

# **Policy Brief**

No. 79/2019-2020

**Eyes on Social Sector Budgets** 

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



County Government of Migori

# **KEY HIGHLIGHTS OF THE BRIEF**

This brief provides an analysis on how the County Government of **Migori** plans and budgets to support the needs of children, youth and women. The analysis focused on social sector (health, education, water and sanitation, social services, and nutrition) budgets for the period 2014/15-2017/18. The analysis was based on budget information collected from the Office of the Controller of Budget, county policy documents and face-to-face interviews with relevant county stakeholders. The key highlights from the analysis are summarized below:

- a) An estimated 46 per cent of the Gross County Product (GCP)¹ of Migori, which ranked 29th (1.28% contribution to GDP) of all the 47 counties in Kenya, comes from services. Agriculture contributes 42 per cent of the county's GCP. However, agricultural productivity is vulnerable to weather shocks, resulting in unpredictable trends in economic growth. Moving forward, the county should put in place measures to mitigate weather shocks, while at the same time promoting manufacturing through agro-processing, and enhancing access to agriculture markets, including through collaboration with the private sector.
- b) The county's own source revenue decreased from Ksh 355 million in 2014/15 to Ksh 222 million by 2017/18. As a share of total revenue, the county's own source revenue also declined from 6 per cent in 2014/15 to 3 per cent in 2017/18. Overall, total county revenue increased from Ksh 5.6 billion in 2014/15 to Ksh 7.6 billion in 2017/18 mainly because of transfers from the national government. The country should strengthen measures for tax collection and management to prevent leakages of revenue streams.
- c) The budget for health increased from Ksh 0.5 billion in 2014/15 to Ksh 1.9 billion in 2017/18, which contributed to improved maternal and child health outcomes during the period. The number of women who had access to a skilled birth attendant during delivery, and share of fully immunized children in the county, increased. However, infant mortality rate was higher than the national averages. To reverse this latter trend, the county should prioritize investments in reducing mortality rates.
- d) The budget for Early Childhood Development Education (ECDE) increased from Ksh 329 million in 2014/15 to Ksh 471 million in 2017/18. Partly because of increased spending on ECDE, gross ECDE enrolment rate in the county went up from 93.2 per cent in 2014 to 144.7 per cent in 2018. The challenge for the county is to ensure equitable distribution and effective utilization of available resources. Further, the county should prioritize resources for ECDE, which is its core function, and ensure that they are not used for other purposes such as secondary and higher education bursaries.
- e) The county allocation for water and sanitation in total budget decreased from Ksh 0.5 billion in 2014/15 to Ksh 0.2 billion in 2017/18. The absorption rates also decreased from 75 per cent in 2014/15 to 51 per cent in 2017/18. The county has high and increasing non-revenue water resulting in revenue losses by the water service providers. There is need for the county to increase investment in water infrastructure and put in place initiatives to reduce non-revenue water to minimize losses and hence channel funds towards improvement of water supply.
- f) The county did not have reported budgetary allocations for financing child protection, youth and women during the review period. The county needs to have clear budgetary allocations for child protection, culture, youth, gender and special programmes.

- g) The county allocated Ksh 25 million in 2014/15 to interventions which directly contribute to boosting child nutrition, Ksh 55 million in 2016/17, followed by a significant cut to Ksh 8 million in 2017/18. The key indicators for children and women nutrition were better than the national averages. While the average execution rate of 108 per cent and annual allocations are commendable, there is need to consistently allocate budget lines to ensure that direct nutrition interventions across several sectors such agriculture, education and health are budgeted for, with visible budget lines.
- h) The budget execution rate for most social sector budgets, especially health, water and sanitation, fluctuated during the review period. The higher execution rates are, however, noted in the years where recurrent expenditure was higher than development expenditure. Low budget execution rates are partly because approved budgets are not released in time by the National Treasury, and procurement and cash flow planning by the county is 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.
- i) Due to lack of data in expenditure reports, it was not possible to establish how much of the county government budget was spent on disability and gender mainstreaming in some of the sectors. On child protection, for example, the county recorded an increase in the number of reported cases of child neglect and abandonment from 13 in 2014 to 1,861 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. By having budget allocations on the above, the county is better placed to effectively deliver on programmes in these sectors, especially to women and girls.

## 1. COUNTY OVERVIEW

**Migori** occupies a land area of approximately 2,597 km<sup>2</sup> and is divided into 8 sub-counties and 40 wards. According to the 2019 census, the county's population was 1,116,436 constituting 536,187 males, 580,214 females and 35 intersex persons; representing 2.3 per cent of the national population.

In 2015/16, the overall poverty rate of the county was 41 per cent with 3.6 per cent living in extreme poverty. While the overall poverty rate was worse than the overall national rate of 36.1 per cent, those living in extreme poverty are fewer than the national average of 8.6 per cent. Among children, one in every four children were affected by monetary poverty or lack of financial means.<sup>2</sup> Additionally, 39.7 per cent of youth and 35.9 per cent of women were also affected by monetary poverty. Moreover, 69.7 per cent of children were living in multidimensional poverty; that is, deprived in several areas including nutrition, healthcare, education, housing and drinking water.<sup>3</sup> Levels of monetary poverty were higher than national averages for children, youth and women. The overall high rates of poverty, especially among women, means that planning and budgeting processes should consider human capital sectors so that the county can maximize on the productive and innovative potential of its future workforce and initiate a fast and sustainable growth trajectory.

Table 1: Migori county administrative, poverty and demographic profile

idble 1. Milge	or county auminis	ilutive, poverty	ana acmograpi	ne prome		
Administrative Pro	ofile					Latest Available
Area (km²)						2,597
Number of sub-cou	nties					8
Number of wards				40		
Overall poverty (%)				41		
Extreme poverty (%	5)					3.6
Population (2019)						1,116,436
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men
Monetary Poor						
Male (%)	44.4	42.1	41.6	29.1	38.9	30.5
Female (%)	41.9	41.0	38.1	28.8	32.5	34.1
Total (%)	43.1	41.6	39.7	28.9	35.9	32.4
Population	566,498	20,742,290	298,015	13,443,268	143,970	7,847,350
Multidimensional	ly Poor					
Male (%)	72.8	49.3	73.9	44.7	72.6	51.0
Female (%)	66.7	47.1	75.7	49.4	86.9	60.8
Total (%)	69.7	48.2	74.9	47.1	80.1	56.1
Population	566,498	20,742,290	298,015	13,443,268	143,970	7,847,350

Source: Kenya National Bureau of Statistics, (various)

## 2. STATE OF COUNTY ECONOMY

## 2.1 Gross County Product Growth

**Migori county accounted for 1.28 per cent of the national GDP in 2017.** The Gross County Product (GCP) per capita growth rate declined from 6.3 per cent in 2014 to lowest of 1.1 per cent in 2016 before recording an expansion to 8.6 per cent in 2017. The drastic economic growth decline between 2014 and 2016 was largely attributable to decline in agricultural and industrial outputs.

The economy remains heavily reliant on agriculture, which accounts for 42 per cent of the GCP. The services sector accounts for 46 per cent while manufacturing and other industries account for 8 and 3 per cent of GCP, respectively (Figure 1b). The agriculture, manufacturing and services industry, in particular, are important drivers of job creation for women, youth and Persons With Disabilities (PWDs). The county needs to consider a mix of agriculture productivity enhancing measures such as modernization of production systems, reduction of cost of farming, improvement of infrastructure to link rural areas with markets and value chain promotion to boost the sector's productivity. The county should also seek to attract more investment in manufacturing, and services, for a balanced economy.

GCP (per capita) growth trends, 2014-2017 (per cent) (b) Structure of the Economy, 2017 (per cent of GCP) 5.00 25.0 45 19.3 4.00 40 20.0 35 14.6 of GCP 15.0 of GDP 30 3.00 25 10.0 63 20 2.00 28 5.0 15 1.1 10 1.00 0.11 0.04 - Real GCP (per capita) growth Nominal GCP (per capita) growth Other Industrie Share of National GDP (LHS) Percent of GCP (RHS)

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

Source: KNBS statistics, 2019

# 2.2 Overall Budget Performance

The county government annual budget increased from Ksh 4.7 billion in 2014/15 to Ksh 5.9 billion in 2017/18 (Figure 2a). This spending is heavily dependent on national government transfers accounting for, on average, 88 per cent during the review period. In nominal terms, own source revenue decreased from Ksh 355 million in 2014/15 to Ksh 222 million by 2017/18. Equitable share transfer increased from Ksh 5.1 billion to Ksh 6.4 billion during the same period. Own source revenue as a share of total revenue fell from 6 per cent in 2014/15 to 3 per cent in 2017/18. The contribution of own source revenue and conditional grants was, on average, 12 per cent (Figure 2b). There is need for enhanced fiscal efforts to accelerate revenue mobilization from both local revenue and conditional grants. Revenue leakages due to weak internal controls, weak resource mobilization strategies and non-performing revenue streams are the core factors driving the decline in the own source revenue. There is need for strengthening measures of tax collection, legal and institutional frameworks for Migori county tax and non-tax revenue generation to optimize the county's own source revenue and prevent leakages.



■ Equitable share

Own source revenue

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

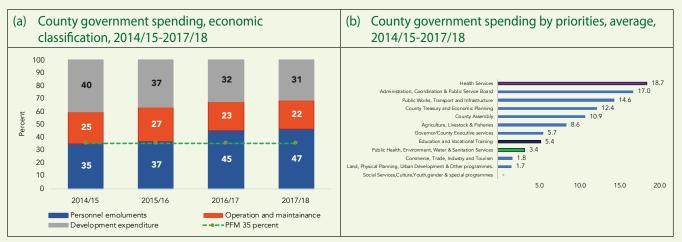
--- Real expenditure

Nominal expenditure

■ Conditional grants

The development share of the total budget declined from 40 per cent in 2014/15 to 31 per cent in 2017/18. In 2017/2018, the county expenditure on wage and operation and maintenance dominate spending constitute 47 per cent and 22 per cent of the total spending, respectively. This leaves the county with a declining development expenditure share, which constraints the county long-term development objectives including infrastructure development (Figure 3a). 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 and but does not comply with the Regulations 2015, which require that not more than 35 per cent of the county's total revenue should be spent on payment of wages and salaries.

Figure 3: Migori 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 36.1 per cent of total expenditure in the period on health, education, agriculture, nutrition, child protection, youth, women, water and sanitation. These sectors are regarded as being more sensitive to the needs of children, youth and women. The effects of this expenditure in the various programmes and activities vary based on the key indicators.

## 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 and women.** This 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; and improving the quality of health services in existing facilities by equipping and improving human resource base.

The number of women who had access to a skilled birth attendant during delivery increased from 68.0 per cent in 2014 to 76.2 per cent in 2018 due to introduction of free maternity services in 2013. The proportion of children who were fully immunized also increased from 75.6 per cent in 2014/15 to 85.3 per cent in 2017/18, which was higher than the national average of 77.0 per cent. Infant mortality and under 5 mortality rate is estimated at 175 deaths per 1000 live births in 2016, which is higher than the national average of 79 deaths per 1,000 live births.

# 3.1.2 Health budget and expenditure

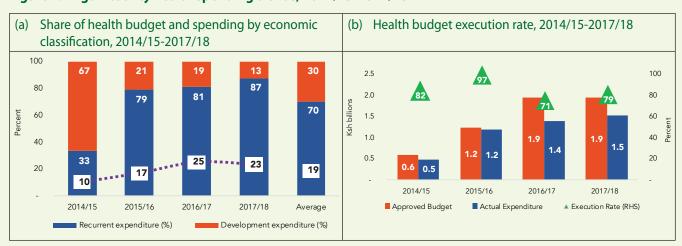
The share of health budget as a proportion of total county budget allocation increased from 10 per cent in 2014/15 25 per cent to 25 per cent in 2016/17 but declined to 23 per cent in 2017/18. The budget allocation increased steadily from Ksh 0.5 billion in 2014/15 to Ksh 1.9 billion in 2017/18. Spending comprised of 71 per cent recurrent and 29 per cent development (Figure 4a). The absorption rates fluctuated during the review period with an increase from 82 per cent in 2014/15 to 97 per cent in 2015/16 but declined to 71 per cent in 2016/17. The low absorption rates were attributable to failure by the exchequer to release the full amount approved in the health budget, weak procurement systems and slow implementation of health projects.

Table 2: Migori county selected health sector performance indicators

Selected Health Indicators	2014		2015		2016		2017		2018	
	County	National								
U5MR (death per 1,000 live births) 2016 Estimate	-	-	-	-	175.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	583.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	68.0	53.5	68.8	56.9	59.6	59.3	58.4	53.0	76.2	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	88.1	76.4	84.9	75.4	80.0	76.9	78.9	73.7	88.1	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	41.6	35.9	41.9	39.7	35.5	39.8	29.7	32.6	50.7	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	75.6	70.2	77.5	75.7	74.1	72.4	64.4	65.9	85.3	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	5.8	6.8	7.6	7.2	5.6	6.6	12.0	10.1	1.0	4.0
Still Birth Rate (%) (Source: DHIS2)	18.4	29.3	12.0	22.6	17.5	21.5	16.5	22.6	13.2	20.4

Source: KNBS (2014), KDHS 2014; and KNBS (2016), KIHBS 2015/16

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



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

# 3.1.3 Health sector medium term expectations

The county aims to continue investing in health, especially in child and maternal health by prioritizing quality health infrastructure and human resources in all sub-counties. The county also aims to prioritize investing in reproductive health information especially for the youth and undertake awareness campaigns on the importance of healthy practices. It also aims to continue to invest in provision of quality health services by employment of more health service providers, construction of more health facilities and equipping them.

The county will need to address various challenges during the next medium term. These include: limited access to medical and psychosocial support for survivors of Gender-Based Violence (GBV); limited access to sexual and reproductive health services; long procurement processes; inadequate funds for purchasing antiretroviral drugs (ARVS); increased new cases of HIV/AIDS in the county especially amongst the youth; delays by the National Treasury in releasing funding to the sector; and pending bills affecting the overall sector absorption rate.

## 3.2 Education and Vocational Training

## 3.2.1 Education sector priorities

The county governments are responsible for Early Childhood Development and Education (ECDE) and youth polytechnics, which are part of Technical Vocational Education and Training (TVETs) as per Schedule IV of the Constitution of Kenya 2010. During the review period 2014-2018, the county education sector focused on supporting ECDE and youth polytechnics while the national government supported the primary, special needs, secondary and tertiary education.

Gross ECDE enrolment rate increased from 93.2 per cent in 2014 to 144.7 per cent in 2018 while net enrolment rate (NER) decreased from 90 per cent to 76.6 per cent during the same period. The gross and net enrolment rates are generally higher than national averages of (94.4% and 63.5%), indicating that more children joined ECDE in the county following devolution of ECDE function to counties. The decline in the net enrolment rate implies that children of school going age in Migori county had not started school during the review period. The gender disaggregated enrolment rates indicate relatively higher girls' enrolment in ECDE level and primary level but relatively lower in secondary level. The statistics demonstrate a lower secondary level transition for the girls, contrasting the national secondary level transition rates as shown in Table 3.

Gross primary and secondary enrolment rates stood at 110.6 per cent and 60.3 per cent in 2018, respectively. Net enrolment rate (NER) decreased from 95.9 per cent in 2014 to 77.3 per cent in 2018 for primary school level and from 46.0 per cent in 2014 to 32.7 per cent in 2018 for secondary school. There is inequality in access to primary education between male and female school-going children with girls recording higher enrolment rates than boys for both ECDE and primary school levels but lower rates for the secondary school level enrolment.

The county had 23 vocational training centres with an enrolment of 1,200 trainees and 108 tutors by 2017. Low relevance of technical skills, inadequacy of facilities, and inadequacy of training tools and materials in the county contributes to the low enrolment rates.

Table 3: Migori county selected education sector performance indicators

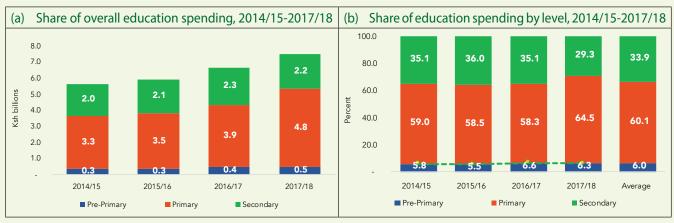
Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	93.2	73.6	144.7	94.4
Net enrolment ratio (%)	90.0	71.8	76.6	63.5
Male (%)	49.4	73.4	72.7	62.5
Female (%)	50.6	70.2	77.8	65.0
School size (Public) (Pupils) (Average)	101.0	75.0	110.0	85.0
Gender parity index (value)	1.0	1.0	-	-
Pupil-teacher ratio (No.) (Public)	61.0	31.0	42.0	31.0
Proportion of enrolment in private schools (%)	24.4	31.5	30.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	113.7	104.0	110.6	107.2
Net enrolment ratio (%)	95.9	88.0	77.3	82.4
Male (%)	50.7	86.0	74.2	81.7
Female (%)	49.3	90.0	80.3	83.0
School size (Public) Average No. of pupils	311.0	338.0	450.0	375.0
Gender parity index (Value)	1.0	1.0	-	-
Pupil-teacher ratio (No.)	48.0	42.0	46.0	40.0
Proportion of enrolment in private schools (%)	13.0	16.0	14.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	56.4	58.7	60.3	66.2
Net enrolment ratio (%)	46.0	47.4	32.7	37.5
Male (%)	50.7	49.6	34.6	35.4
Female (%)	41.3	45.2	30.9	39.8
School size (Public)	267.0	-	333.7	392.0
Gender parity index (value)	0.7	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	42.0	30.0	44.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	21.6	20.2	22.0	20.0
Proportion of enrolment in private schools (%)	34.6	30.7	3.5	5.8

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

## 3.2.2 Basic education budget and expenditure

The share of ECDE spending in the county increased from Ksh 0.3 billion in 2014/15 to Ksh 0.5 billion in 2017/18. Spending on ECDE as a share of total spending on basic education averaged 6 per cent. Allocations to primary school education increased from Ksh 3.3 billion in 2014/15 to Ksh 4.8 billion in 2017/18 while spending on secondary school increased from Ksh 2 billion to Ksh 2.2 billion (Figure 5a).

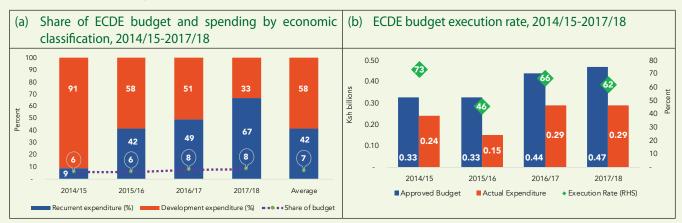
Figure 5: Migori county overall education spending trends, 2014/15-20217/18



Source: National treasury (Various), IFMIS

The share of ECDE budget in the total county budget allocation averaged 7 per cent over the review period, comprising of 58 per cent development and 42 per cent recurrent (Figure 6a). The absorption rate declined from 73 per cent in 2014/15 to 62 per cent in 2017/18.

Figure 6: Migori 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 county government aims at increasing its investment in early childhood development with a focus on construction and upgrading of ECDE, strengthening the staffing of ECDE, training ECDE teachers including on skills on handling children with disabilities, integrating children with disability in ECDE, and introducing school feeding programme pupils. In line with enhancement of vocational and technical training, the county seeks to enhance village polytechnic education through provision of accessible infrastructure and equipment and reorienting of curriculum to offer life skills including farming, artisan, plumbing, beauty and therapy. To achieve these objectives, the county will require to partner with the national government and private sector to enhance ECDE and vocation training.

## 3.3 Water and Sanitation

# 3.3.1 Water and sanitation priorities

The County Integrated Development Plan (CIDP) 2013-2017 outlined investment in the expansion of water and sanitation infrastructure as the main sector priority. The country prioritized provision of quality water, addressing the prevailing solid waste collection and the sewerage challenge, which heavily contributes to water borne diseases in the county.

## Access to improved water and sanitation was recorded at 61 per cent and 38 per cent of the population, respectively.

The population within the service area of water utility (company) increased from 18 per cent to 24 per cent between 2014 and 2018. The proportion of population covered or served by the utility also improved from 20 per cent in 2014 to 24 per cent in 2018. The sector experiences the challenge of non-revenue water<sup>5</sup> at about 43 per cent as at 2018; deteriorating from 38 per cent in 2014. High non-revenue water denies the water utilities revenue to enhance water service delivery and in meeting operations and maintenance costs.

**Table 4: Migori county selected WASH sector performance indicators** 

Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	18	*	24	*
Water coverage by utilities (%)	20	53	24	*
Non-revenue water (NRW) (%)	38	42	43	*
Sanitation coverage within utility area (%)	65	69	*	*
Sewerage coverage (%)	*	*	*	*
Access to improved water (%)	61	*	61	*
Access to improved sanitation (%)	38	*	38	59
No toilet facility – Potential open defecation county-wide (%)	35	*	23	8

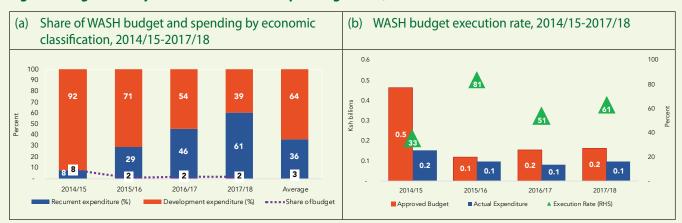
Source: KNBS (2014), KDHS 2014; and CIDP 2018

\*Data not available

# 3.3.2 Water and sanitation budget and expenditure

On average, water and sanitation was allocated 3 per cent of total county budget between 2014/15 and 2017/18. Total spending on water and sanitation decreased from Ksh 0.5 billion in 2014/15 to Ksh 0.2 billion in 2017/18. Spending consisted of, on average, 36 per cent recurrent and 64 per cent development. The absorption rate averaged 75 per cent and increased from 33 per cent in 2014/15 to 81 per cent in 2015/16 before declining to 51 per cent in 2016/17 and later increasing in 2017/18 to 61 per cent. This is also attributed to failure by the exchequer to release the entire approved budget, weak procurement systems and slow implementation of WASH projects.

Figure 7: Migori 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 of 2018-2022, the county aims to continue with the provision of clean water at household, urban and institution level and enhance solid waste management, and increasing access to decent sanitation. With a declining percentage of population under water coverage by utilities, few technical employees in the water sector, high breakage of water pumps compounded by a declining share of development spending in WASH, more focus needs to be given to operations and maintenance of water projects for the county to realize the outlined millstones.

# 3.4 Child Protection, Youth, Gender, and Culture

# 3.4.1 Child protection, youth and women priorities

The integrated development plan for the county highlighted coordinating and development of communities through social welfare; empowerment of youth through training; management of sports activities; promotion and regulation of responsible gaming; promotion of cultural development activities; and coordination of 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, substantially increasing from reported 13 cases in 2014 to 1,861 cases in 2018. Similarly, the child trafficking, abduction and kidnapping increased from 4 in 2014 to 25 in 2018 while child labour increased from 8 to 12 cases and child physical abuse increased from 15 to 138 cases between 2014 and 2018. However, cases of child sexual abuse declined during the period.

**The county reported only two cases of FGM.** The low/non-reporting of the female genital mutilation (FGM) to government institutions can be attributed to either the intensive campaigns and initiatives to protect the girl child, or fear by the population to report such cases, and culture that approves such practices.

Table 5: Migori county selected child protection performance indicators (No. of reported cases)

Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	13	767	1,861	73245
Child Sexual Abuse	12	636	8	172
Child Trafficking, Abduction and Kidnapping	4	32	25	1022
Child Labour	8	168	12	378
Child Emotional Abuse	1	58	13	853
Child Physical Abuse	15	583	138	2031
Female Genital Mutilation	2	9	2	40

Source: KNBS (2014), KDHS 2014; CIDP 2018

# 3.4.2 Child protection, youth and women budget and expenditure

Migori county has not been allocating financing to child protection, youth and women during the review period. There was no clear budgetary allocation for child protection, culture, youth, gender and special programmes between the period 2014/15 and 2017/18.

# 3.4.3 Child protection, youth and women medium term expectations

Between the plan period 2018 and 2022, the county aims to provide care, support and build capacities of individuals, vulnerable groups and communities for equity and self-reliance. With increasing demand for child protection, youth and women in programmes such as cash transfers, there is need to align the county government social protection programmes with the national government to avoid duplication of the activities while ensuring that the available resources are focused to the relevant beneficiaries.

## 3.5 Nutrition

# 3.5.1 County priorities

The CIDP 2013 to 2017 outlined promotion of nutrition education and improvement of nutritional status of households to eliminate malnutrition cases as the focus for the county's nutrition strategy. For children, county nutrition indicators were generally lower than national averages, according to 2014 data. Stunting stood at 23.5 per cent of the population while wasting and underweight children stood at 6 per cent and 10 per cent, respectively (Table 6). The proportion of households consuming adequately iodized salt was 99.8 per cent of the target population. Vitamin A supplementation among children aged 6 to 59 months was at 73.3 per cent and above the national coverages of 71 per cent in 2014.

The proportion of overweight or obese women in the county stood at 26.9 per cent, lower than the national average of 28.9 per cent. The average Body Mass Index (BMI)<sup>6</sup> of women in the county was at par with the national average at 23.

**Table 6: Selected nutrition performance indicators** 

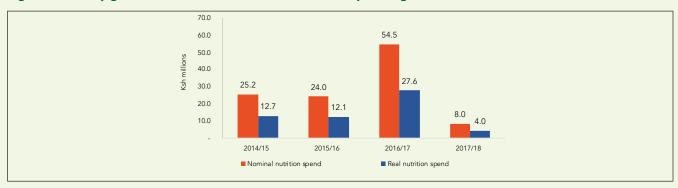
Indicators	2014-County	2014-National
Stunted children (%)	23.5	26.0
Wasted children (%)	6.0	4.0
Underweight children (%)	10.0	11.0
Vitamin A supplements coverage	11.9	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	73.3	71.4
Proportion of children consuming adequately iodized salt	99.8	99.1
Proportion of households consuming adequately iodized salt	99.8	99.2
Household salt iodization (50–80 mg/Kg KlO <sub>3</sub> ) (% samples)	69.0	57.0
Number of Women (BMI)	22.9	23.2
Overweight or obesity among women aged 15 to 49 years.	26.9	28.9

Source: KNBS (2014), KDHS 2014

# 3.5.2 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 25 million for nutrition spending in 2014/15, which increased to Ksh 55 million in 2016/17 followed by a significant cut to Ksh 8 million in 2017/18.

Figure 8: County government (100%) nutrition sensitive spending trends, 2014/15-2017/18



Source: National Treasury (Various), IFMIS 2014-2018

# 3.5.3 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. To realize the objective, the county will be required to increase the share of nutrition sensitive spending, which has been inconsistent.

## 3.6 Other Initiatives for the Special Interest Groups

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

#### a) AGPO

The county adheres to the 30 per cent of the government procurement, which implies that women, youth and PWDs have Access to Government Procurement Opportunities (AGPO). During the period under review, 10 youth-owned companies were beneficiaries of the AGPO policy.

## b) Children

The county has developed an ECDE policy and an Education Support Scheme Policy. The county has also improved the ECDE infrastructures including 178 classrooms constructed, 13 pit latrines constructed, equipping 673 ECDE centres with furniture and learning materials, and training of 673 ECDE teachers. This has contributed to increased ECDE enrolment rates. Establishment of a Bursary Scheme has benefited nearly 20,000 needy students annually while the scholarship support scheme has supported 900 bright, needy students annually.

## b) Youth

An intersectoral youth adolescent health strategic plan was developed. The county constructed and equipped 23 Vocational Training Centres (VTCs), subsidized tuition fees benefiting 2,436 students, and established 2 youth centres. Youths are engaged in income generating activities including engagement in managing garbage collection, 200 youths supported in registering 8 boda boda youth groups and 550,000 seedlings supplied to the youths.

## c) Women

The county established a women empowerment fund and 40 women SACCOs are running entrepreneurial programmes such as the *Kuku ni Pesa* project. The county has also constructed 17 market sheds that promote effective women engagement in business. The county implements annual entrepreneurial training for 200 women.

## d) PWDs

The county integrates PWDs in development programmes. The 23 VTCs established integrate PWDs training and installed accessibility ramps in most of the government buildings. The county established an empowerment fund that benefited 92 groups of people with disabilities.

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 58 per cent of the Gross County Product (GCP) comes from services while agriculture accounts for 42 per cent.	Moving forward, the county should put in place measures to mitigate weather shocks, while at the same time promoting manufacturing through agro-processing, and enhancing access to agriculture markets, including through collaboration with private sector.	County Treasury and Planning/ County Executive/Department of Agriculture and department of Industry, Trade and Tourism
Revenue	County's own source revenue decreased from Ksh 355 million to Ksh 222 million.	The county needs innovative strategies to grow own source revenue since its share is declining. The country should strengthen measures for tax collection and management to prevent leakage of revenue streams.	County Treasury and Planning/ Directorate of Revenue
Health	Increased allocation to health budget allocation from Ksh 0.5 billion in 2014/15 to Ksh 1.9 billion in 2017/18.  The infant mortality rate was, however, higher than the national averages.	To reverse this latter trend, the county should prioritize investments in reducing mortality rates.	County Treasury and Planning/ County Department of Health
Nutrition	The county allocated Ksh 25 million in 2014/15 to interventions which directly contribute to boosting child nutrition, Ksh 55 million in 2016/17 followed by a significant cut to Ksh 8 million in 2017/18.	Consistently allocate budget lines to ensure that direct nutrition interventions, across several sectors such agriculture, education and health are budgeted for, with visible budget lines.	County Treasury and Planning/ County Department of Health and all other sectors, namely education,
Education	The share of ECDE spending increased from Ksh 329 million in 2014/15 to Ksh 471 million in 2017/18.  The gross ECDE enrolment rate in the county increased from 93.2 per cent in 2014 to 144.7 per cent in 2018.	Looking forward, the challenge for the county is to ensure equitable distribution and effective utilization of available resources. Further, the county resources should be prioritized for the core function of ECDE, and not used for other purposes such as secondary and higher education bursaries.	County Treasury and Planning/ County Department of Education
WASH	The county allocation for water and sanitation in total budget decreased from Ksh 0.5 billion in 2014/15 to Ksh 0.2 billion in 2017/18.	Increase investment in water infrastructure and put in place initiatives to reduce non-revenue water to minimize losses and hence channel funds towards improvement of water supply.	County Treasury and Planning/ County Department of Water and Sanitation/MIWASCCO
Child Protection, Youth and Women	The county did not have reported budgetary allocations for financing child protection, youth and women during the review period.	Have clear budgetary allocations for child protection, culture, youth, gender and special programmes.	County Treasury and Planning/ County Department of Culture and Social Services
Budget Execution	The budget execution rate for most social sector budgets, especially health, water and sanitation, fluctuated during the review period.	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, All County departments; National 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 spent on children, youth development, disability and gender mainstreaming in some of the sectors.	By having standalone budget lines on the listed sectors, the county is 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 bougholds businesses establishments and enterprises resident in Kapya)
- individuals, households, businesses, establishments, and enterprises resident in Kenya).

  2 Monetary poverty measures the lack of financial means of households to provide its members with basic goods and services deemed necessary for their survival and development. Extreme poverty refers to an income below the food poverty line. Households whose adult equivalent food consumption expenditure per person per month fell below Ksh 1,954 in rural areas and Ksh 2,551 in urban areas were deemed to be food poor. Similarly, households whose overall consumption expenditure fell below Ksh 3,252 in rural areas and Ksh 5,995 in urban areas, per person per month were considered to be overall poor.
- 3 Multidimensional poverty, unlike monetary poverty, captures different deprivations experienced by an individual. In measuring child poverty in Kenya, these dimensions included: health care, nutrition/adequate food, drinking water, sanitation and hygiene, education, knowledge of health and nutrition, housing and standard of living, and access to information. In the analysis, dimensions are measured as binary variables with "1" denoting deprived and "0" non-deprived.
- 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.

# **ACKNOWLEDGEMENTS**

The preparation of this County Budget Brief was funded and supported by UNICEF (KCO) in collaboration with UN-Women (KCO) and UNDP (KCO). The brief was prepared under the leadership of The National Treasury, Kenya. The entire process of preparing the brief was guided by Dr Rose Ngugi (Executive Director, KIPPRA). The KIPPRA technical team composed of Dr Eldah Onsomu, Victor Mose, Boaz Munga, Samantha Luseno, Lawrence Kinuthia, Stella Mutuku, Teresa Bosibori, Phares Mugo, Rose Ngara-Muraya and James Ochieng. The Briefs were edited and designed by Felix Muriithi, Kenneth Kiptanui and Isaiah Muthui.

The contribution from the following government institutions in the production of this brief was instrumental: Council of Governors; County Governments; Controller of Budget; Commission on Revenue Allocation; National Gender and Equality Commission; Ministry of Health - Division of Nutrition and Dietetics; Ministry of Education; Ministry of Water and Irrigation; Ministry of Public Service, Youth and Gender; and the Kenya School of Government.

We are grateful to Maniza Zaman (UNICEF KCO Representative) for the overall leadership and enabling coordination with UN-Women and UNDP. The UNICEF core team composed of Ousmane Niang, Dr Robert Simiyu, Godfrey Ndeng'e, Sicily Matu, Nancy Angwenyi, and Patrick Chege (UNICEF KCO). The process also benefited immensely from Matthew Cummins and Bob Muchabaiwa (UNICEF ESARO) for providing technical guidance.

We are grateful to the UN-Women team composed of Lucy Mathenge, Angela Gichohi, Sebastian Gatimu, Joshua Musyimi and Maureen Gitonga (UN Women KCO) and the UNDP team of Mary Njoroge, Faith Ogola and Tim Colby for their technical contribution.

## 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





