

**PUBLIC-PRIVATE PARTNERSHIP AND PERFORMANCE OF THE HEALTH
SECTOR IN NANDI COUNTY**

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CHAPTER ONE

INTRODUCTION

Overview

This chapter focuses on the background to the study, statement of the problem, purpose of the study, objectives of the study, research questions, and assumptions of the study, significance of the study, scope of the study, conceptual framework, and definition of key study variables.

1.1.0 Background to the Study

The private sector plays a significant role in delivering health care to people. By some estimates, more than one-half of all health care—even to the poorest people—is provided by private doctors, other health workers, drug sellers, and other non-state actors. This reality creates problems and potential. By and large, developing country health policy and donor-supported health programs fail to address the problems, or capture the potential of the private sector in health. Interest is growing, within the donor community and among policymakers in developing country governments, to find ways to work with the private sector to accelerate progress toward high priority health objectives. However, governments in many low and middle-income countries lack the essential skills and tools (for example, public-private partnership guidelines) to do this effectively (WHO, 2007).

In most countries, the government cannot fully meet the health needs of the people with public resources alone. While universal access to key health services such as family planning, maternal health care, and prevention of HIV/AIDS and other sexually transmitted infections is critical to achieving the United Nation's Millennium Development Goals (UN, 2008) that access is far from becoming a reality. The private sector provides a complementary means to expand health