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Impact of 10/20 Policy on Child Mortality and Other Health Outcomes in Kenya

Abstract

Child health is an important indicator of the well-being of a society and can be used in predicting health and productivity in adult life, and the health of adults will in turn affect the well-being of the next generation of children. Working on the premise that the Kenyan Government had in July 2004 implemented a policy dubbed 10/20, which resulted in abolition and reduction of user fees for children under-five and adults respectively, we use KDHS (1998 and 2008) and Kenya census (1999 and 2009) data to evaluate the impact of the policy on health utilization and health outcomes.

Using two different estimation strategies, namely, Regression Discontinuity (RD) and Linear Probability Model (LPM), we evaluate if the policy had any significant impact on health outcomes through health utilization. RD estimates indicate that the policy intervention had insignificant impact in health facility utilization. However, LPM estimates for BCG vaccinations for all the categories (full sample, rural and when decomposed by gender); Polio1 and Polio2 vaccinations when restricted to rural sample show that there is a causal link between health utilization and health outcomes and hence we conclude that 10/20 policy had a positive impact on the under-five health outcomes.