

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



County Government of Kirinyaga

KEY HIGHLIGHTS OF THE BRIEF

This brief provides an analysis on how the **County Government of Kirinyaga** 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 to 2017/18, including health, education, social protection, nutrition, water and sanitation. The analysis was based on budget data and information collected from county policy documents and through interviews with relevant county stakeholders. The key findings and recommendations from the analysis are summarized below:

- a) **An estimated 43 per cent of the Gross County Product (GCP)¹ of Kirinyaga, which is the 27th largest (1.4% contribution to GDP) of all the 47 counties in Kenya, comes from services.** Agriculture is also large with a 41 per cent contribution. However, 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) **Although the county's own source revenue increased to Ksh 344.0 million in 2017/18 compared to its 2016/17 value of Ksh 320.4 million, it fell short of its 2015/16 peak of Ksh 390.3 million.** The share of own source revenue to total revenue remained constant at about 8 percent throughout the review period. Total revenue increased steadily from Ksh 3.4 billion in 2014/15 to Ksh 5.1 billion in 2017/18, mainly because of national government transfers. To improve the share of its own source revenue, the county should strengthen measures for tax collection and management.
- c) **The share of health budget in total county budget increased during the review period from 12 per cent in 2014/15 to 26 per cent in 2017/18 with a high of 30 per cent in 2015/16 and 2016/17.** This translated to an expansion in county health budget from Ksh 0.5 billion allocation in 2014/15 to Ksh 1.9 billion in 2017/18 in nominal terms. However, not all health status indicators of children within the county improved over the review period, with still birth rate fluctuating and lower in 2018 (13.9%) than in 2014 (15.8%). The share of fully immunized children in the county was lower in 2018 (at 83.6%) relative to 2014 (at 85.2%). Women with access to skilled birth delivery increased from 76.7 per cent in 2014 to 78.8 per cent in 2018, partly due to introduction of free maternity services in 2013. There is need to create awareness on availability and importance of free maternity services and address other constraints to accessing maternal health services in the county.
- d) **The budget for Early Childhood Development Education (ECDE) increased from Ksh 207 million in 2014/15 to Ksh 325 million in 2016/17 before declining to Ksh 228 million in 2017/18.** Despite the overall increase, both the ECDE gross and net enrolment rates were lower in 2018 relative to 2014. Looking forward, the challenge for the county is to ensure equitable distribution and effective utilization of available resources.² In addition, the county should ring-fence ECDE resources so that they are not used for other purposes, such as for secondary and higher education bursaries.³
- e) **The county spending on water and sanitation generally declined from Ksh 342 million in 2014/15 to Ksh 118 million in 2017/18.** Access to improved water and sanitation remained unchanged at 64 per cent and 85 per cent, respectively. The county needs to have a conventional sewerage treatment system, which provides access to safe facilities. This will require more investments in the water and sanitation sector.
- f) **The county's allocation to child protection, youth and women increased fourfold from Ksh 0.04 billion to 0.2 billion while actual expenditure just about doubled from Ksh 0.03 billion to Ksh 0.07 billion during the review**

period. Looking forward, the county needs to increase allocation to child protection, given the increasing levels of child neglect, abandonment and child labour; and expand relevant social services to reach vulnerable girls as a protective measure against early pregnancies, FGM, early and/or forced marriages.

- g) The county spent only Ksh 2 million on nutrition in 2014/15 and Ksh 0.6 million thereafter, at a time when 17.2 per cent of children were stunted.** The county should ensure that direct nutrition interventions, across several sectors such as agriculture, education and health are budgeted for, with visible budget lines. Moreover, nutrition should be well articulated in the County Integrated Development Plans.
- h) The budget execution rate for most social sector budgets, especially health, water and sanitation, was low.** For instance, budget execution rates for water and sanitation declined from over 100 per cent in 2014/15 to 85 per cent in 2017/18. The lower budget execution rate was partly because approved budgets were not released on time by the National Treasury, and 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 2 in 2014 to 1,736 cases in 2018, yet there is no specific budget line for this. The same applies to gender-based violence, which has increased in recent years.

1. COUNTY OVERVIEW

Kirinyaga is the 5th smallest county in Kenya but with a relatively high population compared to other counties. The land area of the county stands at approximately 1,478 km² and is divided into 6 sub-counties. According to the 2019 national census, the county had a population of 610,411 people, which was 1.33 per cent of the national population. There were 308,369 females, 302,011 males and 31 intersex persons.

Poverty levels at the county are better than the national averages. In 2016, the overall poverty rate of the county was 20 per cent with 0.9 per cent living in extreme poverty, which is relatively better than the overall national rates of 36.1 and 8.6 percent, respectively. Among children, more than one in five was affected by monetary poverty or lack of financial means. ⁴ Monetary poverty affected 17.5 per cent of the youth and 17 per cent of women. In addition, 19 per cent of children were living in multidimensional poverty; that is, deprived in various dimensions including nutrition, healthcare, education,

Table 1: Kirinyaga county administrative, poverty and demographic profile

Administrative Profile							Latest Available
Area (km ²)							1,478
Number of sub-counties							6
Number of wards							20
Overall poverty (%)							20.0
Extreme poverty (%)							0.9
Population (2019)							610,411
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
Monetary Poor							
Male (%)	18.7	42.1	18.7	29.1	17.2	30.5	
Female (%)	25.8	41.0	16.6	28.8	15.5	34.1	
Total (%)	22.4	41.6	17.5	28.9	17.0	32.4	
Population	217,331	20,742,290	185,567	13,443,268	151,817	7,847,350	
Multidimensionally Poor							
Male (%)	15.0	49.3	43.3	44.7	42.9	51.0	
Female (%)	22.8	47.1	38.1	49.4	40.6	60.8	
Total (%)	19.0	48.2	40.4	47.1	43.5	56.1	
Population	217,331	20,742,290	185,567	13,443,268	151,817	7,847,350	

Source: Kenya National Bureau of Statistics (Various)

housing and sanitation.⁵ The youth and women recorded multidimensional poverty rates of 40.4 per cent and 40.6 per cent, respectively. The overall high rates of poverty, especially among youth and women given their vulnerability, implies that planning and budgeting processes should focus on youth and women so that the county can maximize the productive and innovative potential of its future workforce and initiate a fast trajectory of sustainable growth and development.

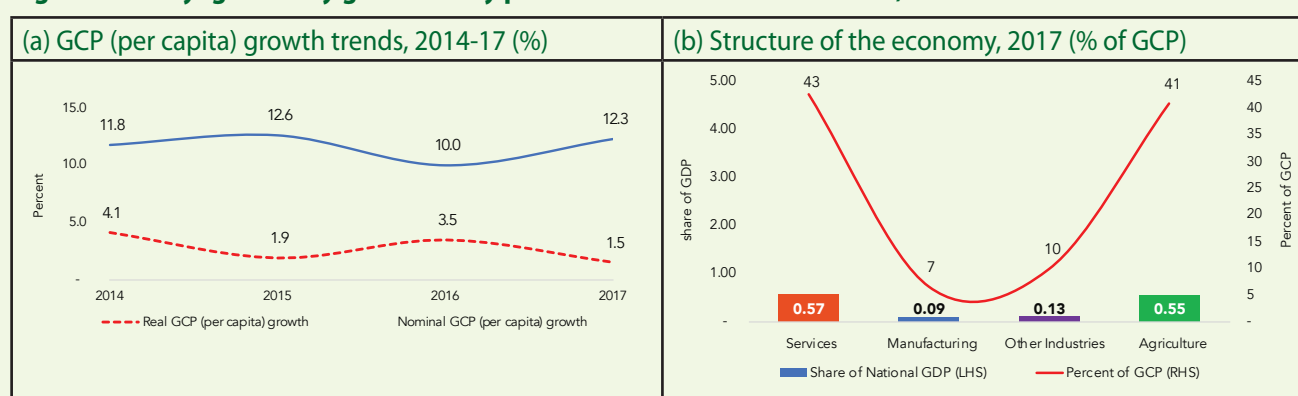
2. STATE OF COUNTY ECONOMY

2.1 Gross County Product Growth

Kirinyaga County accounted for 1.4 per cent of the national GDP in 2017 and its annual nominal GCP growth averaged 11.7 per cent over the 2014 to 2018 period. Its per capita real annual GCP growth averaged 2.7 per cent over the same period (Figure 1a). However, its growth was characterized by swings and the most recent downturn in 2016 was largely due to the prolonged electioneering period.

The economy was dominated by services followed closely by agriculture, which accounted for 43 per cent and 41 per cent share in GCP, respectively. The manufacturing sector accounted for 10 per cent while other industries/sectors – including agro-based processing and forestry – took a 7 per cent share (Figure 1b). The county has great opportunities to invest in water harvesting to reduce reliance on rain-fed agriculture and stabilize growth. Enhancing investments in agro-processing has great potential to create forward and backward linkages and enhance manufacturing activity for a more balanced economy.

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

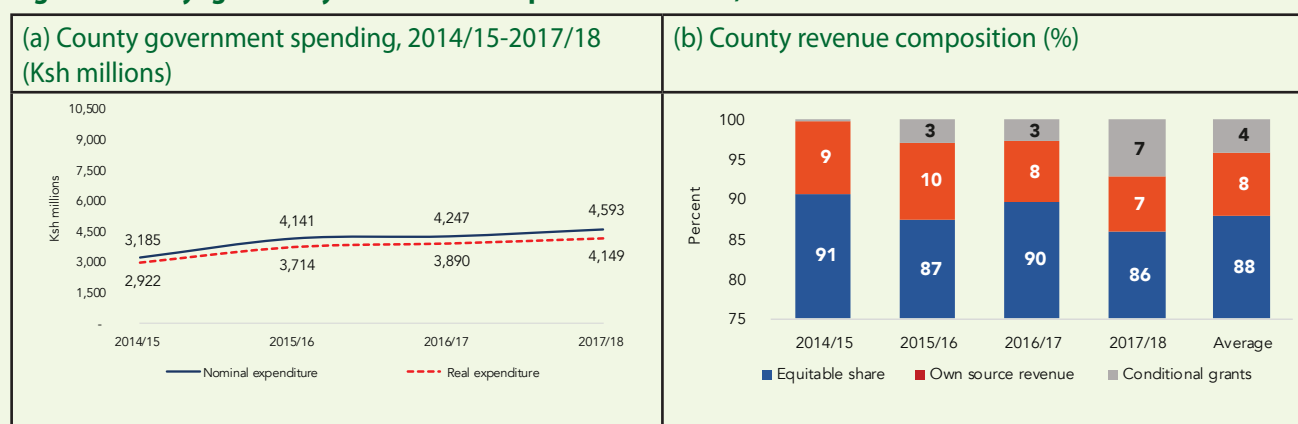


Source: Kenya National Bureau of Statistics (2019), Economic Survey

2.2 Overall Budget Performance

The county government annual spending grew consistently from Ksh 3.2 billion to Ksh 4.6 billion between 2014/15 and 2017/18 (Figure 2a). This spending is heavily dependent on national government transfers, which accounted for 92 per cent of total spending over the period. The effect of inflation accounted for, on average, Ksh 0.4 billion in loss of purchasing power during the period and such an effect predominantly influences social sector spending, which are recurrent in nature. There is need for heightened fiscal efforts to enhance revenue mobilization from both local revenue and conditional grants (Figure 2b).

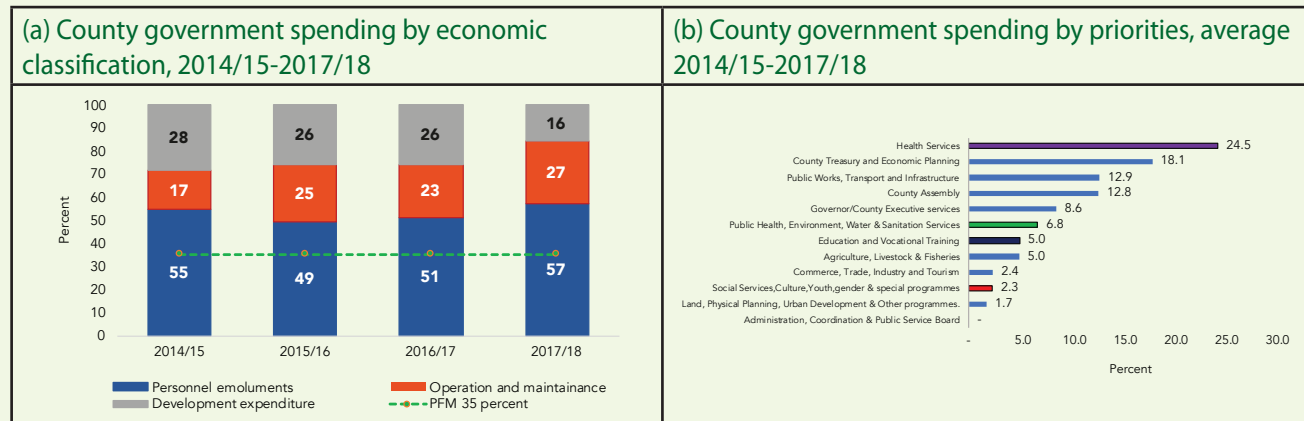
Figure 2: Kirinyaga County revenue and expenditure trends, 2014-2017



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

The development share of actual spending has been declining since 2015, having decreased from 28 per cent in 2014/15 to 16 per cent in 2017/18. The county expenditure on wages dominated spending, constituting a cumulative average of 53 per cent of total spending between 2014/15 and 2017/18. Only 24 per cent of the county income was for development across the period, which compromises the county long-term objectives, including infrastructure development (Figure 3a). This violates the Public Finance Management (PFM) Act 2012 provision that puts a ceiling on development spending at a minimum of 30 per cent of total budget, and the Regulations 2015 which require a maximum of 35 per cent of the county's total revenue to be used on payment of wages and salaries.

Figure 3: Kirinyaga County spending priorities by economic and administrative classification, 2014-17



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

The county spent over 43.6 per cent of total expenditure during the period under review 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. Spending on health services accounts for the largest share of total spending at 24.5 per cent or a quarter of the total spend for the last five years. Public health, environment, water and sanitation account for 6.8 per cent, education sector (ECD and VTCs) and agriculture, livestock and fisheries each accounted for only 5 per cent of the total spending, while agriculture received 2.3 per cent (Figure 3b). The impact of this expenditure on the various programmes and activities varies across sectors.

3. ANALYSIS OF SOCIAL SECTOR SPENDING

3.1 Health

3.1.1 Health sector priorities

During the period under review, the county outlined key priorities that targeted children, youth and women. For persons with disability, the county is fast-tracking implementation of the community health strategy to enhance access to basic health services. For women, the county government sought to improve access to maternal health services through construction and equipping of maternity units. In addition, the county also prioritized implementing the output-based approach in reproductive health. It further sought to improve outpatient services for mothers and children. Other cross-cutting priorities include upgrading infrastructure such as the sub-county hospitals and county referral hospital (Kerugoya); enhancing county health governance structures; revitalizing the efficiency and effectiveness of the Health Management Information System; implementing the environmental health programme; elimination of communicable diseases; and halting and reversing the burden of non-communicable diseases.

The health status indicators of children improved over the review period, and it remained above the national average for some key indicators. For instance, the share of fully immunized children in the county was 85.2 per cent in 2014 against national average of 70.2 per cent. This is attributable to increased immunization campaigns within the county. Under 5 mortality rate has not changed over the review period, standing at 72 per 1,000 live births which is lower than the national rate, 79 per 1,000 live births (Table 2).

The number of women who had access to skilled birth attendant during delivery increased from 76.7 per cent in 2014 to 78.8 per cent in 2018. This was better than the national average of 64.9 per cent, indicative of better access to health services in the county due to the introduction of free maternity services.

Table 2: Kirinyaga County selected health sector performance indicators

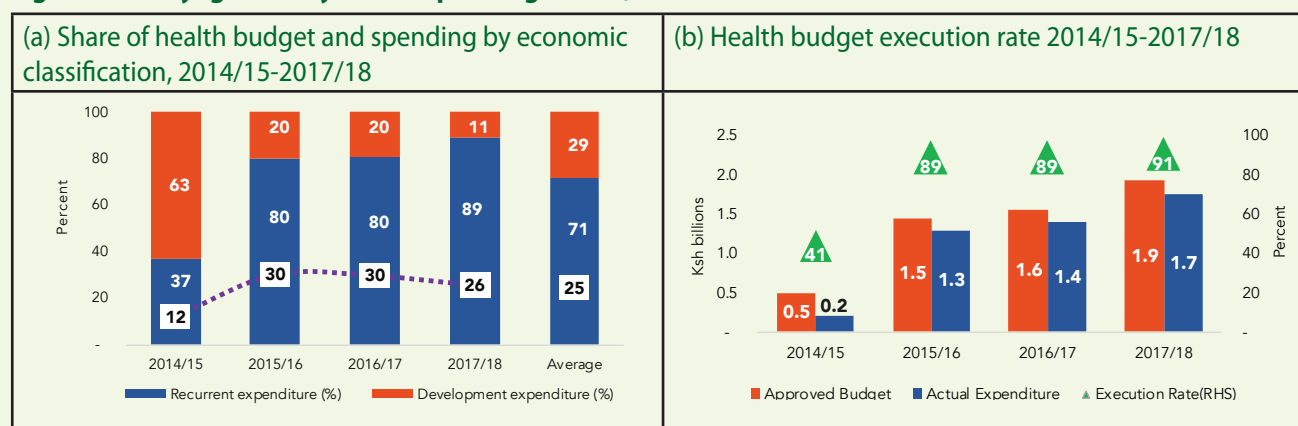
Selected Health Indicators	2014		2015		2016		2017		2018	
	County	National	County	National	County	National	County	National	County	National
U5MR (death per 1,000 live births) 2016 Estimate	-	-	-	-	72.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	298.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	76.7	53.5	76.6	56.9	82.5	59.3	79.8	53.0	78.8	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	86.9	76.4	86.8	75.4	85.9	76.9	77.9	73.7	88.6	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	58.6	35.9	63.8	39.7	60.2	39.8	40.9	32.6	54.2	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	85.2	70.2	87.4	75.7	86.1	72.4	79.2	65.9	83.6	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	4.0	6.8	2.0	7.2	2.7	6.6	6.0	10.1	2.9	4.0
Still Birth Rate (Source : DHIS2)	15.8	29.3	16.4	22.6	13.4	21.5	18.5	22.6	13.9	20.4

Source: Ministry of Health (2018), Demographic Health Information System (DHIS)

3.1.2 Health budget and expenditure

The share of health budget in the total county budget allocation averaged 24.5 per cent over the review period, having increased from 12 per cent in 2014/15 to 26 per cent in 2017/18. This comprised 71 per cent recurrent and 29 per cent development (Figure 4a). This budget allocation increased steadily from Ksh 500 million in 2014/15 to Ksh 1.9 billion in 2017/18. The absorption was 41 per cent in 2014/15 but improved dramatically to average about 90 per cent between 2015/16 and 2017/18.

Figure 4: Kirinyaga County health spending trends, 2014-17



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

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 of health infrastructure and human resources in all sub-counties. The county also aims to prioritize investments in reproductive health information, especially for the youth, and undertake awareness campaigns on the importance of healthy 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 the facilities.

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; delays by the National Treasury in releasing funding to the sector; and pending bills affecting the overall sector absorption rate.

3.2 Education

3.2.1 Education sector priorities

The county governments are responsible for Early Childhood Development Education (ECDE) and Technical Vocational and Education Training (TVET) under Schedule IV of the Constitution of Kenya. 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 and university education.

The gross ECDE enrolment rate reduced from 84.9 per cent in 2014 to 82.0 per cent in 2018 while net enrolment rate (NER) reduced from 81.6 per cent to 71.6 per cent during the same period. Gross enrolment ratio for the county was below the 94.4 per cent national average while net enrolment ratio was above the national average of 63.5, implying that lesser number of children joined ECDE in 2018 than in 2014. More boys are enrolled in ECDE than girls in the county. The transition rate for boys from primary to secondary school has been dropping over the years compared to girls, yet there are more boys than girls who enrol in ECDE as shown in Table 3.

Gross primary and secondary enrolment rates stood at 110 per cent and 85 per cent in 2018, respectively. Net enrolment rate (NER) decreased from 99 per cent to 94.6 per cent for primary school and decreased from 90.1 per cent to 62.1 per cent for secondary school during the same period. There is inequality in access to primary education between male and female school-going children in favour of girls as shown in Table 3. Boys have higher proportionate enrolment than girls in primary school while more girls have higher proportionate enrolment in secondary school.

Table 3: Kirinyaga County selected education sector performance indicators

Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	84.9	73.6	82.0	94.4
Net enrolment ratio (%)	81.6	71.8	71.6	63.5
Male (%)	85.1	73.4	82.1	62.5
Female (%)	78.1	70.2	61.3	65.0
School size (Public) (Pupils) (Average)	57.0	75.0	73.0	85.0
Gender parity index (value)	0.9	1.0	-	-
Pupil-teacher ratio (No.) (Public)	41.0	31.0	33.0	31.0
Proportion of enrolment in private schools (%)	55.4	31.5	47.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	117.0	104.0	110.0	107.2
Net enrolment ratio (%)	99.0	88.0	94.6	82.4
Male (%)	49.8	86.0	95.3	81.7
Female (%)	50.2	90.0	94.0	83.0
School size (Public) Average No. of pupils	302.0	338.0	418.0	375.0
Gender parity index (Value)	1.0	1.0	-	-
Pupil-teacher ratio (No.)	38.0	42.0	30.0	40.0
Proportion of enrolment in private schools (%)	27.0	16.0	24.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	47.9	58.7	85.1	66.2
Net enrolment ratio (%)	90.1	47.4	62.1	37.5
Male (%)	82.1	49.6	55.3	35.4
Female (%)	98.1	45.2	68.4	39.8
School size (Public)	-	-	334.1	392.0
Gender parity index (value)	1.2	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	29.0	30.0	28.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	20.3	20.2	21.0	20.0
Proportion of enrolment in private schools (%)	19.3	30.7	2.2	5.8

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

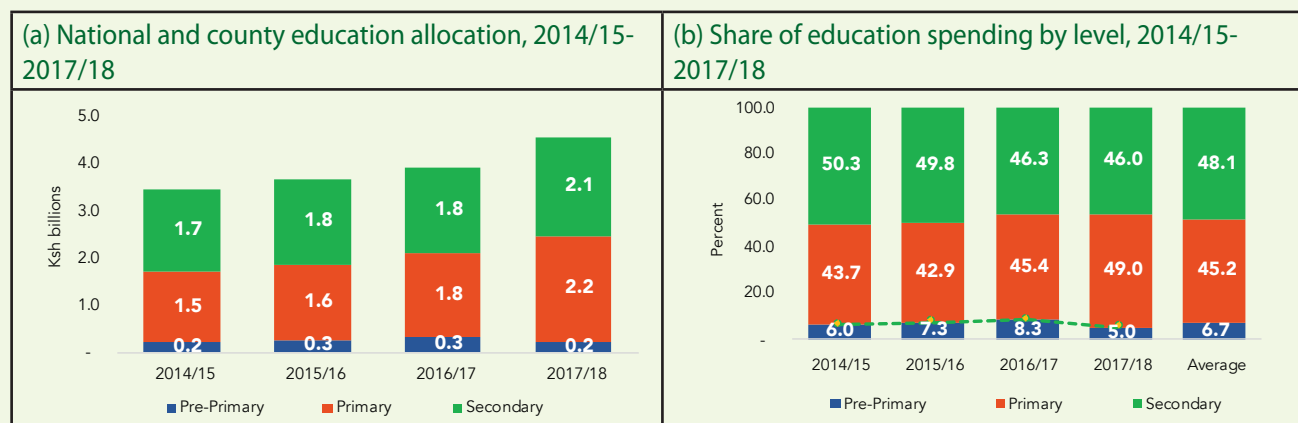
3.2.2 ECDE budget and expenditure

The share of ECDE spending in the county recorded a declining trend, but spending in absolute terms increased in 2015/16 and reduced in 2017/18. There was expansion in overall education sector spending from Ksh 1.5 billion

in 2014/15 to Ksh 2.2 billion in 2017/18 in primary and Ksh 1.7 billion in 2014/15 to Ksh 2.1 billion in 2017/18 for secondary (Figure 5a).

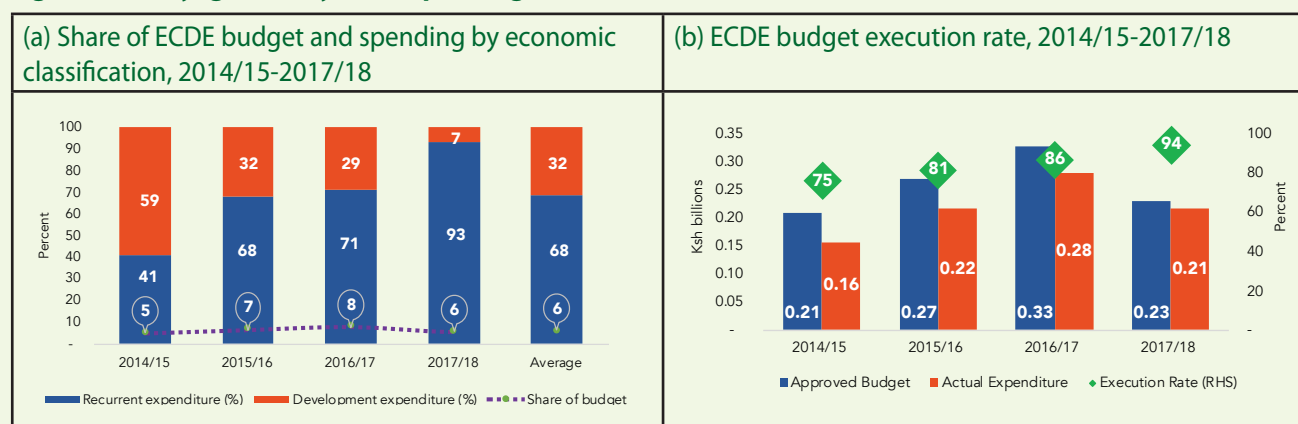
The share of ECDE budget in the total county budget allocation averaged 6.7 per cent over the review period, comprising 32 per cent development and 68 per cent recurrent (Figure 6a). The absorption rate increased from an average 75 per cent in 2014/15 to 94 per cent in 2017/18. This growth corresponds to growth in the health sector where the absorption rate has consistently risen during the review period.

Figure 5: Kirinyaga County overall education spending trends, 2014-17



Source: National Treasury (Various), IFMIS

Figure 6: Kirinyaga County ECDE spending trends, 2014-17



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

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 need to partner with the national government and private sector to enhance ECDE and vocation training through infrastructural development, and equipping of both ECDE and vocational training centres.

3.3 Water and Sanitation

3.3.1 Water and sanitation priorities

The Kirinyaga County Integrated Development Plan (CIDP) 2013-2017 outlined investment in the expansion of water and sanitation infrastructure as the main sector priority. The county aims to ensure that all the residents have access and sustainable management of water and sanitation for all. Additionally, the county during the period aimed to engage different stakeholders on management of wastes and measures to mitigate disasters, especially during rainy seasons by building dams. Some of the strategies the county had put in place were: expand existing systems used in irrigation; civic education to the public on proper water management; improve water treatment; better management of water users associations; and construction of dams and water pans.

Access to improved water was estimated at 64 per cent of the population, against the national average of 72.6 per cent. The population within the service area of water utility (company) decreased from 81 per cent to 76 per cent between 2014 and 2018. The proportion of the population covered or served by the utility improved from 29 per cent in 2014 to 39 per cent in 2018. The sector experiences the problem of non-revenue water at about 57 per cent as at 2018, representing an improvement from 71 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: Kirinyaga County selected WASH sector performance indicators

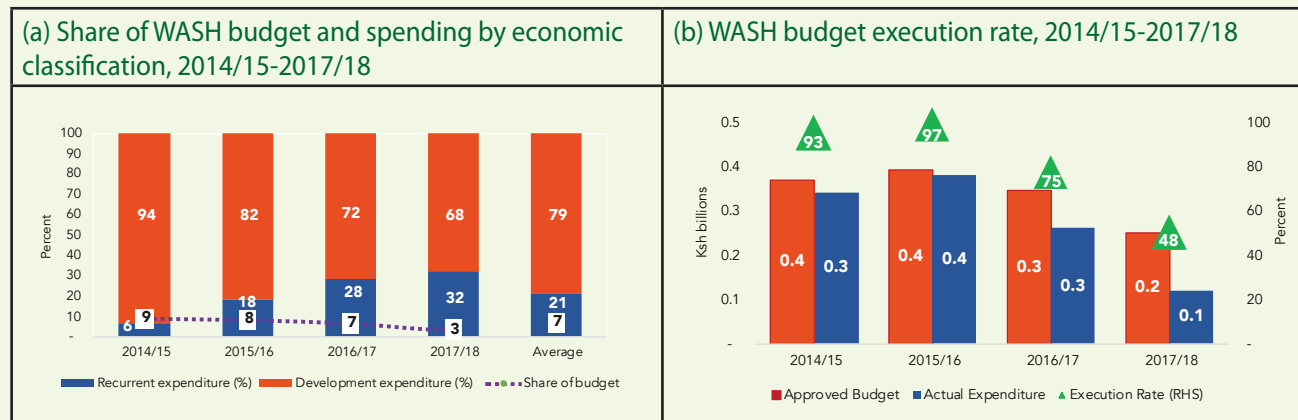
Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	81	*	76	*
Water coverage by utilities (%)	29	53	39	*
Non-revenue water (NRW) (%)	71	42	57	*
Sanitation coverage within utility area (%)	88	69	-	*
Sewerage coverage (%)	11	*	-	*
Access to improved water (%)	64	*	64	*
Access to improved sanitation (%)	85	*	85	59
No toilet facility – Potential open defecation county-wide (%)	0	*	0	8

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

3.3.2 Water and sanitation budget and expenditure

Water and sanitation received a budget of about Ksh 0.325 billion, which translates to an average 6.75 per cent of total county budget. This comprised 79 per cent development and 21 per cent recurrent spending (Figure 7a). The approved budget declined by half from Ksh 0.4 billion in 2014/15 to Ksh 0.2 billion in 2017/18. The absorption rate also declined from 93 per cent in 2014/15 to 48 per cent in 2017/18. The decline is partly attributed to failure by the National Treasury to release the entire approved budget amount, and capacity constraints including human resources and machinery.

Figure 7: Kirinyaga County water and sanitation spending trends, 2014-17



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

3.3.3 Water and sanitation medium term expectations

Waterborne/water wash diseases are crucial challenges in the county. In the plan period 2018-2022, the county plans to rehabilitate dams and water pans, drill boreholes, supply water to schools, supply water storage tanks to poor households, schools and health centres. The county also lacks a conventional sewerage treatment system, which is a major contributor to the low standards of sanitation. However, the county has budgeted to increase incinerators and bio-digesters in selected facilities to improve waste disposal. As a way forward, the county should focus on operations and maintenance for the existing and new water and sanitation infrastructure.

3.4 Child Protection, Youth and Women

In the County Integrated Development Plan 2013 to 2017, the county planned to improve children’s homes, build and improve the existing recreation facilities, coordinate youth organizations in the county to ensure youth development through structured organizations, collaborations and networking, and developing youth resource centres. There was also piloting of the cash transfer programme in the county, which is expected to be rolled out to cover all the aged people.

On child protection, the county recorded a large increase in reported cases of child neglect and abandonment, rising from 4 cases in 2014 to 1,736 cases in 2018. Similarly, the reported cases of child trafficking, abduction and kidnapping as at 2018 were 15. Reported cases of child sexual abuse declined from 7 cases in 2014 to 2 cases in 2018 while only 5 reported cases of child labour were recorded in 2018. The county had no reported cases of female genital mutilation (FGM), which could either be a result of intensive campaigns and initiatives to protect the girl child or fear by the population to report such cases (Table 5).

Table 5: Kirinyaga County selected child protection, youth and women performance indicators (No. of reported cases)

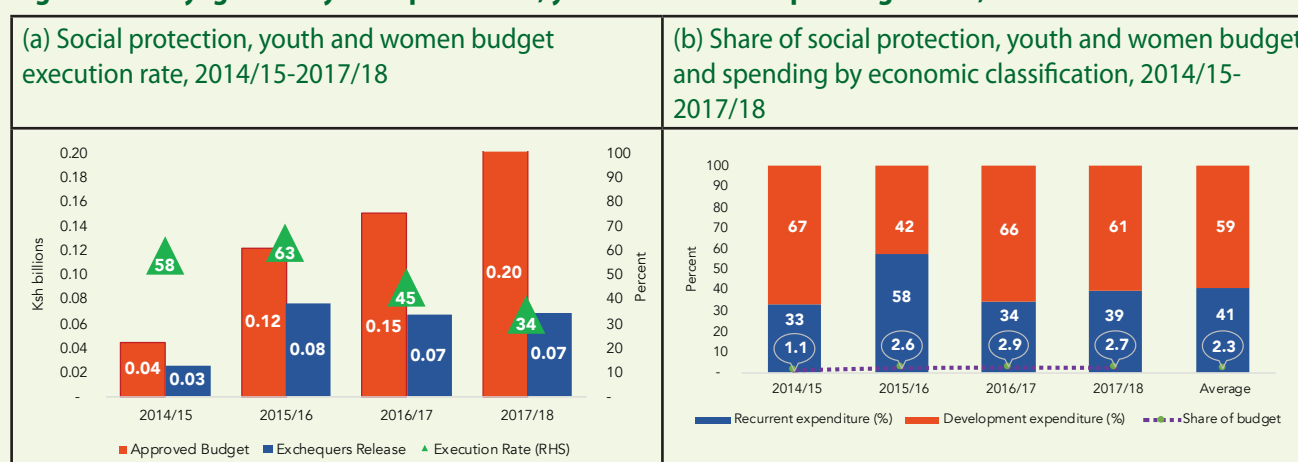
Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	4	767	1,736	73245
Child Sexual Abuse	7	636	2	172
Child Trafficking, Abduction and Kidnapping	-	32	15	1022
Child Labour	-	168	5	378
Child Emotional Abuse	1	58	13	853
Child Physical Abuse	2	583	49	2031
Female Genital Mutilation	-	9	-	40

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

3.4.1 Child protection, youth and women budget and expenditure

The county’s allocation to child protection, youth and women improved by recording an average of Ksh 0.128 billion during the review period. Absorption rate improved from 58 per cent in 2014/15 to 63 per cent in 2015/16 before declining to 34 per cent in 2017/18 due to prolonged election period and failure by the county exchequer to release the entire approved budget amount (Figure 8a). The Ksh 0.128 billion allocation represented 2.33 per cent of overall county budget. The share of development spending decreased from 67 per cent to 42 per cent between 2014/15 and 2015/16, before increasing to 61 in 2017/18, averaging 59 per cent during the review period (Figure 8b).

Figure 8: Kirinyaga County child protection, youth and women spending trends, 2014-17



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

3.4.2 Child protection, youth and women medium term expectations

Over the plan period 2018-2022, the county plans to continue supporting development of children’s homes, recreation facilities, youth resource centres, and coordination of women and youth organizations. The sector seeks to promote and develop sports talents and empower youths by improving sportings standards through training and improvement of sports infrastructure. The county will empower youths through trainings and improve access to

employment information and opportunities. The county plans to develop rehabilitation centres for drug and alcohol abuse, develop cultural theatres, and establish rescue centres for victims of gender-based violence. The county will give technical and financial support to women and youth.

3.5 Nutrition

3.5.1 Nutrition priorities

The County Integrated Development Plan (CIDP) for the period 2013-2017 identified various initiatives towards promotion of nutrition education and Improve nutritional status of households. This encompassed outreach activities on nutrition, including an increase in use of traditional foods. In addition, the county planned to provide nutrition supplements.

The children nutrition indicators were generally lower (better) than national averages, according to 2014 data.

The proportion of stunted children was estimated at 17.2 per cent relative to a national average of 26.0 per cent. The proportion of wasted and underweight children were 3.9 per cent and 7.7 per cent, respectively, which were better than the national averages of 4 per cent and 11 per cent, respectively (Table 6).

Table 6: Selected nutrition performance indicators

Indicators	2014-County	2014-National
Stunted children (%)	17.2	26.0
Wasted children (%)	3.9	4.0
Underweight children (%)	7.7	11.0
Vitamin A supplements coverage	20.9	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	76.7	71.4
Proportion of children consuming adequately iodized salt.	98.9	99.1
Proportion of households consuming adequately iodized salt.	95.9	99.2
Household salt iodization (50 – 80 mg/Kg KIO ₃) (% samples)	27.0	57.0
Number of Women (BMI)	25.9	23.2
Overweight or obesity among women aged 15 to 49 years.	54.4	28.9

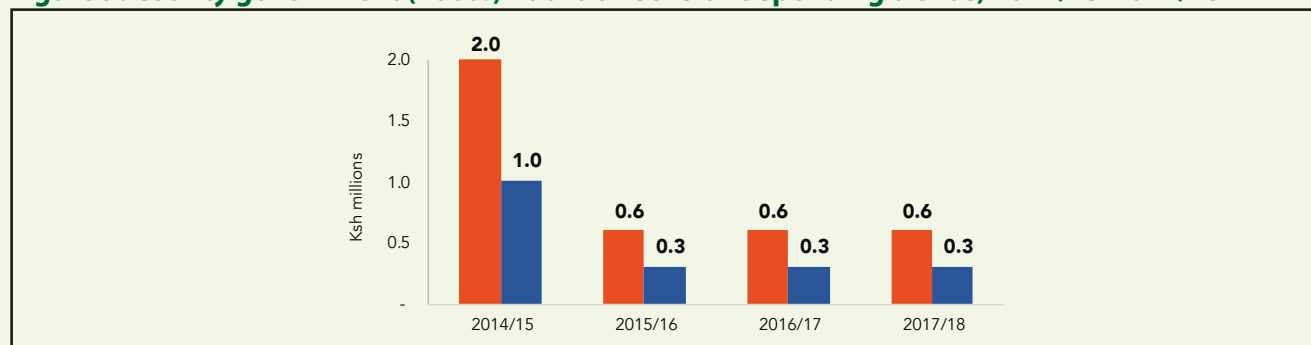
Source: Kenya National Bureau of Statistics (2014), KDHS 2014

The proportion of overweight or obese women in the county stood at 54.4 per cent, higher than the national average of 28.9 per cent. Similarly, the BMI for women was 25.9 above the national average of 23.2 per cent, suggesting the tendency of an average woman in the county to be overweight.

3.5.2 Nutrition budget and expenditure

The county allocation to direct nutrition interventions was Ksh 2 million in 2014/15, which declined to 0.6 million in each of the subsequent financial years from 2015/16 to 2017/18. In terms of real spending (using 2013/14 as the base year) the county spent Ksh 1 million in 2014/15, and Ksh 0.3 million in each year post 2014/15.

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



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

3.6 Other Initiatives for Special Interest Groups

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

a) 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 Disability (PWDs). In the medium term, the county plans to undertake the following initiatives.

b) Children

The county is working on continuous improvements of child welfare centres, training of young mothers and fathers, training on breastfeeding, construction of ECDE classes, deworming, developing children's homes, and supporting school feeding programmes, among others.

c) Youth

The county is currently constructing a talent academy, upgrading stadia to promote sporting activities, promoting access to youth fund and its empowerment fund called "wezsha", encouraging use of online business trainings, and developing youth polytechnics and youth rehabilitation centres.

d) Women

The county established an empowerment fund dubbed "wezsha" programme geared in empowering youths and women within the county. The county is engaged in training of women in agriculture, agri-business and access to enterprise funds, and rehabilitating women from alcohol and drugs abuse.

e) PWDs

The county carried out an assessment of PWDs to actualize the county PWD fund. It established a special fund for PWDs, facilitated their access to affordable healthcare, promoted access to affordable developmental and business loan by PWDs, and access to assistive devices such as wheelchairs, clutches, calipers, boots, knee caps prosthesis, brails and computers.

Table 7: Recommendations and responsible actors

Sector	Finding	Recommendation	Responsibility
Gross County Product	The county economy remains heavily reliant on services and agriculture, which contribute about 84 per cent to the gross county product. Agricultural output and productivity are vulnerable to weather shocks	<ul style="list-style-type: none"> Put measures to mitigate weather shocks, for example development of dams. Improve infrastructure connecting agricultural products and industries. Support farmers in reducing the cost of farming. Develop policies to enhance land ownership by women and youth for agriculture production. Enhance marketing of produce and promote value addition. Attract more investment in manufacturing, and services to have a balanced economy. 	County Treasury and Planning/ County Executive/Department of Agriculture
Revenue	Total revenue increased mainly as a result of government transfers Own source revenue averaged 8 per cent in the review period and increased in nominal terms to Ksh 344 million in 2017/18 from Ksh 320 million in 2016/17.	<ul style="list-style-type: none"> Strengthen measures for tax collection and management, e.g. through automation of all revenue streams to prevent leakages. Innovate strategies and accountability mechanisms to grow own source revenue. Link revenue streams to provision of high quality and equitable public services. 	County Treasury and Planning/ Directorate of Revenue
Expenditures	Education, agriculture, industry, and social services are poorly financed, indicating that key sectors are neglected, which have potential to improve own source revenue and improve social welfare. The budget execution rate for most social sector budgets, especially health, water and sanitation, was low.	<ul style="list-style-type: none"> Ensure that the resources are effectively allocated and efficiently used to improved service delivery to the citizens with a special focus to women, youth and PWDs. Release disbursements of approved budgets on time (National Treasury) and/or adhere to disbursement schedules Strengthen procurement and cash flow planning by the county. 	All sectors/County Treasury and Planning/ County Executive
Health	Increased allocation to health budget allocation from Ksh 0.5 billion in 2014/15 to Ksh 1.9 billion in 2017/18. Some health indicators did not improve, e.g. the still birth rate was lower in 2018 (13.9%) than in 2014 (15.8%) while the share of fully immunized children in the county was lower in 2018 (83.6%) relative to 2014 (85.2%).	<ul style="list-style-type: none"> Release and disburse health budgetary resources in time. Align health procurement plan to cash flow projection. Provision of timely and comprehensive GBV services (medical and psychosocial support). Create awareness on availability and importance of free maternity services. 	County Treasury and Planning/ County Department of Health

Education	The budget for ECDE increased from Ksh 207 million in 2014/15 to Ksh 325 million in 2016/17 before declining to 228 million in 2017/18. The share of ECDE spending in the county declined during the review period. Despite the overall increase, both the ECDE gross and net enrolment rates were lower in 2018 relative to 2014.	<ul style="list-style-type: none"> Allocate more resources for ECDE programme and ensure that the county core function of ECDE and TVET is given priority rather than using departmental share to give education bursaries for other levels of education whose national share is growing. Encourage more women, youth and PWDs to join TVETs through a targeted campaign. 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 spending on water and sanitation generally declined from Ksh 342 million in 2014/15 to Ksh 118 million in 2017/18. Access to improved water and sanitation remained unchanged at 64 per cent and 85 per cent, respectively	<ul style="list-style-type: none"> Put in place a conventional sewerage treatment system. More investment in new water infrastructure with attention also being given to operations and maintenance of the existing infrastructure. 	County Treasury and Planning/ County Department of Water and Sanitation/KIRIWASCO
Child Protection, Youth and Women	The budget allocation to youth and women has been low with minimal impacts	<ul style="list-style-type: none"> Improve financing towards women and youth empowerment projects in the county. 	County Treasury and Planning/ County Department of Culture and Social Services
Nutrition	County has allocated a constant amount to nutrition spending since FY 2015/16 and its absorption has been zero in that period	<ul style="list-style-type: none"> Improve the predictability in financing the nutrition budget in the county. Improve the articulation of nutrition in the County Integrated Development Plans to include benchmarks provided by both national and global goals. 	County Treasury and Planning/ County Department of Health Health/Nutrition Department
Data Disaggregation	Limited disaggregation of data in expenditure reports – thus difficult to analyze allocations to the social sector Limited collection and utilization of disaggregated data	<ul style="list-style-type: none"> Fast-track the completion of standalone budget lines on key county expenditures Prioritize investment in disaggregated data collection and management and apply the utilization of data in evidence-based planning, budgeting, monitoring and service delivery. 	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 See, for example, UNICEF (2017) *Early Moments Matter*, New York: UNICEF.
- ⁴ *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.
- ⁵ *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.
- ⁶ Base year 2013.
- ⁷ *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)

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, Samantha Luseno, Lawrence Kinuthia, Stella Mutuku, Teresa Bosibori, Boaz Munga, James Ochieng', Phares Mugo, and Rose Ngara-Muraya.

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

