Title: Comparative study on 10:20 policy direct facility grant impact on utilization of health facilities in Kwale and Makueni Districts, Kenya

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Abstract: The best way to finance health care in developing countries has been the subject of debate for many decades, with the focus shifting over time. Kenya introduced user fees in 1989 but problems in its implementation led to the suspension of outpatient registration fees in 1990. In July 2004, user fees were reduced in dispensaries and health centres in what is known as the 10:20 policy. In 2006, the Danish International Development Agency together with the Ministry of Health introduced Direct Facility Grants in health centres and dispensaries at the Coast province in Kenya. These financing mechanisms were introduced so as to increase access to treatment by the poor. The 10:20 has led to a shift in policy and Direct Facility Grants have only been implemented in Coast province. These financing mechanisms were put in place so as to increase access. The objective of this study was to compare the impact of the 10:20 policy and Direct Facility Grants on utilisation of health facilities in Makueni and Kwale Districts. This study was a comparative cross-sectional study. Data collected' were both qualitative and quantitative. The data collection tools were natural group discussions, key informant interviews, exit interviews and desk reviews. Data was coded, sorted and descriptive statistics used to summarise it. Analysis of qualitative data was continuous and daily summaries of the data collected made. Thematic Framework analysis was then used to analyse the data collected. Quantitative data was analysed using STATA 9. A P value of 0.0009 showed a significant difference between the charges of services in the two Districts. Out of the total number of patients interviewed in Kwale, 75% of them paid for services out of which 57% paid more than the recommended price. In Makueni, 58% paid for services with 18% paying above the recommended amount. It was also seer. that there was no difference between the waiting time and type of service accessed with a p value of.0.063. Drugs on the other hand were missed by majority of patients seeking curative services with a p value of 0.000. The 10:20 policy led to a loss of income as given by 35% of the facilities, shortage in drugs by 26% of facilities and increased workload by 59% of the facilities. Direct facility Grants on the other hand increased revenue as explained by79% of the facilities, improved services said by 36% of the In-charges interviewed in Kwale and 43% of the In-charges were able to employ new staff. From the findings, Direct Facility Grants did not improve the situation as facilities still did not adhere to the 10:20 policy. There is no sustainability of the two financing mechanisms as one depends on the number of patients seen while the other on donor funding. Other mechanisms such as the recently launched community strategy maybe a better way of sustaining health care in Kenya. A key recommendation is that there should be careful planning and implementation of new policies involving ail stakeholders.