Effects of Public Private Partnerships in Strengthening Faith-Based Health Systems in Kisii County, Kenya

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Abstract

Public-Private Partnerships (PPPs) are important in enhancement of efficiency and effectiveness in different agencies. PPPs is a concept that has been borrowed and applied in various sectors. It is noted that within governments, Health Ministries' focus on the public sector often disregard the frequently much larger private finance and private provision of healthcare. This study examined the effects of PPPs in material support, leadership/management, and human resources for health (HRH) on strengthening of health systems in faith-based organization (FBO) health services in Kisii County, Kenya. A cross-sectional descriptive study was conducted targeting 78 FBO facilities' officials from Tabaka, Christianmarian and Nyanchwa; and officials from the Ministry of Health. Data was collected using structured questionnaires and interview schedules, and analysed using SPSS Version 20 and Ms. Excel. The study found that PPP on leadership and management, material support, HRH and provision of guidelines for the implementation of the PPP were significantly associated with strengthening of FBO health systems at $p<0.05$.The study conclude that PPPs targeting material support, leadership and management, provision of guidelines for PPP process, and HRH improved provision of public health services in FBO facilities in Kisii County. Therefore, the PPP is yielding fruits in the Government's effort to strengthen delivery of public health services, particularly in areas of HIV/AIDS and maternal, neonatal and child health-MNCH, in Kisii County. From the viewpoint of Kisii County Government, FBO facilities are able to effectively complement the work of government in public health services and should be supported through the PPPs.

Key Words: *Health systems strengthening, Public-Private Partnerships, faith-based health systems, material support, leadership and management, HRH*

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1.0 Introduction

Public Private Partnership (PPP) is a collaboration between the public and private sectors that enables fulfilment of certain common goals by overcoming evident limitations (Frenk and Moon, 2013). Khan and Puthussery (2019) define PPP as a collaborative relationship which transcends national boundaries and brings together at least three parties, among them a corporation (and/or industry association) and an intergovernmental organization, to achieve shared health based on a mutually agreed division of labour. Further, the World Bank's PPP Lab defines it as a 'long term contract between a private and a government

entities for providing a public service, in which the private party bears significant risk and management responsibility.' (World Bank, 2018). One important purpose of PPPs is to mobilize private funds for public causes (Ozcan & Khushalani, 2017). Many governments in the world are unable to provide sufficient health services to their citizens due to constraints of resources.The concept of PPP has attracted interest of scholars globally.

Wright, Barlow and Roerich (2019) found that infrastructure alone offered little cost leverage, and the major gains are in outsourcing clinical services in Europe. In yet another study conducted in Poland, Panasiuk, and Ostańska (2019) argue that the use of PPPs by the public sector may, among other things, enable wider access to a specific public service for the general public and improve the quality of services provided.

In Africa, PPPs have been adopted in addressing various public health challenges such as HIV/AIDS, malaria, and maternal health (Argaw et. al., 2016). Tobias (2020) found a significant effect of PPP implementation in reduction of referral cases of cancer from Malawi to India. In Kenya, the importance of the private sector cannot be underestimated. The private sector has continued to grow over the last two decades. The total number of health facilities grew more than twice from 4,294 in 1999 to 9,448 in 2013 where private sector accounted for a higher proportion of the facilities. Private ownership of facilities in that period rose from 48% to 53% (The Oxford Group, 2013).

The private sector in Kenya commands about 52% of the health infrastructure, with the government owning the other 48% (Ministry of Health [MoH], 2018). Within the private sector, FBO health services remain a major contributor. Some of these health facilities are located in the remotest parts of the country. They are mainly represented by 3 institutions namely; the Kenya Conference of Catholic Bishops, Supreme Council of Kenya Muslims and the Christian Health Association of Kenya (CHAK 2016; MOH 2018). Despite this, funding for FBOs has continued to dwindle over the years, making provision of quality services difficult.

Kenya continues to rely on donor funds for public health interventions (e.g. PEPFAR and Global Fund). There is a need for deliberate engagements between the FBOs and the larger private sector with government, in order to ensure that a large part of the population does not suffer in case the donors withdraw, after the country was classified a middle income county by the World Bank (World Bank, 2014).

The objective of this study was to assess the effects of PPPs on strengthening of health systems in the FBO health sector in Kisii County.

2.0 Materials and Methods

This was a cross-sectional descriptive study. The study targeted FBO hospitals in Kisii County. The study population was 78 officials from Tabaka, Christianmarian and Nyanchwa hospitals. The study also interviewed officials from the County and Sub-County Management Teams in Nyaribari Chache and South Mugirango Sub Counties. The study used purposive sampling method to select hospitals where hospitals with desired information were included.

The Sub Counties were selected because the three sampled hospitals are situated there. The study adopted a census method where all CEOs, departmental heads and sub departmental heads were studied in the 3 hospitals. Questionnaires were used to

collect data. The tool was pretested to assure content and construct validity. Before data collection exercise, research permits were sought from Kenya Methodist University, National Commission for Science, Technology and Innovation; Kisii County Health Office and from the participating hospitals. Informed consent was sought from the study respondents. Due to the busy schedule of the management teams, the researcher arranged appointment for data collection with county officials. For hospitals, the drop and pick method was used. Public-Private

Partnership as implemented though HRH, process of PPP implementation, material sharing and leadership/management is the independent variable. Strengthening of health systems as evidenced through key public health systems outcomes and performance was the independent variable. The responses were summarized and coded using SPSS version 20.0 and Ms Excel. Data was analysed using descriptive and inferential statistics. The descriptive statistics used in this study were counts and frequency distribution while inferential statistics comprised of Chi-square. The data was fitted in a multiple regression model to predict strengthening of health systems using the equation below:

$$\mathbf{Y=\alpha+\beta_1X_1+\beta_2X_2+\beta_3X_3+\beta_4X_4+\varepsilon}$$

y= Performance, Where β_0 is the regression constant, β_1, β_2, β_3 and β_4 are the coefficients of independent variables, X_1 = leadership/management, X_2= HRH, X_3= material support, X_4=process for implementation of PPP, ε is the error term

Health systems performance, leadership and management, HRH, material support, and process for implementation of PPP variables were computed from the indicator capture under each section. The inferential statistics were tested at α=0.05.

3.0 Results and Discussion

The study achieved a 73.1% response rate, which was considered sufficient (Kothari, 2004). The results are presented starting with respondents' basic information such as gender, age, highest education attained, duration worked in the same position and work experience. Majority of the respondents were male 31(55%), those aged 35-44 years 32(56.1%) and those in marriage were 41(73%). Majority of the respondents 38(66.7%) had attained diploma as the highest level of education. Respondents who had worked 3-5 years were the most 21(37.5%). It was further observed that most respondents had work experience of below 5 years, accounting for 30(54%).

Performance of FBO Health Systems

Results revealed that nearly all the respondents agreed that immunization rates for children had increased in hospitals and in the region 51(94.4%), and utilization of antenatal care services had increased in hospitals and in the region 49(92.4%). **See Table 1.**

Table 1

Performance of FBO Health Systems

Statement	Disagree	Undecided	Agree
	n (%)	n (%)	n (%)
Utilization of antenatal care services has increased in the hospital and region	0(0.0)	4(7.5)	49(92.5)
There is increased access and utilization of family planning services	17(32.1)	6(11.3)	30(56.6)
There has been an increase in number of skilled care delivery	3(5.7)	5(9.4)	45(84.9)
Immunization rates for children have increased	1(1.9)	2(3.7)	51(94.4)

Assessment of the PPP by the Ministry of Health

Faith-Based hospitals were reported being significant partners in the provision of public health services like HIV and MNCH services. Some of these facilities, like Tabaka, were preferred more by the community as compared to the government facilities in the region. This is because it is the other referral facility, other than the County Referral Hospital, which serves the entire County.

The FBO hospitals also targeted disadvantaged populations especially in areas where government facilities are situated far from the communities that require their services . Though FBOs and the government facilities provided similar services, FBOs were found to be less affected by bureaucracies and industrial actions and are therefore able to continuously offer quality services. The Ministry had adopted various strategies to improve PPP strategy with FBOs to strengthen health systems and improve performance. These included provision of materials and supplies such as drugs and vaccines; leadership and management collaboration, quality assurance and support supervision; and seconding of staff to those hospitals.

To ensure effectiveness of the PPP, the Ministry collaborated with FBOs through sharing of health services data, regular performance review meetings and support supervision amongst others.

Partnerships in leadership and management

The study found that there existed a PPP between hospitals and the government as implied by 52(91.2%) of the respondents who agreed with the statement, as presented in table 2 below. Most of the respondents 45(80.3%) agreed that there is an engagement mechanism for the PPP with the FBO hospitals. This implies that leadership and management enhancement influenced performance of health services as perceived by respondents. Majority of the respondents 41(73.2%) felt that the government has an accountability system to guide the PPP.

Table 2

Partnerships in leadership and management

Statement	Disagree n (%)	Undecided n (%)	Agree n (%)
There exists a PPP between the hospital and the Government	2(3.5)	3(5.3)	52(91.2)
A governance and management processes to guide the PPP are in place (memorandum of understanding, Contracts)	4(7.1)	14(25.0)	38(67.9)
There is in place an engagement mechanism in the PPP (Board meetings, etc.)	3(5.4)	8(14.3)	45(80.3)
The government has an accountability system to guide the PPP	5(8.9)	10(17.9)	41(73.2)
The government is committed to the PPP.	4(7.7)	13(25.0)	35(67.3)
The relationship between the hospital and the government is conducive enough for the PPP to succeed.	7(13.0)	5(9.2)	42(77.8)
The PPP has contributed to timely provision of health services	6(12.0)	11(22.0)	33(66.0)
The PPP has met the expectations of the community	6(10.7)	13(23.2)	37(66.1)
The government trains the hospital Board and Managers on the PPP	13(23.6)	16(29.1)	26(47.3)

The study established a relationship between leadership/management support and health systems performance had a Pearson's Chi-square (X^2) =25.316 (table 3). While examining the strength of the relationship between leadership and management support and health systems performance, it was found that the relationship was significant at α=0.05. The study found a positive Pearson correlation of 0.603 between leadership/management support and the performance of health systems.

Table 3

Association between leadership and performance of health systems

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	25.316[a]	6	.000
Likelihood Ratio	27.747	6	.000
Linear-by-Linear Association	19.256	1	.000
N of Valid Cases	54		

a. 9 cells (75.0%) have expected count less than 5. The minimum expected count is .11.

Partnerships in material sharing

It was observed that nearly all respondents 52(92.8%) agreed that hospitals had benefited from PPPs in terms of vaccines, medical equipment and drugs. However, most respondents 33(60.0%) disagreed that hospitals had benefited in terms of financial resources and a majority 38(70.4%) also disagreed that the hospitals had benefited in terms of infrastructure resources (**Table 4).**

Table 4

Partnership in material Sharing

Statement	Disagree	Undecided	Agree
	n (%)	n(%)	n (%)
The hospital has benefited from PPPs in terms of financial resources	20(36.4)	13(23.6)	22(40)
The hospital has benefited from PPPs in terms of vaccines and cold chain	1(1.8)	3(5.4)	52(92.8)
PPPs have enabled our hospital to improve on pharmaceutical and non-pharmaceutical supply	6(11.3)	10(18.9)	37(69.8)
The hospital has benefited from PPPs in terms of transport facilities	19(35.2)	9(16.7)	26(48.1)
The hospital has benefited from PPPs in terms of medical equipment	17(31.5)	8(14.8)	29(53.7)
The hospital has benefited from PPPs in terms of infrastructure	22(40.8)	16(29.6)	16(29.6)

The study confirmed f the relationship between material support and performance had a Pearson's Chi-square (X^2) =77.3 (table 5). While examining the strength of relationship between material sharing and health systems performance, it was found that the relationship was significant at α=0.05. The study found a positive Pearson correlation of 0.850 between material support and performance of health systems

Table 5

Association between material sharing and performance of health systems

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	77.300[a]	6	.000
Likelihood Ratio	71.314	6	.000
Linear-by-Linear Association	38.319	1	.000
N of Valid Cases	54		

a. 8 cells (66.7%) have expected count less than 5. The minimum expected count is 1.11.

Partnerships and HRH

Over half of the study respondents 30(54.6%) agreed that the PPP had supported training of health workers in the FBO hospitals. However, 33(60.0%) of the respondents disagreed that the salary scale and other benefits are the same between the government seconded staff and hospital staff. However, most of the respondents 36(65.4%) agreed that the hospital staff are happy working together with the seconded staff (**Table 6)**

Table 6

Human resources for health Enhancement and PPP

Statement	Disagree	Undecided	Agree
	n (%)	n (%)	n (%)
The PPP program has enhanced training of health workers in the hospital	16(29.0)	9(16.4)	30(54.6)
The government seconds health workers to our hospital	12(22.7)	6(11.3)	35(66.0)
The hospital is able to handle the workload in patient care because of the seconded staff	15(29.4)	10(19.6)	26(51.0)
The seconded workers are integrated with other hospital workers in patient care	14(25.9)	9(16.7)	31(57.4)
The hospital fully manages the seconded workers on a day to day basis	14(25.9)	9(16.7)	31(57.4)
The salary scale and other benefits are the same between the government seconded and hospital staff	33(60.0)	16(29.1)	6(10.9)
The hospital staff are happy working together with the seconded staff	12(21.8)	7(12.7)	36(65.5)

The study found out that the relationship between HRH enhancement and health systems performance had a Pearson's Chi-square (X^2) =72.00 (table 7). While examining the strength of the relationship between HRH and health systems performance, it was found that the relationship was significant at α=0.05. The study had a strong and positive Pearson correlation of 0.809 between HRH and the performance of health systems

Table 7

Association between HRH enhancement and performance of health systems

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	72.000[a]	8	.000
Likelihood Ratio	60.963	8	.000
Linear-by-Linear Association	34.678	1	.000
N of Valid Cases	54		

a. 13 cells (86.7%) have expected count less than 5. The minimum expected count is .33.

Processes guiding PPP implementation

Results revealed that majority of the respondents 38(76.0%) agreed that the hospitals had standards and quality assurance manuals or expectations from government. Most of the respondents, 31(59.6%) also agreed that there is a robust monitoring framework for the PPP. Most respondents 24(46.2%) agreed that the hospital has been made aware of the PPP law to guide its implementation, as shown in table 8**.**

Table 8

Processes guiding PPP implementation

Statement	Disagree	Undecided	Agree
	n (%)	n (%)	n (%)
The hospital has been made aware of the PPP law to guide its implementation	13(25.0)	15(28.8)	24(46.2)
The hospital has standards and quality assurance manual or expectations from government	5(10.0)	7(14.0)	38(76.0)
There is a robust monitoring framework for the PPP	9(17.3)	12(23.1)	31(59.6)
Meetings to guide implementation of the PPP are scheduled	10(19.2)	12(23.1)	30(57.7)
There is a plan to audit financial and non-financial resources provided by the government	8(15.4)	18(34.6)	26(50.0)

The study found the relationship between process guiding PPP implementation and health systems performance had a Pearson's Chi-square (X^2) =57.037 (Table 9). While examining the strength of relationship between the process guiding PPP implementation and health systems performance, it was found that the relationship was significant at α=0.05. There was a strong and positive Pearson correlation of 0.699 between process guiding PPP implementation and performance of health systems

Table 9

Association between the process guiding PPP implementation and performance of health systems

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	57.037[a]	8	.000
Likelihood Ratio	42.479	8	.000
Linear-by-Linear Association	24.893	1	.000
N of Valid Cases	52		

a. 12 cells (80.0%) have expected count less than 5. The minimum expected count is .15.

PPP contribution on health systems strengthening (HSS) of FBOs

The study found that material support, process for implementation of the PPP, HRH and leadership/management support significantly affected HSS in FBO facilities using multiple regression analysis (table 10). A unit increase in material support would lead to 0.049 increased HSS performance. It also implies that a unit increase in the process guiding implementation of PPP would cause 0.248 units increase in HSS. The study further found that a unit increase in HRH and a unit increase in leadership/management would cause 0.024 and 0.06 units increase in HSS performance respectively.

Table 10

PPP contribution on HSS

Coefficients[a]					
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.488	.325		7.654	.000
Material support	.049	.090	.072	.543	.005
Process for implementation of PPP	.248	.052	.614	4.741	.000
Human resource for health	.024	.089	.036	.265	.002
Leadership and management	.060	.134	.062	.448	.007

a. Dependent Variable: performance

This study corroborate that key public health services had improved through implementation of PPPs in FBO facilities in Kisii County. This is consistent with Mohamad, Ismail and Said (2018) who found that PPPs helped improve service delivery in Malaysia. The findings also support Torchia et al.2015) study which found that PPPs had remarkable contribution to effectiveness in service delivery in Germany.

Coupled with outcome data from the District Health Information System 2 (DHIS 2) (MOH 2020), the study shows that a PPP can work if certain inputs and processes are managed. Majority of the respondents noted that most services had improved in terms of coverage, uptake and quality. Hossain et al. (2020) found that collaboration between public and private health providers was critical in ensuring successful delivery of services in underserved communities, particularly in the area of maternal health in rural Bangladesh. This study found that there was a segment of communities in Kisii who are served by the FBOs.

Shrivastava et al. (2019) also notes improvements in laboratory services in support for HIV services in Africa through PPPs. Further, Main et al. (2018) found that PPPs aided in reducing maternal

deaths in California. On the other hand, Parker et al (2019) argues that there is still a lack of sound evidence supporting the effectiveness of PPPs in health promotion, and the evidence base is skewed by non-independent evaluations. He further says that public health actors should abstain from engaging in agreements with industries whose business interests have a high potential for competition with the health promotion activity undertaken. On the contrary, we present evidence that PPPs can improve public health services if implemented well.

They contend that further research is required, for example, to determine how far the artificial emphasis on choice offered within healthcare delivery PPPs weakens the public sector by diverting public funds to subsidize private providers. This study did not note any complaints especially from the respondents working for government that PPPs affected health services in government hospitals in Kisii as a result of the PPP. Additionally, FBO sector is not driven by profits, but service to humanity.

The study found an overwhelming consensus amongst the respondents that there exists a PPP between the hospitals and the government with 91.2% of the respondents agreeing, with well-defined structures and processes. This includes governance and management processes to guide the PPP (MOUs, Contracts), engagement mechanisms (Board meetings, County/Sub County level meetings, support supervision by Government, etc.). Accountability mechanisms like regular audits and supportive supervision are also in place.

A study conducted in Tanzania by Kamugunya and Olivier (2016) proposes a need for new social contracts that would support integrative collaboration at the local level and bring all non-state actors to the center of the district health system, for PPPs to be effective. From our study, this is what Kisii County and the FBO sector have done. The findings were further consistent with Rothballer and Kim (2013) who found that PPPs improved performance of health systems through capacity building.

Sadeghi et al. (2016) found out 4 main themes and 20 sub-themes in terms of strategies to develop and promote PPPs in the provision of hospital services in Iran, including changes in policies and laws, socio-cultural changes, improvement of mechanisms and current processes, and financial and capital capacity building. We found out that the respondents were aware of the national PPP policies and laws, mechanisms and processes were in place, and that both parties were keen to see the PPP succeed.

It was observed that nearly all respondents 52 (92.8%) agreed that hospitals had benefited from PPPs in terms of vaccines and medical equipment. Similarly, a majority agreed that pharmaceutical/non-pharmaceutical supply support had improved. This is similar to what Wiedenmayer et al.(2019) found in Tanzania that tracer medicines availability increased from 69% in 2014 to 94% in 2018 after PPP implementation. This is also consistent with Walwyn and Nkolele (2018), who notes that the principal benefit of the PPP has been the uninterrupted supply of vaccines and the ability to respond quickly to vaccine shortages while evaluating

South Africa's PPP for the localization of vaccine research. Baliga et al. (2016) study in India and Swanson et al. (2010) study USA and UK found material sharing an important input in success of PPPs in the health sector. However, most respondents 33 (60.0%) disagreed that hospitals had benefited in terms of financial resources,

and a majority 38 (70.4%) also disagreed that the hospitals had benefited in terms of infrastructural resources. Further research is needed to study why there seems to be no significant investments in the areas of financing and infrastructure in FBO facilities by the County Government of Kisii.

Regarding HRH in PPPs, Olojede et al. (2020) argues that workforce training improves implementation of PPPs and strengthening of health systems. We found out that the PPP had supported training of health workers and seconding of health workers to FBO hospitals by Government, resulting in effective management of workload and therefore improved quality of health services. Hossain et al. (2020) noted such benefits of PPPs in building human capacity in low income countries.

It was also noted that seconded workers had been integrated with other hospital workers in patient care and were being managed by hospitals on a day-to-day basis. However, the salary scale of seconded workers was higher, though this did not influence them negatively as workers from FBO hospitals were happy working with them. The PPP helped to bridge HRH related challenges in the provision of health services.

These findings are consistent with Goetzel et al. (2009) who found that healthy relationships at the work place had effect on performance in the health sector. The findings in our study were also consistent with Ganle et al. (2016) who considered inadequate staffing of health facilities as a main challenge weakening the health systems. Further research needs to be conducted to determine how terms of service for health care workers from different agencies working in the same institution can be harmonized.

4.0 Conclusion

From the findings of the study, we conclude that PPPs in the health care sector can significantly strengthen health systems in support of critical public health interventions like HIV and MNCH services. It can be concluded that PPP is yielding fruits in the government's effort to strengthen delivery of health care services in Kisii County. The study found that from the viewpoint of Kisii County Government, FBO facilities are able to effectively complement the work of Government in public health services, and that PPP should be strengthened.

The respondents from the FBO facilities also appreciated government's inputs and support in the provision of public health services which the community is not keen to pay for. Implementation of this kind of PPP may compliment one of the big 4 agendas of the Government of Kenya, that is Universal Health Coverage. From the findings of the study, we recommend that the scope of services offered at no cost to the community under KEPH in FBO facilities should be defined clearly to guide further support from the government in Kisii to guard against financial risks to the FBOs and improve quality of services.

The government and private sector actors should also keep on improving and reviewing terms of engagements and processes to further improve and sustain the momentum of this PPP, in Kisii County and elsewhere. Further, Policy makers need to relook at areas of financing and infrastructure support to FBO facilities.

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