

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



County Government of Taita Taveta

KEY HIGHLIGHTS OF THE BRIEF

This brief reviews how the County Government of **Taita Taveta** plans and budgets to support the needs of children, youth, and women. The analysis focused on social sector budgets and actual expenditures for the period 2013/14-2017/18. The brief specifically focuses on health, education, social protection services, water and sanitation, and nutrition sectors. Finally, the analysis is based on budget data and information collected from county policy documents and through interviews with relevant county stakeholders. The key findings and recommendations from the analysis are summarized below:

- a) **Taita Taveta County contributed 0.8 per cent of country's Gross National Product (GDP) in 2017, ranking 38th among the 47 counties in terms of contribution to GDP. The services sector and agriculture sectors contributed 51 per cent and 38 per cent, respectively, of its Gross County Product (GCP)¹.** The county needs to attract more investments to grow manufacturing, which accounted for less than 1 per cent, while enhancing services sector and building resilience of agriculture to climate change shocks.
- b) **The county's own source revenue decreased from Ksh 0.22 billion in 2014/15 to Ksh 0.19 billion in 2017/18.** Similarly, its share in total county revenue fell from 8 per cent in 2014/15 to 4 per cent in 2017/18. Equitable share transfer increased from Ksh 2.6 billion to Ksh 3.9 billion during the same period. Innovative strategies to grow own source revenue will be critical, including increasing revenue base, administration capacity and public awareness.
- c) **The county health budget allocation increased from Ksh 0.4 billion in 2014/15 to Ksh 12 million in 2015/16 but declined to Ksh 0.4 billion in 2017/18.** The health indicators where the number of women who had access to skilled delivery increased from 52.4 per cent in 2014 to 71.6 in 2018, as the share of fully immunized children improved from 62.6 per cent in 2014 to 73.4 per cent in 2018. The county needs to enhance consistency in health sector funding.
- d) **The share of Early Childhood Development Education (ECDE) increased from Ksh 0.2 billion in 2014/15 to Ksh 0.5 billion in 2015/16 and 2016/17 before dropping to Ksh 0.2 billion in 2017/18.** The gross ECDE enrolment rate in the county increased from 80.2 per cent in 2014 to 114.8 per cent in 2018. This indicates that the county needs to allocate more resources for ECDE, and sustain the allocation trends for the program towards quality education and sustainability of enrolment.
- e) **The county recorded a decrease in water and sanitation budget allocation from Ksh 0.4 billion in 2014/15 to Ksh 0.2 billion in 2017/18, with an absorption which was largely below 50 per cent.** The allocation declined even though about 20 per cent of the population have no access to improved water sources, and there was low sewerage coverage of the population in the period 2014-2018. More budget allocation and improved budget execution will enhance service delivery.
- f) **The county's allocation to child protection, youth and women declined from Ksh 0.13 billion in 2014/15 to Ksh 0.05 billion in 2016/17 before increasing to Ksh 0.1 billion in 2017/18.** Looking forward, the county needs to increase allocation to child protection, given the high levels of child neglect, abandonment and child labour; and expand relevant social services to reach vulnerable girls as a protective measure against early pregnancies, Female Genital Mutilation (FGM), early and/or forced marriages.

- g) **The county allocated Ksh 11 million for nutrition spending in 2014/15, which increased to Ksh 15 million and Ksh 28 million in 2015/16 before dropping to Ksh 10 million 2016/17 and 2017/2018.** The execution rate was about 50 per cent through the period. However, stunting, wasting and underweight children stood at 34 per cent, 11 per cent and 28 per cent, respectively, in 2014, lagging the national average. The county should ensure that direct nutrition interventions in sectors such as agriculture, education and health are budgeted for with visible budget lines in the county plans and budgets.
- h) **The budget execution rate for all social sectors except for education declined over the period, including health, water, nutrition and social protection.** The low budget execution rate was partly because approved budgets were not released on time by the National Treasury. Procurement systems 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 and for inter-departmental peer review and learning to enhance budget utilization. The county should also strengthen procurement systems and improve cash flow forecasting.
- i) **Due to limited disaggregation of data in expenditure reports, it was not possible to establish county government budgets and expenditure for children development, women and girls' empowerment, 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, there is no specific budget line and the same also applies to gender-based violence, which increased during the review period.

1. COUNTY OVERVIEW

Taita Taveta county occupies a land area of approximately 17,084 km² and is divided into 4 sub-counties and 20 wards. The county's population was projected at 0.34 million in 2019, which is 0.7 per cent of the national population. This constituted of 0.173 million males, 0.167 million females and 7 intersex persons.

In 2015/16, the overall poverty rate of the county was 32.3 per cent, with 5.3 per cent living in extreme poverty, which is slightly better than the overall national rates of 36.1 per cent and 8.6 percent, respectively. Among children, more than one in three were affected by monetary poverty² or lack of financial means, which amounted to 27.8 per cent for youth and 28.0 per cent for women. Additionally, 18.5 per cent of children were living in multidimensional poverty, that is, deprived in several areas including nutrition, healthcare, education, housing and drinking water³ with youth and women recording 34.3 per cent and 48.8 per cent, respectively. The overall high rates of poverty, especially among younger populations, and incidence of poverty among women means that planning and budgeting processes should be sensitive to youth and women to maximize productivity and inclusion for sustainable growth trajectory.

Table 1: Taita Taveta county administrative, poverty and demographic profile

Administrative Profile							Latest Available
Area (km ²)							17,084
Number of sub-counties							4
Number of wards							20
Overall poverty (%)							32%
Extreme poverty (%)							5.3%
Population (2019)							340,671
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
Monetary Poor							
Male (%)	35.1	42.1	30.5	29.1	29.2%	30.5	
Female (%)	34.1	41.0	24.7	28.8	28.0%	34.1	
Total (%)	34.6	41.6	27.8	28.9	29.3%	32.4	
Population	145,455	20,742,290	100,310	13,443,268	76,936	7,847,350	
Multidimensionally Poor							
Male (%)	16.9	49.3	33.0	44.7	34.7	51.0	
Female (%)	20.0	47.1	35.8	49.4	48.8	60.8	
Total (%)	18.5	48.2	34.3	47.1	41.7	56.1	
Population	145,455	20,742,290	100,310	13,443,268	76,936	7,847,350	

Source: Kenya National Bureau of Statistics (2018)

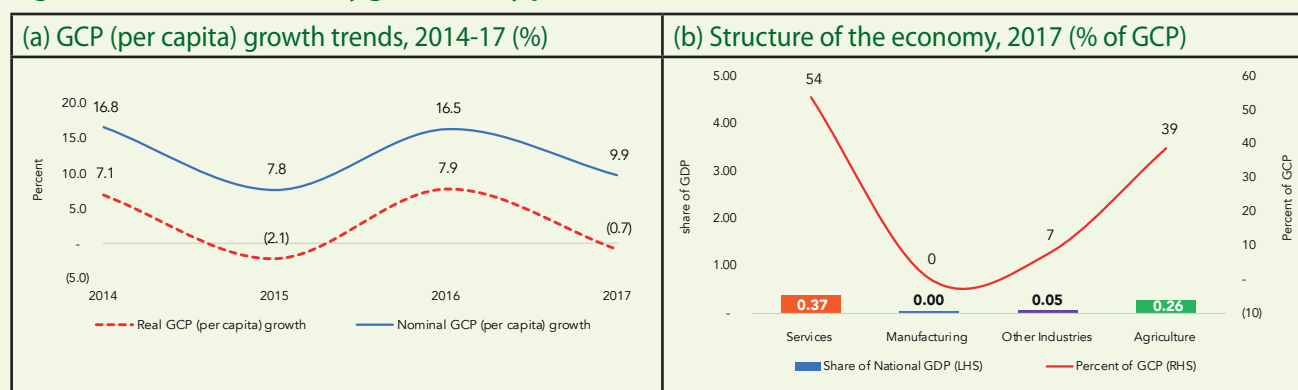
2. STATE OF COUNTY ECONOMY

2.1 Gross County Product Growth

Taita Taveta county accounted for 0.8 percent of the national GDP in 2017, ranking 38th out of 47 counties. Its economic growth fluctuated between a maximum of 66.8 per cent and minimum of 7.8 per cent over the review period, in nominal terms. In real per capita terms, the economy grew by 7.1 per cent in 2014 before falling to negative 2.1 per cent in 2015, then bounced back to reach 7.9 per cent in 2016 and then falling yet again to negative 0.7 per cent in 2017 (Figure 1a). The most recent downturn was largely due to the prolonged electioneering period.

The economy is reliant on services sector, which accounted for 54 per cent of the GCP followed by agriculture sector at 39 per cent of GCP in 2017 (Figure 1b). Manufacturing contributed less than 1 per cent to the GCP while other industries including construction, mining, water supply contributed 7 per cent to the county economy.

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

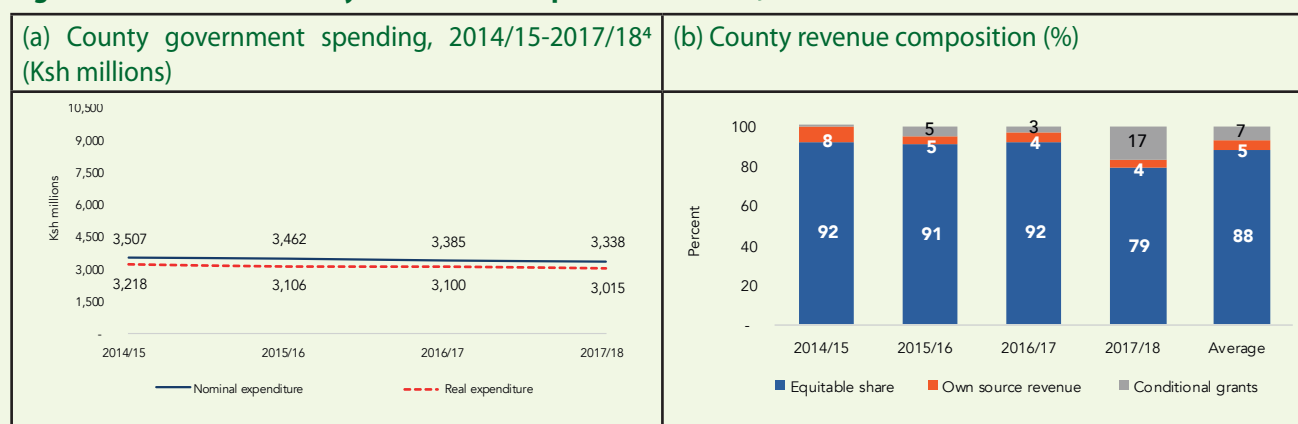


Source: KNBS (2019) Statistics

2.2 Overall Budget Performance

The county government annual budget fell from Ksh 3.5 billion in 2014/15 to Ksh 3.3 billion in 2017/18. Similarly, spending dropped from Ksh 3.2 billion to Ksh 3.0 billion between 2014/15 and 2017/18 (Figure 2a). This spending is heavily dependent on national government transfers accounting for 75 per cent. Own source revenue declined over the period same with its share in total revenue. Similarly, the equitable share transfer decreased during the review period. In nominal terms, own source revenue increased from Ksh 216 million in 2014/15 to Ksh 193 million in 2017/18. Further, as a share of the total revenue, own source revenue fell to 5 per cent in 2017/2018 from 8 per cent in 2014/15. The burden of the drop in the county government spending predominantly affects social sector spending, which are recurrent in nature. There is need for enhanced fiscal efforts to accelerate revenue mobilization from local revenue to boost the declining share of own source revenue.

Figure 2: Taita Taveta county revenue and expenditure trends, 2014/15-2017/18



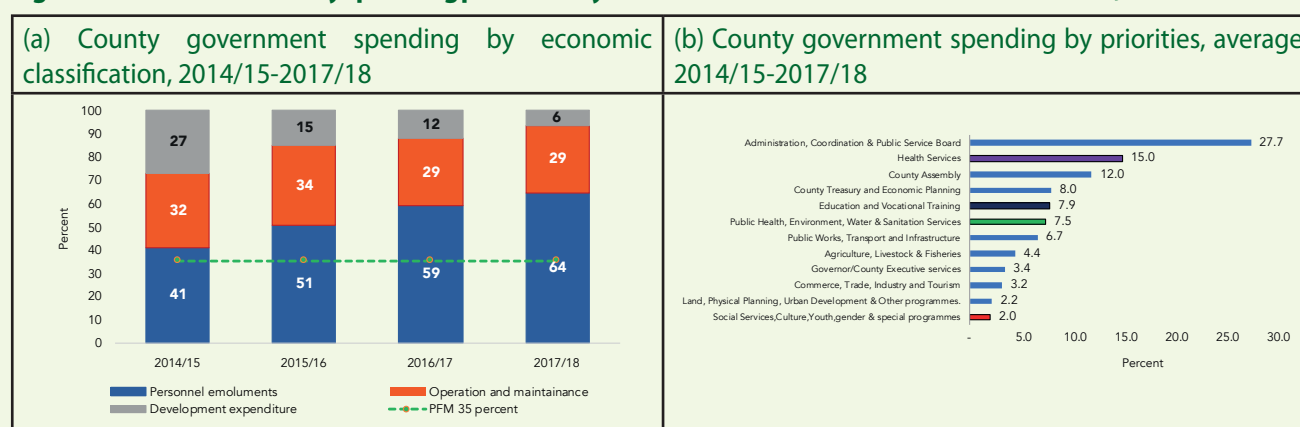
Source: Office of the Controller of Budget (Various) reports, 2014-2018

The development share of the actual spending has been declining over the review period from 27 per cent in 2014/15 to 6 per cent in 2017/18. The county expenditure on wage and operation and maintenance dominates spending

constituting 64 per cent and 29 per cent of the total spending, respectively. Low development budget compromises the county long-term objectives, including infrastructure development (Figure 3a). The county is in contravention with the Public Finance Management (PFM) Act 2012 provision that ceils development spending at a minimum of 30 per cent of total budget and Regulations 2015 which require maximum 35 per cent of the county's total revenue to go to payment of wages and salaries.

The county spent over 36.8 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 impact of this expenditure on the various programmes and activities vary across sectors. Health services spending accounts for 15 per cent of the total spending, education sector (ECDE and VTCs) 7.9 per cent, water and sanitation 7.5 per cent, agriculture 4.4 per cent and social services, culture youth and gender accounting for 2.0 per cent (Figure 3b).

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



Source: Controller of Budget reports, 2014-2018

3. ANALYSIS OF SOCIAL SECTOR SPENDING

3.1 Health

3.1.1 Health sector priorities

The county government spent about 15 per cent of the total budget in the health sector over the period 2014 and 2018. During this period, the sector's priorities included: intensifying public health and disease prevention education; increasing immunization coverage; increasing toilet coverage; promoting community health and nutrition; advocating for minimization of exposure to health risk factors such as tobacco, khat, and alcohol consumption by strengthening health; promotion interventions, which address risk factors to health while facilitating use of products and services that lead to healthy behaviors in the population; intensifying school health programmes; intensifying malaria control activities; conducting medical camps for screening of non-communicable diseases; setting up youth friendly centres in all health facilities; strengthening community health services; promoting community-led sanitation; and promoting food quality control and safety. In addition, under medical care, the county planned for various initiatives including: construction and equipping health facilities with medical equipment; upscale VCT services; staffing and training health personnel at all levels; provision of adequate, motivated and highly skilled human resource for health; strengthening collaboration with health-related sectors; establishment of well-equipped maternity units/delivery rooms in all health facilities; training of mid-wives; improving record keeping, timely and proper communication/feedback to community and staff.

The number of women who had access to skilled delivery increased from 52.4 per cent in 2014 to 71.0 per cent in 2018, partially due to introduction of free maternity services in 2013. The proportion of children who were fully immunized worsened during the review period, but remained above the national average. The share of fully immunized children in the county improved from 62.6 per cent in 2014 to 73.4 per cent in 2018. Infant mortality and under 5 mortality rate is estimated at 78 deaths per 1,000 live births in 2016, slightly below the national average of 79 deaths per 1,000 live births.

Table 2: Taita Taveta 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	-	-	-	-	78.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	608.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	52.4	53.5	54.2	56.9	54.2	59.3	46.6	53.0	71.0	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	62.2	76.4	63.8	75.4	61.9	76.9	63.3	73.7	85.6	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	38.6	35.9	44.4	39.7	44.6	39.8	30.5	32.6	59.3	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	62.6	70.2	71.9	75.7	65.3	72.4	64.8	65.9	73.4	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	5.6	6.8	2.8	7.2	3.2	6.6	16.3	10.1	(0.2)	4.0
Still Birth Rate (Source : DHIS2)	17.7	29.3	23.6	22.6	23.2	21.5	26.5	22.6	20.2	20.4

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

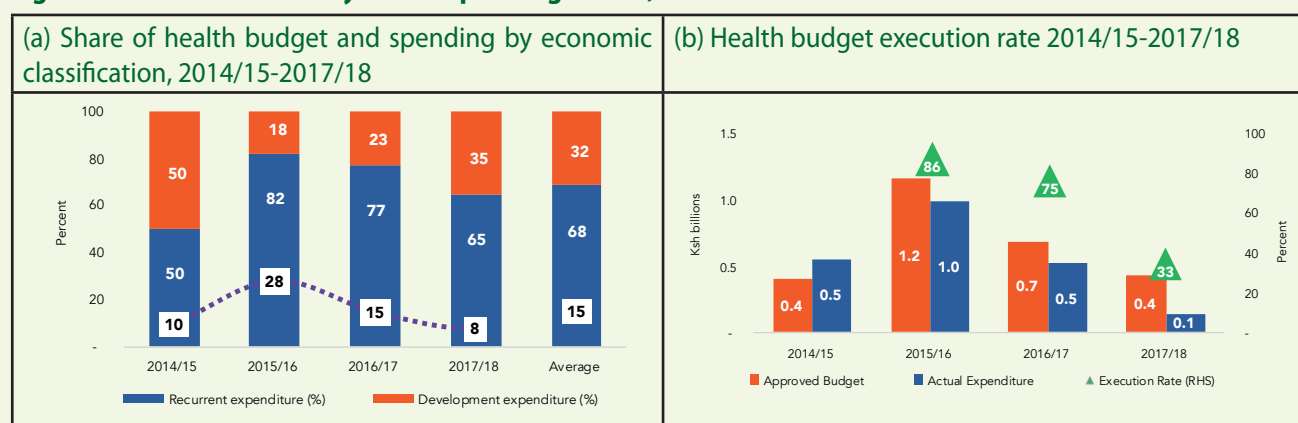
3.1.2 Health budget and expenditure

The share of health budget in the total county budget allocation increased from 10 per cent to 28 per cent between 2014/15 and 2015/16 before dropping significantly to 8 per cent by 2017/18. Generally, this budget composed of 68 per cent recurrent and 32 per cent development (Figure 4a). Despite the increase in health budget allocation from Ksh 0.4 billion to Ksh 1.2 billion between 2014/15 and 2015/16, it again declined to Ksh 0.4 billion in 2017/18. Health actual expenditure shrank from about Ksh 0.5 billion to Ksh 0.1 billion. This translated to absorption rate of over 32 per cent in 2017/18, with a high absorption rate of 135 per cent in 2014/15. This is attributable to failure by the exchequer to release the full amount approved in the health budget.

3.1.3 Health sector medium term expectations

During 2018-2022, the county plans to: increase staffing, capacity building and infrastructure development to eliminate communicable diseases and conditions; improve awareness of NCDs risk factors, strengthen screening programme, prevention and treatment; reduce the burden of violence and injuries; improve essential medical service delivery by expanding and improving physical infrastructure, provide adequate health products/commodities and technology; improve referral services/ambulances and special clinics; enhance community health education, and improve sector-wide partnership in agriculture, water, education, environment, and social services. The county is aware of various challenges that have derailed provision of quality health services in the county, including low staffing levels, high costs, inadequate health equipment, insufficient medical supplies and upsurge of non-communicable diseases (NCDs), HIV/AIDS, alcohol and substance abuse.

Figure 4: Taita Taveta county health spending trends, 2014/15-2017/18



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

3.2 Education and Vocational Training

3.2.1 Education Sector Priorities

County governments are responsible for Early Childhood Development Education (ECDE) and Technical and Vocational Education and Training (TVET) as per Schedule IV of the Constitution of Kenya 2010. During the plan period 2013-2017, the county education sector focus was to enhance the quality and access to ECDE, youth polytechnics and the bursary award programme for secondary, TVETs and tertiary education. Various programmes for ECDE and youth polytechnics, and supporting primary and secondary schools were rolled out, including: infrastructure improvement; education sector support programme including offices, vehicles, motorcycles and computers; recruitment of teaching personnel and support staff; teaching/learning materials; capacity building for ECDE teachers; school feeding programmes; scholarships/bursary fund and adult education;

Gross ECDE enrolment rate increased from 80.2 per cent in 2014 to 114.8 per cent in 2018 while net enrolment rate (NER) increased from 78.1 per cent to 78.4 per cent during the same period, indicating that more children joined ECDE than before with the implementation of devolution. This was generally higher than national averages. More girls are enrolled in ECDE than boys in Taita Taveta County (Table 3).

Gross enrolment rates for primary and secondary schools stood at 109.4 per cent and 74.3 per cent in 2018, having decreased from 119 per cent and 81.3 per cent in 2014, respectively. Net enrolment rate (NER) increased from 84.3 per cent to 86.7 per cent for primary school and from 23.1 per cent to 43.6 per cent for secondary school during the same period. There is inequality in access to primary education between male and female school-going children in favour of girls as shown in Table 3. More boys than girls enrolled in primary school while more girls than boys enrolled in secondary school in proportionate terms.

Table 3: Taita Taveta county selected education sector performance indicators

Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	80.2	73.6	114.8	94.4
Net enrolment ratio (%)	78.1	71.8	78.4	63.5
Male (%)	50.6	73.4	76.0	62.5
Female (%)	51.9	70.2	81.3	65.0
School size (Public) (Pupils) (Average)	52.0	75.0	65.0	85.0
Gender parity index (value)	1.0	1.0	-	-
Pupil-teacher ratio (No.) (Public)	20.0	31.0	21.0	31.0
Proportion of enrolment in private schools (%)	29.5	31.5	28.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	119.0	104.0	109.4	107.2
Net enrolment ratio (%)	84.3	88.0	86.7	82.4
Male (%)	85.5	86.0	88.5	81.7
Female (%)	83.1	90.0	85.0	83.0
School size (Public) Average No. of pupils	221.0	338.0	285.0	375.0
Gender parity index (Value)	1.0	1.0	-	-
Pupil-teacher ratio (No.)	39.0	42.0	31.0	40.0
Proportion of enrolment in private schools (%)	9.0	16.0	11.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	81.3	58.7	74.3	66.2
Net enrolment ratio (%)	23.1	47.4	43.6	37.5
Male (%)	20.7	49.6	34.2	35.4
Female (%)	25.6	45.2	51.6	39.8
School size (Public)	-	-	296.7	392.0
Gender parity index (value)	1.0	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	23.0	30.0	30.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	20.0	20.2	19.0	20.0
Proportion of enrolment in private schools (%)	23.0	30.7	2.9	5.8

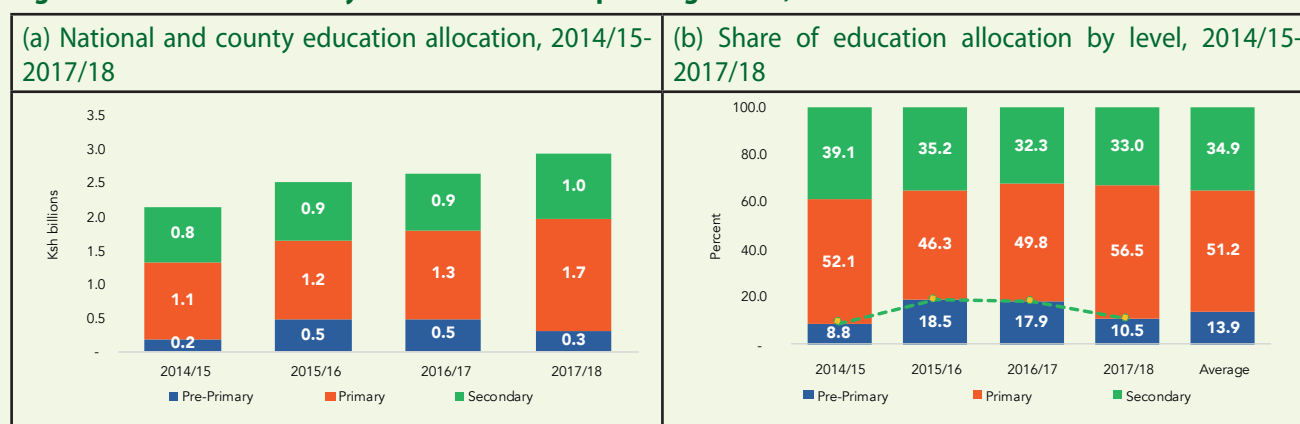
Source: Ministry of Education (Various), Education statistical booklets, 2013-2018

3.2.2 Basic education budget and expenditure

The ECDE allocation in the county increased from Ksh 200 million in 2014/15 to Ksh 500 million in 2016/17, before decreasing to Ksh 300 million in 2017/18. This accounted for, on average, 13.9 per cent of the allocation to education by the county. Allocation to primary education increased from Ksh 1.1 billion in 2014/15 and 2016/17 to Ksh 1.7 billion in 2017/18 while allocation to secondary education increased from Ksh 0.8 billion in 2014/15 to Ksh 1 billion in 2017/18.

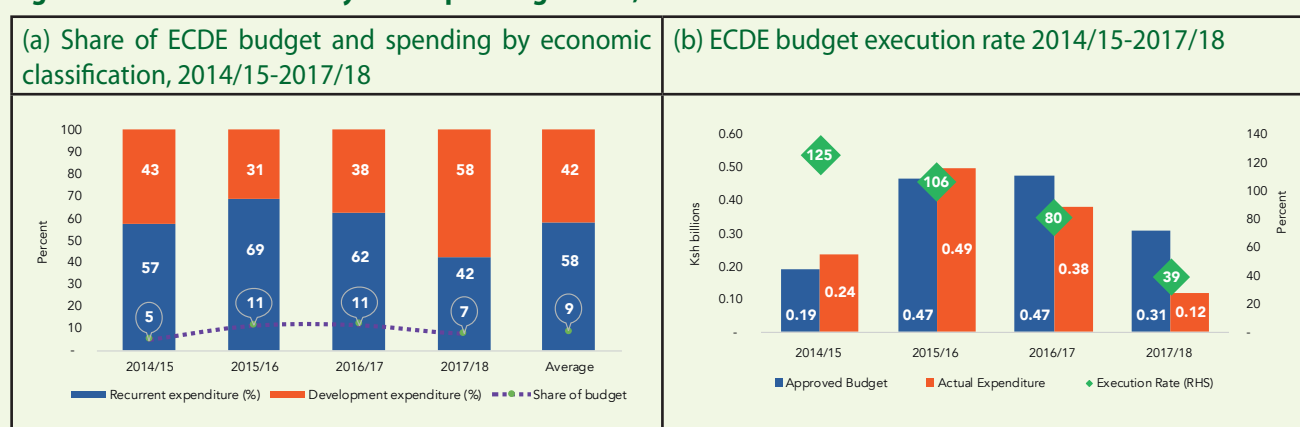
The share of ECDE budget in the total county budget allocation increased from 5 per cent in 2014/15 to 11 per cent in 2015/16 and 2016/17 before decreasing to 7 per cent in 2017/18. It comprised of, on average, 58 per cent recurrent allocation and 42 per cent development allocation (Figure 6a). Expenditure on ECDE increased from Ksh 0.24 billion in 2014/15 to Ksh 0.49 billion in 2015/16, before decreasing to Ksh 0.12 billion in 2017/18. The absorption rate decreased from 125 per cent in 2014/15 to 39 per cent in 2017/18.

Figure 5: Taita Taveta county overall education spending trends, 2014/15-2017/18



Source: National Treasury (Various), IFMIS

Figure 6: Taita Taveta county ECDE spending trends, 2014-18



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

3.2.3 Education medium term expectations

During the period 2018-2022, the county government plans to: enhance quality pre-primary education through access, retention, completion and transition to primary level; enhance skill development of the youth through increased enrolment in vocational training centres; ensure quality library services through increased access to reading materials; fostering inclusive and equitable quality education; and promoting lifelong opportunity for all through increased access to higher tertiary and higher education. To fulfil these, the county has various strategies including: rebranding of vocational training, capitation grants, bursaries, infrastructure improvement, staffing, expansion on courses, increase of examination centres; community sensitization, feeding programme, growth monitoring, teaching/learning materials and graduation; mobile library, establishment of institution libraries and community sensitization; and enhance education fund to adequately

address the demand for scholarships, loans and bursaries, mentorship and career guidance, and scholarships for specialized courses.

3.3 Water and Sanitation

3.3.1 Water and sanitation priorities

The 2013-2017 Taita Taveta County Integrated Development plan outlined investment in the expansion of water and sanitation infrastructure as the main sector priority. Specific programmes targeted: increasing access to portable water in rural areas and urban centres; provision of water for livestock; preparation of county water master plan; promote water harvesting and modern irrigation methods; and conserve water catchment areas and manage storm water. This entailed: rehabilitation of existing water supply systems, provision of water treatment services, development of new water system, drilling boreholes to increase water supply to the urban/rural centers, desalination of water in saline water sources, build dams and water pans to increase storage of rainwater, promote domestic rain water harvesting from roof catchment, improve domestic sanitation systems, improve urban sewerage systems, rehabilitation of existing irrigation infrastructure, determination of irrigation potential, development of new irrigation infrastructure, develop modern irrigation techniques for small scale domestic irrigation, control erosion causing formation of gulleys, de-silting of irrigation canals, and construction of check dams in major rivers.

Access to improved water and sanitation was estimated at 80 per cent and 99 per cent of the population. The population within the service area of water utility (company) increased from 20 per cent to 22 per cent between 2014 and 2018. The proportion of population covered or served by the utility declined from 72 per cent in 2014 to 18 per cent in 2018. The sector experiences the problem of non-revenue water⁵ at about 58 per cent as at 2018. High non-revenue water denies the water utility revenue to enhance water service delivery and in meeting operations and maintenance costs.

Table 4: Taita Taveta county selected WASH sector performance indicators

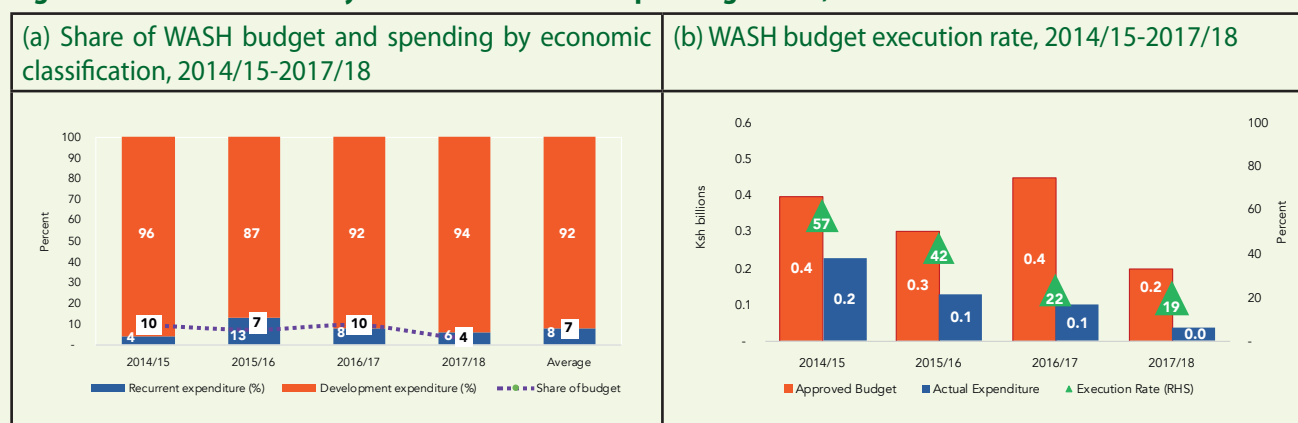
Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	20	*	22	*
Water coverage by utilities (%)	72	53	18	*
Non-revenue water (NRW) (%)	n.d.	42	58	*
Sanitation coverage within utility area (%)	77	69	-	*
Sewerage coverage (%)	-	*	-	*
Access to improved water (%)	80	*	80	*
Access to improved sanitation (%)	99	*	99	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

3.3.2 Water and sanitation budget and expenditure

Water and sanitation receive about Ksh 0.35 billion, which translates to an average 7 per cent of the total county budget. This comprises of 92 per cent development and 8 per cent recurrent spending (Figure 7a). While the approved budget reduced from Ksh 0.4 billion in 2014/15 to Ksh 0.2 billion in 2017/18, the absorption rate declined from 57 per cent in

Figure 7: Taita Taveta county water and sanitation spending trends, 2014/15-2017/18



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

2014/15 to 19 per cent in 2017/18, respectively. This is also attributed to the exchequer failure to release the entire approved budget amount, and capacity constraints.

3.3.3 Water and sanitation medium term expectations

In the plan period of 2018-2022, the county aims to continue with provision of clean water and solid waste management, as and increasing access to decent sanitation with an objective of ensuring sustainable water use and water harvesting technology. Key priority programmes include: water resources management to improve water quality; transboundary water for sustainable utilization of transboundary water resources; rainwater harvesting and storage for increased water storage; water supply infrastructure development; rehabilitation and augmentation of existing water infrastructure for water supply; water supply management; emergency water supply; flood water management; and sanitation for enhanced waste water management and waste management and pollution control.

3.4 Social Protection and Empowerment

3.4.1 Social services, protection and assistance priorities

In the County Integrated Development Plan 2013-2017, this sector was under administration and devolution, which had a function of social services. However, youth development function was under Community Affairs, Tourism, Trade and Industry. The key programmes included: community mobilization to empower groups and ensure group cohesion for sustainable development; social development grants and table banking programme to promote socio-economic development to community initiatives; cash transfer programme to provide social protection to the elderly and people with disability; social welfare to support and counsel needy cases; mainstreaming gender and disability in all sectors of development to ensure equity and equality in development; women enterprise fund to promote socio-economic development among women, support women groups and individual women with loans; and citizen service centres to enhance access to information. Under youth development, the county planned to: provide youth with entrepreneurial training and capital to start and expand income generating activities; establish talent academies, internship and volunteerism programme; establish youth empowerment centres; enhance advocacy against drugs and alcohol abuse, crime and pornography; roll out youth mentorship programmes and promote youth participation in governance.

The availability and disaggregation of data to support policy analysis on social protection, services and empowerment dimensions especially for youth, women and persons with disability is a major challenge for the county. This calls for concerted effort to build capacity on data. However, some sources have data on children, which easily enables analysis of child protection (Table 5).

Table 5: Taita Taveta county selected child protection performance indicators (No. of reported cases)

Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	5	767	2,018	73245
Child Sexual Abuse	2	636	1	172
Child Trafficking, Abduction and Kidnapping	-	32	32	1022
Child Labour	-	168	11	378
Child Emotional Abuse	-	58	13	853
Child Physical Abuse	2	583	76	2031
Female Genital Mutilation	-	9	-	40

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

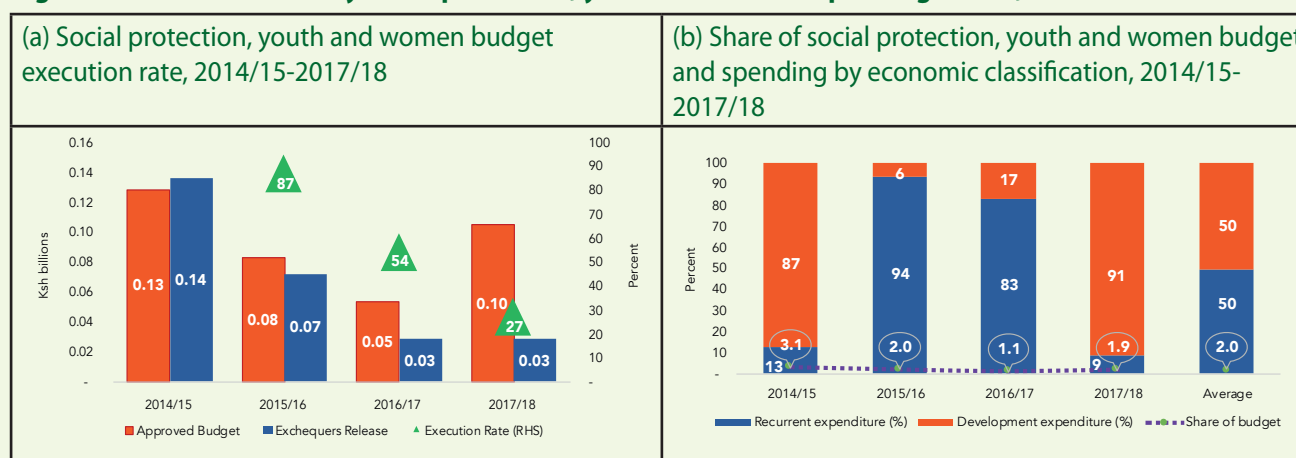
Specifically, on social child protection, the county recorded a high number of reported cases of child neglect and abandonment rising from 5 cases in 2014 to 2,018 cases in 2018. Similarly, the child trafficking, abduction and kidnapping increase from 0 in 2014 to 32 in 2018. Child sexual abuse declined while child labour increased from 2 cases in 2014 to 11 cases in 2018. Child physical abuse increased while emotional abuse reduced during the period (Table 5).

3.4.2 Social protection budget and expenditure

The county's allocation to social protection, youth and women declined from Ksh 0.13 billion in 2014/15 to Ksh 0.05 in 2016/17 before increasing to Ksh 0.1 billion in 2017/18. The share of this allocation to the overall county budget dropped from 3.1 per cent to 2.0 per cent during the review period. Absorption rate declined from 106 per cent in 2014/15 to 87 per cent in 2016/17, and further to 27 per cent in 2017/18, partially due to delayed disbursement, prolonged election

period and county exchequer failure to release the entire approved budget amount (Figure 8a). The share of recurrent spending significantly declined from 94 per cent to 9 per cent between 2015/16 and 2017/18 (Figure 8b).

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



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

3.4.3 Social services medium term expectations

Over the medium-term period 2018-2022, the CIDP has identified various programmes under social protection, recreation and culture. The plans include promotion and development of sports; youth empowerment and development programme; financial assistance, sensitizations meetings and material assistance to youth, women and PWDs; and development of rescue and empowerment centres.

3.5 Nutrition

3.5.1 Nutrition priorities

Over the period 2013-2017, the County Integrated Development Plan planned for promotion of nutrition education and improvement of nutritional status of households to eliminate malnutrition. Some of the initiatives included: promoting community health and nutrition; growing of nutritious fruit trees for both domestic use and surplus for markets; support to community nutrition and community-based school meal programme.

For children, the county nutrition indicators remained relatively worse than the national average, according to the year 2014 data. Stunting stood at 34.0 per cent of the population while wasting and underweight children was at 11.2 per cent and 28.5 per cent, respectively. These levels were slightly higher than the national average (Table 6). Furthermore, the proportion of households consuming adequately iodized salt in the county was higher than the national figure, but the proportion remained lower than the target proportion of 100 per cent. Vitamin A supplementation among children aged 6 to 59 months was 78.9 per cent, above the national average, but the overall coverage of vitamin A supplements was at 24.5 per cent comparable with the national average of 24 per cent (Table 6).

Table 6: Selected nutrition performance indicators

Indicators	2014-County	2014-National
Stunted children (%)	34.0	26.0
Wasted children (%)	11.2	4.0
Underweight children (%)	28.5	11.0
Vitamin A supplements coverage	24.5	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	78.9	71.4
Proportion of children consuming adequately iodized salt.	99.6	99.1
Proportion of households consuming adequately iodized salt.	99.9	99.2
" Household salt iodization (50 – 80 mg/Kg KIO ₃) (% samples) "	58.0	57.0
Number of Women (BMI)	25.3	23.2
Overweight or obesity among women aged 15 to 49 years.	45.0	28.9

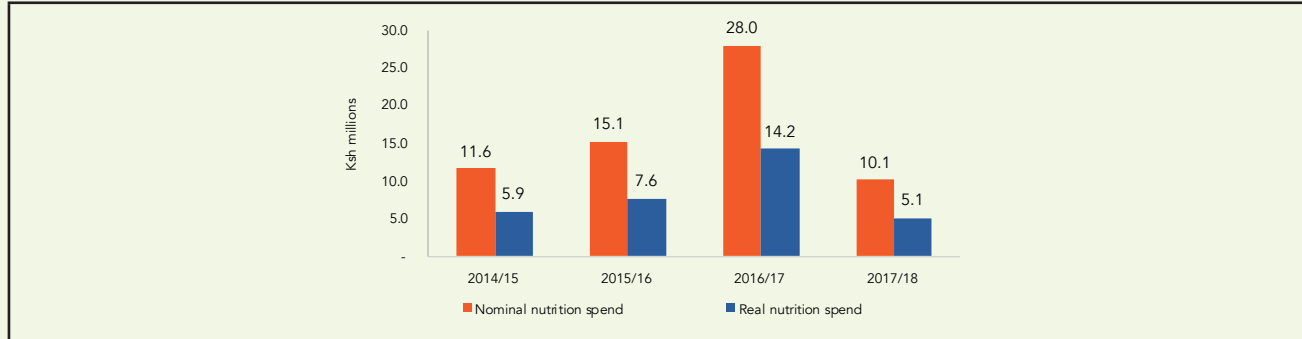
Source: Kenya National Bureau of Statistics (2014), KDHS 2014

The proportion of overweight or obese women in the county stood at 45.0 per cent, higher than the national average of 28.9 per cent. The average Body Mass Index (BMI)⁶ of women in the county was 25.3, which was within the normal range.

3.5.2 Nutrition budget and expenditure

Considering 100 per cent nutrition sensitive (direct nutrition interventions) spending, the county has been financing nutrition post 2014/15. The county allocated Ksh 12 million for nutrition spending in 2014/15, Ksh 15 million in 2015/16, Ksh 28 million in 2016/2017, Ksh 10 million in 2017/2018.

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



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

3.5.3 Medium term expectations

In the period 2018-2022, the county plans to promote nutrition education and strengthen community units to offer broad-based services to eliminate malnutrition cases. To realize the objective, the county will be required to increase the share of nutrition-sensitive spending. Various programmes to promote nutrition include: Improved nutritional status of the community, which will promote deworming, breast feeding, supplements, training of community workers and purchase of nutrition measuring equipment and conducting regular surveys on nutrition. In addition, the county plans for fisheries development and management to increase food security and quality nutrition and income, food security and nutrition, early warning system; promotion of kitchen gardens to improve household nutrition diet, among other plans.

3.6 Other Initiatives for the Special Interest Groups

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

a) AGPO

The county continued to implement the 30 per cent Access to Government Procurement Opportunities (AGPO) reserved for women, youth and Persons with Disabilities (PWDs).

b) Children

The county has implemented various programmes such as construction of children welfare centres, approved schools, deworming, immunization and provision of food supplements. It has constructed 188 ECDE centres, increased enrolment in ECDE by 22,765, recruited ECDE teachers on permanent and pensionable basis, and provided cash to households taking care of orphans.

c) Youth

Constructed 11 twin workshops for Vocational Training Centres (VTCs), and increased enrolment in VTCS from 1,732 to 2,479 trainees.

d) Women

The county established women enterprise fund; promotes formation and growth of women groups, capacity building for women, supports for women enterprises. It aims to prevent and respond to gender-based violence (GBV) as a major activity for the county.

e) PWDs

The county has distributed mobility and assistive devices for PWDs, offered financial assistance to PWDs groups and parents with children living with disability, disbursed cash transfers for the elderly and PWDs, introduced a free medical care plan for the elderly aged above 65, PWDs and victims of gender-based violence, established education centres for children with disability, and offered vocational training 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	The county contributed 0.8 per cent of country's GDP in 2017, ranking 38 th among the 47 counties in terms of contribution to GDP, where the services sector and agriculture sectors contribute 51 per cent and 38 per cent, respectively, of its GDP while manufacturing accounted for less than 1 per cent	The county needs to attract more investments to grow manufacturing while enhancing the services sector and building resilience of agriculture to climate change shocks	County Treasury and Planning/ County Executive/Departments in charge of Agriculture, Services and Manufacturing
Revenue	The county's own source revenue own source revenue decreased from Ksh 0.22 billion in 2014/15 to Ksh 0.19 billion in 2017/18. Similarly, its share in total county revenue declined from 8 per cent in 2014/15 to 4 per cent in 2017/18.	Innovative strategies to grow own source revenue will be critical, including increasing revenue base, administration capacity and public awareness.	County Treasury and Planning/ Directorate of Revenue
Expenditures	The budget execution rate for all social sectors except for education declined over the period	There is need for interdepartmental peer review and learning to enhance budget utilization.	All sectors/County Treasury and Planning/ County Executive
Health	The county health budget allocation increased from Ksh 0.4 billion in 2014/15 to Ksh 12 million in 2015/16, but declined to Ksh 0.4 billion in 2017/18.	The county needs to enhance consistence in health sector funding.	County Treasury and Planning/County Department of Health
Education	The share of ECDE increased from Ksh 0.2 billion in 2014/15 to Ksh 0.5 billion in 2015/16 and 2016/17 before dropping to Ksh 0.2 billion in 2017/18.	The county needs to allocate more resources for ECDE, and sustain the allocation trends towards quality education and sustainability of enrolment.	County Treasury and Planning/County Department of Education
WASH	The budget allocation for the sector ranged between Ksh 0.4 billion to Ksh 0.2, whose absorption was largely below 50 per cent.	More budget allocation and improved budget execution will enhance service delivery.	County Treasury and Planning/County Department of Water and Sanitation/ Water Service Providers
Child Protection, Youth and Women	County's allocation to child protection, youth and women declined from Ksh 0.13 billion in 2014/15 to Ksh 0.05 billion in 2016/17 before increasing to Ksh 0.1 billion in 2017/18.	The county needs to increase allocation to child protection given the high levels of child neglect, abandonment and child labour; and expand relevant social services to reach vulnerable girls as a protective measure against early pregnancies, FGM, early and/or forced marriages.	County Treasury and Planning / County Department of culture and social services
Nutrition	The county allocated Ksh 11 million for nutrition spending in 2014/15, which increased to Ksh 15 million and Ksh 28 million in 2015/16 before dropping to Ksh 10 million 2016/17 and 2017/2018. The execution rate was about 50 per cent through the period.	The county should ensure that direct nutrition interventions in sectors such as agriculture, education and health are budgeted for with visible budget lines in the county plans and budgets.	County Treasury and Planning/County Department of Health and all other sectors, namely education, agriculture, social Pprotection and WASH
Budget Execution	The budget execution rate for all social sectors except for education declined over the period.	There is need for the National Treasury to adhere to disbursement schedules by releasing resources on time and for interdepartmental peer review and learning to enhance budget utilization. The county should also strengthen procurement systems and improve cash flow forecasting.	County Treasury and Planning; All Departments, National Treasury
Disaggregated Data	Due to limited disaggregation of data in expenditure reports, it was not possible to establish how much of the county government budget was spent on crucial social services such as child protection, youth development, disability and gender mainstreaming.	By having standalone budget lines on the listed sectors, the county is better placed to effectively deliver the above-mentioned services, especially to women and girls.	County Planning, Statistics and M&E Unit, and Social/Gender Departments

(Endnotes)

- Gross county product is conceptually equivalent to the county share of GDP. Gross domestic product is a measure of newly created value through production by resident economic agents (in this case individuals, households, businesses, establishments, and enterprises resident in Kenya).
- 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 captures different deprivations experienced by poor people in their daily lives, such as lack of access to basic education, health or WASH services, inadequate nutritional intake, experiencing physical or emotional violence or abuse, etc.
- Base year 2013
- 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/M². Broadly, a person is categorized as underweight if BMI is below 18.5 Kg/M²; normal weight: between 18.5 Kg/M² and 25 Kg/M²; and overweight: 25 Kg/M² to 30 Kg/M² and obese: over 30 Kg/M².

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