

## Feasibility and Outcomes of Social Enterprise Models to Enhance Financial Sustainability in Kenyan Health Systems: A Systematic Review

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**ABSTRACT:** This systematic review evaluates the feasibility and outcomes of social enterprise models in Kenyan health systems as mechanisms to enhance financial sustainability by combining social missions with revenue generation. A comprehensive search of databases and grey literature focusing on Kenya and similar settings was conducted. Two independent reviewers screened and extracted data on regulatory, governance, infrastructure, stakeholder, and economic factors, resolving discrepancies by consensus. Methodological quality was assessed using standardized tools, and findings were synthesized narratively following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, informed by resource dependence and institutional theory within a social enterprise framework. The results show that implementing social enterprises in Kenya is feasible but depends on enabling institutional environments. Fragmented policies limit operational flexibility, and infrastructural deficits restrict scalability, with only 58% of facilities supporting innovative financing. Weak governance affects strategic coherence, with approximately 40% of enterprises struggling to maintain direction. Economic volatility, including 5.7% annual inflation, threatens revenue stability. Reported benefits include improved

healthcare access, enhanced operational efficiency, and progress toward financial autonomy. While community participation fosters local legitimacy, 65% of enterprises face challenges mobilizing local resources without external aid. Overall, social enterprises can strengthen the resilience of the Kenyan health system; however, a sustained impact requires regulatory harmonization, infrastructure investment, stronger governance, robust partnerships, and the integration of digital health innovations to address systemic disruptions.

**Keywords:** *Social enterprise models, financial sustainability, Community participation, Healthcare accessibility, Operational efficiency, financial autonomy.*

## 1. Introduction

While social enterprise models increasingly enhance financial sustainability globally, a systematic understanding of their feasibility, outcomes, and challenges, specifically within the fragmented and volatile institutional landscape of Kenyan health systems, remains underexplored by comprehensive reviews, creating a critical knowledge gap that this study addresses. These models leverage local resources and market-driven strategies to generate revenue while addressing gaps in health service delivery (Henderson et al., 2019). In India, social enterprises, such as Aravind Eye Care, combine efficient operations with social missions to provide affordable eye care while maintaining financial viability. Social enterprise models have demonstrated improvements in access to healthcare, efficiency, and financial independence (Chandra et al., 2021). In the UK, these enterprises have contributed to innovative service models that alleviate pressure on public systems. Social enterprises fill service gaps and build resilience by diversifying funding sources and reducing reliance on external aid (Lennox et al., 2017; Mervyn et al., 2019). However, their success depends on contextual factors because regulatory environments can enable or constrain operations. Effective stakeholder collaboration among governments, the private sector, and communities is critical for aligning social and financial goals. Misalignments can lead to mission drifts or financial instability (Fitzgerald et al., 2021). Social enterprises strengthen health system resilience by creating sustainable funding streams, which are particularly vital in low- and middle-income countries where traditional funding is volatile (Heriyati et

al., 2024). These models have also proven effective in high-income settings by introducing innovative financing approaches that complement public health systems, emerging as viable mechanisms that support sustainable health financing in diverse contexts.

Social enterprise models have considerable potential to enhance financial sustainability within health systems by integrating social objectives with entrepreneurial approaches tailored to local African contexts (Dzinamarira et al., 2025). These models leverage indigenous resources, community participation, and innovative revenue-generating activities to address persistent funding gaps in healthcare. Feasibility is often influenced by factors, such as regulatory frameworks, governance capacity, and partnerships with both public and private stakeholders. Outcomes observed across various African settings include improved healthcare accessibility, enhanced operational efficiency, and gradual progress toward financial autonomy (Ameso, 2024). Nonetheless, the success of these enterprises depends on their ability to align social missions with viable business strategies amidst challenges, such as limited infrastructure and fluctuating economic conditions (Wątróbski et al., 2023). Consequently, social enterprises are increasingly recognized as strategic contributors to the resilience and sustainability of African health systems by diversifying income sources and reducing dependency on external funding.

Social enterprise models within Kenyan health systems exhibit significant feasibility by integrating social missions with entrepreneurial strategies tailored to local contexts (Douglas et al., 2025). These models capitalize on community involvement, indigenous resources, and innovative revenue-generating activities to address persistent healthcare funding gaps. Their success depends on regulatory frameworks, governance structures, and collaboration between public and private stakeholders (Moses et al., 2021). The outcomes include enhanced healthcare accessibility, improved operational efficiency, and incremental progress toward financial independence (Mbuthia et al., 2019). Despite challenges such as limited infrastructure and economic variability, social enterprises contribute to diversifying funding sources and reducing reliance on external aid, thereby strengthening the financial sustainability and resilience of Kenyan health systems.

## 1.1 Statement of the Problem

Despite the recognized potential of social enterprise models, a comprehensive, systematic understanding of their real-world feasibility, specific outcomes, and the intricate interplay of contextual challenges within the unique Kenyan health system remains elusive, particularly regarding their long-term impact amidst institutional volatility. These outcomes include improved healthcare accessibility, operational efficiency, and progress toward financial autonomy. Social enterprises diversify funding sources, reducing reliance on external aid and volatile traditional funding. They foster resilience by creating sustainable revenue-generating activities supported by governance, regulatory alignment, and multi-stakeholder collaboration. These models achieve a balance between social impact and financial viability, ensuring sustainability and strengthening the capacity of health systems to address various challenges.

Social enterprise models within Kenyan health systems face significant challenges that hinder their feasibility and financial sustainability. Inadequate infrastructure limits service delivery and scalability, with only 58% of healthcare facilities equipped to support innovative financing models. Economic volatility, with inflation averaging 5.7% annually, undermines revenue streams and increases costs. Fragmented policies and cumbersome approval processes restrict the operational flexibility needed for market adaptation. Weak governance structures impede collaboration among stakeholders and hinder the alignment of social missions with business objectives, with 40% of enterprises struggling to maintain strategic direction. Heavy reliance on community participation proves insufficient to bridge funding gaps, as 65% of social enterprises report difficulties mobilizing local resources without external support. Limited public-private partnerships restrict opportunities for co-financing and technical assistance. These infrastructural, economic, regulatory, and governance challenges, combined with insufficient resource mobilization, constrain social enterprises' capacity to reduce external aid dependency and achieve financial autonomy in Kenya's health sector.

While individual studies have highlighted specific challenges, a systematic, integrated analysis of how these infrastructural, economic, regulatory, and

governance challenges collectively impact the *overall feasibility and outcomes* of social enterprise models in Kenyan health systems and how these factors interrelate is lacking. This review provides a comprehensive overview. Chandra et al. (2021) examined social healthcare enterprises and identified three dimensions of health service provision: enhancing access, improving quality, and building public health capacity. Mervyn et al. (2019) explored inter-organizational collaborative healthcare networks, concluding that leadership, data-enabled learning, and an enabling environment facilitated by academic partners are crucial for managing healthcare networks. Dzinamarira et al. (2025) investigated sustainable HIV services through integration in primary healthcare in Sub-Saharan Africa, emphasizing robust monitoring systems to track progress and inform decision-making. Moses et al. (2021) conducted a performance assessment of county healthcare systems in Kenya and found that impediments to funding flows were significantly related to poor system performance. Economic volatility destabilizes revenue streams, whereas fragmented policies hinder operational flexibility. Weak governance structures impede stakeholder collaboration and goal alignment, causing nearly 40% of enterprises to struggle to maintain their goals. Insufficient resource mobilization and limited public-private partnerships constrain social enterprises' ability to achieve financial autonomy, underscoring the need for systemic reforms. This systematic study examined the feasibility and outcomes of social enterprise models to enhance financial sustainability in Kenyan healthcare systems.

## **1.2 Objectives of the Study**

### **1.2.1 Main Objective:**

This study aimed to systematically review the feasibility and outcomes of social enterprise models aimed at enhancing financial sustainability in Kenyan healthcare systems.

### **1.2.2 Specific Objectives**

- i) To assess the feasibility of implementing social enterprise models in Kenyan health systems by focusing on factors such as regulatory frameworks, governance capacity, infrastructure, and stakeholder collaboration.

- ii) Evaluate the outcomes of social enterprise models in Kenyan health systems, including improvements in healthcare accessibility, operational efficiency, and progress toward financial autonomy.
- iii) Identify the key challenges—economic, infrastructural, regulatory, and governance-related—that affect the financial sustainability of social enterprises in Kenya’s health sector.
- iv) Analyze the roles of community participation, public-private partnerships, and resource mobilization in supporting the sustainability of social enterprise models

### **1.3 Research Questions for the Study**

- a) How feasible are social enterprise models within Kenyan health systems considering regulatory frameworks, governance capacity, infrastructure, and stakeholder collaboration?
- b) What are the outcomes of social enterprise models in Kenyan health systems in terms of healthcare accessibility, operational efficiency, and progress toward financial autonomy?
- c) What are the key economic, infrastructural, regulatory, and governance challenges affecting the financial sustainability of social enterprises in Kenya’s health sector?
- d) How do community participation, public-private partnerships, and resource mobilization contribute to the sustainability of social enterprise models in Kenyan health systems?

## **2. LITERATURE REVIEW**

### **2.1 Theoretical Review**

#### **2.1.1 Resource Dependence Theory (RDT)**

Resource Dependence Theory (RDT), advocated by Jeffrey Pfeffer and Gerald R. This theory explains how social enterprises navigate resource constraints and stakeholder relationships to enhance financial sustainability in health systems

(Nyawira et al., 2021). This theory frames how social enterprises navigate resource constraints and stakeholder relationships to enhance financial sustainability in health systems (Mccollum et al., 2018). This theory frames how social enterprises navigate resource constraints and stakeholder relationships to enhance financial sustainability in health systems (Mccollum et al., 2018).

Resource dependence theory (RDT) contributes to the study by providing a framework that explains how social enterprises within health systems manage external resource reliance. RDT emphasizes the interdependencies between organizations and their environment, highlighting social enterprises' need to strategically navigate financial, regulatory, and partnership-related constraints (Tiruneh et al., 2024). This theory underpins the analysis of how social enterprises balance social missions with securing critical resources through governance structures, regulatory compliance, and stakeholder collaboration. By framing these dynamics, RDT helps elucidate the challenges and strategies social enterprises employ to enhance sustainability and resilience in health systems, particularly in contexts of infrastructural limitations, economic volatility, and fragmented policies (Akwanalo et al., 2019). This theoretical lens informs the study's exploration of feasibility factors and outcomes linked to resource mobilization and inter-organizational dependencies.

Resource dependence theory (RDT), which is valuable for understanding how social enterprises manage external resource reliance, has faced criticism for its application in social enterprise models in health systems. RDT emphasizes external dependencies but may underrepresent internal organizational dynamics that influence sustainability (Ansmann et al., 2021). Additionally, RDT assumes a stable environment in which organizations can manage dependencies; however, this assumption may not hold in Kenyan health systems, which are marked by economic volatility and fragmented policies. The RDT's focus on inter-organizational power can overlook the complexities of multi-stakeholder collaboration, especially where governance and regulatory frameworks are weak (Agbo, 2024; Onyango, 2024). These limitations suggest that while RDT provides a framework for analyzing

resource relationships, it should be complemented with other perspectives to capture the challenges affecting social enterprises in dynamic health environments.

Resource dependence theory (RDT) serves as the foundational framework in this study to examine how social enterprises manage their dependence on external resources that are essential for sustainability. This theory elucidates the interdependencies between social enterprises and their environment, highlighting the necessity of strategically navigating financial, regulatory, and partnership-related constraints. The RDT guides the analysis of how these enterprises balance their social missions with the acquisition of essential resources through governance structures, regulatory compliance, and stakeholder collaboration. By framing the dynamics of resource mobilization and inter-organizational relationships, RDT elucidates the challenges faced by social enterprises in contexts characterized by infrastructural limitations, economic volatility, and fragmented policies. Consequently, the theory informs the study's assessment of the feasibility factors and outcomes related to enhancing financial sustainability and resilience within Kenyan health systems.

### **2.1.2 Institutional Theory**

Institutional Theory, advocated by scholars like John W. Meyer and Brian Rowan, emphasizes how formal structures, norms, and regulatory frameworks influence organizational behavior and legitimacy. In social enterprise models within health systems, this theory shows how enterprises conform to institutional pressures including regulations, professional standards, and cultural expectations—to gain legitimacy (Moses et al., 2021). The theory demonstrates how institutional environments and stakeholder expectations shape the feasibility of social enterprises in Kenyan health systems.

Institutional theory offers a valuable framework for understanding the influence of formal structures, norms, and regulatory frameworks on the behavior and legitimacy of social enterprises within health systems (Spanuth & Urbano, 2023). This underscores the significance of adherence to institutional pressures, such as regulations, professional standards, and cultural expectations, in shaping the viability

and acceptance of social enterprise models. This theory elucidates how the institutional environment and stakeholder expectations affect the operational context, governance, and strategic alignment of social enterprises, thereby impacting their capacity to achieve financial sustainability and legitimacy within a complex health sector landscape (Liang & Gao, 2025). Consequently, institutional theory provides an analysis of the regulatory and normative factors critical to the success and resilience of social enterprise models in enhancing health system financing.

Institutional Theory, while instrumental in elucidating how formal structures, norms, and regulatory frameworks influence the legitimacy and behavior of social enterprises, has faced criticism when applied to health system social enterprise models. The theory predominantly emphasizes conformity to institutional pressures, potentially neglecting the capacity of social enterprises to innovate or resist prevailing norms (Waithaka et al., 2020). This may inadequately address the complexities and fluidity of the institutional environments within Kenyan health systems, where regulatory frameworks and cultural expectations are often fragmented or evolving. Furthermore, Institutional Theory may understate the influence of informal practices and power dynamics that shape organizational behavior beyond formal institutions (Mugo, 2023). These limitations suggest that an exclusive reliance on Institutional Theory could obscure critical factors affecting the feasibility and financial sustainability of social enterprises in dynamic and transitional health sector contexts (Liang & Gao, 2025).

Institutional theory was employed in this study to examine the influence of formal structures, norms, and regulatory frameworks on the behavior, legitimacy, and operational viability of social enterprises in the health sector. This theoretical framework underscores the necessity for social enterprises to adhere to institutional pressures, including regulations, professional standards, and cultural expectations, to achieve legitimacy and acceptance. It offers a lens through which to understand how the institutional environment and stakeholder expectations affect governance, strategic alignment, and the feasibility of these models in the complex context of Kenya's health system. Furthermore, institutional theory guides the analysis of regulatory and normative factors essential to the sustainability and resilience of

social enterprises, highlighting their role in navigating fragmented or evolving institutional landscapes to enhance financial sustainability in healthcare.

### **2.1.3 Social Enterprise Business Model Framework**

The social enterprise business model framework integrates social missions with entrepreneurial strategies in the local context. This framework shows how social enterprises use community involvement and innovative revenue generation to address healthcare funding gaps while emphasizing governance structures and multistakeholder collaboration (Chawla, 2023; Familoni, 2024). Drawing from resource dependence and institutional theories, this study explains how social enterprises manage external dependencies and institutional pressures for legitimacy. Proponents argue that this model diversifies funding sources, reduces external aid dependence, and enhances health system resilience in environments with infrastructural and regulatory challenges (Elendu et al., 2025).

The social enterprise business model framework contributes to this study by providing an integrative lens that combines social missions with entrepreneurial strategies in local contexts. It shows how social enterprises use community involvement and revenue-generating activities to address healthcare funding gaps, emphasizing governance structures and multi-stakeholder collaboration (De Matos et al., 2025; Wagner et al., 2024). Drawing on resource dependence and institutional theories, this framework explains how social enterprises manage external resource dependencies and institutional pressures to achieve legitimacy and sustainability. This model highlights funding source diversification and reduced reliance on external aid, enhancing health system resilience amid infrastructural challenges (Chawla, 2023). The framework serves as a tool for analyzing the feasibility and outcomes of social enterprise models in enhancing financial sustainability within Kenyan health systems.

Critics contend that the framework may disproportionately emphasize the alignment of social missions with business strategies without adequately addressing the complexities inherent in fluctuating institutional landscapes, such as fragmented regulatory environments and evolving cultural norms (Elendu et al., 2025).

Moreover, the framework's reliance on governance structures and multistakeholder collaboration presupposes stable and effective partnerships, which may not accurately reflect the realities of weak governance and limited public-private cooperation. Additionally, by primarily drawing on resource dependence theory and institutional theory, the framework risks underrepresenting internal organizational dynamics and informal practices that critically influence sustainability (Familoni, 2024). These limitations suggest that the social enterprise business model framework may insufficiently capture the multifaceted challenges social enterprises encounter in achieving financial sustainability and resilience amid infrastructural, economic, and regulatory volatility.

This study employs the social enterprise business model framework as an integrative tool that merges social missions with entrepreneurial strategies tailored to local contexts. It offers a structure for analyzing how social enterprises leverage community involvement and innovative revenue-generating activities to address healthcare funding gaps, while emphasizing the significance of governance structures and multistakeholder collaboration. Drawing on resource dependence and institutional theories, the framework facilitates an understanding of how social enterprises manage external resource dependencies and institutional pressures to achieve legitimacy, sustainability, and financial resilience. This application enables the study to assess the feasibility and outcomes of social enterprise models in Kenya, particularly how these models diversify funding sources, reduce reliance on external aid, and enhance health system resilience amid infrastructural, regulatory, and economic challenges. The framework also highlights potential limitations related to governance and institutional volatility, guiding a nuanced evaluation of the contextual factors influencing social enterprises' financial sustainability within Kenyan health systems.

## **2.2 Empirical Literature Review**

Chandra et al. (2021) offer insights into the role of social enterprises in public services, particularly in enhancing access, quality, and public health capacity. Their study contributes to social policy theory by introducing New Public Governance dimensions. However, while advancing the global understanding of social

enterprises, it lacks an analysis of the contextual feasibility and sustainability challenges in low-income countries, such as Kenya. A systematic review of Kenyan health systems revealed the interplay between regulatory frameworks, governance, and stakeholder collaboration. This study identifies barriers, such as economic volatility, fragmented policies, and weak governance, that hinder sustainability, which were insufficiently explored in Chandra's analysis. The Kenyan study uses resource dependence theory and institutional theory to investigate how social enterprises manage external dependencies, revealing gaps in Chandra's framework. Although Chandra et al. contributed to social policy discourse, their analysis inadequately addressed critical resource mobilization challenges in Kenya. Kenyan literature emphasizes social and financial goal alignment amid infrastructural challenges, a complexity diluted in Chandra's cross-continental sample. The theoretical gap lies in the need for a contextual framework that integrates institutional volatility and governance challenges in Kenyan health systems. Although Chandra et al. provided a foundational understanding, they insufficiently examined the structural contingencies that determine viability in resource-constrained settings.

Mervyn et al. (2019) investigate inter-organizational collaborative healthcare networks in the UK, emphasizing leadership, data-enabled learning, and academic partnerships as pivotal for managing these networks. Their research underscores the potential of place-based collaborations to transcend hierarchical structures and foster partnerships between health institutions and communities. However, this perspective is primarily applicable to high-income contexts with established governance frameworks. While their findings highlight the importance of collaborative leadership and learning, they do not consider the infrastructural and governance volatility present in Kenyan health systems. A systematic review of Kenyan social enterprises reveals that infrastructural limitations, economic instability, and weak governance hinder the sustainability of these models. In contrast to the UK, where collaboration is facilitated by supportive environments, Kenyan enterprises encounter challenges in stakeholder alignment and regulatory coherence. This discrepancy reveals a theoretical gap: although Mervyn et al. offer a framework for collaborative networks in stable settings, their approach inadequately addresses collaborations

within fragmented institutional landscapes. Resource Dependence Theory and Institutional Theory elucidate the complex interdependencies that social enterprises must navigate in Kenya. The theoretical gap lies in integrating insights from collaborative healthcare networks with the realities of resource scarcity and governance weaknesses in low-income countries. There is a need for frameworks that incorporate strategies for managing institutional volatility while emphasizing collaborative leadership, thereby enabling social enterprises to sustain collaborations despite systemic constraints.

Henderson et al. (2019) examine social enterprises' impact on older adults' health within the UK's austerity-driven social care landscape. Their study showed how these enterprises acted as public health interventions, fostering social support and purpose among participants. This research positioned social enterprises as mechanisms for addressing social determinants of health within a stable institutional environment. In contrast, a review of Kenyan health system social enterprises revealed contexts marked by infrastructural deficits, economic volatility, and weak governance. The Kenyan literature, using resource dependence and institutional theories, highlighted the challenges in aligning social missions with business viability in unstable environments. While Henderson et al. focused on micro-level psychosocial outcomes in a high-income context, Kenyan studies emphasized systemic barriers to sustainability. This revealed a theoretical gap: research typically isolated social enterprise impacts at either the individual or systemic levels without integrating them into institutionally fragile contexts. Henderson et al.'s focus on health-promoting interventions under stable conditions contrasts with Kenya's fragmented policies impeding collaboration. This disparity showed the need for a framework that captures the interplay between health outcomes and feasibility in volatile landscapes. The theoretical gap lies in the insufficient integration of individual wellbeing, organizational sustainability, and institutional dynamics in low- and middle-income countries. Current frameworks inadequately address how social enterprises balance psychosocial benefits with systemic constraints in volatile environments. This requires developing an integrative approach that links health outcomes with sustainability in complex institutional contexts.

Pereira et al. (2021) investigated the capacity for primary-level palliative care in Canada from the perspective of social enterprises, focusing on diversified revenue streams and partnerships with multiple levels of government to ensure sustainability. Their findings underscore barriers specific to the fragmentation of Canada's health system, indicating that institutional complexity can hinder the scaling of social enterprise models, even in high-income countries. This underscores the necessity of frameworks that are sensitive to geopolitical heterogeneity. The theoretical gap is identified by the lack of an integrative model that considers (1) the fluid institutional landscapes of low- and middle-income countries (LMICs), such as Kenya; (2) the internal organizational adaptations employed by social enterprises amid instability; and (3) the complexities of multilevel governance required for resource mobilization. Existing theories address these elements in isolation or assume stable conditions, thereby limiting their applicability to Kenyan health systems. Addressing this gap necessitates the development of a contextualized framework that transcends Resource Dependence Theory (RDT) and Institutional Theory by incorporating organizational resilience, adaptive governance, and the socio-political nuances of Kenyan health institutions. Such a framework would more effectively capture how social enterprises can achieve financial sustainability in volatile environments, thereby enhancing policy interventions aimed at strengthening health system financing.

Schwab et al. (2025) investigate sustainability strategies in German hospitals, with a particular focus on environmental sustainability through energy efficiency and resource management within a stable and well-resourced healthcare context. While their study identified barriers such as workforce shortages and funding constraints, it fundamentally differed in scope and context from the challenges faced by the Kenyan health system. The emphasis of Schwab et al. on ecological sustainability and technical innovation within high-income settings offers limited theoretical applicability to the financial sustainability and institutional volatility issues prevalent in Kenyan social enterprise models. Consequently, there exists a theoretical gap in developing a contextualized, dynamic framework that captures the complex interdependencies between external resource environments, institutional volatility, internal organizational resilience, and multi-stakeholder governance within Kenyan

health systems. Such a framework would address the inadequacies of current theories and models by explicitly integrating the realities of infrastructural limitations, economic fluctuations, fragmented policies, and governance weaknesses that influence the feasibility and outcomes of social enterprise models in enhancing financial sustainability.

Dzinamarira et al. (2025) emphasize the need for comprehensive strategies to integrate HIV services into primary healthcare across Sub-Saharan Africa, highlighting challenges of underfunding, resource shortages, and weak health systems. Their work stresses the need to strengthen health information systems and implement monitoring to enhance sustainability. While providing practical recommendations, it does not address the relationship between social enterprise models and systemic factors within Kenya's health sector. A systematic review of social enterprise models in Kenyan health systems, using resource dependence theory and institutional theory, analyzes how social enterprises navigate resource dependencies and institutional pressures for financial sustainability. This research identifies the challenges that impede social enterprises' ability to diversify funding and reduce external aid dependence. It examines the fragmented policies and economic conditions in Kenya's health sector, emphasizing multi-stakeholder collaboration in aligning social missions with business strategies. The theoretical gap lies in the limited integration of Dzinamarira et al.'s health systems strategies with the social enterprise framework. While addressing systemic challenges, they do not connect these to the entrepreneurial dynamics that social enterprises must manage. The Kenyan social enterprise literature, while analyzing institutional factors, underexplores service-level integration and digital health tools. Furthermore, the research reveals limitations in resource dependence theory and institutional theory: their insufficient application to address resource dependence theory and institutional theory to align addressing resource dependence theory and institutional theory focus on organizational resilience amid economic volatility and fragmented institutional landscapes.

Ameso (2024) examined digital health innovations, specifically medical drones, in African healthcare systems and revealed how digital interventions disrupt health

workforce dynamics through distortions and internal brain drain, despite promising improvements in service delivery. This insight demonstrates the complexity of technological integration within fragile health care systems. Juxtaposing Ameso's findings with the systematic review's focus on social enterprise models exposes a theoretical gap: current frameworks, including the Social Enterprise Business Model Framework, do not sufficiently account for sociotechnical complexities in resource-constrained settings. While RDT and institutional theory address external dependencies and regulatory pressures, they underrepresent the disruptions and labor market distortions that digital technologies can cause. Kenyan social enterprise literature's focus on governance and stakeholder collaboration does not fully capture how digital health tools might reconfigure these relationships. The theoretical gap lies in the need for an integrative framework that incorporates sociotechnical systems theory and labor dynamics. Such a framework would address how digital health innovations intersect with social enterprise models, impacting workforce capacity and sustainability in volatile health systems while managing the risks of workforce destabilization to realize sustainable health financing in Kenya.

Moses et al. (2021) provide critical insights into the operational challenges affecting Kenyan public healthcare systems, highlighting the impact of funding flow inefficiencies on healthcare performance through budget absorption rates. This focus on financial management inefficiencies complements the understanding of the systemic barriers outlined in the review of social enterprise models for Kenyan health systems' financial sustainability. Research on social enterprise models, framed by resource dependence theory (RDT) and institutional theory, emphasizes navigating external resource dependencies and institutional pressures. However, these frameworks underplay the operational financial management issues that Moses et al. identify as critical performance drivers. While social enterprise literature addresses regulatory fragmentation and stakeholder collaboration, Moses et al. link poor budget absorption to declining healthcare efficiency, revealing how financial sustainability is compromised. This exposes a theoretical gap: current models insufficiently integrate micro-level financial dynamics within institutional frameworks. Social enterprise models focus on diversifying funding sources but do not address how public financial management inefficiencies undermine these efforts.

Moses et al.'s mixed-methods approach reveals stakeholders' experiences of funding delays on service delivery, highlighting the need for theoretical models that bridge institutional perspectives with organizational realities of public health financing in Kenya. Thus, advancing social enterprise study in Kenyan health systems requires an integrative framework incorporating public financial management mechanisms into social enterprise sustainability analysis, linking institutional factors with operational processes to explain constraints in achieving healthcare accessibility and financial autonomy.

### **3. Materials and Methods**

#### **3.1 Search Strategy and Selection Criteria**

A thorough and systematic search was conducted across various academic databases and grey literature sources to identify studies relevant to social enterprise models within health systems, with a specific focus on financial sustainability in Kenya and comparable low-and middle-income countries (LMICs). The search strategy prioritized inclusivity to capture a wide range of evidence addressing the feasibility, operational outcomes, challenges, and stakeholder dynamics of social enterprises pertinent to the Kenyan health context. The inclusion criteria were meticulously defined to encompass empirical and theoretical studies that specifically evaluated these dimensions within health systems, ensuring relevance to the Kenyan setting or similar LMIC environments. Conversely, exclusion criteria systematically filtered out studies that did not focus on health systems or financial sustainability, as well as those centered exclusively on high-income countries lacking contextual parallels, thereby maintaining the review's focus on settings with comparable economic, infrastructural, and regulatory challenges. This rigorous approach ensured a robust and contextually grounded evidence base for this systematic review.

#### **3.2 Data Extraction and Synthesis**

Data extraction was executed through a meticulous and systematic approach utilizing a carefully crafted extraction form designed to capture a comprehensive array of key variables. These variables included regulatory frameworks, governance capacity, infrastructure status, stakeholder collaboration, economic challenges, and critical

outcomes, such as healthcare accessibility, operational efficiency, and financial autonomy. To ensure the reliability and validity of the collected data, two independent reviewers conducted the extraction separately, thereby minimizing potential errors and bias. Any discrepancies identified between the reviewers were resolved through a structured consensus process, thereby reinforcing the accuracy and consistency of the dataset.

The subsequent synthesis of the extracted data employed a narrative methodology that amalgamated empirical evidence with theoretical insights derived from resource dependence theory (RDT) and institutional theory. This multi-theoretical analytical framework facilitated a nuanced comprehension of how social enterprises strategically manage their dependence on external resources while navigating complex institutional environments characterized by fragmented policies and evolving regulatory landscapes. Through this perspective, the synthesis elucidated the multifaceted challenges encountered by social enterprises, including economic volatility, infrastructural limitations, regulatory constraints, and governance weaknesses.

Furthermore, the analysis elucidated the crucial roles of community participation, public-private partnerships, and resource mobilization in promoting the sustainability of social enterprise models within Kenyan health systems. Notably, the synthesis also included critical reflections on the limitations inherent in the theoretical frameworks themselves. By examining internal organizational dynamics and the complexities of multi-stakeholder collaboration, the study offered a more holistic and contextually grounded evaluation of the feasibility and outcomes of social enterprises. This comprehensive approach not only enhances the understanding of factors influencing financial sustainability but also identifies pathways for strengthening the resilience and impact of social enterprise models in dynamic and resource-constrained health environments.

### **3.4 Quality Assessment**

The studies included in the analysis underwent a comprehensive evaluation to ensure methodological rigor, relevance, and contextual applicability, utilizing standardized

quality assessment tools tailored to specific study designs. Quantitative studies were assessed using instruments such as the Newcastle-Ottawa Scale or similar tools, focusing on critical aspects, including selection bias, comparability between groups, and the robustness of outcome assessments. Qualitative studies were evaluated against established criteria emphasizing credibility, transferability, dependability, and confirmability, with frameworks such as the Critical Appraisal Skills Programme (CASP) checklist guiding this process. In mixed-methods research, integrated appraisal approaches combine quantitative and qualitative evaluation criteria to provide a comprehensive assessment of methodological quality. This meticulous and multidimensional quality evaluation process ensured that the synthesis was informed exclusively by studies that demonstrated both methodological soundness and strong contextual relevance, thereby enhancing the validity and reliability of the conclusions of the systematic review.

### **3.5 Analytical Framework**

The analysis employed a comprehensive multi-theoretical framework by integrating resource dependence theory (RDT) and institutional theory to thoroughly investigate how social enterprises within Kenyan health systems strategically manage their reliance on external resources while navigating complex institutional environments characterized by fragmented policies and evolving regulatory landscapes. This integrative approach facilitates the detailed identification of critical challenges, including economic instability, infrastructural deficits, regulatory fragmentation, and governance weaknesses, which collectively affect the viability of social enterprises. Moreover, the framework highlighted the significant contributions of community participation, public-private partnerships, and effective resource mobilization as essential mechanisms underpinning the sustainability and resilience of these models. Notably, the analysis critically engaged with the limitations of RDT and institutional theory by incorporating perspectives on internal organizational dynamics, volatility of institutional contexts, and the intricate nature of multi-stakeholder collaborations. This enriched theoretical lens allowed for a nuanced and context-sensitive evaluation of social enterprise feasibility and outcomes, capturing both the external

dependencies and internal adaptive capacities necessary for achieving financial sustainability within Kenya's dynamic health sector.

### **3.6 Justification and Alignment with PRISMA**

The methodology strictly adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure the highest standards of transparency, reproducibility, and methodological rigor throughout the systematic review process. A comprehensive and meticulously crafted search strategy was employed to encompass a broad and pertinent body of literature, thereby ensuring inclusivity across diverse study designs and contexts relevant to social enterprise models within Kenyan health systems. Explicit inclusion and exclusion criteria were clearly delineated and consistently applied to maintain focus and relevance while minimizing selection bias. Dual independent screening and data extraction by separate reviewers enhanced the objectivity and reliability of the data collection process, with discrepancies resolved through structured consensus to ensure accuracy. A structured quality assessment utilizing standardized tools further ensured that only methodologically sound and contextually applicable studies informed the review.

Given the substantial heterogeneity observed across included studies in terms of research designs (e.g., case studies, quantitative surveys, and qualitative inquiries), target populations, and outcome measures, a narrative synthesis approach was utilized. This method allowed for the coherent integration of diverse empirical and theoretical evidence, facilitating a comprehensive and nuanced understanding while accommodating variations in methodologies and contextual factors that precluded a meta-analysis. This method enabled a comprehensive and nuanced understanding of the feasibility and outcomes associated with social enterprise models. It facilitated the identification of key themes and patterns while accommodating variations in methodologies and contextual factors. Collectively, this systematic and multi-layered methodology establishes a robust and credible evidence base, offering valuable insights to inform policy formulation, strategic planning, and practical implementation aimed at enhancing the financial sustainability of social enterprise models within Kenyan health systems.

The systematic review methodology employed in this study offers a rigorous, well-structured, and comprehensive framework for critically evaluating both the opportunities and limitations of social enterprise models in enhancing financial sustainability within Kenyan health systems. By systematically synthesizing diverse empirical studies and integrating robust theoretical frameworks—specifically, resource dependence theory and institutional theory—this review provides a nuanced understanding of how these models navigate complex contextual factors, such as regulatory environments, governance structures, infrastructural constraints, and economic volatility. This multidimensional analysis illuminated key feasibility factors and operational outcomes and underscored the critical roles of stakeholder collaboration, resource mobilization, and adaptive governance in fostering resilience. Consequently, the methodology generated actionable insights that bridge theoretical perspectives with practical realities, equipping policymakers, practitioners, and researchers with a solid evidence base to inform strategic decision-making, policy formulation, and the design of sustainable social enterprise interventions tailored to Kenya’s dynamic health sector landscape.

## **4. Results and Discussion**

### **4.1 Feasibility of Implementing Social Enterprise Models in Kenyan Health Systems**

The systematic review shows that social enterprise models in Kenyan health systems are feasible, contingent upon critical factors. Regulatory frameworks, governance capacity, infrastructure, and stakeholder collaboration are pivotal determinants of implementation success. The fragmentation of the Kenyan regulatory environment limits the operational flexibility of social enterprises, constraining their adaptation to market demand (Moses et al., 2021; Chandra et al., 2021). Infrastructure limitations are notable, with only 58% of healthcare facilities equipped to support innovative financing models, posing challenges to scalability and service delivery (Moses et al., 2021; Dzinamarira et al., 2025). Governance structures vary; for instance, Moses et al. (2021) reported that 40% of social enterprises faced difficulties from weak institutional support and inconsistent leadership, undermining strategic coherence. Stakeholder collaboration between the public and private sectors remains underdeveloped, impeding resource mobilization and co-financing opportunities

essential for sustainability (Chandra et al., 2021; Pereira et al., 2021). However, strong community involvement has emerged as a critical enabling factor, allowing social enterprises to partially circumvent institutional constraints through local engagement (Chandra et al., 2021; Henderson et al., 2019). These findings align with resource dependence theory (RDT), which emphasizes the need for organizations to manage external resource dependencies for sustainability. Institutional theory highlights regulatory compliance and legitimacy within complex institutional environments (Liang & Gao, 2025). These factors show that social enterprise model feasibility in Kenya depends heavily on the external institutional context, marked by fragmented policies, infrastructural deficits, governance weaknesses, and varying stakeholder collaboration.

#### **4.2 Outcomes of Social Enterprise Models in Kenyan Health Systems**

Social enterprises in Kenya have demonstrated positive outcomes in terms of enhancing healthcare accessibility, operational efficiency, and progress toward financial autonomy. These models expand the service reach by leveraging community participation and innovative revenue-generating activities, effectively addressing the gaps left by conventional funding mechanisms (Chandra et al., 2021; Dzinamarira et al., 2025). Gains in operational efficiency arise from streamlined service delivery processes and optimized resource utilization, which contribute significantly to financial independence (Moses et al., 2021; Mervyn et al., 2019). However, persistent economic volatility, illustrated by an average annual inflation rate of 5.7%, undermines revenue stability, escalates operational costs, and complicates the financial planning of these enterprises (Moses et al., 2021; Schwab et al., 2025). Despite these challenges, social enterprises play a critical role in diversifying funding sources and reducing dependence on external aid, thereby strengthening the resilience of health systems (Chandra et al. 2021; Pereira et al. 2021). These outcomes reflect the dual mission of social enterprises to balance social impact with financial viability, as conceptualized within the Social Enterprise Business Model Framework, which integrates entrepreneurial strategies with social objectives while emphasizing governance and multi-stakeholder collaboration (Ameso, 2024; Mervyn et al., 2019). Evidence indicates that although these

outcomes are promising, their sustainability hinges on effectively addressing systemic economic and infrastructural constraints, including fragmented regulatory environments and limited infrastructure capacity (Moses et al., 2021; Chandra et al., 2021; Dzinamarira et al., 2025).

### **4.3 Challenges Affecting Financial Sustainability**

This review identifies the key challenges that constrain the financial sustainability of social enterprises within Kenyan health systems. Economic instability, with an average annual inflation rate of 5.7%, undermines revenue stability and increases costs, thereby impeding financial autonomy (Moses et al. 2021). Regulatory fragmentation, with cumbersome approval processes and policy incoherence, restricts the adaptability essential for social enterprises (Moses et al., 2021; Chandra et al., 2021). Infrastructural deficits remain a barrier, with only 58% of healthcare facilities equipped to support innovative financing models, thereby limiting service delivery capacity (Moses et al., 2021). Governance weaknesses exacerbate these challenges; approximately 40% of social enterprises report difficulties in maintaining direction due to weak institutional support and ineffective stakeholder collaboration (Moses et al., 2021). Resource mobilization persists as a bottleneck; one study by Chandra et al. (2021) indicated that 65% of enterprises struggled to mobilize local resources without external assistance, highlighting limitations in community participation. Limited public-private partnerships constrain access to co-financing opportunities and technical support, thereby restricting enterprises' ability to leverage stakeholder networks (Chandra et al., 2021; Moses et al., 2021).

The findings highlight the critical need for systemic reforms to improve regulatory coherence, governance capacity, and partnership frameworks, thereby creating a conducive environment for social enterprises. Theoretical perspectives from resource dependence theory (RDT) and institutional theory provide insights into these constraints by emphasizing social enterprises' reliance on external resources and the necessity of institutional legitimacy as central to sustainability challenges. Nonetheless, the review also recognizes the limitations of these theories in fully addressing internal organizational dynamics and the volatility of Kenya's institutional environment, characterized by fragmented policies and evolving regulatory

landscapes, which complicate sustained financial viability (Chandra et al., 2021; Moses et al., 2021).

#### **4.4 Role of Community Participation, Public-Private Partnerships, and Resource Mobilization**

Community participation is a critical enabler of social enterprise sustainability, fostering local ownership, trust, and resource contributions (Chandra et al., 2021; Moses et al., 2021). However, reliance on community resources alone is insufficient to bridge funding gaps, necessitating diversified income streams to ensure financial viability (Chandra et al., 2021; Mervyn et al., 2019). Public-private partnerships (PPPs) offer significant potential to enhance financial sustainability by facilitating access to co-financing, technical expertise, and policy support (Pereira et al., 2021; Chandra et al., 2021). Nevertheless, the current landscape in Kenya reveals limited and fragmented PPP engagement, undermining the scalability and impact of social enterprises (Moses et al., 2021; Chandra et al., 2021). Effective resource mobilization strategies that integrate community inputs with formal partnerships are essential for overcoming funding constraints (Dzinamarira et al., 2025; Chandra et al., 2021). This triadic relationship is vital for building resilient and sustainable social enterprise models capable of adapting to economic and institutional volatility (Resource Dependence Theory; Institutional Theory). The integrative analytical framework used in this study underscores the importance of multi-stakeholder collaboration and governance mechanisms in aligning social missions with financial objectives. Strengthening these linkages is imperative to enhance the feasibility and outcomes of social enterprise models in Kenyan health systems (Moses et al., 2021; Chandra et al., 2021).

#### **4.5 Theoretical Implications and Framework Limitations**

Resource dependence theory (RDT) and institutional theory provide frameworks for understanding external resource dependencies and institutional pressures that influence the sustainability of social enterprises within Kenyan health systems (Moses et al., 2021; Chandra et al., 2021). RDT explains the strategic management of resource constraints and stakeholder interdependencies by social enterprises to

sustain viability (Mervyn et al., 2019; Dzinamarira et al., 2025), while institutional theory emphasizes regulatory and normative environments in conferring legitimacy and shaping organizational behavior (Pereira et al., 2021; Chandra et al., 2021). However, both theories have limitations when applied to Kenya's dynamic institutional context, as they inadequately capture internal organizational resilience and adaptive governance mechanisms needed to navigate infrastructural deficits and economic fluctuations (Moses et al., 2021; Schwab et al., 2025). Furthermore, socio-technical complexities, such as the impact of digital health innovations on workforce dynamics and service delivery, remain underexplored within these frameworks (Ameso, 2024). The social enterprise business model framework, while combining social missions with entrepreneurial strategies, overemphasizes assumptions of governance stability and effective multistakeholder collaboration, often constrained by fragmented policies and weak institutional support in Kenya (Chandra et al., 2021; Moses et al., 2021). These gaps underscore the need for a context-sensitive framework that incorporates organizational adaptability, institutional fluidity, and socio-technical factors to better reflect the challenges facing social enterprises in Kenya (Dzinamarira et al., 2025; Ameso, 2024). Such a framework would enhance the understanding of how social enterprises can achieve financial sustainability and contribute to health system resilience amid infrastructural, economic, and regulatory volatility (Moses et al., 2021; Chandra et al., 2021).

#### **4.6 Policy and Practice Implications**

The findings highlight the pressing need for policy interventions aimed at streamlining regulatory frameworks, enhancing governance capacity, and fostering robust public-private partnerships to support the growth of social enterprises (Moses et al., 2021; Chandra et al., 2021). Strengthening infrastructure, particularly within healthcare facilities, is crucial for enabling innovative financing models, as only 58% of the facilities currently support such initiatives (Moses et al., 2021). Capacity-building initiatives focused on governance and strategic management within social enterprises can enhance organizational resilience and financial planning, addressing the fact that 40% of enterprises struggle with weak institutional support (Chandra et al., 2021; Moses et al., 2021). Encouraging diversified resource mobilization

strategies that integrate community participation with formal partnerships will enhance sustainability, given that reliance solely on community resources has proven insufficient (Chandra et al., 2021; Mervyn et al., 2019). Policymakers and practitioners should also consider the cautious integration of digital health innovations, taking into account potential sociological disruptions that may impact workforce dynamics and service delivery (Ameso, 2024). Overall, a systemic approach that aligns institutional reforms with organizational strengthening and stakeholder collaboration is essential for unlocking the full potential of social enterprise models in enhancing financial sustainability within Kenyan health systems (Dzinamarira et al., 2025; Moses et al., 2021).

## **5. Conclusions of the Study**

This systematic review evaluates social enterprise models for financial sustainability in Kenyan health systems. The findings show that social enterprises improve financial sustainability by integrating social missions with entrepreneurial strategies suited to the Kenyan context. Feasibility depends on regulatory frameworks, governance capacity, infrastructure readiness, and stakeholder collaboration. Despite the challenges of fragmented policies and infrastructural deficits, social enterprises enhance healthcare accessibility and progress toward financial autonomy. Social enterprise models help diversify funding sources and reduce external aid dependence, strengthening health system resilience. Community participation is crucial but insufficient alone, requiring public-private partnerships for sustainable financing. The study's framework, combining resource dependence theory and institutional theory, shows how social enterprises navigate external dependencies and institutional pressures. The findings advocate for policy reforms to streamline regulations, enhance governance, and foster multi-stakeholder collaborations. Strengthening healthcare infrastructure and investing in governance capacity within social enterprises are vital for financial viability. Digital health innovations should be pursued carefully to mitigate workforce disruptions while improving service delivery. This study advances health systems literature by analyzing social enterprise models in low-and middle-income settings, providing insights for policymakers to

implement sustainable interventions that enhance health system performance in Kenya and similar contexts.

## **6. Limitations of the study**

This study had several limitations when interpreting its findings. First, the systematic review was constrained by the available literature on the quality of social enterprise models in Kenyan health systems, limiting the generalizability of the conclusions. The heterogeneity of study designs and outcomes poses challenges for synthesis, which requires a narrative approach rather than meta-analysis. Second, while resource dependence theory and institutional theory provide an analytical framework, they have limitations in capturing the organizational dynamics and sociotechnical complexities that influence social enterprise sustainability. Third, the focus of this review on Kenyan health systems and comparable low-income countries may restrict the applicability of the findings to different contexts, particularly high-income settings. Fourth, although data extraction and quality assessments were rigorously conducted, they were subject to potential bias in qualitative synthesis. Finally, the dynamic nature of institutional environments and economic conditions in Kenya means that social enterprise outcomes may change rapidly, limiting the temporal relevance of the review. Future research should address these gaps through longitudinal studies, exploring organizational resilience, and integrating sociotechnical perspectives to develop frameworks for assessing social enterprise sustainability.

## **7. Recommendations of the study**

This study recommends that policymakers prioritize harmonizing regulatory frameworks to reduce fragmentation and enhance the operational flexibility of social enterprises in Kenyan health systems. Strengthening governance capacity through targeted initiatives is essential to improve strategic management and institutional support. Enhancing healthcare infrastructure, particularly facilities equipped with innovative financing models, is critical for scaling these enterprises. Robust public-private partnerships should be pursued to expand access to co-financing, expertise, and policy support, enabling enterprises to diversify funding and reduce external aid

dependence. Resource mobilization strategies must integrate local engagement with formal partnerships and revenue-generating activities for financial viability. Given the growing role of digital health innovations, careful integration is advised, considering the sociotechnical impacts on the workforce and service delivery. Policymakers should adopt a systemic approach that aligns institutional reforms with organizational strengthening and multi-stakeholder collaboration, fostering an environment that supports adaptive governance. Future interventions should develop context-sensitive frameworks incorporating organizational adaptability and sociotechnical complexities, with continuous monitoring to inform improvements. These recommendations aim to unlock the potential of social enterprise models for financial and health system resilience in Kenya and similar low-and middle-income contexts.

## **8. Originality/ Novelty of the study**

This study presents a novel and significant contribution to the health systems literature by systematically examining the feasibility and outcomes of social enterprise models within Kenyan health systems, a context characterized by unique infrastructural, economic, and regulatory challenges. In contrast to previous research that focuses predominantly on high-income settings or provides generalized analyses, this review integrates empirical evidence and theoretical frameworks tailored to low-and middle-income countries, thereby addressing a critical gap in the understanding of how social enterprises navigate complex institutional environments marked by fragmented policies, economic volatility, and governance weaknesses. By integrating resource dependence theory and institutional theory with a contextualized social enterprise business model framework, this study advances the theoretical discourse by demonstrating *how* their combined application illuminates the interplay between external pressures, institutional legitimacy needs, and internal adaptive capacities essential for social enterprise survival in volatile LMIC contexts, a nuance often missed by singular theoretical lenses. Furthermore, the incorporation of sociotechnical considerations, such as the impact of digital health innovations on workforce dynamics, highlights an emerging dimension that is often overlooked in existing models. This systematic and multilayered methodology, aligned with the

Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, ensures methodological rigor and contextual relevance, producing actionable insights for policymakers and practitioners aiming to enhance financial sustainability and resilience in Kenyan health care systems. This integrative approach not only enriches academic understanding but also informs practical interventions by identifying critical enablers and barriers unique to Kenya's health sector, thereby offering a comprehensive framework adaptable to similar resource-constrained environments.

### Conflicts of Interest

The author declares that there are no conflicts of interest related to the authorship or publication of this manuscript.

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