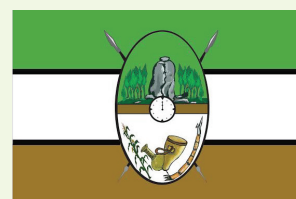


## Children, Youth and Women Sensitive Planning and Budgeting in Kenya: Kakamega County Brief, 2014/15-2017/18



County Government of Kakamega

### KEY HIGHLIGHTS OF THE BRIEF

This brief provides an analysis on how the County Government of **Kakamega** plans and 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 52 per cent of the Gross County Product (GCP)<sup>1</sup> of Kakamega, which is the 9<sup>th</sup> largest (2.4% contribution to GDP) of all the 47 counties in Kenya, comes from agriculture.** 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) **The county's own source revenue increased from Ksh 2.2 billion in 2014/15 to Ksh 2.3 billion in 2017/18.** However, as a share of total revenue, own source revenue reduced from 6.1 per cent in 2014/15 to 3.9 per cent in 2017/18. Overall, total county revenue increased from Ksh 7.48 billion to Ksh 10.84 billion between 2014/15 and 2016/17, before a moderate reduction to Ksh 9.5 billion in 2017/18, mainly because of equitable share transfers. To improve the share of its own source revenue, the county should strengthen measures for tax collection and management.
- c) **Maternal and child health outcomes generally improved despite decrease in approved allocation from Ksh 3.3 billion in 2015/16 to Ksh 2.2 billion in 2017/18.** However, despite the fact that the number of women with access to skilled delivery increased from 56.9 per cent to 64.7 per cent during the period, it remained below the national average. In addition, child immunization rates dropped from 79.4 per cent in 2014 to 77 per cent in 2018. There is need to monitor adequacy of funding to the sector to establish constraints to funding associated with scaling up programmes such as the '*Imarisha Afya ya Mama na Mtoto*' and hence improve health outcomes.
- d) **The budget for Early Childhood Development Education (ECDE) decreased from Ksh 0.7 billion in 2014/15 to Ksh 0.4 billion in 2017/18.** Gross enrolment increased from 66.7 per cent in 2014 to 89.4 per cent in 2018 while net enrolment decreased marginally to 62.8 per cent in 2018. Looking forward, the challenge for the county is to ensure equitable distribution and effective utilization of available resources.
- e) **The budget for water and sanitation increased slightly from Ksh 0.2 billion in 2014/15 to Ksh 0.3 billion in 2017/18.** Access to improved water and sanitation remained constant at 90 per cent and 32 per cent, respectively. There is need for the county to put in place initiatives to reduce non-revenue water to minimize losses and hence channel funds towards improvement of water supply. This would in turn reduce the time women and girls spend on fetching water and allow them to instead focus on other socio-economic activities.
- f) **The allocation to child protection, youth and women in nominal terms increased from Ksh 0.29 billion in 2014/15 to Ksh 0.32 billion in 2017/18.** The increase in child neglect and abandonment cases imply that the government needs to increase allocation to the sector to expand services that reach out to vulnerable girls as a protective measure against early/unplanned pregnancies, and early and forced marriages.
- g) **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 64 per cent in 2015/16 to 54 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.

- h) Considering direct nutrition interventions spending, the county has not been financing nutrition post-2014/15.** 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.
- 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 is 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, 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

**Kakamega County occupies a land area of approximately 3,051 km<sup>2</sup>** and is divided into 12 sub-counties, with 60 wards. The county's population is 1,867,579, which is 3.9 per cent of the national population. The total county population is constituted of 897,133 males, 970,406 females and 40 intersex.

**In 2015/16, the overall poverty rate of the county was 36.0 per cent with 6.9 per cent living in extreme poverty, which is slightly better than the overall national rates of 36.1 per cent and 8.6 per cent, respectively.** Among children, more than one in three (38.4%) were affected by monetary poverty or lack of financial means.<sup>2</sup> The proportion of youth and women in monetary poverty was 31.1 per cent and 34.9 per cent, respectively. Additionally, 66.9 per cent of children were living in multidimensional poverty; that is, deprived in multiple dimensions including nutrition, health care, education, housing, and drinking water.<sup>3</sup> The youth and women in multidimensional poverty were 72.5 per cent and 80.3 per cent, respectively. Monetary poverty levels for youth and women were above the national averages whereas only multidimensional poverty rate for children was higher than national average. 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: Kakamega county administrative, poverty and demographic profile**

Administrative Profile							Latest Available
Area (km <sup>2</sup> )							3,051
Number of sub-counties							12
Number of wards							60
Overall poverty (%)							36.0
Extreme poverty (%)							6.9
Population (2019)							1,867,579
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
Monetary Poor							
Male (%)	39.3	42.1	33.0	29.1	31.0	30.5	
Female (%)	37.5	41.0	29.5	28.8	34.9	34.1	
Total (%)	38.4	41.6	31.1	28.9	33.2	32.4	
Population	959,030	20,742,290	496,434	13,443,268	299,321	7,847,350	
Multidimensionally Poor							
Male (%)	67.0	49.3	71.3	44.7	76.0	51.0	
Female (%)	66.9	47.1	73.5	49.4	80.3	60.8	
Total (%)	66.9	48.2	72.5	47.1	78.7	56.1	
Population	959,030	20,742,290	496,434	13,443,268	299,321	7,847,350	

Source: Kenya National Bureau of Statistics (2018), Economic Survey

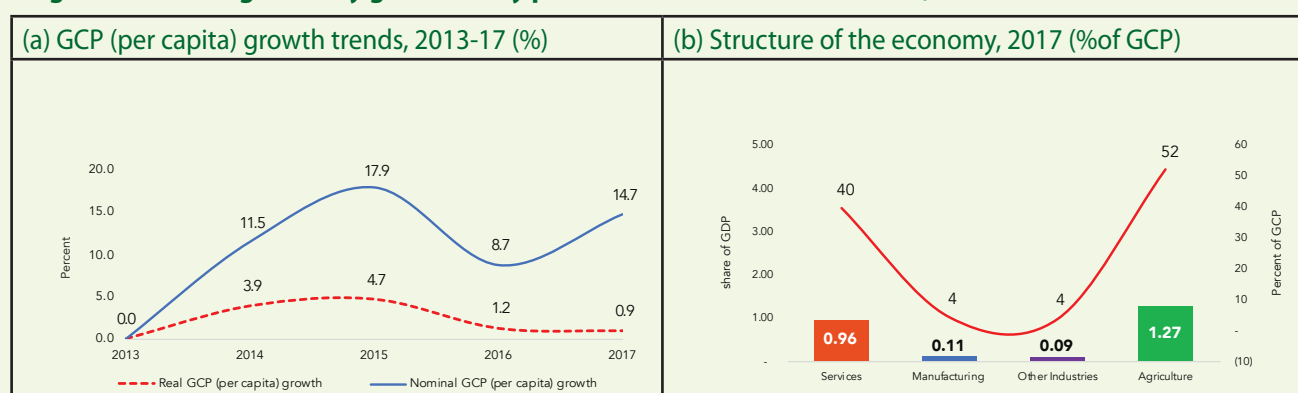
## 2. STATE OF COUNTY ECONOMY

### 2.1 Gross County Product Growth

**Kakamega accounted for 2.4 per cent of the national GDP in 2017.** Its gross real GCP per capita growth rate increased from 3.9 per cent in 2014 to 4.7 per cent in 2015 before dropping to 0.9 per cent in 2017 (Figure 1a). The most recent downturn was largely due to the prolonged drought across the county.

**The economy relies heavily on the performance of agriculture, which accounts for 52 per cent of the GCP and 1.3 per cent of the national GDP.** This is followed by the service sector which accounts for 40 per cent of GCP. Manufacturing and other industries, which are important drivers of job creation, both contribute 4.4 per cent and 3.8 per cent to the county GCP, respectively. Other industries account for 40 per cent of the county GCP. There is need to increase efforts to enhance the performance of manufacturing and services sub-sectors as they are key drivers of job creation for youth and women. The county could explore policy options such as development of an investment policy to mainstream activities of the manufacturing sub-sector, thus creating an enabling environment envisioned to attract investment and create opportunities for youth and women. In addition, 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 appropriate infrastructure and enhancing farmers' capacities in modern agricultural methods. Extension services, agribusiness and research needs to be promoted.

**Figure 1: Kakamega County gross county product and economic structure, 2013-17**

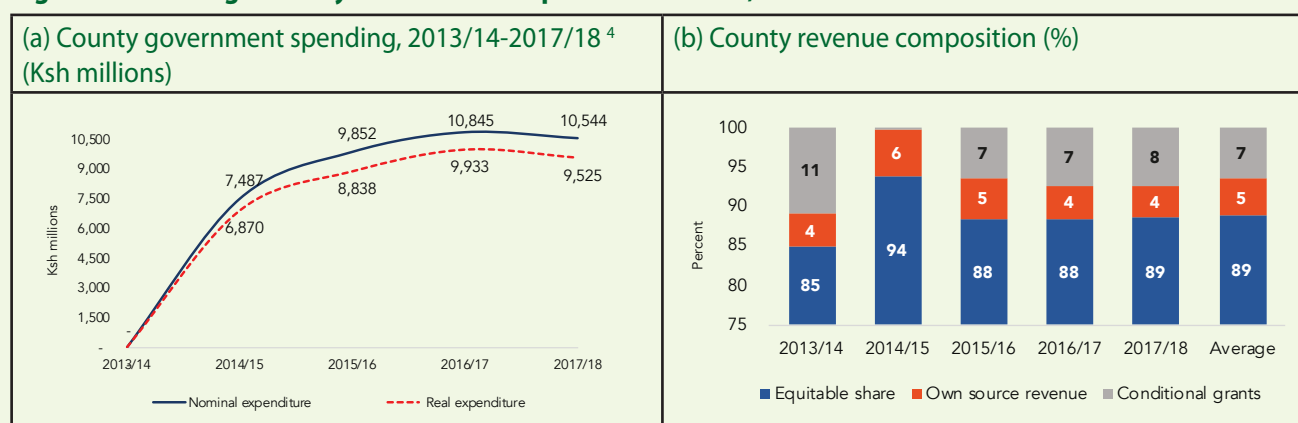


Source: Kenya National Bureau of Statistics (Various), 2019. NB: LHS = Left-hand Side; RHS = Right-hand Side

### 2.2 Overall Budget Performance

**The county government annual spending grew from Ksh 7.48 billion to Ksh 10.84 billion between 2014/15 and 2016/17, before a moderate cut to Ksh 9.5 billion in 2017/18 (Figure 2(a)).** The effect of inflation amounted to slightly over Ksh 890.5 million loss in purchasing power throughout the period under review. This spending is heavily dependent on national government transfers, which increased from Ksh 7.4 billion in 2014/15 to Ksh 9.3 billion in 2017/18 and accounted for, on average, 89.8 per cent of the total county revenue during the period (Figure 2a). The contribution of own source revenue decreased from 6 per cent in 2014/15 to 4 per cent in 2017/18 while conditional grants increased from below 1 per cent in 2014/15 to 8 per cent in 2017/18. In nominal terms, this accounts for a decrease in own source revenue from

**Figure 2: Kakamega County revenue and expenditure trends, 2013-18**



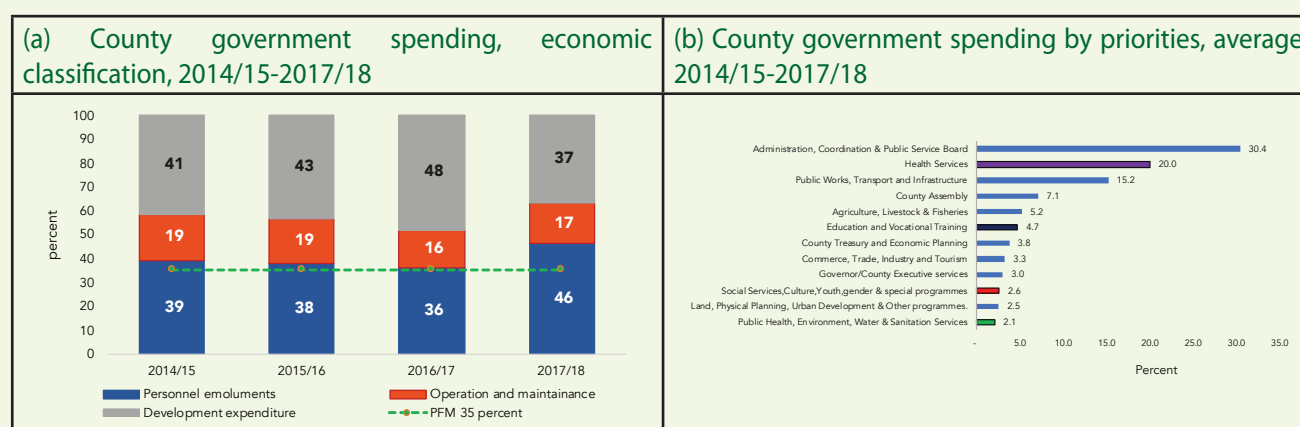
Source: Office of the Controller of Budget (Various) reports, 2014-2018

Kshs 516 million in 2014/15 to Kshs 440.6 million in 2017/18. There is need for enhanced fiscal efforts to accelerate revenue mobilization from both local revenue and conditional grants for channeling into social sector spending, which is mostly recurrent.

**The development share increased steadily from 41 per cent in 2014/2015 to 48 per cent 2016/17 before dropping slightly to 37 per cent in 2017/18.** The recurrent expenditure constituting of personnel emoluments and operation and maintenance costs accounted for over 50 per cent of the county government spending throughout the period. Wages alone accounted for above 35 per cent of spending. This reflects 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, however, has not complied with PFM Regulations 2015 which require that not more than 35 per cent of county's total revenue should go to payment of wages and salaries (Figure 3(a)).

**The county spent over 34.6 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 effect of this expenditure on the various programmes and activities varies across sectors (Figure 3b).

**Figure 3: Kakamega County spending priorities by economic and administrative classification, 2014/15-2017/1**



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

### 3. ANALYSIS OF SOCIAL SECTOR SPENDING

#### 3.1 Health

**Table 2: Kakamega 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 livebirths) 2016 Estimate	-	-	-	-	113.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	316.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (Source: DHIS2)	56.9	53.5	59.9	56.9	59.7	59.3	55.4	53.0	64.7	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	83.5	76.4	77.7	75.4	72.8	76.9	79.6	73.7	83.9	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	39.0	35.9	46.6	39.7	47.1	39.8	36.4	32.6	53.3	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	79.4	70.2	88.6	75.7	82.1	72.4	69.6	65.9	77.0	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	5.7	6.8	6.0	7.2	5.5	6.6	10.9	10.1	3.9	4.0
Still Birth Rate (%) (Source: DHIS2)	123.2	29.3	20.6	22.6	19.4	21.5	20.3	22.6	20.1	20.4

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

### 3.1.1 Health sector priorities

**Health is a key spending priority of the County Government, consuming about 20 per cent of the total budget in between the period 2014 and 2018.** During the County Integrated Development Plan (CIDP) 2013 to 2018, various programmes sensitive to children, youth, women and PWDs were planned to improve the health indicators. These include reducing malaria prevalence from 36.4 per cent to 20.0 per cent and HIV prevalence from 6.6 per cent to below 5.0 per cent, and under-5 mortality from 121 per 1,000 live births to 50 per 1,000 live births. Furthermore, the plan targeted to increase immunization coverage from 84.5 per cent to 96.0 per cent, health facility deliveries from 21.2 per cent to 70.0 per cent and mothers attending antenatal care from 63.5 per cent to 70.0 per cent. In addition, the overall sector's priorities included: elimination of communicable diseases; halting and reversing the rising burden of non-communicable diseases; minimizing the exposure of health risk factors and provision of health services; and improving the quality of health services in existing facilities by equipping and improving the human resource base.

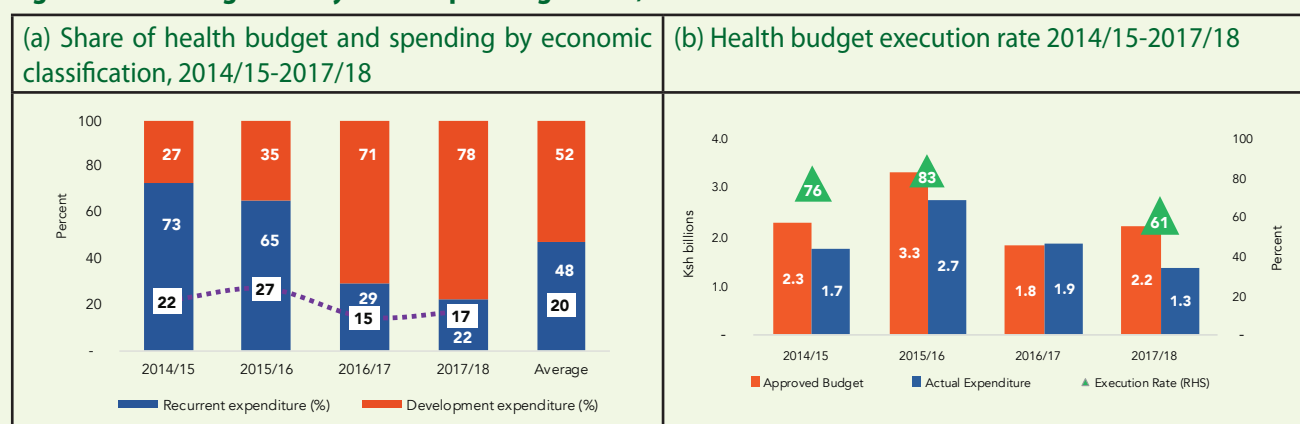
**Maternal mortality in the county stood at 316 per 1000 live births in 2016.** The number of women who had access to skilled delivery increased from 56.9 per cent in 2014 to 64.7 per cent in 2018. This can be attributed to the introduction of free maternity services nationwide. The proportion of pregnant women who attended at least one ante-natal clinic (ANC) visit during pregnancy increased from 83.5 per cent in 2014 to 83.9 per cent in 2018 while those that attended at least four increased from 39.0 per cent to 53.3 per cent. Increased access to skilled delivery can explain the decrease in still births during the period from 123.2 per cent to 20.1 per cent. These improved indicators are further attributed to devolution of health functions and implementation of programmes such as the *'Imarisha Afya ya Mama na Mtoto'*, establishment of more health facilities, free medical services at level two and three facilities, and improved equipping and staffing levels in the facilities.

**For children, under-5 mortality stood at 113 per 1000 live births in 2016.** The proportion of children under one year who are fully immunized decreased from 79.4 per cent in 2014 to 77.0 per cent in 2018. However, DPT/Hep +HiB3 dropout rates decreased from 5.7 per cent in 2014 to 3.9 per cent in 2018.

### 3.1.2 Health budget and expenditure

**The share of health budget as a proportion of the county budget increased from 22 per cent in 2014/15 to 27 per cent in 2015/16 before decreasing to 15 per cent in 2016/17 and then increasing to 17 per cent in 2017/18.** In nominal terms, health budget allocation decreased from Ksh 2.3 billion in 2014/15 to Ksh 2.2 billion in 2017/18. Actual expenditure on health during the period was, on average, Ksh 1.9 billion and constituted of 52 per cent development expenditure and 48 per cent recurrent expenditure. The development spending mainly went towards the construction of phase one of the Kakamega County Teaching and Referral Hospital and other infrastructural projects in the sector. The absorption rate increased from 76 per cent in 2014/15 to 103 per cent in 2016/17 before dropping to 61 per cent in 2017/18. This is attributable to failure by the exchequer to release the full amount approved in the health budget.

**Figure 4: Kakamega 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

**Provision of specialized health services to the region remains a priority with the completion and operationalization of the Kakamega Teaching Hospital, Shiamakhubu Level IV and Mumias West Level IV hospitals. Infrastructural projects will continue until every sub-county has a full-fledged Level IV health facility.** To attain Universal Health Coverage (UHC), the county will lay emphasis on scaling up the National Hospital Insurance Fund (NHIF) coverage to 100 per

cent during the period. The county also aims to strengthen the community health strategy. The 'Imarisha Afya ya Mama na Mtoto' programme, where 50,100 mothers are enrolled with 31,888 receiving a monthly stipend of Ksh 2,000, will continue in the medium term. The county targets to reduce HIV prevalence from 3.9 per cent to 2.8 per cent, under-5 mortality from 33 per 1,000 live births to 29 per 1000 live births, and malaria prevalence from 26 per cent to 18 per cent. It also targets to increase the percentage of expectant mothers delivering in a health facility from 65 per cent to 75 per cent, and immunization coverage from 84.5 per cent to 90 per cent.

To realize these new milestones, the county will need to address various challenges, including: limited funds relative to health needs for the county, including those for children and mothers; 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 and Vocational Training

### 3.2.1 Education sector priorities

**The county governments are responsible for Early Childhood Development and Education (ECDE) and TVET as per Schedule IV of the Constitution of Kenya.** During the plan period 2013-2017, for children, the county targeted enhancing access to quality ECDE by constructing modern classrooms, availing teaching and learning materials, and employing more teachers. This was meant to increase enrolment levels and give children an opportunity to learn. For the youth, it sought to rebrand the youth polytechnics and make them provide relevant training. It further targeted to establish a county bursary scheme for needy and bright children and scholarship scheme for the top achievers to study abroad. In addition, the county sought to provide loans to university students from the county in collaboration with the Higher Education Loans Board (HELB). The plan also introduced the Education Support Programme to construct secondary school centres of excellence, classrooms in primary and secondary schools, and rewarding of top achievers in the county at both secondary and primary school level.

**Gross ECDE enrolment rate increased from 66.7 per cent in 2014 to 89.4 per cent in 2018 while net enrolment rate (NER) decreased slightly from 63.4 per cent to 62.8 per cent during the same period.** This was generally lower than national averages, indicating that the county needs to allocate more resources to pre-primary school level. Devolution

**Table 3: Kakamega County selected education sector performance indicators**

Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	66.7	73.6	89.4	94.4
Net enrolment ratio (%)	63.4	71.8	62.8	63.5
Male (%)	64.8	73.4	58.6	62.5
Female (%)	62.0	70.2	66.1	65.0
School size (Public) (Pupils) (Average)	83.0	75.0	99.0	85.0
Gender parity index (value)	1.0	1.0	-	-
Pupil-teacher ratio (No.) (Public)	46.0	31.0	32.0	31.0
Proportion of enrolment in private schools (%)	19.4	31.5	22.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	72.9	104.0	119.0	107.2
Net enrolment ratio (%)	67.6	88.0	87.1	82.4
Male (%)	65.0	86.0	83.5	81.7
Female (%)	70.2	90.0	90.5	83.0
School size (Public) Average No. of pupils	491.0	338.0	583.0	375.0
Gender parity index (Value)	0.9	1.0	-	-
Pupil-teacher ratio (No.)	51.0	42.0	50.0	40.0
Proportion of enrolment in private schools (%)	7.0	16.0	8.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	34.0	58.7	63.1	66.2
Net enrolment ratio (%)	25.8	47.4	35.5	37.5
Male (%)	53.0	49.6	29.6	35.4
Female (%)	(1.4)	45.2	43.4	39.8
School size (Public)	-	-	352.1	392.0
Gender parity index (value)	0.9	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	22.0	30.0	36.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	19.8	20.2	21.0	20.0
Proportion of enrolment in private schools (%)	30.8	30.7	3.0	5.8

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

exhibited positive effect on enrolment at ECDE level. More girls were enrolled in ECDE than boys in Kakamega County in 2018. There is inequality in access to education between male and female school-going children in favour of girls as shown in Table 3.

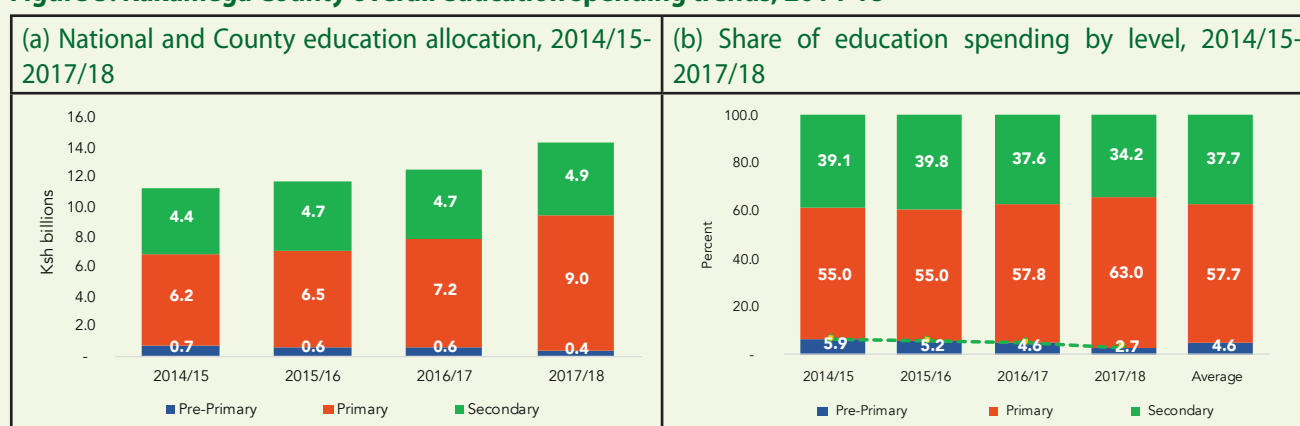
**Gross primary and secondary school enrolment rates stood at 72.9 per cent and 64.0 per cent, respectively. Net enrolment rate (NER) increased from 67.6 per cent to 87.1 per cent for primary school and 25.8 per cent to 35.5 per cent for secondary school during the period 2014-2018.** There were significant gender disparities in enrolment rates at primary school level. However, the NER for girls surpassed that of boys by 6 per cent in primary school and 13.8 per cent in secondary school. There are 4 functional public technical training institutions in the county, with an enrolment of 4,114 composed of 1,762 females and 2,352 males.

### 3.2.2 Education budget and expenditure

**The ECDE budget allocation decreased from Ksh 0.7 billion in 2014/15 to Ksh 0.4 billion in 2017/18.** Allocations to primary school education increased from Ksh 6.2 billion in 2014/15 to Ksh 9 billion in 2017/18 while allocations to secondary school increased from Ksh 4.4 billion in 2014/15 to Ksh 4.9 billion in 2017/18 (Figure 5(a)). Spending on ECDE as a share of total spending on basic education decreased from 5.9 per cent in 2014/15 to 2.7 per cent in 2017/18 (Figure 5(b)).

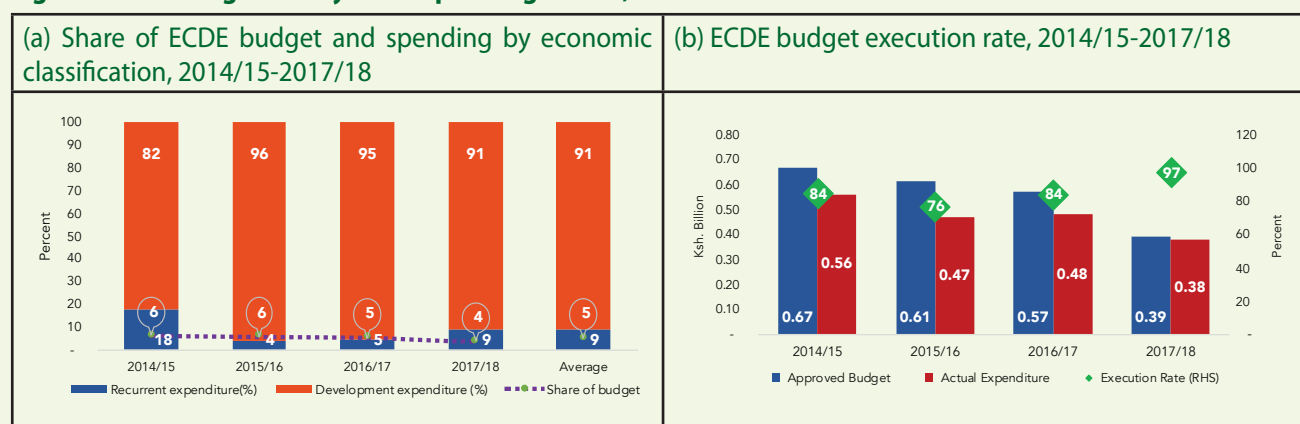
**The share of ECDE budget in the total county budget allocation decreased from 6 per cent in 2014/15 to 4 per cent in 2017/18.** Actual spending on ECDE decreased from Ksh 0.56 billion in 2014/15 to Ksh 0.38 billion in 2017/18 (Figure 6(b)). Spending comprised of, on average, 91 per cent development expenditure and 9 per cent recurrent expenditure during 2017/18 (Figure 6a). The absorption rates decreased from 84 per cent in 2014/15 to 76 per cent in 2015/16 before increasing to 97 per cent in 2017/18.

**Figure 5: Kakamega County overall education spending trends, 2014-18**



Source: National Treasury (Various), IFMIS

**Figure 6: Kakamega County ECDE spending trends, 2014-18**



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

### 3.2.3 Education medium term expectations

**At all levels of education, infrastructure and low retention rates are a major hindrance to improving county learning outcomes.** At ECDE level, the county needs to address the high teacher to learner ratios. For primary and secondary school, low transition rates, poor hygiene and sanitation, poor recreational facilities, inadequate teaching and learning materials,

and high pupil to teacher ratio remain a challenge. At tertiary level, negative attitudes towards vocational education and training, poor access to vocational and technical training, inadequate and outdated teaching and learning resources remain a challenge.

**Moving forward, the county government with support from stakeholders aims to continue investing in early childhood development by constructing classrooms at ECDE centres, employing ECDE teachers, introducing or enhancing school feeding programmes, improving ECDE capitation for free ECDE tuition, and providing sanitation facilities.** At primary and secondary school level, the county aims to complete its ongoing projects such as classrooms and centres of excellence. The County Bursary Scheme, the Higher Education Loans Scheme and the County Scholarship Scheme will continue to help needy and bright children pursue and complete their training. For technical and vocational training, the county aims to expand technical education facilities, initiate advocacy programmes aimed at improving perceptions of the youth to TVETs, rebrand the youth polytechnics, expand the curriculum and provide adequate and modern learning resources.

### 3.3 Water and Sanitation

#### 3.3.1 Water and sanitation priorities

**The 2013-2017 Kakamega County Integrated Development Plan outlined investment in the expansion of water and sanitation infrastructure as the main sector priority.** Additionally, the sector will prioritize creation of awareness on the importance of hand washing facilities and management of human waste disposal in rural and informal settlements in the county urban setups. It has also targeted improving provision of piped water to its residents from 5.9 per cent to 20.0 per cent.

**Access to improved water and sanitation has remained constant at 90 and 32 per cent, respectively, between 2014 and 2018.** The population within the service area of water utility (company) increased from 72 per cent to 87 per cent between 2014 and 2018. The proportion of population within the service area of the utility improved from 11 per cent in 2014 to 19 per cent in 2018. The sector experiences the problem of non-revenue water,<sup>5</sup> which stood at 42 per cent in 2018, with an improvement from 45 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: Kakamega County selected WASH sector performance indicators**

Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	11	*	19	*
Water coverage by utilities (%)	72	53	87	*
Non-revenue water (NRW) (%)	45	42	42	*
Sanitation coverage within utility area (%)	76	69	65	*
Sewerage coverage (%)	5	*	16	*
Access to improved water (%)	90	*	90	*
Access to improved sanitation (%)	32	*	32	59
No toilet facility – Potential open defecation county-wide (%)	0	*	0	8

Source: KNBS (2014), KDHS 2014; Kakamega County Integrated Development Plan (CIDP), 2018

#### 3.3.2 Water and sanitation budget and expenditure

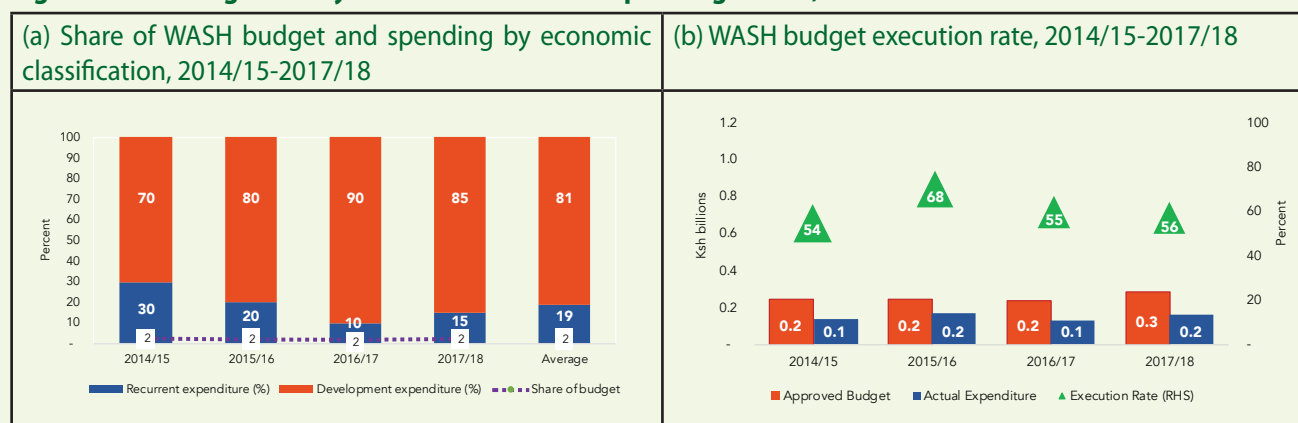
**The total budget allocation to the sector as a share of total county budget stagnated at 2 per cent throughout the period under review.** The approved budget allocation, in nominal terms, stagnated at Ksh 0.2 billion before increasing to Ksh 0.3 billion in 2017/18. Total spending on the sector was Ksh 0.1 billion in 2014/15 and 2016/17 and Ksh 0.2 billion in 2015/16 and 2017/18. Spending is comprised of, on average, 76 per cent development and 24 per cent recurrent spending (Figure 7(a)). The absorption rate increased from 54 per cent in 2014/15 to 68 per cent in 2015/16 before decreasing to 55 per cent in 2016/17, with a slight increase to 56 per cent in 2017/18. This is also attributed to failure by the exchequer to release the entire approved budget amount, and due to capacity constraints.

#### 3.3.3 Water and sanitation medium term expectations

**Some of the challenges facing the sector in the county are high levels of non-water revenue, low latrine coverage, and inadequate functional sewerage systems due to poor maintenance.** In the plan period of 2018-2022, the county aims to improve provision of clean water and solid waste management, and increase access to decent sanitation. The programmes that have been outlined to this end include: Water for all, dubbed “Amatsi Khumukuru”, establishment of the Kakamega County Rural Water Company to manage rural water schemes, containerized water treatment and supply,



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



Source: Office of the Controller of Budget (Various) reports, 2014/15-2017/2018

increasing population access to latrines for public health promotion, creation of hygiene awareness through outreach and forums, development of a waste disposal mechanism, reducing contamination of water bodies, and increasing sewage facility coverage and management in both urban and rural areas.

### 3.4 Child Protection, Youth and Women

#### 3.4.1 Child protection, youth and women priorities

The CIDP for 2014-2017 highlighted key priorities for children, youth, women, and persons with disability. The plan targeted to increase support to persons with disability by 50 per cent through cash transfer programmes, and enhance integration and access to skills. The county also targeted reduction in child neglect and abandonment where the cases had risen from 30 in 2014 to 622 in 2018, and child trafficking and abandonment through overall promotion of children's rights. For women, the plan targeted reducing gender inequality by ensuring gender mainstreaming in employment, increasing support for girl's education, reducing incidences of women discrimination by 50 per cent, promoting property ownership, and promoting participation in leadership. Finally, the plan targeted to build technical capacities of the youth to enhance their access to employment and Access to Government Procurement Opportunities (AGPO) and hence promote their economic empowerment.

Specifically, on social child protection, the county recorded a high number of reported cases of child neglect and abandonment, rising from 30 cases in 2014 to 622 cases in 2018. Similarly, the child physical abuse increased from 16 cases in 2014 to 19 cases in 2018. Child emotional abuse increased from 2 cases in 2014 to 13 reported cases in 2018 while child labour cases decreased from 11 to 1 in in the same period.

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

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

Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	30	767	622	73245
Child Sexual Abuse	38	636	2	172
Child Trafficking, Abduction and Kidnapping	2	32	22	1022
Child Labour	14	168	2	378
Child Emotional Abuse	2	58	13	853
Child Physical Abuse	16	583	19	2031
Female Genital Mutilation	-	9	-	40

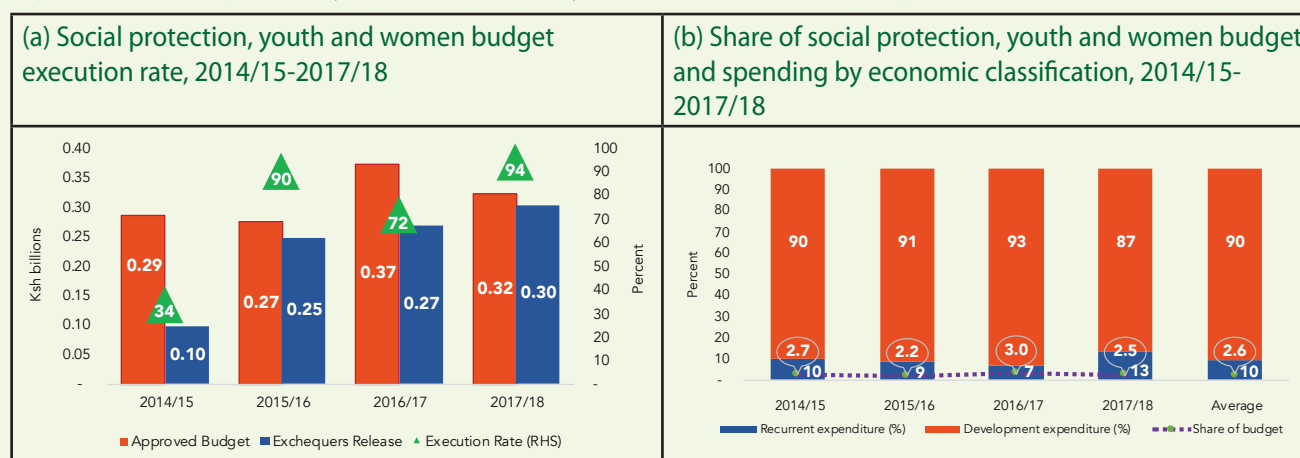
Source: Kenya National Bureau of Statistics (2014), KDHS 2014; Kakamega County Integrated Development Plan (CIDP), 2018

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

The sector's budget allocation as a share of total county budget decreased from 10 per cent in 2014/15 to 7 per cent in 2016/17 before increasing to 13 per cent in 2017/18. Total approved budget decreased from Ksh 0.29 billion in 2014/15 to Ksh 0.27 billion in 2015/16 before increasing to Ksh 0.37 billion in 2016/17 then decreasing to Ksh 0.32 billion in 2017/18. Exchequer releases for the sector increased steadily from Ksh 0.1 billion in 2014/15 to Ksh 0.30 billion in 2017/18.

Spending on the sector was constituted of 10 per cent recurrent expenditure and 90 per cent development expenditure. The absorption rates increased from 34 per cent in 2014/15 to 90 per cent in 2015/16 before decreasing to 72 per cent in 2016/17 then increasing to 94 per cent in 2017/18 (Figure 8(b)).

**Figure 8: Kakamega County social 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 expectations

**Between the plan period 2018 and 2022, the county aims to undertake sports development by nurturing talents through county sports tournaments. Sporting facilities such as Bukhungu Stadium and regional stadia will be completed.** Other programmes will include promotion of physical health and recognizing and rewarding of champion sports persons; youth empowerment programmes such the Kakamega County Youth and Women Empowerment Programme; sensitization on drugs and substance abuse; operationalization of the Kakamega Alcohol and Drug Rehabilitation Centre and mainstreaming youth issues into county operations; women's and PWDs empowerment by enhancing access to property ownership and leadership and enhancing market linkages for those who own enterprises; and promotion of social protection for children by promoting child rights awareness levels and cash transfer programmes to vulnerable groups. Furthermore, construction of child protection centres and GBV rescue centres will go a long way in ensuring the safety of children, women and other vulnerable persons in Kakamega County.

The county needs to align social protection programmes with the National government programmes to avoid duplication of the activities while ensuring that the available resources are targeted to the relevant beneficiaries.

## 3.5 Nutrition

### 3.5.1 Nutrition priorities

**Promotion of nutrition education and improvement of nutritional status of households to eliminate malnutrition and stunting cases** was the focus for the county in the County Integrated Development Plan 2013-2017.

**Stunted children as a proportion of the population stood at 27.6 per cent while the proportion of wasted and underweight children was 4.5 per cent and 10.2 per cent, respectively.** Furthermore, the proportion of households

**Table 6: Selected nutrition performance indicators**

Indicators	2014-County	2014-National
Stunted children (%)	27.6	26.0
Wasted children (%)	4.5	4.0
Underweight children (%)	10.2	11.0
Vitamin A supplements coverage	12.4	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	73.6	71.4
Proportion of children consuming adequately iodized salt.	100.0	99.1
Proportion of households consuming adequately iodized salt.	99.9	99.2
" Household salt iodization (50–80 mg/Kg KIO <sub>3</sub> ) (% samples) "	74.0	57.0
Number of Women (BMI)	24.1	23.2
Overweight or obesity among women aged 15 to 49 years.	38.5	28.9

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

consuming adequately iodized salt in the county was 99.9 per cent. Vitamin A supplementation among children aged 6 to 59 months was 73.6 per cent, above the national average but below the intended target of 71.4 per cent.

**The proportion of overweight or obese women in the county was 27 per cent, which was lower than the national average of 29 per cent.** The average (BMI) of women in the county was 23.

### 3.5.2 Nutrition budget and expenditure

**Considering direct nutrition interventions spending, the county has not been financing nutrition post-2014/15.**

### 3.5.3 Nutrition medium term expectations

In the period 2018-2022, the county plans to promote nutrition education and strengthen the Community Units to offer broad-based services to eliminate malnutrition cases. To realize this objective, the county will be required to increase the share of nutrition-sensitive spending, which has been inconsistent. The community strategy should be enhanced to boost the capacity of the community in handling nutritional issues to improve the nutrition status.

## 3.6 Other Initiatives for Special Interest Groups

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

- a) **AGPO:** The county promotes implementation of Access to Government Procurement Opportunities (AGPO) programme.
- b) **Children:** The county has implemented a mentorship programme for children and supports children's homes in the delivery of their services. In addition, it offers support for orphans to get an NHIF cover.
- c) **Youth:** The county provides internships to 250 youth annually. In addition, it has trained youth groups on entrepreneurship skills and provided car wash machines for use by youth groups. The county government has also promoted the registration of community-based organizations.
- d) **Women:** The county supports women's income generating activities through programmes such as "Inua Mama na Kuku" programme. Registration of community-based organizations (CBOs) and other women's groups is also encouraged by the county.
- e) **PWDs:** The county empowers PWDs by issuing them with tools of trade. Assistive devices such as wheelchairs and crutches are also provided to PWDs.

## 4 RECOMMENDATIONS AND IMPLICATIONS FOR POLICY

A summary of implications for policy and responsible actors is presented in Table 7.

**Table 7: Recommendations and responsible actors**

Sector	Finding	Recommendation	Responsibility
Gross County Product	An estimated 52 per cent of the Gross County Product (GCP) of Kakamega, which is the 9 <sup>th</sup> largest (2.4% contribution to GDP) of all the 47 counties in Kenya, comes from agriculture.	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.	County Treasury and Planning/ County Executive/Department of Agriculture
Own Source Revenue	Own source revenue fell to 1.2 per cent from 2.1 per cent in during the review period.	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 approved budget allocation for health decreased from Ksh 3.3 billion in 2015/16 to Ksh 2.2 billion in 2017/18.	There is need to monitor adequacy of funding in the sector to establish the constraints to funding associated with scaling up programmes such as the 'Imarisha Afya ya Mama na Mtoto' and hence improve health outcomes.	County Treasury and Planning / County Department of Health
Education	The budget for ECDE decreased from Ksh 0.7 billion in 2014/15 to Ksh 0.4 billion in 2017/18. Gross enrolment increased from 66.7 per cent in 2014 to 89.4 per cent in 2018 while net enrolment decreased marginally to 62.8 per cent.	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.	County Treasury and Planning /County Department of Education, Youth Affairs, Gender and Social Services
WASH	The budget for water and sanitation increased slightly from Ksh 0.2 billion in 2014/15 to Ksh 0.3 billion in 2017/18.	There is need for the county to put in place initiatives to reduce non-revenue water to minimize losses and hence channel funds towards improvement of water supply. Further, there needs to be focus in addressing inadequacy of the existing water systems.	County Treasury and Planning/County Department of Water and Sanitation/ Kakamega County Water and Sanitation Company

Child Protection, Youth and Women	The allocation to child protection youth and women in nominal terms increased from Ksh 0.29 billion in 2014/15 to Ksh 0.32 billion in 2017/18. Access to improved water and sanitation remained constant at 90 and 32 per cent, respectively.	There is need for the county to put in place initiatives to reduce non-revenue water to minimize losses and hence channel funds towards improvement of water supply. This would in turn reduce the time women and girls spend on fetching water and allow them to instead focus on other socio-economic activities.	County Treasury and Planning/ Department of Education, Youth Affairs, Gender and Social Services
Nutrition	Considering direct nutrition interventions spending, the county has not been financing nutrition post-2014/15.	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.	County Treasury and Planning / County Department of Health and all other sectors, namely education, agriculture, social protection and WASH
Disaggregated Data	There is limited disaggregation of data in expenditure reports. Therefore, 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.	The county should have standalone budget lines on child, youth and women protection and empowerment to effectively deliver the above-mentioned services	County Planning, Statistics and M&E, 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.
- 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 overall poor.
- 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.
- Base year 2013.
- 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).
- 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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