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This study applied the capability approach to poverty measurements to study child survival against a background of worrying trends of infant and child mortality in Kenya over the last two decades. The main objectives of the study were: (i) to carry out multidimensional poverty and inequality comparisons of child survival ranked by asset index; (ii) to analyze the determinants of childhood mortality. (iii) Based on the results in (ii), to simulate the impact of relevant policy variables for child survival and assesses the implications of these on the achievement of ERS and MDG targets in Kenya.

Poverty decompositions of the probability of child survival suggests that only 28 percent of children in rural areas are poor, compared to 19 percent in urban areas. The relative contribution of rural areas to child poverty was found to be 89 percent while the contribution of urban areas was only 11 percent. The results further suggest that children from households that did not experience mortality were better off than children from households that experienced mortality and that children with the lowest probability of survival are from households with the lowest level of assets. Inequality analysis suggests that there is less mortality inequality within children facing mortality than the better off children. The poverty comparison results suggest the need for regional targeting and for anti-poverty policies in order to improve child survival in Kenya.

Survival model results and policy simulations show that: maternal education significantly lowers the risk of mortality; it is important to reduce teenage births as they are positively correlated with childhood mortality; mortality is highly responsive to wealth, measured by household assets; there are unexplained macroeconomic variations that reduced the risk of mortality at a diminishing rate between 1978 and 2003; use of modern contraception has a large significant impact of reducing the risk of mortality; provision of decentralized health care services is important factors for lowering the hazards rates of mortality.

Simulations based on what we consider realistic policy scenarios rather than the best possible policy scenarios we conclude that there is potential of making progress in reduction of childhood mortality in Kenya. The results points at policy efforts geared towards improving household wellbeing, universal primary and secondary education for women, improved access and utilization of modern contraception and other health care services. To substantially improve health care service provision in clusters and districts with very low coverage, issues of access and equity in service provision, information asymmetry, socio-cultural and other barriers would need to be addressed. The results suggest that there will still be challenges in the achievement of Economic Recovery Strategy and Millennium Development Goals unless other complementary policies are pursued.

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