

# **INFLUENCE OF PUBLIC-PRIVATE PARTNERSHIP ON HEALTHCARE SERVICE DELIVERY IN NAIROBI COUNTY, KENYA**

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**International Academic Journal of Health, Medicine and Nursing (IAJHMN) | ISSN  
2523-5508**

**Received:** 28<sup>th</sup> June 2023

**Published:** 5<sup>th</sup> July 2023

Full Length Research

**Available Online at:** [https://iajournals.org/articles/iajhmn\\_v2\\_i1\\_341\\_362.pdf](https://iajournals.org/articles/iajhmn_v2_i1_341_362.pdf)

**Citation:** Nzioka, W. M., Njoroge, K., Kyalo, C. K. (2023). Influence of public-private partnership on healthcare service delivery in Nairobi County, Kenya. *International Academic Journal of Health, Medicine and Nursing*, 2(1), 341-362.

## **ABSTRACT**

The Kenyan healthcare sector suffers from challenges in service delivery due to poorly remunerated staff, low retention rates, low motivation, shortage of medical supplies and corruption. This led to the sector to be devolved and interest in getting private and public partners to improve quality of service delivery. The study was set out to assess the influence of Public-Private Partnerships (PPP) on health care service delivery in Nairobi County, Kenya. In achieving this objective, it set out to determine the influence of PPP in financial support, and PPP managerial support on health care service delivery in three major hospitals within Nairobi County – Kenyatta National Hospital, Mbagathi District Hospital and Kibera South Health Centre. The study is informed by principal-agent theory and stakeholder's theory. The study used descriptive research design. The study targeted healthcare providers and facility administrators in the three hospitals and the population was 1288 respondents. Stratified sampling was applied to the target population as per facility and simple random sampling was applied in getting the respondents who participated in the study. A sample of 304 respondents was reached by using the Yamane (1967) and the 7 administrators were selected to be interviewed through the application of purposive sampling. The primary data for the study was obtained using a structured questionnaire and an in-depth interview guide coupled with an observation checklist. Secondary data used to complement primary data. A pre-test was done using 15 healthcare providers and 2

administrators at the Carolina for Kibera Health Facility to test for validity and reliability of the instrument. The quantitative data was analyzed using descriptive, regression and correlation analysis and qualitative data was analyzed to fit the preset study variable theme. From the findings, public private partnership financial support ( $\beta=1.428$ ,  $p<0.005$ ), public private partnership managerial support ( $\beta=.191$ ,  $p<0.005$ ) public private partnership human resource support ( $\beta=.196$ ,  $p<0.005$ ) and public private partnership risk-sharing ( $\beta=.090$ ,  $p<0.005$ ) are all significant predictors of healthcare service delivery within Nairobi County. The study concludes that public private partnership is a critical driver of healthcare service delivery. The study recommends that finance managers of the Health care providers in Nairobi City County in Kenya should exercise prudence in spending of the money disbursed by public private partnership in executing projects that significantly contribute towards effective health care service delivery. Public private partners should provide necessary support to the leadership and the top management team working in the health care providers in Nairobi to ensure effective health service delivery is attained. Public private partners should collaborate and work closely with the human resource managers of the health care service providers in Nairobi City County to provide state of the art training to employees so that they are up-to-date with the changing dynamics.

**Key Words:** Public-Private Partnership, Financial Support, Managerial Support And Healthcare Service Delivery

## **INTRODUCTION**

Public Private Partnership (PPP) is an important innovative approach that defines long-term contractual relationships that exists between the public and private actors in providing infrastructure and services to the public (Berezin, Sergi & Gorodnova, 2018). PPP is seen as the long-term contract partnership agreement made between the public and private sector agencies in financing, designing, operation and implementation of infrastructure facilities and state projects. It stems from the funding and operations and the partnership agreements between the government and the private sector (Khan & Puthussery, 2019). PPP is undertaken to spur economic growth through sharing project risks, funding large infrastructure projects and supporting the management and governance of different industries and sectors. PPP is also about proper governance through control measures, monitoring and evaluation and proper governance through administration and management aspects. It works to attain set goals (Kravchenko, 2019).

Public private partnerships started in France in the late 1970s in projects done to upgrade highways and in the 1990s in United Kingdom when it was privatized the transport system. The notion spread to other western nations like Australia and Canada and later spread to developing nations in Asia and Africa with the aim of improving infrastructure development in ICT, transport and energy (Debela, 2019). PPP covers deficits in costs, expertise knowledge, expert staffers and risk in some ventures. The PPP mechanism increases equitable growth and development levels in any economy through enhanced governance and leadership in infrastructural projects (Kravchenko, 2019). PPP practices include sourcing for financial resources, acquiring experts in specific fields, managing the implementation process and undertaking risk management. This study will consider PPP under support for financials, human resources, managerial and risk sharing aspects in improving service delivery.

On financial support, PPP mechanism works by drawing investors both from the government and private sector who contribute to the large costs needed for mega-projects (Chu & Muneeza, 2019). The government works to pass regulations and policies on funding of projects and transference of funds in the cases of international/foreign partners. PPP also works to foster strong collaborative ties that come in handy when sourcing for additional funding when there are cost overruns in projects. The concept of PPP also takes the form of managerial support, that involve seeking partners with expertise knowledge and skills and experiences in handling similar ventures (Berezin, *et al.*, 2018). The partnerships guide the management of the PPP projects and monitor, evaluate and control the implementation process leading to its success. Keers and van Fenema (2018) shared that PPP projects are likely to fail to deliver on its mandates where there is lack of managers who are experienced, knowledgeable and get sound information whereupon they make their decisions. Managerial support also works to avert crises and risks that may deter the progress of the PPP programs and projects.

PPP is also about human resource support, and works in sharing of knowledge and skills between different partners. Joachim (2020) noted that both the private and the public sector can work in a collaborative manner to attract and keep highly trained and experience staffs, who

will deliver the project goals. The partnership increases the pool from which human resources can be sourced to improve service delivery of the program and success of projects. PPP concept also works in risk sharing that covers taking risk management measures, avoiding risky ventures through assessing investment versus outcome and making informed decisions. Tallaki and Bracci (2021) revealed that when costs are huge and it is shared between several parties, in instances of losses, no single party suffers a lot. It is also easier to manage and control costs and project expenses through acquisition of costly tools, equipment and machinery that deliver quality outputs. Risk sharing equally involves having staffers that handle monitoring and control of project resources for its efficient utilization and installing control systems and authorization processes (Li & Wang, 2018).

In helping understand service delivery, different scholars have advanced various definitions. However, Berezin, *et al.*, (2018) defines it as an offering which meets the diverse needs of a user of a given service. Such service needs to be readily available and presented on time in a place where users need it. The service needs to be consistent such that the receivers can depend on it without being disappointed. It needs to be delivered on time as per user specifications (Lince-Deroche, Hendrickson, Moolla, Kgowedi & Mulongo, 2020). The service also needs to be usable meaning that the format needs to be appropriate to promote client understanding. It needs to respond to the needs of clients more appropriately such as to inform credible decision making. It needs to be authentic and responsive. It also needs to be flexible such as to accommodate changes in user needs and be able to be sustained over time. In short, it needs to be affordable to the customers (Yang, Song, Yao, Cheng, Cheng & Xu, 2020).

Healthcare service delivery is a measure of quality services offered to the patients at the health facilities. It is equally having functional and modern facilities that are well-equipped to handle preventive and curative care for all persons seeking health services (Njoroge, 2019). Some of the commonly applied measures include cost for each patient, level of patient satisfaction, solutions to health challenges faced by patients and overall revenue growth for the healthcare facility. Service delivery will also be measured by the variety of services offered in the participation health facilities and timeliness in delivery of the services. Patients should not have to wait for long before receiving health services as this has negative impacts on the health status and quality of life. This study will measure healthcare service delivery using elements such as timely completion of projects, variety of offered services, and satisfaction with the offered services and reduced service delivery timelines.

The poor performance experienced in healthcare service delivery has prompted the Government of Kenya (GOK) to look for alternatives to raise extra money, adopt low-cost technologies while at the same time prioritize infrastructural investment and therefore it becomes very important to maintain good contractual agreement in PPP. In Kenya the government in 2015 choose General Electric (GE) healthcare to be one of its key partners to provide a seven-year Managed Equipment Partnership (MEP), which according to World Bank (2017), costed 4.6 million. According to a report by World Bank this allows Kenyans in 98 public hospitals in the 47 counties access Teleradiology services. The MES in a form of PPP allow patients to adopt a pay for service expenditure plan and the benefits of this approach are

equipment finding, maintenance and others including trainings (Patoliwala, 2017). Further reports show that Kenya was awarded a credit of US Dollars 40 million from World Bank to create bankable pipeline of the public-private partnership projects (World Bank 2013). According to World Bank Group (2018) reports there are active PPP projects with a total investment of US Dollar of 2476 million.

Nairobi City County is one of the counties that have enjoyed public-private partnerships in developing the county. The county according to Kiboi, Kilonzo and Iravo (2018) has been able to improve healthcare services by getting implementing partners from locals and international societies and funding and financing from foreign investors and the local private investors. PPP has improved healthcare systems and advanced medical equipment to ease health service delivery. Use of experts has also helped in streamlining health services, but still there are complaints on quality of the services (Chepkonga & Nyaga, 2019).

The PPP has been proposed as a way to deliver the big4 presidential agenda. On healthcare, the study will purposively cover Kenyatta National Hospital (KNH) which is the largest referral facility in the country and has proposed expansion of its facility by developing a highly specialized 300 bed facility to bridge the infrastructure gap in provision of world-class quality health care. Kenyatta National Hospital Board (KNHB) envisions to achieve that through Public Private Partnership (PPP) arrangement and to attract private funding. The private partners include banks like Eco-bank, KCB, churches like Nairobi Pentecostal Church, New life SDA, Holy Trinity Catholic Church, Anglican Church; learning institutions like University of Nairobi, Kenyatta University, Riara springs and university and Nairobi Muslim Academy, groups and individuals. These partners are tasked with financing the designing, constructing and equipping the KNH Private Hospital.

In seeking to achieve the universal health coverage (UHC), Mbagathi District Hospital (MDH) has partnered with Kenya Deposit Insurance Corporation (KDIC) that has funded projects in the facility. The funding was for assorted medical equipment, six ICU beds, 66 ordinary beds and construction of two large waiting bays. MDH has also partnered with USAID in offering youth group support for behavior changes, offering gene expert testing and the A+ mtaani project. The Kibera South Health Centre (KSHC) is located in Nairobi's Kibera slums, the largest in Africa. The KSHC was initiated through the efforts of MSF-BELGIUM and later handed over to the Nairobi City County. The health centre has also collaborated with Save the Children NGO to offer Kangaroo mother care to the facility administration. This was done by training and educating the nurses and clinicians on handling of pre-term babies. It has also worked with KELIN in the stop TB campaign through training community health champions.

The three facilities were purposively selected due to the many different partners they have engaged in over the years and what their role has been in attaining quality health service delivery. This study will concentrate on public-private partnerships in these three beneficiary facilities –Kenyatta National Hospital (KNH), Mbagathi District Hospital (MDH) and Kibera South Health Centre (KSHC) and how PPP can improve healthcare service delivery.

## **Statement of the Problem**

Effective healthcare sectors demands access to sufficient resources and modern equipment. But the Kenyan health sector suffers from insufficient resources leading to poorly remunerated workforce, drug shortage, poorly maintained equipment and low staff numbers (Chepkonga & Nyaga, 2019). In addition, we have corruption and embezzlement of funds and underfunding of the health facilities. Njoroge (2019), noted that to resolve these challenges, the health sector was devolved to the counties. There has been a focus on public-private partnerships as a source of funding and infrastructure development in healthcare sector. PPP enables knowledge transfer, sharing of risks accompanying large projects and gaining managerial support. Several studies have considered healthcare service delivery in the different counties but little has been done in linking service delivery to aspects of PPP.

There have been several studies done on public-private partnership and healthcare service delivery such as Ferreira and Marques (2021) revealing that PPP helped to ease the financial strain in capital intensive infrastructure projects. But the study was done in Portugal creating contextual gaps. Torchia and Calabrò (2018) revealed that PPP can create tensions between the different parties unless proper standards, policies and regulations are in place. The study did not link PPP to service delivery highlighting conceptual gaps. Damoah and Asamoah (2021) found that PPP improved financing in the transport sector leading to better client satisfaction but it was a case study of intercity STC coaches in Ghana and this created methodological gaps.

Hellowell (2019) shared that Sub-Saharan African nations are using PPPs to finance healthcare operations and attain high clinical care services. The study was done in Lesotho leading to gaps in context. Minjire (2015) shared that top PPP partners in healthcare included USAID, WHO, Kenya Red Cross Society, The Global Fund and World Vision. These partners financed health programs, enhanced accountability, governance and environmental concerns. The study focus was not on healthcare service delivery. Problems in Kenyan healthcare sector based on insufficiency of resources, staffing, high cost of services and unsatisfied patients call for new solutions. The knowledge gaps were filled by assessing the influence of public- private partnership on the healthcare service delivery in Nairobi County's three health facilities which include; Kenyatta National hospital, Kibera South Health Centre and Mbagathi District Hospital.

## **Objectives of the Study**

- i. To determine the influence of PPP financial support on healthcare service delivery within Nairobi County.
- ii. To ascertain the influence of PPP managerial support on healthcare service delivery within Nairobi County



## **LITERATURE REVIEW**

### **Theoretical Review**

Two theories will be developed and used to conceptualize and to assess the influence of PPP in Healthcare delivery in Nairobi County, Kenya. This study will use two theories; The Principal-Agent theory and Stake Holder's Theory

### **Principal- Agent Theory**

This theory expounds on the probable relationship between those who own an organization and those entrusted with the responsibilities of managing the day to day operations in that organization (Awortwi, 2003). Though the business owners are liable for the actions of their manager agents, they have limited control in the way managers make decisions on how to use resources at their disposal. There are bound to arise differences as each of these parties in the relationship seek to protect their interests (Hakenberg, 2007). This gives rise to conflicts that need to be managed at all times to ensure that interests of all stakeholders in the organization are protected (Lane, 2003).

Under the decentralized system as noted by (Lane, 2003), the central government contract-out public services to a lower level or to a private provider and the central government becomes the principal, the private provider, lower level/department becomes an agent. Local government can also be a principal depending on arrangement. For example, the district may contract a private provider to offer services on its behalf thus making it a principal and the private provider or in a partnership becoming an agent.

To harmonies the relationship, the following should be emphasized; the agent and the principal should be free to monitor each other, any kind of behaviour that may delay any of the partners should be left out, no conflict of interest must be declared so that one does not fear correcting another in case something is deemed going wrong. For example, Bariyo (2012) noted a scenario where local politicians, councillors can award a contract to himself through a tendering process to construct health facilities, to steal government drugs in collaboration with healthcare workers. In situations where no stringent conditions are put in place, accountability challenges may be taken as an advantage on the side of the agent. For example, agents have taken advantage of the principal's weakness in regulating and monitoring to cheat/overcharge patients since these patients lack adequate information to hold the agents accountable and, in most cases, don't know where to report and demand accountability. Such situations lead to exploitation and reduce patient satisfaction with healthcare services provided by the agent on behalf of the principal.

This theory explains the relations based on clients' perception, continues support from the principle (government and other donor agencies) and cooperation from the agent (partner). Understanding the working relations between the principle, agent and users is important in this study. However, the theory does not address the stakeholders concerns adequately. These

include the interests of the clients/ patients as main stakeholders in PPP HealthCare service delivery. Therefore, the need for the second theory to fill this gap hence exploring stakeholder's theory. This is why the study focuses mainly on the clients on the other side understanding agents' mode of operation.

### **Stakeholder's Theory**

Formulated by Freeman (1984), this school of thinking identifies different stakeholder groups in an organization as including: staff, customers, business owners and the general public. These are key pillars in an organization because without their support, future existence of an organization becomes compromised. Stakeholders basically include all individuals who are affected by the undertakings in the organization. It is therefore important that their interests are managed and well taken care off (Jones & Wicks, 1999).

The PPP arrangement makes good use of the stakeholders' theory because it involves coming together of different stakeholders to pursue a common goal (Ke and Wang, 2009). It appreciates the role played by each of the stakeholder in ensuring project success. The government coming to work together with private sector to deliver common good services like health is important to an economy in improving the living standards. The theory however fails to identify which stakeholder interests should take precedent especially in public good projects.

### **Health Service Delivery**

Service delivery is a portion under the healthcare system and involves patients receiving treatment and care as per their health issue. The delivery of the health services is determined by availability of supplies and resources. The services include primary care, in-patient and out-patient service, home-based care and rehabilitation. It can also include preventive care and curative care provided by physicians of different technical skills and health facility (Debela, 2019). The service delivery is also about the immediate output of the health system as influenced by the inputs in terms of healthcare staff, supplies and sources adopted in financing. The health system's main function is making available health services to the people and the services meet the minimum quality standards. It is also measured in terms of time taken to deliver health services, the various services offered, cost implication for the services and quality of technical skills of the physicians and the facility. According to Chukwuma, Bossert and Croke (2019) health service delivery is based on three models; the medical model that looks to the illnesses, symptoms and treatment; the second is the public health model which focus on how the ailments affect the population and hence need for education, public awareness on care and prevention and nutritional aspects and lastly the human service model that covers the patient and environmental aspects.

In Uganda, Kamulegeya, Bwanika, Musinguzi and Bakibinga (2020) study was on the efforts made by hospitals in Uganda to overcome the challenges posted by covid-19 pandemic era. The concentration was on adoption of technology where prescriptions were sent and administered digitally. The outbreak of the pandemic led to movement restrictions which



impacted access to medical services. The situation led to prominence and rise of digital health technologies to deliver healthcare services such as tele-consultations, tele-psychiatry, healthcare information dissemination, mobile testing and laboratory services. The people of Uganda could still access healthcare services both preventive and curative despite movement restrictions. In some cases, using digital systems patients were able to schedule for consultation and treatment and visited the hospitals at the designated time.

Hussain, Asif, Jameel and Hwang (2019) study was on measuring patient satisfaction among public health facilities in Pakistan. The patient satisfaction is directly connected to usage of health services and satisfaction was influenced by doctor and nurse's services, the waiting time before the patient was attended to and availability of high-tech facilities and equipment. The findings showed that the services by the doctors and nurses, the wait time, high-tech equipment and well-equipped facilities improved patient satisfaction in public hospitals in Pakistani.

### **Financial Support and Healthcare Service Delivery**

Miller, Hart and Hadley (2021) examined the aspects of public finance and service delivery. The study focus was on what is new, what is missing and what is next in public financing. The study stems from growing interest in understanding the reforms within public finance and public financial management in support of delivery of basic services. Through reviewing ODI papers, the study noted that public entities especially the health sector must look beyond budget allocation at government level and expand their funding sources. There is also need to consider the budget cycles, the political factors and donor policies and regulations as the health docket seeks financing for its usage. It was also found the need to look at political and legal systems that determine allocation and spending on basic services. The next phase is to broadly look at public finance from institutions with good practices and compare with experiences by other sectors. The goal of attaining universal access to basic healthcare services can only be achieved through capacity of governments to raise, mobilize, allocate and utilize public funds effectively.

Goryakin, Revill, Mirelman, Sweeney, Ochalek and Suhrcke (2020) study was on public financial management and effects on health service delivery. The focus was health financing policy in low and middle income-earning countries and data was sourced from reviewing existing academic literature. The researchers accessed information from 53 articles on quality of health systems, impact of public financial management quality, good governance through strengthening the health system. The results shared show a need for budget transparency, participatory budgeting, decentralization and donor-funding policies that work to improve effectiveness of health service delivery. Adoption of high quality public financial management systems has positively impacted the service delivery and performance aspects. Other than mobilizing funds, there is need for prudent use and good governance for quality healthcare delivery in public hospitals.

Atim, Bhushan, Blecher, Gandham, Rajan, Davén and Adeyi (2021) research study was on how economies financed their universal healthcare. The focus was on five middle income

countries that have shown incomplete progress towards attainment of UHC and reforms needed for health financing. Close attention was paid on UHC flagship programs and health financing where several stakeholders came together to help the government in improving healthcare delivery. The results indicated that in Indonesia reforms made under the Jaminan Kesehatan Nasional (JKN) has improved health services coverage and health financing indicators. In Ghana, there has been reduction in funding levels for health and less than 50% attainment in UHC service coverage index. In India, results indicate public health financing level low despite the Ayushman Bharat (PM-JAY) reforms that pushed for innovative purchasing and mix of public-private partnerships. There is also a lot of out-of-pocket spending when locals are accessing health services. Results showed that Kenya and South Africa still face challenges in public healthcare financing, strategic purchasing and coverage of health services especially to rural and informal communities. The governments and private entities can look to debt and equity financing options as a source of capital for the health programs.

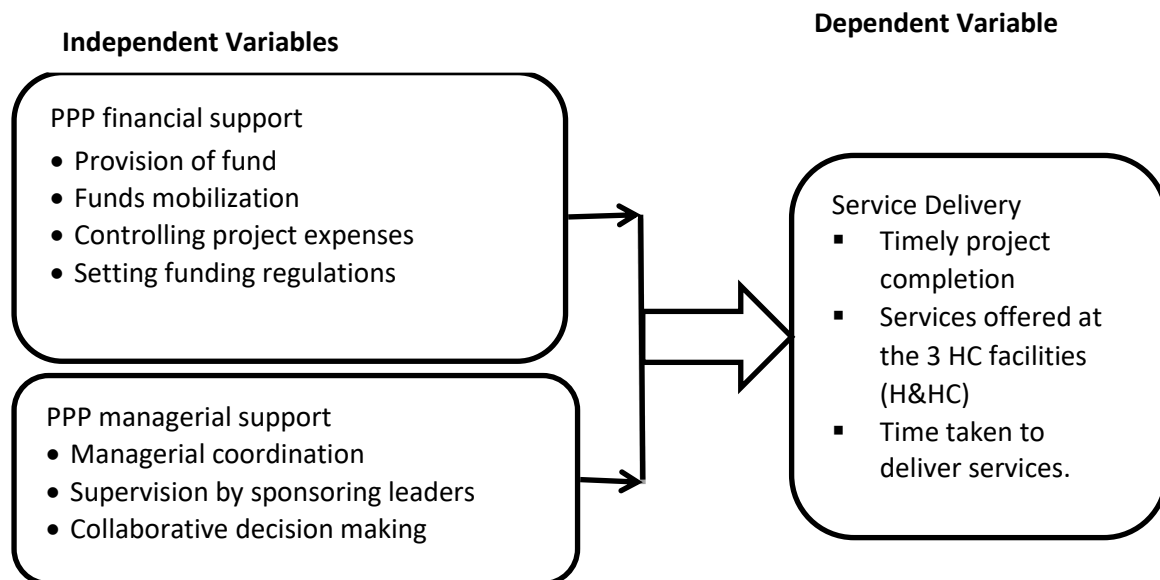
### **Managerial Support and Healthcare Service Delivery**

King'oo (2017) investigation was on top management support and quality service delivering within the Nairobi City County Government -NCCG. Modern organizations see the value of providing quality services to its customers and in public sector they have the responsibility of providing quality services. Attainment of quality service delivery in the public sector has had challenges linked to poor leadership, corrupt managers, organizational structure and lack of a clear strategic plan. The focus was on top management support with elements of managerial support, organizational structure, strategic change management practices, and provision of facilities and resources. The results showed that management support at the county government in Nairobi is through managerial support, structure, change management practices, availing resources and facilities had improved service delivery. They also offer specialized advice, monitor implementation stages to deliver quality and timely services. In conclusion, hierarchical structure made it easier to make quality decisions, manage the organization in an efficient manner hence ensuring smooth flow of operations for better organization performance.

Kaziba Mpaata, Lubogoyi and Kakumba (2017) study was on supervisory leadership and healthcare service delivery within Ugandan public hospitals. The focus was on personnel management elements and supervisory leadership in health service delivery under child and maternal, STI/HIV/AIDS and tuberculosis services and outpatient curative services. The study revealed that the relationship between supervisory leadership was significant to child healthcare services, maternal healthcare services, STI/HIV/AIDS services, tuberculosis services and outpatient curative services. Findings also showed that supervisory leadership aspects include participatory decision making, period evaluation of staff performances, enhance professionalism through staff trainings, increase skill transfer and create conducive work environments. Effective healthcare service delivery cannot be achieved if there is neglect of supervisory leadership role and government should motivate staffs and enhance management in the health facilities.

Nyasetia (2020) study was on the influence of elements of PPP on healthcare service delivery. The study noted that health services in Kiambu County had challenges in human resources, management, financial and technical aspects due to the increased goods, staffing, and budget. This led to government support in terms of financial and human resources through PPP and the study was done to assess community benefits and service delivery levels. The study specifically assessed technical, PPP's financial, managerial support and service delivery and collected data from beneficiaries and community members of Githurai 45. The data was collected from primary sources and secondary sources through review of past literature. The results showed that PPP managerial support, PPP human support, PPP procurement support and PPP financial support led to improved healthcare service delivery. Further results showed that PPP aspects were positively correlated to service delivery. The study concluded that the variables examined influenced healthcare delivery. Recommendations were for availing sufficient funds and financing options, provision of technical and skilled staff, develop modalities for public-private partnerships working together and managers that ensure smooth operations.

### Conceptualization



### RESEARCH METHODOLOGY

The study used descriptive survey research design. Descriptive research design gives a thorough and accurate description survey by determining the what, why, where and how of the situation and to ensure that there is minimum bias in collection of data (Atmowardoyo, 2017). The target population for this study included health care providers such physicians, nurses, technologists and pharmacist in the three health facilities within Nairobi County that have PPP project implemented and the administrators in health facilities as key informants. This target population consisted of all those who directly deal with health activities within the Nairobi County and they constituted both the public and private sectors, who had benefited from PPP initiatives. Stratified sampling procedure was used to get the group as per the health facility and simple random sampling procedure was used to get the respondents per strata. The

simple random sampling allowed each individual in the group an equal chance to participate in the study. This was out of the total number of 304 respondents arrived at earlier by using Yamane formula below. Purposive sampling technique was used to select seven administrators in the three selected healthcare facilities (Kenyatta National Hospital -KNH, Mbagathi District Hospital -MDH and Kibera South Health Centre -KSHC). The total sample size was therefore  $7 + 304 = 311$  respondents

Data was in two categories: primary and secondary data. Primary data was gathered from respondents during the field visits to PPP health facilities. This was by use of structured questioners for beneficiaries and health care providers, Key Informant Interview (KII) guides for key informants and observation checklists. Secondary data was gotten from review of existing literature on health care delivery under PPP. The researcher also used hospital and health centre administrative records, books, journals, government publications, surveys, newspapers among other written documents.

After collecting data necessary, filled questionnaires and interview data was checked for completeness and consistence then sorted for analysis. Qualitative data was analysed using content analysis. All data from in-depth interviews was validated by visiting other sources. Observed data was noted using an observation checklist and the data was analysed using narratives, to describe how significant the observed data contributed to patients' satisfaction or dissatisfaction.

Quantitative data was edited, coded, checked and entered in analysis software Statistical Package for Social Scientists (SPSS) latest version 25 and then analysis was carried out. Descriptive analysis was done to obtain means, frequencies and standard deviation and inferential statistics were done through correlation and regression. The findings were presented using statistics in terms of tables, graphs, and pie-charts accompanied by explanation to exhaustively assess the occurrences.

## **RESULTS AND FINDINGS**

A total of 304 questionnaires were administered to health care providers from which 221 were completely filled in and returned. This represented a response rate of 73%. For the key informant interviews, 7 of them were targeted and 5 were available for interview giving a response rate of 71.4%. on age distribution, 52% of the respondents were 36-45 years, 8.6% tied at 18-25 years and above 46 years. This means that both youths and adults were involved in the study implying that versatile views were sought from them on PPP ad health service delivery.

On Gender distribution, 22% of the respondents were female, 78% were male. This means that the information gathered from the respondents who participated in the study were gender representative. This means that most of the healthcare facilities in Nairobi County that had implemented PPP projects highly rely on male employees. On the level of education, 48% of the respondents were degree holders and postgraduates, 9% had certificates. This means that respondents who took part in this study were generally learnt and shared relevant information as sought by the study. On Positions held, 39% of the respondents were clinicians, 30% were

nurses. This means that respondents who took part in the study held different categories of jobs although all of them were aligned with health. As such, it can be inferred that respondents were well versed with information on health service delivery as sought by this study. On experience, 43% of the respondents had worked for 5-10 years, 8.6% tied at less than a year and over 10 years respectively. This implies that respondents who took part in the study had gained relevant knowledge and information from the period of time they had worked with their institutions.

**Financial Support**

Table 1 is a summary of the results of descriptive statistics on financial support.

*Table 1: Financial Support*

Statement	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Mean	Std. Dev
	F	%	F	%	F	%	F	%	F	%		
Most of operations are funded by our partners	12	5	18	8	19	9	133	60	39	18	3.76	0.76
The partners finance infrastructure projects at the hospital	21	10	16	7	21	10	118	53	45	20	3.68	0.706
The partnership ensures adequate funding for operations in the hospital	13	6	17	8	20	9	127	57	44	20	3.77	0.486
The partners dictate how fund utilization will be done	10	5	13	6	25	11	131	59	43	19	3.85	0.6
Partner have measures to control project expenses	9	4	29	13	25	11	121	55	37	17	3.67	0.523
The partners dispatch funds based on the budgetary line	9	4	11	5	16	7	144	65	41	19	3.89	0.536
The project budgets are approved by the PPP partners	7	3	19	9	24	11	129	58	42	19	3.81	0.585
<b>Average</b>											<b>3.78</b>	<b>0.599</b>

The findings in Table 1 indicate that on overall, financial support was among the highly practiced aspect of Public-Private Partnerships in the studied health centres in Nairobi (M=3.78, SD=0.599). This is further supported by a large proportion of respondents who agreed at 60% and those strongly agreeing at 18%. A small proportion of respondents (8%) disagreed while another 5% strongly disagreed.

Respondents were in agreement that the partners dispatched funds based on the budgetary line (M=3.89, SD=.536). This is supported by a high proportion of respondents that agreed at 65% and those strongly agreeing at 19%. This implies that the budgets played an instrumental role allowing Public-Private Partners to distribute funds to the studied health canter based on the needs and priorities as planned. This finding is supported by Miller, Hart and Hadley (2021) who noted that public entities especially the health sector must look beyond budget allocation at government level and expands their funding sources. There is also need to consider the budget cycles, the political factors and donor policies and regulations as the health docket seeks financing for its usage.

Respondents were in agreement that the partners dictated how fund utilization was done (M=3.85, SD=.600). This is further supported by a high proportion of respondents that agreed (59%) and strongly agreed (19%) with the statement. This means that Public-Private Partnerships contributed to effective utilization of the funds in the studied health centres. This finding is echoed by Miller, Hart and Hadley (2021) who noted that the goal of attaining universal access to basic healthcare services can only be achieved through capacity of governments to raise, mobilize, allocate and utilize public funds effectively.

The study reported that the project budgets were approved by the PPP partners (M=3.81, SD=.585). This is supported by a large proportion of respondents who either agreed (58%) or strongly agreed (19%). Project partners are key stakeholders in any project because of the contributions they make in terms of finance and specialized skills. This implies that the Public-Private Partners played an instrumental role in approving major expenditures to be incurred by the health canter that were studied.

The study observed that the partnership ensured adequate funding for operations in the hospital (M=3.77, SD=.486). A large proportion of respondents (57%) agreed while 20% agreed strongly. This means that the partnership played an instrumental funding role to the health canter that were covered. Atim et al. (2021) showed that Kenya and South Africa still face challenges in public healthcare financing,

The findings further indicated that most of the operations were funded by partners (M=3.76, SD=.760). This is supported by 60% of the respondents that agreed and 18% that strongly agreed. This means that the partners were the major funders of the studied health centres. In other words, much of the finances running the operations of the health centres that were covered in this study were derived from the partners.



Respondents observed that their partners financed infrastructure projects at the hospital (M=3.68, SD=.706). More than half (53%) of the respondents agreed while 20% strongly agreed. This implies that the partners raised funds that were used to finance infrastructure projects in the studied hospitals. Respondents indicated that partners had measures to control project expenses (M=3.67, SD= .523). This means the studied health centres had in place mechanisms of cost control.

Health administrators were asked to indicate their views on PPP financial support and their influence on health care service delivery in their facilities. It emerged from the results that PPP funded the projects that were initiated at the facility level. This allowed and promoted effective execution of the health projects that contributed towards health service delivery.

One health administrators stated this:

*“Finances are the engine of health care services delivery. Without adequate funds, health care services would be constrained. It is important that the partners avail the required finances on time so as to finance project operations for timely delivery on the set project goals” (Health Administrator A)*

Another health administrator said:

*“PPP financial support has resulted into increased financial prudence in the management and utilization of funds for better health care service delivery. The finances are normally advanced with strict conditions which when violated, could result in cancellation and recall of all finances advanced” (Male Doctor 1)*

An observation checklist was used to gather information. It was evident from this tool that modern cancer treatment machines had been funded through PP financial support. Laboratories were also observed as part of the operations that came as a result of PPP financial support.

### **Managerial Support**

The findings of descriptive statistics on managerial support were determined and summarized as shown in Table 2.

**Table 2: Managerial Support**

Statement	F	%	F	%	F	%	F	%	F	%	Mean	Std. Dev
Our partners provide us with management skills necessary in project implementation	10	5	14	6	23	10	112	51	62	28	3.9	0.56
Our partners assist with administrative communication equipment on projects they are involved in	17	8	25	11	16	7	105	48	57	26	3.71	0.923

Our partners have launched training management programs for all staff working on public-private partnership projects	5	2	4	2	12	5	127	57	73	33	4.17	0.528
Our partners provide most of the administrative equipment on projects	5	2	19	9	19	9	116	52	62	28	3.95	0.692
Our partners provide necessary supervision support on public private partnership projects	21	10	17	8	27	12	133	60	23	10	3.53	0.822
Our partners in PPP projects participate in decision making on project implementation	12	5	19	9	20	9	114	52	56	25	3.83	0.929
Our partners in PPP help in providing necessary managerial coordination on projects	10	5	19	9	19	9	128	58	45	20	3.8	0.55
Our PPP partners advise on the appropriate management structure of projects they participate in	14	6	17	8	21	10	137	62	30	14	3.66	1.098
Our PPP Partners help in close monitoring of project implementation	19	9	32	14	26	12	116	52	28	13	3.46	0.951

progress at KNH													
Our PPP Partners offer specialized advice on projects we implement together with them	11	5	19	9	22	10	126	57	43	19	3.77	0.447	
<b>Average</b>											<b>3.78</b>	<b>0.75</b>	

The results in Table 2 indicate the managerial support was highly evident to the health centres that were studied as indicated in the average of means (M=3.78, SD=0.750). It shows that the respondents agreed that managerial support played an important role in ensuring that project activities happened according to the schedule besides ensuring that the resources at their disposal were optimally utilized.

On the specific statements, respondents observed that their partners had launched training management programs for all staff working on public-private partnership projects (M=4.17, SD=.528). This is further exhibited in 57% of respondents agreeing while 33% strongly agreed. This means that the partners trained the health care staff in the studied organization as a demonstration of their support towards the health service delivery. The finding concurs with Kaziba Mpaata, Lubogoyi and Kakumba (2017) who showed that supervisory leadership aspects include participatory decision making, period evaluation of staff performances, enhance professionalism through staff trainings, increase skill transfer and create conducive work environments. Al-Hanawi, Khan and Al-Borie (2019) observe that attaining of Vision 2030 in securing job opportunities for youths can be attained by training them and absorbing them in healthcare sector.

The study established that the partners provided health centres with management skills necessary in project implementation (M=3.90, SD=.563). Partners understood the importance of management skills in project success. This is supported by 51% of respondents who agreed and 28% who strongly agreed. This means that the health care staff was well versed with project management skills required for effective health service delivery. Wairiuko, Nyonje and Omulo (2018) shared that the influence of human resource capacity covered the technical skills, project management skills, and communication and presentation skills, availability of supportive and technical staff.

Respondents further observed that their partners provided most of the administrative equipment on projects (M=3.95, SD=.692). a large proportion of respondents (52% agreed with the statement while 28% strongly agreed. Administrative equipment is important in execution of any project because it determines the speed and precision with which projects get implemented.

This means that the partners played an instrumental role in equipping the health centres for effective health service delivery.

Respondents shared that their partners in PPP projects participated in decision making on project implementation ( $M=3.83$ ,  $SD=.929$ ). More than half of the respondents at 52% agreed whereas 25% strongly agreed. Incorporating all stakeholders in decision making helps in reducing the general level of resistance during implementation phase. This implies that there was collective and participatory decision making in the health centres that were covered in the study.

The study further established that partners in PPP helped in providing necessary managerial coordination on projects ( $M=3.80$ ,  $SD=.550$ ). This can be seen in 58% of the respondents agreeing as 20% strongly agreed. Ensuring adequate managerial coordination is present in any project is necessary for precise delivery of project objectives. In cases where there lacks managerial coordination, activities will not flow well hence delays and misappropriation of resources is highly likely. This means that the partners coordinated the execution of the project activities that probably contributed towards effective health service delivery.

It was established that the PPP Partners offered specialized advice on projects that they implemented together with them ( $M=3.77$ ,  $SD=.447$ ). A majority of the respondents agreed at 57% whereas 19% strongly agreed. Majority of the partners in PPP projects normally have some specialized skills which they bring on board for smooth and seamless project implementation. This means that the partners played an advisory role as far as the projects aimed at improving health care service delivery in the studied institutions were concerned.

The study established that the partners assisted with administrative communication equipment on projects they were involved in ( $M=3.71$ ,  $SD=0.923$ ). This is further supported by 48% who agreed and 26% who strongly agreed. Communication is important in implementation of any project. Breakdown in communication can have serious implications on the way activities flow and get executed. This means that there was effective flow of information in the studied health centres because of the communication equipment that were received from partners.

Respondents were in agreement with the statement that their PPP partners advised on the appropriate management structure of projects they participated in ( $M=3.66$ ,  $SD=1.098$ ) besides providing necessary supervision support on public private partnership projects ( $M=3.53$ ,  $SD=0.8220$ ). This was mainly offered through budgetary allocations where only budgeted staff were provided for in the financial budget. This is supported by 60% who agreed and 10% who strongly agreed. This means that partners contributed to the design of the management structures besides supervising the projects.

The hospital administrators were asked to indicate the views on the influence of Public Private Partnership managerial support on healthcare service delivery. It was shown that PPP managerial support supervised the projects that were being implemented by the health care providers. Management support was offered in terms of having one of their technical staff seconded to the project for the purposes of manning the implementation. They also offered

some managerial training to staff working on the PPP projects. It also emerged from the health administrators that due to PPP, there was seamless coordination of activities during the execution of the projects in the health facilities that were covered in the study.

One health administrators shared this:

*“Through PPP managerial support, the top leadership of this facility has enhanced the decision-making ability. The partners sponsored various trainings aimed at equipping project management teams with necessary knowledge and skills for optimal decision making. This contributed towards improved efficiency and effectiveness in operations.”*  
(Health Administrator 1)

Results from the observation checklist were that some of the partners were actively being involved in boards to strengthen the corporate governance mechanisms for better health care service delivery.

## **CONCLUSION AND RECOMMENDATIONS**

### **Conclusion**

#### **Financial Support and Healthcare Service Delivery**

PPP financial support is a significant predictor of healthcare service delivery within Nairobi County. The commitment of PPP towards health care service delivery was demonstrated through their financial support that was highly practiced. Through this financial support by the PPP, funds were dispatched to the health centres based on the budgetary lines. The partners had an opportunity to dictate the manner which funds were being utilized in the health centres that they partnered with.

#### **Managerial Support and Healthcare Service Delivery**

PPP managerial support significantly contributes towards healthcare service delivery within Nairobi County. PPP exhibited their commitment towards supporting healthcare service delivery through offering managerial support. The management support from PPP supported training and skills development. The managerial support of the PPP to the health centres was also demonstrated through administrative support and in decision making processes.

### **Recommendations**

With regard to the first objective of financial support, the study recommends that the finance managers of the health care providers in Nairobi City County in Kenya should exercise prudence in spending of the money disbursed by PPP in executing projects that significantly contribute towards effective health care service delivery. The management team of the PPP should disburse funds to health care providers in Nairobi City County on time for execution of projects.

In view of the second objective of managerial support, the study recommends that the PPP should provide necessary support to the leadership and the top management team working in the health care providers in Nairobi to ensure effective health service delivery is attained.

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