

**Eyes on Social Sector Budgets** 

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



County Government of Makueni

# **KEY HIGHLIGHTS OF THE BRIEF**

This brief provides an analysis on how the County Government of **Makueni** 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, social and child protection services, 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 24 per cent of the Gross County Product (GCP)<sup>1</sup> of Makueni, which is the 24<sup>th</sup> (1.2% contribution to GDP) of all the 47 counties in Kenya, comes from agriculture sector. Agricultural productivity is vulnerable to weather shocks, resulting in unpredictable economic growth trends. 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 declined marginally from Ksh 1.175 billion to Ksh 1.063 billion between 2014/15 and 2017/18. However, as a share of total revenue, the county's own source revenue declined from 18 per cent in 2014/15 to 11 per cent in 2017/18. Overall, total equitable share revenue increased from Ksh 4.95 billion in 2014/15 to Ksh 7.39 billion in 2017/18 mainly because of equitable share transfers from the national government. To improve the share of its own source revenue, the county should strengthen measures for tax collection and management.
- c) The budget for the health sector increased from Ksh 1.8 billion in 2014/15 to Ksh 3 billion in 2016/17 before declining to Ksh 2.7 billion in 2017/18, although maternal and child health outcomes generally improved during the period. The number of women who had access to a skilled birth attendant during delivery increased from 46.0 per cent in 2014 to 64.4 per cent in 2018. This is largely because of introduction of free maternity services in 2013. The share of fully immunized children in the county also improved from 67.5 per cent in 2016 2014 to 89.5 per cent in 2018. To further improve the trend, the county should prioritize investments in maternal services.
- d) The budget for Early Childhood Development Education (ECDE) increased from Ksh 0.5 billion in 2014/15 to Ksh 0.7 billion in 2017/18. Partly because of increased spending on ECDE, the gross ECDE enrolment rate in the county went up from 48.3 per cent in 2014 to 71.9 per cent in 2018. 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<sup>2</sup>.
- e) The county allocation for water and sanitation remained constant at Ksh 0.3 billion, which was 3 per cent of the county total budget over the review period. This was an under-investment given that about 68 per cent of the population had no access to improved water sources. The county needs to increase allocation for WASH.
- f) The county's child protection, youth and women budget allocation as a share of the total county budget allocation during the review period averaged 4.1 per cent. Spending on the sector was, on average, Ksh 0.37 billion. This was an under-investment given that this segment of the population is the most vulnerable.
- g) The county recorded a decline in allocation towards nutrition interventions since 2015/16, which directly contribute to boosting child nutrition, at a time when nearly a third (27%) of the children were stunted. The county should ensure that direct nutrition interventions, across several sectors such 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, 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.
- 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 the above, the county would be 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 number of reported cases of child neglect and abandonment from 9 in 2014 to 1,666 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**

**Makueni county** occupies a land area of approximately 8,035 km<sup>2</sup> and is divided into 6 sub-counties and 30 wards. The county's population was 987,653 in 2019 representing 2.1 per cent of the national population. The total county population is constituted of 489, 691 males, 497,942 females, and 20 intersex persons.

In 2015/16, the overall poverty rate in Makueni county was 35 per cent with 6.6 per cent living in extreme poverty, against overall national rates of 36.1 and 8.6 per cent, respectively. Among children, more than two in five were affected by monetary poverty or lack of financial means<sup>3</sup>. Additionally, 28.1 per cent of youth and 31.8 per cent of women are affected by monetary poverty. Moreover, 44.8 per cent of children were living in multidimensional poverty, that is deprived in in multiple dimensions including nutrition, healthcare, education, housing and drinking water.<sup>4</sup> The proportion of youth and women in multidimensional poverty was 51 and 67.2 per cent, respectively. 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 younger populations, means that planning and budgeting processes should better consider human capital sectors so that the county can maximize the productive and innovative potential of its future workforce and initiate a fast and sustainable growth trajectory (Table 1).

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Administrative Profile	e				Latest Available		
Area (km²)			8,035				
Number of sub-countie	25		6				
Number of wards			30				
Overall poverty (%)						35	
Extreme poverty (%)						6.6	
Population (2019)						987,653	
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
Monetary Poor							
Male (%)	42.3	42.1	27.4	29.1	30.2	30.5	
Female (%)	38.2	41.0	28.8	28.8	31.3	34.1	
Total (%)	40.3	41.6	28.1	28.9	31.8	32.4	
Population	471,782	20,742,290	243,424	13,443,268	166,257	7,847,350	
Multidimensionally Poor							
Male (%)	46.5	49.3	50.9	44.7	64.5	51.0	
Female (%)	42.9	47.1	51.0	49.4	69.9	60.8	
Total (%)	44.8	48.2	51.0	47.1	67.2	56.1	
Population	471,782	20,742,290	243,424	13,443,268	166,257	7,847,350	

#### Table 1: Makueni county administrative, poverty and demographic profile

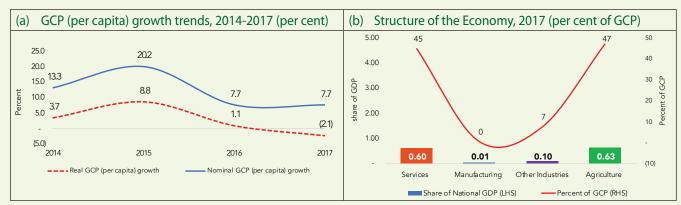
Source: Kenya National Bureau of Statistics, (various)

# 2. STATE OF COUNTY ECONOMY

#### 2.1 Gross County Product Growth

**Makueni County accounted for 1.4 per cent of the national GDP in 2017.** Its Gross County Product (GCP) per capita growth rate in real terms contracted to 2.1 per cent in 2017 from an 8.8 per cent in 2015 (Figure 1a). The most recent downturn was largely due to prolonged drought countrywide and volatility in the business environment.

The economy remained reliant on agriculture and the services industry, which account for 47 per cent and 45 per cent of the GCP in 2017 (Figure 1b). The manufacturing sector makes negligible contribution to GCP. This trend calls for diversification to manufacturing, services and other sectors. The county is making efforts to revive the manufacturing sector, which is particularly important for job creation. 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. The county should also seek to attract more investments in manufacturing, and services, for a balanced economy. This can be done through collaboration with different sub-sectors, especially the private sector.



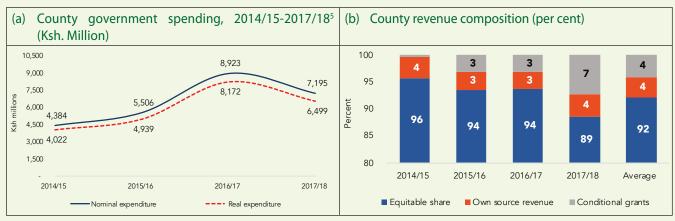
## Figure 1: Makueni county gross county product and economic structure, 2014-2017

Source: KNBS statistics, 2019

#### 2.2 Overall Budget Performance

The county government annual spending in real terms grew from Ksh 4.38 billion to Ksh 8.92 billion between 2014/15 and 2016/17, before a moderate decline to Ksh 6.4 billion in 2017/18 (Figure 2a). The effect of inflation accounts for on average Ksh 2.1 billion in loss of purchasing power during the period. This spending is heavily dependent on national government transfers accounting for, on average, 92.9 per cent between 2014/15 and 2017/18. The burden of the drop in the county government spending predominantly affects social sector spendings, which are recurrent in nature. In nominal terms, own source revenue decreased from Ksh 1.175 billion in 2014/15 to Ksh 1.063 billion in 2017/18 while the equitable share transfer increased from Ksh 4.95 billion to Ksh 7.39 billion during the same period. Own source revenue as a share of the total revenue fell from 18 per cent in 2014/15 to 11 per cent in 2017/18. The contribution of own source revenue and conditional grants was, on average, 22 per cent (Figure 2b).





Source: Controller of Budget reports, 2014-2018

**The share of actual development budget spending decreased from 29 per cent in 2014/15 to 22 per cent in 2017/18.** The recurrent expenditure, constituted of personnel emoluments and operation and maintenance, accounted for in excess of 50 per cent of the county government spending throughout the period. Wages alone account for above 35 per cent of government spending in 2014/15, 2015/16, and 2017/18 (Figure 3a). This reflects low compliance to the Public Finance Management (PFM) Act, 2012 provision that ceils development spending at a minimum of 30 per cent of total budget. The county also has low compliance to 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 (Figure 3a).

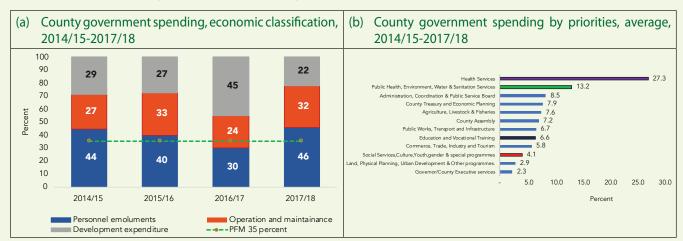


Figure 3: Makueni county spending priorities by economic and administrative classification, 2014/15-2017/18

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

The county spent over 62.2 per cent of total expenditure in the period on health, education, agriculture, nutrition, social protection, youth, gender, water and sanitation. These sectors are regarded as being more sensitive to the needs of children, youth and women. The effects of this expenditure on the various programmes and activities vary 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, and women.** The county targeted to reduce HIV prevalence rate from 5.2 per cent to 4.2 per cent and reduce average walking distance to the nearest health facility from 6 km to 5 km. For children, the county targeted reducing infant and under 5 mortality rates from 45 and 61 to 40 and 45 per 1,000 life births, respectively. In addition, other cross cutting programmes for all population included: elimination of communicable diseases; halting and reversing the burden of non-communicable conditions that was rising; minimizing the exposure of health risk factors and provision of health services; put in place effective public health strategy; increasing community health education and providing adequate and effective diagnostic, therapeutic and rehabilitative health services in the county; combating HIV AIDS scourge and improving the quality of health services in existing facilities by equipping and improving the human resource base.

The number of women who had access to a skilled birth attendant during delivery increased from 46.0 per cent to 64.4 per cent during the period under review, despite the introduction of free maternity services in 2013. This was slightly below the national average of 64.9 per cent in 2018, indicating comparatively worse access to maternity services in the county compared to the national level. Likewise, many pregnant women attended at least one ANC visit compared to those who attended four of them. This indicates the need for sensitization on availability of and importance of maternity services.

The health status of children in the county improved over the review period but was below the national averages over the review period. The share of fully immunized children in the county decreased from 81.0 per cent in 2014 to 67.5 per cent in 2016 but improved to 89.5 per cent in 2018. Notably, the county recorded a lower under five mortality rate (61 deaths per 1,000 live births) than the national average of 79 deaths per 1,000 lives in 2016.

#### 3.1.2 Health budget and expenditure

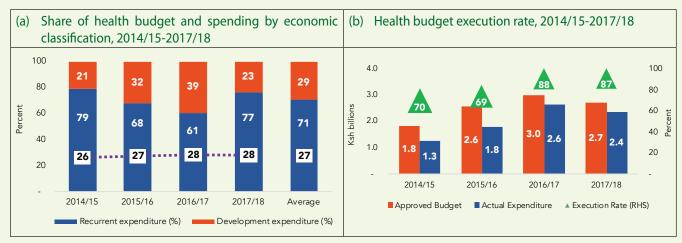
The share of health budget in the total county budget allocation increased from 26 per cent in 2014/15 to 28 per cent in 2017/18. Health actual expenditure increased steadily from Ksh 1.8 billion in 2014/15 to Ksh 3 billion in 2016/17 before

Selected Health Indicators	2014		2015	2016		2017		2018		
	County	National								
U5MR (death per 1,000 live births) 2016 Estimate	-	-	-	-	61.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	400.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	46.0	53.5	41.4	56.9	41.6	59.3	52.0	53.0	64.4	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	72.2	76.4	57.0	75.4	52.2	76.9	73.4	73.7	83.6	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	37.9	35.9	33.0	39.7	29.1	39.8	34.6	32.6	58.9	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	81.0	70.2	70.6	75.7	67.5	72.4	77.2	65.9	89.5	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	2.3	6.8	3.5	7.2	2.2	6.6	2.8	10.1	(0.6)	4.0
Still Birth Rate (%) (Source: DHIS2)	23.1	29.3	22.0	22.6	22.3	21.5	22.7	22.6	23.2	20.4

### Table 2: Makueni county selected health sector performance indicators

#### Source: DHIS 2014,2018

decreasing to Ksh 2.7 billion in 2017/18. Spending on health comprised of on average 71 per cent recurrent expenditure and 29 per cent development expenditure (Figure 4a). The absorption rates decreased from 70 per cent in 2014/15 to 69 per cent in 2015/16 before increasing to 88 per cent in 2016/17 and then decreasing to 87 per cent in 2017/18. The low absorption rates were attributable to failure by the exchequer to release the full amount approved in the health budget, and also capacity constraints.



#### Figure 4: Makueni 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

Over the medium term, the county has prioritized the following interventions for child, youth and maternal health: enhance *malezi bora* and deworming campaigns; enhance family planning services to increase contraceptive uptake from 65 per cent to 72 per cent; increase percentage of schools with adequate sanitary facilities from 54 per cent to 80 per cent; establish youth friendly clinics; increase immunization coverage from 85 per cent to 95 per cent; promote maternal health services by increasing percentage of pregnant women attending 4<sup>th</sup> Ante Natal Care (ANC) visits from 40 pe rcent to 60 per cent; and intensification of the school feeding programme. Additionally, the county has prioritized employment of more health service providers; rehabilitation, equipping and upgrading of health facilities; development of a Medical Tele Centre, establishment of a Cancer treatment centre, as well as end-to-end hospital automation.

To realize these new milestones, the county aims to address various challenges, including: limited funds relative to health needs for the county, including those for children and mothers; long procurement processes; and delays by the National Treasury in releasing funding to the sector. The county will also need to promote women's 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

The county government prioritizes investment in 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 2010. During the plan period 2013-2017, the focus of the county education sector was to enhance the quality and access to ECDE, youth polytechnics and the bursary award programme for secondary, TVET and tertiary education while the national government supported the primary needs, secondary and tertiary education.

**Gross ECDE enrolment rate increased from 48.3 per cent in 2014 to 71.9 per cent in 2018 while net enrolment rate** (NER) increased from 45.5 per cent to 58.3 per cent during the same period. This was generally lower than national averages of 78.4 per cent for GER and 77.2 per cent for NER, indicating that more children joined ECDE in the county following devolution of ECDE function to counties. The increase in enrolment rate can also be explained by the ward envelope fund that led to construction of more ECDE centres. The expansion of infrastructure was accompanied by employment of more teachers and provision of learning materials and equipment while increasing enrolment rate. More girls than boys were enrolled in ECDE in the county (Table 3).

**Gross primary and secondary enrolment rates stood at 127.2 and 71.7 per cent in 2018, respectively.** Net enrolment rate (NER) increased from 58.6 per cent to 94.6 per cent for primary school and decreased from 85.5 per cent to 39.4 per cent for secondary school during the same period. There was inequality in access to primary education between male and female school going children. The proportion of girls of school going age enrolled at both levels was higher than the proportion of boys of school going age enrolled as shown in Table 3. In 2013, the 46 vocational centres in the county had 1,000 learners.

Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	48.3	73.6	71.9	94.4
Net enrolment ratio (%)	45.5	71.8	58.3	63.5
Male (%)	51.3	73.4	51.5	62.5
Female (%)	48.7	70.2	64.4	65.0
School size (Public) (Pupils) (Average)	41.0	75.0	46.0	85.0
Gender parity index (value)	1.0	1.0	-	-
Pupil-teacher ratio (No.) (Public)	25.0	31.0	26.0	31.0
Proportion of enrolment in private schools (%)	10.0	31.5	11.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	63.5	104.0	127.2	107.2
Net enrolment ratio (%)	58.6	88.0	94.6	82.4
Male (%)	50.9	86.0	92.2	81.7
Female (%)	49.1	90.0	97.1	83.0
School size (Public) Average No. of pupils	274.0	338.0	290.0	375.0
Gender parity index (Value)	1.0	1.0	-	-
Pupil-teacher ratio (No.)	40.0	42.0	34.0	40.0
Proportion of enrolment in private schools (%)	5.0	16.0	5.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	103.3	58.7	71.7	66.2
Net enrolment ratio (%)	85.5	47.4	39.4	37.5
Male (%)	84.5	49.6	37.0	35.4
Female (%)	86.5	45.2	41.7	39.8
School size (Public)	247.0	-	286.5	392.0
Gender parity index (value)	1.0	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	43.0	30.0	33.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	20.9	20.2	21.0	20.0
Proportion of enrolment in private schools (%)	18.8	30.7	1.9	5.8

#### Table 3: Makueni county selected education sector performance indicators

Source: Education statistical booklets, 2014-2018

### 3.2.2 Basic education budget and expenditure

The share of ECDE spending in the county increased from Ksh 0.5 billion in 2014/15 to Ksh 0.7 billion in 2016/17 before decreasing to Ksh 0.6 billion in 2017/18. The share of ECDE spending as a proportion of total education spending was, on average, 6.6 per cent during the period. Spending on primary and secondary school education increased from Ksh 4.2 billion in 2014/15 to Ksh 6.1 billion in 2017/18 and Ksh 3.4 billion to Ksh 4.1 billion, respectively (Figure 5a).

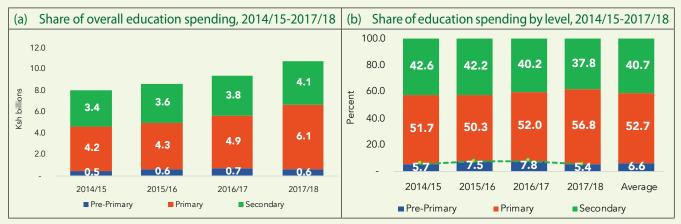
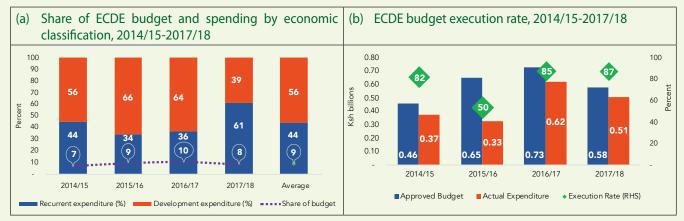


Figure 5: Makueni county overall education spending trends, 2014/15-20217/18

#### Source: National treasury (Various), IFMIS

The share of ECDE budget in the total county budget allocation averaged 6.6 per cent over the review period, comprising of 56 per cent development expenditure and 44 per cent recurrent expenditure during the period (Figure 6a). The absorption rates decreased from 82 per cent in 2014/15 to 50 per cent in 2015/16 before increasing to 87 per cent in 2017/18 (Figure 6 b).



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

Source: Controller of Budget reports, 2014-2018

#### 3.2.3 Education sector medium term expectations

The county government aims at increasing its invest in Early Childhood Development Education (ECDE) 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 a school feeding programme targeting 250,000 ECDE pupils. The county seeks to introduce a day-care policy and mainstream the national ECDE policy.

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 the 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 county targeted to reduce average distance to water source

from 9 km to 6 km by drilling of boreholes, construction of water dams and earth dams. Additionally, the sector prioritized 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 and sanitation remained constant at 80 and 96 per cent, respectively. The population within the service area of water utility (company) increased from 34 per cent to 38 per cent between 2014 and 2018. The proportion of population covered or served by the utility improved from 58 per cent in 2014 to 76 per cent in 2018. However, the proportion of population covered or served by the utility declined from 35 per cent in 2014 to 30 per cent in 2018. The sector experiences the problem of non-revenue water,<sup>6</sup> averaging 29 per cent as at 2018, deteriorating 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: Makueni county selected WASH sector performance indicators

Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	34	*	38	*
Water coverage by utilities (%)	35	53	30	*
Non-revenue water (NRW) (%)	28	42	29	*
Sanitation coverage within utility area (%)	84	69	-	*
Sewerage coverage (%)	-	*	-	*
Access to improved water (%)	53	*	53	*
Access to improved sanitation (%)	88	*	88	59
No toilet facility – Potential open defecation county-wide (%)	10	*	2	8

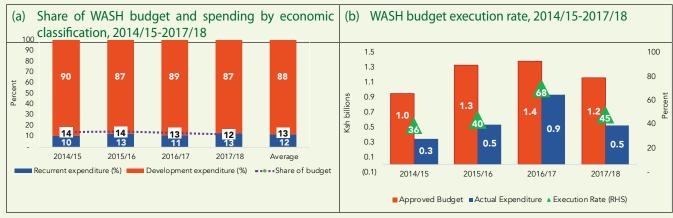
Source: KDHS 2014, CIDP 2018

\*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 13 per cent. The total budget allocation increased from Ksh 0.9 billion in 2014/15 to Ksh 1.38 billion in 2016/17 before decreasing to Ksh 1.16 billion in 2017/18. Spending consisted of an average 12 per cent recurrent and 88 per cent development. The absorption rate increased from 36 per cent in 2014/15 to 45 per cent in 2017/18. This is also attributed to failure by the exchequer to release the entire approved budget amount, and capacity constraints.

#### Figure 7: Makueni 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 County Integrated Development Plan (CIDP) 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 County Integrated Development Plan (CIDP) 2013-2017 highlighted coordinating and development of communities through social welfare; empowerment of youth through training; management of sports activities; 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, rising from 6 cases in 2014 to 1,666 cases in 2018. Similarly, the child emotional abuse cases increased from 1 in 2014 to 13 in 2018 while cases of child physical abuse increased from 7 to 45 between 2014 and 2018. However, cases of child sexual abuse declined significantly during the period (Table 5).

**The county had no reported cases of female genital mutilation (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: Makueni county selected child protection performance indicators (No. of reported cases)

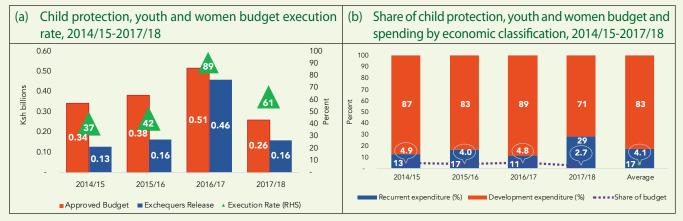
Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	9	767	1,666	73245
Child Sexual Abuse	8	636	1	172
Child Trafficking, Abduction and Kidnapping	-	32	14	1022
Child Labour	-	168	9	378
Child Emotional Abuse	1	58	13	853
Child Physical Abuse	7	583	45	2031
Female Genital Mutilation	-	9	-	40

Source: KDHS 2014, CIDP 2018

#### 3.4.2 Child protection, youth and women budget and expenditure

The sector's budget allocation as a share of total county budget allocation during the review period averaged 4.1 per cent. Spending on the sector was, on average, Ksh 0.37 billion and constituted 83 per cent development and 17 per cent recurrent. The absorption rates improved from 37 per cent in 2014/15 to 89 per cent in 2016/17 before decreasing to 61 per cent in 2017/18 due to prolonged drought period and county exchequer failure to release the entire approved budget amount.

#### Figure 8: Makueni 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

According to the CIDP 2018-2022, the county aims to undertake: sports development through establishment and operationalization of two talent centres; operationalize county recording studio; provide support and care for 200 vulnerable children; youth empowerment programmes such as sensitization on drug and substance abuse and mainstreaming youth issues into county operations; women's and PWDs empowerment; and operationalization of Makueni Youth Empowerment Services (M-YES). One of the major challenges in the sector is the duplication and overlap of duties between the county and the national government, hence the need to align the county social protection programme with the national government ones.

### 3.5 Nutrition

#### 3.5.1 Nutrition priorities

**The CIDP 2013-2017 outlines promotion of nutrition education and improving nutritional status of households to eliminate malnutrition cases.** For children, the county nutrition indicators remained relatively low according to the year 2014 data. Stunting stood at 25.1 per cent of the population while wasting and underweight children stood at 2.1 per cent and 10.2 per cent, respectively (Table 6). The proportion of households consuming adequately iodized salt in the county was slightly higher than the national figure, while the proportion remained lower than the target proportion of 100 per cent. Vitamin A supplement coverage among children aged 6 to 59 months high was 29 compared to the national coverages of 24 per cent in 2014.

The proportion of overweight or obese women in the county is stood at 30 per cent, higher than the national average of 28.9 per cent. The average (BMI)<sup>7</sup> of women in the county was 23.

#### Table 6: Selected nutrition performance indicators

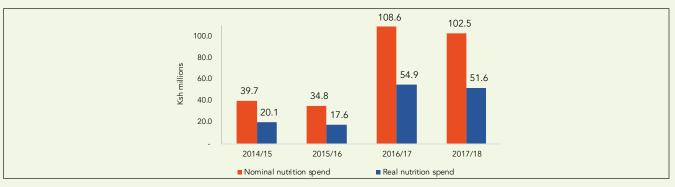
Indicators	2014-County	2014-National
Stunted children (%)	25.1	26.0
Wasted children (%)	2.1	4.0
Underweight children (%)	10.2	11.0
Vitamin A supplements coverage	29.0	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	82.1	71.4
Proportion of children consuming adequately iodized salt	99.7	99.1
Proportion of households consuming adequately iodized salt	99.5	99.2
Household salt iodization (50–80 mg/Kg KIO <sub>3</sub> ) (% samples)	30.0	57.0
Number of Women (BMI)	23.3	23.2
Overweight or obesity among women aged 15 to 49 years.	30.0	28.9

Source: KDHS 2014

#### 3.5.2 Nutrition budget and expenditure

The county spending on nutrition (considering direct nutrition interventions) in nominal terms was Ksh 39.7 million in 2014/15, which decreased to Ksh 34.8 million in 2015/16 and increasing to Ksh 102.5 billion in 2017/18. Improved budget allocations to nutrition are vital in addressing stunting and wasting in the county.

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



Source: National Treasury IFMIS 204-2018

#### 3.5.3 Nutrition medium term expectations

The CIDP 2018-2022 plans to promote nutritional services uptake through health education and strengthening community units to offer broad-based services and eliminate malnutrition cases. The county will roll out deworming services to school going children and *Malezi bora*. 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 promotes the implementation of Access to Government Procurement Opportunities (AGPO) Programme.

#### b) Children

The county government constructed 78 ECDE centres, employed 900 ECDE instructors, conducted 20 CTTIs and awarded bursaries and scholarships worth over Ksh 200 million to over 40,000 bright and needy learners.

#### b) Youth

A total of 112 full secondary school education scholarships were issued to students and resulted to increased enrolment in vocational training from 1,000 trainees in 2013 to 4,022 trainees in 2016.

#### c) Women

The county provided water tanks for 650 women groups, initiated income generating activities for 60 women groups, increased credit access to 2000 women groups, trained 1200 champions SGBV champions, and trained 600 on entrepreneurship skills.

#### d) PWDs

The county supported PWDs through the county social protection programmes.

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	The economy of Makueni county contributed 1.4 per cent to the country's Gross Domestic Product (GDP) in 2017, ranking 24 <sup>th</sup> among the 47 counties and dominated by the services sector and agriculture contributing 43 per cent and 24 per cent, respectively, to the share of the GCP.	Agricultural productivity is vulnerable to weather shocks, requiring measures to mitigate the shocks while promoting manufacturing through agro-processing, and enhancing access to agriculture markets.	County Treasury and Planning/ County Executive/Department of Agriculture and Department of Trade, Industry and Tourism.
Revenue	The county's own source revenue declined marginally from Ksh 1.175 billion to Ksh 1.063 billion between 2014/15 and 2017/18	To improve the share of its own source revenue, the county should strengthen measures for tax collection and management.	County Treasury and Planning/ Directorate of Revenue
Expenditures	The budget execution rate for most social sector budgets, especially health, water and sanitation, was low.	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	All sectors/County Treasury and Planning/ County Executive
Health	The budget for the health sector increased from Ksh 1.8 billion in 2014/15 to Ksh 3 billion in 2016/17 before declining to Ksh 2.7 billion in 2017/18, although maternal and child health outcomes generally improved during the period.	To reverse this latter trend, the county should prioritize investments in immunization	County Treasury and Planning / County Department of Health
Education	The budget for Early Childhood Development Education (ECDE) has increased from Ksh 0.5 billion in 2014/15 to Ksh 0.7 billion in 2017/18.	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.	County Treasury and Planning / County Department of Education
WASH	The county allocation for water and sanitation remained constant at Ksh 0.3 billion, which was 3 per cent of the county total budget over the review period. This was an underinvestment given that about 68 per cent of the population have no access to improved water sources	The county needs to increase allocation for WASH.	County Treasury and Planning/ County Department of Water and Sanitation/MAKUWASCCO/ MAWASCCO

Child Protection, Youth and Women	The county's child protection, youth and women budget allocation as a share of total county budget allocation during the review period averaged 4.1 per cent. Spending on the sector was on average Ksh 0.37 billion.	This was an under-investment given that this segment of the population is the most vulnerable.	County Treasury and Planning/ County Department of Culture and Social Services
Nutrition	The county has been reducing its commitments to nutrition interventions since 2015/16, which directly contribute to boosting child nutrition, at a time when nearly a third (27%) of the children are stunted.	The county should ensure that direct nutrition interventions, across several sectors such 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, 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, 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 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)

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).
 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.

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.
 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).

7 Body Mass Index (BMI) is a value derived from the mass (weight) and height of a person. It is expressed in units of Kg/M<sup>2</sup>. Broadly, a person is categorized as underweight if BMI is below 18.5 Kg/M<sup>2</sup>; normal weight: between 18.5 Kg/M<sup>2</sup> and 25 Kg/M<sup>2</sup>; and overweight: 25 Kg/M<sup>2</sup> to 30 Kg/M<sup>2</sup> and obese: over 30 Kg/M<sup>2</sup>.

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