

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



County Government of Mombasa

KEY HIGHLIGHTS OF THE BRIEF

This brief reviews how the County Government of Mombasa plans and budgets to support 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, water and sanitation, social protection services and nutrition sectors which are regarded as being more sensitive to the rights and needs of children, youth, women and Persons with Disability (PWDs). Finally, the analysis is based on budget data and information collected through interviews with relevant county stakeholders. The key findings and recommendations from the analysis are summarized below:

- a) **An estimated 67.3 per cent of the Gross County Product (GCP)¹ of Mombasa, which is the fourth largest (4.7% contribution to GDP) of all the 47 counties in Kenya, comes from the services industry.** Manufacturing, other industries (electricity supply, water supply and construction), and agriculture account for 14.3 per cent, 18.1 per cent and 0.4 per cent of Gross County Product (GCP), respectively. Moving forward, the county needs to continue supporting tourism and value addition while attracting more investments in manufacturing to have a balanced economy.
- b) **The county's own source revenue increased from Ksh 2.5 billion to Ksh 3.2 billion between 2014/15 and 2017/18.** However, the share of own source revenue to total revenue declined from 34.4 per cent to 26.2 per cent. Overall, total county revenue increased from Ksh 7.25 billion in 2014/15 to Ksh 12.06 billion in 2017/18, mainly because of equitable share transfers. The county needs innovative strategies to reverse the declining trend in own source revenue while strengthening legal and institutional frameworks for the county tax and non-tax revenue generation to grow own source revenue through county campaigns.
- c) **Maternal and child health outcomes generally improved, in part due to increase in budgetary allocation from Ksh 2.1 billion in 2014/15 to Ksh 2.9 billion in 2017/18.** Fully immunized children under 1 year, DPT/Hep +HiB3 dropout rate, still birth rate, and skilled birth attendant coverage improved by 16.6 per cent, 5.5 per cent, 8.8 per cent and 3.3 per cent, respectively. There is also need to create awareness on availability and importance of ANC services under the government's free maternity services programme to reduce decline in proportion of women attending at least one ANC visit. There is also need to explore other non-financial constraints limiting access of these services.
- d) **The budget for Early Childhood Development Education (ECDE) increased from Ksh 400 million in 2014/15 to Ksh 1 billion in 2017/18.** Partly because of increased spending on ECDE, gross ECDE enrolment rate in the county went up from 66.8 per cent in 2014 to 116.6 per cent in 2018. Moreover, net enrolment rates of 77.6 per cent indicates that there are children of school going age who are not in school. Looking forward, the challenge for the county is to ensure equitable distribution and effective utilization of available resources. In addition, the county should ring-fence ECDE resources so that they are not used for other purposes such as secondary and higher education bursaries.
- e) **The county committed Ksh 56 million in 2014/15 which increased to Ksh 72 million in 2015/16, then declined to Ksh 20 million before going back to 54 million in 2017/18 to interventions that directly contribute to boosting child nutrition.** About 21 per cent of children were stunted, 4 per cent were wasted and 10 per cent were underweight. There is need for the county to provide nutrition and health promoting interventions while consistently allocating resources towards nutrition-specific and sensitive programmes in the various sectors.
- f) **The budget execution rate for most social sector budgets, especially health, water and sanitation, was low.** For instance, budget execution rates for water and sanitation declined from 53 per cent in 2014/15 to 45 per cent in 2017/18. The low budget execution rate was partly because approved budgets were not released on time by the

National Treasury. Procurement and cash flow planning by the county was also weak. 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.

- g) **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 the above, the county is better placed 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.

1. COUNTY OVERVIEW

Mombasa County occupies a land area of approximately 230km² and is divided into 6 sub-counties and 30 wards. According to the 2019 census the county's population is estimated at 1,208,333 (598,046 female, 610,257 male and 30 intersex) representing 2.5 per cent of the national population.

In 2015/16, the overall poverty rate of the county was 27.1 per cent with 2.2 per cent living in extreme poverty, which is comparatively lower than the overall national rates of 36.1 and 8.6 per cent, respectively. The county's monetary poverty³, amounted to 36.8 per cent among children, 19.5 per cent among youth and 21.5 per cent for women. Additionally, 13.2 per cent of children were living in multidimensional poverty⁴, with youth and women recording 22.9 and 22.2 per cent, respectively. The poverty levels for all categories is below the national average. This notwithstanding, monetary poverty rates are highest among children while multidimensional poverty rates are highest among women. Mitigating the poverty phenomenon requires planning and budgeting processes that better considers the human capital sectors. This would enable the county maximize its productive and innovative potential of its future workforce and initiate a fast and sustainable growth trajectory.

Table 1: Mombasa county administrative, poverty and demographic profile 2015/16

Administrative Profile						Latest Available	
Area (km ²)						230	
Number of sub-counties						6	
Number of wards						30	
Overall poverty (%)						27.1%	
Extreme poverty (%)						2.2%	
Population (2019)						1,208,333	
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
Monetary Poor							
Male (%)	33.1	42.1	22.5	29.1	20.5	30.5	
Female (%)	40.1	41.0	20.9	28.8	21.5	34.1	
Total (%)	36.8	41.6	21.7	28.9	19.5	32.4	
Population	421,232	20,742,290	463,961	13,443,268	230,315	7,847,350	
Multidimensionally Poor							
Male (%)	12.7	49.3	23.5	44.7	14.6	51.0	
Female (%)	13.6	47.1	22.2	49.4	31.4	60.8	
Total (%)	13.2	48.2	22.9	47.1	22.2	56.1	
Population	421,232	20,742,290	463,961	13,443,268	230,315	7,847,350	

Source: Kenya National Bureau of Statistics, 2015/16

2. STATE OF COUNTY ECONOMY

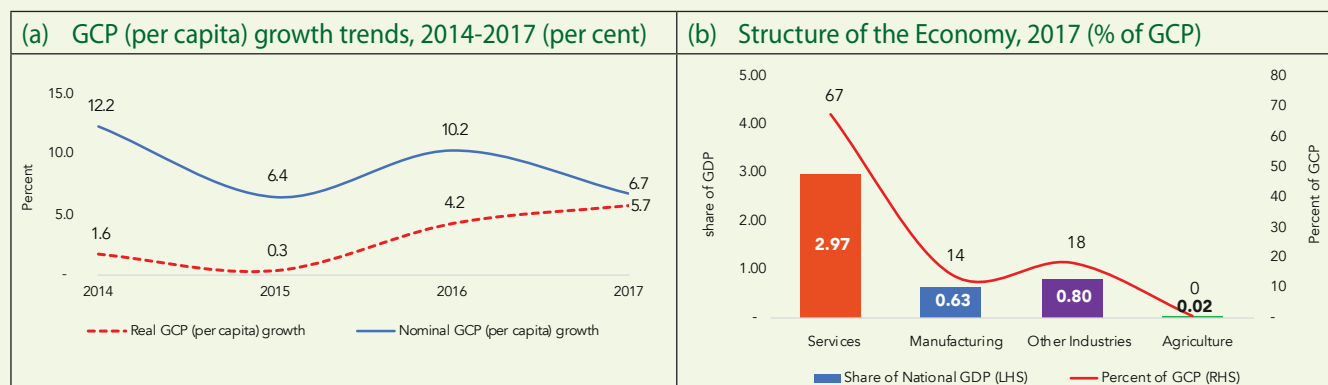
2.1 Gross County Product Growth

Economic growth in Mombasa County has fluctuated significantly since 2014. In real per capita terms, the economy was at 1.6 per cent in 2014 before falling to 0.3 per cent in 2015, then reaching 4.2 per cent in 2016 and increasing yet again to 5.7 per cent in 2017 (Figure 1a).

The economy relies heavily on the performance of the services industry, which accounts for 67 per cent of GCP, and 2.97 per cent of national GDP. Manufacturing, which is currently a priority area due to its ability to drive job creation, only

contributes 14 per cent to the GCP while other industries, including but not limited to electricity supply, water supply and construction contribute 18 per cent to the GCP. Agriculture only contributes 0.02 to the GCP. Expansion of the manufacturing in the county is key in driving job creation for women, youth and PWDs.

Figure 1: Mombasa County GCP and economic structure, 2014-2017

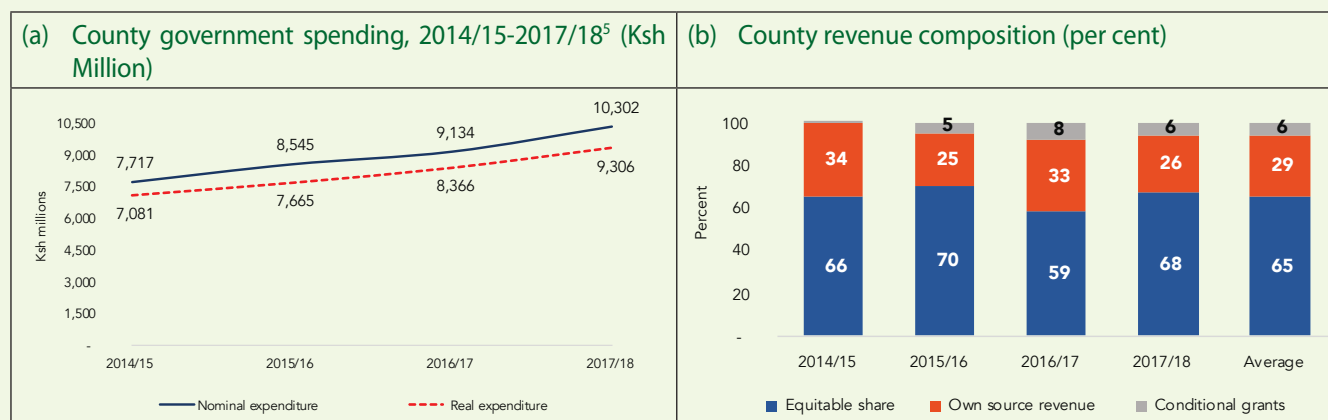


Source: Kenya National Bureau of Statistics, 2019

2.2 Overall Budget Performance

The county government annual nominal expenditure grew gradually from Ksh 7.72 billion to Ksh 10.30 billion between 2014/15 and 2017/18 (Figure 2(a)). This spending is highly dependent on National government transfers accounting for 65 per cent. The burden of the drop in the County government spending predominantly affects social sector spending, which are recurrent in nature. There is need for enhanced fiscal efforts to accelerate revenue mobilization from both local revenue and conditional grants (Figure 2 (b)).

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

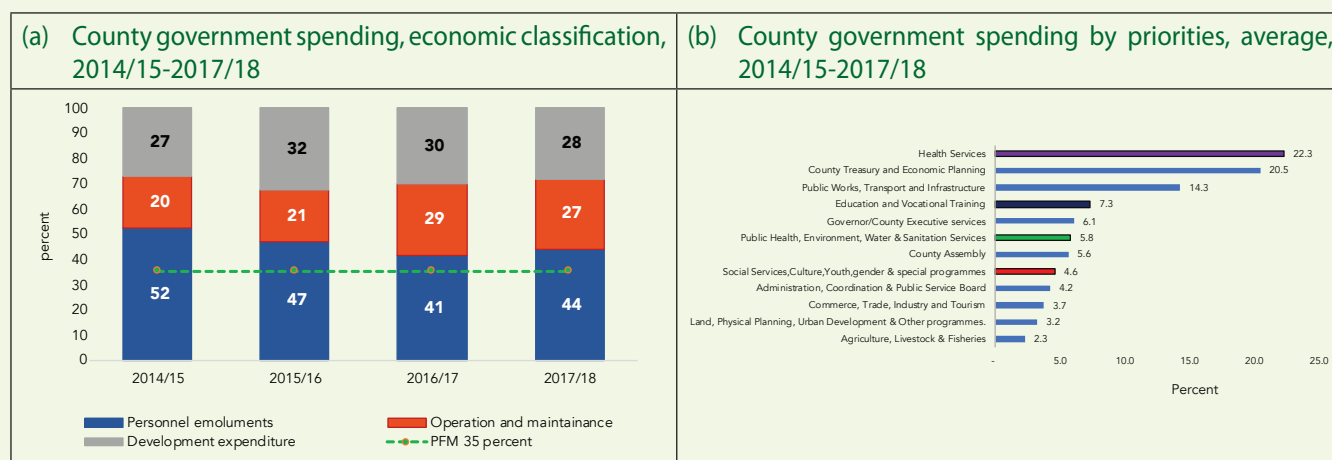


Source: Office of the Controller of Budget (Various) reports, 2014/15-2017/18

The development share of the actual spending increased from 28 per cent to 32 per cent in 2015/16 before decreasing to 28 per cent in 2017/18. The recurrent expenditure constituting of personnel emoluments and operations and maintenance costs accounted for, on average, 46 per cent and 24 per cent of the total spending, respectively. The county complies with the Public Finance Management (PFM) Act 2012 provision that ceils development spending at a minimum of 30 per cent of total budget in 2015/16 and 2016/17. The county, however, has not complied with Public Finance Management (PFM) Regulations 2015 which require that not more than 35 per cent of the county's total revenue should go to payment of wages and salaries as the proportion of personnel emoluments as a share of total spending remained above 40 per cent throughout the period.

Children youth, women and PWDs sensitive sectors accounted for 42.3 per cent of the county spending. This includes health services, education and vocational training, water and sanitation (WASH), social protection, agriculture, livestock and fisheries. Health services spending accounted for the largest share of the total spending at 22.3 per cent of the total spend for the last four years. Education and vocational training accounted for 7.3 per cent while water and sanitation accounted for 5.8 per cent of the county spending (Figure 3b).

Figure 3: Mombasa 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

3. ANALYSIS OF SOCIAL SECTOR SPENDING

3.1 Health

Health is a key spending priority of the county government, on average consuming 22.3 per cent of the total budget over the period 2014 to 2018. During this period, the sector's priorities included: elimination of communicable diseases; halting and reversing the rising burden of non-communicable conditions; minimizing the exposure of health risk factors and provision of health services; improving the quality of health services in existing facilities by equipping and improving human resource base.

The health status of children in the county generally improved over the review period. The status of all the selected health indicators, except under 5 mortality which stood at 115 per 1,000 live births, was better than the national average in all instances. The construction of additional health facilities, introduction of programmes in enhancing the numbers and skills of health personnel and community awareness programmes have contributed to the improvement of children's health indicators. Indicators that have improved between 2014 and 2018 include: proportion of fully immunized children under 1 year from 72.8 per cent to 89.4 per cent; DPT/Hep +HiB3 drop out rate from 8 per cent to 2.5 per cent; still birth rate from 38.7 per cent to 29.9 per cent; skilled birth attendant coverage from 70.3 per cent to 73.6 per cent; and proportion of pregnant women who attended at least four ANC visits during pregnancy from 46.9 per cent to 57.9 per cent. The proportion of pregnant women who attended at least one ANC visit during pregnancy decreased from 94.6 per cent to 87.6 per cent.

Table 2: Mombasa County selected health sector performance indicators

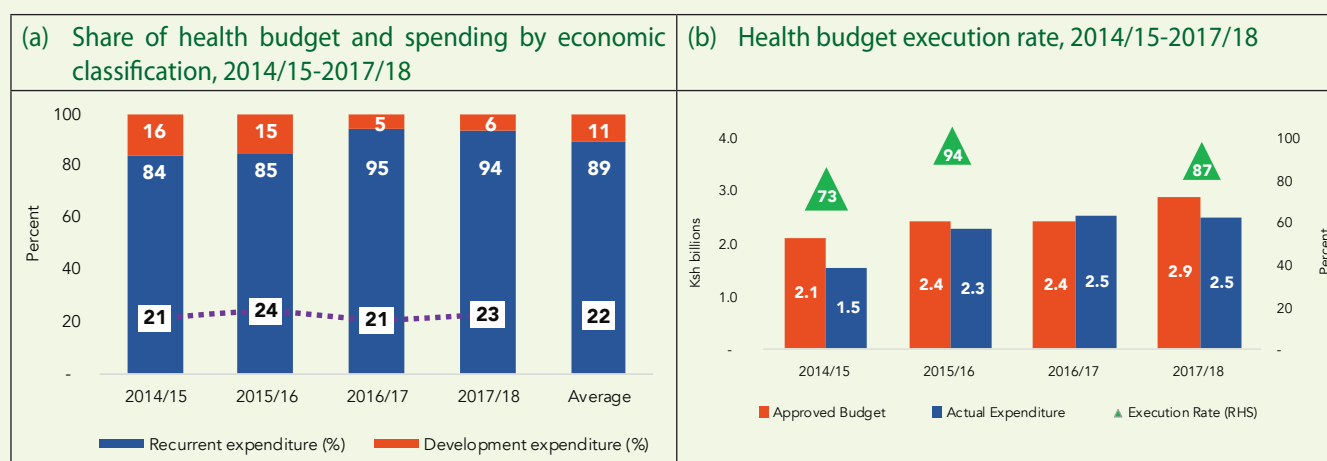
Selected Health Indicators	2014		2015		2016		2017		2018	
	County	National	County	National	County	National	County	National	County	National
U5MR (death per 1,000 live births) 2016 Estimate	-	-	-	-	115.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	223.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	70.3	53.5	68.8	56.9	64.9	59.3	69.7	53.0	73.6	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	94.6	76.4	81.0	75.4	77.5	76.9	93.3	73.7	87.6	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	46.9	35.9	56.4	39.7	48.9	39.8	49.2	32.6	57.9	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	72.8	70.2	84.2	75.7	77.0	72.4	75.6	65.9	89.4	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	8.0	6.8	3.3	7.2	1.5	6.6	7.5	10.1	2.5	4.0
Still Birth Rate (%) (Source: DHIS2)	38.7	29.3	32.8	22.6	35.3	21.5	35.0	22.6	29.9	20.4

Source: Kenya National Bureau of Statistics (Various), KDHS 2014, KIHBS 2015/16

3.1.1 Health budget and expenditure

The share of health budget in the total county budget allocation was 22 per cent over the review period (Figure 4a). While the county health allocation increased across the period from Ksh 2.1 billion in 2014/15 to Ksh 2.9 billion in 2017/18, the absorption rate increased from 73 per cent to 104 per cent between 2014/15 and 2016/17 but declined in 2017/18 to 87 per cent. The declining county own source revenue, delays in the disbursement of equitable share allocation by the National Treasury, and the failure of budget allocation request to meet the minimum requirement by the Controller of Budget contributed to the decline in the absorption rates. Health actual expenditure expanded from about Ksh 1.5 billion to Ksh 2.5 billion.

Figure 4: Mombasa county health spending trends, 2014/15-2017/18



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

3.1.2 Health medium term expectations

The county aims to continue investing in health to reach a wider variety of clients especially in child and maternal health by prioritizing quality health infrastructure and human resources in all sub-counties. It also aims to prioritize investments in reproductive health information especially for the youth, and undertake awareness campaigns on the importance of healthy reproductive practices. It also aims to continue investing in provision of quality health services by employing more health service providers, constructing more health facilities and equipping them. The county aims at implementing the Universal Health Coverage programme to reduce out-of-pocket expenditure. In addition, the county seeks to strengthen curative services by providing drugs, increasing numbers and skills of health personnel, and providing equipment. It targets to improve reproductive health for youth and women by promoting safe sex, managing HIV/AIDS and STIs, and increasing access to contraceptives.

To realize these new milestones, the county will need to address various challenges including: limited funds relative to health needs for the county, including those for children and mothers; sexual and reproductive health needs for all; and access to medical and psychosocial support for survivors of GBV. Other challenges that should be addressed include long procurement processes; delays by the National Treasury in releasing funding to the sector; and pending bills affecting the overall sector absorption rate. The county will also need to promote women empowerment through income generating initiatives and affirmative action programmes for better health outcomes for women and children. Continued investment and partnerships in awareness raising initiatives towards ending violence against women and girls will promote social inclusion, leading to transformative development for the county.

3.2 Education and Vocational Training

3.2.1 Education sector priorities

County governments are responsible for Early Childhood Development Education (ECDE) and Technical Vocational Education Training (TVET) as outlined in schedule IV of the Constitution of Kenya. During the plan period 2013-2017, the county education sector focus was to enhance the quality and access to ECDE, youth polytechnics and the bursary award programme for secondary, TVETs and tertiary education.

Gross ECDE enrolment rate increased from 66.8 per cent in 2014 to 116.6 per cent in 2018 while net enrolment rate (NER) increased from 57.4 per cent to 77.6 per cent during the same period. The large gap between gross enrolment rates of 116.6 per cent and net enrolment ratios of 77.6 per cent in 2018 indicates presence of over-age and under-age

children in the ECDE centres. Moreover, the net enrolment rate of 77.6 per cent, which is below 100 per cent, indicates that there are children of school going age who are not in school. Therefore, there is need for increased community sensitization on the value of ECDE. There is also need for the county to prioritize ECDE in the county's education budget spending.

The county promotes vocational and technical training. To this end, the county introduced the Mombasa City Polytechnics through "Tukuze Vipawa" to grow the technical skills and enhance employability of the youths. Over the period under review, the "Tukuze Vipawa" programme supported 2,059 youths and aims at supporting 5,000 beneficiaries by the end of 2020.

Table 3: Mombasa county selected education sector performance indicators

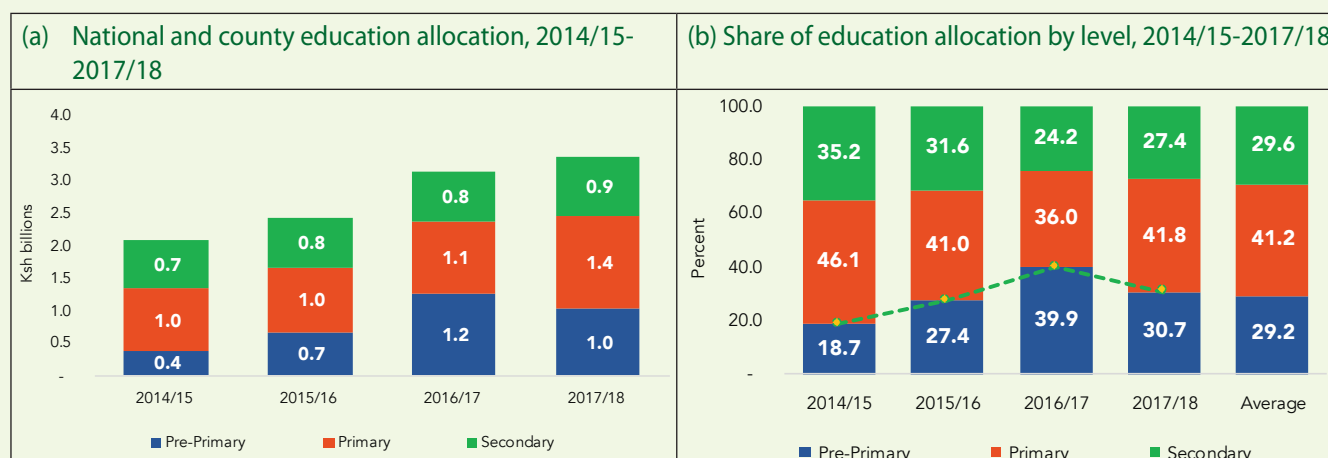
Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	66.8	73.6	116.6	94.4
Net enrolment ratio (%)	57.4	71.8	77.6	63.5
Male (%)	52.3	73.4	73.5	62.5
Female (%)	47.7	70.2	81.0	65.0
School size (Public) (Pupils) (Average)	79.0	75.0	86.0	85.0
Gender parity index (Value)	0.9	1.0	-	-
Pupil-teacher ratio (No.) (Public)	27.0	31.0	31.0	31.0
Proportion of enrolment in private schools (%)	85.4	31.5	84.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	77.6	104.0	95.3	107.2
Net enrolment ratio (%)	68.7	88.0	86.3	82.4
Male (%)	50.0	86.0	85.3	81.7
Female (%)	50.0	90.0	87.0	83.0
School size (Public) Average No. of pupils	277.0	338.0	702.0	375.0
Gender parity index (Value)	1.0	1.0	-	-
Pupil-teacher ratio (No.)	41.0	42.0	40.0	40.0
Proportion of enrolment in private schools (%)	53.0	16.0	54.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	34.7	58.7	94.9	66.2
Net enrolment ratio (%)	27.9	47.4	56.8	37.5
Male (%)	31.5	49.6	57.7	35.4
Female (%)	24.3	45.2	55.9	39.8
School size (Public)	428.0	-	928.5	392.0
Gender parity index (value)	0.7	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	34.0	30.0	24.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	18.8	20.2	19.0	20.0
Proportion of enrolment in private schools (%)	95.9	30.7	36.1	5.8

Source: Ministry of Education (2014-2018), Education statistical booklets

3.2.2 Education and vocational training budget and expenditure

The share of ECDE allocation in the county increased from Ksh 400 million in 2014/15 to Ksh 1.2 billion in 2016/17 before dropping to Ksh 1 billion in 2017/18. This accounted for, on average, 29.2 per cent of the allocation to education by the county. Allocation to primary education increased from Ksh 1 billion in 2014/15 and 2016/17 to Ksh 1.4 billion in 2017/18 while allocation to secondary education increased from Ksh 0.7 billion in 2014/15 to Ksh 0.9 billion in 2017/18.

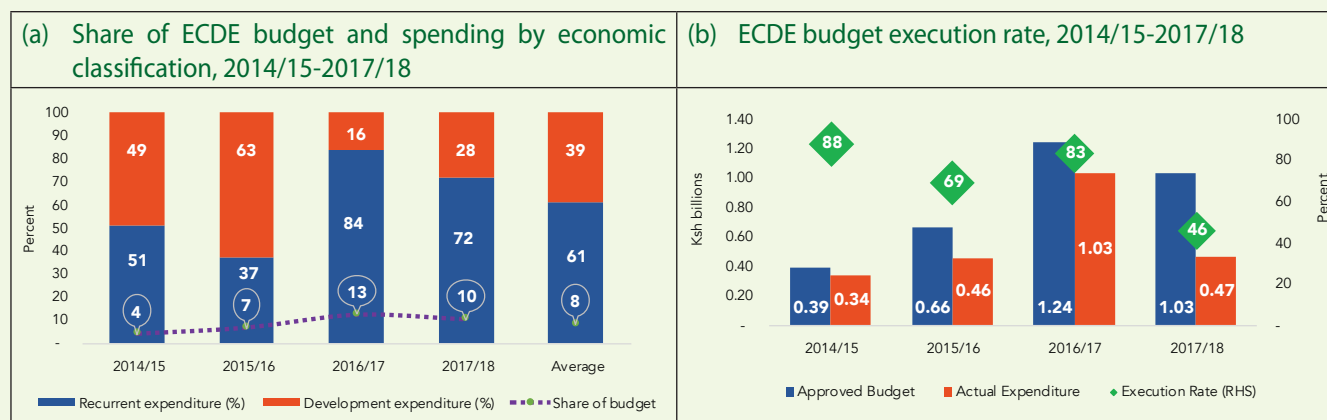
Figure 5: Mombasa County overall education spending trends, 2014/15-2017/18



Source: The National Treasury (Various), IFMIS

The share of ECDE budget in the total county budget allocation increased from 5 per cent in 2014/15 to 13 per cent in 2016/17 before decreasing to 10 per cent in 2017/18. It comprised of, on average, 61 per cent recurrent allocation and 39 per cent development allocation (Figure 6a). Expenditure on ECDE increased from Ksh 0.34 billion in 2014/15 to Ksh 1.03 billion in 2016/17 before decreasing to Ksh 0.47 billion. The absorption rate fluctuated during the review period between a maximum of 88 per cent in 2014/15 and a minimum of 46 per cent in 2017/18.

Figure 6: Mombasa county ECDE spending trends, 2014/15-2017/18



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

3.2.3 Education medium term expectations

The county government with support from stakeholders aims to continue investing in early childhood development through infrastructural development, employment of ECDE teachers, provision of sanitation facilities and enhanced school feeding programme. To achieve these objectives, the county will require to partner with the National government, donors and private sector to enhance ECDE and vocational training through infrastructural development, and equipping of both ECDE and vocational training centres.

Youth represent 47 per cent of the county's population, implying need for expanding TVETs capacity and quality of training to enhance employability of this substantial and increasing youth population. The county seeks to operationalize the "Tukuze Vipawa" programme that aims to meet up to 70 per cent of TVETs fee. The county intends to expand vocational training to fund 5,000 youths by 2020, construct and equip vocational training centres, and undertake community sensitization on TVET opportunities and benefits of vocational skills.

3.3 Water and Sanitation

The 2013-2017 Mombasa County Integrated Development Plan (CIDP) outlined investment in the expansion of water and sanitation (WASH) infrastructure as the main sector priority. Additionally, the sector would prioritize creation of awareness on importance of hand washing facilities and management of human waste disposal in rural and informal settlements in the county urban setups.

Access to improved water was estimated at 83 per cent of the population against the national average of 72.6 per cent. The proportion of population covered or served by the utility declined from 57 per cent in 2014 to 47 per cent in 2018. The sector experiences the problem of non-revenue water⁶ at about 48 per cent as at 2018; worsening from 47 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. Fresh water bottling business has mushroomed in the recent years as a competing interest with fresh water users.

Table 4: Mombasa County selected WASH sector performance indicators

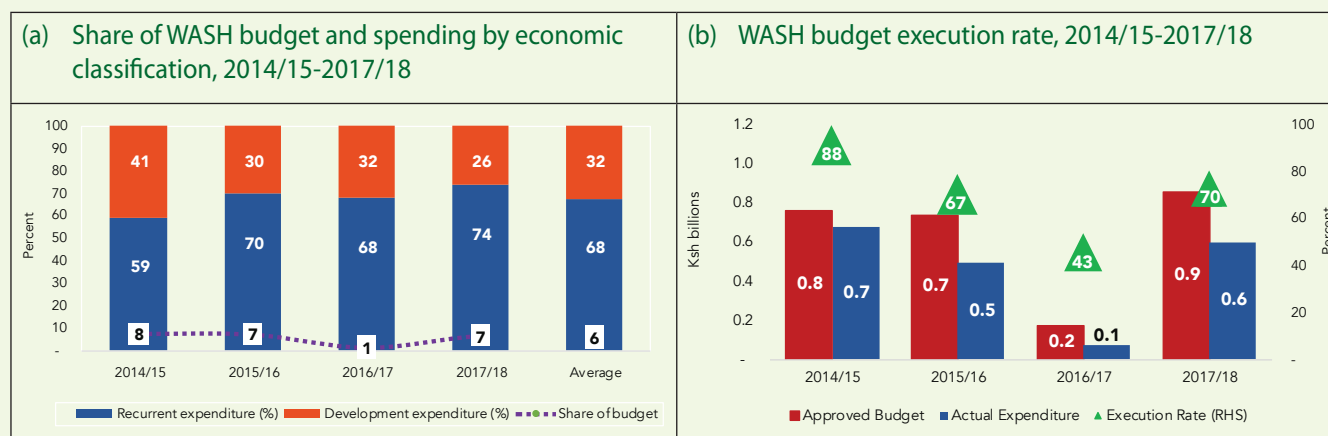
Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	100*	*	100	*
Water coverage by utilities (%)	57	53	47	*
Non-revenue water (NRW) (%)	47	42	48	*
Sanitation coverage within utility area (%)	88	69	-	*
Sewerage coverage (%)	5	*	9	*
Access to improved water (%)	83	*	83	*
Access to improved sanitation (%)	86	*	86	59
No toilet facility – Potential open defecation county-wide (%)	0	*	0	8

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

3.3.1 Water and sanitation budget and expenditure

Water and sanitation (WASH) receive about Ksh 0.63 billion, which translates to an average 6 per cent of the total county budget. This comprised of 68 per cent development and 32 per cent recurrent spending (Figure 7a). While the approved budget declined from Ksh 0.76 billion in 2014/15 to Ksh 0.17 billion in 2016/17 before increasing to Ksh 0.85 billion in 2017/18, the absorption rate declined from 88 per cent in 2014/15 to 43 per cent in 2016/17 before increasing to 70 per cent in 2017/18. This is also attributed to late release of the equitable share, and lengthy procurement processes.

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



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

3.3.2 WASH medium term expectations

In the CIDP period of 2018-2022, the county aims to continue providing clean water and solid waste management and increasing access to decent sanitation. The percentage of population under sewer coverage has been declining, and technical staff in the water sector are few. High breakage of water pumps is compounded by a declining and low share of recurrent spending in WASH. The recent outbreak of new non-communicable diseases such as 'chikungunya' and dengue fever could partly be managed by upscaling waste management. More attention needs to be given to operations and maintenance for the county to realize the outlined millstones. A notable achievement is successful relocation of Kibarani dump site to Mwakirunge area, away from the Makupa causeway.

3.4 Child Protection, Youth and Women

The CIDP highlighted coordination and development of communities through social welfare; empowerment of women, PWDs and youth through training. It also highlighted management of sports activities; promotion and regulation of responsible gaming; promotion of cultural development activities; and coordination of inclusion and gender mainstreaming as key areas of focus for the social services, youth, gender and culture department.

Specifically, on social child protection, the county recorded a high number of reported cases of child neglect and abandonment rising from 26 cases in 2014 to 1,984 cases in 2018. Similarly, cases of child physical abuse increased from 25 in 2014 to 44 in 2018 while cases of child labour increased from 3 to 9 over the same period. However, cases of child sexual abuse declined significantly.

Table 5: Mombasa County selected social protection performance indicators (No. of reported cases)

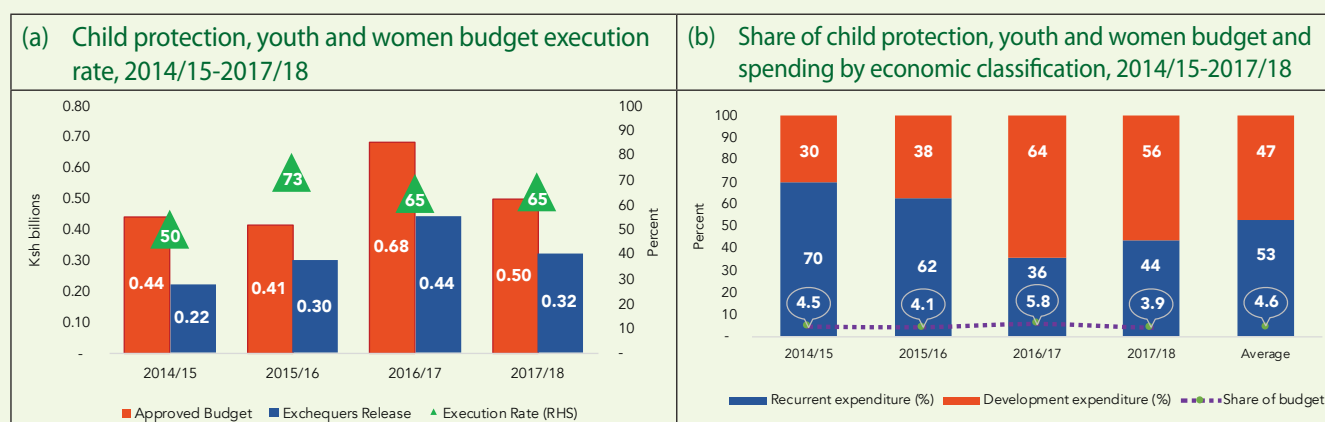
Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	26	767	1,984	73,245
Child Sexual Abuse	17	636	4	172
Child Trafficking, Abduction and Kidnapping	-	32	20	1022
Child Labour	3	168	9	378
Child Emotional Abuse	2	58	13	853
Child Physical Abuse	25	583	44	2,031
Female Genital Mutilation	-	9	-	40

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

3.4.1 Child protection, youth and women budget and expenditure

The county's allocation to child protection, youth and women has fluctuated at an average of Ksh 0.51 billion during the review period. Absorption rate improved from 50 per cent in 2014/15 to 73 per cent in 2015/16 before declining to 65 per cent in 2017/18 due to prolonged election period and the exchequer failure to release the entire approved budget amount (Figure 8a). The Ksh 0.51 billion represented 4.5 per cent of the overall county budget. The share of recurrent spending gradually declined from 70 per cent to 36 per cent between 2014/15 and 2016/17 before increasing to 44 per cent and 53 per cent during the last two years of the review period (Figure 8(b)). Despite the increasing approved budget allocation and exchequer releases for child protection, youth and women, the absorption rates remained low at 65 per cent in 2017/18.

Figure 8: Mombasa 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

3.4.2 Child protection, youth, women and PWDs medium term expectations

A coordinated framework is needed to implement social care programmes and social safety nets. During the plan period 2018 to 2022, the county aims to provide care, support and build capacities of individuals, vulnerable groups and communities including youth, women and PWDs for equity and self-reliance. TVETs talents and skill exhibition, construction of modern sports stadium at Bomu and Kongowea, children slides, swing and play pitches and construction of youth friendly services centres could demonstrate inclusion of these groups' social needs. With increasing demand for social protection in programmes such as cash transfers, there is a need to align the County government social protection programmes with National government to avoid duplication of the activities while ensuring that the available resources are focused to the relevant beneficiaries.

3.5 Nutrition

Promotion of nutrition education and improved nutritional status of households to eliminate malnutrition cases was the focus for the county, as per the CIPD for the period 2013-2017.

The county nutrition indicators remained relatively low according to the year 2014 data. Stunting stood at 21.1 per cent of the population with wasted and underweight children accounting for 4.1 per cent and 9.6 per cent, respectively. The levels were below the National averages, except for wasted children which was slightly higher. Vitamin A supplement coverage was at 12 per cent compared to the national average of 24 per cent.

Table 6: Selected nutrition performance indicators

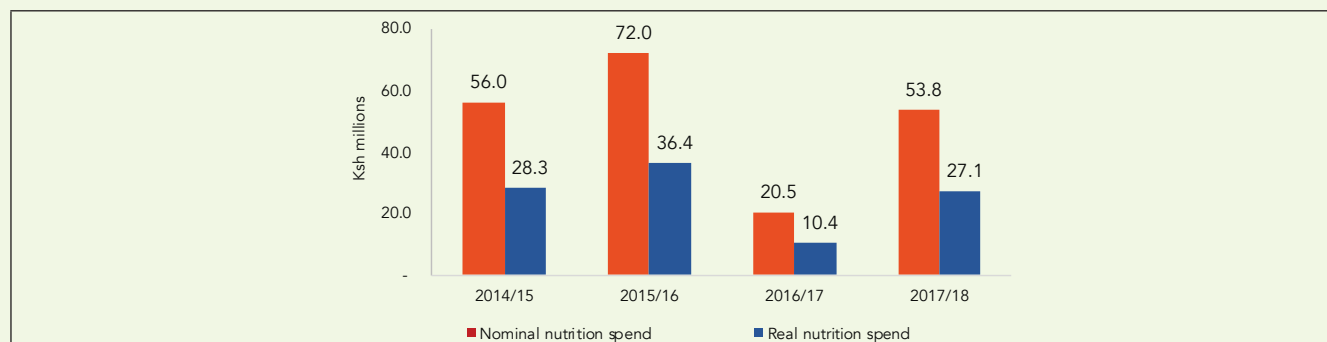
Indicators	2014-County	2014-National
Stunted children (%)	21.1	26.0
Wasted children (%)	4.1	4.0
Underweight children (%)	9.6	11.0
Vitamin A supplements coverage	12.0	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	81.7	71.4
Proportion of children consuming adequately iodized salt	100.0	99.1
Proportion of households consuming adequately iodized salt	99.9	99.2
Household salt iodization (50–80 mg/Kg KIO ₃) (% samples)	77.0	57.0
Number of Women (BMI)	25.4	23.2
Overweight or obesity among women aged 15 to 49 years.	48.2	28.9

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

3.5.1 Nutrition budget and expenditure

Considering 100 per cent nutrition sensitive (direct nutrition interventions) spending, the county has been financing nutrition since 2014/15. The county allocated Ksh 56 million for nutrition spending in 2014/15, which increased to Ksh 72 million in 2015/16 before a budget cut in 2016/17 to Ksh 20 million then increasing to Ksh 54 million in 2017/18 (Figure 9). This could be attributed to lack of proper nutrition plans in the county as well as situations of need.

Figure 9: County government (100%) nutrition sensitive spending trends, 2014/15-2017/18



Source: *The National Treasury (Various), IFMIS 2014/15-2017/18*

3.5.2 Nutrition medium term expectations

In the period 2018-2022, the county plans to promote nutrition education and strengthen Community Units to offer broad-based services to eliminate malnutrition cases. The county seeks to reduce the proportion of stunted children to 16 per cent from 21 per cent and underweight children to 4.6 per cent from 10 per cent.

To realize the objective, the county will be required to increase the share of nutrition sensitive spending, which has been inconsistent. The formulation of Mombasa County Nutrition Annual Plan, provision of a breast feeding room in *Huduma* Centres and other public work-places, and screening of BMI in public places are interventions that the county is pursuing to improve the nutrition performance indicators.

3.6 Other Initiatives for the Special Interest Groups

Box 1: Key highlights on children, youth, women and PWDs' initiatives

- AGPO:** During the period under review, the county reported compliance to the 30 per cent allocation of Access to Government Procurement Opportunities (AGPO) reserved for women, youth and Persons with Disabilities (PWDs).
- Children:** The county had an immunization programme and allocated Ksh 1.62 million to fund Vitamin A supplements for ECDE children, thus achieving 87 per cent coverage. Moreover, the county procured 64 weighing scales and height meters for ECDE growth monitoring. ECD education has been improved through construction of new centres to meet the increased enrolment at the centres. In addition, the county offered free health services to under-fives; traces immunization defaulters; and distributed long-lasting insecticide-treated nets (LLITNs) to under-one kids. In addition, the county provided milk to school children.
- Youth :** The county introduced the Mombasa City Polytechnics through '*Tukuze Vipawa*' to grow the technical skills of youths '*Elimu Fund*' that offers bursaries to students. The county in collaboration with Liverpool Voluntary Counselling and Testing (LVCT); Dream Achievers Youth Organization (DAYO); and Stretchers Youth Organization (Stretchers) developed an Adolescents and Young People (AYP) HIV prevention strategic plan (2018-2023). There was provision of youth-friendly services within 13 government health facilities in collaboration with LVCT; DAYO; and Stretchers. The county implemented the dissemination of a comprehensive sexual education programmes within its secondary schools in collaboration with Marie Stopes. The county further increased TVET education awareness among residents.

In collaboration with Football Association (FIFA) and County Assemblies Forum (CAF), the county constructed two stadiums in Bomu and Kongowea and seven play and swing children pitches meant to nurture youth and children talents in sports. For the drug addicted youths, the county provided free counselling and sensitized residents against drug abuse in collaboration with other stakeholders.
- Women:** The county distributed Long Lasting Insecticide Treated Net (LLITN) to pregnant women and *Kangas* to women delivering at health facilities. The county further sent ANC reminder messages to mothers as well as tracing defaulters. Moreover, the county provided Breastfeeding rooms at the *Huduma* centre and other work places.
- PWDs:** The county developed a social protection policy that addressed the needs of PWDs and provided PWD features in health facilities.

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 67 per cent of the Gross County Product (GCP) for Mombasa County, which is the fourth largest (4.7% contribution to GDP) of all the 47 counties in Kenya, comes from other industries (mining, electricity and construction).	The county needs to continue supporting tourism and value addition while attracting more investment in manufacturing to have a balanced economy.	County Treasury and Planning/ County Executive/Department of Social Services (Youth, Women and PWDs) Department of Commerce, Trade, Industry and Tourism
Revenue	Own source revenue fell to 26.2 per cent from 34.4 per cent during the review period. The county's own source revenue declined from Ksh 2.5 billion to Ksh 3.2 billion between 2014/15 and 2017/18.	The county needs innovative strategies to reverse the declining trend in own source revenue while strengthening legal and institutional frameworks for the county tax and non-tax revenue generation to grow own source revenue.	County Treasury and Planning/ Directorate of Revenue; All County Departments with a revenue generation component; County Assembly
Expenditures	Industrial services, manufacturing and social services are poorly financed, implying that an important segment of the population is left out in terms of sectors that improve their social welfare.	Ensure that the resources are effectively allocated and efficiently used to improved service delivery to the citizens.	All sectors/County Treasury and Planning/ County Executive
Health	Maternal and child health outcomes and the rate of child immunization declined, with number of women who had access to skilled delivery declining by 20 per cent to 61 per cent, while the share of fully immunized children declined by 4 per cent to 82 per cent between 2014 and 2018.	There is need to create awareness on child immunization to reverse the decline. There is also need to create awareness on availability and importance of free maternity services and promote exploration of other non-financial constraints to access of maternal health services.	County Treasury and Planning/ County Department of Health
Education	The budget for Early Childhood Development Education (ECDE) has increased from Ksh 400 million in 2014/15 to Ksh 1 billion in 2017/18.	The challenge for the county is to ensure equitable distribution and effective utilization of available resources. In addition, the county should ring-fence ECDE resources so that they are not used for other purposes such as secondary and higher education bursaries.	County Treasury and Planning/ County Department of Education
WASH	The budget execution rate for most social sector budgets, especially health, water and sanitation, was low. For instance, budget execution rates for water and sanitation declined from 53 per cent in 2014/15 to 45 per cent in 2017/18.	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.	County Treasury and Planning/ County Department of Water and Sanitation/ MAWASCO
Child Protection, Youth and Women	Generally, there is inconsistent and diminishing budgetary allocation to vulnerable groups.	Make a deliberate effort to increase budgetary resources towards youth and women-related issues, given their significance in socio-economic development.	County Government and County Assembly
Nutrition	The county committed Ksh 56 million in 2014/15 to interventions that directly contribute to boosting child nutrition. This increased to Ksh 72 million, then declined to Ksh 20 million before reverting to Ksh 54 million in 2017/18.	There is need for the county to provide nutrition and health promoting interventions while consistently allocating resources towards nutrition-specific and sensitive programmes in the various sectors.	County Treasury and Planning/ County Department of Health
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.	By having standalone budget lines on the above, the county would be better placed to effectively deliver the above-mentioned services, especially to women and girls.	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 See, for example, UNICEF (2017), *Early Moments Matter*, New York: UNICEF.
- ³ Monetary poor people are considered at risk of monetary poverty when their equivalised disposable income (after social transfers) is below the at-risk-of-poverty threshold, which is set at 60% of the national median value.
- ⁴ 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, etc.
- ⁵ Base year 2013.
- ⁶ *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)

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For more information, contact

Kenya Institute for Public Policy Research and Analysis
Bishops Road, Bishops Garden Towers
P.O. Box 56445-00200, Nairobi
Tel: 2719933/4; Cell: 0736712724, 0724256078
Email: admin@kippra.or.ke
Website: <http://www.kippra.org>
Twitter: @kipprakenya

