



**FACTORS AFFECTING THE PERFORMANCE OF PUBLIC-PRIVATE PARTNERSHIPS IN HEALTHCARE PROJECTS IN KENYA: A CASE STUDY OF THE MINISTRY OF HEALTH, NAIROBI**

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IN KENYA: A CASE STUDY OF THE MINISTRY OF HEALTH, NAIROBI**

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**ABSTRACT**

Public Private Partnership (PPP) is an increasingly popular model for implementing important public projects. The study specifically aimed to show how partnership governance, and regulatory environment, affected the performance of PPP in healthcare projects via a case study of Ministry of Health headquarters, Nairobi. The study utilized a descriptive survey approach whereby a sample size of 46 respondents, comprising technical officers and heads of units with experience in PPPH projects was purposively selected. Primary data was collected using a standardized Questionnaire. Three (3) officers from the private sectors entities that have often been engaged in PPP projects with the ministry were also included in the sample for the purpose of providing objective opinion.

Response rate was 95.65% (44 out of 46) was recorded and from this was sufficient for data analysis. Descriptive statistics was analyze data by way of percentages, frequency count and modes. A statistical packages for social sciences (SPSS) was also used to analyse data both the qualitative and quantitative data. On gender distribution, the result shows that among the 18 repondents (40.9 %) were males while 26 (59.1%) were females. Relating to the age distribution of the respondents, the majority of the respodents were in the age bracket of 30 to 39 years. Academic qualifications of the respondents showed that the majority of the respodents were barchelors degrees holders, accounting for 54.55% (24) while masters degree and doctorate (PhD) holders were 14 (31.82%) and 6 (13.64%) of the repondents respectively. Information pertained the respondents' years of service at MOH. It was also established that the 11-15 years bracket had the majority of the repondents with 14 (31.82%). Another A22.73% had worked from 6 to 10 years at the ministry. Those with 16-20 years and 5 and below years bracket contituted an equal number of 8 (18.18%) while only 4 (9.10%) had worked for over 20 years. The study also identified some of the PPP project partners who have been involved with the MOH in the last few years. Accordingly the PPP partners mentioned included among other, USAID, WHO, The Kenya Red Cross Society, The Global Fund and World Vision, were the top five private partner named by the respodents. The major the fields in which PPP projects had been recently implemented by the ministry and partners were the cited as: HIV/AIDS (18,2%); Nutrition and food supplementation (11.36); Training and capacity building (15.9%); Family planning (6.8%); and Maternal and child health. Others areas mentioned were; anti-Malaria campaign, reproductive health, TB,Water and sanitation, Emergency response, Health sector reforms, Health infrastructure development, Health information and Social marketing; and, Research. The researcher also sought responses about the challenges facing PPP projects. These results indicate that partinership governace and regulatory environment are among the top challenges affecting PPP projects at MoH, followed closely by project funding. On PPP governance (68.2%) believes that the ministry has strong governance for PPP programs. Most of the repondent (79.1%) also agreed that the ministry is committed to PPP projects goals. The regulatory environment was described to have; weak regulation, tedious procurement process, ambiguity of rules, and rigid rules.

**Key Words:** Performance, Private-Public, Partnership

## INTRODUCTION

The term “partnership” has evolved over the years and has been defined differently by various authors. The World Economic Forum (2005) defines partnership as a form of agreement that entails reciprocal obligations and mutual accountability, voluntary or contractual relationships, the sharing of investment and reputational risks, and joint responsibility for design and execution. The Global Health Initiative, (2013) on the other hand defines partnership as an arrangement involving two or more parties working together to achieve a common goal by bringing together a set of complementary assets. Organizations from both the public and the private sectors often partner to achieve project goals that would otherwise be unattainable without some form of collaboration. This has given rise to Public-private Partnership (PPP), which has existed since the late 1970s and has become a preferred public procurement paradigm worldwide in recent years.

According to Blagescu and Young (2005), partnership means that both parties have agreed to work together in implementing a programme, and that each party has a clear role and influence on how the implementation happens. The South African Institute of International Affairs, (2005) defines PPP as a contract between a public sector institution and a private party, in which the latter assumes substantial financial, technical and operational risk in the design, financing, building and operation of a project. Further, Weihe (2006) points out that partnership is any form of collaboration between public agencies and the private sector for the construction, management, provision of an infrastructure or public service. PPP therefore invariably brings together the public and the private sectors to benefit from some inherent advantages associated with the private sector, which include higher operating efficiency, better service quality and reliability, more cost-efficient use of public money on other public services, better value for money, transfer of some of the risks to the private sector and transparency (Public-Private Infrastructure Advisory Facility, 2011). In the subsaharan Africa alone, the value of

PPP projects had grown from less than 0.1\$ billion in 1995 to over 4.9\$ billion in 2004 (Asian Development Bank, 2010).

ublicand business (in many cases also involving NGOs,

In the healthcare sector, PPP has emerged as an important and effective model for achieving the sector goals through of various programmes. According to Raman & Bjorkman (2009), Public-Private Partnership in Healthcare (PPPH) is a collaborative relationship between the public and private sector for providing health services and infrastructure. Jeffrey (2011) defines PPPH as any formal collaboration between the public sector at any level (national and local governments, international donor agencies, bilateral government donors) and the non-public sector (commercial, nonprofit, and traditional healers, midwives, or herbalists) in order to jointly regulate, finance, or implement the delivery of health services, products, equipment, communications, education and research.

Today, PPPH project model has emerged as important policy option for many countries as the countdown to Millennium Development Goals (MDGs) targets fast approaches. According to KPMG (2009), PPPH can be used to enhance access to universal healthcare and to improve efficiency in healthcare in areas such as infrastructure development, management and operations, capacity building and training, financing, IT infrastructure, and materials. Partnering with the private sector bears the potential for meaningful benefits to the public partner and the health sector as a whole. Potential benefits of PPPH can lead to reduced government spending and greater efficiency in healthcare management. Healthcare projects partnering can also be particularly valuable as a method of leveraging technical or management expertise, and facilitating technology transfer, all of which can lead to quality improvements (World Bank, 2006). Further, the collaborations can be used to reduce or better allocate project risks.

The Asian Development Bank, (1999) identified legal and regulatory framework, transparency and

accountability, suitable public policies, commitment to public goals, common understanding, sharing of resources, and, consumers and community participation. Other studies have established more factors necessary for successful PPPH projects. According to Raman & Bjorkman, (2009), a successful partnership possesses the following elements; Relative equality between partners; Mutual commitment to health objectives; Autonomy for each partner; Shared decision-making and accountability; Equitable outcomes; and, Benefits to the stakeholders.

### **Statement of the Problem**

Public Private Partnerships projects in healthcare play a critical role in the development, and sustainability of quality healthcare system (HENNET, 2010). In the developing countries, health projects are of dire importance as the health standards fall below the WHO targets due to budgetary and other constraints (Reich, 2002). The private sector on the other hand controls a significant number of the total health facilities, as is the case in Kenya (Jeff et al, 2009). However, there has been an uneven health resources and personnel distribution in the country (KIHBS, 2006). Both the public and private sectors have therefore partnered and collaborated over the years in the formulation and implementation of various healthcare projects in the country.

By 2010, the private sector contributed over 70 % (Ksh 87 billion) of the country's total health expenditure. The government has also partnered with the private sector agencies in various health programmes in the country. Some of the major PPPH projects between the MOH and various international partners alone amounted to over USD 4.5 billion in 2010. In the same breadth, the amount of funding by the government and development partners channelled through the local NGOs and CSOs rose from Ksh 27 billion in 2005 to Ksh 104 billion in 2010. This trajectory indicates there is a tremendous opportunity for the public sector to build a mutually beneficial collaboration in the health sector through the PPPH framework (PSP4H, 2014).

However, despite the growth rapid of the sector, lack of proper benchmarks is hindering the PPPH projects performance (Kaseje, 2006). There is little formal policy in the country to guide the public sector and private sector on sharing of access to diagnostic equipment, training resources, subsidized donor commodities, and health data. The strategy to engage and harness the potential of the private sector under the PPP context is also weak. The Ministry of Health as the nerve center of healthcare management is one of the most critical areas in the Vision 2030 blueprint. The ministry has the mandate to manage the health players in the country and to provide health policy guidelines in the country. The role of the state as main public health service providers has been rapidly changing, with an increased role for private actors. The MOH therefore needs to develop the necessary capacity to handle the emerging issues and challenges associated with managing complex healthcare projects under the PPP framework. Success in any projects depends significantly on the effectiveness and efficiency of the project team in implementing the project assignments. Without proper structures and performance benchmarks, the ministry may not effectively manage the increasingly complex and dynamic tasks associated with the management of PPPH projects. An analysis of the factors affecting the sector may assist the project management teams in improving processes so as to reduce the cost and rates of project failures. With the emergence of PPP as a preferred procurement paradigm in various sectors including healthcare, it is critical to identify the major factors impinging upon the PPPH projects in the country. Also, as Kenya endeavors to achieve her development goals, the study can enhance setting of performance standards and manuals for the country's health sector.

### **Objectives of the Study**

The overall objective of this study was to study the factors affecting the performance of public-private partnerships in Healthcare (PPPH) projects in Kenya the key objectives were

To determine the influence of project governance and regulatory environment on the performance of PPPH projects at the Ministry of Health, Kenya.

## Research Questions

The study sought to answer the following research questions:

- 1) How does the project governance influence the performance of PPPH projects at the Ministry of Health, Nairobi?
- 2) How does the regulatory environment influence the performance of PPPH projects at the Ministry of Health, Nairobi?

## Scope of the Study

The study investigated factors affecting the performance of PPPH projects in Kenya through a case study of MoH headquarters, Nairobi. The factors studied included; project governance and regulatory environment. Specifically, the study involved the Ministry of Health staff who have experience in PPPH projects management.

## THEORETICAL FRAMEWORK

This study was guided by the following theories: Bruce Tuckman's Team Development Model, and the Agency Theory.

### a) Bruce Tuckman's Team Development Model

The study will be guided by Tuckman's Team Development Model. The model describes the stages through which teams tend to follow from their formation to the successful completion of the project at hand. The model has been used worldwide by leadership and group management experts and theorists, and highlights the areas which may lead to project success or failure because of team disfunction (Centre for Leadership Studies, May 2007). Tuckman identified four main stages of development, which include; (1) Forming, (2) Storming, (3) Norming and (4) Performing. A decade later he added a fifth element, "Adjourning", which describes the dissolution of a team after its project is completed. The model further posited that every team undergoes through the stages from a relatively unproductive initial step before becoming a self-reliant team. The model also propounds that unless the issues concerning processes and feelings have been adequately tackled, it is highly impossible for the team to reach the final stage which is the most productive.

Teams undergo changes and development over a period of time. The three issues which Tuckman identified as determining the performance of the teams are content, process and feelings. Content according to the model relates to what the team does, process relates to how the team works together towards the shared objectives and feelings refers to how team members relate to one another. Tuckman adds that most teams concentrate almost exclusively on content, to the detriment of process and feelings. This may explain why teams may be strong on the paper but end up grossly under-performing.

During the first stage, "Forming", the focus is usually on the team's leader. Members willfully accept the leader's guidance and authority while maintaining a polite but distant relationship with the others. Serious issues and feelings are avoided, as the team focuses on routines such as team organization, duties, meeting time and procedures among other issues. Individuals also study the fellow teammates and the scope of work ahead. This is a comfortable stage, since conflicts and threats are totally avoided. The team meets and learns about the opportunities and challenges, and then agrees on objectives and lays a framework for handling the tasks ahead. This stage also sees team members tending to behave quite independently with a clear lack of solidarity and understanding of the team's goals. Experienced team members may begin to propagate values and appropriate code of conduct at this early phase. The forming stage of any team is of paramount importance because, the members of the team not only get to gain familiarity with one another but also share experiences and feelings. This is also an opportune time to know how each member of the team works individually and their response to pressure.

The second stage of team development is "Storming", where members propose different ideas for consideration by the team. Issues such as the problems at hand, how the team will function independently and together and what leadership model to adopt also suffice. Members open up to

each other and boldly respond to each other's ideas and propositions. In some cases, this stage can take a limited period of time while in others, the team will never leave it. The maturity of some team members is usually determinant of how long the team stays at this stage. "Storming" can also be contentious, and even destructive to the team unless properly handled by embracing tolerance and patience among members. Many teams stall or even die at this stage due to disagreements and wrangles. However once members have resolved issues of contention, the team is able to forge ahead more cohesively.

After "Storming", the team ushers in another stage; "Norming". At this point, the team focuses one goal and adopts mutual plan for the team. It is a moment of give-and-take as members may have to give up their own proposals and agree with others in order to reach compromises. Team members take the responsibility, and have the ambition to work for the success of the team. Individuals have a concern about being part of the team and will freely express views. Procedures and rules become the guiding principle.

The fourth stage according to the model is "Performing". Some teams eventually enter this phase while others will remain in the "Norming" stage. Teams at this juncture are able to function as a unit by enhancing efficiency through resource allocation, quick resolution of conflicts, participative leadership, effective communication and mechanisms to motivate and recognize high performance. It is noteworthy that many long-standing teams may go through these cycles many times as they react to changing circumstances. For example, a change in leadership of the team may cause the team to revert to storming as new people challenge the existing norms and dynamics.

The fifth stage, "Adjourning", was developed by Tuckman, jointly with Mary Ann (Jensen, 1977). The stage involves the process of "unforming" the group, letting go of the group structure and moving on, having achieved the objectives. The stage has been described by some authors as "Deforming and

Mourning", implying the sense of loss sometimes felt by individual team members. Adjourning involves dissolution of the team. It involves the termination of roles, the completion of tasks and reduction of dependency. The process can be cumbersome, particularly when the dissolution is unplanned. It involves disengagement of relationships between team members and recognition for the team's members' efforts and achievements. This theory can be used to assess and enhance commitment of the project team members in a partnership setting by taking into account the stage of project and the behaviours associated with each stage.

#### **b) Rational-Bureaucratic Theory**

The study will also utilize Max Weber's theory of Bureaucracy which has been of significant influence on the modern world management practice and organizational theory (Page, 2003). The main premises of the theory postulates the following elements of the modern organizations; (1) clearly defined division of labor and authority, (2) hierarchical structure of offices, (3) written guidelines outlining performance criteria, (4) recruitment to offices based on specialization and expertise, (5) office holding as a career or vocation, and (6) duties and authority attached to positions rather than persons.

The six elements define the way in which individuals are recruited, controlled and distributed within bureaucratic organizations. The elements also prescribe how individuals are hired on merit, assigned positions with defined duties, responsibilities and authority which are only relevant to a given position and therefore not transferable to other positions within the organization. Each of the elements is intended to control individual behaviour towards the organizational goals. The elements also define that legal documents represent the formalization of information specifying task assignments and rules and regulations of the whole organization.

Weber's theory points out several organizational characteristics and processes such as clearly defined

goals which are best achieved through formal structure, behaviour within the organization that is shaped by the formal structure directed towards the goals, information-based organizational decisions through cost-benefit analysis, and enhanced efficiency based on adherence to rules and policies of the organization. There are 3 important principles of rational bureaucracy as elucidated by Weber, namely formalization, instrumentalism and rational-legal authority. Formalization refers to the extent to which rules, task assignments, procedures and regulations are documented. Written documentations such as organizational chart, exist prior to the entry of people into various positions and are intended to direct and regulate organizational behaviour. Instrumentalism conotates a tool or machine for achieving specific purpose, that is, means to an end. The rational bureaucratic organization is itself an instrument intended to achieve given objectives. The formal internal structure-positions, procedures, rule, interaction partterns-are instruments in the mission of the organization.

The rational-legal authority principle emphasizes on the most efficient and rational means to gain compliance of members in a project management organization. Rather than resort to coercive authority or charisma, legitimate (legal) authority derives its power from the formal position and the belief by the surbodinatees that the structures in place provides the best means to achieve the set organizational objectives. Individuals should be recruited in various positions on basis of ability and qualification giving thrust to legitimacy to the exercise of authority. This would improve accountability and governance especially in a partnership project where goals and objectives are very specific and time-bound with budgetary and other constraints.

### c) Agency Theory

The Agency Theory also formed a basis for this study. The theory looks at the relationship between the principal owner of an enterprise and the agent. The principal delegates work to the agent, who in turn is expected to perform the work (Hakenberg, 2007; Eisenhardt, M, K. 1989). Two main problems

are of concern arise in this relationship: (1) It might be difficult for the principal to ascertain the actions of the agent ,and, (2) Conflicting goals between the agent and the principal may arise as the principal tries to control the agent in order to maximize his own benefits, the latter is also driven by self-interests. This creates conflict of interest. The two parties also have different attitudes towards risk. Failure of the enterprise poses different consequences for the agent and the principal.

The agency relationship occurs in many situations today. For instance, employer-employee relationship resembles an agency relationship. Employers have various mechanisms for controlling and monitoring the activities of their employees. Employees are evaluated on their performance and appropriate corrective action taken on basis of the control mechanisms in place. Various challenges may arise out of this owner-agent relationship, which reflect the reality of many partnership projects such as outsourced services, leasing, management contracting among others. As such, this theory was used in this study to explain accountability, governance and commitment of partners to project goals.

### Conceptual Framework

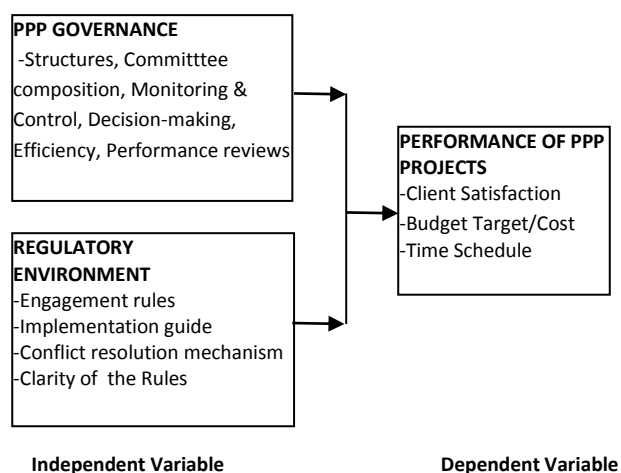


Figure1. Conceptual Framework

### Governance of PPPH Projects

Governance refers to the structures, processes, rules and traditions through which decision-making power that determines actions is exercised to achieve accountability (Zadek & Radovich, 2006).

Organisations in all sectors, regardless of purpose, are increasingly expected to demonstrate how well they are governed. It is a vital element of how organisations operate and are held accountable. Code of governance principles demands that an effective management board will provide good governance and leadership by: (1) Understanding its role, (2) Ensuring delivery of organisational purpose, (3) Working effectively both as individuals and as a team, (4) Exercising effective control, (5) Upholding with integrity, and (6) Being open and accountable.

A PPP project management structure is responsible for the administrative activities of the partnership and is accountable for all partnership affairs. The type and size of the management structure should be tailored towards the partnership's mission and scope of work (Global Health Initiative, 2013). Brinkerhoff, (2002) states that good governance and leadership provides a conducive environment for project teams. Participation of the senior management in decision-making and planning results in the organization's commitment to the partnership project success and fosters the trust among the partner organizations. Senior Management support is a key factor for the success of PPP projects. Best managerial practices such as recruitment of staff on merit and proper work ethics may also help ensure that talented and productive members of the project teams are retained and sustain high productivity.

Abednego and Ogunlana, (2006) analyzed the role of project governance in PPP project success. The study deduced that good project governance depends on project management and product success in short-term and on strategic issues influencing performance in long term. Short-term issues mainly include smooth flow of the assignment, client satisfaction and organizational issues. Good project governance also leads to proper allocation of risk and results in better project performance. Criteria needed to achieve good project governance include transparency, equality, effectiveness and efficiency. Effective governance within a PPP project setting is a complex undertaking (World Economic Forum, 2005). The public sector players still hold

preconceived notions about the motives of the private sector therefore increasing transaction costs in PPPs. This necessitates the planning of strong governance arrangements. Ambiguity in the concepts of good governance-accountability, transparency, legitimacy, disclosure, participation, decision-making, grievance management and performance reporting- further complicates the meaning effective partnership governance. According to UNECE (2008) good governance has six core principles, namely: (i) Participation, (ii) Decency, (iii) Transparency, (iv) Accountability, (v) Fairness, and, (iv) Efficiency.

Managing a PPP project entails preparation, procurement, and operation which involves dealing with multiple issues with stakeholders all at the same time (ADB, 2010). Good project governance is about successful delivery of the project and management of the interaction with the private sector. Governance requires the management to develop a more comprehensive structure of project governance such as system of project boards. A project board comprises stakeholders from the public sector and independent members capable of providing neutral, technically sound opinions. This is the regular forum for resolving major issues and for making decisions above the powers delegated to the project management team. This board sets the project requirements, constraints, and boundaries, monitors the project management activities, and provides a forum for challenging and supporting the project team. The project advisers are usually not team members, but they may be called to attend project board meetings when expert advice is needed. A "project owner" or leader, and smaller groups such as stakeholder management team may be necessary depending on the project size. Conflicts may exist in inter-organizational partnerships because of interdependencies between the firms. The responsibility of the senior management include detection and timely resolution of conflicts. However, conflicts management may be complex and hence an understanding of conflict resolution mechanism is critical to the success of partnerships (Brinkerhoff, 2002). Joint problem solving engagements helps the



partners to arrive to a mutually satisfied solution and therefore it is contributor to successful partnership. Mohr and Spekman, (1994) found that joint problem and conflict resolution delivered a win-win solution for the partners. There is also a view that formal conflict resolution mechanism is a *reactive* response while good communication is a proactive response.

### **PPPH Regulatory Environment**

Enabling legal, regulatory, and policy framework are key elements to a sustainable partnership project (ADB, 2010). According to the World Bank (2006), regulations and laws relating to PPP projects delivery can hamper success if poorly designed and executed. Regulations must be adaptable and predictable in line with the social and economic dynamics in order to achieve the expected goals. Agreeing with this, SPAID (2007) cites strong PPP regulatory framework as an important ingredient for the success of partnership programmes in South Africa. Thai (2001) points out that apart from public procurement regulations and rules, the legal environment refers to a broad legal framework that governs all business activities including research and development, manufacturing, finance, marketing, personnel, and contracts. He adds further that in developing and particularly transitional countries, where legal systems are not comprehensive, government contracts may need detailed provisions.

A weak national regulatory framework is cited as one of the major challenges facing organizations and business enterprises in public procurement (Mukulu, 2013; Puddephatt & March, 2012). A strong legal framework facilitates transparency in the public procurement process. According to Mitchell (1999) regulatory environment enhances quality and efficiency in healthcare projects. The goals of regulations are to; (1) protect the individual; (2) control costs; and (3) ensure access. The basic aim of regulations is the establishment of standards of practice which define expectations on which to measure quality.

Sound regulatory policy enhances the efficient functioning of a partnership projects by ensuring

that they operate under a clear mandate, without political interferences. It also ensures that the PPPs are appropriately resourced and equipped, with transparent and accountable decision-making process (OECD, 2012). In PPPs involving the delivery of infrastructure projects with natural monopoly characteristics, the role, design and organisation of regulators is important to secure value for money for the public sector and protect users and consumers. This role should be clear to all stakeholders. The appropriate sector regulator should be consulted in the project design and subsequently monitor compliance with regulated service standards.

A strong and reasonably detailed legal framework sets the parameters for handling partnership projects while providing assurance to the private sector that contracts will be honored. The more transparent and credible the enabling environment, the less risk premium charged by private investors in PPP projects (IMF, 2008). According to ADB (2010), a PPP project is a contract that requires a legal approval in order to give it a *locus standi*. This is because public workers unions may often oppose PPP deals for fear of losing jobs among other reasons. A conducive regulatory environment will also provide for arbitration mechanisms. Other issues may relate to labour and procurement regulations or individual organization's stakeholders interests. There is often a balance to be struck between a fixed legal framework and a flexible one that is able to respond to developments in best practice over time (PPIAF & World Bank, 2009). Investors have a strong preference for certainty and clarity in the legal framework provided it is a good framework. Private investors will want to be assured that the existing laws and regulations will enhance the partnership and that it is compatible with the international laws. Specifically the regulatory framework sets the pace by detailing: (1) Rules for engagement ; (2) Implementation process guide; (3) Conflict resolution mechanism and (4) Clarity of the Rules.

In Kenya, PPP is defined as a performance-based contract under which the Private Sector supplies

public services over time and is paid by the public sector, end user or a hybrid of both (Ministry of Finance, 2012). Output is specified by Contracting Authority while input is the responsibility of the private sector. PPPH projects in Kenya are regulated by the PPP-related laws such as PPP Act of 2013 which establishes a legal framework for the carrying out of PPPs in Kenya (Africa Legal Network, 2013). Other instruments include; the Public Procurement and Disposal Act of 2005, and the Privatization Act of 2005. The Constitution, County Governments Act, the Government Contracts Act, the Public Finance Management Act and Transition to Devolved Government Act. All project agreements entered into by a contracting authority under the PPP Act are subject to The Laws of Kenya.

The *Public-Private Partnership (PPP) Act and Policy* clearly articulates the GOK's plan to tap the opportunity presented by the private sector in various aspect including health (PSP4H). The Ministry of Finance acts as the lead agency for implementing this act on behalf of the government. In the health sector, the MOH has established a PPP Node domicile at the Department of Policy and Planning. In addition, the PPP Act and Policy empowers county governments to engage directly with the private health sector to procure health services and goods. This has created and important a new opportunity for the private health sector at both the national and the county levels.

### **Empirical Review**

The PPP model has become a preferred procurement option in recent years as governments endeavor to tackle resource constraints and other procurement challenges (World Economic Forum, 2005). Partnering with the private sector can generate important results such as technological advancement, efficiency, increased access to quality healthcare, epidemic and disaster management among others (Goel et. al, 2006). Globally, PPPH projects have been used to counter threats posed by Malaria, HIV/AIDS, TB and other health emergencies. African governments have also adopted PPP as a model to increase access to pharmaceutical drugs

related to HIV/AIDS and other related diseases with significant breakthrough as studies in Botswana and Uganda revealed (Drunce et. al., 2004; Caines et. al., 2003).

Various factors affecting the performance of PPPH projects were sourced from past studies in course of literature review. The sources visited relate to PPP broadly although several publications on PPPH have also been examined. These include studies on CSFs of partnership projects in various fields. For instance, a study by Ismail & Ajija (Undated) on "*Critical Success Factors of Public Private Partnership (PPP) Implementation in Malaysia*" ranked eighteen CSFs, the top ten of them being; (1) Good governance, (2) Commitment and responsibility, (3) Favourable legal framework, (4) Sound economic policy, (5) Availability of financial market, (6) Strong and good private consortium, (7) Stable macro-economic condition, (8) Project technical feasibility, (9) Transparency of procurement process, and (10) Appropriate risk allocation and risk sharing.

Various other factors affecting the performance of PPP projects have been cited in various contexts. Zhang (2005), studying infrastructure development projects implemented through PPP model, identified the critical success factors and classified them into five major categories as follows: (i) favorable investment environment; (ii) economic viability; (iii) reliable concessionaire consortium with strong technical strength; (iv) sound financial package; and, (v) appropriate risk allocation via reliable contractual arrangements. Trafford and Proctor, (2006) lists good communication, openness, effective planning, ethos and direction as the key characteristics of a successful project. Another publication by Lambert et al. (1996) mentions the following elements; mutual trust and commitment, joint planning, joint operating controls, effective communication, risk/reward sharing, style of contract, scope of the activities and the extent to which financial resources are shared. Other factors include collaboration among stakeholders, reputation trust and motivation of private sector, good public acceptance of PPP projects.

In addition, a study by Raman & Bjorkman (2009) on *“Public Private Partnership in Health Care in India: Lessons for Developing Countries”*, lists factors affecting the performance of PPPH projects as: Relative Equality between partners, Mutual Commitment to Health objectives; Autonomy for each partner; Shared decision-making and accountability; Equitable Returns/Outcomes; Benefits to the Stakeholders. The same document highlights the constraints for PPP projects as: Lack of clarity on why PPP; Defining Beneficiaries in High value services; Local political interference; Non-revision Contract; Payment Delay; Institutional capacity for monitoring; and, Attitude or personality styles. A study by Itika, Mashindano & Kessy (2011) pointed out some of the factors influencing PPPH projects in Tanzania as regulatory framework, coordination, financial support, stakeholders’ commitment, human resource capacity and utilisation, access to essential drugs, tax relief and adherence to professionalism. Gannon-Leary, Baines and Wilson (2006) highlight the characteristics of PPP projects. The characteristics referred to include; trust, governance structures, mutual respect, common goals, agreed objectives, transparency and communication between partners, teamwork and joint working (Robinson & Cottrel, 2005).

In an analysis of global partnerships, Buse & Walt (2000) summarize the element of sound PPPs as: (1) clearly specified, realistic and shared goals; (2) clearly delineated and agreed roles and responsibilities; (3) distinct benefits for all parties; (4) the perception of transparency; (5) active maintenance of the partnership; (6) equality of participation; (7) meeting agreed obligations. *The Asian Development Bank Institute conference on Public-Private Partnerships in The Social Sector* (1999) identified the following factors impinging on PPP projects: Legal and regulatory framework; Transparency and Accountability: Suitable Public policies; Commitment to Public Goals; Common Understanding; Sharing of Resources; and, Consumers and Community (Mitchell, 1999).

Partnering with the private sector has been proven to bear positive results for the public sector

especially in healthcare financing, management and service provision (Nikolic & Maikisch 2006). In developing countries like Kenya, PPPH plays a critical role in improving healthcare system by tapping the capacity of the private sector (PSP4H, 2014). The drivers of PPPH according to PWC (2010) are five fold, namely; The need for new investment in health, Budget constraints, Demands for improved and efficient procurement systems, Skills and knowledge gaps in public sector, and capacity improvement through social infrastructure.

The Kenyan health sector comprises of a wide and diverse range of actors in both the public and private health sectors with different contributions and interests, capacities, experiences, and commitments but with shared concerns about health status improvement (PSP4H, 2014). Although PPPH is still a nascent concept, the public and the private sectors have collaborated for many years in such areas as vaccination, emergency responses, and health education and training. The Ministry of Health is charged with the responsibility of setting policies, developing standards, and allocating resources towards various healthcare services. Under the devolved system, the county governments are mandated to implement the healthcare projects and deliver services within their areas of jurisdiction (USAID, 2012). The relationship between the Public and the Private sectors has been enhanced by the new PPP Policy by the GoK especially through the Vision 2030 blueprint. PPP Health-Kenya is a public-private initiative bringing together the public, private, faith-based and non-government health sectors to foster on-going dialogue on key and emerging policy issues linked to PPPH highlights the main principles that guide such partnerships in Kenya (Cheruiyot, 2010). These encompass: Focus on shared vision and common good of the health sector; Respect for different perspectives; Equity between partners; Shared responsibilities; Equal commitment to working together; and, Transparency and accountability.

### **Critique**

The literature reviewed indicate a pattern of agreement that PPP projects in various sectors is a

paneciae to all the public sector problems. While PPPH projects may be a valuable tool in delivering huge benefits to the healthcare sector, the model may not be the ultimate solution to the myriad challenges facing the sector. Indeed Roehrich *et. al* (2014) points out more demerits than merits relating to PPPH projects. Partnership projects may have other unaccounted costs and may fail to perform to expectations even with the application of the cited CSFs.

Most of the developing countries continue to experience huge disparities compared to the developed world in the area of development project (PSP4H, 2014). The concept of PPP has gained prominence in Africa and in other developing countries. However, save for a number of documents, such as USAID (2009), PSP4H (2014), and Jeffreys (2011) majority of other studies cited have little if any reference to the socio-economic realities of the African continent and Kenya. For instance, PWC (2010), WEF (2005), and World Economic Forum (2005), have strong biases to developed countries while acknowledging the important contribution PPPH projects have to the economies of the developing countries.

### **Research Gaps**

Studies available on PPP indicate that the concept has existed for many decades but has not been properly conceptualized and mainstreamed by many countries. Various governments need, therefore, to build their capacity to properly handle the various aspects and challenges brought about by the new procurement model. In the health sector, PWC (2010) observes, PPPH is an evolving area. As the World Economic Forum (2005) alludes, partnerships in healthcare are a new phenomenon especially in the developing world. Policy-makers in the field lack a repository of “best practices” to draw on. There is need to develop a knowledge for the sake of countries implementing PPPH projects as a new phenomenon especially given the Kenya’s onset of a devolved system of government.

There is also a scarcity of data on studies conducted to identify broader perspective and challenges in

achieving common goals in PPP projects in the service industry like healthcare. This is partly because most PPP studies confine themselves to specific aspects such as CSFs, risk, financing and management; especially in infrastructure development and construction (World Economic Forum, 2006). Furthermore, it is not possible to apply the findings of one case study to other areas given the differences inherent in specific sectors and methodologies employed across the studies. A research gap therefore exist on the PPPH projects in the country.

As the popularity of partnership projects continue to rise, more studies are needed on the performance of these projects and their impacts on the ground and to assess the capacity of the public sector to implement PPPH projects. The “Kenya Private Sector Assessment” report by USAID (2009) calls for further research on the opportunities of PPPH as well as development of framework for enhancing partnerships in the health sector. There is a serious need to develop a framework for assessing performance of PPPH project.

The literature reviewed has therefore not addressed the whole aspects of PPP projects performance, especially relating to the PPPH projects in the Kenyan context. This will be addressed by investigating the factors influencing the performance of partnerships projects in the healthcare at the MoH headquarters, as identified from the literature review of previous studies on this area. This study is expected to fill the knowledge gap on performance factors with regard to PPPH projects and provide information on effective management of such projects. The study will also contribute to the body of knowledge related to management of partnership and collaboration projects.

Only a limited number of studies have been conducted to identify partnership related issues and challenges in achieving common goals in PPP projects in the service industry like healthcare. This is partly because most PPP projects involve specific aspects such as CSFs, risk, financing and management; especially in infrastructure development and construction (World Economic

Forum, 2006). Furthermore, it may not be possible to apply the findings of one case study to other areas given the differences inherent in specific sectors and methodologies employed across the studies.

## RESEARCH METHODOLOGY

### Research Design

The study adopted a descriptive survey approach. Kombo and Tromp (2006), define research design as the structure of research as it shows how all the major components of the research project work together in trying to address central research questions. The descriptive approach also allowed the results to be presented through simple statistics, tables, mean scores, percentages and frequency distributions (Mugenda and Mugenda, 2003). The design adopted case study method. By using case study design was possible to probe, collect data and explain phenomena more deeply and exhaustively.

### Target Population

The target population for the study comprised all the healthcare projects at the MOH. The Study population was made up of the senior and middle-level staff (managers, project consultants, project officers, and supervisors) at MoH headquarters, who have PPPH projects and programmes management experience.

### Sampling Frame

In this study, the sampling frame was a list of all the 1,472 staff at the Ministry of Health headquarters (MOH, 2007a). The list of all the staff at the Ministry of Health headquarters was sourced from the Human Resource department and was used to provide sample population for this study.

### Sample and Sampling techniques

Sampling according to Kothari (2003), is the process by which a relatively small number of individuals, objects or an event is selected in order to find out something about the entire population from which it was selected. A sample is the finite part of the statistical population whose properties are studied to gain information about the whole group (Orodho and Kombo, 2002).

Purposive sampling was employed whereby respondents were selected from various departments based on their experience in various partnership projects at the Ministry. From the 23 main departments at MOH (MOH, 2014), 2 officers from each of these departments were selected using purposive sampling technique, to make a sample size of 46, comprising technical officers and heads of units with experience in PPP projects. Three (3) respondents from the private sectors entities which have engaged in PPP projects with the ministry were also included in the sample. These officers provided a more objective and independent opinion on the areas of challenges facing PPP projects and gave suggestions in how to improve their management. Purposive sampling is a technique that allows a researcher to select cases that have the necessary information on a given subject in study (Bryman, 2012). The suitability of this sampling technique was based on the fact that PPP is both a technical area as well as a new procurement paradigm. As such, not every employee may possess the requisite information relating to the subject under study. In addition, PPP projects are usually implemented by specific teams specially constituted for the assignments.

**Table 1 Sample size**

Size of MOH	Sampling Criteria	Sample Size
23 Departments with a total of 1472 Staff	2 Officers from each department purposively selected from project management positions	46  (NB:3 Private Sector Officers with PPP experience at MOH were interviewed for moderation purposes only )

Table 3.1: Sample size selection criteria

### Data Collection Instruments

Both qualitative and quantitative data was collected. Primary data was collected through the use of questionnaires. According to Saunders et al (2012), questionnaire includes all methods of data collection in which each person is asked to respond to the same set of questions in a predetermined order. The questionnaires was used consisting of open and

closed- ended questions. The tool was chosen because it helps to collect numerous information over a short period of time, economical and easy to administer. Closed questions were used in an effort to reduce time and costs as well as to facilitate an easier analysis as they will be in immediate usable form. Open-ended questions were also used so as to encourage the respondent to give an in-depth responses.

#### **Data Collection Procedure**

After obtaining a letter of introduction from the College of Human Resource, Jomo Kenyatta University of Agriculture and Technology, the researcher presented the same to NACOSTI and the MOH administration for a permission to carry out the study. The researcher subsequently, approached and administered the questionnaires to the prospective respondents after brief introduction and assuring them of confidentiality.

#### **Primary Data**

Primary data was collected using standardized questionnaire. The questionnaire was designed to include both closed and open-ended questions and was delivered by the researcher to the respondents' offices and collected after 3 days. According to Kombo & Tromp, (2006), questionnaires are advantageous in that they can gather data over a large sample in a short period of time.

The questionnaire had both closed and open-ended questions. According to Chandran, (2004) structured questions are normally closed ended when the respondent is expected to choose the most appropriate answer from a list of options provided. The main advantage of this type of questions is that they are easy to analyze and require a lower investment in terms of time. The questions also permitted greater depths of response which were simpler to formulate and the response gives an detailed insight. The respondents were given three days to fill in the questionnaires. However, given the nature of work the respondents were engaged in, there were delays at this stage such that the last respondent handed back the questionnaire after a week. A total of 44 questionnaires from the ministry

were filled and returned while all the 3 questionnaires from respondents from the private sector organizations were collected after one day.

#### **Secondary Data**

Secondary data was gathered through review of existing literature relevant to the study. According to Sekaran (2003). There are several sources of secondary data such as books, periodicals, journals, government publications, online materials, among other written documents.

#### **Data Processing and Analysis**

The study used descriptive statistical techniques including a summary of findings in form of pie charts, tables and graphs from coded numbers and percentages. This was done after checking the filled questionnaires to establish consistency of the data to enhance sorting out those with no responses. The data collected was edited for accuracy, consistency and completeness after which it was then coded and cross-tabulated to enable the responses to be statistically analyzed. This technique allowed inferences to be made that could be corroborated using other methods of data collection.

Descriptive statistics were used to analyze data by way of percentages, frequency count, mean, standard deviation and variance. Chi Square tests were also done to test association between categorical data (Kothari, 2003). A statistical package for social sciences (SPSS) and Microsoft Excel spreadsheet application were also used to analyse the data. The analysis was conducted on the basis of research questions as had been formulated.

### **FINDINGS AND DISCUSSIONS**

#### **Response Rate**

The study targeted 46 staff members at the Ministry of Health headquarters. Questionnaires were served by the researchers to the prospective respondents and collected after three days. Out of 46 questionnaires, 44 of them were filled and returned, constituting a 95.65% response rate.

#### **Demographic Information**

##### **Gender Distribution**

The result shows that among the respondents 40.9 % (18) were males while 59.1% (26) were females. Females therefore constituted the majority of the respondents who filled and returned the questionnaires. This was due to the nature of roles and responsibilities assigned to the staff of either gender with more female workers remaining in office work while males take out of office duties.

### Age

From the table, 2 (4.51%) of the respondents were between the age of 20-29 years, 17 (38.64) were between 30-39 years. At the same time, 16 (36.36%) were between 40-49 years of age, and 9 (20.45%) were over the age of 50. The majority of the respondents were therefore in the age bracket of 30 to 39 years and closely followed by those in the 40-49 years.

### Academic Qualifications of the Respondents

From the findings, the majority of the respondents were bachelor degrees holders accounting for 54.55% (24) while masters degree holders were 14 representing 31.82% of the respondents. Those with doctorate (PhD) degrees were 6 adding up 13.64% of the respondents. This shows that the ministry staff in the project management possess high academic qualifications, although their specific areas of specializations was not assessed. It is also valid to mention that the respondents were not in full-time PPP project work since they work in departments handling different responsibilities.

### Chi-Square test on gender and Academic qualifications

Chi-Square test showed that Gender had significant influence on Academic qualifications as shown in the table 2.

**Table 2. Chi-Square Tests on Gender and Academic qualifications**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.342 <sup>a</sup>	2	.843
Likelihood Ratio	.340	2	.844
Linear-by-Linear Association	.332	1	.564
N of Valid Cases	44		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.45.

### Respondents' years of Service in the MOH

The respondents were asked to indicate length of time (in years) they had served in Ministry of Health.

The respondents' years of service are . The frequency indicated that 11-15 years bracket had the majority of the respondents with 14 (31.82%). Another 22.73% (10 respondents) had worked from 6 to 10 years at the ministry. Those with 16-20 years and below years bracket constituted 18.8% (8), while only 4 (9.10%) of the respondents had worked for over 20 years.

### Factors Affecting the Performance of Public-Private Partnership Projects

The first objective was to identify the factors affecting the performance of public-private partnership projects in the healthcare in Kenya.

### Experience in PPPH projects

In order to gain an understanding of PPPH projects at the MoH, the respondents were asked to indicate whether they had been involved in any PPPH project at the ministry.

**Table 4.5: Experience in PPPH projects**

Past Experience in PPPH	Frequency	Percent (%)
Yes	35	79.55
No	9	20.45
Total	44	100

As table 4.6 shows, the majority of respondents 35 (79.55%) answered in affirmation while 9 (20.45%) had not been involved in any PPPH project. Although the researcher targeted the staff working in the various department involved in PPPH projects at the ministry, there were still some workers who had not been directly involved in any partnership project. All the respondents however, had indicated that they had they were familiar with PPPH projects in the ministry. This shows that there is a strong experience on PPPH among the staff at the ministry.

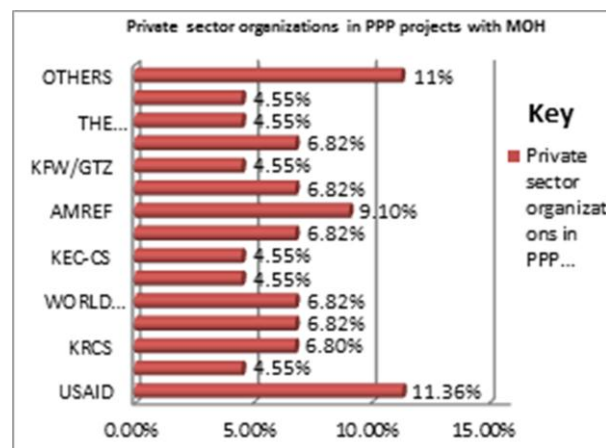
### Private Sector Organizations involved in PPPH projects

The respondents were asked to name any two private sector organizations involved in PPPH projects with the MOH. Table 4.6 (below) gives the summary of the results with top organizations as cited by the respondents. The organizations cited by the as having been involved in PPPH projects as a private partner with the Ministry of Health were ranked according to the frequencies. Accordingly, USAID, WHO, The Kenya Red Cross Society, The Global Fund and World Vision, were the top five private partner named by the respondents. Other organizations mentioned include; CHAK The Kenya Episcopal Conference-Catholic Services (KEC-CS), The World Bank, AMREF, DFID, KFW/GTZ, UNICEF, Bill and Melinda Gates Foundation, and the Aga Khan Health Services.

It was also noted that the organizations mentioned comprised; the development partners, local and international NGOs (not for-profit), FBO, and Private for-profit organizations. The scope of the study did not allow profiling of these organizations into different categories. These findings were in tandem with observations by PSP4H, (2014), HENNET, (2010) and Jeff et. al, (2009).

The figure 3 (below) illustrates the respondents' opinions on the private sector organizations with those with two or more mentions being ranked in terms of percentages. Those that were mentioned by one respondents each have been put together under "others". They include PEFPAR and The Safaricom Foundation among others.

Figure 4.6: Major Private Sector Organizations involved in PPPH with MOH



The respondents were asked to name two area of PPPH projects at the ministry which they had been involved in or were aware of. The results of the responses is given in table 4.7 (below) with the top ten project areas ranked according to the percentage. As per the respondents' replies the areas around which PPPH projects have targeted in the recent past include: HIV/AIDS; nutrition and food relief/supplementation; training and capacity building; Family planning; maternal and child health care; anti-Malaria campaign; reproductive health; TB; Water and sanitation; Emergency response; Health sector reforms; Health infrastructure development; Health information and Social marketing; and, research.

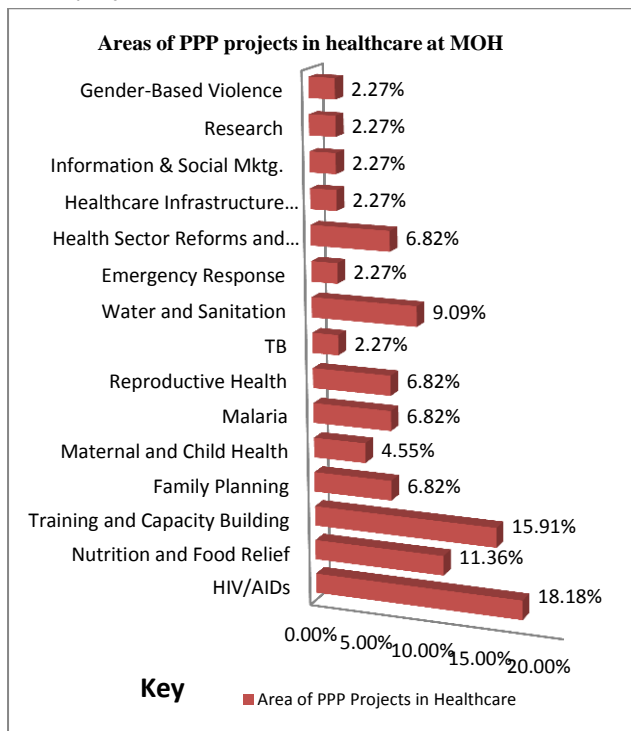
Table 4.7: Major areas of PPPH projects at the Ministry

Area of PPPH Projects in Healthcare	Frequency	Percent
HIV/AIDSs	8	18.18
Nutrition and Food Relief	5	11.36
Training and Capacity Building	7	15.91
Family Planning	3	6.82
Maternal and Child Health	2	4.55
Anti-Malaria Campaign	3	6.82
Reproductive Health	3	6.82
TB	1	2.27



Water and Sanitation	4	9.09
Emergency Response	1	2.27
Health Sector Reforms and Planning	3	6.82
Healthcare Infrastructure Development	1	2.27
Information & Social Marketing	1	2.27
Research	1	2.27
Gender-Based Violence campaign	1	2.27
<b>Total</b>	<b>44</b>	<b>100</b>

Other areas of collaboration are summarized in the figure 4.7 (below). It is luridly clear that HIV/AIDs, “Training and capacity building” as well as “Nutrition and relief” have the higher percentages. This may be a indicate the areas of preference by partners for PPPH projects (Jeff et. al, 2009).



**Figure 4.7: Areas of PPPH projects at MOH**

**Challenges facing PPPH projects at the MOH**

In order to identify the challenges facing the PPP projects, the respondents were asked to identify from the four independent variables and any other

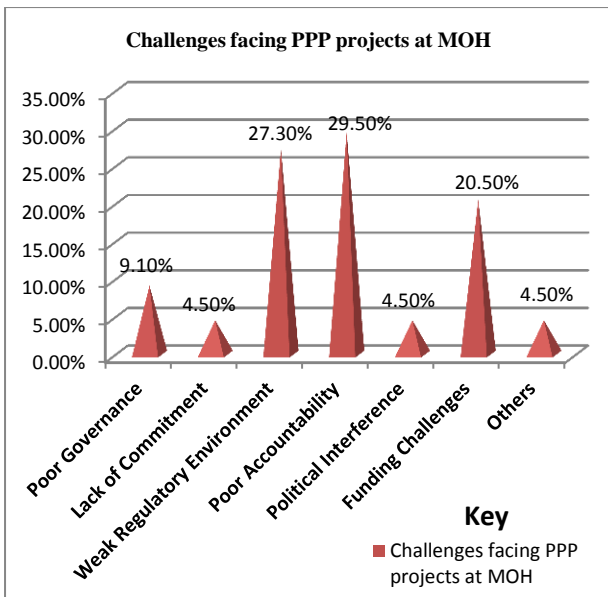
two items according to their opinion. Table 4.8 summarizes the findings whereby 13 (29.5%) respondents named poor accountability as the biggest issue impinging on the performance partnership projects at the ministry.

**Table 4.8: Challenges facing PPP projects at the MOH**

Challenge	Frequency	Percent
Poor Governance	4	9.1
Lack of commitment	2	4.5
Weak Regulatory environment	12	27.3
Poor Accountability	13	29.5
Political Interference	2	4.5
Funding issues	9	20.5
Others	2	4.6
<b>Total</b>	<b>44</b>	<b>100.0</b>

Another 12 (27.3%) respondents cited weak regulatory environment, 9 (20.5%) named funding, while 4 (9.1%) listed poor governance as the biggest affecting the performance of PPP projects in the healthcare at the MOH. Two respondents (4.6%) listed other challenges such as poor prioritization and lack of planning and execution skills.

These results indicate that accountability and regulatory environment are among the top factors affecting the performance of PPPH projects at MoH, followed closely by project funding. It is not possible however, to generalize this observation to the whole healthcare sector as other institution may have different dynamics and peculiarities. However similar challenges were echoed by Wamai, (2009) and USAID, (2006).



**Figure 4.8: Challenges facing PPPH projects at the MOH**

**Opinion on Performance of PPPH Projects**

In an attempt to rate the opinion of the respondents on the performance of PPPH projects, a Likart scale with a construct of five levels was presented against each item (Table 4. 9). On a scale of 1-5, with “Strongly Agree”(1), “Agree”(2), “Neutral”(3), “Disagree”(4) and “Strongly disagree”(5) options respondents were asked to answer by ticking the appropriate box corresponding to various questions relating to the variables of the performance of PPP projects in the ministry of health. The first question was on whether the ministry has an effective PPPH governance mechanism. Some 36.4% of the respondents “agreed” while 31.8% strongly agreed. Another 18.2% “disagreed” while 4.2% of the respondents “strongly disagreed” , with 9.1% remaining neutral.

Another question related to whether the ministry of Health has a thorough accountability systems to guide PPPH projects. The majority of respondents (36.40%) “ Disagreed” while 34.10% “Agreed” with the phrase. Those who “ strongly disagree” on the same represented 18.2%, while only 6.8% of the respondents “Strongly agreed” on the subject while those with a “Neutral” response accounted for 4.5%. Accountability in PPPH project therefore had the highest number of respondents 54.6% (36.40% + 18.2%) opining that there is poor enforcement of

the same. This collaborates Blagescu & Young (2005) who cited accountability as a major concern for most partnership projects.

The third question on the performance of PPPH projects sought the respondents’ opinion on whether the ministry is committed to PPPH projects goals. Most of the respondent (45%) “Agreed” with the phrase as another 34.1% “Strongly Agreed”. Those who “Disagreed” constituted 11.4% of the respondents while only one respondent “Strongly disagreed”. The “Neutral” answers on the same question were 3 respondents (6.8%). On whether the regulatory environment is conducive enough for the PPPH related projects, 36.4% (4) of the respondents posted “Disagree” , as a further 20.5% (9) of them that they “Strongly disagree”. In the “Strongly agree” category were 5 respondents (11.9%). Six respondents (6.8%) were “neutral” on the question.

Partaining to whether the PPPH projects have performed within set budget, some 19 (40.9%) respondents did “Agree”. This contrasts the 9 (20.5%) who indicated they “Disagree”. Another 25% (11) gave a “Strongly agree” as the answer to the question. Five respondents(11.4%) were “Neutral” while only 1 had a “Strongly disagree” response. Another opinion was sought on whether the PPPH projects at the ministry have performed within set time schedule. Seventeen respondents (38.6%) indicated that they “Agree” while 34.1% gave “Strongly disagree” response. Those with “Strongly agree” answer were 15.9% (7) and another 6.8% (3) of the respondents were in “Strongly disagree” category. Two respondents remained “Neutral”.

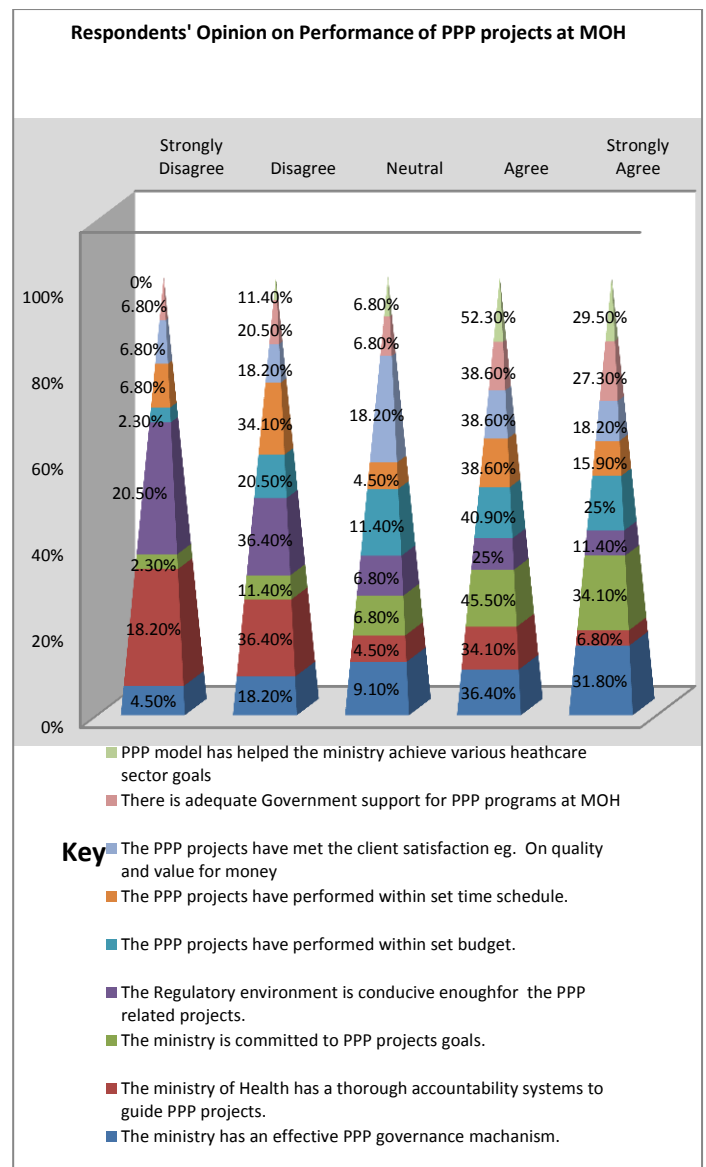
Table 4.9 (a): Opinion on Performance of PPPH projects

Opinion on Performance of PPPH projects	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree	
	F	%	F	%	F	%	F	%	F	%
	1 The ministry has an effective PPPH governance mechanism.	14	31.8	16	36.4	4	9.1	8	18.2	2
2 The ministry of Health has a thorough accountability systems to guide PPPH projects.	3	6.8	15	34.1	2	4.5	16	36.4	8	18.2
3 The ministry is committed to PPPH projects goals.	15	34.1	20	45.5	3	6.8	5	11.4	1	2.30
4 The Regulatory environment is conducive enough for the PPPH related projects.	5	11.4	11	25	3	6.80	6	36.4	9	20.5
5 The PPPH projects have performed within set budget.	11	25	18	40.9	5	11.40	9	20.5	1	2.30
6 The PPPH projects have performed within set time schedule.	7	15.9	17	38.6	2	4.50	5	34.1	3	6.80
7 The PPPH projects have met the client satisfaction eg. On quality and value for money	8	18.2	17	38.6	8	18.20	8	18.2	3	6.80
8 There is adequate Government support for PPPH programs at MOH	12	27.3	17	38.6	3	6.80	9	20.5	3	6.80
9 PPPH model has helped the ministry achieve	13	29.5	23	52.3	3	6.80	5	11.4	0	0

various  
healthcare sector  
goals

**F=Frequency**

The respondents were also asked if the projects had met the client satisfaction. Accordingly, there were 38.6% replies with “Agree”, while those with “Strongly agree”, “Neutral” and “Disagree” answers tied with 18.2% (8). Three respondents “Strongly disagree” as the response while 6.8% (3) of the responses were for “Strongly disagree”. This is further summarized in Figure 4.9 (below).



**Figure 4.9: Respondents' Opinion on Performance of PPPH projects at MOH**

On whether there is adequate government support for PPPH programs at MOH. Seventeen respondents (38.6%) indicated that they “Agree”. Those with “Strongly agree” answer were 27.3% (12), 20.50% (9) gave “Disagree” and another 6.8% (3) of the respondents were in “Strongly disagree” category while 3 respondents (6.8%) gave “Strongly disagree” response. Eight respondents (18.20%) remained “Neutral”.

Although Itika et al (2011), PWC (2010) and Raman & Bjorkman (2009) cited different factors necessary for successful partnership projects, they all variously cited accountability and governance as well as funding as critical elements. On the three indicators of PPPH projects performance, the results are summarized through descriptive statistics as shown in the table 4.9 (b) (below). On whether, PPPH projects had performed within Budget had a mean of 2.34 (SD=1.14); on whether PPPH projects had performed within set Time schedule had a mean of 2.77% (SD=1.2); and on whether PPPH projects perform meet client and on whether PPPH projects perform meet client Satisfaction had a mean of 2.57% (SD=1.9). Although Itika et al (2011), PWC (2010), Raman & Bjorkman (2009)

Table 4.9 (b): Descriptive Statistics on Performance of PPPH projects

Parameter	N	Minimum	Maximum	Mean	Std. Deviation	Variance
PPPH projects perform within Budget	4	1.00	5.00	2.3409	1.14004	1.300
PPPH projects perform within set Time schedule	4	1.00	5.00	2.7727	1.27341	1.622
PPPH projects perform meet client Satisfaction	4	1.00	5.00	2.5682	1.18905	1.414
Valid N (listwise)	4					

### PPPH Projects Governance

The study sought to find out the extent to which the respondents agreed on PPPH governance that influence the performance of public-private partnership projects in healthcare.

### Involvement in PPPH Management Committees

The respondents were asked if they had been involved in any PPPH project committee at the ministry. Accordingly, 34 (77.3%) of the respondents indicated they had been involved in a PPPH project management team. Another 10 (10%) respondents said they had not been engaged in a PPPH project committee (Table 4.10). This suggests that the respondents have a thorough understanding of the working of various PPPH project functions including planning and execution. The finding is in tandem with the question 1 of Part1(Table 4.6) on whether the respondent had any experience in PPPH, to which some 79.55% (35) of the respondents said they had experience in PPPH projects at the MOH.

Table 4.10 (a): Involvement in PPPH projects team

Have you ever been involvement in any PPPH project Team	Frequency	Percent
Yes	34	77.3
No	10	22.7
Total	44	100.0

Chi-Square test showed that gender had no significant influence on involvement in PPPH committees (table 4.10(b)).

4.10 (b): Chi-Square test on Gender and Involvement in PPPH projects team

	Value	df	Asymp. Sig. (2-sided)
Pearson -Square	1.951 <sup>a</sup>	1	.162
Continuity Correction <sup>b</sup>	1.063	1	.303
Likelihood Ratio	1.925	1	.165
Fisher's Exact Test			
Linear-by-Linear Association	1.907	1	.167
N of Valid Cases	44		

**Roles and Responsibilities of PPPH project management Teams**

The respondents were asked whether the project management committees had clearly defined roles. The responses were 30 (68.2%) in affirmation and 14 (31.8%) indicated that the committees did not have clearly defined roles. Clearly defined roles gives teams latitude to make decisions and act with authority on issues affecting the project (Blagescu & Young, 2005). As such, this finding shows that the ministry's project management teams have their roles and responsibilities clearly defined (Table 4.11).

Table 4.11: Roles of PPPH project teams and committees

Do the project/ programme management teams and the relevant sub-committees have clearly defined roles?	Frequency	Percent
Yes	30	68.2
No	14	31.8
Total	44	100

**Size of PPPH Management Unit**

To determine the size of PPPH management unit at the MOH, the respondents were asked to indicate the size of the team in their respective departments. As illustrated in table 4.12 (below) shows, some 24(54.5%) of the responses indicated that the average size of the PPPH management team was over 10, while 25% of them said that the number may vary from one project to another.

Table 4.12: Size of PPPH project management teams

What is the average size of the PPPH management team which you may be aware of?	Frequency	Percent
5 Members	4	9.1
7 Members	5	11.4
Over 10	24	54.5
Others	11	25.0
Total	44	100.0

The rest of the respondents, 11.4% and 9.1% gave the answer as 7 and 5 members respectively. It is therefore apparent that the size of PPPH project teams or committees is over 10 while the nature of the individual projects largely determine the size.

**Composition of the PPPH Management Committees**

The researcher also asked the respondents to describe the composition of PPPH management teams. As demonstrated in table 4.13, 68.2% of the respondents said that the teams comprise a mix of directors and departmental heads

Table 4.13: Composition of PPPH project committees

What is the composition of the PPPH Management Committees which you are aware of?	Frequency	Percent
Directors only	1	2.3
Heads of Departments	1	2.3
Mix of directors and departmental heads	30	68.2
Others	12	27.3
Total	44	100

It was noted that the private sector normally second their own representatives to the PPP project teams to jointly manage various aspects of the undertakings. As such another 27.3% of the respondents pointed out that the teams comprise of different stakeholders from both the private sector organizations partnering in the project to the project and the ministry. One respondent said that the composition of the teams is directors only while another one said that only head of departments

compose the committees. From these responses, it is valid to argue that the PPP project committees comprise the directors, heads of departments, and their counterparts from the private sector.

### PPPH Project Performance Reviews

To understand how PPP projects performance reviews are conducted at the ministry, the respondents were asked to mention when the reviews are done, with four options to choose from. One of the option was “end of project review” to which 12(27.3%) agreed, while an equal number mentioned “continous review”. As table 4.14 shows, those who cited other forms of review such as both “baseline and continous” and “quaterly and anually” were 20 (45.5%). This may imply that performance monitoring methodology at the ministry is applied according to the nature of the projects, given that some project may take longer than others and have different objectives.

Table 4.14: Project performance reviews

How is the performance of the PPPH projects and programmes reviewed?	Frequency	Percent
At the end of Project	12	27.27
Continous review	12	27.27
Others	20	45.45
Total	44	100

### Regulatory Environment for PPPH Projects

The fourth objective of the study was to determine the respondents views on the PPPH regulatory environment that influence the performance of PPPH projects in the healthcare. Consdequently, the researcher sought a number of answers relating to the subject.

### Harmonized manual for PPPH Management

The researcher asked the respondents whether there was a harmonized manual to guide all the PPPH projects. There were 23 (52.3%) who said “yes” and 20 (45.5%) said “no” while one was unsure.

Table 4.24: Manual for Guiding PPPH projects

Does the ministry have a harmonised manual or guideline for all PPPH projects?	Frequency	Percent
Yes	20	45.5
No	23	52.3
Not sure	1	2.3
Total	44	100.0

As a result, it is clear that a significant number of officers are not aware of the existence of the project guideline for PPPH.

### Legal Procedures and Formalities

The respondents were asked to describe the PPPH legal procedures and processes at MOH, with three options to choose from, namely: “Efficient and expedient”; “Cumbersome and complicated”; and, “Bureaucratic but facilitative”. (Table 4.25).

Table 4.25: Description of Ministry’s PPPH projects legal procedures and processes

How would you describe the PPPH procedures, formalities and processes at the MoH?	Frequency	Percentage
Efficient and expedient	15	34.1%
Cumbersome and Complicated	22	50.0%
Bureaucratic but facilitative	7	15.9%
Total	44	100.0%

There were 22 (50%) respondents who viewed the legal processes and procedures to be cumbersome and complicated, while 15 (34.1%) described it as efficient and expedient. Another 7 (15.9%) said the legal process is bureaucratic but facilitative. This indicates that half of the respondents view the process at the ministry as being cumbersome and complicated.

### Legal Opinion on PPPH projects

The respondents were asked if their respective departments sought legal opinion before entering into any PPPH project or contract. The responses are illustrated in table 4.26.

Table:4.26: Legal Opinion before Engaging in PPPH project

Does your department seek legal opinion before entering into any PPPH project or contract?	Frequency	Percent
Always	19	43.2
Sometimes	15	34.1
No	10	22.7
Total	44	100.0

Some 19 (43.2%) respondents said “Always”, 15 (34.1%) said “Sometimes” and the rest 10 (22.7%) had a “No” as response to the question. This indicates that the staff do not have a uniform awareness of legal advisory services at the ministry given that the government normally offers centralized legal services for all projects.

### Code of Conduct for PPPH projects

As to whether the ministry has a code of conduct for PPPH projects, most of the respondents agreed that the ministry has the document, contrasting 10(22.7%) who did not agree with this.

Three (3) respondents were unsure if there exists the same document. Again, it is patent that the majority of the respondents are aware of the code of conduct for various projects at the ministry.

Table 4.27: Code of Conduct for Project teams

Does your department or the ministry have a code of conduct for the PPPH project teams?	Frequency	Percent
Yes	30	68.2
No	10	22.7
Not Sure	3	6.8
Total	44	100.0

### PPPH Conflict Resolution Mechanism

Disputes in projects and related contracts often arise between the concerned parties. As such it was imperative to inquire from the respondents whether there is a dispute resolution mechanism in the PPPH project framework at MOH. Indeed, 33(75%) respondents confirmed that there is such a mechanism while 11(25%) were of a contrary opinion (Table 4.28).

Table 4.28:Dispute resolution mechanism for PPPH contracts

Is there a PPPH project contracts dispute resolution mechanism at the ministry?	Frequency	Percent
Yes	33	75.0
No	11	25.0
Total	44	100.0

Given the fact that most disputes related to partnership projects contracts are handled at the highest level of decision-making at the ministry, not all the officers may therefore be aware of the mechanism.

### Challenges relating to Regulatory Environment

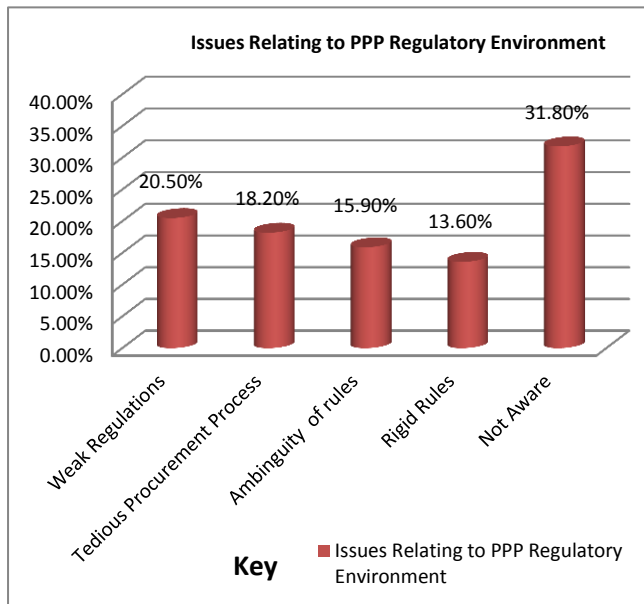
The last question on the regulatory environment was an open-ende one, where the researcher requested the respondents to list some of the challenges relating to the variable. The responses were coded into 4 categories comprising; “tedious procurement process”, “ambiguity of rules or requirements”, “weak legislation”, “rigid rules”, and “none”. Table 4.29 has the breakdown of the responses. Most respondents (31.8%) said they were not sure of any challenges. The rest of the answers were: 9 (20.5%) for weak regulation; 8 (18.2%) cited tedious procurement process; 7 (15.9%) cited ambiguity of rules; while 6 (13.6%) gave rigid rules as the challenge.

Table 4.29: Challenges Relating to Regulatory Environment for PPPH Projects

What are some of the challenges relating to the regulatory environment which you may have encountered or observed in course of your work in PPPH projects?	Frequency	Percent
Tedious procurement process	8	18.2
Ambiguous interpretation of rules or legislations	7	15.9
Weak Regulation	9	20.5
Rigid rules	6	13.6
None	14	31.8
Total	44	100.0

The majority of the respondents therefore had issues with the regulatory framework. As Mukulu (2013) observed, a weak legal framework poses major challenges in the public procurement processes. On the other hand, the high number of respondents with no idea on challenges relating to regulatory environment may point to the fact that

various legal issues on projects are normally handled at the policy level and at the Treasury. This was given credence by two of the 3 private sector respondents who argued that many government departments and ministries including MoH have little capacity to handle the intricate legal issues relating to procurement in public projects.



**Figure 4.14: Challenges Relating to Regulatory Environment for PPPH Projects**

**Opinion of Private Sector Respondents**

The researcher sought the opinion of 3 private sector respondents with experience in PPPH and who had ever been engaged or seconded to various PPPH projects at the Ministry. The same questionnaire that was used by the MOH respondents was used

with Part I and Part II Question 4 and a section for recommendations on how to improve PPPH management at the Ministry. Table 4.30 (below) give the summary of the observations and opinions on how to improve PPPH management at the Ministry.

According to the three responses, the challenges cited patently include governance, funding, commitment, lack of PPPH implementation expertise, and accountability. On the other hand, suggested recommendations for improving PPPH management at the MOH were listed as; buracracy, streamlining of PPPH procurement to reduce buracracy and other bottlenecks, increased funding, disseminating lessons from past projects, participation of local partners and proper management. These responses were in tandem with the findings from the ministry respondents especially on challenges facing PPPH projects, governance, funding, and accountability.

**Table 4.30: Summary of Opinions and Recommendations of Private Sector Respondents**

Respondent	Challenges facing PPPH Projects at MOH	Recommendations for improving PPPH Performance
Respondent 1 (Policy and Advocacy)	1 Lack of expertise to conceive and implement certain PPPH projects.	Set outcome goals and properly assess risks, improve on procurement as well as enhance project team efficiency.
	2 Lack of Commitment by partners.	By disseminating the lessons learnt and modifying the PPPH agreements to reflect the lessons learnt and documented.
	3 Low funding coupled with Poor accountability of funding causing "donor fatigue".	Train medics on PPPH management as most units dealing with the area are headed by them.
4		Reduce legal and policy bottlenecks



<b>Respondent 2</b>  (Health Information Management)	1	Weak Governance system	Address the health budgetary constraints by allocating at least 15% of the total budget towards health
	2	Unpredictability of Financing	Attract local firms instead of overrelying only on international partners.
	3	Information gap exists between policy makers and the implementers	Streamline the procurement process for PPPH projects.
	4		Regulate private organizations to curb those which have no public interest at hand.
<b>Respondent 3</b>  (Health Economist)	1	Poor oversight on PPPH projects leading to abuse or diversion of funds.	Ensure Proper participation by all stakeholders.
	2	Lack of Commitment by private partners who are only interested in profits and other personal gains.	Undertake Social Accountability for all the PPPH projects is needed.
	3	Low absorption of private sector/donor funding to drive PPPH	Proper prioritization of projects.
	4		Proper risk management is needed due to the huge amount of resources required for most projects.

## SUMMARY OF FINDINGS

The study intended to show how partnership governance, accountability, partner's commitment to project goals and regulatory environment, affect the performance of PPPH projects. A sample size of 46 respondents, comprising technical officers and heads of units with experience in PPPH projects was purposively selected. Three (3) officers from the

private sectors entities that have often been engaged in PPPH projects with the ministry were also included in the sample for the purpose of moderating the views of the respondents who might tend to self-overrate themselves. The officers provided a more sober opinion on the areas of challenges facing PPPH projects and gave suggestions in how to improve their management.

### Influence of Governance on the performance of PPPH projects

The first question was on whether the ministry has an effective PPPH governance mechanism. It is clear that most respondents believe that the ministry has strong governance for PPPH programs. Another question related to whether the Ministry of Health has a thorough accountability systems to guide PPPH projects, where majority of the respondents disagreed. Relating to whether the ministry is committed to PPPH projects goals, most of the respondent agreed as another strongly agreed.

### Influence of Regulatory Environment on the Performance of PPPH projects

On PPPH regulatory environment, was described by the majority of the respondents as having a weak regulation. Other descriptions were listed as tedious procurement process, ambiguity of rules, and rigid rules. Another opinion was sought on whether the PPPH projects at the ministry have performed within set time schedule where the majority of respondents agreed. The study also inquired whether the projects had met the client satisfaction where most respondents said they believed this had been achieved. An equal number of respondents believed there was adequate Government support for PPPH programs at the MOH.

## 5.3 Conclusion

The study established that PPPH projects have contributed significantly in the improvement of healthcare sector in the country. Although the concept of PPP is still nascent and unclear to even the staff working in the related projects, the study found out that the ministry has a wealth of highly learned and fairly young personnel who are capable of transforming the sector through such partnerships. It is also apparent that there is a rich

repository of private sector partners including international donors and development partners with strong local presence collaborating with the government in various fields of healthcare sector.

The factors under the scope of the study were two-fold: Governance; and, Regulatory environment. It was clear from the study that although there exist strong institutions for enforcing proper governance in PPPH projects, their efficiency faces challenges such as low participation and poor communication that are necessary to resolve complaints and concerns of partners. Confusion brought about by the onset of devolution of health services was also a major concern among the respondents. This was especially so in the case of regulatory framework as most legislations were either not implemented or inadequately applied.

#### **5.4 Recommendations**

On the basis of the findings of this study, the following recommendations may be considered:

- (i) The Ministry should develop the PPPH unit to have the capacity of carrying out the enormous task of conceiving, engaging, implementing and monitoring partnership projects.
- (ii) The ministry Staff members of different age brackets need to be properly utilized in as far as project decision-making; policy formulation and planning processes are concerned.
- (iii) To ensure that trust and complementarity between the Ministry and private sector partners is maintained, there should be

participatory approach to project management issues, transparency and open communication on every aspect of partnerships.

- (iv) The regulatory environment should be dynamic and responsive to the changing realities of the modern healthcare challenges. As such, licensing and procurement process for various projects with high sense of urgency and priority such as emergency response should be made expeditious. Bureaucracies and unnecessary legal protocols need to be addressed. Issues relating to devolution of health services to counties need also be streamlined.
- (v) Issue of funding featured prominently among the concerns emerging from the study. It was almost unanimous that more funding is needed in order for the Ministry of Health to take a proactive role in various programs rather than always anticipate the private sector to finance. This will give the ministry more authority in prioritization and supervision.

#### **Suggested Areas of Further Research**

There is need to study further the private sector partners with a view to profile them according to their types areas of specialization. The performance of various partnership programs should also be investigated so as to establish their impact and relevance. Needed also is an analysis of the state of healthcare programmes in the specific counties in Kenya.

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