INFLUENCE OF PUBLIC PRIVATE PARTNERSHIP ON SERVICE DELIVERY IN THE HEALTH SECTOR WITHIN UASIN GISHU COUNTY, KENYA

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A RESEARCH PROJECT REPORT SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF A DEGREE OF MASTER OF ARTS IN PROJECT PLANNING AND MANAGEMENT OF THE UNIVERSITY OF NAIROBI

JULY 2015

DECLARATION

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

SIGN………..…… **DATE** ……

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L50/73387/2014

This research report has been submitted for examination with our approval as University supervisors.

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DEDICATION

I dedicate this piece of work to my loving wife Geffin Muhandachi, my dad Mr. Kitts Mbati, my mum Mrs. Margaret Mbati and my son Jaydon Fadhili whose support and encouragement remained my source of inspiration during my study period. God bless you all.

ACKNOWLEDGEMENT

This research project could not have been completed without the support of many valuable people. It may not be possible to mention all of them and their various contributions in writing. First and foremost I would like to extend my sincere gratitude to my research supervisors; Prof. Rambo and Mr. Liguyani who despite their busy schedule sacrificed their time and effort to offer me technical guidance and moral support that ensured success of this research project. I am really indebted to all of them. I wish to single out my supervisor Mr. Liguyani for the patience he accorded me throughout the duration of my work on this noble research project. He could spare part of his crucial time including late night communications to attend to my work. I would also like to acknowledge all the lecturers at the University of Nairobi, Eldoret centre who passionately devoted their time to take me through the various course units that comprise the Master of Project Planning and Management. I must also remember my classmates for the team work we have had throughout in our course period, my colleagues at my current and former stations for their moral support and my friends Patrick and Rashid for their time and assistance in this project.

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ABBREVIATIONS AND ACRONYMS

ANOVA	Analysis of Variance.
AIDS	Acquired Immune Deficiency Syndrome.
BOT	Built - Operate and Transfer.
DBFO	Design – Built – Finance – Operate.
GHWA	Global Health Workforce Alliance.
GOK	Government of Kenya.
HIV	Human Immunodeficiency Virus.
HR	Human Resource.
KeNHA	Kenya National Highways Authority.
MOR	Ministry of Roads.
PFI	Private Finance Initiative.
PIU	Project Implementation Unit.
PNFP	Private Not For Profit.
PPI	Participation in Infrastructure.
PPP	Public Private Partnership.
PSR	Public Sector Reforms.
SPSS	Statistical Package for Social Sciences
SUO	Standard Unit of Output.
UN	United Nations.
WHO	World Health Organization.

ABSTRACT

Most public or private projects are faced with financial and human resource challenges resulting from increased cost of goods, staffing and budget resulting to creation of the Public Private Partnership (PPP). However, in spite of the government financial and human resources support through the Public Private Partnership strategy, this projects management is not certain if the community has gained substantial improvement in their livelihood with regard to service delivery. The purpose of the study was to investigate the influence of Public Private Partnership on service delivery in the health sector within Uasin Gishu County, Kenya. The study specifically determined the influence of PPP financial support on service delivery, established the influence of PPP human resource support on service delivery, found out the influence of PPP procurement support on service delivery and ascertained the influence of PPP managerial support on service delivery in the health sector. The study was informed by Stakeholders' theory and Transaction Cost Theory and used descriptive survey research design because it gives a thorough and accurate description survey by determining how Public Private Partnership influences services delivery. The study targeted 300 Technical staff, 600 Community health care nurses, 50 Health monitoring staff, 200 Community health workers and 5 County ministry of health officials which gives a total of 1155 persons working in various fields within the health sector in Uasin Gishu County. Random sampling was used in this study to select a sample size of 120 health workers. The primary data for the study was obtained using structured questionnaires. Content validity of the instrument was obtained using instruments from previous studies that have been reviewed. Reliability test of the instruments was done using Cronbach alpha coefficient. Analysis of data was done using descriptive statistics specifically mean and standard deviation. Inferential statistics was Pearson correlation coefficient and multiple regression analysis. The study found that public private partnership financial support (β_1=0.238, $p<0.05$), public private partnership procurement support (β_2=0. 0.361, $p<0.05$) and public private partnership managerial support (β_3=0.334, $p<0.05$) had a positive and significant effect on service delivery in the health sector within Uasin Gishu County. However, on public private partnership human resource support, the study findings revealed that there was no adequate human resource support from the Public Private Partnership especially in terms of the partners providing the employees with necessary skills they need for improved service delivery. This can be done through constant training in workshops, conferences as well as providing the employees opportunities to attend seminars to enhance their skills. There is need to provide information on grants and funding sources as well as how the funds are utilized and involving the employees in the making of financial decisions which would ensure inclusiveness as well as motivating the employees which would make them feel appreciated and important.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presents background of the study, statement of the problem, objectives of the study, research questions and significance of the study. Further it gives the limitation of the study, assumptions of the study, delimitations of the study and definition of terms.

1.1 Background of the Study

The need for public - private partnerships arose against the backdrop of inadequacies on the part of the public sector to provide public good on their own, in an efficient and effective manner owing to lack of resources and management issues. These considerations led to the evolution of a range of interface arrangements that brought together organizations with the mandate to offer public good on one hand, and those that could facilitate this goal through the provision of resources, technical expertise or outreach, on the other ((Nishtar, 2004).

In US, Public Private Partnerships have been explored as a mechanism through which additional resources and support can be mobilized for health activities, particularly in under resourced developing countries. Over 80 such partnerships exist, many focusing on combating neglected diseases (Wemos, 2004). The UN and its agencies have been at the forefront of engaging with the private sector in an attempt to foster collaboration that would deliver more resources for health in poorer countries (Buse and Waxman, 2001).

PPPs have been implemented broadly around the world. In the 1980s, the United Kingdom pioneered the development of a particular form of PPPs, creating the Private Finance Initiative (PFI) in 1992 to further promote PPP agreements (Iossa, Spagnolo, & Vellez, 2007). According to the World Bank's Private Participation in Infrastructure (PPI) database, PPP agreements in developing countries have grown steadily since the 1990s; 2,750 infrastructure projects for capital value of US$ 786 billion have been implemented in 1990-2003. This database notes that private activity in road projects in developing countries has undergone resurgence in the past four years. Investment commitments to road projects with private participation have grown from US$7 billion in 2005 to US$167 billion in 2008, reaching a new peak

Involvement of the private sector in China is linked to the wider belief that public sector bureaucracies are inefficient and unresponsive and that market mechanisms will promote efficiency and ensure cost effective, good quality services (WHO, 2000). Another perspective on this debate is linked to the notion that the Japan public sector must reorient its dual role of financing and provision of services because of its increasing inability on both fronts (Mitchell J., 2001). Under partnerships, public and private sectors can play innovative roles in financing and providing health care service,

Partnership has significant potentialities for achieving efficient and effective high quality health services. It aims to establish a functional integration and sustained operation of a pluralistic health care delivery system by optimizing the equitable use of the available resources and investing in comparative advantages of the partners. It ensures the utilization of the potentials of both the public and private sectors (Barakat, 2003). The

need to provide and improve the efficiency of the health system delivery has been gaining attention worldwide (Jamison et al, 2006). Many developing countries in Africa have introduced reforms with the goal of making health care more effective (Mattke et al, 2006).

Most PPPs implemented in Tanzania are concession arrangements for running existing enterprises with limited provisions for rehabilitation and new investments. It is noteworthy that in the case of services, PPPs have been implemented successfully by Faith Based Organizations (FBOs) in education, health and water sectors for many years. However, in the case of other sectors, the performance has been mixed largely due to the complexity of such projects and lack of clear guidelines on the criteria for public and private sector partnership (URT, 2009)

The GOK has hence over the past been committed to improving and strengthening the environment for private sector participation and has passed or amended a number of legislations to accommodate private sector participation in various sectors. Such initiatives include the Privatization Act of 2005 and the Public Procurement and Disposal (Public Private Partnerships) Regulations, 2009 under Legal Notice N0. 38, anchored too recently, the PPP Bill 2012 was tabled in Parliament on 9th May, 2012. In addition, the roads sub sector in particular has been very deliberate by way of policy to ensure that PPP is an alternative. The Ministry of Roads (MOR) undertook drafting of the Sessional Paper No. 5 of 2006 on the “Development and Management of the Road Sub-Sector for Sustainable Economic Growth”, aimed at providing a framework to facilitate private sector participation in development and management of road infrastructure services

through PPPs. Furthermore, the Kenyan government passed an amendment of the Public Road and Tolls Act (Cap 407) in 2007 to provide for the collection of tolls on public roads and to establish a Public Roads Toll Fund. Also, Kenya National Highways Authority (KeNHA) is mandated, through the Kenya Roads Act (2007) to charge tolls and enter into agreements with any state owned or other entities to promote its business of delivering road infrastructure and services.

1.2 Statement of the Problem

Like other Private - Not- For Profit projects in Kenya, projects in the health sector within Uasin Gishu County are faced with financial and human resource challenges resulting from increased cost of goods, staffing, and budget. The county has had projects which have adopted the Public Private Partnership (PPP) in Health, agriculture, education among others with the aim of improving services delivery to the general population. In spite of the government financial and human resource support through the Public Private Partnership strategy, these projects management is not certain if the community has gained substantial improvement in their livelihood with regard to service delivery especially hospital outputs such as admissions, outpatient department attendance, antenatal care, immunization and deliveries. Besides, the Standard Unit of Output (SUO) and its relationship to human resource, cost of medicines, total costs and user fees is not known. Whether community has gained livelihood in delivery of services is a critical knowledge gap that needs to be addressed. Failure to appreciate positive influences of PPP on community livelihood may jeopardize future government support to the private - not -for -profit institutions and thus negating the aims for which the partnership was

established. Thus, this study therefore sought to investigate the influence of public-private partnership on the service delivery in the health sector within Uasin Gishu County.

1.3 Purpose of the Study

The purpose of the study was to investigate the influence of Public Private Partnership on service delivery in the health sector within Uasin Gishu County, Kenya

1.4 Objectives of the Study

1. To determine the influence of Public Private Partnership financial support on service delivery in the health sector within Uasin Gishu County
2. To establish the influence of Public Private Partnership human resource support on service delivery in the health sector within Uasin Gishu County
3. To find out the influence of Public Private Partnership procurement support on service delivery in the health sector within Uasin Gishu County
4. To ascertain the influence of Public Private Partnership managerial support on service delivery in the health sector within Uasin Gishu County

1.5 Research Questions

1. What is the influence of Public Private Partnership financial support on service delivery in the health sector within Uasin Gishu County?
2. What is the influence of Public Private Partnership human resource support on service delivery in the health sector within Uasin Gishu County?

3. What is the influence of Public Private Partnership procurement support on service delivery in the health sector within Uasin Gishu County?
4. What is the influence of Public Private Partnership managerial support on service delivery in the health sector within Uasin Gishu County?

1.6 Significance of the Study

Little is known about how the financial and human resource support through the PPP has influenced service delivery ability to transform the inputs into service delivery outputs. Measuring the efficiency in delivery of services in the health sector will help to understand some of the disparities in performance as well as providing some guide in the reallocation of resources in the bid to close the inequity gap in service provision. Furthermore, the findings from this study, may guide health policy makers and planners in developing more effective strategies for efficient allocation of resources in government supported facilities

The study will generate first hand data on the issue of PPP based on local experiences, meanings and perceptions. With the information that will be generated, it is hoped that the lessons learnt shall be transferred into hospital plans and strategies for effective action. The second one is associated with exploratory nature of this study. The study will fill in the knowledge gap and add intellectual knowledge to the research fraternity and particularly those who may wish to conduct a wider study. This is because the themes, subthemes and categories that will be developed will act as pattern variables to direct a much wider national study later.

1.7 Delimitations of the Study

The study delimited itself to PPP projects within the health sector in Uasin Gishu County. The variables used in the study were PPP financial support, PPP human resource support, PPP procurement support and PPP managerial support. The study targeted the technical staff, community health care nurses, health monitoring staff, community health workers and ministry of health officials.

1.8 Limitations of the Study

The research into the PPP is relatively new and hence little information on the subject was accessed. The study used structured questionnaires as the only data collection tools.

1.9 Basic assumptions of the Study

The study assumed that respondents were to be involved in the PPP and that were well aware of the private partnership investigated in the study. It also assumed that most of the respondents were in organizations within the health sector during the time of data collection and that ministry of health sector managers were to allow employees to respond to the researcher freely.

1.10 Definition of Significant Terms used in the Study

Private Public Partnership is a government project or private project which is funded and operated through a partnership of government and one or more private sector companies.

Service delivery refers to a continuous, cyclic process of interaction between providers and clients where the provider offers a service and the client either finds value or loses value as a result.

PPP Financial Support is financial services provided to make projects possible through government and private partnership.

PPP Human Resource Support is availability of adequate employees with adequate skills and experiences to make projects possible through government and private partnership.

PPP Procurement Support refers to assistance given to projects by both private and public firms in procurement operations**.**

PPP Managerial Support refers to help given to project manager to oversee, support and take responsibility for the PPP process.

1.11 Organization of the Study

Chapter one represents background of the study, statement of the problem, purpose of the study, research objectives, research questions, delimitation and limitation of the study, significance of the study, research organization and definition of operational terms as used in the study. Chapter two reviews related literature on PPP financial support, PPP human resource support, PPP procurement support and PPP managerial support on service delivery in the health sector and also theoretical framework followed by conceptual framework. Chapter three describes research methodology of the study. This methodology comprises of research design, target population, sample size and sampling techniques, Research instruments reliability and validity of research instruments, pilot testing and data collection procedures. Chapter four has given a detailed analysis, interpretations and discussions of the study findings. Chapter five has reviewed the whole study summary, recommendations and conclusions based on the study finding.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter is intended to acquaint the reader with existing studies carried out to determine the effect of public private partnership on service delivery. The chapter has also entailed theories of the study and the conceptual framework.

2.1 Concept of Public Private Partnership

Regan (2005) defines Public Private Partnership as the arrangements for the procurement of goods and services utilizing, franchising and similar arrangements with the private sector; the private sector is contracted to provide public goods and services on behalf of government. Similarly, Grout (2003) and Ahadzi (2004) opined that fundamentally, the private entity becomes the long-term provider of services while government becomes the purchaser of the services.

PPP schemes are built on the expertise of each partner that best meets clearly defined public needs through the appropriate allocation of resources, risks and rewards (CCPPP, 2004). Similarly, Van and Koppenjan (2001) define PPP as cooperation of some sort of durability between public and private actors in which they jointly develop products and services and share risks, costs, and resources which are connected with these products' through an institutional lens. This definition has several features. First, it underlines

cooperation of some durability, where collaboration cannot only take place in short-term contracts. This collaborative feature is supported by Broadbent and Leaughlin (2003) and Bovaird (2004). Secondly, it emphasizes risk-sharing as a vital component. Both parties in a partnership together have to bear parts of the risks involved. Third, they jointly produce something a product or a service and, perhaps implicitly, both stand to gain from mutual effort.

According to Smith, (2009) a PPP can be broadly defined as a contractual agreement between the Government and a private firm targeted towards financing, designing, implementing and operating infrastructure facilities and services that were traditionally provided by the public sector. It embodies optimal risk allocation between the parties minimizing cost while realizing project developmental objectives. Thus, the project is to be structured in such a way that the private sector gets a reasonable rate of return on its investment.

Babiak, (2008) argues that PPP offers monetary and non-monetary advantages for the public sector. It addresses the limited funding resources for local infrastructure or development projects of the public sector thereby allowing the allocation of public funds for other local priorities. It is a mechanism to distribute project risks to both public and private sector. PPP is geared for both sectors to gain improved efficiency and project implementation processes in delivering services to the public. Most importantly, PPP emphasizes Value for Money focusing on reduced costs, better risk allocation, faster implementation, improved services and possible generation of additional revenue.

The main stakeholders involved in a standard PPP include the public authority, which is responsible for the design, tender, and management of the PPP contract; the PPP contractor, which is responsible for the development of the project in the terms specified by the public authority; the financial agents, who are responsible for providing the financial resources; and the funding agents, who are responsible for payment and the provision of the income stream (Ferris, 2013).

Some of the variables may include the degree of involvement of the public authority in the funding and financing of the scheme, the length and nature of the contract between the public authority and the PPP contractor, risk sharing between the private and public parties, tasks included, financial schemes, or mix of green-field projects and takeover projects. The most typical example of PPP schemes is the BOT (Build, Operate, and Transfer). Nevertheless, the basic BOT principle can be extended to include additional clauses that may include subsidies during operation, initial contributions, or loans from the public authority. Other usual types of PPP include DBFO with shadow tolls or finance by contractor (Williams, 2013).

Eschenfelder, (2011) argues that the advantages of PPP include the incorporation of the private sector's capital and expertise, the facilitation of conditions for a life cycle optimization of the project, a more customer-oriented service, and the development of new business opportunities. The most relevant disadvantages include higher financial and transaction costs, the negative public perception of tolls, and the complex contractual structure.

According to Harris, (2011) a successful PPP requires a structure that is suited to the particular conditions of the project, clear and effective risk allocation, stability for the contractual and legal framework, as well as a transparent bidding process. In addition, the public authority should have clear objectives and avoid placing unreasonable expectations on the private party. A Public Private Partnership (PPP) is a government service or private business venture which is funded and operated through a partnership of government and one or more sector companies. These schemes are sometimes referred to as PPP, P3 or P3.

According to Cairns, (2011) PPP involves a contract between a public sector authority and a private party, in which the private party provides a public service or project and assumes substantial financial, technical and operational risk in the project. In some types of PPP, the cost of using the service is borne exclusively by the users of the service and not by the taxpayer. In other types notably the private finance initiative, capital investment is made by the private sector on the basis of a contract with government to provide agreed services and the cost of providing the service is borne wholly or in part by the government. Government contributions to a PPP may also be in kind notably the transfer of existing assets. In projects that are aimed at creating public goods like in the infrastructure sector, the government may provide a capital subsidy in the form of a one-time grant, so as to make it more attractive to the private investors. In some other cases, the government may support the project by providing revenue subsidies, including tax breaks or by removing guaranteed annual revenues for a fixed time period.

There are usually two fundamental drivers for PPPs. Firstly, PPPs are claimed to enable the public sector to harness the expertise and efficiencies that the private sector can bring to the delivery of certain facilities and services traditionally procured and delivered by the public sector. Secondly, a PPP is structured so that the public sector body seeking to make a capital investment does not incur any borrowing. Rather, the PPP borrowing is incurred by the private sector vehicle implementing the project. On PPP projects where the cost of using the service is intended to be borne exclusively by the end user, the PPP is, from the public sector's perspective, an off-balance sheet method of financing the delivery of new or refurbished public sector assets. On PPP projects where the public sector intends to compensate the private sector through availability payments once the facility is established or renewed, the financing is, from the public sector's perspective, on-balance sheet; however, the public sector will regularly benefit from significantly deferred cash flows (Babiak, 2008).

2.2 Concept of Service Delivery

Pyana (2004) in his study defined service delivery first requires a common definition of service, which this Strategy defines as a product or activity that meets the needs of a user or can be applied by a user. To be effective, services should possess these attributes: Available and timely: at time and space scales that the user needs; Dependable and reliable: delivered on time to the required user specification; Usable: presented in user specific formats so that the client can fully understand; Useful: to respond appropriately to user needs; Credible: for the user to confidently apply to decision-making; Authentic: entitled to be accepted by stakeholders in the given decision contexts; Responsive and

flexible: to the evolving user needs; Sustainable: affordable and consistent over time; and, Expandable: to be applicable to different kinds of services. (Carrillat, Jamarillo & Locander, 2004)

Service delivery, then, is a continuous, cyclic process for developing and delivering user focused services. It is further defined in four stages: User Engagement identifying users and understanding their needs, as well as understanding the role of weather, climate, and water related information in different sectors: Service Design and Development process between users, providers, suppliers, and partners of creating, designing, and developing services, ensuring user needs are met: Delivery producing, disseminating, and communicating data, products and information (i.e., services) that are fit for purpose and relevant to user needs, and, Evaluation and Improvement process to collect user feedback and performance metrics to continuously evaluate and improve upon products and services (Dachs, Ebersberger, & Pyka 2004).

It has been argued that service delivery and policy making have radically been re-interpreted with the shift from top-down policy processes to negotiation, and effective delivery. Services should no longer rest solely with professional and managerial staff but rather the aim is to move towards co-production with users and communities (Bovaird, 2007). Outdated conceptions of service planning and delivery are being challenged and are being replaced with new thinking on how to better deliver public services. Public-private Partnerships (PPPs) are increasingly being adopted as modes of public service delivery. PPP arrangement, it is argued, provides incentives to the private service provider to achieve improved levels of efficiency and effectiveness since gains in

efficiency translate into increased profits and returns and enhanced service delivery to the government (Li, 2003; Heather & Booth, 2007).

The public sector is entrusted with the delivery of public goods and services at all levels. In an increasingly turbulent environment, the public sector lately has been experiencing a bumpy journey as its tasks seem overwhelming and beyond human capacity to perform satisfactorily (Caiden, 2007; Pollitt & Bouckaert, 2000). The public sector monopolies are often associated with inefficiencies and inability to meet rapidly growing demands. As a result, the contribution of the traditional public sector is largely questioned, suggesting the need for a major overhaul.

Public sector reform (PSR) in both developed and developing countries has now become a routine matter of public policy (Pal & Ireland, 2009) especially in public infrastructure development. Governments often have engaged in numerous reforms and initiatives designed to improve cost effectiveness and efficiency. This effort integrates concepts, tools and management techniques adopted from private sector management and calls for a new relationship between governments and citizens (OECD, 2005; Metcalfe, 1993; Pollitt & Bouckaert, 2000)

Cadogan, Diamantopoulos, & Siguaw (2002) in their study argue that strengthening service delivery is a key strategy to achieve the Millennium Development Goals. This includes the delivery of interventions to reduce child mortality, maternal mortality, and the burden to HIV/AIDS, tuberculosis and malaria1. Service provision or delivery is an immediate output of the inputs into the health system, such as health workforce, procurement and supplies and finances.

Increased inputs should lead to improved service delivery and enhanced access to services. Ensuring availability and access to health services is one of the main functions of a health system. Such services should meet a minimum quality standard. Different terms such as access, utilization, availability and coverage are often used interchangeably to reflect on whether people are receiving the services they need. Access is a broad term with different dimensions. Comprehensive measurement of access requires a systematic assessment of physical, financial and socio-psychological access to services (Blois & Ramirez 2006).

Carrillat, Jamarillo, & Locander (2004) in their study argue that availability in service delivery refers to the physical access or reachability of services that meet a minimum standard. The latter often requires specification in terms of the elements of service delivery such as basic equipment, drugs and commodities, health workforce (presence and training), and guidelines for treatment. This can only be obtained by facility visits, using standardized data collection instruments. Data on the population distribution are required to estimate physical access. More precise estimates of physical access use travel time (and costs) rather than distance, but are difficult to measure.

Affordability in service delivery refers to the ability of the client to pay for the services. Data can be collected by facility visits or by household interviews. The latter is likely to be a more accurate reflection of what the consumer paid. The extent to which the service is affordable depends on the clients' ability to pay which complicates measurement. Acceptability of the service predominantly has a socio-psychological dimension which can best be measured through household surveys. Client exit interviews are a biased

sample as those who stay away from the facility because of socio-cultural barriers will be missed. These dimensions of access are a pre-condition for quality (Berghman, Matthyssens, &Vandenbempt, 2006).

2.3 Influence of Public Private Partnership Financial Support on Service Delivery in the Health Sector

In a study conducted in Germany by Bloomfield, (2006) on the challenging business of long-term public-private partnerships using on a random sample of 5 county governments using regression analysis, he concluded that growing financial support from government grants and improvements in management efficiency have enabled many of the facilities to adjust their user fees down ward thus efficient service delivery.

Wright (2013) in his study in United States of America argues that PPPs can allow the government and government entities to undertake projects that are affordable in terms of the overall inter-temporal budget constraint of government, but cannot be undertaken through traditional procurement because of the existence of budgetary limits, fiscal rules or limits to the budgetary allocations of entities from a central budget. In such a case, value for money is not the only thing that a government or government entity should consider when deciding whether or not to take the PPP route. This should be taken into careful consideration in order to ensure efficient service delivery.

According to Green (1999), a financing system of Malaysia may have negative influences on the way delivery of health services is provided. Litvack & Bodart (1993) in Cameroon and Gertler & Molyneaux (1997) in Indonesia found that price increases without

compensatory improvements in quality discourage utilization of health services for the poor.

In a study done by Barlow, (2013) on the Private Financing Initiatives (PFI), he argued that the PFI which normally involve a concession contract, have evolved in practice as a distinct means of funding major capital investments in the health sector through financing provided by private partners thus have led to improved service delivery. In the United Kingdom's PFI, which is probably the best known example, private consortia enter into long-term contracts with the government to finance, build, and, less frequently, manage new projects e.g., a consortium may finance construction of health facilities that are then leased by public partners thus ensuring efficient service delivery. PFIs have been a subject of an ongoing cost benefit debate, their applicability and use need to be evaluated carefully both as a matter of policy and on a case-by-case basis e.g., by assessing the need for the project overall, using up-to-date public comparator methodology.

In another Ugandan study carried out by Ssengoba et al, (2007) on the healthcare sector total funding to the PNFP sub sector amounted to just 0.5 percent of the total health sector budget in 1997/98, and this had grown to 7 percent by the year 2002/03 (Ssengoba et al, 2007). This funding made a considerable contribution to the financial sustainability of the PNFP health units hence recorded an improvement in service delivery. For example, in the year 2001/02, government funding from the PNFP conditional grant constituted nearly 30 percent of the budgetary requirements of the PNFP health units which led a long way to improved health care services (Bataringaya & Lochoro, 2002).

A key motivation for government of Kenya considering public private partnerships is the possibility of bringing in new sources of financing for funding public infrastructure and service needs in order to improve service delivery. It is important to understand the main mechanisms for infrastructure projects, the principal investors in developing countries, sources of finance limited recourse, debt, equity, etc., the typical project finance structure, and key issues arising from developing project financed transactions. Some governments utilize a public for calculating the financial benefit of a public private partnership (Agere, 2000).

2.4 Influence of Public Private Partnership Human Resource Support on Service Delivery in the Health Sector

To transform the workforce system into one that is demand-driven, the U.S. Department of Labor has implemented several initiatives. Three of these key efforts are highlighted in the remainder of this paper - the High Growth Job Training Initiative, the Community-Based Job Training Grants, and the Workforce Innovation in Regional Economic Development Initiative. Strong public-private partnerships are a critical element of all these initiative (Douglas, 2010)

According to Adhazi, (2004) when it comes to the HR aspects of the health sector challenges in service delivery, all countries are equally concerned. The severe and acute shortage of personnel has been profusely documented through reports and papers by prominent figures of the health development world such as WHO, GHWA, and numerous international organizations, think tanks, institutions and civil society representatives. The shortage of personnel leads to low delivery of health services.

Health personnel shortage remains the key component of a massive health sector crisis suffered in many Europe countries as well as African countries whether emerging or in development which leads to low service delivery. Its acute effects are entangled with the shortage of health staff faced by developed countries. This global context of free movement of workers and resources can impair health sector empowerment strategies at national level. Alternative analysis stress that this is only the tree hiding the forest: continuous underinvestment in public health systems, a weak economic growth context, appalling work conditions and infrastructures, deterrent salaries are to be closely looked at while a trend of skilled personnel migration towards more satisfactory and stimulating work and life environments is overwhelming all countries. This is a sensible concern that fuels an already robust debate about strategies coherence and legitimacy of external pressures. These push factors sometimes outweigh efforts that are made to strengthen the whole systems (Chen. 2002).

In Asian countries, Human resource components represent potential areas where partnerships can enhance the whole system's outcomes provided that coherence, efficiency and cost-effectiveness objectives have been drawn up and integrated in a strategic framework beforehand thus improving efficient service delivery. As seen previously, triggers of this crisis are well identified. HR shortage in health lies at the heart of the health sector strengthening policy agenda. The bottom line argument is that if no sustainable investments are made one way or another, retaining health staff in appalling work conditions within systems that fail to deliver their services in an effective manner is going to be extremely difficult. More attractive work elements can easily been looked for in other countries (Beck, 2003).

In a Ugandan study conducted by Mwesigye et al, (2000) they found out that from 1972 to 1996, the number of doctors dropped from 1171 to 964; with a population ratio more than doubling from 1:9090 up to 1: 20228; though the number of nurses increased slightly from 3877 to 4059, the population ratio again rose from 1: 2745 to 1: 4804. Similarly for mid-wives and medical assistants the population ratio rose from 1: 3917 to 1: 7431 and 1: 24457 to 1: 29367 respectively leading to deterioration in provision of health services (Mwesigye et al, 2000).

They further argued that the total volume of health workers coordinated by the three medical bureaus (UCMB, UPMB and UMMB) was 11,114 as by June 30th 2007. This is up by 10% from the 10,000 as of November 2004. It is a very minimal rise in about three years and still much lower compared to 28% rise in the Public sector hence low service delivery. About 4% of the PNFP staff in Uganda is civil servants, either deployed by the districts or posted by the Ministry of Health. Whereas there has been an increase in the number of staff and in the percentage of qualified staff employed in PNFP health facilities over a long period, the size of the workforce has been stagnating (Mwesigye et al, 2000).

The government, in collaboration with development partners and other stakeholders has been implementing the Kenya Education Sector Support Programme (KESSP) with a view to addressing the main sector issues including the need to strengthen the management and delivery of educational services. In effect, this will improve the access, quality, equity and relevance of education and training. In order to stay on track towards meeting the objectives of the EFA, MDGs and Vision 2030, further investments in the

short, medium and long term will be made necessary. The short- and medium-term investment programmes that will be implemented have been categorized into key areas including: One Year Recovery Strategy; Flagship projects which are critical to the achievement of Vision 2030; and Public Private Partnership (PPP) programmes (Gok, 2013).

2.5 Influence of Public Private Partnership Procurement Support on Service Delivery in the Health Sector

According to Austin, (2000) bidding for PPP projects procurement in Canada is expensive. Often, the largest component of bid costs is design, which can account for 50-60% of the total up from approximately 40% in 2005. Legal fees on the other hand have become less significant, dropping from 40% in 2005 to 10 12% currently. The efficiency of the procurement process can significantly impact on efficient service delivery because services are offered when needed.

In Netherlands, The most important issues that need to be addressed in relation to inefficiencies in the procurement process for some projects include inefficient resourcing associated with the stop/start nature of the PPP market, due to a number of factors including the uncertainty and lack of a clear project pipeline, delayed communication of decisions and protracted procurement processes a majority, excessive requirements for information and documentation almost all, inconsistencies in and reduced quality of tender processes and documentation, delayed communication of decisions to market and inefficient decision making processes (a majority). The issues should be dealt with in

order to make procurement issues more viable thus improving service delivery (Gidado, 2003).

According to a study conducted by Khanna, (2000) in India the efficiency of the procurement process can significantly impact the level of transaction costs to Government and of bid costs incurred by market participants thus improving efficient service delivery. Excessive and unnecessary bid costs impact the value for money achieved by Governments, with the market loading these costs into the pricing of future successful tenders and/or the level of return required within a project.

According to Barlow, (2010) Germany governments should make use of the most suitable procurement approach for a project in order to enhance efficient service delivery. The benefits result in a need to integrate design, construction, operation, maintenance and finance; and require extensive legal documentation. A focus on wider value for money, including that arising from design innovation, means that the procurement process will be feasible leading to efficient delivery of services that are needed.

Lewis, (2008) in his study argued that strategies used in developing countries such Kenya, Nigeria, south Africa among others that have improved procurement efficiency thus improved service delivery and reduced bid costs include: rigorous adherence to project timetables and the general avoidance of further bid stages, less information requirements, relying more on the preferred bidder developing its proposal both before and after commercial close and on the protections within the project contract less of an emphasis on architectural design and design innovation, some form of substantial contributions towards bid costs, greater standardization of contracts, with contracts being

rolled forward to subsequent projects without substantive amendment and less focus on third party income or development gains as a source of value for money. This leads to more efficient service delivery in sectors of the economy.

2.6 Influence of Public Private Partnership Managerial Support on Service Delivery

In a study conducted in Italy by Smith, (2008) it was argued that the sponsoring authority of PPPs should appoint a project manager to oversee, support and take responsibility for the process. This person would be supported by and would lead a project team. This team, with the project manager at its head, would be the key entity driving the PPP project. It should be formed in Phase 1 (PPP Identification) and remain together at least until technical close in Phase 3 (PPP Procurement). Such a Project Team is sometimes also called a Project Implementation Unit (PIU). Supervision by the managerial support will lead to efficient delivery of services.

Harris, (2011) argues that both the project manager and members of the Project Team would usually be from the staff of the Sponsoring Authority in Turkey. Sponsors that already have experience with PPPs may have a PPP team in place or that can be quickly reconstituted in order to improve service delivery. Alternatively, a team might be created specifically for the project at hand. These may be permanent members of the team or a core project management team might be created with specialists from other areas of the Sponsoring Authority called in as required.

A project management support role is overall project management, ensuring the process is delivered according to schedule and containing costs, engaging advisors, including determining their terms of reference; managing advisors to ensure they deliver, and assessing their services and championing the project and submitting the application for approval thus ensuring service delivery (Wright, 2013).

Lewis, (2008) asserts that management support may be used to provide specialist advice and to bolster the capacity of the Sponsor's Project Team. Support may be provided through a Project Development Agency, by the PPP Cell, or by engaging technical consultants thus help improve service delivery.

According to Chen , (2002) in Japan project plan, prepared by the Project management support at the outset of the process, can be a useful planning tool to ensure improved service delivery. The preparation of the plan will give the team a point of focus for thinking in greater detail about how the PPP process will be carried out.

One of the important functions of the PPP project management support and Project Team is to plan the process of the PPP development and procurement in advance thus ensuring improved services. Work done at the beginning of the process will pay dividends later as the Project Team will be better prepared for the next steps and better able to anticipate issues before they arise. This can increase the likely success and quality of the PPP development and procurement (Ragu, 2011).

2.7 Theoretical Framework

2.7.1 The Transaction Cost Theory

The transaction cost theory according to Coase, (1937) stipulates that organizations evaluate the relative costs of alternative governance structures such as spot market transactions, short term contracts, long-term contracts, vertical integration for managing transactions. The transactional cost theory asserts that contractual agreements are costly yet costs have to be borne in order to negotiate and write the terms of the arrangements, to monitor the performance of the contracting party, and to enforce the contracts. New forms of organizations or firms emerge as a way of economizing on transaction costs in a world of uncertainty, where contractual arrangements are too expensive. Transaction costs in this in this study refer to the costs of establishing and maintaining a partnership; more specifically, they encompass legal, financial, and technical advisory costs incurred by both public and private sectors in the procurement and operational phases of a project. Costs for organizing the bidding process; participating in it; negotiating the contract between the public sector and the winning bidder; monitoring the private sector partner's compliance with the contract and also renegotiating the contract during its life-cycle would all be included among transaction costs.

2.7.2 Stakeholders' Theory

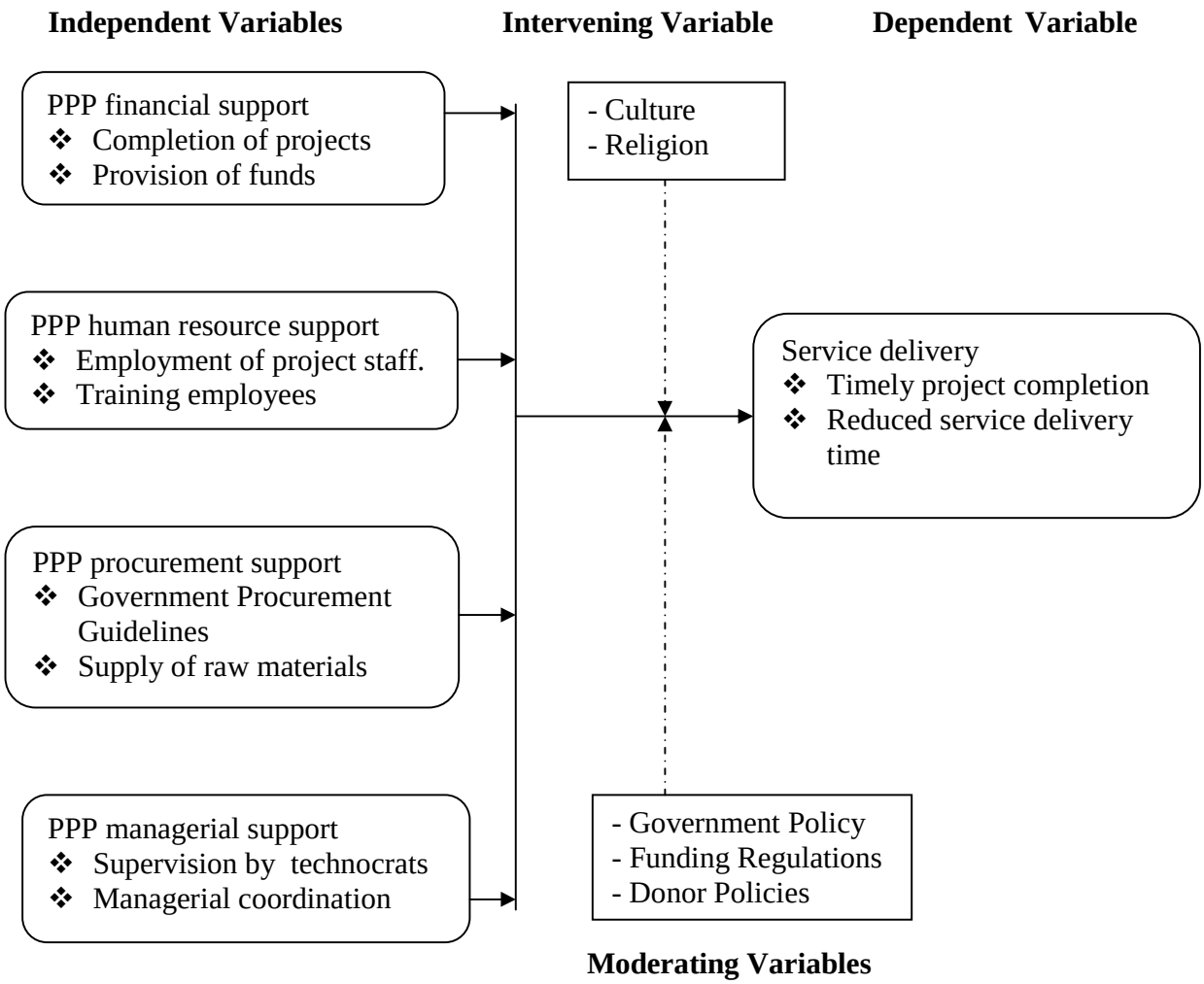
Stakeholders' theory by Freeman (1984) which identifies four major stakeholder groups to include main shareholders, employees, customers, and the general public. The 'stakeholders' are those groups without their support, the organization would cease to

exist and it may equally mean any group or individual that can affect, or is affected by, the achievement of the organization's purpose. While building on this theory, Jones & Wicks (1999) identified and put forward three forms of stakeholders' approaches namely descriptive, normative, and instrumental stakeholder approaches.

Ke and Wang (2009) assert that it is helpful to introduce the Stakeholder Theory to the Public Private Partnership project, and to use it as a basis to choose decision-making criteria. Specifically, it helps analyze demands of different stakeholders, ensures that profits are proportional to investments and risks. To some extent, it stimulates stakeholders to actively cooperate with each other, especially in public investment programs aimed at offering government public service, all of which should be directed by the stakeholder theory. One of the critics of stakeholders theory is that it does not make a clear distinction between enterprise and corporation but just dramatically overstates the separation of ownership and control, generalizing from corporations to all enterprises (Donaldson and Preston, 1995) without clearly providing best practices in harnessing and harmonizing the different stakeholders interest with harm to stakeholders interest and project time lines. It is therefore difficult to identity which stakeholders' interest should take precedent especially for an economic project like hydro -electricity generation, with adverse implications on' Mother Nature,' the environment**.**

2.8 Conceptual Framework

Figure 2.1 Conceptual Framework



Source; Researcher (2015)

2.9 Knowledge Gaps

The above studies have discussed various concept of private public partnership in relation service delivery. However, the above scholars did not address private public partnership in developing nations like Kenya. Further, previous studies did not conceptualize their variables into PPP financial support, PPP human resource support, PPP procurement support, PPP managerial support against service delivery in the health sector.

2.9 Summary of the Literature

The review of literature has produced reoccurring themes emphasizing definition of public private partnership and service delivery. Studies indicating how public private partnership financial support influences service delivery in the health sector has also been presented in the literature. Influence of public private partnership human resource support on service delivery in the health sector. Influence of public private partnership procurement support on service delivery in the health sector. Influence of public private partnership managerial support on service delivery.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter describes the methodology that was used in conducting this study. The methodology includes research design, target population, sample size and sampling procedures, research instruments, data collection methods, data analysis techniques, ethical considerations and operational definition of variables.

3.2 Research Design

Polit and Hungler (1999) described research design as a blue print or an outline for conducting a study in such a way that maximum control to be exercised over factors that could interfere with the validity of the research results. Research design is a sketch and the procedures for research that cover the decisions from broad assumptions to detailed methods of data collection and analysis (Johnson & Onwuegbuzie, 2010). The study used descriptive survey research design. A descriptive research gives a thorough and accurate description survey by determining the "how" or "why" the phenomena came into being, and also what is involved in the situation. This is achieved by portraying an accurate profile of the events and situations (Robson, 2002), which Sunders et al. (2007) considered as an extension of, or forerunner to an explanatory research. Therefore, a descriptive study would look at what is going on, while an explanatory study seeks to explain why it is going on (Sekaran, 2003). The population of interest was thoroughly

investigated in their places of operation so as to freely give more information without the manipulation of unfamiliar environments in order to understand the public private partnership. Descriptive survey research design is important especially when the researcher is using structured questionnaire to collect first hand data.

3.3 Target Population

The study target population was 1155 which consisted of technical staff - 300, community health care nurses - 600, health monitoring staff - 50, community health workers - 200, county ministry of health officials - 5.This target population consist of all those who directly deal with health activities within the County of Uasin Gishu and they constitute both the public and private sectors.

Table 3.1 Target Population

Category of health care workers	Number of employees
Technical staff	300
Community health care nurses	600
Health monitoring staff	50
Community health workers	200
County ministry of health officials	5
Total	1155

Source; Uasin Gishu County Ministry of Health database, (2013)

3.4 Sampling Technique and sample size

Under this section, the study discusses the sampling techniques and the sample size that were adopted for the study

3.4.1 Sampling Techniques.

The study used Gay, (1983) sample size formula. According to Gay (1983) for descriptive studies, ten percent of the accessible population is enough. Purposive sampling was also used for county ministry of health officials since their number of five is small.

3.4.2 Sample Size.

The study was conducted based on data obtained from 120 respondents as distributed in table 3.2. The study sample was 10% of the accessible 1155 employees of health sector in Uasin Gishu County. The substantive figure therefore was 120 respondents. The choice of 10% is justified by separate pronouncement of research Scholar: Kerlinger (1986) contends that the percentage is a considerably representative sample and is viable in social sciences study. Mugenda and Mugenda (2003) maintain that 10 percent of the population can be used to generalize on the entire population. Gall & Borg (1997) further argues that similarity of characteristics of respondents permits the researcher to select a study sample of not more than 30% of the accessible population. Ideally, 10% is legitimately within the 30% quota. The study also used purpose sampling to select county ministry chief health officials. The study used stratified sampling techniques to allocate sample size within the 5 stratus, thereafter simple random techniques was used to select sampled employees from each strata.

Table 3.2 Sample Size

Category of health care workers.	Number of employees	Sample size
Technical staff	300	30
Community health care nurses	600	60
Health monitoring staff	50	5
Community health workers	200	20
County ministry of health officials	5	5
Total	1155	120

These are the people who directly deal with the heath activity within Uasin Gishu County.

3.5 Data Collection methods

The research was based on the collection of secondary and primary data**.** Bryman and Bell (2007) goes on by saying that primary data is information that the researcher gathers on his own, for instance by using interviews, questionnaires and tests. On the other hand, secondary data refers to the data such as literature, documents and articles that is collected by other researchers and institutions (Bryman and Bell, 2007). Primary data was gathered from respondents using the questionnaires as data collection instruments. Secondary data (previous researches) as well as theoretical perspectives and discourses relating to the subject were also used to gain in-depth analysis and therefore understanding of the findings.

The questionnaires for this study were administered to the selected members. The questionnaires were administered on the basis of 'drop and pick later' or picked

immediately depending on the availability of the respondents to ensure high rate of returns. The researcher administered the questionnaires in person since there was need for more explanation to the respondents owing to nature and sensitivity of this research. Also there was a need of checking on responses to ascertain if they seemed odd or incomplete (Walliman, 2005).

3.5.1 Data Collection Instruments

The primary data for the study was obtained using structured questionnaires. The researcher employed structured questionnaires as instruments of data collection. Questionnaires were appropriate because they can be completely anonymous, allowing potentially embarrassing questions to be asked with a fair chance of getting a true reply.

A questionnaire is a form that features a set of questions designed to gather information from respondents and thereby accomplish the researchers' objectives (Grewal and Levy, 2010). In addition, it is relatively economical method in cost and time of soliciting data from a large number of people and the time for checking on facts and pondering on questions can also be taken by respondents, which tend to lead to more accurate information (Walliman, 2005). Moreover, questionnaires are easy to administer due to alternative answers provided to the respondents and also enhances easy analysis.

The questionnaire for this study was structured based on the research objectives, questions, literature review and conceptual framework. In section (A) the questions on respondents were developed, in section (B) questions on research objectives were developed rephrased and selected to suit the context of the study to represent the

variables in the research. Moreover the questionnaires were calibrated with a five point Likert Scale, with anchors ranging from '5=very well, 4= well, 3= somewhat, 2= very little and 1= not at all. Likert scale/summated scale consisted of statements that express either a favorable or unfavorable attitude towards the object of interest. The participant was asked to agree or disagree with each statement and each response is given a numerical score to reflect its degree of attitudinal favorableness and the scores are summed to show the participants overall attitude.

3.6.0 Reliability and Validity of Instruments.

3.6.1 Reliability of Instruments.

Reliability refers to the stability or consistency of measurement; that is whether or not the same results would be achieved if the test or measure is applied repeatedly (Somekh and Lewin, 2007). The researcher ensured that the questionnaire was designed using simple language that is easy to understand by the respondents. In addition, a reliability test of the instruments was done using Cronbach alpha coefficient. Nunnally (1967) suggested that the minimally acceptable reliability of 0.7 is recommended. The following table provides results of the pilot test. These findings were in line with the benchmark suggested by Hair, *et al.* (2010) where coefficient of 0.60 is regarded to have an average reliability while coefficient of 0.70 and above indicates that the instrument has a high reliability standard. Although most researchers generally consider an alpha value of 0.70 as the acceptable level of reliability coefficient, lower coefficient is also acceptable (Nunnally, 1978; Sekaran & Bougie, 2010). Thus, it can be concluded that data collected from the

pilot study were reliable and have obtained the acceptable level of internal consistency. Therefore, all items were included in the survey instrument.

Table 3.3 Reliability test

Variables.	Cronbach's Alpha	No of Items
Service delivery	0.861	4
PPP human resources support	0.870	5
PPP procurement support	0.903	4
PPP financial support	0.953	3
PPP management support	0.702	5

Source (survey data, 2015)

3.6.2 Validity of Instruments.

Validity refers to whether or not the measurement collects the data required to answer the research question (Somekh and Lewin, 2007). A research instrument is valid if it actually measures what it is supposed to measure and data collected actually represent the respondents' opinion. (Amin 2002). Content validity of the instrument was obtained using instruments from previous studies that have been reviewed. Factor analysis was performed on the four independent variables. Pilot study was carried out using 10 members of the group not included in the study.

3.7 Data Analysis Techniques.

Data from the field was checked for completeness, accuracy, precision and relevance. Data was keyed into Statistical Package for Social Sciences (SPSS) software for analysis. Analysis of data was done using descriptive statistics, specifically mean and standard deviation. Inferential statistics used is Pearson correlation coefficient and multiple regression analysis. Coefficient of correlation is a statistical measure of how well a

regression between two variables is fit. The correlation coefficient lies in a range of minus one to one and the nearer the absolute of the coefficient is to unity, the higher is the correlation. Multiple regression analysis was carried out to analyze the relationship between one dependent variable to several independent variables. Therefore, multiple regression analysis was an appropriate method in examining the relationships between independent variables and dependent variable in this study. Variables were tested at a significant level of 0.05 (5%). Data presentation was done using tables. The multiple regression model is explained as follows.

$$y = \acute{a} + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon \quad \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots 1$$

Where;

y- This is Service delivery

α -This is the constant of an equation.

X_1 = PPP financial support

X_2 = PPP human resource support

X_3 = PPP procurement support

X_4 = PPP managerial support

$\beta_{1, \beta 2, \beta 3, \beta 4, -}$ These are the coefficient of regression for independent variables.

ε – This is random error term.

3.8 Operationalization of Variables

Table 3.4 Operationalization of Variables

Research objective	Independent variable	Indicators	Data Tools	Measurement Scale	Data analysis technique
To determine the influence of Public Private Partnership financial support on service delivery in the health sector within Uasin Gishu County	Public Private Partnership financial support	management skills administrative communications equipment and skills training programme administrative operations skills in Strategic plans	Questionnaire	Ordinal, Nominal	Descriptive and Inferential statistics
To establish the influence of Public Private Partnership human resource support on service delivery in the health sector within Uasin Gishu County	Public Private Partnership human resource support	employees with expertise employees with necessary skills allowances from our partners motivate our employees appreciated and recognized by our partners	Questionnaire	Ordinal, Nominal	Descriptive and Inferential statistics
To find out the influence of Public Private Partnership procurement support on service delivery in the health sector within Uasin Gishu County	Public Private Partnership procurement support	- suppliers are sponsored -no delay in raw materials needed -long time relationship with our suppliers -supply linkages and competencies	Questionnaire	Ordinal, Nominal	Descriptive and Inferential statistics
To ascertain the influence of Public Private Partnership managerial support on service delivery in the health sector	Public Private Partnership managerial support	operations are affected by inadequate funds connecting the potential donors for funding funded by our partners	Questionnaire	Ordinal, Nominal	Descriptive and Inferential statistics

within Uasin Gishu County					

3.8 Ethical Consideration

Permission to carry out the study was sought from the relevant authorities who participated in the study (Kombo & Tromp, 2009). The researcher took into account the effects of the research on employees, and acted in a way that protects their decorum. Ethics are norms for conduct that distinguishes between acceptable and unacceptable behaviour. A number of ethical issues can arise during the academic research writing and publishing process. These include plagiarism, fabrication or falsification of data, conflicts of interest, confidentiality, treatment of human subjects and animals in research and authorship issues (Hammersley & Traianou, 2012).

In this study, the researcher assured all the employees of the selected PPP projects that the information given will be used for academic purposes only. This was done to ensure honest information was given and also to enhance the process of data collection. The researcher assured the participants that nobody was to be questioned about any information he gave, moreover, no names or personal identification numbers were reflected in the questionnaire. The numbering of the questionnaires was for ordering purpose only. In this study therefore, the researcher will share research findings after completion of research to the relevant users that would be interested in the research findings.

CHAPTER FOUR

PRESENTATION OF DATA, ANALYSIS AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter presents the analysis of the collected data and its discussion accordingly and in relation to the research questions stated with the aim of achieving the stated study objectives. This chapter first describes the background characteristics of the respondents and presents them in summary using frequency tables and percentages which includes, gender, age, highest level of education and job tenure. With regard to the influence of public private partnership on service delivery in the health sector, means and standard deviations were used for the presentation and analysis of these factors. Finally, the analysis and discussion of the correlation between the independent variables and the dependent variables and the regression model that was developed thereon was carried out.

4.1 Background characteristics

The study sought to establish the background characteristics of the respondents with the aim of establishing how they come into play in terms of public private partnership and service delivery in the health sector. The results regarding this were summarized and presented in table 4.1.

Table 4.1: Background Information

		Frequency	Percent
Gender	Male	69	62.7
	Female	41	37.3
	Total	**110**	**100**
Age bracket	less than 20 yrs	54	49.1
	21-35yrs	47	42.7
	above 35yrs	9	8.2
	Total	**110**	**100**
Level of education	primary school	5	4.5
	secondary school	6	5.5
	certificate	11	10
	diploma	56	50.9
	Degree	32	29.1
	Total	**110**	**100**
Job tenure	1-5yrs	74	67.3
	6-10yrs	35	31.8
	above 21yrs	1	0.9
	Total	**110**	**100**

From the findings in table 4.1 majority of the respondents, 69 (62.7%) were male while females comprised 37.3% of the total respondents in the study. The findings also revealed that majority of the respondents, 54 (49.1%) were aged below 20 years of age while 47 (42.7%) were aged between 21 and 35 years which indicates that majority of the health care workers at the health facilities and within the health ministry were aged 35 years and below while only 8.2% were aged above 35 years showing a clear youthful workforce within the health sector. In addition, majority of the respondents, 56 (50.9%) were diploma holders while 32 (29.1%) had degrees, lower levels of education were presented but were low in number as compared to the diploma and degree levels of education while in terms of job tenure, there is a clear reflection of the youth workforce where majority of

the respondents, 74 (67.3%) had worked for 1 to 5 years while those who had worked for 6 to 10 years were 31.8% which might be linked to the older workforce.

4.2 Management Support

The study also sought to determine the nature of the management support in terms of the support of the partners in various aspects of the management of the health facilities. The findings were summarized and presented in table 4.2.

Table 4.2: Management support

	Mean	Std. Deviation
Our partners provide us with management skills	3.36	0.936
Our partners assist with administrative communications equipment and skills	3.73	1.066
Our partners have launched a training programme	3.75	1.068
Most of the equipment for the administrative operations are provided for by our partners	3.42	0.817
Our partners provide us with skills in Strategic plans	3.45	0.83

From the findings, partners provide the health facilities with management skills, mean = 3.36 although facilities do not receive this kind of support. A mean of 3.73 represent respondents who believe that their partners assist with administrative communications equipment and skills. In addition, a mean of 3.75 affirm that partners have launched a training programme while 3.42 believe partners provide equipment for the administrative operations which accounts for most of the equipment received for administrative support and thus occupies a significant and important ratio of the equipment that the facilities have. The greatest support from partners was received in terms of administrative

communications equipment and skills and training. This implies that partners provide an important aspect of managerial support that comes in the form of skills, technical know-how as wells as essential equipment for facility operations. Danida (2011) report revealed that NGOs as partners are largely involved in capacity building of systems that support service delivery primarily at community and primary health facility levels, testing and scaling up service delivery models and also points out that international organizations providing technical and financial support to the health sector are a strong constituent group among health sector stakeholders which points the important role that the private partners play in the strengthening of the existing health systems within the country health facilities and thus improving service delivery.

4.3 Human Resource Support

The study sought to determine the nature of human resource support that the health facilities received from private partners and the findings were summarized and presented in table 4.3.

Table 4.3: Human Resource Support

	Mean	Std. Deviation
We have been given employees with expertise by our partners	3.52	1.081
Our partners provided our employees with necessary skills they need	3.30	0.924
Most of our employees receive allowances from our partners	3.68	1.188
Our partners motivate our employees	3.51	1.002
Employees in the projects feel appreciated and recognized by our partners	3.71	1.052

From the findings, partners have given employees with expertise, mean = 3.52. In addition, the partners provide the employees with necessary skills, mean = 3.3. Furthermore, the partners provide allowances, mean = 3.68 and they also motivate the employees, mean = 3.51 and thus make the employees in the projects feel appreciated and recognized, mean = 3.71. MOH (2013) HRH global forum report showed under commitment 5 the need to adopt a multi-sectoral participatory approach for delivery of health interventions in attaining the best possible health outcomes between the public sector (beyond the health sector), private and private-not-for-profit sector, faith based organizations at County and National level by 2016 and the strengthen linkages with development partners in supporting government efforts towards funding initiatives towards improved service delivery, availability of health workers at facility level, and ongoing reforms in the health sector by 2017.

4.4 Procurement Support.

An effective procurement system and process is essential to the provision of quality services especially in the health care facilities. However, the KACC (2010) report revealed that the procurement process is compromised. The study thus sought to establish the nature of provision of support by the private partners in terms of procurement. The findings were summarized and presented in table 4.4.

Table 4.4: Procurement Support

	Mean	Std. Deviation
Most of suppliers are sponsored by our partners	3.62	1.075
Our partners make sure there is no delay in raw materials needed	3.62	1.204
Our partners create a long time relationship with our suppliers	3.59	1.043
Our partners assist with supply linkages and competencies	3.42	1.237

From the findings, most of the suppliers are sponsored by the partners, mean = 3.62. In addition, the partners make sure there is no delay in raw materials needed, mean = 3.62, assist with supply linkages and competencies, mean = 3.42 and this might be due to the fact that the partners create a long time relationship with the suppliers, mean= 3.59. While identifying that health is one of the components of delivering the vision 2030 social pillar, improvement of procurement was identified as one of the priority reforms among other reforms hence pointing the importance of procurement in the realization of the vision 2030 which would ultimately result in improved service delivery.

4.5 Financial Support

The study also sought to establish the nature of financial support from the partners and how this might impact on service delivery by the health facilities. The study findings were summarized and presented in table 4.5.

Table 4.5: Financial Support

	Mean	Std. Deviation
Most of operations are funded by our partners	2.8	1.14
Our partners assist in connecting the potential donors for funding	3.35	1.274
Our partners ensure no operations is affected by inadequate funds	3.47	1.444
Most of our grant proposal are approved very fast	3.2	1.269
Our partners provide funds regularly to facilitate easy and smooth operation of the projects.	3.31	1.217

From the study findings, it was revealed that employees with a mean of 2.8 believe that most operations were funded by the partners while 3.35 noted that the partners assist in connecting the potential donors for funding. The study found out that respondents with a mean of 3.47 agree that partners also ensure no operations are affected by inadequate funds while 3.20 noted that most of the grant proposals are approved very fast. A mean of 3.31 of the employees observed that partners do provide funds regularly to facilitate easy and smooth operation of the projects. In line with these findings, Bloomfield, (2006) concluded that growing financial support from government grants and improvements in management efficiency have enabled many of the facilities to adjust their user fees down ward thus efficient service delivery and further financial support from the partners would supplement what the health facilities receive from the government because it addresses the limited funding resources for local infrastructure or development projects of the public sector thereby allowing the allocation of public funds for other local priorities and thus further resulting in improved service delivery as Babiak, (2008) argues that PPP offers monetary and non-monetary advantages for the public sector. It addresses the

limited funding resources for local infrastructure or development projects of the public sector thereby allowing the allocation of public funds for other local priorities.

4.6 Service Delivery

Furthermore, based on the factors that influence service delivery, the study sought to establish the nature of service delivery at the health facilities given the support from the partners in their various forms and the findings were summarized and presented in table 4.6.

Table 4.6: Service Delivery

	Mean	Std. Deviation
Project related service information can easily obtained	3.49	1.254
Project employees serve promptly	3.06	1.28
Most of our employees are always willing to serve	3.61	1.369
Employees can promptly response to our requests even when they are busy	3.83	1.291

From the findings, the greatest aspect of service delivery experienced was that employees can promptly response to our requests even when they are busy, mean = 3.83 because they are always willing to serve, mean = 3.61 while project employees serve promptly, mean = 3.06. In addition, project related service information can easily obtained, mean = 3.49. These findings clearly highlight the findings by Carrillat, Jamarillo & Locander (2004) and the need to point out that service delivery is a continuous, cyclic process for developing and delivering user focused services

4.7 Summary of Descriptive Statistics

The overall summary of the descriptive statistics in relation to the independent variables and service delivery revealed that management support accounted for the greatest mean, 3.3418 among the independent factors while financial support was the least, mean = 3.1618 in addition, all the means had negative skewness except for financial support while all the standard deviations were below 1 and by rule of thumb, these standard deviations were acceptable.

Table 4.7: Summary of Descriptive Statistics

	N	Mean	Std. Deviation	Skewness	Kurtosis
Service delivery	110	3.2250	0.68398	-0.055	-1.060
Management support	110	3.3418	0.60235	-0.086	-0.845
Human res support	110	3.2618	0.65061	-0.184	-0.878
Procurement support	110	3.2795	0.77203	-0.077	-1.132
Financial support	110	3.1618	0.58451	0.360	-0.633

4.8 Correlation Analysis

A correlation analysis between the independent factors and the dependent factor was also carried out to establish the extent and significance of the relationship between them. The results of the analysis were presented in table 4.8. This extent of the relationship was determined by use of the Pearson's Product moment correlation coefficient r while its statistical significance was established using the p-value (significance value). The findings regarding this were summarized and presented in table 4.8.

Table 4.8: Correlation Analysis

		Service delivery	Management support	Human resource support	Procurement support	Financial support
Service delivery	Pearson Correlation	1				
	Sig. (2-tailed)					
Management support	Pearson Correlation	.464**	1			
	Sig. (2-tailed)	0.000				
Human resource support	Pearson Correlation	.516**	.714**	1		
	Sig. (2-tailed)	0.000	0.000		0	
Procurement support	Pearson Correlation	.580**	.209*	.444**	1	
	Sig. (2-tailed)	0.000	0.029	0.000		0
Financial support	Pearson Correlation	.450**	0.039	.225*	.511**	1
	Sig. (2-tailed)	0.000	0.682	0.018	0.000	

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

From the findings, the greatest relationship exists between procurement support and service delivery, $r = 0.58$, $p < 0.000$ followed by human resource support, $r = 0.516$, $p < 0.000$, management support, $r = 0.464$, $p < 0.000$ and financial support, $r = 0.450$, $p < 0.000$. The findings also revealed positive and significant inter-factor relationships the greatest being between human resource support and management support, $r = 0.714$, $p < 0.000$. This gives an indication that in terms of effect, procurement support would have the greatest effect on service delivery while financial support would have the least and thus points out where the gaps are especially when it comes to improvement of service delivery at the health facilities although these correlations do not imply cause-effect relationships.

4.9 Regression Analysis

From the study, a regression model was used to predict the influence of public private partnership on service delivery in the health sector using the four independent variables in the study: management support, human resource support, procurement support and financial support**.** In addition, the β coefficients for each independent variable generated from the model were subjected to a t-test to ascertain the significance of the coefficient (model parameter) in the model generated. The findings regarding the regression model were summarized and presented in table 4.9, 4.10 and 4.11.

Table 4.9: Model summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
0.710a	0.504	0.485	0.49081

Predictors: (Constant), financial support, management support, procurement support, human resource support.

Table 4.10: ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Regression	25.700	4	6.425	26.672	0.000b
Residual	25.293	105	0.241		
Total	50.994	109			

Dependent Variable: Service delivery
Predictors: (Constant), financial support, management support, procurement support, human resource support.

Table 4.11: Regression analysis

	Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
	B	Std. Error	Beta	t	Sig.	Tolerance	VIF
(Constant)	-0.188	0.361		-0.521	0.603		
Management support	0.379	0.114	0.334	3.327	0.001	0.469	2.131
Human resource support	0.067	0.115	0.064	0.583	0.561	0.396	2.522
Procurement support	0.320	0.077	0.361	4.128	0.000	0.619	1.616
Financial support	0.278	0.094	0.238	2.957	0.004	0.730	1.370

Dependent Variable: Service delivery

From the model summary in table 4.9, the overall regression model in relation to service delivery had positive and significant relationship, R = 0.710 which was significant as indicated by the coefficient of determination value, R-square = 0.504 which is greater than 0.5. Table 4.10 revealed how adequate the model was in predicting he behavior of service delivery and he findings showed that the regression model attribute 26.672 of the total variation in service delivery and confirms the findings of the model summary in table 4.9, F = 26.672, df = 4, $p < 0.000$.

Table 4.11 revealed that in the absence of the independent factors described in the regression model, service delivery would be negative as indicated by the constant $\beta_0 = -0.188$ i.e. service delivery would decrease by 0.521 in the absence of partner support of various forms although the effect was not significant, p = 0.603. In addition, management support has a significant, $\beta_1 = 0.379$ and positive effect on service delivery and would

increase by 3.327 units with each unit increase in management support from the partners, p = 0.001.Human resource support was found to have the least effect on service delivery and the effect was also not significant, p = 0.561, procurement support had a positive and significant effect on service delivery, $\beta_2 = 0.32$ and would result in the highest increase in service delivery by 4.128 units with each unit increase in human resource support, p < 0.000 while financial support also had a positive and significant effect on service delivery, $\beta_3 = 0.278$ and would result in 2.957 with each unit increase in financial support, p = 0.004. Using the thumb rule, the interpretation of the variance inflation factor was carried out. From table 4.11, the VIF for all the estimated parameters was found to be less than 5 which indicates the absence of multi-collinearity and implies that the variation contributed by each of the independent factors was significant and all the factors should be included in the regression model although the constant and human resource support were found to have no significant effect on service delivery and thus cannot be included in the final prediction model.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presented the major findings in summary; the conclusions were drawn based on the findings and recommendations were made. The general purpose of this study was to investigate the influence of public private partnership on service delivery in the health sector within Uasin Gishu County, Kenya. The study was guided by the following research objectives; to determine the influence of Public Private Partnership financial support on service delivery, to establish the influence of Public Private Partnership human resource support on service delivery, to find out the influence of Public Private Partnership procurement support on service delivery and to ascertain the influence of Public Private Partnership managerial support on service delivery in the health sector within Uasin Gishu County.

5.1 Summary

An assessment of service delivery showed that the greatest aspect of service delivery experienced was that employees can promptly response to requests even when they are busy because they are always willing to serve while project employees serve promptly and thus project related service information can easily obtained. The findings also showed that management support had the greatest and significant effect on service delivery. Other significant effects were attributed to procurement support and financial

support while human resource support was found to have no significant effect on service delivery.

The findings showed that males accounted for over 62% of the health sector workforce as compared to females who were only represented by 37.3% with majority of the respondents aged 35 years and below and having attained diploma level of education and owing to the fact that majority of the workers were aged below 35 years, the job tenure was also found to be lower with majority of them having a tenure of 1 to 5 years.

The partners provide the health facilities with management skills although some do not. In addition, partners assist with administrative communications equipment and skills and a mean of 3.75 represents respondents who believe that partners have launched a training programme while 3.42 agreed that partners provide equipment for the administrative operations which accounts for most of the equipment received for administrative support and thus occupies a significant and important ratio of the equipment that the facilities have.

In terms of human resource support, majority of the partners provide employees with allowances which motivates the employees apart from providing the employees with expertise, necessary skills and thus making them feel appreciated and recognized.

Furthermore, in terms of procurement support, the suppliers are sponsored by the partners. This means that there is no delay in raw materials needed. The partners also assist with supply linkages and competencies and thus create a long time relationship with the suppliers.

Finally, although it was not clear to the employees whether most of the operations were funded by the partners, the partners assist in connecting the potential donors for funding, ensure no operations is affected by inadequate funds given that most of the grant proposals are approved very fast while also providing funds regularly to facilitate easy and smooth operation of the projects.

5.2 Conclusion

The study sought to provide answers to the research questions stated and the following conclusions were drawn from the study findings;

1. Public Private Partnership financial support had a positive and significant effect on service delivery in the health sector within Uasin Gishu County
2. Public Private Partnership human resource support did not have a significant effect on service delivery in the health sector within Uasin Gishu County
3. Public Private Partnership procurement support had a positive and significant effect on service delivery in the health sector within Uasin Gishu County and
4. Public Private Partnership managerial support had a positive and significant effect on service delivery in the health sector within Uasin Gishu County

5.3 Recommendations

The study findings revealed that there was no adequate human resource support from the Public Private Partnership especially in terms of the partners providing the employees with necessary skills they need for improved service delivery. This can be done through constant training in workshops, conferences as well as providing the employees

opportunities to attend seminars to enhance their skills. In addition, there is need to provide information on grants and funding sources as well as how the funds are utilized as well as involving the employees in the making of financial decisions which would ensure inclusiveness as well as motivating the employees which would make them feel appreciated and important. In addition to this, enhancing more support in terms of management support, procurement support and financial support will further improve service delivery.

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APPENDICES

APPENDIX 1: LETTER OF TRANSMITTAL.

NELPHAT MUKONYOLE MBATI
Cell No. +254 720 286 128

RE: REQUEST TO PARTICIPATE IN RESEARCH

My name is Nelphat Mukonyole Mbati. I am a student at Nairobi University. I am carrying out a study on the "***INFLUENCE OF PUBLIC PRIVATE PARTNERSHIP ON SERVICE DELIVERY IN THE HEALTH SECTOR WITHIN UASIN GISHU COUNTY, KENYA"*** and you have been identified as one of the people who can be of assistance to me.

The information you will provide will be entirely for academic purposes and will be treated with utmost confidentiality. Your name is not required on the questionnaire and your identity will not be disclosed in any way.

Your cooperation and assistance will be highly appreciated.

Thank you,

Nelphat Mukonyole Mbati.
Student, University of Nairobi.

APPENDIX 2. HEALTH WORKERS' QUESTIONNAIRE.

Introduction and Consent.

Hello, my name is …….and I am a student at the University of Nairobi pursuing a Master Degree Course in Project Planning and Management. I am conducting a study to establish the influence of Public Private Partnership on Service Delivery in the Health Sector within Uasin Gishu County, Kenya. It is expected that this study will provide insights on key areas that Public Private Partnership should focus on so as to attain an effective service delivery. You have been selected to join this study for the purpose I have informed you about and will be confidential. Participating in this is voluntary and you may choose not to answer any of the questions.

Consent statement

Are you willing to take part in this study?

Yes, i have been informed about the study and have been given a chance to ask questions.	Continue with the interview.
No, i will not take part in this study.	Stop here and thank the respondent.

Respondents Name (optional) ……..

Date ……..

Interviewers' Name ……..

SECTION A: BACKGROUND INFORMATION				
1	Gender	Male Female	[ ] [ ]	Select one
2	Age bracket	≤ 20 years 21-35 years above 35 years	[ ] [ ] [ ]	Select one
3	Gender of the Respondent:	Male Female	[ ] [ ] [ ]	Select one the current one
4	What is your highest level of education	Primary School Secondary school Certificate Diploma Degree Master	[ ] [ ] [ ] [ ] [ ]	Select one
	How long have you worked in the project (s)	1 – 5 years 6 – 10 years 11– 20 years Above 21 years	[ ] [ ] [ ] [ ]	Select one

PPP procurement support on service delivery
PPP financial support on service delivery

Please mark the number that best reflects your level of agreement in the following statements.

KEY: SA- Strongly Agree, A: Agree, UD-Undecided, D: Disagree, SD: Strongly Disagree

SECTION B: PUBLIC PRIVATE PARTNERSHIP MANAGERIAL SUPPORT ON SERVICE DELIVERY				
1	Our partners provide us with management skills	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
2	Our partners assist with administrative communications equipment and skills	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
3	Our partners have launched a training programme	SA A	[ ] [ ]	Select the most

		UD D SD	[ ] [ ] [ ]	appropriate
4	Most of the equipment for the administrative operations are provided for by our partners	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
5	Our partners provide us with skills in Strategic plans	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
	SECTION C: PUBLIC PRIVATE PARTNERSHIP HUMAN RESOURCE SUPPORT ON SERVICE DELIVERY			
1	We have been given employees with expertise by our partners	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
2	Our partners provided our employees with necessary skills they need	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
3	Most of our employees receive allowances from our partners	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
4	Our partners motivate our employees	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
5	Employees in the projects feel appreciated and recognized by our partners	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
SECTION D: PUBLIC PRIVATE PARTNERSHIP PROCUREMENT SUPPORT				
1	Most suppliers are sponsored by our partners	SA A UD	[ ] [ ] [ ]	Select the most appropriate

		D SD	[ ] [ ]	
2	Our partners agree that there is no delay in raw materials needed	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
3	Our materials create a long time relationship with our suppliers	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
4	Our partners assist with supply linkages and competencies	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
SECTION E: PUBLIC PRIVATE PARTNERSHIP FINANCIAL SUPPORT				
1	Most of operations are funded by our partners	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
2	Our partners assist in connecting the potential donors for funding	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
3	Our partners ensure no operations is affected by inadequate funds	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
SECTION F: SERVICE DELIVERY				
1	Project related service information can easily be obtained	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
2	Project employees serve promptly	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate

3	Most of our employees are always willing to serve	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate
4	Employees can promptly respond to our requests even when they are busy	SA A UD D SD	[ ] [ ] [ ] [ ] [ ]	Select the most appropriate

Thank you for taking your time to participate in this study. God bless

APPENDIX 3: INTRODUCTORY LETTER.

UNIVERSITY OF NAIROBI
COLLEGE OF EDUCATION AND EXTERNAL STUDIES
SCHOOL OF CONTINUING AND DISTANCE EDUCATION

Telegram: "CEES"
Telephone: +254-202406706
Our Ref: Uon/Cees/Eld/2/3/(17)

P.O. Box 594
ELDORET
KENYA

15th April, 2015

TO WHOM IT MAY CONCERN

REF: MBATI NELPHAT MUKONYOLE – L50/73387/2014

The above named person is a bonafide student at University of Nairobi, College of Education and External Studies, School of Continuing and Distance Education, Department of Extra-Mural Studies, Eldoret Centre, pursuing a Postgraduate Studies leading to the award of Master of Arts in Project Planning Management (MAPPM). He has completed his course work and now working on his Project Paper entitled "Influence of Public Private Partnership on Service Delivery in the Health Sector in Uasin Gishu County, Kenya".

Any assistance accorded to him will be highly appreciated.

UNIVERSITY OF NAIROBI
ELDORET, BRANCH
P.O. Box 30197-00100-NBI

Sakaja Y.M.
Centre Organizer,
Eldoret and Environs.

Page 1 of 1.

APPENDIX 4: RESEARCH AUTHORIZATION LETTER.

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471, 2241349, 310571, 2219420
Fax: +254-20-318245, 318249
Email: secretary@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No.

Date: **10th June, 2015**

NACOSTI/P/15/8894/5902

Nelphat Mukonyole Mbati
University of Nairobi
P.O Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Influence of public private partnership on service delivery in the health sector in Uasin Gishu County, Kenya,"*** I am pleased to inform you that you have been authorized to undertake research in **Uasin Gishu County** for a period ending **30th September, 2015.**

You are advised to report **the County Commissioner and the County Director of Education, Uasin Gishu County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

DR. M. K. RUGUTT, PhD, HSC.
DIRECTOR-GENERAL/CEO

Copy to

The County Commissioner
Uasin Gishu County.

The County Director of Education
Uasin Gishu County.

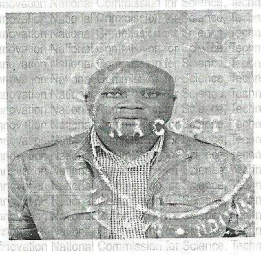
APPENDIX 5: RESEARCH PERMIT

THIS IS TO CERTIFY THAT:
MR. NELPHAT MUKONYOLE MBATI
of UNIVERSITY OF NAIROBI, 0-50103
Malava,has been permitted to conduct
research in *Uasin-Gishu County*

on the topic: *INFLUENCE OF PUBLIC PRIVATE PARTNERSHIP ON SERVICE DELIVERY IN THE HEALTH SECTOR IN UASIN GISHU COUNTY,KENYA*

for the period ending:
30th September,2015

Permit No : NACOSTI/P/15/8894/5902
Date Of Issue : 10th June,2015
Fee Recieved :Ksh 1,000



.....
Applicant's Signature

.....
Director General
National Commission for Science, Technology & Innovation

CONDITIONS

1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit
2. Government Officers will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice

REPUBLIC OF KENYA

NACOSTI

National Commission for Science, Technology and Innovation

RESEARCH CLEARANCE PERMIT

Serial No. A 5285

CONDITIONS: see back page