

Child Sensitive Planning and Budgeting: Nairobi County Brief

Highlights

This brief reviews how the County Government of Nairobi plans and budgets for the needs and requirements of children (those aged below 18 years). The analysis covers the overall County and social sector budgets, and actual expenditures for the period 2014/15-2016/17 in education, health, child and social protection services, and water and sanitation sectors. The analysis is based on County programme-based budgets data and information collected through interviews with relevant county stakeholders. The following are the key highlights from the analysis:

- (i) Children account for 35.5% of the population of Nairobi County. This is nearly twice the global average for urban areas of about 23%.
- (ii) The County has a lower percentage of children trapped in child poverty (22%) and child food poverty (18.4%) compared to a national average of 41.5% and 35.8%, respectively. This exposes the children, most of whom are in informal settlements, to poor nutrition and other deprivations.
- (iii) The County budget absorption rate is high (73%) but there is need to improve execution of the county development budget.
- (iv) The County's health indicators such as nutritional status, stunted, wasted and underweight among children are worsening, even though they are better than the national average. The share of health budget is 22%.
- (v) The County has invested substantially in Early Childhood Development Education (ECDE). This has increase enrolment rate to 82.5%. However, enrolment rates for primary and secondary schools (80% and 27%, respectively) are below the national average (90% and 47%, respectively). Investment by the private sector is high especially in primary and secondary education. The teacher-pupil ratio of pre-primary (20:1) and secondary (23:1) is better than the national averages of 31:1 and 32, respectively, due to low enrolment at secondary school level, which is attributed to socio-economic challenges in informal settlements, and child labour as children seek informal employment to earn a living.
- (vi) A large proportion (97%) of households and therefore children has access to improved water source. About 92% per of households have access to improved sanitation, with no household without a toilet, and therefore children have relatively better access to improved sanitation services. Access to improved water increased from 46% to 48% and serving 98% of the population, during the review period.
- (vii) Child sensitive planning and budgeting has not been adequately mainstreamed in the planning and budgeting cycle as demonstrated by minimal child programmes and inadequate budget allocation in areas such as water, sanitation, education and child social protection. Thus, the county needs to develop capacity on child sensitive planning and budgeting among Members of the County Assembly, County Public Service Board, and sector working groups while building on synergies through greater collaboration and partnership with State and Non-State actors.

Introduction

Nairobi County is one of the 47 counties in Kenya and is situated south of central Kenya bordering three other counties, namely Machakos, Kiambu and Kajiado. Its headquarter is Nairobi which is the capital city of Kenya. The County occupies a land area of approximately 696 km² and is divided into 17 sub-counties and 85 wards. The County's total population was estimated at 4.5 million in 2016, consisting of 50% male and 50% female.

Children in Nairobi County accounted for 43% of the population in 2016. This is a young population city relative to a global average of 23% for urban areas, thus the need to plan and budget for such a population to guarantee a productive human capital.

The County recorded low levels of child dependence and vulnerability. Extreme poverty was estimated at 0.6% of the population compared to 8.6% at national level. The County has lower percentage of children trapped in child poverty (22%) and child food poverty (18.4%) against a national average of 41.5% per and 35.8%, respectively.

Child dependency ratio in the County was estimated at 46.6%, which was lower than the national average of 74.7% in 2016. About 6% of the children were orphaned, which was below the national average of 8.4%. This has a negative effect on education and health due to poor attendance or participation in schools, and effects on nutrition status. The County had low levels of deprivation with respect to water, sanitation and housing with

Table 1: Nairobi County administrative and demographic profile (2016)

	Nairobi	National
Area (km ²)	696	580,609
Number of sub-counties	17	290
Number of wards	85	1,450
Total population (000)	4,463	45,371
Male (000)	2,237	22,393
Female (000)	2,226	22,977
Children below 18 years (%)	35.5	48.3
Children below 14 years (%)	31.4	41.1
Orphaned children (%)	6.0	8.4
Child dependency (%)	46.6	74.7
Under-5 years (000)	600	6,081
Primary school age (6-13) (000)	629	9,724
Secondary school age (14-17) (000)	219	4,163
Tertiary education age (18-24) (000)	813	813
Overall poverty (%)	16.7	36.1
Extreme poverty (%)	0.6	8.6
Food poverty (%)	16.1	32.0
Child poverty (%)	22.0	41.5
Child food poverty (%)	18.4	35.8
Deprivation rates		
Water (%)	7.0	45.0
Sanitation (%)	10.0	57.0
Housing (%)	16.0	52.0

Source: Nairobi County Integrated Development Plan (2013-2017); Kenya Integrated Household Budget Survey - KIHBS (2015/16)

7%, 10% and 16% of the population not able to access improved water sources, sanitation services and decent housing, respectively.

Some of the challenges the County faces include high incidence of poverty in the informal settlements, poor planning leading to expansion of slum dwellings, a growing urban population, and inadequate social infrastructure. These challenges suggest the need to enhance investments in social services and social protection with a keen focus on children. The county also serves the population within the Nairobi Metropolis and beyond.

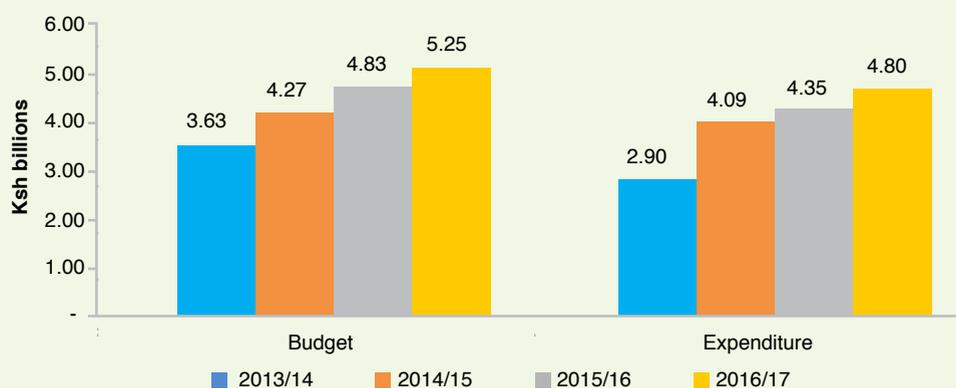
The County has undertaken various initiatives in line with Kenya’s commitment to realization of the rights of children. This is consistent with Article 4 of the Kenya Constitution (2010) and United Nations Children Rights Convention (UNCRC) which requires countries to undertake all appropriate legislative, administrative and other measures including resource allocation to realize children’s rights. Available instruments to actualize children rights and well-being include county government budget, County Integrated Development Plan and Annual Development Plan which provide information on resource availability, sources and spending.

Further, the status of social sector indicators reinforces the need for child sensitive planning and budgeting. Child sensitive planning and budgeting entails deliberate decisions to address children’s issues in budgets, both as a process and as an outcome. This county brief focuses on Nairobi County’s overall and social sector budgets and actual expenditures, and the extent of integration of children issues into health, education, child and social protection, and water and sanitation sectors.

Overall Budget Performance

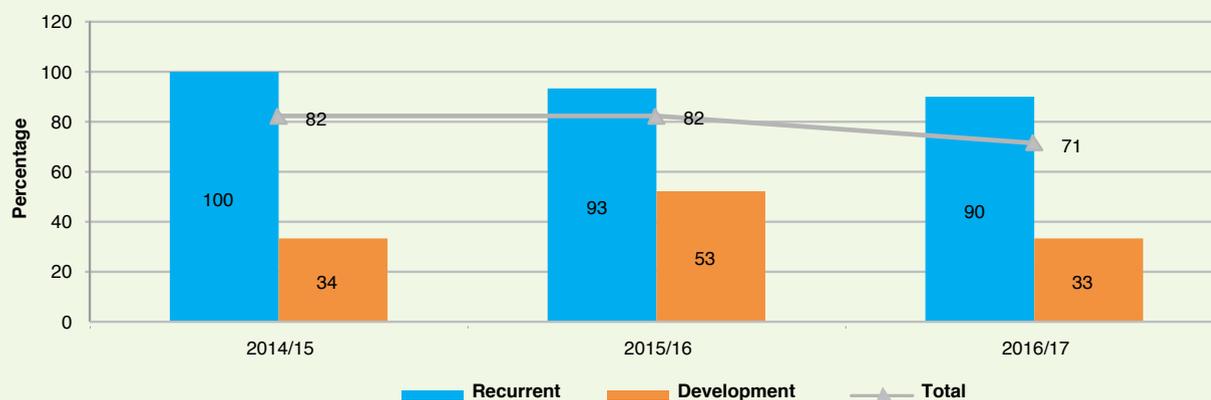
Nairobi County total budget expanded during the review period from Ksh 25 billion (2014/15) to Ksh 34.8 billion. Actual total expenditure increased by 48.5% from Ksh 21 billion to reach Ksh 24.9 billion during the review period (Figure 1). Budget absorption rate was about 70 per cent on average, with absorption of recurrent spending being over 70 per cent but absorption levels for development expenditure were low (Figure 2). This low absorption of development funds was attributed to several broad challenges. A notable challenge was variations introduced in the geographical scope of projects/programmes. Other challenges include inadequate internal capacity to develop and design approved projects, poor conceptualization of projects, and external interference. Low absorption also resulted from delayed payments and the relatively long processes of approvals for development projects. As a result, some planned activities were delayed or remained unimplemented, thus negatively impacting on service delivery targeting children and the public.

Figure 1: Overall budget and expenditure, 2014/15-2016/17 (Ksh billions)



Source: Nairobi County (2014/15-2016/17) County Budget and Implementation Review

Figure 2: County absorption rate, 2014/15 to 2016/17 (%)



Source: Nairobi County (2014/15-2016/17) County Budget and Implementation Review

Child Sensitive Budget Analysis by Sector

Health

Nairobi County has a total of 147 public health facilities comprising 1 national referral hospital, 16 sub-county hospitals, 38 health centres, 30 dispensaries, and 22 public clinics. Besides the public health facilities, the County had 9 mission hospitals, 32 private facilities, 15 nursing homes, and 45 private health centers and 668 privately-owned health clinics. The County’s medical officers’ ratio was 252 per 100,000 population, which was above the recommended World Health Organization (WHO) norm of 230 per 100,000 population. This can be attributed to the high concentration of private health facilities in the County and therefore easier access to health care services in the County. Health facilities in the informal settlements lack essential medical supplies and equipment.

Health status for children within the County was above the national average. However, the status declined over the period 2014-2016. The proportion of children below 5 years who were delivered at home improved by 1.3% from 10.1% to 8.8% between 2014 and 2016 to reach a proportion of 8.8% as children born at home, which was better than the national average of 31.3% in 2016. This indicates a high level of accessibility to health facilities by mothers for prenatal and maternal services.

The share of fully immunized children in Nairobi County improved from 74.4% in 2014 to 77.7% in 2016. This was relatively the same level with the national average. However, Nairobi County is expected to perform much better due to better availability of public health services compared to other counties which are largely rural and with limited facilities and health practitioners.

The County recorded high nutritional status among most children but the performance declined over the period 2014-2016. The proportion of stunted children increased between 2014 and 2016 from 17.2% to 21.4%, respectively, even though the percentages were below the national average. The situation of wasted and underweight children deteriorated even though the proportion was much lower than the national average. Underweight children increased from 3.8% to 5.6% while the proportion of wasted children worsened from 2.5% per cent to 10.2% between 2014 and 2016. This can be attributed to the fact that most children in Nairobi County live in informal settlements where health services are limited.

Over the review period, the County’s child-related health programmes targeted to: reduce infant mortality rate; improve nutritional status - particularly micronutrient status among children and women; and improve access to safe drinking water and basic sanitation. These programmes also aimed to increase the proportion of HIV/AIDS positive patients on Antiretroviral Drugs (ARVs), reduce mother to child transmission of HIV, and reduce household expenditure on health, especially among the urban poor.

Table 2: Selected health indicators (2014 and 2016)

Indicators	Nairobi County		National	
	2014	2016	2014	2016
Maternal and Child Services				
Skilled delivery (%)	89.1	98.7	61.8	89.6
Children born at home	10.1	8.8	37.4	31.3
Exclusive breastfeeding	na	na	61	Na
Ever breastfed	na	99.6	99	98.8
Fully immunized child	74.4	77.7	74.9	77.4
Nutrition Status (%)				
Stunted children	17.2	21.4	26	29.9
Wasted children	2.5	10.2	4	13
Underweight children	3.8	5.6	11	6.7
Child Mortality				
Infant mortality	55	na	39	Na
Under-5 mortality	72	na	52	Na
Neo-natal mortality	39	na	22	Na
Child mortality	17	na	14	Na
HIV (%)				
HIV adult prevalence (%)	6.8	6.1	6	5.9
Children with HIV(No.)	12,894	8,223		98,170
ART adult coverage (%)	92	79	79	66
ART children coverage (%)	74	73	42	77

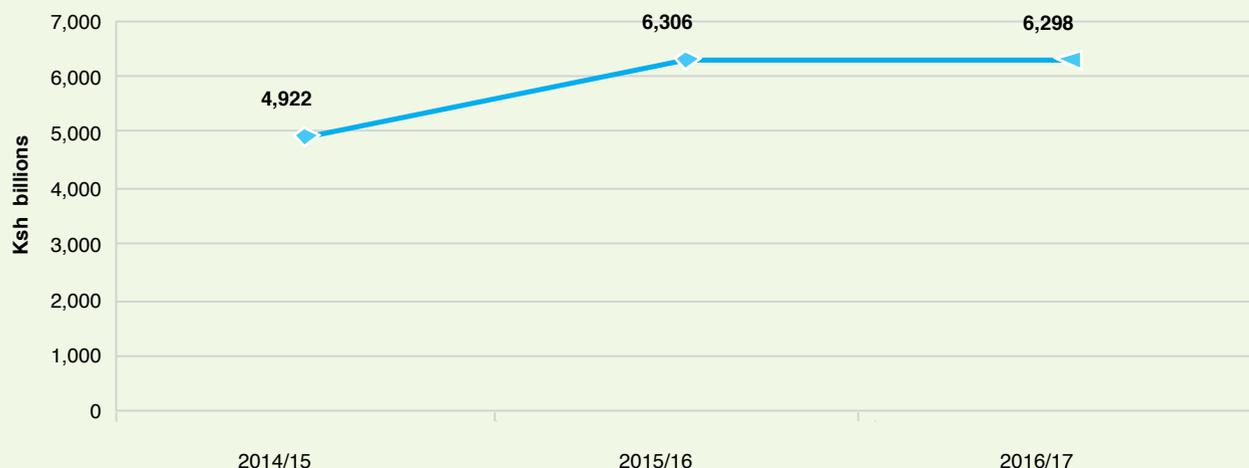
Source: CIDP, KAIS (2014), KDHS (2014), KIHBS (2016)

The County HIV adult prevalence rate improved from 6.8% in 2014 to 6.1% in 2016, which was slightly higher (worse) than the national average of 6%. This may be attributed to lifestyle and attitude of the population in Nairobi, and exposure to high risks of sexual activities, alcohol and drug abuse. The high cost of living also leads to such vices as prostitution, including child prostitution. Children Anti-Retroviral Therapy (ART) coverage was higher in 2014 for Nairobi at 74% compared to the national level rate of 42%. However, this dropped to 73% in 2016, which was below the national average of 77%. The adult ART coverage was 92% for Nairobi in 2014 relative to a national average of 79% but dropped to 79%, even though this was above the national average. The high coverage can be attributed to better HIV-related services and capacity to mainstream HIV knowledge and information across all sectors.

The overall share of health spending in total County budget was about 22% of the overall cumulative budget over the period, and this cumulatively amounted to the health sector budget of about Ksh 19.3 billion (Figure 3). Recurrent budget component took a large proportion of the health budget in the second and third year of devolution, constituting over 80% of the health budget (Figure 4). The large recurrent budget may reflect the labour-intensive nature of the health sector services.

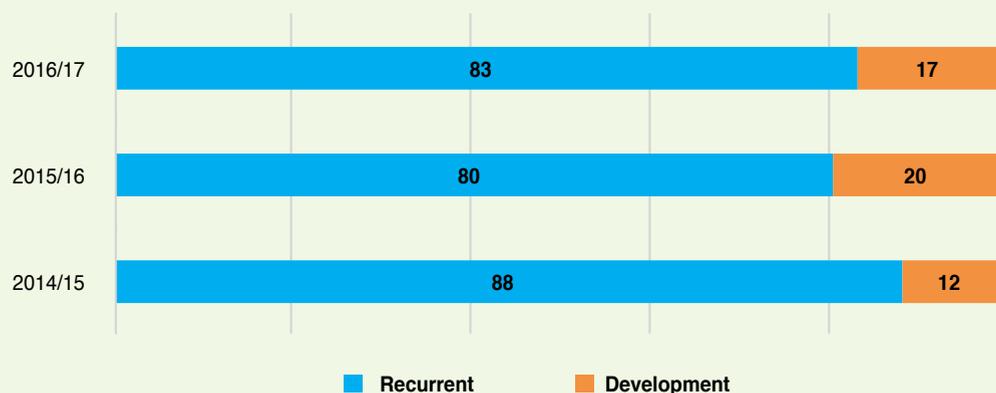
Absorption rates for the health budget reduced from 107% to 67%, respectively, with absorption of development budget being lower than recurrent. Actual health expenditure declined from Ksh 5.2 billion in 2014/2015 to Ksh 4.2 billion by 2016/17 (Figure 5 and 6). The average absorption rate for development spending was 50% for the period 2014/15 to 2016/17 while the average recurrent spending was 91%, resulting from declining

Figure 3: Trend in allocation to health, 2014/15-2016/17 (Ksh billions)



Source: Nairobi County (2014/15-2016/17) County Budget and Implementation Review

Figure 4: Composition of health budget (%)

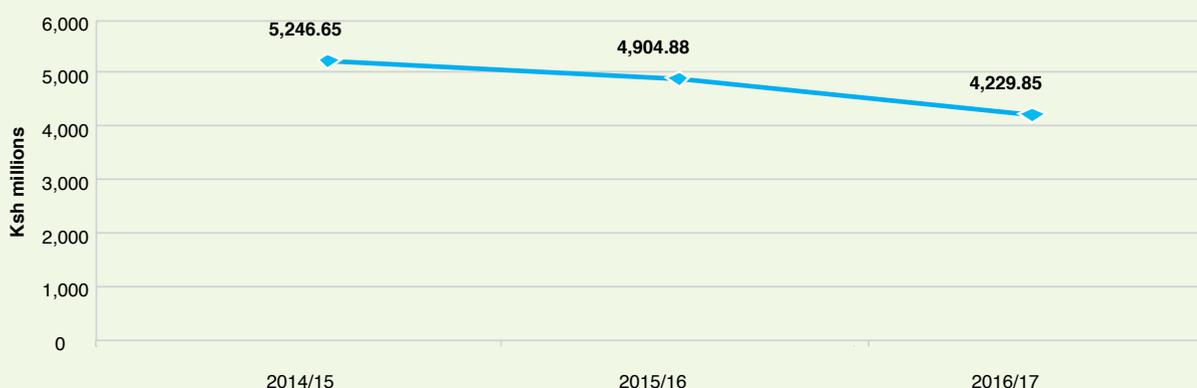


Source: Nairobi County (2014/15-2016/17), County Budget and Implementation Review

absorption of both recurrent and development expenditure (Figure 6) and increase in allocation over the period (Figure 3).

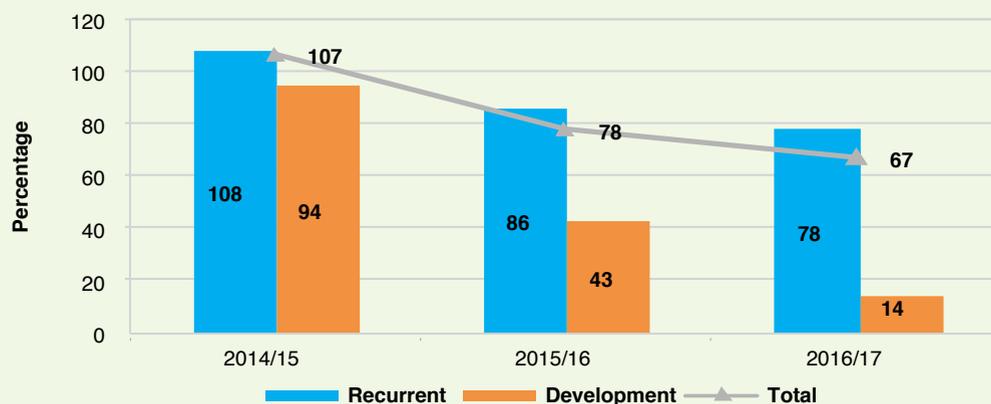
With respect to composition of the health budget by economic classification, over 60% of the county health sector budget was used for general administration and planning, including compensation for employees (Table 3). Construction of buildings and other infrastructure had a share of 15% in 2014/15, which increased to 20% in 2015/16 and remained at that level in 2016/17. Operations and maintenance budget, which included

Figure 5: Trends in health expenditure, 2014/15-2016/17 (Ksh millions)



Source: Nairobi County (2014/15-2016/17), County Budget and Implementation Review

Figure 6: Absorption rates of health expenditure, 2014/15-2016/17 (%)



Source: Nairobi County (2014/15-2016/17), County Budget and Implementation Review

purchase of goods and services accounted for a 15% share in 2014/15 and subsequently increased to 26% in 2015/16 and later reduced to 17% in 2016/17.

A number of challenges continue to affect the delivery of health services in the County. Frequent industrial action by health workers, lack of essential medicines and medical supplies, and shortages of health workers especially specialists in public health facilities were identified as some of the major challenges affecting health service delivery. Other emerging issues identified by the County were a poor working environment, and inadequate health infrastructure. Shortage of health workers in the informal settlements

Table 3: Health budget allocation by economic classification (%)

	2014/15	2015/16	2016/17
General administration and planning	72	54	64
Operations and maintenance	13	20	20
Construction of building and other infrastructure	15	26	17

Source: IFMIS; County Central Planning Unit

is a big challenge. Compensation of employees in the County took a significant share of the health budget.

The County had inadequate health infrastructure. It requires more investments to complete ongoing infrastructure projects and upgrade, renovate and equip the existing public health facilities. This follows from the finding that there were public health projects initiated but were yet to be completed. In addition, many existing facilities are dilapidated.

With respect to challenges that relate more directly to children, Nairobi County health sector identified: lack of integrated management of health programmes, low immunization coverage experienced since 2013 due to shortages and stock-outs of essential medicines for children, weak neo-natal care, and capacity gaps in emergency obstetric services. Suggested remedial actions include an enhanced integrated management of childhood illnesses, neo-natal care, scaling up immunization coverage and emergency obstetric care. These require more investments in targeted training and/or capacity building of the health personnel, especially community health workers.

Despite these challenges, the health sector implemented various innovations in service delivery. The County Government runs a successful application for maternal care which sends reminders to pregnant mothers to reduce incidents of missed prenatal medical appointments. Also, the county health sector has been relatively successful in harnessing partnerships in implementation of its programmes.

Apart from hosting one of the two national referral hospitals and major private hospitals in the country, the County serves the metropolitan region including Kiambu, Machakos, Murang'a and Kajiado counties. It also attracts patients from neighbouring countries including Uganda, Tanzania and South Sudan. Focused investments in capacity building of its health workers, including enhancing the quality of health professionals, and strategic management of partnerships are crucial in expanding the reach of Nairobi's health services.

Education and Youth Training

The right to education is anchored in Article 43(1) f of the 2010 Constitution of Kenya. Specifically, education-related rights of a child are stipulated in Article 53 (1) f which states that a child has a right to free and compulsory basic education. In the Kenyan context, basic education constitutes pre-primary education or Early Childhood Development Education (ECDE), and primary and secondary education. Under devolution, the basic education responsibility is vested upon both the national and county governments. ECDE and youth polytechnics are devolved functions managed by county governments while the national government manages primary, secondary and tertiary education; and policy formulation, setting standards, and monitoring and evaluation functions.

The county governments are responsible for providing ECDE and supply youth polytechnics. These functions focus on children and youth below 18 years, thus programmes set under this category directly respond to children needs. Nairobi County has 2,906 public ECDE centres, 1,235 public primary schools and 319 public secondary schools. There are 8,470 ECDE teachers, 7,741 primary school teachers and 2,359 secondary school teachers. In addition, the County has 237 technical, science and technology institutes.

ECDE gross enrolment rate (GER) increased from 76.2% in 2014 to 82.7% in 2016 while net enrolment rate (NER) increased from 74.6% to 82.5% during the same period. This may be attributed to support of county governments which have invested in ECDE. The County's performance with respect to enrolment in ECDE was higher than the national average throughout the three years.

Access to primary education expanded over the period 2014-2016, with gross and net enrolment rate increasing from 84% and 77.8% to 87.5% and 80.5% , respectively. However, the NER was lower than the national average of 88.2% in 2014 and 91.1% in 2016. This implies that about 10% of primary school age children were out of school in the County despite the free primary education programme. The County seems to have correct ages in primary education, since the gross enrolment ratio is not above 100.

At secondary school level, both gross and net enrolment ratios were much lower than the national average. More than half of the eligible secondary school-going age children in Nairobi were not in school in 2014 and 2016 (Table 4). This can be attributed to indirect cost of education and poor performance at primary school education level. Education performance was also lower among pupils residing in informal settlements. Further, informal settlements are underserved with public secondary schools.

There is wide inequality in access to education between male and female school-going children, with female gender having lower enrolment. For instance, at ECDE level, net enrolment was 68.8% for female and 80.8% for male in 2014, which increased to 81.1% for female and 84.1% for male in 2016. Similar trends of female-male gaps are witnessed for primary and secondary education.

A large proportion of children are enrolled in private schools (over 90% in pre-primary, 60% for primary) but this reduces for secondary education at 36% in 2014, which increased to 42% in 2016. This shows high investment by the private sector in the education sector in Nairobi County. The high participation of the private sector may be attributed to ability to meet the cost of education by residents of the County, and the perceived quality education and care offered by private schools. Nairobi County seems to have better resourced public secondary schools.

Table 4: Nairobi County selected education indicators

	Nairobi		Kenya	
	2014	2016	2014	2016
Pre-Primary Education				
Gross enrolment – GER (%)	76.2	82.7	73.6	76.2
Net enrolment – NER (%)	74.6	82.5	71.8	74.9
Male NER (%)	80.8	84.1	73.4	76.9
Female NER (%)	68.8	81.1	70.4	73.0
School size (Public)	69.0	61.0	84.0	85.0
Gender parity index (Value)	0.9	1.0	1.1	1.0
Pupil-teacher ratio (No.) (Public)	25:1	20:1	31:1	31:1
Proportion of enrolment in private schools (%)	92	94	31	33
Primary Education				
Gross enrolment ratio (%)	84.0	87.2	103.5	104.2
Net enrolment ratio (NER) (%)	77.8	80.5	88.2	91.1
Male NER (%)	77.7	80.6	90.0	92.2
Female NER (%)	77.9	80.3	86.4	89.9
School size (Public)	926.0	931.0	385.0	375.0
Gender parity index (Value)	1.0	2.1	1.0	1.0
Pupil-teacher ratio (No.)	28:1	35:1	34:1	34:1
Proportion of enrolment in private schools (%)	61	60	16	16
Secondary Education				
Gross enrolment ratio (%)	28.6	34.2	58.7	66.8
Net enrolment ratio (NER) (%)	25.3	27.9	47.4	49.5
Male NER (%)	27.5	29.0	49.6	49.7
Female NER (%)	23.2	26.9	45.2	49.4
School size (Public)	581.0	571.0	283.0	292.0
Gender parity index (value)	0.9	1.0	0.9	0.9
Pupil teacher ratio (no.) (TSC)	22:1	23:1	30:1	32:1
Pupil teacher ratio (no.) (TSC&BOM)	17:1	19:1	20:1	20:1
Proportion of enrolment in private schools (%)	36	42	7	8

Source: Ministry of Education (2014-2016), Education Statistical Booklet

The pupil-teacher ratio for all the basic levels were relatively below/better compared to the national average, especially for pre-primary and secondary education level, which is an indication of probability of better quality education due to better teacher-pupil contact time and low teacher workload.

The pupil-teacher ratio for pre-primary was 25:1 in 2014 against the national average of 31:1, which improved to 20:1 in 2016 compared to the national ratio of 31:1. At primary school level, the pupil-teacher ratio was 28:1 in 2014 which worsened to 35:1 in 2016 compared to the national average of 34.1 for both 2014 and 2016. At secondary school level, the pupil-teacher ratio was 23:1 in 2016 when only Teachers Service Commission (TSC) teachers are considered, having increased from 22:1 in 2014. This was better than the national averages of 30:1 and 32:1 for 2014 and 2016, respectively, and better than the national averages of 31:1, 34:1 and 32:1 for the respective levels. However, when Board of Management (BOM) teachers are included, the ratio improved significantly for secondary

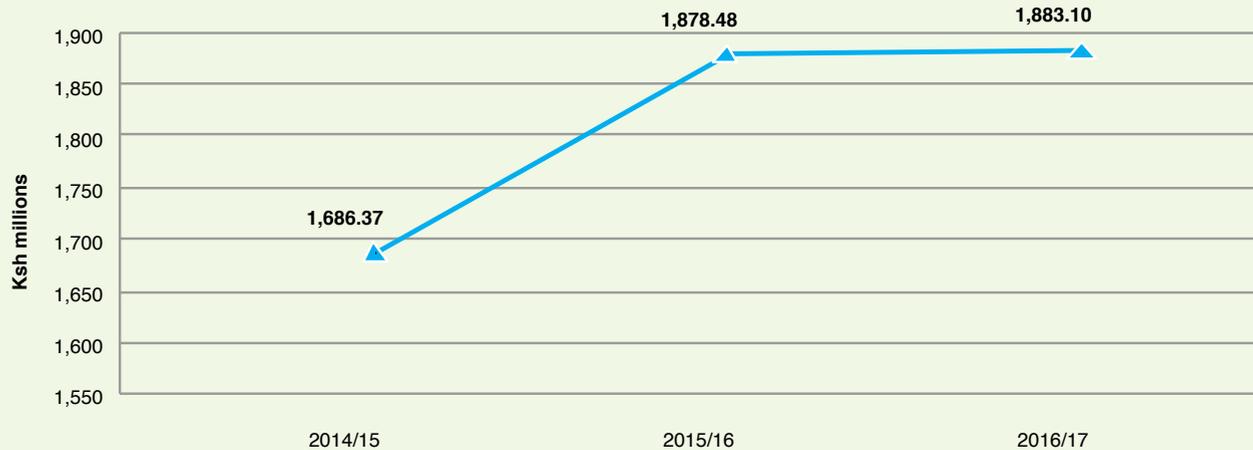
school level to 17:1 and 19.1 in 2014 and 2016, respectively, against a national average of 20:1 for both years. This implies that despite free day secondary education, households substantially subsidize the provision of secondary education in the County through payment for Board of Management teachers.

The County annual budget allocation for education, youth and social services increased from Ksh 1.7 billion to about Ksh 1.9 billion over the review period (Figure 7). Over 60% of this budget is used for education, and the remaining on social welfare. Development expenditure remained below 18% over the same period with recurrent expenditure commanding over 80% of the education, youth and social services budget (Figure 8).

Total expenditure for the education, youth and social services was about Ksh 4.7 billion, accounting for 7% of the total county expenditure (Figure 9). The expenditures represented overall absorption rates of 78%, 93% and 88% across the three years (Figure 10). A remarkable increase in absorption of development expenditure was noticed, having increased from 38% to about 131% over the period. Absorption rates for recurrent budget were above 80% with a high of 97% over the period. Absorption rate of above 100% denotes potential shifting of resources from recurrent to development budget to finance infrastructure projects in the County during the review period.

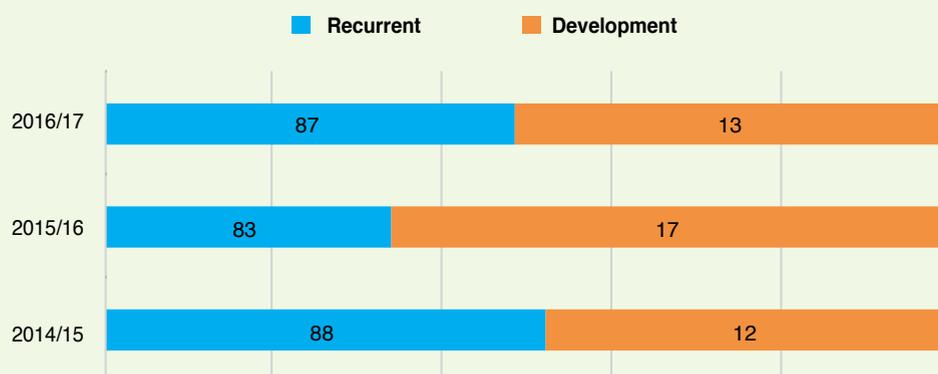
Over 60% of the county education, youth and social services budget covered administration and planning purposes, especially compensation of employees (Table 5). The share of expenditure that was used in general administration was 63% in 2014/15 and 70% in 2016/17. The share fell further to 52% in 2016/17. Less than 20% of the budget was

Figure 7: Trends in education, youth and social services budget, 2014/15-2016/17 (Ksh millions)



Source: Nairobi County (2014/15-2016/17) County Budget and Implementation Review

Figure 8: Composition of education, youth and social services budget, 2014/15-2016/17 (%)



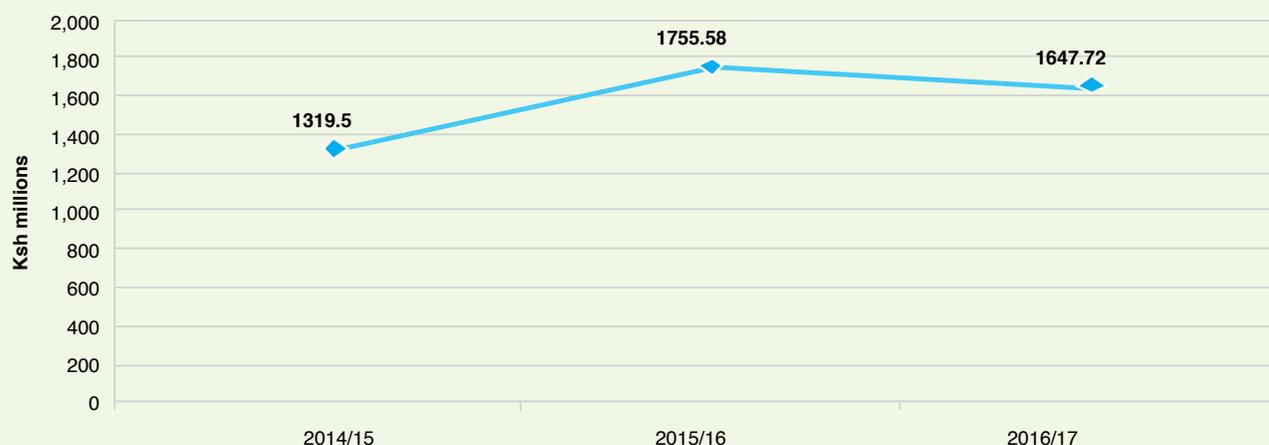
Source: Nairobi County (2014/15-2016/17), County Budget and Implementation Review

dedicated for acquisition of capital assets, construction of building and other infrastructure refurbishments and the rest was allocated to operational and maintenance services.

There were various challenges facing the education, youth affairs and social services sector. Public ECDE infrastructure was inadequate, and many children, up to 80% of those in informal settlements were enrolled in informal schools. Budgetary resources were insufficient based on need. For example, there was limited budget for marginalized children, rescue centres and safe houses which are part of the mandate of the county government. Low effectiveness was observed in implementation of most programmes. For example, the school feeding programme does not include management of logistics of storage and preparation of food, thus requiring a holistic conceptualization from purchase to stores, preparation of the food and employment of staff to manage the stores, and the cooks.

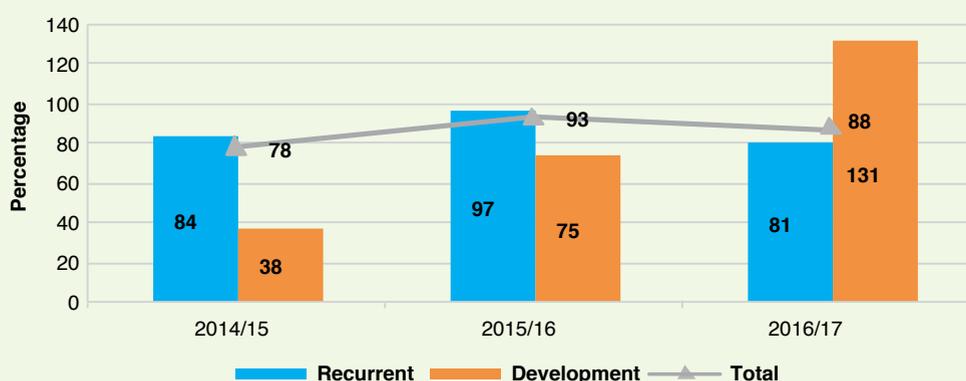
The school feeding programme was also supported under social services by the County Government. This was commendable given the need to support the many poor families in informal settlements. The programme involved provision of food in schools in informal settlements but did not cover other logistics of storage and preparation.

Figure 9: Trends in education, youth and social services expenditure, 2014/15-2016/17 (Ksh millions)



Source: Nairobi County (2014/15-2016/17) County Budget and Implementation Review

Figure 10: Absorption levels of education, youth and social services budget (%)



Source: Nairobi County (2014/15-2016/17) County Budget and Implementation Review

Table 5: Economic classification of education, youth and social services budget, 2014/15-2016/17 (%)

	2014/2015	2015/2016	2016/2017
General Administration and Planning (Compensation to Employees)	63	61	70
Operation and Maintenance (Use of Goods and Services)	15	20	11
Capital Expenditure (Acquisition of Capital Assets, Construction of Buildings and other Refurbishments)	22	18	19

Social and Child Protection

Social and child protection refers to public services that promote equality and protect children from deprivation of child rights in a community. They include services such as provision of rescue, rehabilitation and child support services. The relatively high rates of poverty coexisting with marginalized population in the informal settlements justify the need for significant investments in social services and social protection systems.

The County registered a high number of cases of violation of children rights over the period, reported cases of child neglect or abandonment, child sexual abuse and child physical abuse accounting for about 80% of the reported cases (Table 6). Child labour cases were also higher with over 40 cases reported. In addition, the County had high cases of child physical abuse. This scenario can be attributed to incidence of street children in the County, and therefore the need for continued child protection support. The high level of awareness among the public on government services related to children, accessibility of administration services, and confidence in law enforcement may have contributed to the high number of reported cases.

The County allocated about 40% per of the education, youth and social services sector budget to youth development and social services. The budget financed provision of social services, which included social welfare and care for the abandoned, aged, disability mainstreaming, youth development, gender and community services, promotion of sports and culture, provision of library and information services, rescue and rehabilitation of orphans and vulnerable children.

Water and Sanitation

The County seeks to achieve universal and equitable access to safe and affordable drinking water for all; access to adequate and equitable sanitation and hygiene for all; and end open defecation by 2030. Water and sanitation services is a devolved function, thus the County Government is expected to play a leading role in service delivery. However, this function is competing with other devolved functions such as pre-primary education and health.

Table 6: Selected child protection indicators (2014-2016)

	Nairobi County			National		
	2014	2015	2016	2014	2015	2016
Child Neglect and Abandonment	162	108	75	767	418	390
Child Sexual Abuse	120	76	57	636	393	385
Child Trafficking, Abduction and Kidnapping	4	7	8	32	25	40
Child Labour	44	34	8	168	95	78
Child Emotional Abuse	19	8	17	58	26	44
Child Physical Abuse	160	99	88	583	339	356
Female Genital Mutilation	1	0	0	9	7	3

Source: State Department of Social Protection (2017)

Some of the planned water-related programmes were geared towards increased water availability through supply of water, increasing water storage and improving conservation and protection of water resources. In sanitation, the county programmes targeted to improve living standards and proper sanitation in slum areas through solid waste collection, transportation and disposal; and generally, to enhance environmental sanitation by providing and managing public toilets. Some of the projects planned included extension of water pipelines to areas not served especially in the informal settlements, and sanitation projects in various wards.

The review indicates that Nairobi County had the highest proportion of households accessing water from improved sources at 97.1% against the national average of 72.1% in 2016 (Table 7). Over 80% of the County residents had access to piped water. Access to improved water increased from 75% to 81% between 2014 and 2016. On average, 52.5% (in 2014) and 24.7% (in 2016) of the population took 1-4 minutes, respectively, to the nearest water point. Only 0.9% of the population takes 30-59 minutes to fetch water. Even though provision of water and sanitation to the informal settlements has been a challenge, there were innovations that have enhanced service delivery. Examples of successful innovations include the water automated machines (ATMs) in informal settlements, which have improved access and enhanced affordability of water, and have led to reduction of the cost of water by over 100%.

The high non-revenue water (38%) denies the County of over Ksh 4 billion of revenue annually, thus compromising operations and service delivery. The County Government is also grappling with the issue of water quality especially in informal settlements where illegal tapping (and hence contamination) of water is common.

Regarding sanitation, sewerage coverage was low relative to the population in the County. However, sewerage coverage increased from 46% to 48% between 2013 and 2016. The rapid expansion of the city's population demands a proportionate growth in sewerage services. With respect to human waste, access to improved sanitation services was about 61% and 92%, respectively, at the national level and Nairobi, respectively. Zero per cent of households reported having no facility (no incidence of open defecation) in Nairobi relative to a national rate of 8.4%.

The County faces significant undersupply of sanitation facilities in both households and schools in informal settlements, where sharing is common. Other challenges in sanitation include: underfunding of programmes; ill-equipped food quality laboratories; and capacity

Table 7: Nairobi County selected water and sanitation indicators

	Nairobi		National	
	2014	2016	2014	2016
County population within service areas of WSPs (%)	96	98	43	44
Water coverage by utilities (%)	75	81	53	55
Non-revenue water (NRW) (%)	38	38	42	42
Sanitation coverage within utility area (%)	72	n.d.	68.6	66.4
Sewerage coverage (%)	46	48	16	15
Access to improved water (%)	na	97.1	na	72.1
Access to improved sanitation (%)	47	91.9	na	65.2
No toilet facility – Potential open defecation county-wide (%)	na	0	na	8.4

Source: Ministry of Water; KIHBS, WASREB, na: not applicable, n.d. Data not available

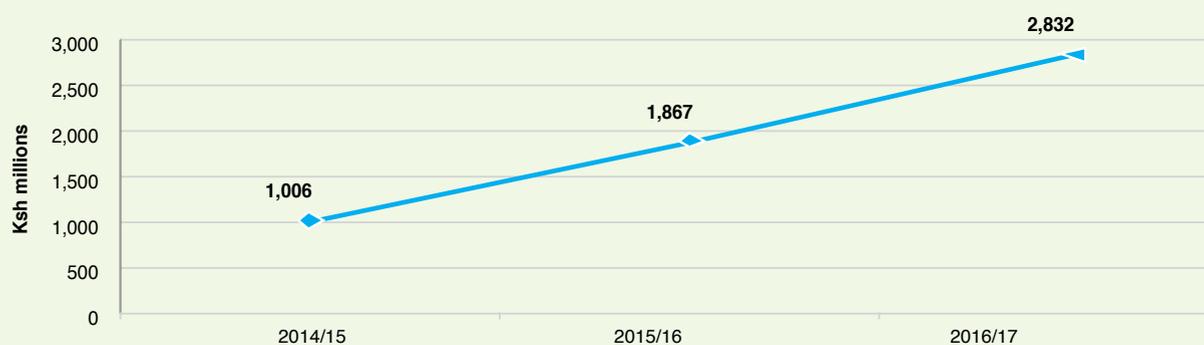
gaps. The gaps may require further capacity building partnerships with other stakeholders especially through public-private partnerships in provision of sanitation services.

The cumulative budget allocation for water and sanitation over the period 2014-2016 was about Ksh 5,699 million, which was about 6% of the total county budget. The allocation was about Ksh 1,006 million in 2014/15, which increased consistently to Ksh 1,866 million by 2016/2017 (Figure 11). This is against a setting of the County having very old infrastructure which requires more maintenance and repair to minimize non-revenue water emanating from technical losses (leakages), and the need to lay new water and sewer lines given the ever increasing population. The County is also expected to pay for conservation services at the main source of water, which is outside the County.

The County recurrent budget ranged between 60% and 90% of total sector budget but it had a declining trend, having reduced from 87% in 2014/2015 to 76% in 2015/16 and further to 66% in 2016/17 (Figure 12). This translated to increased share of development expenditure which increased from 13% to over 34% over the same period.

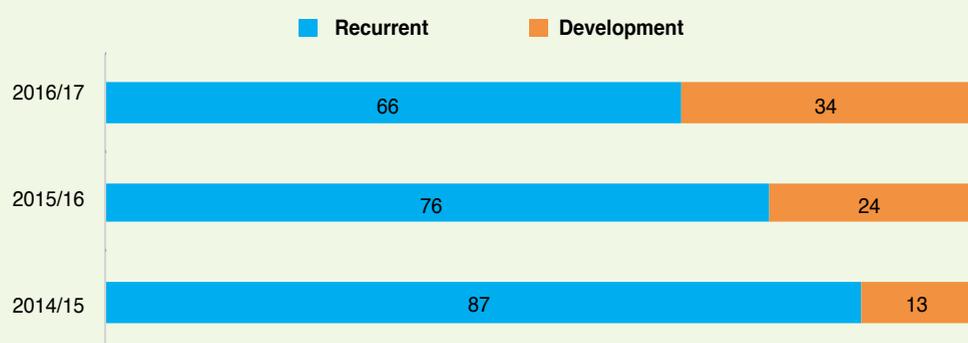
Actual expenditure for water and sanitation for the period 2015/16-2016/17 was about Ksh 4,943 million, which was about 7% of total expenditure during the three-year period. It increased from Ksh 1,175 million in 2014-15 to Ksh 1,613 million and Ksh 2,154 million in 2015/16 and 2016/17, respectively (Figure 13). Despite the increase in budget allocation for water, environment and natural resources, and increase in expenditure, the absorption rates for both recurrent and development expenditures declined. The absorption level reduced drastically from 117% in 2014/15 to 86% and 76% in 2015-16 and 2016-17, respectively (Figure 14). This was affected largely by development expenditure whose absorption was relatively lower.

Figure 11: Trends in water development, environment and natural resources budget, 2014/15-2016/17 (Ksh millions)



Source: Nairobi County (2014/15-2016/17), County Budget and Implementation Review

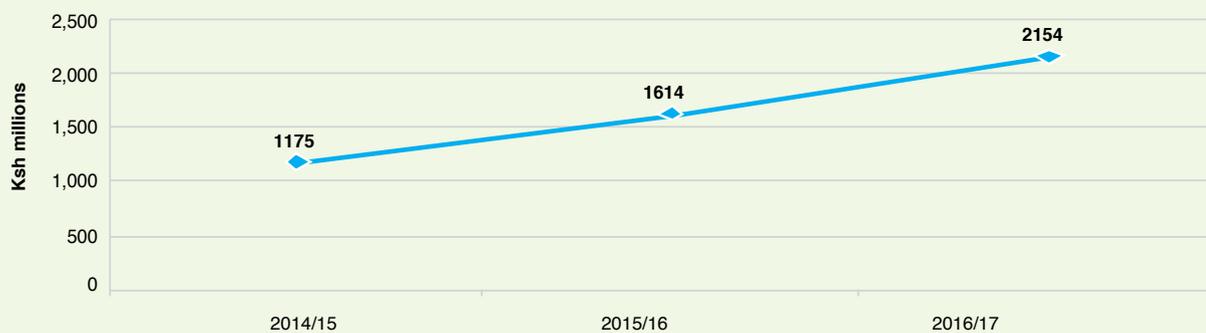
Figure 12: Composition of water, environment and natural resources budget, 2014/15-2016/17 (%)



Source: Nairobi County (2014/15-2016/17), County Budget and Implementation Review

The allocation for capital expenditure on water resource management and service delivery rose from 1% in 2014/15 to 43% and 38% in 2015/16 and 2016/17, respectively (Table 8). The County changed the expenditure structure drastically from 2014-2015; over 90% of the water

Figure 13: Trends in water, environment and natural resources expenditure, 2014/15-2016/17 (Ksh millions)



Source: Nairobi County (2014/15-2016/17), County Budget and Implementation Review

Figure 14: Absorption rate of water development, environment and natural resources budget, 2014/15-2016/17 (%)



Source: Nairobi County (2014/15-2016/17), County Budget and Implementation Review

budget was used in compensation of employees to 31% and 19% for 2015/16 and 2016/17, respectively. This shows that the County's increased funding for the sector in the last two years was largely for acquisition of assets and purchase of goods and services.

The key challenges facing the County with respect to water were rationing, and threats by counties in the water basin area to cut supply if revenues generated from the sale of water are not shared and if the water supply is not also distributed to the locals of where the water reservoir is located and the where the pipes are running.

Conclusion and Implications for Policy

The socio-economic indicators in health, education, water and sanitation including the nutritional status and social services show that Nairobi County is above the national averages in most of the indicators, although some indicators have shown a decline. The declining trend affects children more because they are exposed to higher levels of deprivation due to their vulnerability. The County had relatively adequate personnel and institutions to serve the various sectors because it is the capital city of Kenya. For example, the County has the best hospitals run by both the public and private sector. Its education sector had high investment by private sector and had relatively better enrolment.

Table 8: Composition of water services budget by economic classification in 2014/15-2016/17 (%)

	2014/2015	2015/2016	2016/2017
Compensation to employees	94	31	19
Use of goods and services	5	26	43
Capital expenditure (Acquisition of capital assets)	1	43	38

Nairobi County has a large proportion of children (about 35.5%). This suggests the need for the budgetary policy to reorient commensurate shares of the sectoral budgets towards children's needs. Careful attention needs to be given to child-related issues and more so to adequate funding. Though the County had planned and budgeted for the sectors that are sensitive to children needs and rights, the absorption level was low, and this limited the attainment of the intended objectives. As a result, some projects were never completed, or services not rendered, thus limiting increase in coverage. Some sectors such as child-social protection require more strategic planning and more budgetary allocation while water, health and education require more strategic management to increase productivity. The level of investment and focus in the health and education sector needs to be maintained, especially with continued enabling environment for private investment.

There are areas for policy intervention which could improve child sensitive planning, budgeting and service delivery in Nairobi County:

- (i) Although budget allocations to the social sectors may not be adequate, there is room to enhance service delivery through enhanced absorption and expenditures. Low absorption rates for development expenditures across all the sectors is a challenge that may be mitigated by mainstreaming mechanisms for monitoring budget implementation across all the sectors.
- (ii) The County can also invest in enhancing cross-sector linkages in child sensitive sectors in developing sector plans and budgets while building on synergies through cost sharing. This can be attained through integrated planning.
- (iii) There is need to strengthen the budget and planning process in the county based on realistic inputs and outcomes. The planning could be broadened to include voices of children during the stakeholder engagements. This can be achieved by developing the capacity of the sector working groups.
- (iv) Capacity building among the sector working groups, County Public Service Board and Members of County Assembly (MCAs) is critical especially in matters related to mainstreaming child-related issues into social sector programmes and sector plans.
- (v) There is need to promote equity across all socio-economic developments (social sectors such as education and health) in the county through affirmative action for social development and provision of adequate funding for social sectors in the county's development plan and budget. The practice of equal distribution of resources based on administration boundaries such as sub-counties should with a formula that ensures equity in resource distribution.
- (vi) The County requires strong inter-county collaborative mechanisms, partnerships, and better public relations with its neighbouring counties and other stakeholders, and an enabling political and legal environment to protect its source of water.

Acknowledgements

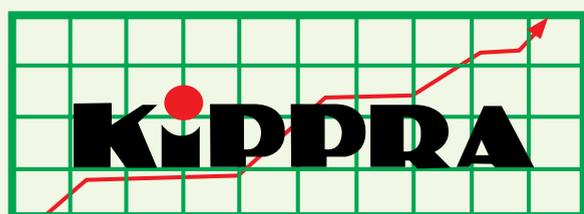
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This Brief is among three (3) county briefs which seek to identify the extent to which the needs of children are addressed by county budgets in Kenya.

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



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