

**INSTITUTIONAL FACTORS INFLUENCING IMPLEMENTATION OF  
PUBLIC-PRIVATE PARTNERSHIP PROJECTS IN KENYA'S  
EDUCATION SECTOR: A CASE OF AFYA ELIMU FUNDED PROJECTS**

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**Project Report Submitted in Partial Fulfillment of the Requirements for the  
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**Declaration**


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

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## **Dedication**

This piece of work is dedicated to my supportive husband Dennis and our children Angel, Prince, and Blessings. This work was a lifetime goal and could only be achieved through their love, patience, drive, support, and understanding.

## **Acknowledgement**

This project report is as a product of several individuals to whom I am really grateful

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## Abbreviations and Acronyms

**AEF** Afya Elimu Fund

**AMPATH** Academic Model Providing Access to Healthcare

<b>HELB</b>	Higher Education Loans Board
<b>ISO</b>	International Organization for Standardization
<b>KEMRI</b>	Kenya Medical Research Institute
<b>KHF</b>	Kenya Health Federation
<b>MOH</b>	Ministry of Health
<b>NACOSTI</b>	National Commission for Science, Technology and Innovation
<b>PPP</b>	Public Private Partnership
<b>SPSS</b>	Statistical Package for Social Sciences

### **Abstract**

Public-Private Partnerships (PPPs) are an internationally recognized method of procuring public goods and services in which the government enlists the private sector's commitment and delegated some duties to the private sector in the provision of public facilities or services. The

aim of this research was to investigate the institutional factors that influence implementation of public-private partnerships in the education sector in Kenya, with particular emphasis on the Afya Elimu-funded projects. The following objectives served as a guide for this study: To examine how beneficiary identification influences the execution of PPP projects in the education sector in Kenya, to determine the influence of competence of staff on the execution of PPP projects in the education sector in Kenya, to establish financial support influence the implementation of PPP projects in the education sector in Kenya, and to examine the influence of community support on the implementation of PPP projects in the education sector in Kenya. A descriptive research design was used. A questionnaire consisting of open-ended and closed - ended questions was used to collect qualitative and quantitative data. The research surveyed 828 respondents, 218 registrars, and ten staff from the Afya Elimu Fund as the fund monitoring employees, and 100 community workers affiliated with the Afya Elimu health education fund. The sample size was chosen using Yamane (1967) formula. Stratified random samplings as well as random sampling methods were used to select the respondents. The Statistical Package for Social Sciences (SPSS, version 21) was used to analyze the data collected. Tables were used to display the analyzed data. The research's findings were that beneficiary identification, competency of staff, financial support and community support all influenced the execution of Afya Elimu Funded projects, with financial support having the highest influence. The research reports that Public-Private Partnership projects seek funding from donors and sponsors to assist as many students as possible in order to address the country's severe lack of healthcare professionals. Afya Elimu should invest in competent staff, and community support to improve loan administration and processing efficiency.

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background to the Study

Public Private Partnerships are globally recognized instruments for obtaining public division resources through which the legislature extracts responsibility from the private sector and transfers a specific degree of responsibility to the private sector when providing public offices or governments. The primary arguments for adopting Public Private Partnerships are that it reduces the administration's direct costs of providing and maintaining open offices and that it promotes development in government offices and agencies because PPP enables private sector growth.

Implementing PPP projects range in length from short-term to long-term and are very complicated models. The models vary by ownership of capital assets, duration of contracts, responsibility for investment and assumptions of risk. Most literature on PPPs has identified 5 models or arrangements for implementing PPP projects which are generally but not always based on increased involvement and assumptions of risk by the private sector which include management of contract of variants, leases, Build-operate transfer contracts and variants, concessions and hybrid models e.g. joint ventures.

According to Li, & Akintoye, (2003), the fundamental principle of Public Private Partnerships is the relationship amid incentive installments and implementation to the private sector contingent on the efficient administrations and offices provided to the public sector throughout the venture's life cycle (project). Monitoring and assessment are critical components that both public and private actors need to follow to ensure that worth for money is achieved. The economic beliefs of the government influences how all constituents of the nation's economic system operate. Nonetheless, only those factors that have an effect on achieving PPP were examined. According to studies, a significant influence is the country's macroeconomic stability. Favorable macroeconomic circumstances may attract investors and speculators, resulting in a rise in the value of financial assets. This aspect is particularly important for our country, Kenya, which requires the assistance of private financial experts.

### **1.1.1 Public-Private Partnerships Projects in the Educational and Training Institutions in Kenya**

In broad strokes, there are two distinct educational paradigms. In the public model, regime or government funds in addition controls complete elements of elementary and secondary education, as well as after secondary occupational training or higher education learning, together with staff employment and facility building. This public model remains to be advantageous for establishing systems in areas that none existed before and for maintaining consistency across educational and training institutions. The approach, nonetheless, is usually not much successful in motivating employees and institutions to address customers' or beneficiaries' problems (the students). Private models of education and training are those in which training and educational institutions which include universities, vocational training colleges and schools are privately owned or maintained, in which users pay the whole cost of schooling. Parents have a choice among various institutions under the private model, and these institutions have a strong financial incentive to keep their customers satisfied. However, many potential students are unable to engage in the private model owing to a lack of money or for other non-financial reasons.

Systems of instruction and training in Kenya's minor- and middle-income clusters confront significant challenges. There are substantial gaps in affordable access and significant achievement gaps between kids from low-income and high-income families in a majority of the lower-income class. Certainly, even in many middle-income sets where basic education accessibility is nearly widespread, the standard of teaching and learning is somehow low and opportunities for postsecondary vocational training or academic courses are restricted, especially for the poor. Governmental investment in education is most often inadequate and is allocated inconsistently and unjustly across educational inputs and levels, from pre-kindergarten until tertiary training and education. And, even with sufficient financing, education and training institutions are often controlled by a business-as-usual mentality, making them insensitive to families' concerns and growing labor market requirements. In these contexts, high teacher absence rates and low enrollment rates for disadvantaged populations are indicative of systems with insufficiently matched incentives.

Effective monetary intervention, unrestricted access to finance, and fiscal management established the money market as the most critical element in achieving public-private partnership

projects. The involvement of multilateral loan experts and credit offices in the job mitigates the risk of disappointment. One more aspect is the level of antagonism between private entrepreneurs and, in turn, the level of competition in the public procurement market. The competitive nature of the public procurement market indicates a large volume of proposals, which provides an opportunity to choose a better supplier and lead ex-ante evaluation.

### **1.1.2 Improvement of Public-Private Partnerships Projects.**

Due to the inconsistent quality of learning, a lot of students seek private education, which upsurges the total cost of schooling and training all over the full spectrum, since pre-kindergarten to technical and vocational education and higher education learning. To maximize the advantages of increasing public education expenditure and corresponding growth in family spending, there is an increasing want for education and training PPPs so as to ease growing inequities which exist between public and private provision, improve the total financing for educational training subsectors, as well as improve quality. Numerous varieties or types of public private partnerships are developing globally. Additionally, large corporations invest in workforce development and higher education, especially via their corporate social responsibility initiatives. PPPs also have the ability to advance teaching and learning innovations via the application of information and communication technologies (ICTs). The purpose of this project is to investigate all of these areas in order to strategically promote PPPs in education. The study describes the present arrangement of education and its sub-sectors in health, examines some of the major limitations, and proposes creative ways in which PPPs in education and training may help address the problems. It examines governments' roles and proposes some novel policy alternatives for expanding equitable access to, and funding of, education in order to expedite human resource development in health education.

### **1.1.3 Afya Elimu**

The "Afya Elimu Fund" is a PPP scheme that seeks to enhance entrance to “pre-service and in-service training” costs for low-income mid-level students equipped to address existing gaps in the development of the health personnel in Kenya and unmet desires for particular frameworks for healthcare workhands. This is a collaborative effort involving the HELB, Ministries of Education and Health, Kenya Health federation and the United States Agency for international development-supported FUNZO Kenya enterprise. An adequate, well-trained, plus a full

motivated staff is critical for the delivery of high-quality healthcare to everyone. However, Kenya has a critical shortage of qualified healthcare workers, a situation that complicates the country's efforts to provide universal healthcare in accordance with the Kenyan Constitution. Kenya and the other eighty-four (84) countries in the globe have a health expertise that falls short of the World Health Organization's recommended maximum of 23 skilled professionals per 10,000 inhabitants (The World Health Report, 2006).

By strengthening the Afya Elimu Fund's financial foundation, we can guarantee that more pre-administration learners from mid-level health training institutions continue to get training and progress in their careers. When pledges to the Afya Elimu Fund are received in the HELB collecting bank accounts, they are posted to a dedicated Afya Elimu Fund record account. By placing ads in print media, interested applicants are informed to apply online. Through the Higher Education Loans Board, the Afya Elimu Fund supports the application procedure. Once received, student applications are processed and advances are made to eligible applicants, with money being sent directly to the training institutes. Financing expenses are determined by the HELB (4% for students enrolled in pre-administration and 12% for students enrolled in administration), with a one-year moratorium period granted to pre-administration students to ensure employment before reimbursement begins (IntraHealth International, 2019).

Corruption and collusion are especially prevalent in public procurement for large-scale projects. Access to training continues to be a significant impediment to increasing the number of competent healthcare professionals. While limited capacity in training establishments/institutions continues to be an issue, access to training costs has often slowed the flow of eligible students seeking clinical training. According to studies, a clinical understudy needs up to KES122, 500 each academic year for clinical training, a sum that is beyond of reach for a large number of Kenyan households. Additionally, cases of understudies failing to take affirmation, dropping out midway through preparation, and perpetually postponing studies to save money slow the speed of completion, thus reducing the number of new healthcare professionals entering the industry. According to IntraHealth International's 2019 report, the Afya Elimu Fund's initial financial goal in 2013 was to establish a Kenya shillings 1.6 billion revolving reserve that would support more than 13,000 underprivileged learners in a period of more than five years. For the fund's advancement and sustainability, the present Afya Elimu Fund collaborators are seeking

concerted a concerted effort and coordination with county administrations, individual donors, corporations and foundations to pledge and contribute to this noble endeavor.

## **1.2 Statement of the Problem**

Kenya has an acute shortage of health professionals; with an average of one health staff per one thousand patients that is considerably less than the world health organizations commended proportion of three health care workers per one thousand patients. (Miseda, 2017). Kenya's rapidly expanding population places a pressure on the health workforce, despite the fact that the country's training institutes produce a relatively small number of health professionals. To address this issue, the Ministry of Health and other stakeholders determined that increasing the sum of learners graduating from pre-service schools and their engagement would be beneficial (Ministry of Health, 2019). AEF was created in twenty thirteen as a public private initiative to assist less disadvantaged learners undertaking medical degrees. Afya Elimu Fund places a premium on middle-level teams such as nurses, laboratory technicians, clinical officers who comprise a country's workforce (Muriuki & Milo, 2019). This fund offers students reduced interest rates on loans. The fund solicits money from county governments for the purpose of improving their workforce's human resources, as well as students interested in pursuing any course of study at medical training institutes. It is critical for project implementers to adhere to procurement procedures, develop capability, assure funding availability, and ensure stakeholder engagement. However, the majority of AEF projects do not adhere to project implementation standards and procedures owing to a variety of reasons, including beneficiary sourcing processes, capacity development, sufficient funding, and stakeholder engagement. AEF projects are challenging to execute since they include a large number of interested party. Among them is the state, via the MOH, non-governmental organizations, plus foundations, as well as the business sector (Ministry of Health, 2019). Afya Elimu Fund and other development initiatives face a variety of obstacles that impede their execution.

While research on PPP and education projects have been conducted, Abdul Azizi and Kassim (2016) examined the variables affecting education projects in Malaysia and found that poor planning and finance were the primary culprits. Additionally, there existed no plain and sufficient pact among the project implementers, suppliers and contractors, as well as other parties



engaged in the project's execution. Pratici, & Singer, (2021) examined AEF's fundraising methods and found that a collaborative, learning, and adapting (CLA) strategy was used.

External cooperation, county government connections, and networks were prioritized. Muriuki and Milo (2019) conducted an investigation on the problems encountered by AEF recipients in Kenya, and their results identified a lack of knowledge of the fund's existence, payment delays, and inability to fulfill fund criteria as major obstacles to health professionals using the fund. A limited amount of attention was paid to the issues affecting the implementation of PPPs in Kenya's education sector, namely the Afya Elimu-funded project.

### **1.3 Purpose of the Study**

The study's goal was to establish the institutional factors that influence the implementation of public-private partnership projects in Kenya's education sector. The study focused on Afya Elimu Funded projects.

### **1.4 Objectives of the Study**

This study sought to achieve the following objectives

- i. To examine how beneficiary identification influences the implementation of PPPs in Kenya's education sector.
- ii. To determine the influence of financial support on the implementation of PPPs in Kenya's education sector.
- iii. To establish how competency of staff influences the implementation of PPPs in Kenya's education sector.
- iv. To examine the influence of community support on the implementation of PPPs in Kenya's education sector.

### **1.5 Research Questions**

The following research questions were addressed in this study:

- i. How does beneficiary identification influence the implementation of PPP in Kenya's education sector?

- ii. How does financial support influence the implementation of PPP in Kenya's education sector?
- iii. How does competency of staff influence implementation of PPPs in Kenya's education sector?
- iv. How does community support influence the implementation of PPPs in Kenya's education sector?

### **1.6 Significance of the Study**

This study's findings may provide statistics about the influence of basic health education subsidization, efficiency and effectiveness, and the interest of the partners on the supportability of public private partnerships in growing Afya Elimu Funded projects.

The findings of this study would also be of enormous benefit to sponsors of healthcare education and training sector at both national and county governments along with the Ministry of Health and Education project administrators.

The findings of this study would also be beneficial to health strategy implementers, and project administrators to improve the execution public-private partnership projects in the use of procedures that influence of future subsidizing of health training.

It is anticipated that the findings of the research would be beneficial to the public institutions to make future decisions regarding health training.

The study may provide important knowledge about how to make public-private partnership projects better in their execution in order to attain value for money.

### **1.7 Limitations of the Study**

The main challenges during this study were the inability to secure the true status of the projects from the implementing organization since they viewed this study as an investigative exercise in regard to the allocation and utilization of public and donor funds. This limitation was overcome by debriefing the relevant officials about the aim of the study. Secondly, some respondents withdrew from the project and as such, they were reluctant to participate in the study terming it as a mere time-drain. This limitation was overcome by administering the data collection

instrument on one- on - one basis to the respondents with a brief and prior explanation about the importance and purpose of the study and guaranteeing them of their identity disclosure.

### **1.8 Delimitations of the Study**

The research was restricted to four variables only namely: beneficiary identification, financial support, competency of staff and community support although there are several other variables that influence execution of Public-Private Partnership projects. In addition, because the research concentrated on recipients in Nairobi, it excluded beneficiaries from other cities. Further, the study sample was drawn only from the targeted beneficiaries of Afya Elimu Funded projects. By setting these boundaries, the study did not extend beyond the intended scope.

### **1.9 Basic assumptions of the Study**

The research anticipated that beneficiary identification, the health education fund, competency of staff of the project and community support all had an impact on the sustainability of Afya Elimu-funded public private partnership initiatives. Additionally, the research anticipated that participants would be accessible and willing in completing surveys and giving truthful, dependable, and accurate responses. Additionally, beneficiaries of Afya Elimu-funded projects were expected to welcome the research and not see it as an investigative effort.

### **1.10 Definition of Significant Terms**

**Beneficiary Identification** – Are actions that are carried out in order to identify the persons (beneficiaries) to a project.

**Community Support** – This entails the inclusion of a community in critical decisions.

**Competency of Staff:** The unique skills required to effectively manage Public Private Partnership arrangements especially in organizational settings or environments that are described as highly sophisticated and uncertain.

**Financial Support** – financial resources required make Public-Private Partnership projects possible.

**Implementation** - the process of putting a project into action.

**Institutional Factors:** This refers to factors that are relevant in the administration of Public-Private Partnership projects.

**Public- private partnership projects** – a collaboration between a public agency and a private company for the purpose of financing an education fund (project).

### **1.11 Organization of the study**

Five chapters comprise this study. The first chapter presents the study's introduction, problem statement, goal, objectives, research questions, limitations and delimitations. Further the chapter contains the study assumptions, definition of significant terms as well as the organization of the study. The second chapter conducts a literature research on the institutional variables influencing the implementation of public-private partnership projects. Additionally, the chapter covers theoretical and conceptual frameworks.

Chapter three presents the methodology adopted in order to achieve the intended objectives. The chapter therefore contains the research design, target population, sample size and sampling procedures, the instruments used to collect data, and the data collection instrument validity and reliability. Further the chapter contains the data collecting procedures, data analysis techniques, ethical issues, and variable operationalization.

Chapter four discusses the data analysis presentation, and interpretation. The fifth chapter presents a summary of findings, discussions, conclusions, and recommendations arising from the findings.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

The chapter conducts a review of the literature relevant to this research. It take account of a comprehensive examination of execution of public private partnerships ventures, with a particular emphasis on Afya Elimu-funded projects, in addition to the variables that affect the execution of public private partnership projects. The theories that build the research and conceptual frameworks that serve as the study's foundation have also been addressed.

#### **2.2 Implementation of Public-Private Partnership Projects in the Education Sector**

Public private partnerships may be achieved via effective management, appropriate administration, and the design and implementation of PPP structures that promote smart project selection, cost-effective procurement, and manageability of partnership programs such as the Afya Elimu Fund (Loosemore & Cheung, 2015). The "PPP framework" is composed of plans, methods, and institutions which define in what way public private initiatives are differentiated, graphed, chosen, structured, mapped out, obtained, observed, and exhibited; as well as the individuals accountable for the project's execution.

The Government's unwavering commitment to education has resulted in commendable progress toward significant number of admission and a high percentage of literacy. Nonetheless, there exists a need for improvement in terms of health education's quality, relevance, and equality. For quality assurance purposes, critical areas of emphasis now should include the formation of a national plan for evaluation that consolidates school-based evaluations with external examinations; establishment of a technology stream that offers multiple pathways from secondary education to higher learning, technical programs, and the labor market; and establishment of computer-aided teaching methods. Afya Elimu education has been updated to include equity and efficiency considerations. Teachers with the necessary certificates will be engaged, trained, and later made use of through deployment in accordance with a comprehensive recruiting and deployment strategy for teachers; a funding mechanism for the long-term upkeep

of infrastructural facilities will then be created; and, in an innovative move, the MOE and Afya Elimu officials will discuss performance-based cooperation agreements.

By establishing an education fund like Afya Elimu via public-private cooperation, the government can increase the number of health workers in many developing nations, such as Kenya, where these experts are in short supply. Through accountability, forthrightness, and trustworthiness, it increases productivity in the administration of healthcare programs. PPP ensures that projects are prioritized to allow the government to make the greatest use of its available resources. This choice must be logical and risk-averse in order to maximize the use of available resources. Education initiatives such as Afya Elimu guarantee that interviews with partners are conducted quickly and that appropriate compensation is paid to those who qualify. This increases private sector interest and public awareness of PPP initiatives (Austria, 2013). Rosenau (2000) asserts that PPP initiatives such as the Afya Elimu fund facilitate the division of labor between the public and private sectors.

In such arrangements, the private division extends or provides kinds of support that would normally be given by the government (Austria, 2013). These organizations are critical in solving financial issues that need coordination within government agencies and the public sector in order to achieve sustainable solutions (Selsky & Parker, 2005). Afya Elimu Fund's administrative objectives and responsibilities are accomplished via a variety of processes and stakeholders (Hodge & Greve, 2013). It requires a significant level of dedication, collaboration, and collaboration in order to meet this critical requirement (Koimett, 2013).

From the public sector's viewpoint, delivering PPPs needs an institutional framework that establishes defined roles and duties for the various coordinating committees and implementing agencies. An unmistakable procurement structure with the necessary safeguards in place to avoid dishonesty and market skewedness is required, as is support from an advisory team knowledgeable about the best ways to edifice the deal and bring it to monetarist close, as is a mechanism for raising awareness among potential investors about the possibility of accessing the PPP pipeline. By explaining the nature and effect of a public private partnership on ordinary people and allowing their rights and ownership of the process, we may create channels of contact to listen to their concerns and interests, as well as avenues to help in the management of any significant social or political dangers.

From the private sector's viewpoint, delivering the PPP needs some certainty about the extent to which PPPs can maintain service provided over an extended period of time, as well as guarantee of a probable regulatory system and legitimate framework. Both parties need the development of strong and transparent mechanisms capable of monitoring contract compliance and promptly assessing the level of excellence in performance.

Countless countries, including Canada, India, the United Kingdom, S. Africa, Australia and Kenya, have used these ties to design, fund, execute, and manage large-scale infrastructure projects. PPPs were used to encourage private interest openly extends in the United States, for example, during the 1950s and 1960s. They were strengthened further throughout the 1980s by both the administrations of Jimmy Carter and Ronald Reagan (Cheung at al, 2009). According to Harris and Vellutini (2012), governments must generate more cash via effective cost-cutting measures in order to provide incentives to talented people who work in sensitive fields that contribute to economic development. The government must guarantee that education initiatives such as the Afya Elimu Fund are continually screened and improved to ensure that the program continues to meet the requirements of healthcare professionals. This is to guarantee that the difficulties encountered by health care professionals when applying for loans are addressed, such as by easing eligibility criteria and expanding the program's capacity to accommodate as many students as feasible. Additionally, there is a need to raise awareness via aggressive marketing tactics to guarantee that information about the Afya Elimu Fund is easily accessible (Harris & Vellutini, 2012). Before applying for the fund, health students' professionals must educate themselves about it, including its rules and restrictions. The fund's partners must develop an efficient method for ensuring that only qualified learners be suitable for the fund (Osei-Kyei & Chan, 2015).

## **2.3 Institutional Factors Influencing Implementation of Public- Private Partnership**

### **Projects**

The following section presents the institutional factors that have an influence on the implementation of Public-Private Partnerships within the Education Sector in Kenya

#### **2.3.1 Beneficiary Identification and Implementation of Public-Private Partnership Projects**

Identification of beneficiaries is one among the most important aspect in the program's overall success. The applications are done, this is followed by shortlisting and finally invitation of the

shortlisted applicants for interviews, this has been widely utilized frequently over the course of the program to pull together evaluation data from the applicants. The information about Afya Elimu has however been limited since little advertisements to the print media, social media or the mainstream media outlets. A large number of assessors have relied on semi-structured interviews as the main method of obtaining qualitative information, typically interviewing applicants and to a greater degree, also engaging with previous sponsors, parents, guardians or managers and scholarship coordinators. Despite the fact that not all assessment reports identify the personnel who worked on each aspect of the review, when dealing with a high number of applications, it seems that the participation of a local stakeholder team is unavoidable.

Demirel et al (2013) suggested a “double passage network” as another model for contract flexibility in relation to the requirement of administrative adaptability. Similarly, Nikolaidis et al. (2013) used a renegotiation of a street concession to develop an enterprise renegotiation method that incorporates the estimate of partner settlements with other available important options. Pay models for about three normal compensation measures, namely cost adjustment, contract expansion, plus annual allocation or unitary installment adjustment, as studied by Languille (2017) concerning the reasons for and manner in which PPP contracts are renegotiated. Sarmento and Renneboog (2016) conducted a comparative analysis of two contextual studies. Inadequate agreements and adaptable agreements are often designed on the assumption that substantial exchange costs would result from deciding more adaptable agreements with specific presentation obligations in an uncertain environment.

In comparison to fragmented agreements, full agreements take into consideration reduced exchange costs during the underlying stage but result in increased expenditures for establishing ex-post exchange conditions (Domingues & Zlatkovic, 2015). The main agreement terms, contract structure, insufficient agreement, and renegotiation all serve to enhance an agreement's validity. Given the direction of previous examinations, we anticipate that methods to contract renegotiation and tactics for maximizing the effect of an agreement will continue to develop into a major investigation interest area beneath this point in the future.

### **2.3.2 Financial Support and Implementation of Public-Private Partnership Projects**

The government understands that it will take a big and critical role in starting besides guiding the nation state's public private initiatives as well as the fact that it will take significant effort on the



part of both the governmental and private sectors to expedite infrastructure conveyance and enhance service provision via public private partnership mode. This would include defining the government's grasp of the public-private partnership idea, expressing the regime's vision and goals, and demonstrating a vibrant desire to enhance and execute public private partnership initiatives. The creation of an overall enabling framework for PPPs, and the provision of guidelines for policy implementation for future efforts by the state or ruling regime, private sector, in addition to external financing organizations in order to endorse and support public private partnerships in the nation. Due to the indefinite nature of long-term concession terms and the insufficiency of many PPP contracts, a fragmented agreement and agreement renegotiation are required. Eventually, insufficient agreements that are intended to be renegotiated are often used in complicated PPP projects, especially in the young PPP market and degenerative institutional environments (Iossa & Martimort, 2016). The Afya Elimu Fund has received contributions from the Family Group Foundation, I&M Bank, Standard Chartered Bank and the Rattansi Educational Trust and the list of contributors continues to grow

### **2.3.3 Competency of Staff and Implementation of Public-Private Partnership Projects**

The need for unique skills and competencies to effectively manage PPP arrangements is an issue of great importance, especially in organizational settings or environments that are described as highly sophisticated and uncertain. These arrangements are also described as under-organised, networked, multi-sectoral and multi-organizational systems that exclusively need unique management skills and competencies. Therefore, it can be argued that one of the prerequisites for the successful implementation of PPP is the availability of specialized management expertise and skills to effectively manage in a PPP settings. Notwithstanding the significance of identifying what can be considered a 'unique' or 'special' PPP management skills, little empirical research has been done on what constitutes the basis for management expertise and competence in partnerships and alliances. Acar et al. (2007) for example, have questioned the extent to which the set of skills are necessary for effectively manage in network settings and in what combinations, and, whether any other sets of skills are instrumental in the management of partnerships? To answer these questions, Acar and his colleagues suggested that empirical research is needed to explore the precise set of skills, values and attitudes that managers display in such settings. Also, Bach and Whitehill (2008) and Noble and Jones (2006) agreed that further research is needed to explore the requirements of the effective PPP management practices, the

kind of skills, experiences, and knowhow the staff need, and learn new and different methods of managing in a cooperative inter-sectoral relationship settings. Jones and Noble (2008) also noted that managers “may need to change their managerial style and mindset to enable them to cope with a PPP’s unique environment. In the extant PPP literature related to the competency aspects of managing PPPs, it is reported that PPP managers from both sides of the partnership are often lacking managerial and directing skills, experience and knowledge in managing such ‘hybrid’ organisation forms (see for example, Brown, O’Toole et al., 2004; Hartman, Hofman et al., 1999; Malmborg, 2003). It is suggested that managerial techniques and skills designed for the traditional command-and-control hierarchical administration need to be modified to succeed in collaborative and networked partnership settings (Acar et al., 2007).

A few efficiency concerns relate to central administration and training delivery management. In Kenya, the “Council for Technical Education and Vocational Training” lacks jurisdiction and the capacity to manage different public services across diverse government agencies thus, working toward efficient integration of the primary government providers will minimize redundancy. There are many generalizations: quality assurance of private supply is more of an exception than the norm. Institutional boards and administrators have inadequate power at the level of public training institutes, which is a major source of frustration, and finally, there exists a lack of systematic collection of data on public or private TVET for the purpose of conducting research to diagnose concerns, not including where such research is initiated or funded externally.

A meaningful, but frequently overlooked, aspect of the execution procedure is the concept of the labour force included. Typically, faculties for the venture group are picked with little attention for the skills required to effectively add to the usage achievement (Berezin & Gorodnova, 2018).

Assessing an education system's performance entails considering a variety of issues, including: How effectively does it prepare students for changing labor market demands? Is the system providing adequate chances for young people to acquire necessary skills? Is the system, more generally, adaptable and sensitive to human, societal, and economic needs? Literacy levels, much alone the capacity to participate in the labor market, remain extremely low throughout the lower-also those from middle-income families.

The poor level of educational quality is creating a foundation of illiteracy in its path and decreased enrolment rates for the middle class. Education must be of higher quality and relevance if economies built on knowledge are to thrive and labor market demands are to be met. Percentage of adult literacy, secondary in addition tertiary education enrolment rates, and the educational performance of science and mathematics are critical criteria for assessing "readiness." Private advantages accrue as well, given the connection between increased education and an individual's job prospects.

Employment rates as a measure of an education system's success in educating students to join the labor market serve as a barometer of the programmer's performance. A third indicator of system success is the system's capacity to balance skill supply and demand. Frequently, an incompatibility exists amid demand for high-level talents and an excess of low-level abilities creating a system that works, which discussed the three elements that assist in achieving of education-to-employment systems.

#### **2.3.4 Community Support and Implementation of Public-Private Partnership Projects**

The path to a strong public private partnership is via the link of individuals in general and private sectors, as well as through the connection between venture partners. Sohail et al. (2004) pioneered the use of quantitative and subjective methods to address the distinct perspectives of customers, overseers, and controllers of transportation ventures. Babatunde et al. (2016) analyzed the process of interested party conversation and the executives; this procedure involved putting general public at the center of the planning, improvement, and implementation of PPP extensions with the goal of achieving shared benefits. De Schepper et al. (2014) investigated the administration responsibilities of fundamental partners and discovered that a large division of responsibilities has an effect on the requirements of partners, whether they are active or passive.

Community support aides in the administration of PPP programs in the Afya Elimu sector. Their participation would increase efficiency and serve as a model for PPP structures which take into consideration equality, quality, and entrance to issues in the primary schooling sector. Alternative financing sources include a variety of commercial suppliers, as well as nongovernmental and faith-based groups.

Indeed, in recent literature, the emphasis has often been more on the legally binding relationship in between conspirators or on extra categorized features that help to shape the collaboration and screen the presentation (Bao et al, 2015). Skelcher (2016) notes in a study of PPPs that "there is little evidence that popularity-based considerations have had a significant impact on PPP administration strategies." Nederhand and Klijn found in another study of PPPs in the United Kingdom that choices regarding responsibility for and access to organizations by others are usually missing.

Community support system may also have a say in how public education and training facilities are managed privately. This arrangement may be utilized mainly to solve quality concerns, as shown by authorities in charge of public education entering into direct contracts with private suppliers to maintain and operate public education and training institutes or some elements of public school operations. This is a model that the Kenyan government and private universities and colleges have embraced. However, it is critical to note that despite the fact that many educational and training institutes are privately owned and operated, they continue to be publicly owned and financed. Institutes of higher learning and training on a contract basis may be operated by a number of entities, including commercial businesses, adjacent institutions of higher learning and training, nongovernmental groups, and universities, among others. Education and training facilities under contract share a sum of characteristics that facilitate stakeholder engagement, including the ability to negotiate contracts, the power to make expenditures of public money, they have the power to recruit and dismiss employees, and they have the legal authority to defend their rights in court against the financing authorities. They are governed by arrangements that include fundamental input norms applicable to private education and training institutes, as well as specifications regarding the program of study, student expectations, and assessment techniques for evaluating attainment of these expectations, the school's objectives, and the educational program. The running firm is required to achieve certain goals in areas such as attendance at class, student achievement, and participation in the community under the terms of the agreement (Zhang, 2015).

Perhaps the most well-known example of this PPP type is the "charter education and training institutions" in the USA. While these institutions are financed by taxpayers, they are self-governing and function independently of the conventional public school system via the use of a

contract-like arrangement or a license granted by a state-owned education authority. "Charter" schools are unusual as a result of which they have the flexibility to become more creative whereas educational establishments in the public sector are free to all students, do not need special admission, and are held responsible for improving student performance.

The second kind of community support involvement in educational PPPs is via an agreement in which regimes pay for "public" schoolchildren to join private universities. This kind of partnership is mostly often used to help governments in overcoming admittance limitations. There are two features that are shared by all of these types: A learner enrolling in an approved private education and training institution receives a subsidy from the ruling regime, typically at a cost the same to or less than the charge of delivering a comparable program at a public institution; Providers that take part in the program work in regions that are disadvantaged or unaddressed by government-sponsored or publicly funded institutions; and participating providers charge the same or less than the government.

Is PPP an outlier in terms of administration architecture and administration language, implying that partner participation produces superior results? In this study, I will determine whether or not the addition of partners has any impact and, if so, how. I will begin by defining what partnership in PPP ventures is, and then address the questions of what factors influence partner affiliation and the effect of partner participation on the outcomes of PPP ventures. The scientist will focus on cultural performers while dissecting partner inclusion.

## **2.4 Theoretical Framework**

The research is founded on two theories: the theory of agency and the idea of resource dependency. The agency hypothesis places a premium on the connection between the government and private businesses that serve as agents for the government. The resource dependency hypothesis is predicated on the premise that no one entity could possibly possess and/or manage all of the resources necessary for long-term survival. On this premise, PPPs exist.

### **2.4.1 The Agency Theory**

The agency theory of work is concerned with how workers behave at work (Panda & Leepsa, 2017). The theory is predicated on the assumption that players in any company follow a utility maximization logic, in which they want to achieve what is in their own best interests, even if it is

not in the best interests of the firm (Eisenhardt, 1989). In terms of collaboration inside the business, Barnard (1938) says that agency theory highlights the tension between the objectives of various individuals who, while working for these companies, prioritize their personal interests above the firm's. However, this tendency adds complexity to firm-specific clichés. Barnard (1938) continues to critique this theory for being focused on self-interest and opportunistic human actions while neglecting human motivations.

The agency theory is deemed significant in this research as an agency relationship in a working partnership in which both parties recognize and realize that their success is contingent upon the success of the other. The concept of agency partnering is suggested to supplement current methods for assessing the public-private partnership (PPP) option for infrastructure and service delivery. The agency theory analysis aids the study in identifying the critical factors that justify the potential of a particular partnership, justify the continued interest in PPPs in a particular sector in order to support the selection of a candidate in a winning procedure, and what should be included in the partnership agreement (PPP contract) to ensure performance. The fundamental concept is to discover or establish a win-win scenario by focusing on the overall objective, which in this case is the development/improvement of Afya Elimu education infrastructure and ensuring service delivery targets are fulfilled.

#### **2.4.2 The Resource Dependence Theory**

Pfeffer and Alison (1987) established this idea by emphasizing the importance of organizations establishing connections that allow them to trade resources. The theory acknowledges the fact that organizations do not have everything in terms of resources necessary to create value and thus rely on one another (Drees & Heugens, 2013). As a result, it is necessary for companies to govern their interactions with other players in the environment effectively in order to meet their working and functional needs.

Additionally, this theory believes that a firm's existence is primarily decided by its ability to engage effectively with other interested parties in the environment in order to obtain resources, rather by management abilities and expertise (Gaffney & Clampit, 2013).

There are two possible reasons for the development of strategic alliances, according to the resource-based theory: gaining entry to additional resources possessed by others and retaining

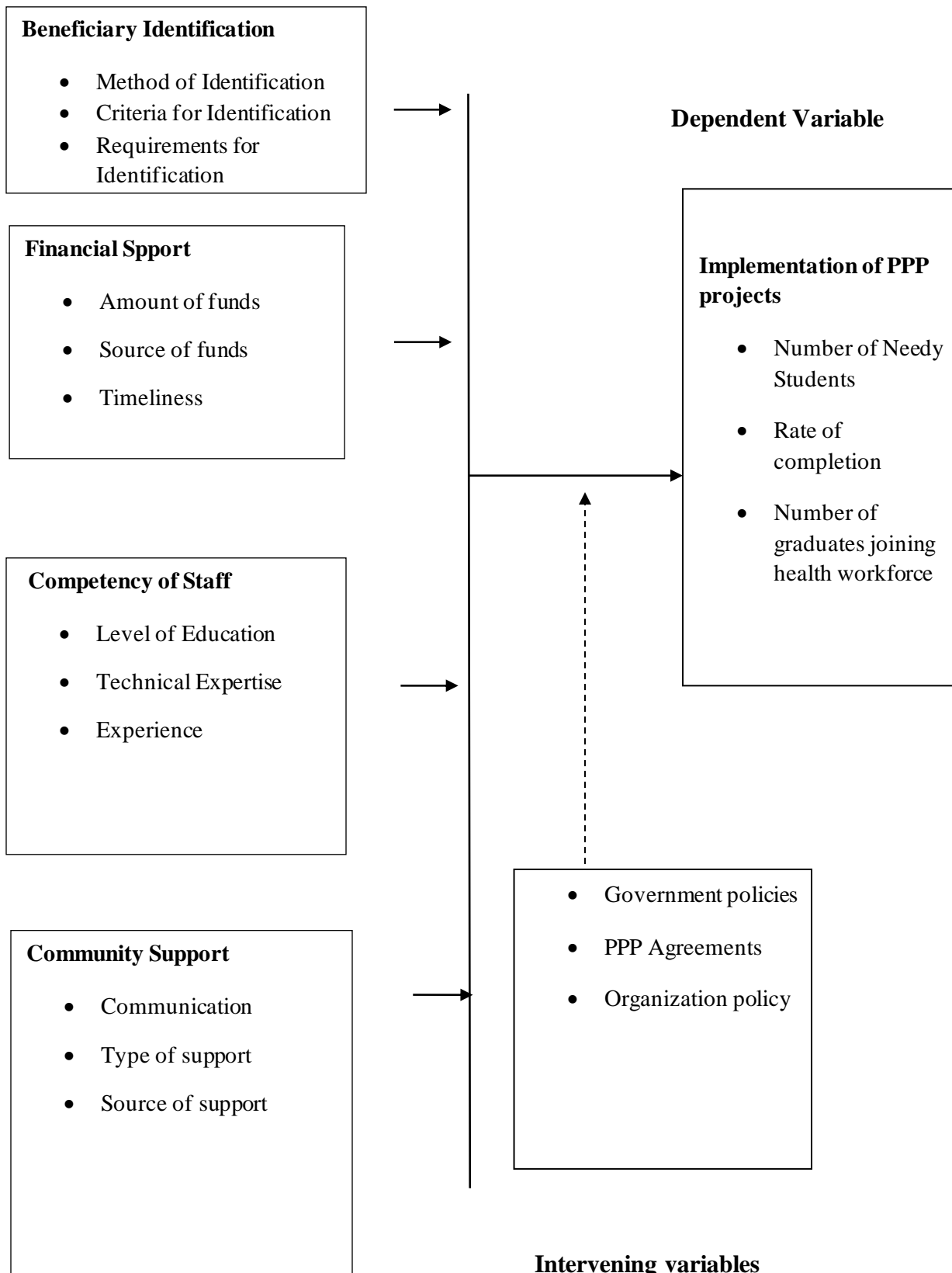
one's own resources and identity. In all instances, the alliance is premised on the assumption that the product would be much larger than what any side could achieve alone. Pooled benefits may arise as a result of one party's strengths compensating for the other's deficiencies or as a result of amplifying or increasing their combined strengths.

Thus, this theory is important to the research since it examines the connection that an alliance or partnership will exhibit when its objectives are matched with obvious benefits for all participants. The alliance structure/partnership framework/contractual arrangement capitalize on the advantages of prospective partners, while enhancing capacity by compensating for each party's limitations.

To this end, and in light of the importance of focusing on the current potential of PPPs in Afya Elimu and whether they represent a viable alternative for both the private and public sectors in the current economic climate, a framework is proposed herein to identify the prerequisites for the formation of a strategic alliance between both the government and private industry, thereby supporting the potential of a PPP. When applied to the Afya Elimu project, the technique may be utilized to choose the most appropriate candidate for forming a partnership with the public contracting authority.

## **2.5 Conceptual Framework on Institutional Factors influencing PPP projects**

According to Salkin et al. (2018), a conceptual framework is a digital or inscribed item that illustrates the main things to be studied graphically or in narrative form. It investigates the relationship between the different variables. The graphical representation of all of the research variables is shown in Figure 1. In this framework, the independent variable, dependent variable, and the intervening variables are presented.





## **Figure 1: Conceptual Framework on institutional factors and their influence on PPP projects**

**Source: Researcher (2021)**

The conceptual framework shows the link between the dependent and independent variables. The dependent variable is PPP implementation, which is influenced by a variety of independent factors, which include sourcing of beneficiaries, financial support, competency of staff, and community support. Each variable is given a quantifiable parameter as is shown in the framework.

### **2.6 Summary of Literature.**

The literature covered key institutional factors that influence the implementation of Public-Private Partnership projects. Mukami (2020) did a study on the influence of synergy on the Performance of Public Private Partnership in Kenya using Afya Elimu Fund. The key variable was synergy and the study found that synergy had significant impact on the success of public-private partnerships in Kenya. The variables covered were resource matching, communication and leadership. However, the study did not determine the influence of beneficiary identification.

In another study by Minjire (2015) on the institutional factors Influencing implementation of Public Private Partnerships In Kenya found that the main variables affecting the execution of PPPs in Kenya were project design, project management procedures, stakeholder buy-in and support, and project connections within and across relevant sectors. This study failed to determine the institutional factors such as competency of staff as a variable. Further, a study by Adongo (2012) on institutional factors influencing implementation of Public Private Partnerships in Kenya did not have competency of staff as a variable in the study. However, the findings from the study revealed the main variables affecting the execution of PPPs in Kenya were project design, project management procedures, stakeholder buy-in and support, and project connections within and across relevant sectors.

In another study by Okari (2019) on institutional factors influencing Performance of Public-Private Partnerships in Healthcare Provision in Kenya using Nyamira County as the study area found that stakeholder engagement influenced public private partnerships' impact on healthcare provision positively, followed by legislative and socio cultural variables. The study too, did not

capture the key variables that have been utilized in this study. A summary of the reviewed literature is as presented in Table 2.1 on the knowledge gaps.

**Table 2.1: Knowledge Gaps**

<b>Variable</b>	<b>Author</b>	<b>Title of the Study</b>	<b>Findings</b>	<b>Knowledge Gap</b>
Beneficiary Identification	Mukami (2020)	“The Influence Of Synergy On Performance Of Public Private Partnership In Kenya: A Case Study Of The Afya Elimu Fund.”	Synergy was shown to have a substantial impact on the success of public-private partnerships in Kenya. Additionally, resource matching as a synergy component is the most important factor affecting the success of a PPP, followed by communication and leadership.	The research examined Beneficiary Identification in the context of the Afya Elimu Fund and health initiatives. The purpose of this research was to determine how the process of selecting beneficiaries affects the execution of PPPs in Kenya's education sector.
Financial Support	Adongo (2012)	“Institutional Factors Influencing Implementation Of Public Private Partnerships In Kenya.”	The research found that the main variables affecting the execution of PPPs in Kenya were project design, project management procedures, stakeholder buy-in and support, and project connections within	The purpose of this research is to examine the Institutional variables that influence the implementation of PPS in Kenya's education sector.

			and across relevant sectors.	
Competency of Staff	Minjire (2015)	Institutional Factors Affecting The Performance Of Public-Private Partnerships In Healthcare Projects In Kenya: A Case Study Of The Ministry Of Health, Nairobi.”	The research concluded that, although robust structures exist to provide appropriate governance in PPP health projects, their effectiveness is limited by low involvement and ineffective communication required to address partner complaints and concerns.	The research focused on Resources and Capabilities, Staff Development, Monitoring and Evaluation, and Enrollment, completion, and transition.
Community Support	Okari (2019)	“Institutional Factors Influencing Performance Of Public-Private Partnerships In Healthcare Provision In Kenya; The Case Of Nyamira County”	The study's findings showed that stakeholder engagement influenced public private partnerships' impact on healthcare provision positively, followed by legislative and socio cultural variables.	This study was limited to Community support, beneficiary identification, funding and competency of staff(Institutional factors)



## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter provides an explanation of the research methodology that was utilized to examine the factors that influenced implementation of public private partnerships projects in the Kenya's health education sector.

#### **3.2 Research Design**

Saunders (2012), a research design can be defined as a structure of methods chosen by the researcher to develop several components of research in a rational manner in order to efficiently address the research problem. The study used a descriptive research design, which provided a picture of a situation exactly as it occurred naturally. This type of design was used to make decisions and develop theories.

This design was deemed appropriate since the population had uniform traits, allowing for collection of data quickly.

#### **3.3 Target Population**

Cooper & Schindler (2008) term population to be a large group of people, events, or objects that share similar characteristics and fit a specific criterion. This study targeted 218 registrars in medical training institutions, ten employees from the Afya Elimu Fund, 600 beneficiaries, and 100 community workers yielding a total population of 928 respondents.

### 3.4 Sample Size and Sampling Procedure

As stated by Moore & Buttner (2011), a sample consists of a small section of a population that represents the whole population. Sampling can be described as a process of selecting some items from a population as representative of the entire population. This section describes how the sample was computed as well as the sampling procedure used to select the respondents.

#### 3.4.1 Sample size

The sample size was determined using a formula developed by Yamane (1967), which is as follows:

$$n = \frac{N}{1 + N(e)^2}$$

Where; n=sample size

N=Size of the respondents

e=acceptable Sampling error (0.05). Applying this formula the sample size was derived as follows:

$$n = 928 / 1 + 928(0.05)^2 = 280. \text{ Thus, the sample size was 280 respondents.}$$

#### 3.4.2 Sampling Procedure

This research employed stratified random sampling technique to select the category of respondents from medical training institutions registrars, beneficiaries, community health workers, and staff from Afya Elimu. The stratification method guaranteed that the various groups of the whole population were represented in the study as guided by the nature and the characteristics of the population (Fraenkel & Wallen, 2009). The samples were selected proportionally with respect to the sample's strength as shown in Table 3.1. Simple random sampling was applied within each stratum to select the respondents in proportion to their strength.

**Table 3.1: Proportionate Distribution of Respondents**

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<b>Category of Population</b>	<b>Number</b>	<b>Sample</b>	<b>Percentage (%)</b>
Afya Elimu Staff	10	3	1.1
Beneficiaries	600	181	64.7
Community health workers	100	30	10.8
Medical training Institutions' Registrars	218	66	23.5
<b>TOTALS</b>	<b>928</b>	<b>280</b>	<b>100</b>

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### **3.5 Data Collection Instruments**

Data collection entails gathering information that is needed for analysis in a study (Kothari, 2004). Primary data was utilized in this study and was collected by the use of a questionnaire containing open-ended and closed-ended questions (Appendix II). The questionnaire had three sections, A, B and C. Section A contained questions on the socio-demographic characteristics of the respondents. Section B consisted of closed-ended questions that were meant to collect quantitative data using Likert Scale which measured the opinion and attitude of the respondents towards the implementation of PPPs Projects. Responses to these forms of questions was rated using a scale where 1-Strongly disagree, 2-Disagree, 3-Neutral, 4-Agree, and 5-Strongly agree. Section C had questions on the implementation of PPPs Projects. The reason for using

questionnaire was because it enabled the collection of huge amount of data easily and objectively. Secondary data such as the number of beneficiaries of the projects, rate of completion, and number of graduates joining health workforce was obtained through observation from the records that were maintained by the Afya Elimu and registrars of medical training institutions.

### **3.6 Validity and Reliability of the Research Instrument**

The validity and reliability of the data collection instrument is described under this section.

#### **3.6.1 Validity of the Research Instrument**

Validity can be defined as an instrument which measures the concepts under investigation. The study carried out content validity since no statistical experiment was done to examine the amount to which a measure adequately signified a content area or adequately describes a theory. Regardless of its effectiveness, content validity is subject to the scrutiny of experts in the field. As a result, a pilot study was conducted, in which a questionnaire was distributed at random to 28 carefully selected respondents who shared similar characteristics with the ones under this study. Adjustments to the questionnaire in regard to question clarity, flow of the questions, and structure were made based on the results of the pilot study to increase the content validity. Similarly, validity of the instruments was scrutinized by the supervisor to the project.

#### **3.6.2 Reliability of the Research Instrument**

Reliability refers of how well a research instrument predicts results after repeated preliminary tests (Creswell, 2003). The split-half method was used to determine the reliability of the data collection instrument. Cronbach Alpha coefficient was computed and its value was 0.8. According Rousson, et al, 2002) a coefficient of 0.6 or more is adequate for a reliable data collection instrument.

#### **3.6.3 Pilot Testing of Instruments**

A pilot test was carried out involving respondents from technical staff, National Government Community Development Fund beneficiaries, Funds Monitoring Staff and community workers working in National Government community Development Funds within Nairobi County. The piloting was conducted among 28 respondents (10%) following the recommendations of Mugenda and Mugenda (2003). The pilot study was conducted to capture the faults and expected



challenges before the start of data collection.. Furthermore, pilot testing revealed information about the validity and relevance of the instruments used in the study.

### **3.7 Data Collection Procedure**

An introductory letter from the University of Nairobi (Appendix III) was acquired before proceeding to obtain consent from National Commission for Science, Technology and Innovation (NACOSTI) to collect data from the field (Appendix IV). Respondents were explained the study's objective to motivate them to participate in the data collection exercise. The participants were assured of data privacy in order to willfully provide all the necessary information. Primary data was collected by dropping and picking the questionnaire later after the respondents had completed filling. Follow ups were made through visits and telephone calls which encouraged the respondents to complete the questionnaires. Secondary was obtained through observation of the records maintained by the Medical Training Institutions.

### **3.8 Data Analysis Techniques**

Data analysis is a step-by-step process of applying statistical techniques to make sense of raw data obtained during data collection, with the goal of arriving at conclusions, explaining or interpreting the data, and supporting decision-making.

Quantitative data were utilized in this research. Data was collected, cleaned, coded, and entered into the Social Science Statistical Package for Social Sciences (SPSS, version 20.0) to compute descriptive statistics such as percentages, means, frequencies, and standard deviations, which were then presented in tables for interpretation. SPSS was used because it was fast and flexible, and it produced accurate and trustworthy results. Pearson correlation coefficient that assesses the linear relationship of two variables was computed.

### **3.9 Ethical Considerations**

Data collected from the responders was only for academic purposes and so it was kept private. The responders were not harmed in any way, whether physically, cognitively, or psychologically. The researcher briefed the respondents about the questionnaire's primary goal, which was to collect data on the factors influencing the implementation of public-private partnership projects in Kenya's education sector: A case study of Afya Elimu-funded initiatives. Initially, the researcher gained consent through engaging with the respondents in order to gain their trust, support, and permission to do the study. The investigator informed the respondents about the importance of the research and the goals that he or she hoped to accomplish. Privacy was accomplished by promising respondents that their information and identities would be kept private, which encouraged them to engage in the research. Following a formal request from the university, the researcher contemplated disclosing the study results. Prior communication was used to provide surveys to all responders. This increased their desire to engage in the study by giving correct and trustworthy information, thus improving the quality of the research results.

### 3.10 Operationalization of Variables

The variables for the study were operationalized as follows:

Objective	Independent variable	Indicators	Measurement Scale	Type of analysis
To examine how beneficiary identification process influences the implementation of public-private partnerships projects.	Beneficiary identification	Method of identification  Criteria for identification	Nominal  Ordinal	Mean  Frequencies  Standard deviations
To examine how competence of staff influences the implementation of public-private partnerships projects.	Competency of staff	Level of education.  Technical expertise.  Experience.	Nominal  Ordinal	Mean  Frequencies  Standard deviations
To determine to what extent financial support influences the implementation of public-private partnerships projects.	Financial support	Amount of funds  Source of funds  Timeliness of funds	Nominal  Ordinal	Mean  Frequencies  Standard deviations
To establish how community support influences the implementation of public-private partnerships	Community support	Communication  Type of support  Source of support.	Nominal  Ordinal	Mean  Frequencies  Standard

projects.				deviations
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## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION, AND INTERPRETATION

#### 4.1 Introduction

This chapter discusses important findings in accordance with the study's goal of the influence of institutional factors on the implementation of Afya Elimu Funded Projects in Kenya. Descriptive statistics and correlation analysis were used. The findings are given in the form of tables.

#### 4.2 Questionnaire Response Rate

Two hundred out of the 280 questionnaires were completed and returned to the researcher in a satisfactory manner. The response rate was 71.4 percent, which was judged representative of the entire population. Sekaran (2008) confirms this finding, indicating that a response rate of at least 60% is an adequate representation of a population sampled from a larger population. This high response rate was mainly attributable to follow-up calls and a short explanation of the study's aim to responders prior to questionnaire distribution.

#### 4.3 Socio-demographic Characteristics of Respondents

The demographic characteristics of the respondents are presented in Table 4.1. The specific socio-demographic characteristics were gender, highest level of education, and length of service in the company.

**Table 4.1 Socio-demographic Characteristics of respondents**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	110	55%
Female	90	45%
<b>Educational level</b>		
Primary education	0	0
Secondary education	5	2.5%

Tertiary College	75	37.5%
University education	120	60%
<b>Duration (experience)</b>		
Less than 3 years	10	5%
3-6 years	75	37.5%
7-10 years	60	30%
Over 10 years	55	27.5%
<b>Total</b>	<b>200</b>	<b>100</b>

According to the findings, majority of responders (55 percent) were male, whereas 45% were female. This demonstrates that the overwhelming majority of those responsible for implementing Afya Elimu Education initiatives were men. According to the findings, 60% of respondents had a university education, 37.5 percent of respondents comprised college graduates, and only 2.5% had secondary education. The findings indicated that the large percentage of respondents had earned an undergraduate degree and therefore had a greater knowledge of the variables that affected the execution of Afya Elimu-funded projects.

Further, the findings on experience of staff showed that 37.5% of those who responded had worked for the organization for 3-6 years, 30% had worked for the company for seven to ten years, and 27.5% had worked for the organization for more than 10 years. Only 5% of the respondents had worked less than three years. This indicates that the bulk of respondents had worked for the organization for more than five years and therefore had significant experience with the Afya Elimu Project's execution. As a result, they were able to provide useful and trustworthy data.

#### 4.4 Implementation of Afya Elimu Funded Projects

Implementation of the Afya Elimu funded projects in the health sector was measured using the number of needy students who benefited from the projects, rate of completion of the beneficiaries in the various courses that they were admitted, and the number of graduates joining the health workforce. An analysis was done to determine the means and standard deviations of the responses on these variables.. The findings are as presented in Table 4.2

**Table 4.2: Project Implementation**

<b>Project Implementation</b>	<b>Mean</b>	<b>SD</b>
No. of needy students	3.88	0.941
Rate of completion	3.79	0.611
No. of graduates joining health workforce	4.10	0.931
<b>N=200: Mean Score</b>	<b>3.923</b>	<b>0.696</b>

The findings on the implementation of the Afya Elimu Project revealed that here was a high number of graduates joining health workforce with a mean of 4.10. This was followed by a mean of 3.79 for the rate of completion. Afya Elimu project was able to reach out to many needy students with a mean of 3.88 representing those who had enrolled as students in health schools.

#### 4.5 Institutional Factors Influencing Implementation of Afya Elimu Funded Projects

This section presents findings on the institutional factors that influenced the implementation of Afya Elimu funded projects as outlined in the objectives.

##### 4.5.1 Beneficiary Identification and Implementation of PPPs Projects

The first objective was to determine the influence of beneficiary identification on the implementation of the projects. The identification factors were the method used to identify the beneficiaries, the criteria used to select the beneficiaries, and the requirements of a beneficiary.

The first indicator for the beneficiary identification was the method of identification. This variable was measured using home visits, household income, and admission to medical health institution. The findings on this variable are as shown in Table 4.3

**Table 4.3: Beneficiary Identification Method**

<b>Method</b>	<b>Frequency</b>	<b>Percentage</b>
Home visits	100	50
Household income	55	27.5
Admission to college	45	22.5
<b>Total</b>	<b>200</b>	<b>100</b>

The findings from Table 4.3 show that 50% of the respondents indicated that they were reached through home visits, 27.5 % were reached using their household income whereas 22.5 % of the beneficiaries for Afya Elimu project were identified through their admission to college. The findings imply that majority of the beneficiaries were identified using home visits followed by household income of the beneficiaries. The least method used to identify the beneficiaries was admission to college.

Further the study used the identification criteria used to identify the beneficiaries. The findings on this variable are as shown in Table 4.4

**Table 4.4: Beneficiary Identification Criteria.**

<b>Criteria</b>	<b>Frequency</b>	<b>Percentage</b>
KCSE results	53	26.5



Course admitted	47	23.5
Course level	100	50
<b>Total</b>	<b>200</b>	<b>100</b>

From the findings, the majority of the respondents (50%) indicated that course level was the main factor in selecting who was to benefit from the Afya Elimu fund. In addition, the K.C.S.E results 53(26.5%) being the second factor in the criteria of identifying the beneficiaries. The least criterion used was course admission. The findings revealed that course level was the major criterion used followed by course level and then the course admitted.

The last variable for the identification of beneficiaries was the identification requirement. The requirements were measured using the category of beneficiary such as whether the beneficiary was a medical student or possessed a certificate or a diploma. The findings on this variable are in Table 4.5

**Table 4.5: Beneficiary Identification Requirement**

<b>Requirement</b>	<b>Frequency</b>	<b>Percentage</b>
Medical Student	<b>0</b>	<b>0</b>
Diploma or Certificate level	<b>200</b>	<b>100</b>
<b>Total</b>	<b>200</b>	<b>100</b>

From the findings, 100% indicated that students enrolled in mid-level medical colleges pursuing a diploma or Certificate is the only requirement in identifying the beneficiaries.

**Influence of beneficiary identification and project implementation.**

Respondents were provided with statements regarding their views on whether beneficiary identification had any influence on the implementation of PPPs projects. The respondents were supposed to select options on a Likert scale ranging from 1 – 5 for strongly disagree to strongly agree to the statements. Mean and standard deviations were computed as shown in Table 4.6

**Table 4.6 Influence of beneficiary identification and Project Implementation.**

<b>Beneficiary identification</b>	<b>Mean</b>	<b>SD</b>
The organization ensures all needy students are considered	4.15	0.681
The organization makes sure that all requirements are met	3.81	0.542
The organization is timely in the process of beneficiary identification	3.75	0.759
The organization complies with sourcing requirements during project implementation	2.55	0.992
The organization engages all the stakeholders in the sourcing process	2.45	1.021
<b>N=200: Mean Score</b>	<b>3.342</b>	<b>0.799</b>

*Source: Research data, 2021*

*SD is standard deviation*

The findings indicated that the organization makes sure that all needy students are considered (mean of 4.15). Organization makes sure that all requirements are met (mean of 3.81), the organization is timely in the process of beneficiary identification (3.75) and stakeholders are involved in the organization's process of sourcing beneficiaries and procurement processes are followed. A mean score of 3.342 indicates that the sourcing of beneficiaries' process was implemented to a moderate extent.

#### **4.5.2 Financial Support and Implementation of PPPs Projects**

The study sought to determine how financial support has influenced the implementation of PPP projects. Respondents were asked questions in relation to this and the findings are as shown in Table 4.7

**Table 4.7: Financial Support**

Source	AMOUNT(MILLIONS)					FREQUENCY
	100-300	301-500	501-700	701-100	≥100	
Std Chartered		200				200
I & M			200			200
Ratansi Education Trust	200					200
Family Group Funds					200	200
<b>TOTAL</b>						<b>200</b>

From Table 4.7, 100% of the respondents agreed that Standard Chartered Bank contributes an amount between 301-500M, I&M's contribution was 501-700 million shillings. Ratansi Educational Trust contributed between 100-300 million shillings while Family Group being the highest contributor to the Afya Elimu funds contributing an amount of more than 1000 million shillings. This shows that the various organizations have come on board to support the Afya Elimu projects apart from the Government of Kenya and the USAID.

The study further sought to determine if the funds were received in time to help the needy students. The findings are shown in Table 4.8

**Table 4.8: Timeliness of Funds**

	Frequency	Percentage
<b>Timely</b>	155	77.5%
<b>Not Timely</b>	45	22.5%

<b>Total</b>	<b>200</b>	<b>100</b>
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Table 4.8 shows that 77.5% of the respondents agreed that the funds from different sources are received in time and therefore there was a smooth and timely disbursement of funds to various applicants.

#### **4.5.3 Competency of Staff and Implementation of PPP Projects.**

The study's objective was to determine whether competency of staff influenced implementation of Afya Elimu Projects. The findings are as depicted in Table 4.9 .

**Table 4.9: Competency of Staff influenced implementation of Afya Elimu Projects**

	<b>Frequency</b>	<b>Percentage</b>
<b>Yes</b>	155	77.5%
<b>No</b>	45	22.5%
<b>Total</b>	<b>200</b>	<b>100</b>

The majority of respondents (77.5%) believed that competency of staff played a role in the execution of Afya Elimu projects, while 22.5% disagreed. This indicates that competency of staff was critical in influencing the execution of Afya Elimu projects.

Further the respondents were asked to offer their views regarding the influence of competency of staff on the implementation for Afya Elimu funded projects. The responses were measured using a 5- Point Likert scale and the mean and standard deviation were computed as shown in Table 4.10

**Table 4.10: Influence of competency of staff on Project Implementation.**

<b>Competency of Staff</b>	<b>Mean</b>	<b>SD</b>
Project is implemented by skilled and competent staff with required technical expertise	3.71	0.545

The staff goes through regular training programs to polish their skills and knowledge	3.64	1.002
The staff have a better understanding of the PPP policies and procedures	3.31	0.967
The project is implemented with people with high work experience	2.45	0.573
Project is implemented by staff with A bachelors as minimum education level	3.80	0.611
<b>N=200: Mean Score</b>	<b>3.382</b>	<b>0.739</b>

*Source: Research data, 2021*

*SD is standard deviation*

The findings indicated that Project is implemented by staff with a high education level (mean of 3.80 SD 0.611). These include: sufficient capability to manage and execute the project, trained and competent personnel, and ongoing training programs. Additionally, the findings showed that the organization comprehended the PPP rules and processes to a reasonable degree (Mean of 3.31 SD 0.967). The mean score was 3.382, indicating that the organization assessed competency of staffs methods in a moderately thorough manner.

#### **4.5.4 Community Support and Implementation of PPP Projects**

The study sought to examine the influence of community support on the implementation of Afya Elimu Projects. The findings are showed in Table 4.11

**Table 4.11: Community support and implementation of AEP**

	<b>Frequency</b>	<b>Percentage</b>
<b>Yes</b>	<b>116</b>	<b>58%</b>
<b>No</b>	<b>84</b>	<b>42%</b>
<b>Total</b>	<b>200</b>	<b>100</b>

Most of the respondents (58%) were of the opinion that community support for AEP enhanced implementation whereas 42% had a different opinion.

## **Influence of Community Support on the Implementation of Afya Elimu funded projects**

Respondents were presented with statements on the influence of community support on the implementation Afya Elimu funded projects. Mean and standard deviations were computed for to capture the opinions of the respondents. The findings are depicted in Table 4.12

**Table 4.12 Influence of Community Support on the Implementation**

<b>Community Support</b>	<b>Mean</b>	<b>SD</b>
Sourcing for beneficiaries department should comprise of community members	3.25	0.534
Community professionals can support and provide services such as board development, communication to community, strategic planning and conflict resolution	3.51	0.644
There is adequate communication between AEP and community	3.14	0.767
A consensus is reached before a decision on various issues that touch the community	3.48	1.102
<b>N=200: Mean Score</b>	<b>3.345</b>	<b>0.761</b>

*Source: Research data, 2021*

*SD is standard deviation*

The findings indicate that community professionals can support and provide services such as communication to community, strategic planning and conflict resolution (mean of 3.51 0.644), the project has received support from community in Sourcing for beneficiaries (3.25 0.534) and a consensus is always reached before a decision on various issues that touch the community hence smooth implementation.. The majority of community support practices were used to a moderate extent (Mean of 3.345), including communication between AEP and community

### **4.6 Pearson Correlation Coefficient**

Pearson correlation coefficient measures linear dependence between two variables: independent and dependent. Correlations between the Institutional factors and implementation of Afya Elimu Funded Projects in Kenya were performed to establish whether there was any relationship

between the institutional factors and the implementation of the projects.. The findings are as illustrated in Table 4.13.

**Table 4.13 Correlation Analysis**

		<b>Implementatio n Afya Elimu Projects</b>	<b>Beneficiar y Identifica tion.</b>	<b>Competen cy of staff</b>	<b>Financial Support</b>	<b>Commu nity support</b>
<b>Implementation of Afya Elimu Projects</b>	Pearson Correlation	1				
	Sig. (2 tailed)	0.000				
<b>Beneficiary identification</b>	Pearson Correlation	0.615**	1			
	Sig. (2 tailed)	0.004	0.000			
<b>Competency of Staff</b>	Pearson Correlation	0.747**	0.512**	1		
	Sig. (2 tailed)	0.000	0.000			
<b>Financial support</b>	Pearson Correlation	0.812**	0.645**	0.515**	1	
	Sig. (2 tailed)	0.000	0.000	0.000		
<b>Community</b>	Pearson	0.412**	0.121	0.112	0.097	1

support	Correlation					
	Sig. (2 tailed)	0.042	0.512	0.305	0.510	0.302

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Correlation coefficients show that at a p-value of 0.004 and a positive correlation coefficient of 0.6 existed between beneficiary identification and the execution of Afya Elimu Funded Projects. These findings indicate that beneficiary identification is significant, since its p-value is less than 5%. (0.000). Competency of staff and execution of Afya Elimu-funded projects had a positive correlation of 0.747 at a p-value of 0.000, which is significant at a level of less than 5%.

Financial support and project execution achieved the greatest correlation of 0.812 at a p-value of 0.000, whereas community support and project implementation achieved a positive correlation of 0.412 at a p-value of 0.052. These findings indicate that financial support was the most influential factor in the implementation of Afya Elimu Funded Projects, followed by competency of staff and then the beneficiary identification. The least institutional factor having an influence on the implementation of projects was community support that had a correlation coefficient of 0.042.



## CHAPTER FIVE

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

#### 5.1 Introduction

This chapter presents a summary of the findings, discussions, conclusions and recommendations on the institutional factors influencing implementation of public-private partnership projects in Kenya's education sector.

#### 5.2 Summary of Findings

The response rate of 71.4% was considered more than adequate for the study. This finding indicated that there was fair gender representation. The respondents were well educated with majority (60%) having attained university level of education and above. This implies that the information obtained from them was very credible. The study investigated the institutional factors influencing implementation of public-private partnership projects in Kenya's education sector guided by four main objectives and these were to examine how beneficiary identification influences the implementation of PPPs, to determine the influence of financial support on the implementation of PPPs, to establish how competency of staff influences the implementation of PPPs, to examine the influence of community support on the implementation of PPPs in Kenya's education sector.

The study found out that beneficiary identification ( $p = 0.61$ ) and community support ( $p = 0.04$ ) had an influence on implementation of PPPs in the education sector. The study also found out that financial support, competence of implementing staff and community support all had an influence on implementation therefore cannot be ignored.

##### 5.2.1 Beneficiary Identification.

The findings indicate that the majority of respondents (60 percent) believed that the procedure of selecting recipients impacted the execution of the Afya Elimu fund. Additionally, the results showed that through home visits with support of community beneficiaries are identified, and that requisitions were submitted on time to enable simple access to cash. The findings indicated that the organization makes sure that all needy students are considered (mean of 4.15). Organization

makes sure that all requirements are met (mean of 3.81), the organization is timely in the process of beneficiary identification (3.75) and stakeholders are involved in the organization's process of sourcing beneficiaries and procurement processes are followed. The results indicated that the process of beneficiary sourcing was used to a modest degree in the implementation of the Afya Elimu Fund, with an overall mean of 3.342 and a SD of 0.799. Correlation analysis showed a moderate correlation between beneficiary sourcing and Afya Elimu Fund implementation. This result is consistent with the observation made by Xiong and Zhang (2014), who showed that the procedure of recruiting beneficiaries was used sparingly and favorably impacted the execution of PPP projects.

### **5.2.2 Competency of Staff.**

The findings indicate that the competency of staff and execution of Afya Elimu-funded projects had a positive correlation of 0.747. The project was carried out by qualified personnel who had a thorough knowledge of the project's rules and processes. The majority of respondents (62%) believed that competency of staff played a role in the execution of Afya Elimu projects. The results indicated that Project is implemented by staff with a high education level (mean of 3.80). These include: sufficient capability to manage and execute the project, trained and competent personnel, and ongoing training programs. Additionally, the findings showed that the organization comprehended the PPP rules and processes to a reasonable degree (Mean of 3.31). The mean score was 3.382, indicating that the organization assessed competency of staffs methods in a moderately thorough manner. Abdul et al. (2016) substantiate this perspective by establishing that capacity development was used to a limited degree and had a substantial impact on the effective implementation of the Afya Elimu Fund.

### **5.2.3 Financial Support.**

The organization collected sufficient money to offer healthcare student loans to students from underprivileged backgrounds by obtaining funding from a variety of sources to provide greater access, prompt distribution of funds, and careful financial management. The respondents agreed that Std Chartered bank contributes an amount between 301-500M, I&M between 501-700, Ratansi foundation between 100-300. Family Group is the highest contributor to the Afya Elimu funds contributing an amount of more than 1000M. This shows that the various organizations have come on board to support the Afya Elimu projects apart from the government of Kenya and

the USAID. Lack of money delayed the pace of project execution and added complexity to the payout process. The findings showed that there was sufficient communication between parties about the disbursement of funds to a degree. 77.5% of the respondents agree that the funds from different sources are received in time therefore smooth and timely implementation and disbursement to various applicants.. These findings are similar with Gajurel (2013), who discovered that funding availability had a substantial impact on the execution of PPP initiatives.

#### **5.2.4 Community Support.**

The findings indicate that extensive community support is key towards successful performance. Most of the respondents were of the opinion that community support for AEP enhanced implementation. The findings indicate that community professionals can support and provide services such as communication to community, strategic planning and conflict resolution (mean of 3.51), the project has received support from community in Sourcing for beneficiaries (3.25) and that a consensus is always reached before a decision on various issues that touch the community hence smooth implementation.. The majority of community support practices were used to a moderate extent (Mean of 3.345), including communication between AEP and community. This result is consistent with Wanyoike's (2019) assessment that stakeholder engagement was heavily used and impacted the implementation of PPP in education projects.

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

The results from socio-demographic data indicate that the majority of respondents were male, indicating an imbalance in gender representation in the benefit and execution of PPP educational health initiatives. This is consistent with Beard (2005), who claimed that women participated in projects at a lower rate than males owing to cultural restrictions; men were more inclined to engage in project activities.

Further, the findings indicate that the organization adhered to all beneficiary identification criteria or requirements throughout the implementation of the Afya Elimu Fund, and that the perception of the fund was successfully handled by the staff and funding agencies. The results indicated that beneficiary identification practices were used to a moderate degree in the implementation of Afya Elimu Fund, and that beneficiary identification process practices were moderately associated with the implementation of Afya Elimu Fund. This is consistent with the

findings of Xiong and Zhang (2014), who showed that beneficiary identification was used sparingly and favorably impacted the execution of PPP projects.

The results indicate that capacity development was also used to a degree in the execution of the Afya Elimu Fund initiative, with a mean of 3.5. The initiative was executed by competent personnel who had a thorough knowledge of the project's rules and procedures. The organization sponsored frequent training sessions for its employees to ensure they understood how to readily access money. This is similar with Abdul et al. (2016), who showed that capacity development was used to a limited degree and had a substantial impact on the Afya Elimu Fund's effective implementation.

The research showed that the group generated sufficient money to offer loans to health students. These funding came from a variety of sources, allowing for ease of access and execution. These findings are similar with Gajurel (2013), who discovered that funding availability had a substantial impact on the execution of PPP initiatives.

The findings indicate that extensive community support occurred. The organization communicated with its interested parties (stakeholders) on a regular basis; an agreement was arrived at prior to making a decision; interested parties were involved in the preliminary project planning; the project's requirements aligned with those of the stakeholders; this interested parties were assigned authority and responsibilities; executors of the project managed stakeholder anticipations; and project implementers involved themselves in legal lobbying to influence public policy and decision-making. This project was successfully executed due to continuous contact with its stakeholders. This result is consistent with Wanyoike's (2019) observation that when stakeholder participation is maximized, it has a positive effect on the implementation of PPP in education projects.

#### **5.4 Conclusions**

It is concluded that beneficiary identification, financial support, competence of staff along with community support have a positive and significant influence on implementation of PPP projects in the education sector Kenya. Given this finding, the various responsible authorities should consider employing staff with university education. Afya Elimu should also consider the support

from donors and sponsors. Similarly, it is important for Afya Elimu funded projects to take into account community support. to ensure successful AEP implementation.

## **5.5 Recommendations**

This study makes a number of recommendations. First, it is the recommendation on policy and then for further research

### **5.5.1 Recommendations for Policy:**

The Higher Education Loans Board, the KHF, Ministry of Health and the USAID-funded FUNZOKenya Project, should explore raising additional money to provide way to further inexpensive loans, allowing health students from low-income families to continue their education uninterrupted. The nation will be able to address its severe lack of health professionals via this program.

The Ministry of Health may establish regulations that foster an atmosphere in which poor students pursuing health-related degrees can readily get inexpensive school tuition loans. For instance, the national government might fund training programs to teach health students on the most effective methods of obtaining loans.

To assist in addressing this issue of restricted access to finance, the government may explore a variety of novel approaches, including strengthening the regulation and supervision and funding guidelines for private providers, that would encourage investors—large and small—to engage in the education and training subsectors.; besides establishing a program of government-backed loans to probable private operatives in partnership with commercial banks. While such an alternative would undoubtedly involve some expense and risk for the government, it might serve as a spur for private sector participation in education funding.

### **5.6 Recommendations for Further Research**

The following recommendations for further study are made:

- i. To ascertain the obstacles to Afya Elimu Fund implementation
- ii. To determine the effect of ICT adoption on the Afya Elimu Fund project's execution.

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## APPENDICES

### Appendix I: Questionnaire for staff (Afya Elimu and Registrars)

The questionnaire collects data on the institutional factors that influence the implementation of PPPs in Kenya's education sector. The questionnaire has two parts I and II. The data you give will be held with utmost anonymity and only be used for learning purposes. Kindly indicate your response to all questions in the questionnaire by marking the relevant boxes.

#### Part I: Primary Data

##### Section A: Social Demographic Characteristics

1. Gender

a) Female

b) Male

2. Indicate the greatest level of academic achievement.

a) Primary education

b) Secondary education

c) Tertiary/College

d) University education

3. Work Experience (years)

Less than 3 years

3 – 6 years

7 – 10 years

Over 10 years

##### Section B: Beneficiaries Identification

1. Does Sourcing process influence implementation of Afya Elimu Funded Projects?

Yes  No  Not Sure

2. Which of the following methods do you use in identification of beneficiaries?

Home Visits ( ) Household Income ( ) Admission to College ( )

3. What criteria do you use in beneficiary identification?

K.C.S.E Results ( ) Course Admitted ( ) Course Level ( )

4. What are the beneficiary identification requirements?

Medical students ( ) Diploma or Certificate Level ( )

5. To what degree do the following factors pertaining to the sourcing process have an effect on the implementation of a public-private partnership project? Please evaluate each item on a scale of 1-5, “with 1 indicating strong disagreement, 2 indicating disagreement, 3 indicating neutrality, 4 indicating agreement, and 5 indicating strong agreement”.

Statement	1	2	3	4	5
The organization ensures all needy students are considered					
The organization makes sure that all beneficiary requirements are met					
The organization is timely in the process of beneficiary identification					
The organization complies with sourcing requirements during project implementation					
The organization engages all the stakeholders in the sourcing process					

6. Indicate other ways through which Sourcing process may influence implementation of Public private partnership health education project that are not mentioned above

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 .....

**Section C: Financial Support**



Project is implemented by skilled and competent staff with required technical expertise					
The staff goes through regular training programs to polish their skills and knowledge					
The staff have a better understanding of the PPP policies and procedures					
The project is implemented with people with high work experience					
Project is implemented by staff with A bachelors as minimum education level					

3. Indicate other ways through which staff competence may influence implementation of Public private partnership health education project that are not mentioned above

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.....  
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**Section E: Community Support**

1. Does Community support influence implementation of Public private partnership health education project?

2. To what degree do the following factors pertaining to stakeholder participation process have an effect on the implementation of a public-private partnership project? Please evaluate each item on a scale of 1-5, “with 1 indicating strong disagreement, 2 indicating disagreement, 3 indicating neutrality, 4 indicating agreement, and 5 indicating strong agreement”.

<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Sourcing for beneficiaries department should comprise of community members					

Community professionals can support and provide services such as board development, communication to community, strategic planning and conflict resolution					
There is adequate communication between AEP and community					
A consensus is reached before a decision on various issues that touch the community					

3. Indicate other ways through which community support may influence implementation of PPPS in health education project that are not mentioned above

.....

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.....

**Section F: Implementation of Public-Private Partnership Projects**

1. How much do you agree with the following statements? Please evaluate each item on a scale of 1-5, “with 1 indicating strong disagreement, 2 indicating disagreement, 3 indicating neutrality, 4 indicating agreement, and 5 indicating strong agreement”.

Statement	1	2	2	4	5
No of needy students who benefit from the funds are high					
There is increased rate of students completing studies from mid-level medical colleges					
Completion of studies was within schedule and budget					
The needs of the students were met					

**Part II: Secondary data collection**



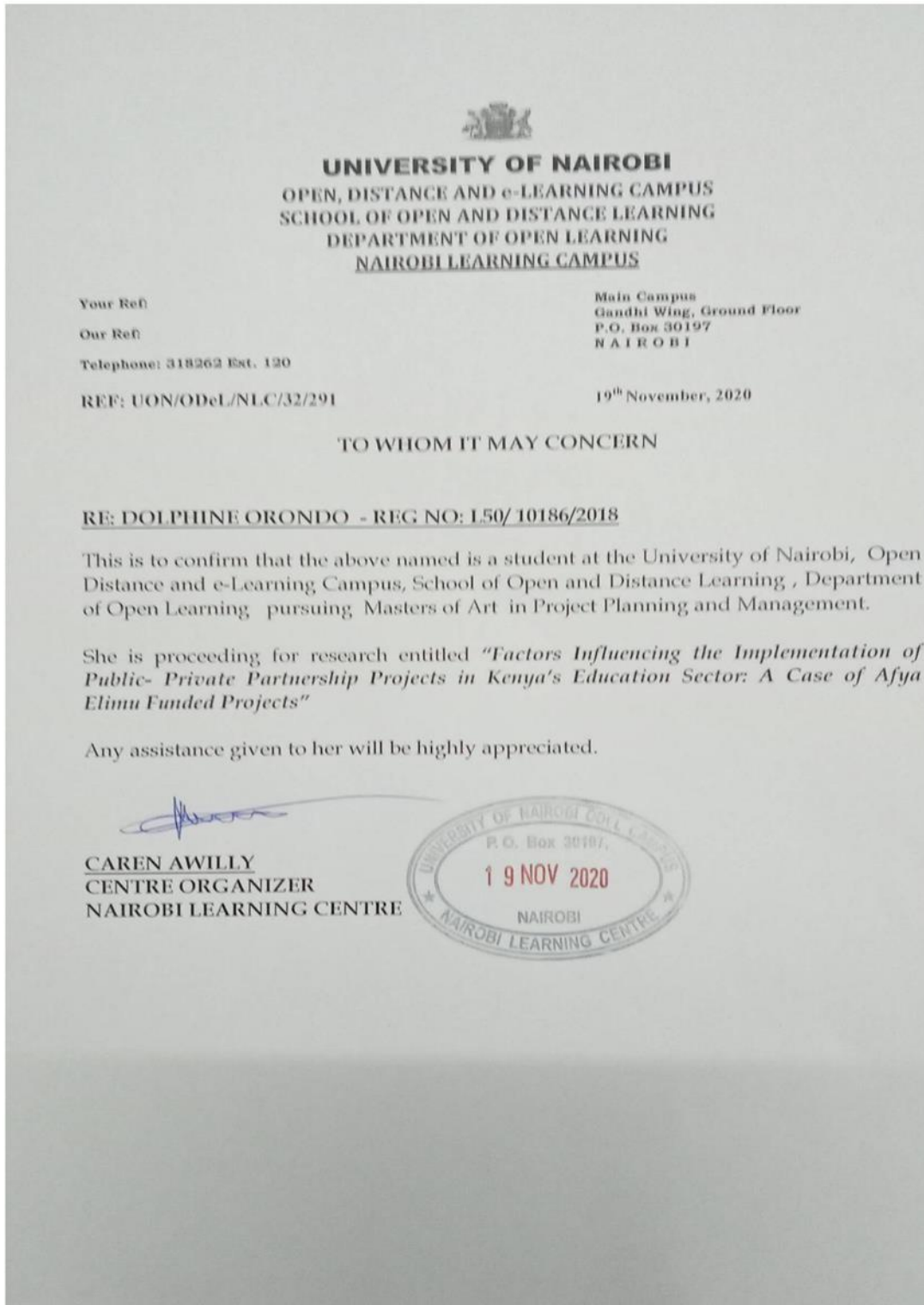
Secondary data from review of the following documents:

- Beneficiary statistics from Afya Elimu Fund
- Reports from Higher Education Loans Board
- Reports from MoH on the recruited health officer in the period under consideration.

Thank you for your time.






**THANKS FOR YOUR COOPERATION**

**Appendix II: Transmittal Letter**



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### Appendix III: NACOSTI Research Permit

 <b>REPUBLIC OF KENYA</b>	 <b>NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY &amp; INNOVATION</b>
Ref No: <b>171752</b>	Date of Issue: <b>06/January/2021</b>
<b>RESEARCH LICENSE</b>	
	
<b>This is to Certify that Ms.. Dolphine NYANCHOKA Orondo of University of Nairobi, has been licensed to conduct research in Nairobi on the topic: FACTORS INFLUENCING IMPLEMENTATION OF PUBLIC-PRIVATE PARTNERSHIP PROJECTS IN KENYA'S EDUCATION SECTOR: A CASE OF AFYA ELIMU FUNDED PROJECTS for the period ending : 06/January/2022.</b>	
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