



Regulatory Framework, Public-Private Partnership Management Processes and Performance of Healthcare Projects in Kenya

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Abstract

Healthcare projects are crucial for improving service quality and accessibility, but they frequently encounter obstacles like budget overruns, delays, and quality issues. Public-Private Partnerships (PPPs) have emerged as a potential remedy, yet their efficacy in the context of sub-Saharan Africa remains inadequately documented. This research examined the moderating effect regulatory framework on the association between PPP management practices and healthcare project performance in Kenya, with a specific focus on the Managed Equipment Services (MES) initiative, which has encountered notable cost escalations and delays. The investigation, rooted in agency theory and institutional theory, employed a mixed methods strategy within a pragmatic framework. 250 participants, representing a range of health sector stakeholders, were purposefully chosen from eight counties. Using stratified random sampling, the sample size was established at 155 respondents. A wide range of techniques, such as focus groups, interviews, and semi-structured questionnaires, were used to gather data. The analysis combined thematic insights with statistical methods, revealing that PPP management practices account for 76% of the differences in project performance. Findings also indicate that a strong regulatory environment strengthens the connection between public-private partnerships (PPPs) and successful healthcare projects ($\beta = 0.98, p = 0.02$). Based on these findings, the study recommends that organizations and project leaders develop robust regulatory frameworks to ensure PPP-driven projects thrive. Future research could explore how different project settings affect this dynamic.

Keywords: Regulatory Framework, Public-Private Partnerships, Healthcare Project Performance

1.0 Introduction

Public-Private Partnerships (PPPs) are increasingly used worldwide to deliver public services and infrastructure by combining private sector efficiency with public interest goals. Recognized in global frameworks such as Sustainable Development Goal (SDG) 17, PPPs are viewed as catalysts for timely project execution and sustainable development (Chileshe *et al.*, 2022; Debela, 2022; Makhura, 2024). However, their success depends not only on the partnership model but also on the existence of clear, consistent, and enforceable regulatory frameworks (Abuzeinah *et al.*, 2018).

Effective legal and institutional structures enhance transparency, reduce transaction costs, attract investment, and ensure fiscal accountability (Badi & Alhosani, 2024; Martone, 2022). Comparative evidence underscores this: Taiwan's Infrastructure Law fostered PPP success through investor-friendly regulations (Hsueh & Chang, 2017), while Nigeria's weak legal environment has constrained PPP performance (Opawole & Jagboro, 2017; Enebeli & Njoku, 2022). In Kenya, the PPP Act of 2013 (revised in 2021) provides a structured regulatory framework. While it has improved project oversight, critics highlight its rigidity and limited adaptability, especially in sectors like healthcare that require innovation and flexibility (Giti & Ondieki, 2019; Nalo, 2018).

Despite broad consensus on the importance of regulatory frameworks, limited empirical research exists on how they shape the link between PPP management strategies and project performance particularly in healthcare and developing contexts. Most studies focus on policy design or direct performance factors, often overlooking the moderating role of regulation (Adebayo *et al.*, 2023; Casady, 2021; Wang *et al.*, 2025).



Two theories help explain regulatory influence on PPP outcomes. Agency theory explores the principal-agent relationship, where governments contract private firms to deliver services. This arrangement is prone to goal misalignment and information asymmetry, which regulation can mitigate by enforcing transparency and aligning incentives (Mitnick, 1980). However, it often overlooks trust and long-term collaboration (Gomez-Mejia *et al.*, 2005). Institutional theory offers a broader view, emphasizing how formal rules and norms shape organizational behaviour. In PPPs, strong regulatory institutions legitimize private participation, foster stakeholder trust, and promote continuity (Scott, 2013; Mahalingam *et al.*, 2011). Yet, its emphasis on stability may understate the role of innovation and agency in institutional change (David *et al.*, 2019). Applied to healthcare PPPs in emerging economies, these theories suggest that regulatory frameworks are not merely procedural but they fundamentally influence how partnerships function and succeed. Empirical evidence supports this. For instance, Russia's 2015 regulatory reforms spurred PPP growth (Merzlov, 2022), and successful cases in France, Germany, and Portugal demonstrate the value of strong regulatory systems (Villani *et al.*, 2017; Pereira *et al.*, 2021).

Kenya's healthcare PPPs present a compelling case. Research shows that effective regulation enhances management practices like monitoring and stakeholder engagement (Ojall *et al.*, 2024; Micheni *et al.*, 2023). Yet challenges persist such as weak oversight, complex procurement, and unclear guidelines continue to hinder performance (Minjire, 2015; Maosa & Muturi, 2019). Additionally, healthcare PPPs are sensitive to political and economic shifts, necessitating regulatory systems that are both robust and adaptive (Levitt *et al.*, 2019; Wang *et al.*, 2019). Global comparisons echo this need. Poland's lack of healthcare-specific PPP laws and Saudi Arabia's weak legal frameworks have led to underperformance in both contexts (Kosycarz *et al.*, 2019; Al-Hanawi *et al.*, 2020).

Yet, much of the literature remains conceptual, highlighting the need for empirical analysis in low- and middle-income countries. This study addresses that gap by examining how Kenya's regulatory framework moderates the relationship between PPP management and healthcare project performance. Findings aim to inform policy reform, strengthen regulatory systems, and promote sustainable PPP models in complex sectors.

2.0 Conceptual Framework

This study's conceptual framework (Figure 1) illustrates how management processes operationalized by contract management, institutional capacity, stakeholder engagement, and monitoring & evaluation interact with project performance, moderated by the regulatory environment. The regulatory framework (encompassing policy compliance, legal adherence, and dispute resolution mechanisms) shapes the strength and direction of these relationships. Performance is measured through three key indicators: timeliness, budget adherence, and service quality. The framework posits that robust PPP management, reinforced by effective regulation, drives successful outcomes, offering a structured lens to analyze managerial, institutional, and regulatory dynamics in healthcare PPPs.

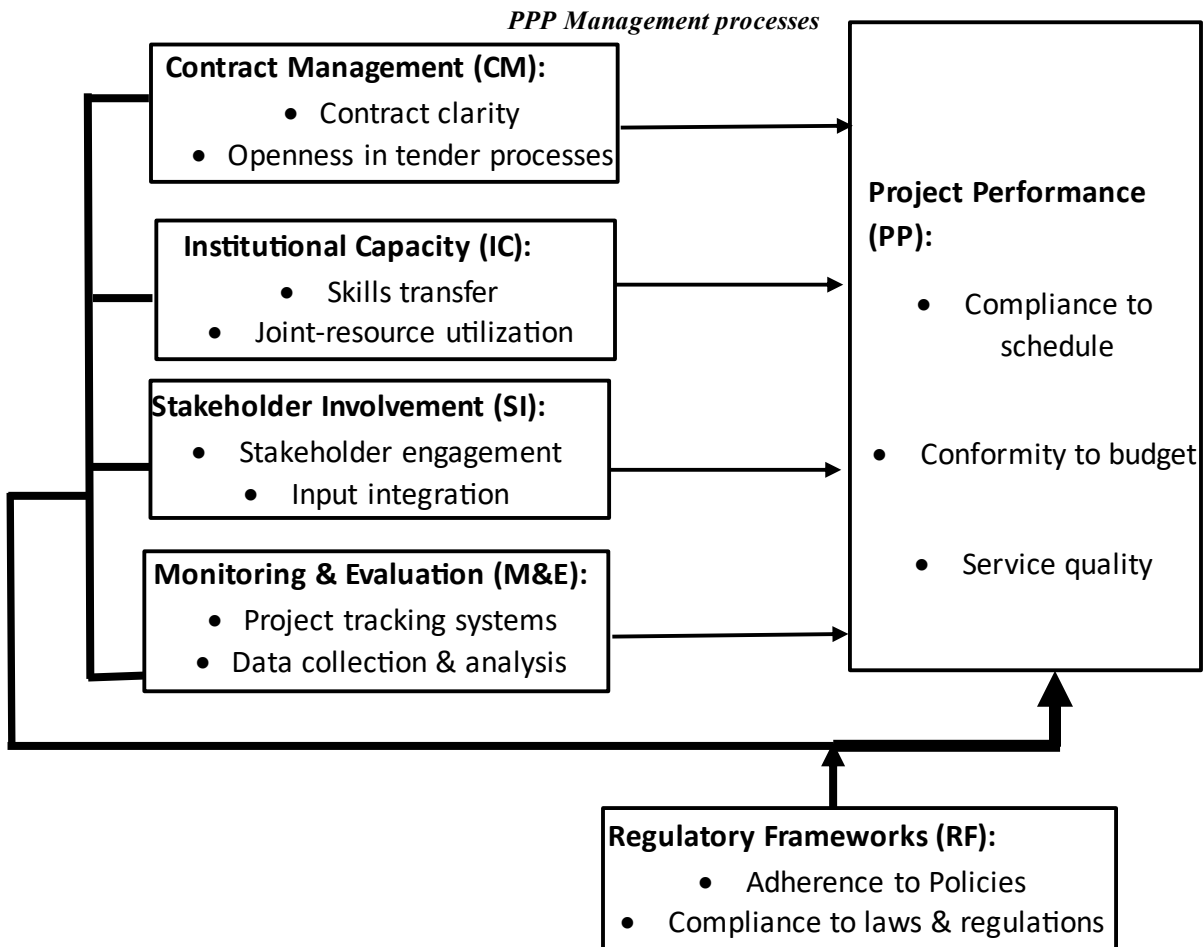


Figure 1: Conceptual Framework (Author, 2024)

3.0 Methodology

This study employed a hybrid descriptive-exploratory survey design, combining the strengths of both approaches to investigate the research phenomena comprehensively. The descriptive component allowed for a systematic analysis of the study population’s characteristics, helping to map trends and contextual dynamics within the data. Meanwhile, the exploratory dimension facilitated a deeper interrogation of variable relationships, uncovering new insights and laying the groundwork for inferential analysis. Such a dual approach proved particularly valuable in examining complex, real-world interactions, a methodological strategy supported by Asenahabi (2019). By integrating these designs, the study balanced structured data collection with flexible inquiry, ensuring both breadth and depth in its findings.

3.1 Target Population

The study was conducted in eight counties in Kenya, namely Nyeri, Nyandarua, Meru, Tharaka-Nithi, Embu, Kirinyaga, Murang'a, and Kiambu, and encompassed 22 public hospitals across different tiers. 250 participants from diverse professionals and stakeholders involved in implementing the Managed Equipment Services (MES) project formed the target group. To capture comprehensive perspectives, these participants were organized into four key stakeholder groups: hospital directors, supply chain specialists, county health department leaders, and hospital governance members from boards and management committees (Table 1).

Table 1: Categorization of the Respondents

Participant Category	Category of hospital			Total
	Level 4	Level 5	Level 6	
Hospitals Director(s)	13	8	1	22
Supply Chain officer(s)	13	8	1	22
Hospital management Board Members	117	72	9	198
County Executive Committee (CEC) members of Health	-	-	-	8
Total	143	132	44	250

Source: Ministry of Health (2020)

3.2 Sampling Procedure

Two steps were involved in arriving at the sample size. Initially, eight counties were purposively selected based on a report by Kenya’s Ministry of Health Suitability and Readiness Assessment (SARAM) that had been conducted in 2013 (Ministry of Health, 2013). These counties had 22 public hospitals, representing about 18% of all MES-implementing facilities. This representation was considered adequate as it surpassed the 10% threshold for representativeness in social research, as recommended by Saunders, Lewis and Thornhill, 2009. Subsequently, Yamane’s (1975) formula was applied to determine the sample size.

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

Where;

n = computed size of sample

N = Total number of target group

e = the level of significance (at 95% confidence level as per Kothari’s (2004) recommendation for social sciences).

A sample size of 155 was determined using the provided formula and data from Table 1 ($n = 250 / (1 + 250 * 0.052) = 154.84$).

3.3 Data Collection Techniques

To capture the full picture of the MES project's implementation, data collection methods were matched to the unique perspectives of each participant group. In-depth structured interviews were conducted among hospital managers, drawing out their strategic viewpoints and management experiences. Focus group discussions were held with hospital boards and management committees, who revealed shared challenges and collective insights into the MES project. For supply chain officers and county health executives, semi-structured questionnaires were utilized in order to get more standardized responses. This thoughtful approach allowed the researchers to gather rich, nuanced insights while staying true to the research goals.

3.4 Validity and Reliability of Research Instruments

The integrity of research findings hinges on the validity and reliability of measurement instruments. To establish these psychometric properties, a pilot study was conducted with 10 respondents from counties with comparable demographics to (but excluded from) the main study sample. Face validity was verified through dual approaches: expert evaluation and researcher assessment. Construct validity was methodically established by grounding measurement items in theoretical frameworks and empirically validated constructs from prior literature. Reliability was quantitatively assessed using Cronbach’s alpha (α), adopting the conventional social science threshold of $\alpha \geq 0.50$ for acceptable internal consistency (Cooper, Schindler & Sun, 2006). The analysis yielded a robust reliability coefficient of 0.849 (Table 2), demonstrating high inter-item consistency across the instrument’s scales.

Table 2: Reliability Test Results

Test Item	Cronbach's Alpha	Comment
Performance of healthcare project	0.702	Credible



The contract management process	0.931	Credible
Institutional capacity	0.806	Credible
Stakeholder engagement	0.953	Credible
Monitoring & evaluation practices	0.943	Credible
Regulatory framework	0.782	Credible
Relational norms	0.829	Credible
Overall Reliability	0.849	Reliable

Source: Survey Data (2024)

4.0 Findings and Discussion

A moderated regression analysis was performed to assess whether regulatory frameworks significantly alter the relationship between PPP management practices and project performance outcomes. The analysis explicitly tested the null hypothesis that:

H₀: *The regulatory framework does not significantly influence the interplay between PPP management practices and performance of healthcare projects*

To assess this hypothesis, the following empirical model, as illustrated in Equation 1, guided the investigation:

$$PP = \beta_0 + \beta_1 PM + \beta_2 RF + \beta_3 (PPM*RF) + \epsilon \dots \dots \dots \text{(Eqn. 1)}$$

Where;

- PP = composite index for Performance of PPP healthcare projects
- PPM = composite index for Public Private Partnership management
- RF = composite index of indicators of Regulatory framework
- β_0 = intercept
- β_1, β_2 and β_3 = the regression coefficients
- ϵ = stochastic error term

Table 3 demonstrates that PPP management practices and regulatory frameworks collectively account for 71% of the variance in project performance ($F(3,14) = 11.53, p < .001, R^2 = 0.71$). These results underscore two key insights: (1) the interaction between management approaches and regulatory conditions substantially shapes project outcomes, and (2) successful implementation requires context-adapted strategies rather than standardized solutions. The findings challenge the applicability of universal PPP models and emphasize the imperative of aligning project execution with local regulatory and institutional contexts to maximize performance efficacy.

Table 3: Moderation Summary

R	R ²	MSE	F	df1	df2	p
.84	.71	.06	11.53	3.00	14.00	.0000

Source: Survey Data (2024)

Table 4 reveals a robust positive association between PPP management processes and project performance ($\beta = 0.56, p = 0.01$), persisting after controlling for regulatory influences. These results substantiate two important conclusions: first, that well-structured PPP management constitutes a critical determinant of project success, and second, that this relationship maintains its significance across varying regulatory contexts. The substantial effect size ($\beta = 0.56$) particularly emphasizes the pivotal role of managerial quality in driving successful project implementation, corroborating prior sectoral studies that identify structured management approaches as consistent predictors of performance outcomes.

Table 4: Moderation Coefficients

	Coeff	se	t	Sig.
Constant	3.88	0.07	52.73	0.000
PPP Management	0.56	0.18	3.20	0.01

Regulatory Framework	0.16	0.25	0.65	0.52
Int_1	0.98	0.37	-2.66	0.02

Source: Survey Data (2024)

Analysis of regulatory frameworks' effect on Public-Private Partnership (PPP) project performance reveals that while regulations alone are not a significant direct predictor ($\beta = 0.16, p = 0.52$), they play a critical moderating role when combined with effective PPP management ($\beta = 0.98, p = 0.02$). Specifically, a supportive regulatory environment enhances the positive relationship between PPP management and performance, particularly in sectors like health. Moderation analysis confirms this amplification effect, leading to rejection of the null hypothesis (no moderation). Table 5 further demonstrates how PPP management's effect varies across different regulatory conditions.

Table 5: Conditional Effects of the Moderator

Level of RF	Effect	se	t	Sig.
-0.36	0.92	0.19	4.83	0.000
0.00	0.56	0.18	3.20	0.01
0.36	0.21	0.25	0.84	0.41

Source: Survey Data (2024)

When moderation level is at one standard deviation below the mean (-0.36), PPP management practices have a statistically positive effect on project performance ($\beta = 0.92, p < .0001$). When the moderation is at the mean level (0.00), the effect of PPP management practices on project performance is still statistically significant ($\beta = 0.52, p = 0.01$) but slightly lower than in the previous case. However, when the level of moderation is set at one standard deviation above the mean, the effect of PPP management practices on project performance decreases and becomes statistically insignificant ($\beta = 0.21, p = 0.41$). This finding indicates that as the regulation becomes more stringent, the project performance decreases. This is because too much control (through rules and laws) can stifle innovation and make it difficult for parties to achieve optimal project outcomes. Therefore, a more adaptive regulation environment is good for enhanced PPP-led projects' performance.

Both quantitative and qualitative analyses revealed significant concerns about the MES project's procurement strategies. A key finding was non-compliance with legal procurement protocols (reported by 82% of respondents). Nearly half (48%) criticized Original Equipment Manufacturing (OEM)-favouring contracting methods for inflating costs, while 63% stressed the need for stronger regulation to improve transparency and outcomes. These findings highlight the urgent need for procurement reform to ensure fairness and efficiency. One interviewee noted:

"..... I am uncertain whether all procurement regulations were complied with during the tender awards. The counties were merely invited to a signing event at the State House, devoid of clear information regarding the procurement of equipment. Although I am aware that some international bids were advertised in daily newspapers, this approach excluded local suppliers from the tendering process. It might have been more beneficial if the tenders had been more accessible....."

Participants advocated for the alignment of county procurement laws with national legislation, encompassing constitutional stipulations, to establish a robust regulatory framework for the management of analogous projects in the future. An interviewee stated:

"..... Our county procurement laws have not been fully harmonized with those of the national government. For example, a project of this nature had never been executed in our county, and we lacked mechanisms for effective engagement with private partners. We depended on the national government's goodwill. Most challenges encountered were escalated and addressed by the Ministry of Health....."

In a different county, an interviewee revealed that efforts had been made to synchronize local healthcare operations with the national healthcare policy, stating:

".... We have initiated measures to align our operations with the national health policies, and the county has begun the process of formulating localized policies to ensure that all equipment delivered through



the Managed Equipment Services (MES) project adheres to the requisite standards. While this represents a constructive advance, there remains considerable scope for enhancement, particularly in refining compliance procedures and routinely updating health guidelines to align with national directives across all counties...."

The MES initiative demonstrated strong alignment with healthcare priorities, ensuring equipment met quality standards while safeguarding patient and staff welfare. Effective project management yielded measurable benefits, including shorter wait times, lower costs, and improved access to specialized care. While 80% of respondents acknowledged adequate grievance redressal systems during implementation, some questioned their effectiveness. As one focus group participant noted:

"... Although the MES initiative possessed a fundamental dispute resolution mechanism, it lacks the robustness required. We frequently encountered bureaucratic delays when disputes arose between the county and the service providers. A more formalized and expedited process would substantially decrease project delays and improve overall service delivery...."

These results corroborate established research demonstrating that PPP efficacy is significantly determined by their regulatory context. Effective frameworks enhance performance by clarifying obligations, ensuring transparency, and managing long-term risks (Berezin *et al.*, 2018). Strong regulations promote PPP adoption through predictable enforcement and reduced contractual uncertainty, whereas weak systems lead to implementation challenges and inefficiencies. Kosycarz *et al.* (2019) found that Russia's robust framework increased PPP viability by minimizing legal ambiguities. Ultimately, clear regulations curb opportunism and strengthen public-private trust, directly improving outcomes.

Robust and transparent regulations are critical for successful PPP execution, mitigating risks and fostering stakeholder trust (Al-Hanawi *et al.*, 2020; Babatunde *et al.*, 2015). This stability proves particularly vital in long-term infrastructure and healthcare projects, where legal certainty safeguards investments and incentivizes private engagement. However, sub-Saharan Africa's fragmented regulatory landscape persists as a major impediment to PPP development (Manhiça, 2021; Arimoro, 2020), underscoring the necessity for tailored frameworks that address regional implementation challenges.

The findings resonate with both institutional and agency theories, demonstrating how formal structures and incentive alignment collectively shape PPP outcomes. Institutional theory elucidates how robust regulatory frameworks reduce uncertainty and transaction costs, fostering stable collaboration (Scott, 1995; Sankaran *et al.*, 2023). Simultaneously, an agency theory explains how these structures mitigate moral hazard by aligning stakeholder incentives through clear governance mechanisms (Jensen & Meckling, 1976). Effective PPP implementation therefore requires institutional alignment to optimize resource allocation and risk-sharing, and contractual safeguards that balance control and flexibility. Regulatory systems thus serve dual functions of establishing predictable operational environments (institutional role) while monitoring performance and accountability (agency role) ensuring policy coherence and mutual value creation.

5.0 Conclusion and recommendation

This study examined how regulatory frameworks moderate the relationship between PPP management and healthcare project efficacy in Kenya. Results revealed that effective regulations, characterized by clear standards, enforceable compliance, and dispute resolution, are pivotal for PPP success. Regulatory flexibility, when coupled with accountability, enhances outcomes, particularly in minimally regulated environments where excessive bureaucracy may stifle innovation.

Theoretically, the study advances institutional theory by demonstrating that regulatory quality (adaptability and contextual fit), not mere existence, determines PPP effectiveness. It extends agency theory by showing how regulations moderate principal-agent alignment. Challenging conventional wisdom, the findings reveal that optimal regulation requires adaptability rather than rigidity.

Practically, the research advocates a balanced regulatory approach combining oversight with flexibility. Key recommendations include streamlining existing regulations to reduce inefficiencies, strengthening regulatory capacity, and developing sector-specific performance-based compliance systems. The study underscores the importance of adaptive regulatory frameworks tailored to healthcare PPPs.



Future research should explore diverse geographic and sectoral contexts to develop empirically grounded, scalable regulatory models. Such comparative analysis will identify success factors and facilitate knowledge transfer across PPP initiatives, enhancing their sustainability and impact.

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