

Ill health has become a global crisis, affecting all levels of society. Increasingly affected is the business world, which is suffering not only on the loss of the workforce, but also in terms of losses in profits. This results in many challenges for both employers and employees. In Kenya, the emerging of new diseases and epidemics as well as drug resistance has gone beyond public health crisis to a personal, community and national development catastrophe. The efforts to contain this trend must be at individual, community and national levels. Companies and individual employers in the sub-Saharan Africa are spending a lot of money on medical insurance, treatment and burial costs for their workers. Most business organizations cannot quantify the losses they incur in monetary terms as a result of absenteeism from work due to hospital admissions and sickoffs. Permission to attend funerals or look after sick relatives as well as recruitment of new employees to replace those who have died or retired as a result of illnesses has also contributed. While studies have been carried out in other sectors such as education, agriculture and health on ill health, little has been carried out on demographic characteristics and ill health of employees in the private sector. This study was aimed at finding out the Demographic characteristics and ill health of employees in the Public and Private Sector. The study population comprised of employees of Postbank a Public financial institution and Unilever Kenya Limited a Manufacturing Private Company. Data was collected using open and closed ended questionnaires and desk reviews. A Sample Size of 330 was determined using Fischer et al (1998) Formula. Qualitative and quantitative data was processed using Statistical Packages for Social Sciences (SPSS) software. Data was presented using frequency tables and charts The results from this study indicated that most employees were young in the active age group of 20-49 years. Both Postbank and Unilever Kenya Limited had medical schemes for their employees which were allocated according to job grades. The highest medical cover was Kshs. 40,000 while the lowest cover was Kshs. 10,000 per year as Outpatient medical allocation per individual. There was a total of 36 % of absenteeism from work due to sick offs and hospital admissions. Most of the work was done by the other employees when one of them was sick or admitted in hospital. In Unilever Kenya Limited, 53% of weekly assigned tasks were achieved and in Postbank the achievement was 59% of the weekly assigned tasks. Both Postbank and Unilever Kenya Limited had policies which advocated against discrimination and stigmatization of employees who were HIV positive. Some of the employees visited VCT centers to know their HIV status (66.2%). Others went to seek counseling services (19%). Chi-square test of independence for relationship between employees who had exhausted their outpatient medical cover and those who had taken sick off was significant, $P < 0.001$, $\chi^2 = 30.5$, $df=1$. The results showed reduced efficiency and productivity in the two organizations and consequently reduced profitability. Results of this study would be of use to the policy makers in the two firms in formulating mitigation measures on effects of ill health and in streamlining medical care policies in their operations.