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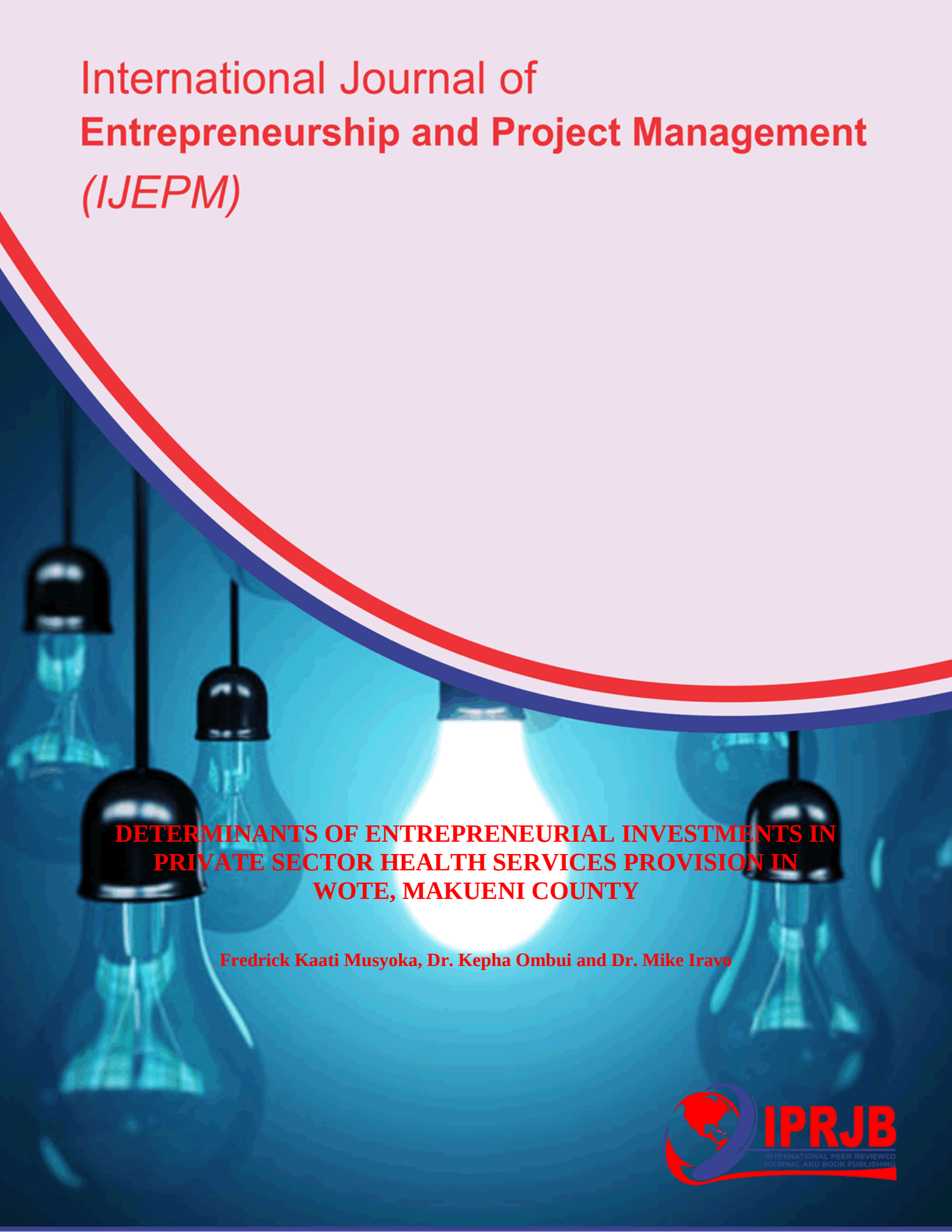

DETERMINANTS OF ENTREPRENEURIAL INVESTMENTS IN PRIVATE SECTOR HEALTH SERVICES PROVISION IN WOTE, MAKUENI COUNTY

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DETERMINANTS OF ENTREPRENEURIAL INVESTMENTS IN PRIVATE SECTOR HEALTH SERVICES PROVISION IN WOTE, MAKUENI COUNTY

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Abstract

Purpose: To establish the determinants of entrepreneurial investments in private sector health services provision in Wote, Makueni County.

Methodology: The study utilized a descriptive research design.

Findings: Results showed that economic incentives, existence of private capital, qualified medics and practitioners and purchasing power of the local population influences entrepreneurial investment in private sector health service provision in Wote, Makueni County. The study concluded that economic incentives, existence of private capital, qualified medics and practitioners and purchasing power of the local population influences entrepreneurial investment in private sector health service provision in Wote, Makueni County.

Unique contribution to theory, practice and policy: The study will add to the body of knowledge on the factors that affect private entrepreneurs from investing in quality health services in the Makueni County and how can those hindering factors be overcome. The study results will be an addition to the body of knowledge, useful to researcher and academicians alike. The study findings will be beneficial to the private sector entrepreneurs who upon getting the factors that affect investing in the health sector in Makueni County will be able to address those factors and get involved in investing in this lucrative health sector at the county level. Furthermore, the study will provide valuable information to not only the national government but the more so the county government and by using the findings the county government will draw up favourable policies that will stimulate private sector involvement in the establishment of quality health care services and other incentives that can spur county economic growth.

Keywords: *Entrepreneurial Investments, Economic Incentives, Private Capital, Purchasing Power, Service Provision*

INTRODUCTION

Background

Health care provision accounts for roughly half the investment opportunity, with the remainder split across distribution and retail, pharmaceutical and medical product manufacturing, insurance, and medical education. WHO (2010) observes that private provision is a substantial and growing sector that is capturing an increasing share of the health market across the world. The most significant factor encouraging the privatization of health services is the advent of neoliberal ideas as applied to health care sector policy (Maarse, 2011).

Private sector health providers are health care providers who work outside the direct control of the state. In developing countries, those describing private sector health providers often include both for-profit and not-for-profit providers. The characteristics of private sector health providers are very different in terms of their legal status, training, facility base, nature and complexity of product or service provided and proportion of time spent in private practice (Brugha & Hanson, 2000).

The private health sector includes, among other types of businesses: health service providers consisting of primary care, hospitals, clinics, hospices, elderly and residential care, psychiatric care, occupational health, alternative medicine, traditional medicine, ambulances, diagnostic services, and telemedicine models; retailers and distributors which constitute pharmacies, drug shops, and pharmaceutical distributors; medical education and training institutes which encompass medical schools, nursing and paramedical schools, and eLearning platforms; financing entities which entails health management organizations (HMOs), medical plans, insurance companies, and other risk-pooling entities; and manufacturing comprising of manufacturers of pharmaceuticals, medical supplies, medical equipment, and biosciences (IFC, 2011).

The Kenyan government spending on health care has not kept pace with the growing population and the need for preventive medicine and health promotion, which with rural health care receives less than 20 per cent of the budget. Kenya is caught in the classic bind of a poor capitalist economy in a harsh global market. The major constraint on government spending is that devoting more resources to health would compromise overall growth and employment goals (Kimalu, 2011). However, constraints also apply to the private sector. High domestic interest rates exceed the margins of the not-for-profit hospitals, making it impossible to borrow money for investment in new technology or improved capacity (Stenton, 2012).

The International Finance Corporation (IFC) reports that the private health sector in Kenya is vibrant and the government supports it. The private sector leading entrepreneurs have also taken lead in investing in the health sector thereby providing high end quality health care. The report also posits that half of all the hospitals are private and the quality of public health has been declining (IFC, 2012). However, there is little doubt that the efficiency of Kenya's public sector hospitals is inadequate, although factors driving this include insufficient numbers of professional staff, shortages of consumables or breakdowns of equipment leading to non-functioning theatres and laboratories, and problems importing or paying for drugs and supplies (Owino & Korir, 2013).

The expansion of the private sector has been hampered by the lack of insurance cover and the inability of most of the population to pay a viable fee for treatment, especially in the rural areas (Wang'ombe, 2010). Despite a rapid growth of non-government providers, (Berman et al. 2013) found very limited evidence on the quality and efficiency of the services they provide, and that regulation is weak. However, many private facilities are also under-resourced, and offer questionable quality of care. A 2008 survey found that less than a third of Kenya's private clinics offered laboratory services (ICHRSI, 2008). A study in 2011 by DDM found that there is no clear evidence that the private sector is more efficient than the public sector (Berman et al., 2013).

Despite the increase of entrepreneurial investment in the health sector, Makueni County seems to be lagging behind hence precipitating the question (s) as to whether there are peculiar factors that hinder entrepreneurs from investing in County. This research will aim at establishing the factors that affect the involvement of private entrepreneurs from investing in the provision of health services in Makueni County.

Statement of the Problem

Healthcare today is the world's largest and fastest growing industry (IFC, 2011). In Kenya, the private sector leading entrepreneurs have also taken lead in investing in the health sector thereby providing high end quality health care. It is well known that the government is not able to cope with demand of the healthcare services thus creating a big opportunity for private healthcare to fill up this gap. As such there is a huge growth potential for the private players in this growing market (Barnes, Hanlon, Feeley III, McKeon, Gitonga & Decker, 2011). However, Makueni County seems to be lagging behind private sector investments in the health sector. Constitution and Reform Education Consortium [CRECO], (2015) report reveals that the health sector in Makueni County is characterized by lack of essential supplies, poor infrastructure, unaffordable services and the private health facilities are situated away from the people. This precipitates the question (s) as to whether there are peculiar factors that hinder entrepreneurs in the health sector from investing in this Makueni County. Hence, the study therefore sought to establish the determinants of entrepreneurial investments in private sector health services provision in Wote, Makueni County.

Objectives of the Study

- To establish the extent to which economic incentives have influenced entrepreneurial investment in health service provision in Wote, Makueni County.
- To analyze the influence of existence of private capital on entrepreneurial investment in private sector health service provision in Wote, Makueni County.
- To establish the influence of qualified medics and practitioners on entrepreneurial investment in private sector health service provision in Wote, Makueni County.
- To determine how the purchasing power of local population influences entrepreneurial investment in private sector health service provision in Wote, Makueni County.

Theoretical Review

Mark Casson's Economic Theory

This theory attempts to synthesize some of these entrepreneurial attributes and concepts that were discussed by other major writers. Casson recognizes that the entrepreneur will have different skills (Deakins & Freel, 2009). It is skills and knowledge that enables the entrepreneur to make judgements and to coordinate scarce resources.

According to Casson (1982), the entrepreneur makes judgemental decisions that involve the reallocation of resources. The theory emphasized that lack of capital may be a barrier for successful entrepreneurship. This is because entrepreneurs require command over resources if they are to back their judgements and decisions. The theory also asserts that an entrepreneur operates within a set of technological conditions, by making difficult judgemental decisions they are able to enjoy the reward of bearing risk (Deakins & Freel, 2009). The desire for profit and the ability to judge enables the entrepreneur to coordinate demand and supply under uncertainty (Deakins & Freel, 2009). According to Deakins and Freel (2009), the theory views change as an accompaniment to entrepreneurship and it is the pace of change that provides opportunities. Further, the theory considers various economic factors that encourage or discourage entrepreneurship. These include, taxation policy, industrial policy, easy availability of raw materials, easy access to finance on favorable terms, access to information about market conditions, availability of technology and infrastructure and marketing opportunities. This theory informed this study since entrepreneurs require resources to be successful. Specifically, the theory was used to analyze the influence of existence of private capital on investment in private sector health service provision in Wote, Makueni County. It was also used in establishing the influence of qualified medics and practitioners on investment in private sector health service provision in Wote, Makueni County.

Discovery and Opportunity Theory of Entrepreneurship

The opportunity-based theory is anchored by Peter Drucker and Howard Stevenson. An opportunity-based approach provides a wide-ranging conceptual framework for entrepreneurship research (Fiet, 2002; Shane, 2000). This theory asserts that entrepreneurs do not cause change (as claimed by the Schumpeterian or Austrian school) but exploit the opportunities that change (in technology, consumer preferences etc.) creates (Drucker, 1985).

The theory further defines entrepreneur and entrepreneurship, the entrepreneur always searches for change, responds to it, and exploits it as an opportunity". What is apparent in Drucker's opportunity construct is that entrepreneurs have an eye more for possibilities created by change than the problems (Drucker, 1985). This theory was used in establishing the extent to which economic incentives has influenced investment in private sector health service provision in Wote, Makueni County.

METHODOLOGY OF THE STUDY

This study used a descriptive survey design. The target population for this study was all the medical practitioners in the 14 private health providers licensed and operating in Wote, Makueni County as at 31st December 2015. This study used a formula to calculate the sample. The sample

size was 146 medical practitioners. The study used simple random sampling to select the medical practitioners. Random sampling ensured that the study eliminated bias in its choice of respondents. The study used primary data gathered by use of a structured and semi-structured questionnaire. The questionnaires was self administered using a drop and pick method. A pilot study was undertaken on 10% (15) of the medical practitioners to test the reliability and validity of the questionnaire**.** The completed questionnaires was analyzed for consistency and then coded. The coded questionnaires were then analyzed using the Statistical Packages for Social Scientist (SPSS). Analysis of the data collected focused on both the descriptive statistics (frequencies and percentages) and inferential statistics (Pearson Product Moment Correlation Coefficients and multiple regression coefficients. The analyzed data was presented in frequency tables and charts.

RESULTS OF THE STUDY

Response Rate

The number of questionnaires that were administered to the employees was 146. A total of 121 questionnaires were properly filled and returned. This represented an overall response rate of 82.9% as shown on Table 1.

Table 1: Response Rate

Response	Frequency	Percent
Returned	121	82.9
Unreturned	25	17.1
Total	**146**	**100**

Reliability

The cronbach alpha was calculated in a bid to measure the reliability of the questionnaire. This was done by subjecting the questionnaire to 15 medical practitioners. All the variables were reliable since their cronbach alpha was above 0.7 which was used as a cut-off of reliability for the study. Table 2 shows the reliability results.

Table 2: Reliability

Variable	No of Items	Respondents	α=Alpha	Comment
Entrepreneurial Investment	5	15	0.794	Reliable
Economic Incentives	5	15	0.710	Reliable
Existence o Private Capital	5	15	0.738	Reliable
Qualified Medics and Practitioners	5	15	0.713	Reliable
Purchasing Power of the Local Population	9	15	0.774	Reliable

Demographic Characteristics

Demographic results also shows that 67% of the respondents were male while 33% were female. Results also showed that 33.1% of the respondents indicated that they were aged between 26-35 years, 28.9% were aged between 46-55 years, 28.1% were aged between 36-45 years while only 9.9% were aged below 25 years. Results also showed that 66.1% of the respondents had attained

education up to college level, 28.9% had attained education up to the university level while only 5% had attained education up to post graduate level. Further, results revealed that 44% of the respondents indicated that they had worked as medical practitioners for more than 7 years, 26% of the respondents indicated 5-7 years, 24% of the respondents indicated 2-5 years while only 6% of the respondents indicated less than 1 year. Demographic results also showed that 45.5% of the medical practitioners were nurses, 27.3% of the medical practitioners were laboratory technicians, 18.2% of the medical practitioners were clinical officers while only 9.1% of the medical practitioners were doctors.

Descriptive Statistics

Economic Incentives

The first objective was to establish the extent to which economic incentives have influenced entrepreneurial investment in health service provision in Wote, Makueni County. The respondents were asked to respond to statements on the influence of economic incentives. The responses were rated on a five point likert scale as presented in Table 3. Results revealed that majority (68.6%) of the respondents agreed with the statement that tax incentives for new health care businesses influence entrepreneurial investment in private sector health service provision. Results also revealed that majority (91.7%) agreed with the statement that the clarity of regulations influences entrepreneurial investment in private sector health service provision.

Further, results revealed that majority (74.4%) agreed with the statement that availability of licenses influences entrepreneurial investment in private sector health service provision. Results also revealed that majority (80.2%) agreed with the statement that flexibility of hiring medical staff influences entrepreneurial investment in private sector health service provision while majority (85.2%) agreed with the statement that regulatory schemes for health professionals' influences entrepreneurial investment in private sector health service provision. On a five point scale, the average mean of the responses was 4.1. This means that majority of the respondents were agreeing to the statements on the influence of economic incentives

Table 3: Economic Incentives

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean
Tax incentives for new health care businesses.	2.5%	3.3%	25.6%	33.9%	34.7%	4.0
Clarity of regulations.	0.8%	3.3%	4.1%	37.2%	54.5%	4.4
Availability of licenses.	0.0%	0.8%	24.8%	53.7%	20.7%	3.9
Flexibility of hiring medical staff.	5.0%	0.8%	14.0%	65.3%	14.9%	3.8
Regulatory schemes for health professionals'.	2.5%	0.8%	11.6%	36.4%	48.8%	4.3
Average						**4.1**

Existence of Private Capital

The second objective was to analyze the influence of existence of private capital on entrepreneurial investment in private sector health service provision in Wote, Makueni County. The respondents were asked to respond to statements on the influence of existence of private capital. The responses were rated on a five point likert scale as presented in Table 4. Results revealed that majority (71.1%) agreed with the statement that the cost of medical equipment influence entrepreneurial investment in private sector health service provision. Results also revealed that majority (71%) agreed with the statement that the cost of building or renting houses influences entrepreneurial investment in private sector health service provision.

Further, results revealed that majority (53.7%) agreed with the statement that the cost of drugs influences entrepreneurial investment in private sector health service provision. Results also revealed that majority (71.9%) agreed with the statement that the cost of hiring medics influences entrepreneurial investment in private sector health service provision while majority (82.7%) agreed with the statement that the cost related to governmental requirements such as licensing influences entrepreneurial investment in private sector health service provision. On a five point scale, the average mean of the responses was 3.7 which is approximately 4.0. This means that majority of the respondents were agreeing to the statements on the influence of existence of private capital.

Table 4: Existence of Private Capital

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean
The cost of medical equipment.	7.4%	9.1%	12.4%	53.7%	17.4%	3.6
The cost of building or renting houses.	4.1%	4.1%	20.7%	47.9%	23.1%	3.8
The cost of drugs.	11.6%	8.3%	26.4%	42.1%	11.6%	3.3
The cost of hiring medics.	4.1%	3.3%	20.7%	46.3%	25.6%	3.9
The cost related to governmental requirements such as licensing.	1.7%	1.7%	14.0%	57.9%	24.8%	4.0
Average						**3.7**

Qualified Medics and Practitioners

The third objective was to establish the influence of qualified medics and practitioners on entrepreneurial investment in private sector health service provision in Wote, Makueni County. The respondents were asked to respond to statements on the influence of qualified medics and practitioners. The responses were rated on a five point likert scale as presented in Table 5. Results revealed that majority (95.9%) agreed with the statement that the medics and practitioners social skills influence entrepreneurial investment in private sector health service provision. Results also revealed that majority (91.7%) agreed with the statement that the medics and practitioners technical skills influence entrepreneurial investment in private sector health service provision.

Further, results revealed that majority (89.2%) agreed with the statement that the medics and practitioners conceptual skills influence entrepreneurial investment in private sector health

service provision. Results also revealed that majority (90.1%) agreed with the statement that the medics and practitioners experience influences entrepreneurial investment in private sector health service provision while majority (83.4%) agreed with the statement that medics and practitioners knowledge influences entrepreneurial investment in private sector health service provision. On a five point scale, the average mean of the responses was 4.3. This means that majority of the respondents were agreeing to the statements on the influence of qualified medics and practitioners.

Table 5: Qualified Medics and Practitioners

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean
The medics and practitioners social skills.	2.5%	0.0%	1.7%	29.8%	66.1%	4.6
The medics and practitioners technical skills.	0.0%	1.7%	6.6%	53.7%	38.0%	4.3
The medics and practitioners conceptual skills.	0.0%	3.3%	7.4%	47.9%	41.3%	4.3
The medics and practitioners experience.	1.7%	3.3%	5.0%	62.0%	28.1%	4.1
The medics and practitioners knowledge.	3.3%	5.8%	7.4%	41.3%	42.1%	4.1
Average						**4.3**

Purchasing Power of the Local Population

The fourth objective was to determine how the purchasing power of local population influences entrepreneurial investment in private sector health service provision in Wote, Makueni County. The respondents were asked to respond to statements on the influence of purchasing power of local population. The responses were rated on a five point likert scale as presented in Table 6. Results reveal that majority (74.4%) agreed with the statement that the purchasing power of consultancy by the local populations influences entrepreneurial investment in private sector health service provision.

Results also revealed that majority (93.4%) agreed with the statement that the purchasing power of drugs by the local populations influences entrepreneurial investment in private sector health service provision. Further, results reveal that majority (86.8%) agreed with the statement that the purchasing power of laboratory services by the local populations influences entrepreneurial investment in private sector health service provision. Results also revealed that majority (91.7%) agreed with the statement that the purchasing power of supportive devices (such as clutches) by the local populations influences entrepreneurial investment in private sector health service provision while majority (90.1%) agreed with the statement that the purchasing power of dental services by the local populations influences entrepreneurial investment in private sector health service provision.

Further, results reveal that majority (87.6%) agreed with the statement that the purchasing power of maternity services by the local populations influences entrepreneurial investment in private sector health service provision while (94.3%) agreed with the statement that the purchasing

power of prenatal and postnatal care by the local populations influences entrepreneurial investment in private sector health service provision. Results also revealed that majority (89.3%) agreed with the statement that the purchasing power of antenatal care by the local populations influences entrepreneurial investment in private sector health service provision while majority (62.8%) of the respondents agreed with the statement that the purchasing power of family planning services by the local populations influences entrepreneurial investment in private sector health service provision. On a five point scale, the average mean of the responses was 4.1. This means that majority of the respondents were agreeing to the statements on the influence of purchasing power of local population.

Table 6: Purchasing Power of Local Population

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean
The purchasing power of consultancy by the local populations.	1.7%	5.8%	18.2%	39.7%	34.7%	4.0
The purchasing power of drugs by the local populations.	3.3%	0.8%	2.5%	43.8%	49.6%	4.4
The purchasing power of laboratory services by the local populations.	5.0%	5.0%	3.3%	47.1%	39.7%	4.1
The purchasing power of supportive devices (such as clutches) by the local populations.	0.0%	2.5%	5.8%	50.4%	41.3%	4.3
The purchasing power of dental services by the local populations.	3.3%	0.8%	5.8%	57.0%	33.1%	4.2
The purchasing power of maternity services by the local populations.	0.0%	6.6%	5.8%	51.2%	36.4%	4.2
The purchasing power of prenatal and postnatal care by the local populations.	1.7%	1.7%	2.5%	48.8%	45.5%	4.3
The purchasing power of antenatal care by the local populations.	3.3%	1.7%	5.8%	46.3%	43.0%	4.2
The purchasing power of family planning services by the local populations.	9.1%	19.8%	8.3%	35.5%	27.3%	3.5
Average						**4.1**

Entrepreneurial Investment

The respondents were asked to respond to questions on the entrepreneurial investment in private health sector. The respondents were asked to respond to statements on the entrepreneurial investment in private health sector. The responses were rated on a five point likert scale as presented in Table 7. Results reveal that majority (51.2%) agreed with the statement that there exist private dental clinics. Results also revealed that 47.9% of the respondents agreed with the statement that there exist private consultancy services.

Further, results reveal that majority (63.6%) agreed with the statement that there exist private maternity wards. Results also revealed that majority (52.0%) agreed with the statement that there exist private chemist/pharmacy services while majority (54.5%) agreed with the statement that there exist private laboratories. On a five point scale, the average mean of the responses was 3.5 which is approximately 4.0. This means that majority of the respondents were agreeing to the statements on entrepreneurial investment in private health sector.

Table 7: Entrepreneurial Investment

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean
There exist private dental clinics.	5.8%	28.1%	14.9%	35.5%	15.7%	3.3
There exist private consultancy services.	7.4%	21.5%	23.1%	13.2%	34.7%	3.5
There exist private maternity wards.	6.6%	9.9%	19.8%	35.5%	28.1%	3.7
There exist private chemist/pharmacy services.	7.4%	16.5%	24.0%	26.4%	25.6%	3.5
There exist private laboratories.	2.5%	17.4%	25.6%	32.2%	22.3%	3.5
Average						**3.5**

Inferential Statistics

Inferential analysis was conducted to generate correlation results, model of fitness, and analysis of the variance and regression coefficients.

Correlation Analysis

The Table 8 presents the results of the correlation analysis. The results show that economic incentives and entrepreneurial investment in private health sector are positively and significant related (r=0.751, p=0.000). The results further indicates that existence of private capital and entrepreneurial investment in private health sector are positively and significant related (r=0.446, p=0.000). It was further established that qualified medics and practitioners were positively and significantly related to entrepreneurial investment in private health sector (r=0.662, p=0.000).

Similarly, results showed that purchasing power of local population were positively and significantly related to entrepreneurial investment in private health sector (r=0.838, p=0.000).

Table 8: Correlation Matrix

Variable		Entrepreneurial Investment	Economic Incentives	Existence o Private Capital	Qualified Medics and Practitioners	Purchasing Power of the Local Population
Entrepreneurial Investment	Pearson Correlation	1				
	Sig. (2-tailed)					
Economic Incentives	Pearson Correlation	0.751	1			
	Sig. (2-tailed)	0.000				
Existence o Private Capital	Pearson Correlation	0.446	0.341	1		
	Sig. (2-tailed)	0.000	0.000			
Qualified Medics and Practitioners	Pearson Correlation	0.662	0.648	0.53	1	
	Sig. (2-tailed)	0.000	0.000	0.000		
Purchasing Power of the Local Population	Pearson Correlation	0.838	0.578	0.333	0.477	1
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	

** Correlation is significant at the 0.01 level (2-tailed).

Regression Analysis

Model Fitness

The results presented in Table 9 present the fitness of model used of the regression model in explaining the study phenomena. Economic incentives, existence of private capital, qualified medics and practitioners and purchasing power of the local population were found to be

satisfactory variables in explaining entrepreneurial investment in private health sector. This is supported by coefficient of determination also known as the R square of 0.835 which means 83.5%. This means that economic incentives, existence of private capital, qualified medics and practitioners and purchasing power of the local population explain 83.5% of the variations in the dependent variable which is entrepreneurial investment in private health sector. This results further means that the model applied to link the relationship of the variables was satisfactory.

Table 9: Model Fitness

Indicator	Coefficient
R	0.914
R Square	0.835

Analysis of Variance

In statistics significance testing the p-value indicates the level of relation of the independent variable to the dependent variable. If the significance number found is less than the critical value also known as the probability value (p) which is statistically set at 0.05, then the conclusion would be that the model is significant in explaining the relationship; else the model would be regarded as non-significant.

Table 10 provides the results on the analysis of the variance (ANOVA). The results indicate that the overall model was statistically significant. Further, the results imply that the independent variables are good predictors of entrepreneurial investment in private health sector. This was supported by an F statistic of 146.277 and the reported p value (0.000) which was less than the conventional probability of 0.05 significance level.

Table 10: Analysis of Variance

Indicator	Sum of Squares	df	Mean Square	F	Sig.
Regression	93.662	4	23.416	146.277	0.000
Residual	18.569	116	0.16		
Total	112.231	120			

Regression of Coefficients

Results in Table 11 shows that economic incentives and entrepreneurial investment in private health sector are positively and significantly related (β=0.530, p=0.000). This implies that an increase in the use of economic incentives by one unit would result to an increase in entrepreneurial investment in private health sector by 0.530 units. The table further indicates that existence of private capital and entrepreneurial investment in private health sector are positively and significantly related (β=0.154, p=0.020). This implies that an increase in existence of private capital by one unit would result to an increase in entrepreneurial investment in private health sector by 0.154 units. It was further established that qualified medics and practitioners and entrepreneurial investment in private health sector were positively and significantly related (β =0.329, p=0.004). This implies that an increase in qualified medics and practitioners by one unit would result to an increase in entrepreneurial investment in private health sector by 0.329 units. Further, results in Table 11 show that purchasing power of local population had a positive and significant relationship with entrepreneurial investment in private health sector (β =1.573,

p=0.000). This implies that an increase in the purchasing power of local population by one unit would result to an increase in entrepreneurial investment in private health sector by 1.573 units.

Table 11: Regression of Coefficients

Variable	B	Std. Error	t	Sig.
(Constant)	6.913	0.456	15.174	0.000
Economic Incentives	0.530	0.099	5.381	0.000
Existence of Private Capital	0.154	0.06	2.566	0.020
Qualified Medics and Practitioners	0.329	0.111	2.978	0.004
Purchasing Power of the Local Population	1.573	0.131	11.997	0.000

CONCLUSIONS

The study concluded that economic incentives, existence of private capital, qualified medics and practitioners and purchasing power of the local population influences entrepreneurial investment in private sector health service provision in Wote, Makueni County. Specifically, the study concluded that tax incentives for new health care businesses, the clarity of regulations, availability of licenses, flexibility of hiring medical staff and regulatory schemes for health professionals' were the particular aspects of economic incentives that influence entrepreneurial investment in private sector health service provision in Wote, Makueni County.

The study concluded that the cost of medical equipment, the cost of building or renting houses, the cost of drugs, the cost of hiring medics and the cost related to governmental requirements such as licensing were the particular aspects of existence of private capital that influence entrepreneurial investment in private sector health service provision in Wote, Makueni County. The study also concluded that the medics and practitioners social skills, technical skills, conceptual skills, experience and knowledge were the qualifications of the medics and practitioners that influence entrepreneurial investment in private sector health service provision in Wote, Makueni County. Further, the study concluded that purchasing power of various services such as consultancy, drugs, laboratory services, supportive devices (such as clutches), dental services, maternity services, prenatal and postnatal care, antenatal care and family planning services by the local populations influence entrepreneurial investment in private sector health service provision in Wote, Makueni County.

RECOMMENDATIONS

Based on the study findings, the study recommended that the government should give more tax incentives for new health care businesses as well make the procedure for obtaining licenses to operate private health facilities. This would encourage entrepreneurial investment in private health sector. Through this, people in the grassroots and particularly Wote in Makueni County would access health care more easily and this would drive the achievement of Vision 2030. The study also recommended that the government and other non-governmental organizations should donate medical equipment and drugs to private health facilities. This would accelerate the growth of private health facilities in Wote, Makueni County.

Further, study recommends that the government should clearly outline policies and standards to guide entrepreneurial investors in private health sector in the recruitment process of medical practitioners. This would ensure that these investors uphold the standards and thus ensure that patients receive proper care. The study also recommends that the government should encourage the people in Wote, Makueni County to take up medical insurance which would boost their purchasing power for various health services. The government should also collaborate with the entrepreneurial investors in private health sector to create awareness on the importance of some services offered in the health facilities such as family planning services, maternity services, prenatal, postnatal and antenatal care. This would improve their health status.

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