4 years [ ]

**SECTION B: SERVICE DELIVERY**

1. Are you satisfied with the service delivery at Githurai 45 Community Life Center Project ?

Yes [ ]                                      No [ ]

2. What suggestions can you give to improve Githurai 45 Community Life Center project service delivery?

.....

.....

.....

3. To what extent do you agree with the following statements that relate to service delivery?

Indicate with: Strongly Disagree=1; Disagree=2; Neutral=3; Agree=4; Strongly Agree =5

SERVICE DELIVERY	1	2	3	4	5
The project was delivered on time					
Healthcare is faced with challenges					
Service information is not easily obtained					
Service delivery is fast					
Interrupted service delivery is experienced					
The services offered are at reduced cost					

Community does not get value for money					
--	--	--	--	--	--

SECTION C: PPP MANAGERIAL SUPPORT

1. Have you received any managerial support in Githurai 45 Community Life Center project ?

Yes

No

2. What would you suggest to be done to increase Githurai 45 Community Life Center project managerial support?

.....

.....

.....

3. To what extent do you agree or disagree with the following statements that relate to management support? Indicate with: Strongly Disagree=1; Disagree=2; Neutral=3; Agree=4; Strongly Agree =5

Statements	1	2	3	4	5
Personnel have management skills					
Personnel do not provide specialist advice					
Community training programs are offered					
Administrative operations are fast					
Technical personnel lack equipment					
Work supervision leads to efficient service delivery					

Service coordination is adequate					
Staff engagement is poor					

SECTION D: PPP HUMAN RESOURCE

1. Does Githurai 45 Community Life Center project have adequate service delivery personnel?

Yes [ ]

No [ ]

2. What would you like to see improved by Githurai 45 Community Life Center project personnel?

.....

.....

.....

3. To what extent do you agree with the following statements that relate to human resource?

Statements	1	2	3	4	5
Employees have expertise					
Staff are not motivated to work					
Health workers are available					
There is shortage of personnel					
Increasing staff increases healthcare quality					

Health service staff are skilled					
Community capacity building is offered					
Training programs are not available					

Indicate with: Strongly Disagree=1; Disagree=2; Neutral=3; Agree=4; Strongly Agree =5

**SECTION E: PPP PROCUREMENT SUPPORT**

1. Are the products offered at Githurai 45 Community Life Center project adequate?

Yes [ ]

No [ ]

2. What suggestions can you give to increase accessibility of the products offered at Githurai 45 Community Life Center project ?

.....

.....

.....

.....

3. To what extent do you agree with the following statements that relate to procurement support?

Indicate with Strongly Disagree=1; Disagree=2; Neutral=3; Agree=4; Strongly Agree =5

Statement	1	2	3	4	5
Suppliers are sponsored					

There is delay in products offered					
The procurement process is efficient					
There is reduced quality of products offered					
Important equipment is ordered					
Supply of raw materials is fast					
Contract preparation is time consuming					
Procurement guidelines are observed					

**SECTION F: PPP FINANCIAL SUPPORT**

1. Are the products and services offered at Githurai 45 Community Life Center project affordable?

Yes [ ]

No [ ]

2. What do you think can be done to ensure all Githurai 45 Community Life Center project community can benefit affordable healthcare service?

.....  
 .....  
 .....

3. To what extent do you agree with the following statements that relate to financial support?

Indicate with: Strongly Disagree=1; Disagree=2; Neutral=3; Agree=4; Strongly Agree =5

FINANCIAL SUPPORT	1	2	3	4	5
PPP is the main source of funds					



PPP financial support is expensive					
Service funds are available					
Health partners assist in funding					
The center has inadequate funds					
Disbursement of funds by financiers is delayed					
Health center face poor accessibility of funds					
There is proper allocation of funds					

Thank you for taking your participation!

## **Appendix V: Interview guide for Healthcare workers Management**

### **Interview guide for Githurai 45 CLC Head Nurse, Lead Community Worker, and Kiambu County's Ministry of Health Director**

1. It is believed that the healthcare sector is faced with challenges. Can you tell me more?
2. How is service delivery at Githurai 45 CLC?
3. Do the Githurai 45 CLC community does get value for money?
4. Kindly tell me about the managerial support offered at the center. Explore on staffing, equipment and training.
5. Are the staff properly remunerated, as a way of motivating them?
6. Githurai 45 CLC being a community project, is the community given healthcare training?
7. Let's talk about procurement process. Are there delay in supply of products needed?
8. How would you rate the supply contract bidding for Githurai 45 CLC?
9. Is PPP the main source of funds in this project?
10. What other partnerships has the project attracted in order to increase availability of fund?
11. What is being done to ensure accessibility of resources at the center?
12. Is PPP in healthcare the way forward for Kenya? Expound

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