

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



County Government of Vihiga

### KEY HIGHLIGHTS OF THE BRIEF

This brief provides an analysis on how the County Government of **Vihiga** 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, child protection, youth and women, 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 54 per cent of the Gross County Product (GCP) <sup>1</sup> of Vihiga, which ranks 37<sup>th</sup> (0.8%) in GDP contribution among the 47 counties in Kenya, comes from the services sector.** There is need for the county to explore policy options such as the development of an investment policy, to mainstream activities of the services, and manufacturing sub-sector thus creating an enabling environment envisioned to attract investment and hence create opportunities for youth and women.
- b) **The county's own source revenue increased from Ksh 115 million in 2014/15 to Ksh 143.5 million in 2017/18.** However, as a share of total revenue, own source revenue decreased from 3.3 per cent in 2014/15 to 2.1 per cent in 2016/17 before increasing to 2.8 per cent in 2017/18. Overall, total county revenue increased from Ksh 3.5 billion in 2014/15 to Ksh 5.2 billion in 2017/18, mainly because of equitable share transfers. There is need for the county to enhance capacity for own source revenue forecasting and analysis, and strengthen measures for tax collection and management.
- c) **The health budget allocation increased from Ksh 0.9 billion in 2014/15 and 2015/16 to Ksh 1.5 billion in 2017/18.** This contributed to an improvement in most maternal health indicators. However, fully immunized children in the county decreased from 84.6 per cent in 2014 to 69.3 per cent in 2018. There is need for the county to channel funds towards improving access to immunization facilities among children in the county.
- d) **The budget for Early Childhood Development Education (ECDE) increased from Ksh 0.4 billion in 2014/15 to Ksh 0.6 billion in 2017/18.** Gross ECDE enrolment rate increased from 70.6 per cent in 2014 to 90.9 per cent in 2018 while net enrolment rate (NER) decreased from 66.6 per cent to 61.4 per cent during the same period. Looking forward, the challenge for the county is to ensure equitable distribution and effective utilization of available resources to fast track attainment.
- e) **The budget for water and sanitation increased from Ksh 0.15 billion in 2014/15 to Ksh 0.19 billion in 2017/18.** However, access to improved water and sanitation remained constant at 88 per cent and 43 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 socioeconomic activities.
- f) **The budget allocation for child protection, youth and women increased from Ksh. 0.13 billion in 2014/15 to Ksh 0.27 billion in 2017/18.** The increase in child neglect and abandonment cases, implies that the county needs to increase allocation and predictability of funding to the sector with an aim to expand services that reach out to vulnerable girls as a protective measure against early/unplanned pregnancies, and early and forced marriages.
- g) **The county spending on nutrition (direct nutrition interventions) in nominal terms was Ksh 10 million in 2014/15.** Between 2016/17 and 2017/18, the spending increased from Ksh 8 million to Ksh 17 million. The county had no budgetary allocation for nutrition in 2015/16. The county should ensure that direct nutrition interventions, across

several sectors such agriculture, education and health are budgeted for, with visible budget lines. Moreover, nutrition should be well articulated in the County Integrated Development Plans.

- h) The budget execution rate for most social sector budgets remained low during the period, especially for education, water and sanitation, and child protection, youth and women.** For instance, budget execution rates for child protection, youth and women fluctuated between a maximum of 54 per cent in 2014/15 and 2016/17 and a minimum of 12 per cent in 2017/18. The low budget execution rate was partly because approved budgets were not released on time by the National Treasury, and weak procurement and cash flow planning by the county. To improve budget utilization rates, there is need for the national treasury to adhere to disbursement schedules by releasing resources on time. On its part, the county should strengthen procurement systems and improve cash flow forecasting.
- i) Due to limited disaggregation of data in expenditure reports, it was not possible to establish how much of the county government budget was spent on crucial social services such as child protection, youth development, disability and gender mainstreaming.** By having standalone budget lines on the above, the county 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 from 6 in 2014 to 705 cases in 2018, yet there is no specific budget line for this. The same also applies to gender-based violence which has increased in recent years.

## 1. COUNTY OVERVIEW

**Vihiga** County occupies a land area of approximately 531 km<sup>2</sup> and is divided into 5 sub-counties and 25 wards. The county's population is 1,670,570 representing 1.2 per cent of the national population. The county population is constituted of 306,323 females 283,678 males and 12 intersex persons.

**In 2015/16, the overall poverty rate of the county was 43.0 per cent with 8.2 per cent living in extreme poverty, which is better than the overall national rates of 36.1 and 8.6 per cent, respectively.** Among children, one in every two children were affected by monetary poverty or lack of financial means<sup>2</sup>. Additionally, 35.6 per cent of youth and 36.8 per cent of women were also affected by monetary poverty. Moreover, 58.4 per cent of children were living in multidimensional poverty; that is, deprived in several areas including nutrition, healthcare, education, housing and drinking water.<sup>3</sup> Levels of monetary poverty remained higher than national averages for children, youth and women. The overall high rates of poverty, especially among women means that planning and budgeting processes should consider human capital sectors so that the county can maximize on the productive and innovative potential of its future workforce and initiate a fast and sustainable growth trajectory.

**Table 1: Vihiga county administrative, poverty and demographic profile**

Administrative Profile							Latest Available
Area (km <sup>2</sup> )							531
Number of sub-counties							5
Number of wards							25
Overall poverty (%)							43
Extreme poverty (%)							8.2
Population (2019)							590,013
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
Monetary Poor							
Male (%)	47.6	42.1	35.1	29.1	43.1	30.5	
Female (%)	45.2	41.0	36.0	28.8	36.8	34.1	
Total (%)	46.5	41.6	35.6	28.9	39.4	32.4	
Population	308,406	20,742,290	148,640	13,443,268	110,372	7,847,350	
Multidimensionally Poor							
Male (%)	57.6	49.3	64.9	44.7	71.4	51.0	
Female (%)	59.3	47.1	64.7	49.4	79.9	60.8	
Total (%)	58.4	48.2	64.8	47.1	76.1	56.1	
Population	308,406	20,742,290	148,640	13,443,268	110,372	7,847,350	

Source: Kenya National Bureau of Statistics (2018)

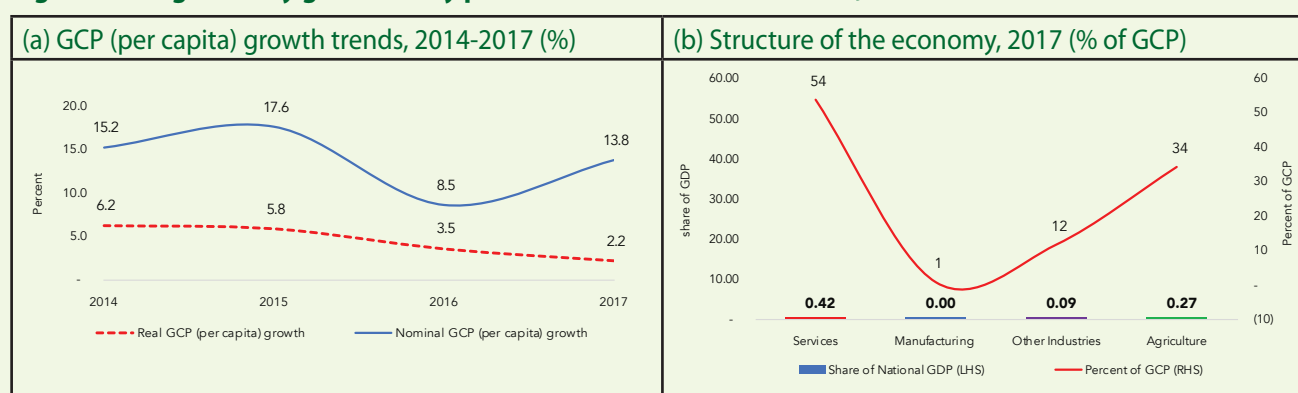
## 2. STATE OF COUNTY ECONOMY

### 2.1 Gross County Product Growth

**Vihiga County accounted for 0.8 per cent of the national GDP in 2017.** Its Gross County Product (GCP) per capita growth rate, in real terms, decreased from 6.2 per cent recorded in 2014 to 2.2 per cent in 2017 (Figure 1a).

**The economy remained reliant on the services sub-sector which accounted for 54 per cent of GCP and 0.4 per cent of national GDP in 2017 (Figure 1b).** Agriculture accounted for 34 per cent of GCP while other industries- including mining and construction- accounted for 12 per cent of GCP and manufacturing accounted for 0.6 per cent of GCP. This trend calls for diversification to manufacturing, services and other industries and the county is making efforts to revive the manufacturing industry which is particularly important for job creation. In order to increase agricultural productivity and the participation of women and youth within the sector, the county should put in place mechanisms to reduce the cost of farming, enhance the marketing of agricultural produce and promote agricultural value chains. This can be done through developing infrastructure and enhancing farmers' capacities in modern agricultural methods. Extension services, agribusiness and research needs to be promoted. The county should also seek to attract more investment in manufacturing as well as services, for a balanced economy. This can be done through collaboration with different sub-sectors, especially the private sector.

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

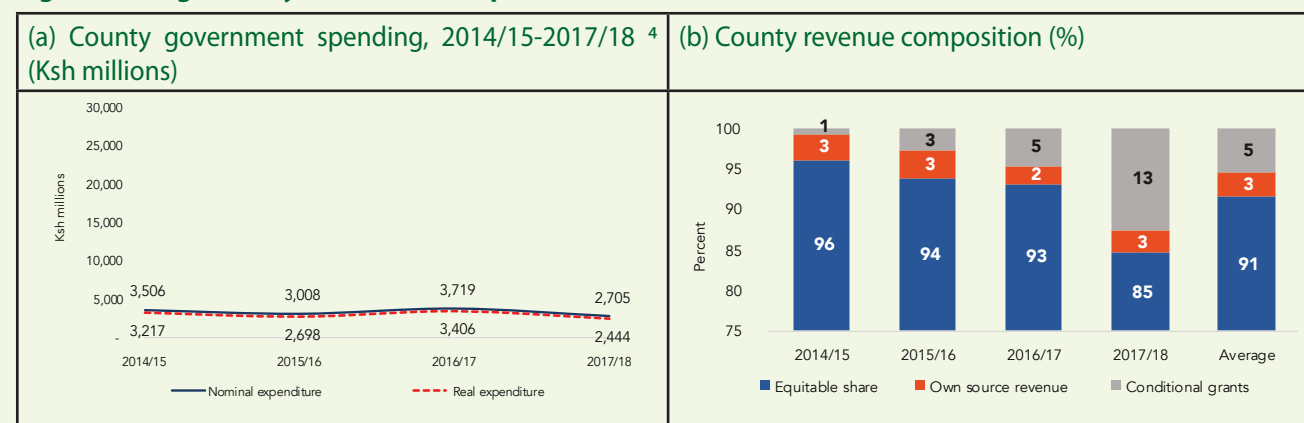


Source: KNBS (2019) Statistics

### 2.2 Overall Budget Performance

**The county government annual spending decreased from Ksh 3.2 billion in 2014/15 to Ksh 2.7 billion in 2015/16 before increasing to Ksh 3.4 billion in 2016/17 and a decrease to Ksh 2.4 billion in 2017/18 (Figure 2a).** The effect of inflation accounted for on average Ksh 246 million in loss of purchasing power during the period. The county budget is largely financed by government transfers, which account for on average 91.1 per cent between 2014/15 and 2017/18. In nominal terms, own source revenue increased from Ksh 115 million in 2014/15 to Ksh 135 million in 2015/16 before decreasing to Ksh 96 million in 2016/17 before increasing to Ksh 143.5 million in 2017/18. The equitable share transfer increased from Ksh 3.3 billion in 2014/15 to Ksh 4.4 billion in 2017/18. Own source revenue as a share of the total revenue decreased from 3.3 per cent in 2014/15 to 2.1 per cent in 2016/17 before increasing to 2.8 per cent in 2017/18. The contribution of conditional grants increased from 0.7 per cent in 2014/15 to 12.7 per cent in 2017/18 (Figure 2b). There is need for enhanced fiscal efforts to accelerate revenue mobilization from both local revenue and conditional grants.

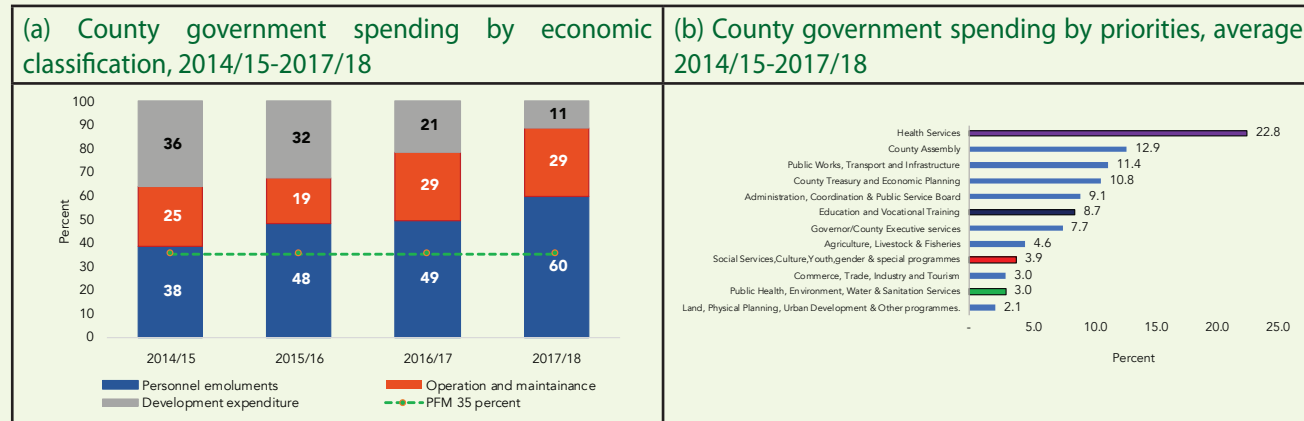
**Figure 2: Vihiga county revenue and expenditure trends, 2014/15-2017/18**



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

**The development share of the actual spending decreased from 36 per cent in 2014/15 to 11 per cent in 2017/18.** The recurrent expenditure, constituted of personnel emoluments and operation and maintenance, increased from 63 per cent in 2014/15 to 89 per cent in 2017/18. Wages alone accounted for between 38 per cent in 2014/15 and 60 per cent in 2017/18 (Figure 3a). The county therefore only complied with the Public Finance Management (PFM) Act 2012 provision, that ceils development spending at a minimum of 30 per cent of total budget, in 2014/15. It did not comply with the PFM, and Regulations 2015 which require that not more than 35 per cent of the county's total revenue should go to payment of wages and salaries in all years except in 2015/16.

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



Source: Controller of Budget reports, 2014-2018

**The county spent about 42.9 per cent of total expenditure during the period under review on health, education, agriculture, nutrition, social protection, youth, gender, water and sanitation.** These sectors are regarded as being more sensitive to the needs of children, youth and women. The effect of this expenditure on the various programmes and activities vary across sectors.

### 3. ANALYSIS OF SOCIAL SECTOR SPENDING

#### 3.1 Health

**The CIDP 2013-2017 highlighted key priorities for child protection, youth and women.** The county sought to reduce child mortality rates; enhance access to quality health services; reduce and control communicable diseases Prevention and management of STI/HIV/AIDS, TB and Malaria; and establish more dispensaries and other Infrastructure to support maternal services in health facilities (particularly, they targeted establishing and equipping a referral facility in each constituency). The county also targeted promotion of reproductive health services. The county also intended to recruit more health personnel and increase regular supply of drugs and vaccines.

**The number of women who had access to skilled delivery increased from 49.4 per cent in 2014 to 55 per cent in 2018 due to the introduction of free maternity services in 2013.** The share of fully immunized children in the county decreased from 84.6 per cent in 2014 to 69.3 per cent in 2018. Under 5 mortality rate is estimated at 94 deaths per 1000 live births (above the national average of 79 per 1000 live births) in 2016 while maternal mortality is estimated at 531 per 100,000 live births (above the national average of 495 per 100,000 live births). The proportion of women who attended at least one ANC visit during pregnancy, and those that attended four both increased; while DPT/Hep+HiB3 dropout rates decreased from 5.2 per cent in 2014 to 2.7 per cent in 2018.

##### 3.1.1 Health budget and expenditure

**The share of health budget as a proportion of total county budget allocation increased from 19 per cent in 2014/15 to 27 per cent in 2017/18.** In nominal terms, budget allocation to health grew from Ksh 0.9 billion in 2014/15 and 2015/16 to Ksh 1.5 billion in 2017/18. Health actual expenditure decreased from Ksh. 0.7 billion in 2014/15 to Ksh 0.6 billion in 2015/16 before increasing to Ksh. 0.9 billion in 2016/17 and 2017/18. Spending on health comprised of 83 per cent recurrent expenditure and 17 per cent development expenditure (Figure 4a). The absorption rates decreased from 82 per cent in 2014/15 to 66 per cent in 2015/16 before increasing to 71 per cent in 2016/17 then decreasing to 62 per cent in 2017/18. This is attributable to exchequers failure to release the full amount approved in the health budget.

##### 3.1.2 Health medium term expectations

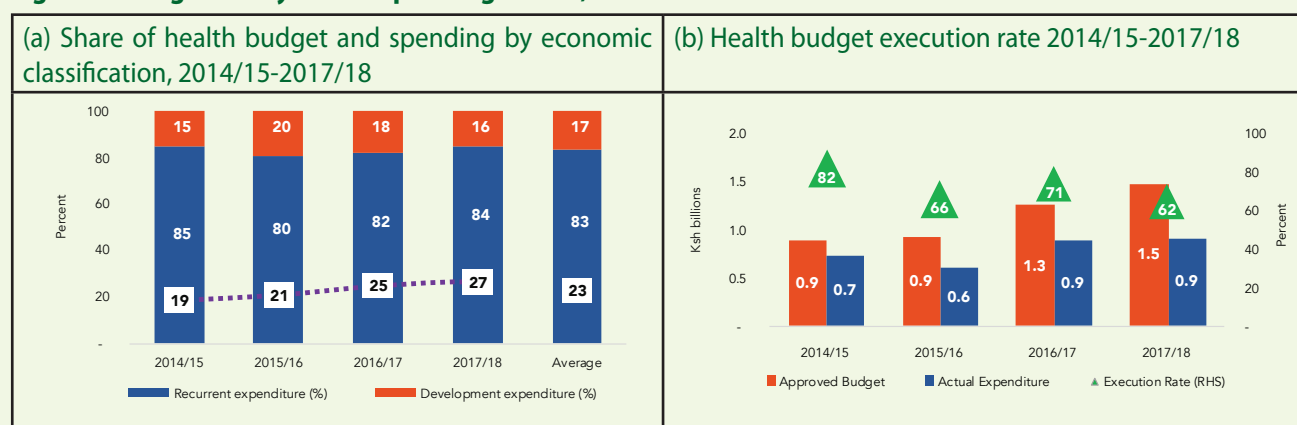
**The CIDP 2018-2022 highlighted key priorities for child protection, youth and women.** The county intends to implement the community health strategy that is expected to improve health services at community level for children,

**Table 2: Vihiga county selected health sector performance indicators**

Selected Health Indicators	2014		2015		2016		2017		2018	
	County	National	County	National	County	National	County	National	County	National
U5MR (death per 1,000 live births) 2016 Estimate	-	-	-	-	94.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	531.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	49.4	53.5	49.9	56.9	50.1	59.3	40.2	53.0	55.0	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	61.2	76.4	57.7	75.4	55.7	76.9	58.8	73.7	68.7	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	35.4	35.9	38.3	39.7	34.6	39.8	23.4	32.6	42.9	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	84.6	70.2	83.3	75.7	78.2	72.4	48.6	65.9	69.3	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	5.2	6.8	4.6	7.2	5.0	6.6	9.6	10.1	2.7	4.0
Still Birth Rate (Source : DHIS2)	16.7	29.3	12.1	22.6	21.6	21.5	23.3	22.6	18.2	20.4

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

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



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

youth and women. The county also plans to construct Vihiga County Hospital Medical Plaza in order to improve access to specialized medical services. The Otichillo Care Mother and Child Health Programme, which aims to improve mother and child health outcomes in the county, is also going to be implemented. Further, the county will continue to promote prevention of communicable and non-communicable diseases as well as conduct public health campaigns. Some of the prevailing challenges facing the sector include: rising cases of communicable diseases; increase in the emergence of non-communicable diseases; and low health insurance uptake.

### 3.2 Education and Vocational Training

#### 3.2.1 Education sector priorities

**The CIDP 2013-2017 highlighted key priorities for child protection, youth and women.** The county sought to establish: more special schools and integrated units, more science laboratories and libraries, centres of excellence for boys and girls in all constituencies, and more tertiary institutions. The county also intended to establish a university in the county as well as improve and equip youth polytechnics.

**Gross ECDE enrolment rate increased from 70.6 per cent in 2014 to 90.9 per cent in 2018 while net enrolment rate (NER) decreased from 66.6 per cent to 61.4 per cent during the same period.** This was generally lower than national averages of (94.4% and 63.5%), indicating that more children joined ECDE than before with the implementation of devolution. More boys than girls of ECDE going age are were enrolled in Vihiga county.

**Gross primary and secondary gross enrolment rates stood at 112.9 per cent and 75.3 per cent in 2018, respectively.** Net enrolment rate (NER) increased from 78.5 per cent to 89.7 per cent for primary school and decreased from 58.3 per cent to 42.3 per cent for secondary school during the same period. More boys than girls of school going age were enrolled at both levels.



**Table 3: Vihiga county selected education sector performance indicators**

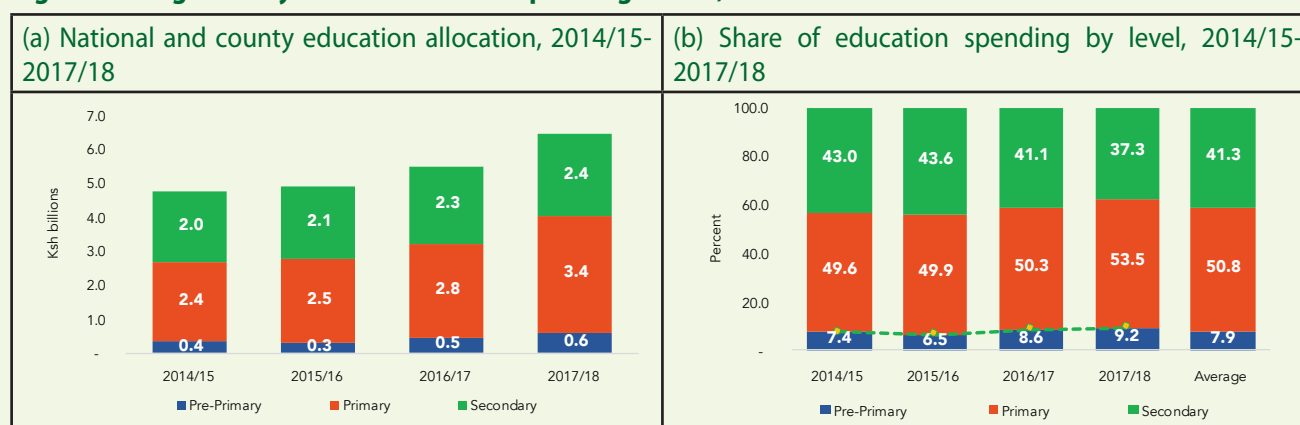
Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	70.6	73.6	90.9	94.4
Net enrolment ratio (%)	66.6	71.8	61.4	63.5
Male (%)	73.4	73.4	68.0	62.5
Female (%)	59.8	70.2	54.2	65.0
School size (Public) (Pupils) (Average)	74.0	75.0	69.0	85.0
Gender parity index (value)	1.0	1.0	-	-
Pupil-teacher ratio (No.) (Public)	18.0	31.0	22.0	31.0
Proportion of enrolment in private schools (%)	20.0	31.5	24.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	103.0	104.0	112.9	107.2
Net enrolment ratio (%)	78.5	88.0	89.7	82.4
Male (%)	48.0	86.0	92.9	81.7
Female (%)	52.0	90.0	85.9	83.0
School size (Public) Average No. of pupils	392.0	338.0	420.0	375.0
Gender parity index (Value)	1.0	1.0	-	-
Pupil-teacher ratio (No.)	42.0	42.0	40.0	40.0
Proportion of enrolment in private schools (%)	6.0	16.0	7.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	67.0	58.7	75.3	66.2
Net enrolment ratio (%)	58.3	47.4	42.3	37.5
Male (%)	80.2	49.6	43.2	35.4
Female (%)	36.4	45.2	41.4	39.8
School size (Public)	-	-	417.1	392.0
Gender parity index (value)	1.0	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	28.0	30.0	34.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	20.4	20.2	21.0	20.0
Proportion of enrolment in private schools (%)	20.6	30.7	0.5	5.8

Source: Ministry of Education (Various), Education statistical booklets, 2013-2018

### 3.2.2 Education and vocational training budget and expenditure

The ECDE budget allocation decreased from Ksh 0.4 billion in 2014/15 to Ksh 0.3 billion in 2015/16 then increased to Ksh 0.6 billion in 2017/18. Allocations to primary school education increased from Ksh. 2.4 billion in 2014/15 to Ksh. 3.4 billion in 2017/18 while allocations to secondary school increased from Ksh. 2.0 billion in 2014/15 to Ksh. 2.4 billion in 2017/18 (Figure 5a). Spending on ECDE as a share of total spending on basic education decreased from 7.4 per cent in 2014/15 to 6.5 per cent in 2015/16 before increasing to 9.2 per cent in 2017/18 (Figure 5b).

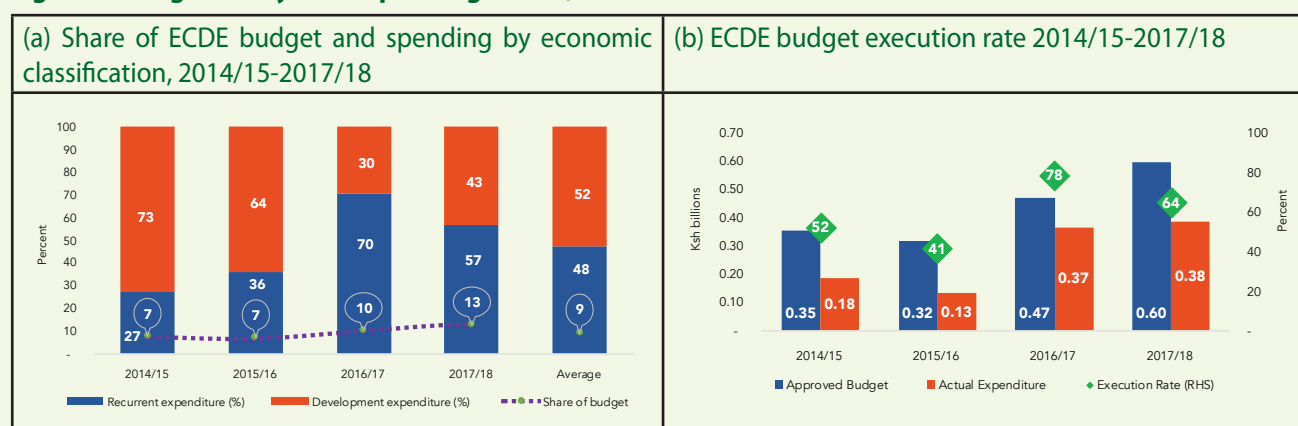
**Figure 5: Vihiga county overall education spending trends, 2014/15-2017/18**



Source: National Treasury (Various), IFMIS

The share of ECDE budget in the total county budget allocation increased from 7 per cent in 2014/15 and 2015/16 to 13 per cent in 2017/18. Total spending on ECDE decreased from Ksh 0.18 billion in 2014/15 to Ksh 0.13 billion in 2015/16 before increasing to Ksh 0.38 billion in 2017/18 (Figure 6b). Spending comprised of on average 52 per cent development expenditure and 48 per cent recurrent expenditure during the period (Figure 6a). The absorption rates decreased from 52 per cent in 2014/15 to 41 per cent in 2015/16 before increasing to 78 per cent in 2016/17 then decreasing to 64 per cent in 2017/18.

**Figure 6: Vihiga county ECDE spending trends, 2014/15-2017/18**



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

### 3.2.3 Education medium term expectations

The CIDP 2018-2022 highlighted key priorities for child protection, youth and women. For ECDE, the county seeks to establish ECD centres of excellence in each sub-county, construct and equip new and existing facilities, provide capitation to ECD facilities. For vocational training, the county seeks to deploy vocational training instructors, provide capitation to vocational training centres, develop infrastructure of existing Vocational Training Centres. The county also seeks to enhance the education and capacity of special needs pupils and students. Some of the challenges facing the sector include: low budget allocation; limited supply of equipment relative to demand; and no clear strategy for financing feeder schools.

### 3.3 WATER AND SANITATION

The CIDP 2013-2017 highlighted key priorities for child protection, youth and women. The county sought to improve sewerage and drainage systems, revive malfunctional water supply projects, and improve access to safe drinking water. The county also targeted establishing the gravity water supply scheme and promoting spring protection. The county also intended to construct a landfill and sewerage system alongside enhancing knowledge in public health within the county.

Access to improved water and sanitation remained constant at 88 per cent and 43 per cent, respectively. The population within the service area of water utility (company) decreased from 42 per cent to 33 per cent between 2014 and 2018. Proportion of population covered or served by the utility improved from 24 per cent in 2014 to 16 per cent in 2018. The sector experiences the problem of non-revenue water<sup>5</sup> at about 36 per cent as at 2018; an improvement from 46 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: Vihiga county selected WASH sector performance indicators**

Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	42	*	33	*
Water coverage by utilities (%)	24	53	16	*
Non-revenue water (NRW) (%)	46	42	36	*
Sanitation coverage within utility area (%)	39	69	-	*
Sewerage coverage (%)	-	*	-	*
Access to improved water (%)	88	*	88	*
Access to improved sanitation (%)	43	*	43	59
No toilet facility – Potential open defecation county-wide (%)	1	*	1	8

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

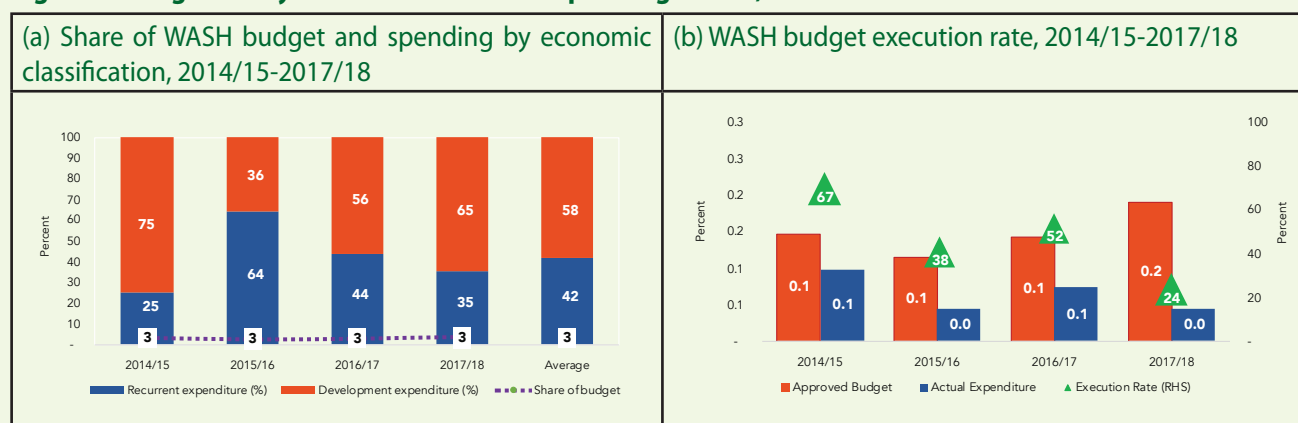
#### 3.3.1 Water and sanitation budget and expenditure

The total budget allocation to the sector as a share of total county budget allocation remained relatively constant at 3 per cent during the period under review. The approved budget allocation to the sector decreased from Ksh 0.15 billion in 2014/15 to Ksh 0.11 billion in 2015/16 before increasing to Ksh 0.19 billion in 2017/18. Spending constituted of 42 per cent recurrent expenditure and 58 per cent development expenditure. The absorption rate decreased from 67 per cent in 2014/15 to 38 per cent in 2015/16 before increasing to 52 per cent and then decreasing to 24 per cent (Figure 7 (b)).

#### 3.3.2 Water and sanitation medium term expectations

In the plan period of 2018-2022 the county aims to complete the hydro power generation plant at Kaimosi Dam in order to increase power supply within the county. It also intends to implement the Belgium Government Vihiga sub-

**Figure 7: Vihiga county water and sanitation spending trends, 2014-18**



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

cluster water project and drill boreholes at county referral hospitals and sub-county hospitals. The county also intends to establish a county water and sanitation company (VIWASCO) to improve management of water supply and sanitation services. Finally, the county plans on implementing the waste management project targeted at facilitating investment in recycling of waste. Some of the challenges facing the sector include: sustainability challenges associated with implementation of projects; and diminishing water quality and quantity.

### 3.4 Child Protection, Youth and Women

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

**The CIDP 2013-2017 highlighted key priorities for child protection, youth and women.** The county targeted involving women and youth in county governance and development as well as establish a revolving fund for the two special interest groups. The county also intended to establish youth centred cooperatives. For children, the county sought to implement the community development policy, enforce the sexual offences act and implement the children's act of 2001.

**Specifically, on social child protection, the county recorded a high number of reported cases of child neglect and abandonment rising from 6 cases in 2014 to 705 cases in 2018.** Similarly, the child physical abuse increased from 6 in 2014 to 38 in 2018. However, cases of child sexual abuse decreased from 7 in 2014 to 3 in 2018.

**Table 5: Vihiga county selected child protection performance indicators (No. of reported)**

Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	6	767	705	73245
Child Sexual Abuse	7	636	3	172
Child Trafficking, Abduction and Kidnapping	-	32	50	1022
Child Labour	-	168	-	378
Child Emotional Abuse	-	58	13	853
Child Physical Abuse	6	583	38	2031
Female Genital Mutilation	-	9	-	40

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

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

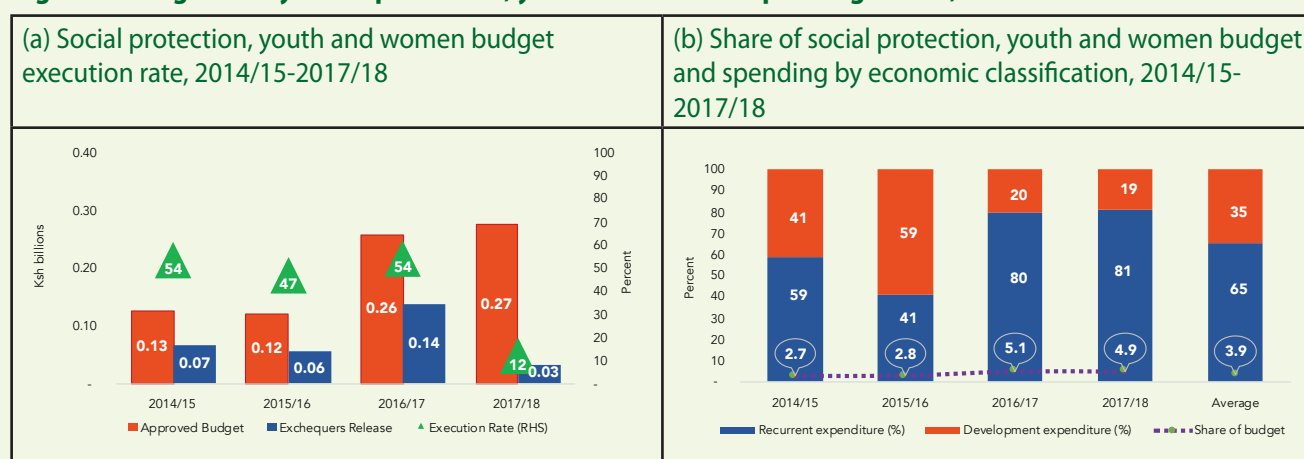
**The sector's budget allocation as a share of the total county budget allocation increased from 2.7 per cent in 2014/15 to 5.1 per cent in 2016/17 before decreasing to 4.9 per cent in 2017/18.** Total approved budget allocation decreased from Ksh. 0.13 billion in 2014/15 to Ksh 0.12 billion in 2015/16 before increasing to Ksh 0.27 billion in 2017/18. Exchequer releases decreased from Ksh. 0.07 billion in 2014/15 to Ksh. 0.06 billion in 2015/16 before increasing to Ksh. 0.14 billion in 2016/17 then decreased to Ksh 0.03 billion in 2017/18. The absorption rates decreased from 54 per cent in 2014/15 to 47 per cent in 2015/16 then increased to 54 per cent in 2016/17 before decreasing again to 12 per cent in 2017/18. Spending on the sector consisted of 65 per cent recurrent expenditure and 35 per cent development expenditure.

#### 3.4.3 Child protection, youth and women medium term expectations

**Between the plan period 2018 and 2022 the county aims to construct rescue protection centres to protect against child abuse.** The county also plans to promote the participation of youth and women in agriculture activities and other economic activities through the development of an affirmative action fund. The county also intends to promote green jobs and prioritize youth and women in provision of the same. The construction of Moses Mudamba cultural centre is also



**Figure 8: Vihiga county social protection, youth and women spending trends, 2014/15-2017/18**



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

planned during the period. GBV centres are also to be established within the county. The challenges facing the sector include: rising cases of GBV within the county; limited uptake of AGPO within the county; and the increasing negative effect of climate change.

### 3.5 Nutrition

**The CIDP 2013-2017 highlighted key priorities for the Nutrition sub-sector.** These priorities included: undertaking nutrition training for mothers to aid in reducing cases of malnutrition; encouraging healthy lifestyles, exercising and consumption of natural and unprocessed foods to reduce lifestyle related ailments; and provision of nutrition supplements and training through Public Private Partnerships.

**Stunted children as a proportion of the population stood at 23.5 per cent while the proportion of wasted and underweight children were not reported.** Furthermore, the proportion of households consuming adequately iodized salt in the county was 98.5 per cent. Vitamin A supplementation among children aged 6 to 59 months was 76.3 per cent, above the national average of 71.4 per cent.

**Table 6: Selected nutrition performance indicators**

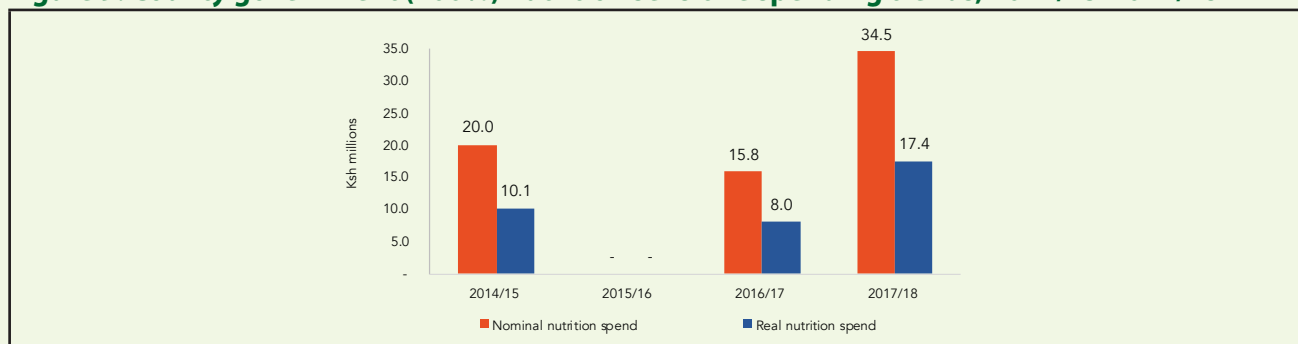
Indicators	2014-County	2014-National
Stunted children (%)	23.5	26.0
Wasted children (%)	-	4.0
Underweight children (%)	-	11.0
Vitamin A supplements coverage	49.2	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	76.3	71.4
Proportion of children consuming adequately iodized salt.	98.5	99.1
Proportion of households consuming adequately iodized salt.	98.5	99.2
" Household salt iodization (50 – 80 mg/Kg KIO3) (% samples) "	41.0	57.0
Number of Women (BMI)	23.4	23.2
Overweight or obesity among women aged 15 to 49 years.	26.4	28.9

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

#### 3.5.1 Nutrition budget and expenditure

Considering 100 per cent nutrition specific interventions (direct nutrition interventions), the county spending in real terms was Ksh 10 million in 2014/15. Between 2016/17 and 2017/18 the spending increased from Ksh 8 million to Ksh 17 million. The county had no budgetary allocation for nutrition in 2015/16.

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



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

### 3.5.2 Nutrition medium term expectations

In the period 2018-2022 the county plans to promote promotion of indigenous crops and vegetables production to improve food security and nutrition. The county is also promoting the uptake of fish farming among residents in order to enhance nutrition. Some of the challenges facing the sector include: declining crops production; low value addition in agricultural products; and high incidences of pests and animal diseases.

### 3.6 Other Initiatives for Special Interest Groups

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

##### a) AGPO

The county promotes the implementation of Access to Government Procurement Opportunities (AGPO) Programme through trainings and provision of affirmative action loans to vulnerable groups.

##### b) Children

The county has increased immunization coverage and improved nutrition. It has also enhanced access to education as evidenced by high enrollment rates in ECDE. Rescue centres have also been established and cash transfers are made to households of orphans and vulnerable children.

##### c) Youth

The county has undertaken sports promotion through rehabilitation of sports grounds. Talent centres have also been established. The county has also promoted youth involvement in governance. Economic empowerment has been promoted through providing access to credit facilities for entrepreneurs and promoting of youth access to AGPO.

##### d) Women

The county has enhanced maternal health care services and improved access to safe and clean water. The county also promotes the enrollment of girls and women in Vocational Technical Centres. A revolving fund has been established to provide women with access to credit facilities. Dairy cows and poultry are also provided to women's groups.

##### e) PWDs

The county has developed a PWD Act to guide disability mainstreaming activities in employment, governance and access to economic opportunities. A PWD revolving fund has also been established to promote access to credit facilities. Talent centres for PWDs have been established alongside a PWD desk to enhance promotion of rights of 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 54 per cent of the Gross County Product (GCP) of Vihiga, which ranks 37 <sup>th</sup> (0.8%) in GDP contribution among the 47 counties in Kenya, comes from the services sector.	There is need for the county to explore policy options such as the development of an investment policy, to mainstream activities of the services and manufacturing sub-sector, thus creating an enabling environment envisioned to attract investment and hence create opportunities for youth and women.	County Treasury and Planning/ County Executive/Department of Agriculture
Revenue	As a share of total revenue, own source revenue decreased from 3.3 per cent in 2014/15 to 2.1 per cent in 2016/17 before increasing to 2.8 per cent in 2017/18.	There is need for the county to enhance capacity for own source revenue forecasting and analysis, and strengthen measures for tax collection and management.	County Treasury and Planning/ Directorate of Revenue
Expenditures	The county's direct expenditure on health, education, agriculture, nutrition, social protection, youth, gender, water and sanitation was 34.6 per cent of total expenditure during the period under review.  The budget execution rate for most social sector budgets, especially health, water and sanitation, was low.	The county needs to increase allocation of resources to sectors that are sensitive to the needs of children, youth and women.  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
Nutrition	The county spending on nutrition (direct nutrition interventions) in nominal terms was Ksh 10 million in 2014/15. Between 2016/17 and 2017/18, the spending increased from Ksh 8 million to Ksh 17 million. The county had no budgetary allocation for nutrition in 2015/16.	The county should ensure that direct nutrition interventions, across several sectors such agriculture, education and health are budgeted for, with visible budget lines. Moreover, nutrition should be well articulated in the County Integrated Development Plans.	County Treasury and Planning/ County Department of Health and all other sectors, namely: Education, Agriculture, Social Protection and WASH
Education	The budget for Early Childhood Development Education (ECDE) increased from Ksh 0.4 billion in 2014/15 to Ksh 0.6 billion in 2017/18. Gross ECDE enrolment rate increased from 70.6 per cent in 2014 to 90.9 per cent in 2018 while net enrolment rate (NER) decreased from 66.6 per cent to 61.4 per cent during the same period.	Looking forward, the challenge for the county is to ensure equitable distribution and effective utilization of available resources to fast track attainment.	County Treasury and Planning/ County Department of Education, Youth Affairs, Gender and Social Services
Health	The health budget allocation increased from Ksh 0.9 billion in 2014/15 and 2015/16 to Ksh 1.5 billion in 2017/18. This contributed to an improvement in most maternal health indicators. However, fully immunized children in the county decreased from 84.6 per cent in 2014 to 69.3 per cent in 2018.	There is need for the county to channel funds towards improving access to immunization facilities among children in the county.	County Treasury and Planning / County Department of Health
WASH	The budget for water and sanitation increased from Ksh 0.15 billion in 2014/15 to Ksh 0.19 billion in 2017/18. However, access to improved water and sanitation remained constant at 88 per cent and 43 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/ County Department of Water and Sanitation/ VIWASCO
Child Protection, Youth and Women	The budget allocation for child protection, youth and women increased from Ksh 0.13 billion in 2014/15 to Ksh 0.27 billion in 2017/18.	The increase in child neglect and abandonment cases implies that the county needs to increase allocation and predictability of funding to the sector with an aim to expand services that reach out to vulnerable girls as a protective measure against early/unplanned pregnancies, and early and forced marriages.	County Treasury and Planning/ Department of Education, Youth Affairs, Gender and Social Services
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 Unit; and Social/Gender Departments

## (Endnotes)

- 1 Gross county product is conceptually equivalent to the county share of GDP. Gross domestic product is a measure of newly created value through production by resident economic agents (in this case individuals, households, businesses, establishments, and enterprises resident in Kenya).
- 2 Monetary poverty measures the lack of financial means of households to provide its members with basic goods and services deemed necessary for their survival and development. Extreme poverty refers to an income below the food poverty line. Households whose adult equivalent food consumption expenditure per person per month fell below Ksh 1,954 in rural areas and Ksh 2,551 in urban areas were deemed to be food poor. Similarly, households whose overall consumption expenditure fell below Ksh 3,252 in rural areas and Ksh 5,995 in urban areas, per person per month were considered to be overall poor.
- 3 Multidimensional poverty, unlike monetary poverty, captures different deprivations experienced by an individual. In measuring child poverty in Kenya, these dimensions included: health care, nutrition/adequate food, drinking water, sanitation and hygiene, education, knowledge of health and nutrition, housing and standard of living, and access to information. In the analysis, dimensions are measured as binary variables with "1" denoting deprived and "0" non-deprived.
- 4 Base year 2013
- 5 Non-revenue water (NRW) is water that has been produced and is "lost" before it reaches the customer. Losses can be real losses (through leaks, sometimes also referred to as physical losses) or apparent losses (for example through theft or metering inaccuracies)
- 6

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