

Children, Youth and Women Sensitive Planning and Budgeting in Kenya: West Pokot County Brief, 2014/15-2017/18



County Government of West Pokot

KEY HIGHLIGHTS OF THE BRIEF

This brief provides an analysis on how the County Government of West Pokot budgets for the needs of children, youth and women. The analysis focused on social sector budgets and actual expenditures for the period 2014/15-2017/18. The brief specifically focuses on health, education, child protection, youth, women, nutrition, water and sanitation. The analysis was based on budget data and information collected through interviews with relevant county stakeholders. The key highlights from the analysis are summarized below:

- a) **An estimated 90 per cent of the West Pokot Gross County Product (GCP)¹, which is ranked 39th (0.7% contribution to National GDP) of all the 47 counties in Kenya, comes from services (50%) and agriculture (41%).** Though partially diversified, the county should continue putting in place measures to mitigate weather shocks which affect the agriculture sector, while at the same time promoting manufacturing through agro-processing, and creating an enabling environment for private sector to thrive. There is also need to enhance farmers' capacities in modern agricultural methods and support through extension services.
- b) **The county's own source revenue marginally declined from Ksh 100 million in 2014/15 to Ksh 88 million in 2017/18.** As a share of total revenue, the county's own source revenue declined from 2.4 per cent in 2014/15 to 2 per cent in 2017/18. Overall, the equitable share transfer increased from Ksh 3.9 billion in 2014/15 to Ksh 4.7 billion in 2017/18. To improve the share of its own source revenue, the county needs to enhance capacity for own source revenue forecasting and analysis. In addition, the county should put in place mechanisms to mitigate losses associated with cash handling, and poor internal controls and audit mechanisms.
- c) **Health actual expenditure expanded from about Ksh 0.5 billion in 2014/15 to Ksh 1.2 billion in 2016/17 and maintained the same allocation in 2017/18.** The county also recorded improvement in maternal and child health outcomes, but child immunization declined. The number of women who had access to skilled delivery increased from 37.2 per cent in 2014 to 44.5 per cent in 2018 due to introduction of free maternity services in 2013. However, this is still below the national average of 64.9 per cent in 2018, indicating comparatively poor access to maternity services in the county. However, the share of fully immunized children in the county declined from 63.3 per cent in 2014 to 52 per cent in 2018. To reverse this latter trend, the county should prioritize investments in immunization.
- d) **The resources allocated to Early Childhood Development Education (ECDE) increased from Ksh 0.3 billion in 2014/15 to Ksh 0.7 billion in 2017/18.** Partly because of increased spending on ECDE, gross ECDE enrolment rate in the county decreased from 98.9 per cent in 2014 to 96.3 per cent in 2018, although above the national average of 94.4 per cent. Looking forward, the challenge for the county is to ensure equitable distribution and effective utilization of available resources. This may be done through prioritizing ECDE and vocational training in its education spending, rather than using departmental share to give education bursaries to other levels whose share of budgetary allocation is growing at national level.
- e) **The county water and sanitation budget stagnated at an average Ksh 0.2 billion between the period 2014/15 and 2017/18.** The budget execution rate declined from 76 per cent in 2014/15 to 62 per cent in 2017/18. This partly explains why some water and sanitation indicators recorded marginal improvement or stagnated. The county should invest more resources to the sector to improve water and sanitation (WASH)-related indicators.
- f) **The county's allocation to child protection, youth and women was Ksh 0.10 billion in 2014/15 and Ksh 0.27 billion in 2017/18.** Looking forward, the county needs to increase allocation to child protection given the high levels

of child neglect, abandonment and child labour; and expand relevant social services to reach vulnerable girls as a protective measure against early pregnancies, female genital mutilation (FGM), and early and/or forced marriages.

- g) The county incrementally allocated resources to interventions that directly contribute to boosting child nutrition, from Ksh 3 million in 2014/15 to Ksh 103 million in 2017/18.** Slightly over half of children are stunted, and this is above the national average of 26 per cent, which alludes to the need to allocate more resources to the programme. The county should ensure that direct nutrition interventions across several sectors such as agriculture, education and health are budgeted for, with visible budget lines. Moreover, nutrition should be well articulated in the County Integrated Development Plans.
- h) The budget execution rate for most social sector budgets, especially health, ECDE, child protection, youth and women was low.** For instance, budget execution rates for health declined from 92 per cent in 2014/15 to 72 per cent in 2017/18. The low budget execution rate was partly because approved budgets were not released in time by the National Treasury, and there was weak procurement and cash flow planning by the county. To improve budget utilization rates, there is need for the National Treasury to adhere to disbursement schedules by releasing resources on time. On its part, the county should strengthen procurement systems and improve cash flow forecasting.
- i) Due to limited disaggregation of data in expenditure reports, it was not possible to establish how much of the county government budget was spent on crucial social services such as child protection, youth development, disability and gender mainstreaming.** By having standalone budget lines on these areas, the county is better placed to effectively deliver the above-mentioned services, especially to women and girls. On child protection, for example, the county recorded an increase in the number of reported cases of child abuse from less than 20 cases in 2014 to 636 cases in 2018, yet there is no specific budget line for this. The same also applies to gender-based violence, which has increased in recent years.

1. COUNTY OVERVIEW

West Pokot occupies a land area of approximately 9,169 km² and is divided into 4 sub-counties and 20 wards. The county's population was 621,241 in 2019, which is 1.31 per cent of the national population. The total county population constituted of 307,013 males, 314,213 females and 15 intersex persons.

In 2015/16, the overall poverty rate of the county was 57.0 per cent with 26.2 per cent living in extreme poverty, indicating that overall poverty was higher than the overall national rate of 36.1 per cent. On the other hand, extreme poverty in the county was also higher than the national average of 8.6 per cent. Among children, about six in every ten children were affected by monetary poverty². 51.1 per cent of youth and 64.6 per cent of women were also affected by monetary poverty. Additionally, 80.7 per cent of children were living in multidimensional poverty³, while youth and women recorded 75.7 per cent and 89.7 per cent multidimensional poverty rate, respectively. Levels of monetary poverty remained lower than national averages for children, youth and women. However, the level of multidimensional poverty among women was above the national average and was highest in comparison to that of youth and children. The overall high rates of poverty, especially among women and youth, suggests that planning and budgeting processes should better consider human capital sectors so that the county can maximize on the productive and innovative potential of its future workforce to initiate a fast and sustainable growth trajectory (Table 1).

Table 1: West Pokot county administrative, poverty and demographic profile

Administrative Profile							Latest Available
Area (km ²)							9,169
Number of sub-counties							4
Number of wards							20
Overall poverty (%)							57.0
Extreme poverty (%)							26.2
Population (2019)							621,241
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
Monetary Poor							
Male (%)	58.6	42.1	53.3	29.1	60.3	30.5	
Female (%)	58.6	41.0	48.7	28.8	64.6	34.1	
Total (%)	58.6	41.6	51.1	28.9	62.2	32.4	
Population	347,638	20,742,290	170,384	13,443,268	86,059	7,847,350	
Multidimensionally Poor							

Male (%)	80.7	49.3	75.2	44.7	84.2	51.0
Female (%)	80.7	47.1	76.3	49.4	89.7	60.8
Total (%)	80.7	48.2	75.7	47.1	86.2	56.1
Population	347,638	20,742,290	170,384	13,443,268	86,059	7,847,350

Source: Kenya National Bureau of Statistics (Various)

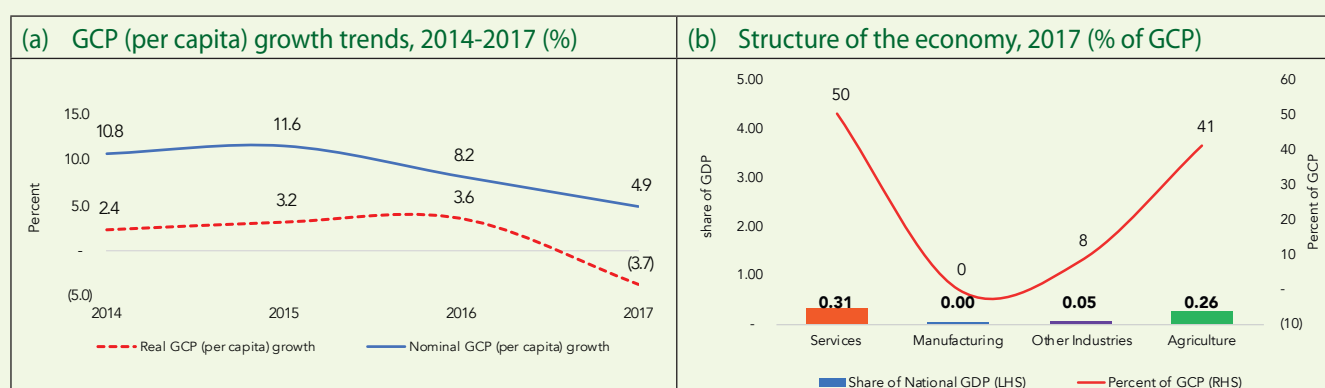
2. STATE OF COUNTY ECONOMY

2.1 Gross County Product Growth

West Pokot County accounted for 0.7 per cent of the national GDP in 2017. The county's Gross Product per capita expanded from 2.4 per cent in 2014 to 3.6 per cent in 2016 and contracted to 3.7 per cent in 2017 (Figure 1a). The most recent downturn was largely attributed to the prolonged electioneering period.

The economy is mainly reliant on services sector accounting for 50 per cent of GCP, other industries including but not limited to electricity supply, water supply and construction, which accounted for 8 per cent of GCP in 2017 (Figure 1b). Agriculture contributed 41 per cent of the GCP and 0.3 per cent of the national GDP in 2017. The manufacturing sector contributed a negligible share to the GCP. This trend calls for diversification to manufacturing and other industries sectors particularly for job creation. The county can thus seek to attract more investment in manufacturing, and services, for a balanced economy through collaboration with different sub-sectors, especially the private sector. To increase agricultural productivity and the participation of women and youth within the sector, the county should put in place mechanisms to reduce the cost of farming, enhance the marketing of agricultural produce and promote agricultural value chains. This can be done through developing infrastructure and enhancing farmers' capacities in modern agricultural methods. Extension services, agribusiness and research needs to be promoted.

Figure 1: West Pokot county gross county product and economic structure, 2014-2017

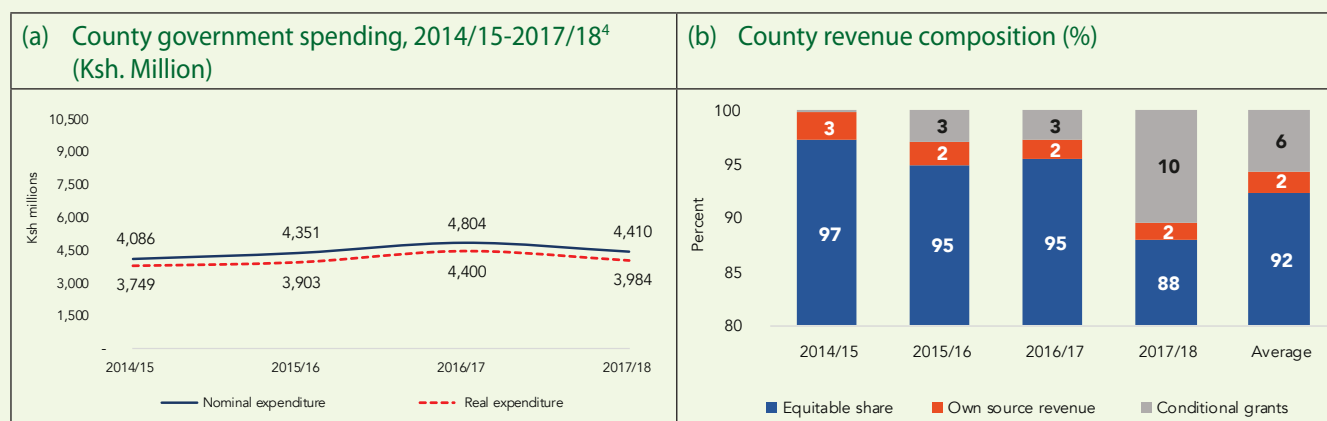


Source: KNBS statistics, 2019

2.2 Overall Budget Performance

The county government annual spending in real terms grew from Ksh 3.7 billion to Ksh 4.4 billion between 2014/15 and 2016/17, before declining to Ksh 4 billion in 2017/18 (Figure 2a). The spending was heavily dependent on national government transfers accounting for 93.8 per cent. In nominal terms, own source revenue declined from Ksh 0.1 billion in 2014/15 to Ksh 0.098 billion in 2015/16, further declined to Ksh 0.083 billion in 2016/17 before improving to Ksh 0.088 billion in 2017/18. The equitable share transfer increased from Ksh 3.9 billion to Ksh 4.7 billion during the same period. The burden of the drop in county government spending predominantly affected the social sectors' spending, which are recurrent in nature. The contribution of own source revenue and conditional grants was on average 6.1 per cent (Figure 2b). There is therefore need for enhanced fiscal efforts to accelerate revenue mobilization from both local revenue and conditional grants.

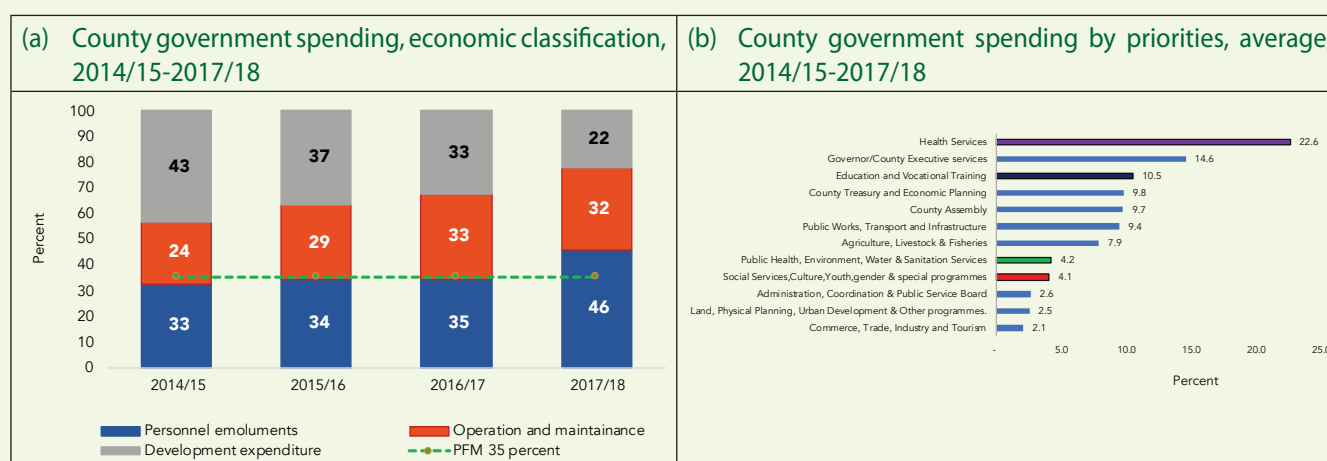
Figure 2: West Pokot county revenue and expenditure trends, 2014/15-2017/18



Source: Office of the Controller of Budget (Various) reports, 2014-2018

The share of actual development budget decreased from 43 per cent in 2014/15 to 37 per cent in 2015/16, declined to 33 per cent in 2016/17 and further declined to 22 per cent in 2017/18. The recurrent expenditure, constituting of personnel emoluments and operation and maintenance costs, accounted for about 66.5 per cent of the county government spending throughout the period. Wages alone accounted for about 37 per cent of all county government spending (Figure 3a). This indicates that the Public Finance Management (PFM) Act, 2012 provision that ceils development spending at a minimum of 30 per cent of the total budget was violated only in 2017/18, while the 2015 regulation which requires that not more than 35 per cent of the county's total revenue should go to payment of wages and salaries was only observed in actual spending in 2014/15 and 2015/16.

Figure 3: West Pokot County spending priorities by economic and administrative classification, 2014/15-2017/18



Source: Office of the Controller of Budget (Various) reports, 2014/15-2017/18

The county spent over 49.3 per cent of the total expenditure during the period under review on health, education, agriculture, nutrition, social protection, youth, gender, water and sanitation (Figure 3b). These sectors are regarded as being more sensitive to the needs of children, youth and women. The impact of this expenditure on the various programmes and activities varies across sectors.

3. ANALYSIS OF SOCIAL SECTOR SPENDING

3.1 Health

3.1.1 Health sector priorities

During the period under review, the county outlined key priorities that targeted children, youth, women and persons with disability. During this period, the sector's priorities included: the employment of 200 staff by 2017; establishment of a county referral hospital; establishment of 20 new health centres by 2017; increase supplies by KEMSA at all facilities; reduce HIV/AIDS prevalence; opening up of 5 new immunization facilities per year in each sub-county; and increasing family planning acceptance to 50 per cent by 2017.

Table 2: West Pokot County selected health sector performance indicators

Selected Health Indicators	2014		2015		2016		2017		2018	
	County	National	County	National	County	National	County	National	County	National
U5MR (death per 1,000 live births) 2016 Estimate	-	-	-	-	104.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	434.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	37.2	53.5	42.6	56.9	45.3	59.3	32.0	53.0	44.5	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	88.7	76.4	92.2	75.4	94.3	76.9	74.2	73.7	83.9	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	19.3	35.9	20.9	39.7	21.3	39.8	13.0	32.6	22.7	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	63.3	70.2	69.7	75.7	58.1	72.4	43.1	65.9	52.0	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	16.8	6.8	20.0	7.2	19.6	6.6	23.2	10.1	13.3	4.0
Still Birth Rate (%) (Source: DHIS2)	38.0	29.3	28.2	22.6	34.7	21.5	44.8	22.6	27.5	20.4

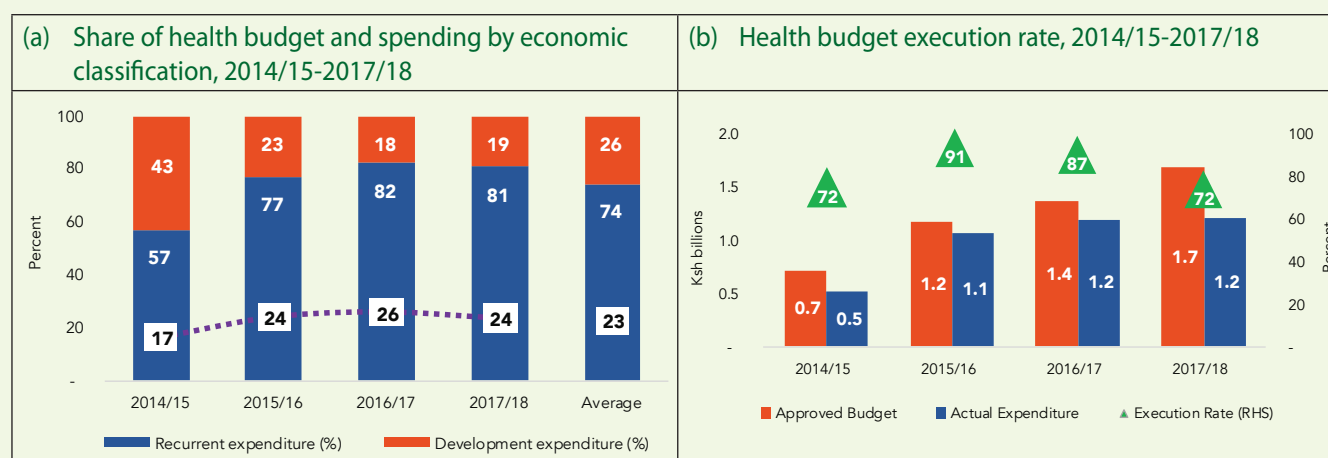
Source: Kenya National Bureau of Statistics (2014), KDHS 2014; 2018

The number of women who had access to skilled delivery increased from 37.2 per cent in 2014 to 44.5 per cent in 2018 due to introduction of free maternity services in 2013. However, this is still below the national average of 64.9 per cent in 2018, indicating comparatively poor access to maternity services in the county. There is, however, need for continued sensitization on availability of and importance of maternity services. However, the share of fully immunized children in the county declined from 63.3 per cent in 2014 to 52 per cent in 2018. Infant mortality and under 5 mortality rate is estimated at 104 deaths per 1,000 live births in 2016, above the national average of 79 deaths per 1,000 live births.

3.1.2 Health budget and expenditure

The share of health budget as a proportion of total county budget allocation increased from 17 per cent in 2014/15 to 26 per cent in 2016/17 before declining to 24 per cent in 2017/18. Health actual expenditure expanded from about Ksh 0.5 billion in 2014/15 to Ksh 1.2 billion in 2016/17, and maintained the same allocation in 2017/18. Spending on health comprised of, on average, 74 per cent recurrent expenditure and 26 per cent development expenditure (Figure 4a). The absorption rates increased from 72 per cent in 2014/15 to 91 per cent in 2015/16 before declining to 72 per cent in 2017/18. This is attributable to failure by the exchequer to release the full amount approved in the health budget.

Figure 4: West Pokot County health spending trends, 2014-18



Source: Office of the Controller of Budget (Various) reports, 2014/15-2017/18

3.1.3 Health sector medium term expectations

In the period 2018-2022, the county aims to: eliminate communicable conditions especially diarrheal diseases; improve access and quality to universal healthcare at all levels; upgrade the county referral hospital to level 5 and also improve the Chepareria, Sigor, Kacheliba, Kabichbich sub-district hospitals and Alale and Makutano hospitals; restructure infrastructure investments

to target tier 3 and tier 1 facilities; set up six community health units in each sub-county; establish efficient and effective community-based health information system (CBHIS), disease surveillance, and hygiene and health promotion activities; purchase 8 additional ambulances; recruit and provide incentives to specialized health workers; ensure timely and adequate procurement and distribution of drugs; and support provision of universal health care by promoting enrolment to NHIF.

3.2 Education and Vocational Training

3.2.1 Education sector priorities

County governments are responsible for Early Childhood Development and Education (ECDE) and youth polytechnics, which are part of Technical Vocational Education and Training (TVET) as per Schedule IV of the Constitution of Kenya.

During the plan period 2013-2017, the county education sector focus was to: increase literacy levels by 50 per cent by constructing 50 new schools; reduce school dropout rates by 20 per cent by supporting HIV/AIDS orphans in schools and opening more non-formal education centres for street children; increase girls enrolment to 60 per cent in primary and secondary schools through establishment of 8 rescue centres for early marriage/FGM victims and campaigning for girl child education; construct 480 ECDE classrooms and 90 offices; recruit 1000 ECDE teachers; and construct 6 workshops for every youth polytechnic.

Gross ECDE enrolment rate decreased from 98.9 per cent in 2014 to 96.3 per cent in 2018 while net enrolment rate (NER) decreased from 80.5 per cent to 54.7 per cent during the same period. GER was generally higher than national averages of 94.4 per cent despite the decrease in 2018 while the NER was below the national average of 63.5 per cent. This indicates that there were children of school going-age who were yet to join ECDE between 2014 and 2018. More girls are enrolled in ECDE than boys in West Pokot County.

Gross primary and secondary enrolment rates were 103.7 per cent and 53.9 per cent in 2018, respectively. Net enrolment rate (NER) decreased by 17 per cent for primary school and improved from 18.9 per cent to 21.5 per cent for secondary school level during the same period. There is inequality in access to primary education between male and female school-going children in favour of boys as shown in Table 3. However, in 2018 more girls than boys enrolled in secondary school. In 2018, there were 6 accredited vocational centres in the county enrolling 630 learners.

Table 3: West Pokot county selected education sector performance indicators

Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	98.9	73.6	96.3	94.4
Net enrolment ratio (%)	80.5	71.8	54.7	63.5
Male (%)	82.1	73.4	55.2	62.5
Female (%)	78.9	70.2	58.8	65.0
School size (Public) (Pupils) (Average)	110.0	75.0	124.0	85.0
Gender parity index (value)	1.0	1.0	-	-
Pupil-teacher ratio (No.) (Public)	48.0	31.0	51.0	31.0
Proportion of enrolment in private schools (%)	3.9	31.5	7.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	109.0	104.0	103.7	107.2
Net enrolment ratio (%)	85.0	88.0	67.9	82.4
Male (%)	86.0	86.0	70.7	81.7
Female (%)	84.0	90.0	65.5	83.0
School size (Public) Average No. of pupils	321.0	338.0	338.0	375.0
Gender parity index (Value)	0.9	1.0	-	-
Pupil-teacher ratio (No.)	58.0	42.0	58.0	40.0
Proportion of enrolment in private schools (%)	2.0	16.0	4.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	25.3	58.7	53.9	66.2
Net enrolment ratio (%)	18.9	47.4	21.5	37.5
Male (%)	19.5	49.6	16.7	35.4
Female (%)	18.3	45.2	26.6	39.8
School size (Public)	-	-	411.1	392.0
Gender parity index (value)	0.9	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	38.0	30.0	37.0	32.0

Pupil-teacher ratio (No.) (TSC and BOM)	20.4	20.2	20.0	20.0
Proportion of enrolment in private schools (%)	21.7	30.7	0.1	5.8

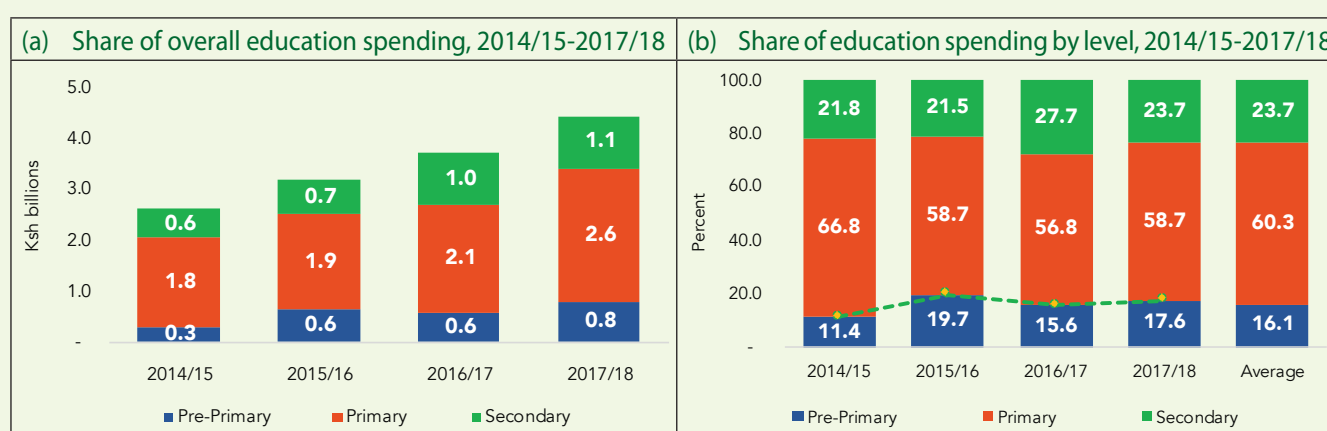
Source: Ministry of Education (Various), Education statistical booklets

3.2.2 Education and vocational training budget and expenditure

The share of ECDE spending in the county increased from Ksh 0.3 billion in 2014/15 to Ksh 0.8 billion in subsequent years. The share of ECDE spending as a proportion of total education spending was, on average, 16.1 per cent during the period. Spending on primary and secondary education increased from Ksh 1.8 billion in 2014/15 to Ksh 2.6 billion in 2017/18 and Ksh 0.6 billion in 2014/15 to Ksh 1.1 billion in 2017/18, respectively (Figure 5a).

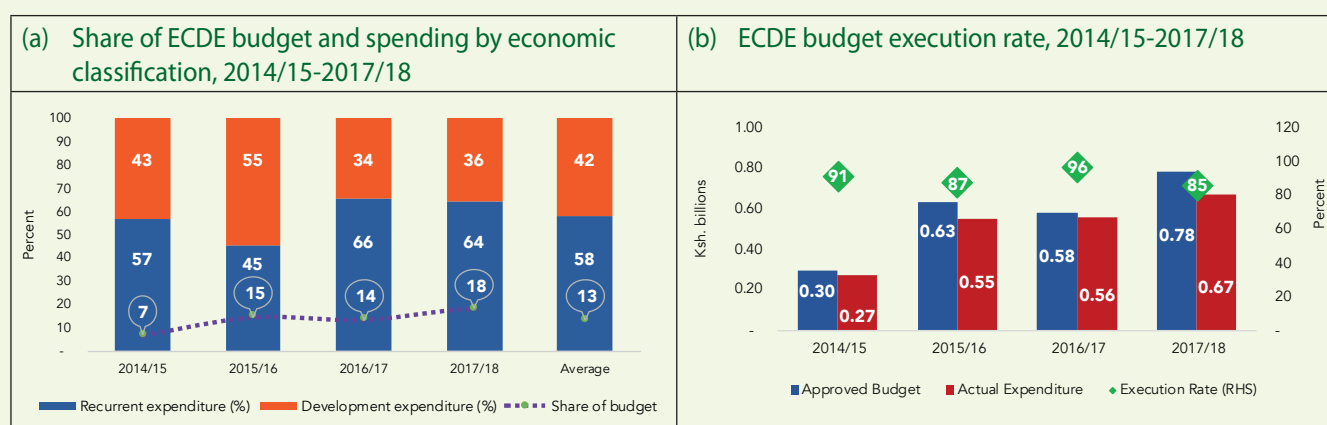
The share of ECDE budget in the total County budget allocation averaged 13 per cent over the review period, comprising 42 per cent development and 58 per cent recurrent expenditure (Figure 6a). The absorption rate declined from 91 per cent in 2014/15 to 87 per cent in 2015/16 before increasing to 96 per cent in 2016/17 and declining in 2017/18 to 85 per cent. As experienced in the other sectors, the years with high exchequer releases had higher absorption rates.

Figure 5: West Pokot County overall education spending trends, 2014/15-2017/18



Source: National Treasury (Various), IFMIS

Figure 6: West Pokot County ECDE spending trends, 2014/15-2017/18



Source: Office of the Controller of Budget (Various) reports, 2014-2018

3.2.3 Education sector medium term expectations

The sector priorities for the plan period 2018-2022 include: construction of model ECDE classrooms and provision of water storage facilities; employment of additional qualified ECDE teachers and supervisors; recruitment of qualified instructors for VTCs, and support staff; provision of instructional materials for ECDE; provision of vehicles for field operations; equipping (furniture and outdoor play items) of ECDE centres; feeding of needy ECDE learners; training and development of ECDE teachers and staff; construction of border boarding primary schools; and infrastructure support to primary and secondary schools.

Others are: the construction of model Vocational and Training Centres (VTCs); expansion and rehabilitation of existing VTCs; equipping and provision of training materials for VTCs; training and development of VTCs' instructors and staff; mainstreaming of ICT in VTCs training programmes; disbursement of bursary and scholarships to needy students, trainees and staff; and formulation and enactment of County ECDE and County Vocational Education and Training Bills. The priorities and strategies for post-primary education over the plan period include: to support secondary, tertiary and university education through bursary fund, support secondary schools' infrastructure by providing classrooms, teaching-learning materials, and equipment.

3.3 Water and Sanitation

3.3.1 Water and sanitation priorities

The County Integrated Development Plan (CIDP) 2013-2017 outlined key priorities for both the water and sanitation sub-sectors. The sector prioritized to: ensure that 70 per cent of households had latrines; establish a dumping site for use; establish a sewerage system; drill 50 boreholes; enforce the water resource use regulations; conserve flood water in dams and water pans; and conserve and reclaim the destroyed catchments.

Access to improved water and sanitation was 37 per cent and 27 per cent, respectively. The population within the service area of water service providers increased from 10 per cent to 13 per cent between 2014 and 2018. The proportion of population covered or served by the utility declined from 28 per cent in 2014 to 11 per cent in 2018. The sector experienced the problem of non-revenue water³ at about 57 per cent as at 2018; a deterioration from 28 per cent in 2014. High non-revenue water denies the water utility revenue to enhance water service delivery and in meeting operations and maintenance costs.

Table 4: West Pokot county selected WASH sector performance indicators

Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	10	*	13	*
Water coverage by utilities (%)	28	53	11	*
Non-revenue water (NRW) (%)	28	42	57	*
Sanitation coverage within utility area (%)	76	69	-	*
Sewerage coverage (%)	-	*	-	*
Access to improved water (%)	37	*	37	*
Access to improved sanitation (%)	27	*	27	59
No toilet facility – Potential open defecation county-wide (%)	53	*	53	8

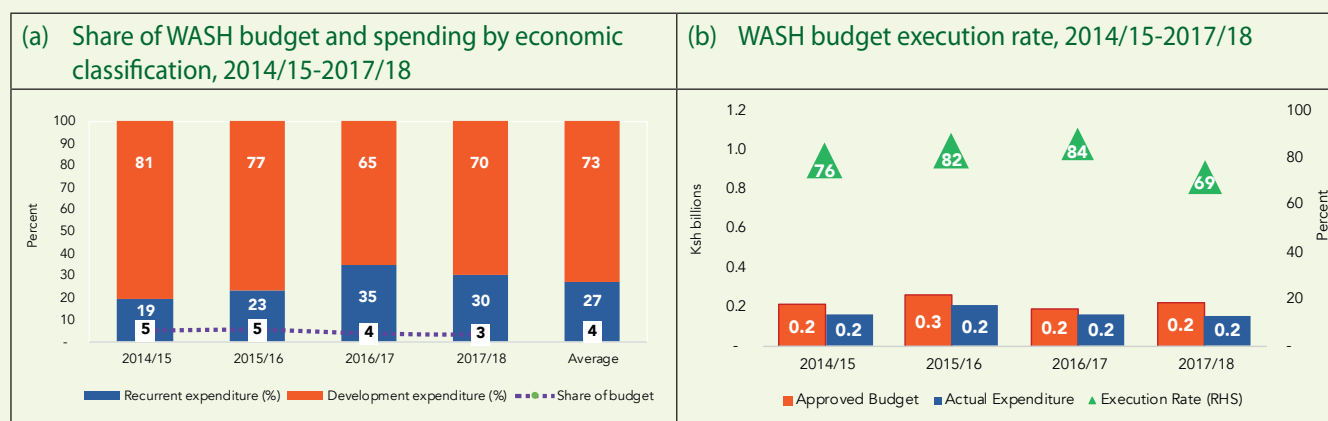
Source: KDHS 2014, CIDP 2018

*Data not available

3.3.2 Water and sanitation budget and expenditure

The total budget allocation to the sector as a share of total county budget allocation during the review period was, on average, 4 per cent. Total spending on the sector was Ksh 0.2 billion per financial year, which consisted of, on average, 27 per cent recurrent and 73 per cent development expenditures. The approved budget allocation to the sector increased from Ksh 0.2 billion in 2014/15 to Ksh 0.3 billion in 2015/16 before declining and stabilizing to Ksh 0.2 billion in 2016/17 and 2017/18. The absorption rate increased from 76 per cent in 2014/15 to 84 per cent in 2016/17 before declining to 69 per cent in 2017/18. The fluctuation is attributed to failure by the exchequer to release the entire approved budget amount on time.

Figure 7: West Pokot County water and sanitation spending trends, 2014/15-2017/18



Source: Office of the Controller of Budget (Various) reports, 2014/15-2017/18

3.3.3 Water and sanitation sector medium term expectations

In the plan period 2018-2022, the county aims to increase access to safe water and sanitation; rehabilitate and protect water towers; and increase water storage and availability.

3.4 Child Protection, Youth, and Women

3.4.1 County priorities

The County Integrated Development Plan (CIDP) 2013-2017 highlighted key priorities for the sector. In the plan period, the county prioritized to: increase the provision of the youth fund to 80 per cent; increase sporting and recreational activities among youths by 50 per cent; establish a youth empowerment centre; alleviate sufferings for 100 orphans within the community set up; reduce the number of children in the streets by 50 per cent; reduce the practice of female genital mutilation (FGM) by 70 per cent; reduce cases of children in conflict with the law by 50 per cent; increase culture literacy by 60 per cent; and increase the number of community participation in heritage management to 80 per cent.

Specifically, on child protection, the county recorded an increase in number of reported cases of child neglect and abandonment from 4 cases in 2014 to 825 cases in 2018. Similarly, child trafficking, abduction and kidnapping cases recorded in 2018 were 4. Cases of child sexual abuse declined while cases of child labour increased from 1 in 2014 to 3 in 2018. Child physical, and emotional abuse, cases in 2018 were 13 and 16, respectively (Table 5).

The county reported 12 cases of FGM in 2018. The low/non-reporting of female genital mutilation (FGM) to government institutions can be attributed to fear by the population to report such cases, and a culture that approves such practices.

Table 5: West Pokot County selected child protection performance indicators

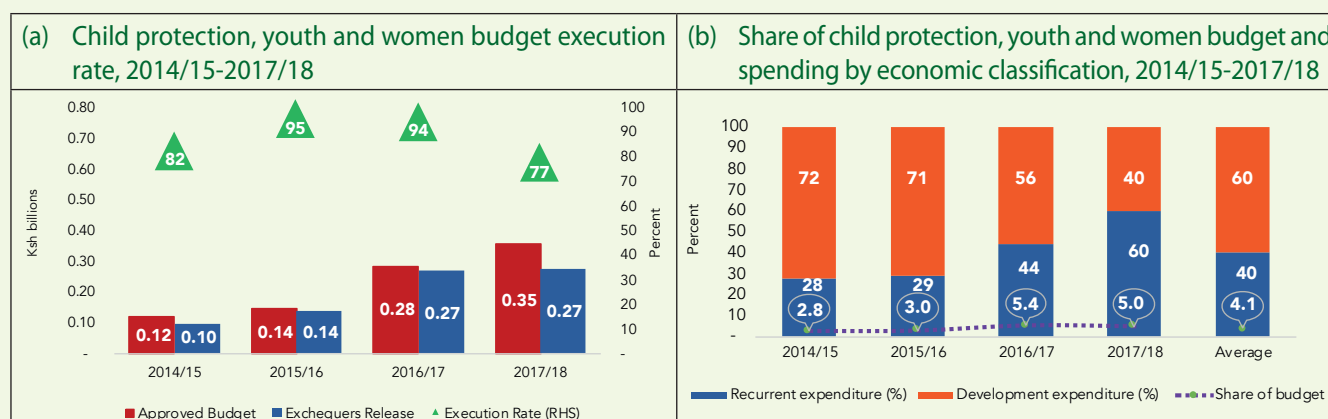
Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	4	767	825	73245
Child Sexual Abuse	6	636	7	172
Child Trafficking, Abduction and Kidnapping	-	32	4	1022
Child Labour	1	168	3	378
Child Emotional Abuse	-	58	13	853
Child Physical Abuse	1	583	16	2031
Female Genital Mutilation	-	9	12	40

Source: Kenya National Bureau of Statistics (2014), KDHS 2014; CIDP 2018

3.4.2 Budget and expenditure for child protection, youth and women

The sector's budget allocation as a share of total county budget allocation during the review period averaged 3.3 per cent. Spending on the sector was on average Ksh 0.23 billion and constituted 40 per cent recurrent and 60 per cent development expenditure (Figure 8b). The share of recurrent expenditure was highest in 2017/18 at 60 per cent of the total expenditure and lowest in 2014/15 at 28 per cent of total expenditure. Absorption rates improved from 82 per cent in 2014/15 to 95 per cent in 2015/16 before declining to 77 per cent in 2017/18 due to prolonged election period, and failure by the county exchequer to release the entire approved budget amount (Figure 8a).

Figure 8: West Pokot County child protection, youth and women spending trends, 2014/15-2017/18



Source: Office of the Controller of Budget (Various) reports, 2014/15-2017/18

3.4.3 Child protection, youth and women medium term expectation

The sector priorities in 2018-2022 include: completion and operationalization of ongoing projects; ensuring gender equity in county appointments and promotions; empowerment of persons with disability (PWDs), gender, youth and disability mainstreaming in county policies, programmes and projects; marketing women cottage industries' products such as Pokot traditional ornaments, bracelets and clothing; developing youth talents through sports and cultural exhibition; document and market the Pokot culture and cultural artifacts; Liquor licensing and sensitization on the dangers of drugs and substance abuse; operationalize business start-up kit fund; and establish business start-up incubation centre for VTC graduates.

3.5 Nutrition

3.5.1 Nutrition priorities

The County Integrated Development Plan (CIDP) 2013-2017 highlighted key priorities for the sector. The county sought to support community-driven food security improvement projects and to support community nutritional and school meals programmes.

For children, the county nutrition indicators were generally higher than national averages, according to 2014 data. Stunting was 58 per cent of the population while wasting and underweight children were 51 per cent and 6 per cent, respectively (Table 6). The proportion of households consuming adequately iodized salt in the county was 100 per cent. Vitamin A supplementation among children aged 6 to 59 months was 17 per cent, being below the target proportion of 80 per cent and below the national coverage of 24 per cent in 2014.

The proportion of overweight or obese women in the county was 11 per cent which was better than the national average of 29 per cent. The average Body Mass Index (BMI)⁶ of women in the county was 21, better than the national average of 23.

Table 6: Selected nutrition performance indicators

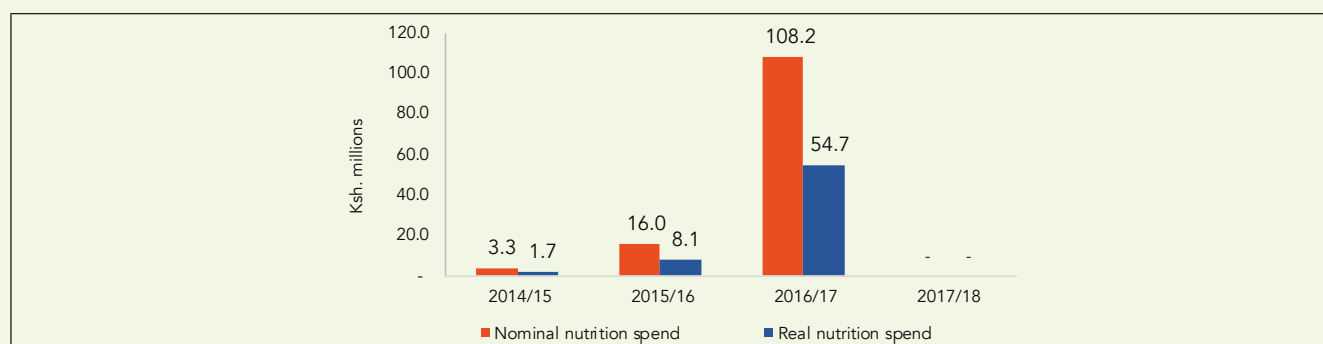
Indicators	2014-County	2014-National
Stunted children (%)	58.1	26.0
Wasted children (%)	50.9	4.0
Underweight children (%)	6.1	11.0
Vitamin A supplements coverage	16.8	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	64.2	71.4
Proportion of children consuming adequately iodized salt	100.0	99.1
Proportion of households consuming adequately iodized salt	100.0	99.2
Household salt iodization (50–80 mg/Kg KIO ₃) (% samples)	73.0	57.0
Number of Women (BMI)	21.2	23.2
Overweight or obesity among women aged 15 to 49 years.	10.6	28.9

Source: KDHS 2014

3.5.2 Nutrition budget and expenditure

The county spending on nutrition (direct nutrition interventions) in nominal terms was Ksh 3 million in 2014/15 and increased to Ksh 108 million in 2016/17. There was no clear budgetary allocation for nutrition in 2017/18. This could be attributed to lack of a proper nutrition plans in the county.

Figure 8: County government (100%) nutrition sensitive spending trends, 2014-2018



Source: National Treasury IFMIS 204-2018

3.5.3 Nutrition medium term expectations

In the period 2018-2022, the county plans to focus on initiatives that guarantee food security and nutrition to all residents by 2022 through expansion of food production and supply, provision of incentives and subsidies to attract investments, and support value addition in the food processing value chain.

3.6 Other Initiatives for Special Interest Groups

Box 1: Key Highlights on Children, Youth, Women and PWDs Initiatives

a) AGPO

The county government has made attempts to enhance uptake of Access to Government Procurement Opportunities (AGPO) in the county.

b) Children

The ECDE enrolment is currently 77,679 with a teacher-pupil ratio of 1:92; 186,708 pupils enrolled in 554 primary schools with a teacher-pupil ratio of 1:52; and the teacher-pupil ratio in secondary school was 1:52 with a total enrolment of 156,272 students in the county.

b) Youth

The county provided bursaries for vocational trainees and raised enrolment by more than double in the first term of 2018; there were 935 youth self-help groups registered in the county; and a total of 127 groups have benefited from the Youth Enterprise Fund (YEF).

c) Women

The county registered 992 women self-help groups in the county and 80 groups benefited from the Women Enterprise Fund (WEF).

d) PWDs

The county registered 35 women self-help groups and provided assistive devices to PWDs.

4. RECOMMENDATIONS AND IMPLICATIONS FOR POLICY

A summary of implications for policy and responsible actors is presented in Table 7 below.

Table 7: Recommendations and responsible actors

Sector	Finding	Recommendation	Responsibility
Gross County Product	An estimated 90 per cent of the West Pokot Gross County Product (GCP), which is ranked 39 th (0.7% contribution to National GDP) of all the 47 counties in Kenya, comes from services (50%) and agriculture (41%).	Promote manufacturing through agro-processing, and create an enabling environment for private sector to thrive. There is also need to enhance farmers' capacities in modern agricultural methods and support through extension services.	County Treasury and Planning/ County Executive/Department of Agriculture
Revenue	The county's own source revenue marginally declined from Ksh 100 million in 2014/15 to Ksh 88 million in 2017/18.	Enhance capacity for own source revenue forecasting and analysis. In addition, the county should put in place mechanisms to mitigate losses associated with cash handling and poor internal controls and audit mechanisms.	County Treasury and Planning/ Directorate of Revenue
Expenditures	The budget execution rate for most social sector budgets, especially health, ECDE, child protection, youth and women was low. For instance, budget execution rates for health declined from 92 per cent in 2014/15 to 72 per cent in 2017/18.	Need for the National Treasury to adhere to disbursement schedules by releasing resources on time. On its part, the county should strengthen procurement systems and improve cash flow forecasting.	All sectors/County Treasury and Planning/ County Executive
Health	The county has recorded improvement in maternal and child health outcomes, but child immunization declined.	Prioritize investments in immunization.	County Treasury and Planning / County Department of Health
Education	The resources allocated to Early Childhood Development Education (ECDE) increased from Ksh 0.3 billion in 2014/15 to Ksh 0.7 billion in 2017/18.	Prioritize ECDE and vocational training in education spending rather than using departmental share to give education bursaries to other levels whose share of budgetary allocation is growing at national level.	County Treasury and Planning/ County Department of Education
WASH	The county water and sanitation budget stagnated at an average Ksh 0.2 billion between the period 2014/15 and 2017/18	The county should invest more resources to the sector to improve WASH related indicators.	County Treasury and Planning/ County Department of Environment, Water and Sanitation; Water Service Providers
Child Protection, Youth and Women	The county's allocation to child protection, youth and women was Ksh 0.10 billion in 2014/15 and 0.27 billion in 2017/18.	The county needs to increase allocation to child protection given the high levels of child neglect, abandonment and child labour; and expand relevant social services to reach vulnerable girls.	County Treasury and Planning/ County Department of Culture and Social Services

Nutrition	The county incrementally allocated resources to interventions that directly contribute to boosting child nutrition from Ksh 3 million in 2014/15 to Ksh 103 million in 2017/18.	Ensure that direct nutrition interventions across several sectors such as agriculture, education and health are budgeted for, with visible budget lines. Moreover, nutrition should be well articulated in the County Integrated Development Plans.	County Treasury and Planning/ County Department of Health and all other sectors, namely education, agriculture, social protection and WASH
Budget Execution	The budget execution rate for most social sector budgets, including health, water and sanitation, was low. Approved budgets were not released on time by the National Treasury There is weak procurement and cash flow planning by the county.	Adherence to disbursement schedules by the National Treasury Strengthen procurement systems and improve cash flow forecasting.	National Treasury County Treasury
Disaggregated Data	Due to limited disaggregation of data in expenditure reports, it was not possible to establish how much of the county government budget was spent on crucial social services such as child protection, youth development, disability and gender mainstreaming.	Have standalone budget lines on combined programme to effectively deliver the above-mentioned services, especially to women and girls. The same also applies to gender-based violence, which has increased in recent years.	County Planning, Statistics and M&E Unit, and Social/Gender Departments

(Endnotes)

- ¹ *Gross county product* is conceptually equivalent to the county share of GDP. *Gross domestic product* is a measure of newly created value through production by resident economic agents (in this case individuals, households, businesses, establishments, and enterprises resident in Kenya).
- ² *Monetary poor people* are considered at risk of monetary poverty when their equalized disposable income (after social transfers) is below the at-risk-of-poverty threshold, which is set at 60 per cent of the national median value
- ³ Multidimensional poverty captures different deprivations experienced by poor people in their daily lives, such as lack of access to basic education, health or WASH services, inadequate nutritional intake, experiencing physical or emotional violence or abuse, among others.
- ⁴ Base year 2013.
- ⁵ *Non-revenue water* (NRW) is water that has been produced and is "lost" before it reaches the customer. Losses can be real losses (through leaks, sometimes also referred to as physical losses) or apparent losses (for example through theft or metering inaccuracies)
- ⁶ *Body Mass Index* (BMI) is a value derived from the mass (weight) and height of a person. It is expressed in units of Kg/M². Broadly, a person is categorized as underweight if BMI is below 18.5 Kg/M²; normal weight: between 18.5 Kg/M² and 25 Kg/M²; and overweight: 25 Kg/M² to 30 Kg/M² and obese: over 30 Kg/M²

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