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Eyes on Social Sector Budgets

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

County Government of Nairobi

KEY HIGHLIGHTS OF THE BRIEF

This brief provides an analysis on how the County Government of **Nairobi** 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 85 per cent of the Gross County Product (GCP)[1] of Nairobi, the largest of all the 47 counties in Kenya (12.9% contribution to GDP), comes from services (60%), and manufacturing (25%).** However, the state of infrastructure and security discourages some investors. Moving forward, the county needs to create a business environment that is conducive for investment in service and manufacturing sub-sectors by enacting predictable laws and regulations to attract and retain investments while making operations cost efficient. Youth and women can tap into these sectors for employment and entrepreneurship.

b) **The county's own source revenue decreased from Ksh 11.5 billion in 2014/15 to Ksh 10.1 billion in 2017/18.** The county's own source revenue as a share of total revenue declined from 50 per cent in 2014/15 to 39 percent in 2017/18. The county needs innovative strategies to grow own source revenue for improved fiscal performance. There is need for the county to enhance capacity for own source revenue forecasting and analysis. In addition, the county should put in place mechanisms to mitigate losses associated with cash handling and poor internal controls and audit mechanisms.

c) **The budget for health was Ksh 5.2 billion in 2014/15 and Ksh 5.4 billion in 2017/18, resulting into improvement in maternal and child health outcomes including the rate of child immunization.** The number of women who had access to a skilled birth attendant during delivery decreased only slightly from 89.1 per cent to 89 per cent during the period under review, despite the introduction of free maternity services in 2013. The share of fully immunized children in the county improved from 74.4 to 94.8 per cent between 2014 and 2018. To improve this further, the county should increase sensitization and investments in immunization. There is need for treasuries, both national and county, to release all health budget on time. In addition, there is need to align health procurement plan to cash flow projection and improve financing towards women and youth empowerment projects in the county to improve health outcomes.

d) **The budget for Early Childhood Development Education (ECDE) increased from Ksh 1.7 billion in 2014/15 to Ksh 2.2 billion in 2017/18, which was 7 per cent and 9 per cent of the total county budget, respectively.** Partly because of increased spending on ECDE, Gross ECDE enrolment rate increased from 76.2 per cent in 2014 to 80.8 per cent in 2018. One of the major challenges facing the sector is the limited presence of special needs facilities in established ECDE and TVET centres. The county needs to leverage on collaboration with the private sector and development partners to fast track the incorporation of special needs facilities and mitigation of other access and quality gaps in ECDE and TVET centres. It should also ring-fence ECDE resources[2] so that they are not used for other purposes such as secondary and higher education bursaries.

e) **The county allocation for water and sanitation increased from Ksh 1.0 billion in 2014 to Ksh 2.3 billion in 2018, which was 4 per cent and 9 per cent, respectively, of the county total budget.** There is need for more investment in new water infrastructure, and increased allocation for WASH given that about 22 per cent of the population were not within water coverage by utility and had no access to improved water sources by 2018. In addition, there is need for the county to put in place initiatives to reduce non-revenue water to minimize losses and hence channel funds towards maintenance of existing water supply infrastructure.

f) **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 117 per cent in 2014/15 to 61 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.

g) **The county's allocation to child protection, youth and women declined from Ksh 108 million in 2014 to 81 million in 2018.** The county reported high disparity between the approved budget and the exchequer releases. There is need to align the county government social protection programmes with national government ones to avoid duplication of activities, while ensuring that the available resources are focused to the relevant beneficiaries.

h) **The county committed Ksh 15 million in 2016/17 and 13.5 million in 2017/18 to interventions that directly contribute to boosting child nutrition, despite having 23 per cent of the children stunted.** 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 had relatively few cases of child abuse reported and very few cases of FGM.

1. COUNTY OVERVIEW

Nairobi City County occupies a land area of approximately 696 km^2 and is divided into 9 sub-counties and 85 wards. As per the 2019 population census, the county's population was 4,397,073 representing 2.4 per cent of the national population. This total county population is constituted of 2,204,376 females, 2,192,452 males, and 245 intersex.

In 2015/16, the overall poverty rate of the county was 17 per cent with 0.6 per cent living in extreme poverty, which is better than the overall national rates of 36.5 per cent and 8.7 per cent, respectively. Among children, more than one in four were affected by monetary poverty or lack of financial means.[3] Among the youth and women, 12.6 per cent and 15.6 per cent were affected by monetary poverty, respectively. Additionally, 7.8 per cent of children were living in multidimensional poverty; that is, deprived in multiple dimensions including nutrition, health care, education, housing and sanitation.[4] The youth and women had multidimensional poverty rates of 12.1 and 15.2 per cent, respectively. Poverty levels for all categories fall below the national average. This notwithstanding, monetary poverty rates are highest among children while multidimensional poverty rates are highest among women. The overall high rates of poverty, especially among

Table 1: Nairobi county administrative, poverty and demographic profile

Administrative Profile	Latest Available
Area (km^2)	*696*
Number of sub-counties	*9*
Number of wards	*85*
Overall poverty (%)	*17*
Extreme poverty (%)	*0.6*
Population (2019)	*4,397,073*

Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men
Monetary Poor						
Male (%)	24.7	42.1	10.6	29.1	14.5	30.5
Female (%)	20.0	41.0	14.5	28.8	16.9	34.1
Total (%)	22.2	41.6	12.6	28.9	15.6	32.4
Population	1,590,165	20,742,290	1,668,880	13,443,268	876,717	7,847,350
Multidimensionally Poor						
Male (%)	8.2	49.3	9.9	44.7	14.9	51.0
Female (%)	7.4	47.1	14.2	49.4	19.3	60.8
Total (%)	7.8	48.2	12.1	47.1	15.2	56.1
Population	1,590,165	20,742,290	1,668,880	13,443,268	876,717	7,847,350

Source: Kenya National Bureau of Statistics (2018) 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.

2. STATE OF COUNTY ECONOMY

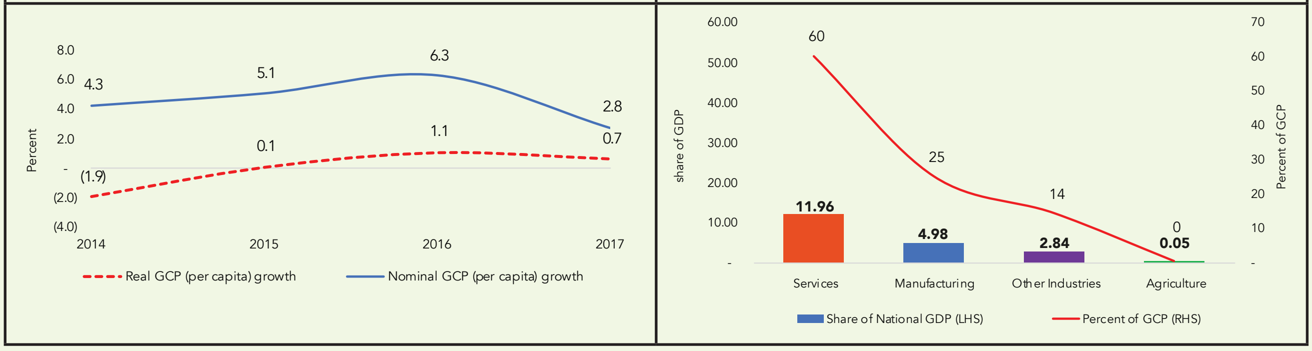
2.1 Gross County Product Growth

Nairobi City County accounted for 12.9 per cent of the national GDP in 2017. The GCP per capita growth rate, in real terms, has increased from a contraction of 1.9 per cent in 2014 to an expansion of 1.1 per cent in 2016 before dropping to 0.7 per cent in 2017/18. The most recent downturn was largely due to prolonged drought countrywide and volatility in the business environment.

The broad economic activities of Nairobi encompass the services sector at 60 per cent of its GCP, while manufacturing and agriculture accounted for 25 per cent and 0.1 per cent, respectively. Other industries, including textiles, agricultural products processing, cement, and small-scale consumer goods producers (plastic, furniture and soap) account for 14 per cent of the county's GCP (Figure 1b). There is need to enhance the performance of manufacturing, services and other industries as they are key drivers of job creation for youths and women in the county and its hinterlands. The county also needs to create a business environment that is conducive for investment, by enacting predictable laws and regulations to attract and retain investment to all firms.

Figure 1: Nairobi County gross county product and economic structure, 2014-17

(a) GCP (per capita) growth trends, 2014-17 (%) | (b) Structure of the economy, 2017 (% of GCP)



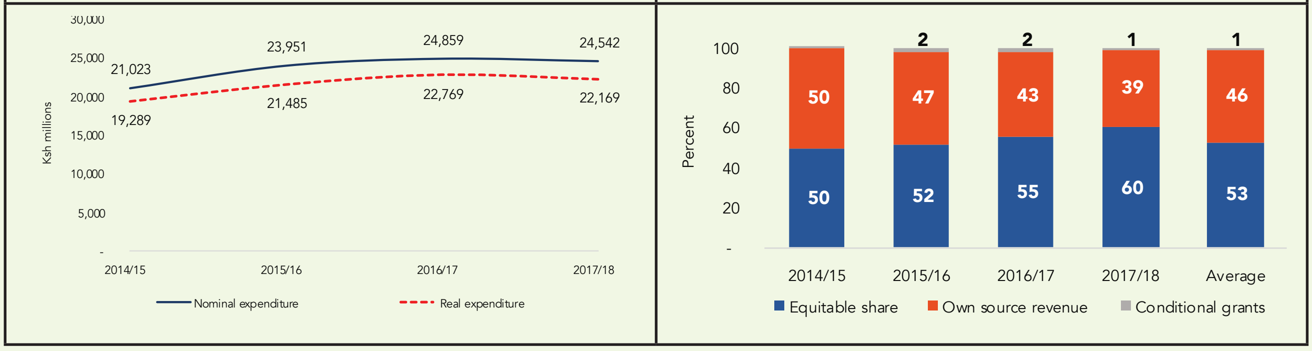
Source: KNBS (2019) Statistics

2.2 Overall Budget Performance

The county government annual spending grew from Ksh 18.29 billion to Ksh 24.86 billion between 2014/15 and 2016/17, before a moderate drop to Ksh 24.5 billion in 2017/18 (Figure 2a). The effect of inflation accounts for, on average, Ksh 1.8 billion in loss of purchasing power between 2013/14 and 2017/18. This spending is heavily dependent on national government transfers, accounting for, on average, 53 per cent during the period under review. The contribution of own source revenue decreased from 50 per cent in 2014/15 to 39 per cent in 2017/18 while conditional grants increased from 0 to 2 per cent in 2015/16 and 2016/17 then decreased to 1 per cent 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.

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

(a) County government spending, 2014/15-2017/18 [5] (Ksh millions) | (b) County revenue composition (%)



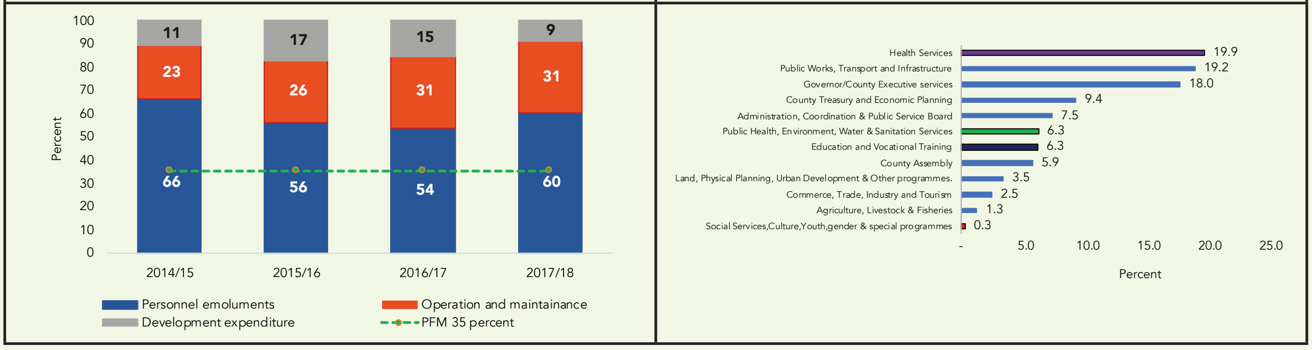
Source: Office of the Controller of Budget (Various) reports, 2014-2018

The development share of actual spending increased from 11 per cent in 2014/15 to 17 per cent in 2015/16 before decreasing to 9 per cent in 2017/18. The recurrent expenditure, constituted of personnel emoluments and operations and maintenance, accounted for over 80 per cent of the county government spending throughout the period. Wages alone account for above 50 per cent of government spending throughout the period under review. This reflects non-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 also does not comply with Regulation 2015, which require that not more than 35 per cent of the county's total revenue should go to payment of wages and salaries (Figure 3a).

The county spent over 53.3 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 more sensitive to the needs of children, youth and women. The effect of this expenditure in the various programmes and activities varies based on the key indicators.

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

(a) County government spending by economic classification, 2014/15-2017/18	(b) County government spending by priorities, average 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

During the period under review, Nairobi county outlined key priorities that targeted children, youth, women and persons with disability. The county intended to strengthen community health initiatives targeting integrated health care services, improving accessibility and improving service delivery in health facilities. The county also intends to enhance provision of ambulance services, strengthen the referral system and sensitize the population on HIV/AIDS in a bid to reduce its negative effects on development.

The number of women who had access to a skilled birth attendant during delivery, and children under 5 born at home stood at 89 per cent and 21.6 per cent against national averages of 61 per cent and 37.4 per cent, respectively. This is due to better access to health services in the county. The number of women with access to a skilled birth attendant during delivery declined marginally from 89.1 per cent in 2014 to 89 per cent in 2018 while children under 5 born at home increased by 11.5 per cent during the period. This is despite the introduction of free maternity services in 2013 and accrediting of public health facilities to enhance accessibility. This implies a need for sensitization on availability of and importance of free maternity services.

The health status of children in the county improved over the review period and maintained performance above national averages. There was an increase in share of fully immunized children from 74.4 to 94.8 per cent between 2014 and 2018. In addition, children with HIV decreased by 37 per cent while those under ART coverage increased from 74 per cent to 94 per cent between 2014 and 2018. However, the infant mortality and under 5 mortality increased from 46 to 60 per 1,000 live births and 56 to 64 per 1,000 live births respectively in the period under review.

3.1.2 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 22 per cent in 2015/16, then decreased to 18 per cent in 2016/17 before increasing to 21 per cent in 2017/18. The budget allocation increased from Ksh 4.9 billion in 2014/15 to Ksh 7 billion in 2017/18. Health actual expenditure decreased from Ksh 5.2 billion to Ksh 4.2 billion before increasing to Ksh 5.4 billion. Spending comprised of 86 per cent recurrent expenditure and 14 per cent development expenditure (Figure 4a). This translated to a decline in absorption rate from 107

Table 2: Nairobi 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	-	-	-	-	56.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	212.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	69.0	53.5	77.3	56.9	79.9	59.3	77.6	53.0	81.9	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	96.0	76.4	99.1	75.4	109.6	76.9	104.5	73.7	105.8	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	48.5	35.9	55.3	39.7	61.1	39.8	61.9	32.6	72.2	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	72.4	70.2	85.9	75.7	83.8	72.4	84.1	65.9	86.8	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	5.1	6.8	6.0	7.2	4.9	6.6	6.5	10.1	5.2	4.0
Still Birth Rate (Source : DHIS2)	12.7	29.3	19.9	22.6	21.1	21.5	22.6	22.6	18.8	20.4

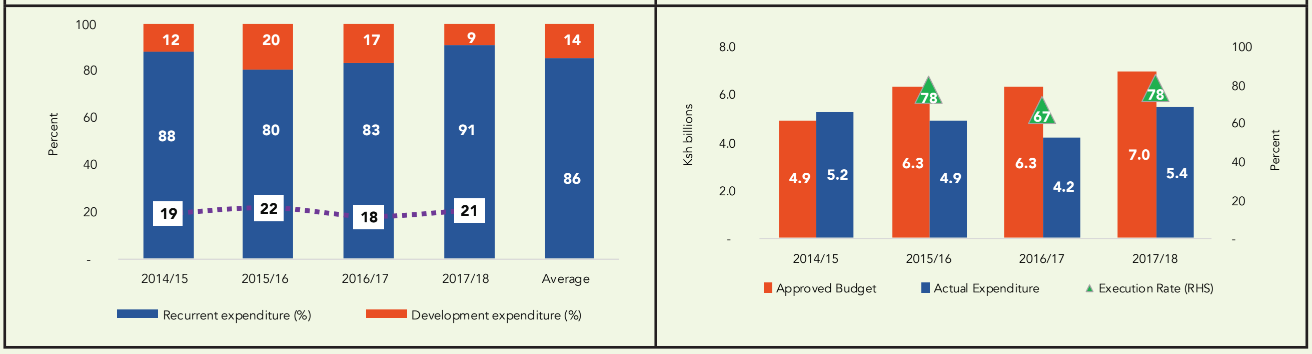
Source: Ministry of Health (2018), Demographic Health Information System (DHIS)

per cent in 2014/15 to 67 per cent in 2016/17 before a slight increase to 78 per cent in 2017/18. The low absorption rates can be attributed to failure by the exchequer to release the full amount approved in the health budget.

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

(a) Share of health budget and spending by economic classification, 2014/15-2017/18

(b) Health budget execution rate 2014/15-2017/18



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

3.1.3 Health medium term expectations

The county aims to continue investing in health, especially in child and maternal health by prioritizing quality health infrastructure and human resources in all sub-counties. The county also aims to strengthen preventative and promotive health services through: malaria control; expanded programmes on immunization; integrated management of childhood illness; and control and prevention of environmentally communicated diseases. In addition, it seeks to strengthen curative services through provision of health personnel, drugs and equipment. It targets to improve reproductive health for youth and women, promote safe sex, manage HIV/AIDS and STIs, and increase access to contraceptives. It also plans to equip and manage new health facilities.

To realize these 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; sexual and reproductive health needs for all; and access to medical and psychosocial support for survivors of gender-based violence (GBV). Other challenges that should be addressed include long procurement processes; delays by the Treasury in releasing funding to the sector; and pending bills affecting the overall sector absorption rate. The county will also need to promote women's empowerment through income generating initiatives and affirmative action programmes for better health outcomes. Continued investment and partnership in awareness raising initiatives towards ending violence against women and girls will promote social inclusion, leading to transformative development for the county.

3.2 Education and Vocational Training

3.2.1 Education sector priorities

The county governments are responsible for Early Childhood Development Education (ECDE) and Technical, Vocational Education and Training (TVET) as per Schedule IV of the Constitution of Kenya 2010. During the plan period 2013-2017, the focus of the Nairobi county education sector was to enhance the quality, access, retention and transition rates of ECDE in the county. Some of the strategies outlined to this end include feeding programme in ECDE sections, ECDE capitation grants, capacity building of ECDE teachers and staff, and establishment of an ECDE teachers' colleges. For basic education, the county sought to increase primary and secondary enrolment rates. For TVETs, the main objective of strategies outlined was to fill the gap in training of middle level and technical employees through construction of new centres and incorporation of modern infrastructure.

Gross ECDE enrolment rate increased from 76.2 per cent in 2014 to 80.8 per cent in 2018 while net enrolment rate (NER) decreased from 74.6 per cent to 74.0 per cent during the same period. GER was generally lower than national averages of 94.4 per cent while NER was higher than the national average of 63.5 per cent, indicating that more children joined ECDE than before the implementation of devolution. More girls are enrolled in ECDE than boys in the county (Table 3).

Gross primary and secondary enrolment rates stood at 101.3 and 88.4 per cent in 2018, respectively. Net enrolment rate (NER) increased from 44.9 per cent to 90.6 per cent for primary school and 25.3 per cent to 65.0 per cent for secondary school during the same period. There were no significant gender disparities in enrolment rates at both primary school and secondary school level.

There are 12 vocational centres in the county, with total enrolment of 477 students. The teacher student ratio is 1:11, retention rate was 55 per cent while transition rates from TVETs stood at 45 per cent at the end of the period under review.

Table 3: Nairobi county selected education sector performance indicators

Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	76.2	73.6	80.8	94.4
Net enrolment ratio (%)	74.6	71.8	74.0	63.5
Male (%)	52.7	73.4	68.6	62.5
Female (%)	47.3	70.2	78.8	65.0
School size (Public) (Pupils) (Average)	94.0	75.0	61.0	85.0
Gender parity index (value)	0.9	1.0	-	-
Pupil-teacher ratio (No.) (Public)	34.5	31.0	20.0	31.0
Proportion of enrolment in private schools (%)	92.3	31.5	94.0	33.0
Primary School	**2014-County**	**2014-National**	**2018-County**	**2018-National**
Gross enrolment ratio (%)	51.8	104.0	101.3	107.2
Net enrolment ratio (%)	44.9	88.0	90.6	82.4
Male (%)	49.0	86.0	90.1	81.7
Female (%)	51.0	90.0	91.1	83.0
School size (Public) Average No. of pupils	347.0	338.0	931.0	375.0
Gender parity index (Value)	1.0	1.0	-	-
Pupil-teacher ratio (No.)	55.5	42.0	40.0	40.0
Proportion of enrolment in private schools (%)	61.0	16.0	60.0	16.0
Secondary School	**2014-County**	**2014-National**	**2018-County**	**2018-National**
Gross enrolment ratio (%)	35.6	58.7	88.4	66.2
Net enrolment ratio (%)	25.3	47.4	65.0	37.5
Male (%)	53.0	49.6	62.4	35.4
Female (%)	47.0	45.2	67.0	39.8
School size (Public)	581.0	-	1,117.6	392.0
Gender parity index (value)	0.8	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	22.0	30.0	23.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	18.4	20.2	19.0	20.0
Proportion of enrolment in private schools (%)	69.5	30.7	29.0	5.8

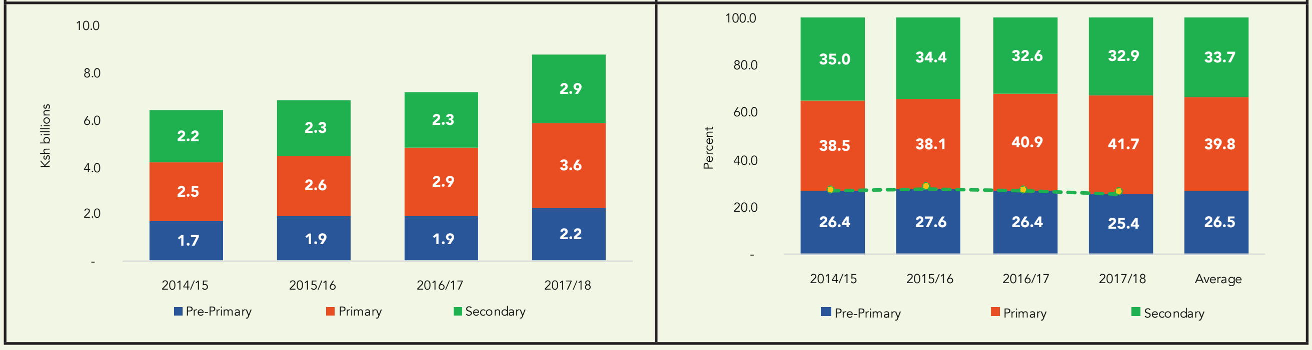
Source: Ministry of Education (Various), Education statistical booklets, 2013-2018

3.2.2 Basic education training budget and expenditure

The ECDE budget allocation increased from Ksh 1.7 billion in 2014/15 to Ksh 2.2 billion in 2017/18. Allocations to primary school education increased from Ksh 2.5 billion in 2014/15 to Ksh 3.6 billion in 2017/18 while spending on secondary school increased from Ksh 2.2 billion to Ksh 2.9 billion during the review period (Figure 5a). Spending on ECDE as a share of total spending on basic education decreased from 8.8 per cent in 2014/15 to 8.5 per cent in 2015/16. It increased to 12.7 per cent in 2016/17 before finally decreasing to 8.4 per cent in 2017/18 (Figure 5b).

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

(a) National and county education allocation, 2014/15-2017/18 | (b) Share of education spending by level, 2014/15-2017/18

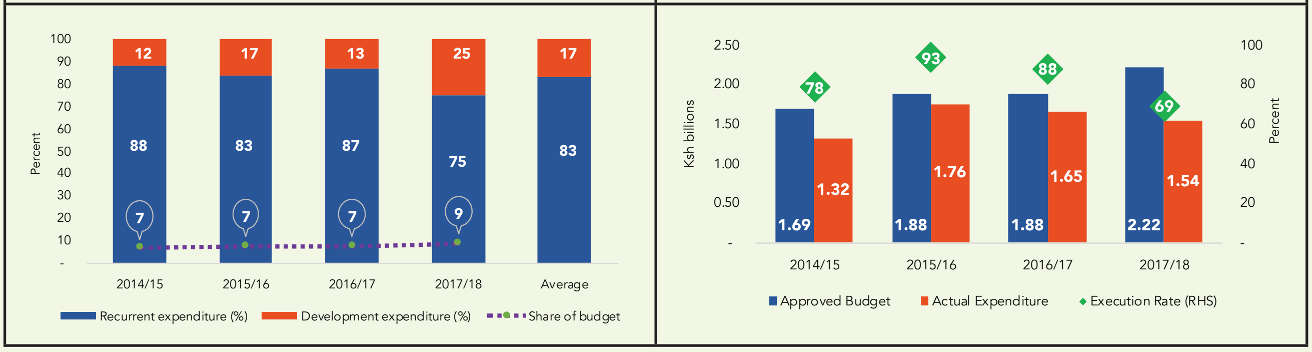


Source: National Treasury (Various), IFMIS

The share of ECDE budget in the total county budget allocation stagnated at 7 per cent between 2014/15 and 2016/17 before increasing to 9 per cent in 2017/18. Actual expenditure on ECDE increased from Ksh 1.32 billion in 2014/15 to Ksh 1.76 billion in 2015/16 before decreasing to Ksh 1.54 billion in 2017/18 (Figure 6b). Spending comprised of an average of 17 per cent development expenditure and 83 per cent recurrent expenditure during the review period (Figure 6a). The absorption rates increased from 78 per cent in 2014/15 to 93 per cent in 2015/16 before decreasing to 69 per cent in 2017/18.

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

(a) Share of ECDE budget and spending by economic classification, 2014/15-2017/18 | (b) ECDE budget execution rate 2014/15-2017/18



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

3.2.3 Education medium term expectations

The sector experiences various challenges. These include: high school drop outs, limited education facilities at all levels, inadequate number of special needs facilities and teachers, inadequate access to education at informal settlements, inadequate recreational facilities, and inadequate social investment in bursaries to meet demand. The county government, with support from stakeholders, aims to continue to invest in early childhood development with a focus on construction of ECDE centres and special needs education facilities in ECDE centres, development of skills and policies on ECDE, and improvement of work environment and quality of education through infrastructure development. In line with enhancement of vocational and technical training, the county seeks to develop policy frameworks and enhance provision of rehabilitative services for youths with relevant skills. They further aim to conduct regular audits of the sector and increase national government-county government collaboration.

3.3 Water and Sanitation

3.3.1 Water and sanitation priorities

The 2013-2017 Nairobi County Integrated Development Plan outlined investment in the expansion of water and sanitation infrastructure as the main sector priority. One of the main priorities of the sector was to reduce crowding through slum upgrades and increase access to public toilets in and around these areas. Some of the other priority areas outlined were the reduction of degradation of water catchment areas, and enhancing efficiency of water and waste management practices by improving water infrastructure and purchase of modern equipment.

Access to improved water and sanitation remained constant at 97 and 92 per, cent respectively. The population within the service area of water utility (company) remained constant at 100 per cent between 2014 and 2018. The proportion of population covered or served by the utility was 72 per cent in 2014, with no information in 2018. The sector experiences the problem of non-revenue water,[6] which stagnated at 38 per cent during the period. High non-revenue water denies the water utility revenue to enhance water service delivery and in meeting operations and maintenance costs.

Table 4: Nairobi county selected WASH sector performance indicators

Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	100	*	100	*
Water coverage by utilities (%)	75	53	78	*
Non-revenue water (NRW) (%)	38	42	38	*
Sanitation coverage within utility area (%)	72	69	-	*
Sewerage coverage (%)	28	*	50	*
Access to improved water (%)	97	*	97	*
Access to improved sanitation (%)	92	*	92	59
No toilet facility – Potential open defecation county-wide (%)	5	*	-	8

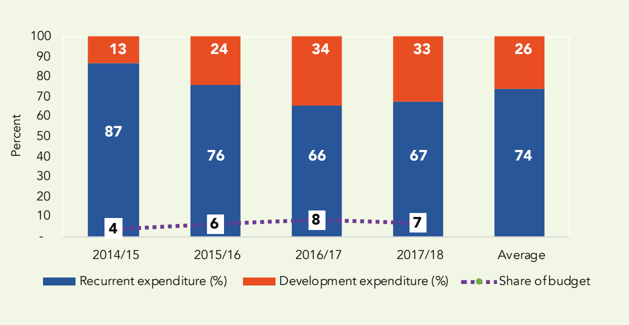
Source: Kenya National Bureau of Statistics (2014), KDHS 2014; County Integrated Development Plan (CIDP) 2018

3.3.2 Water and sanitation budget and expenditure

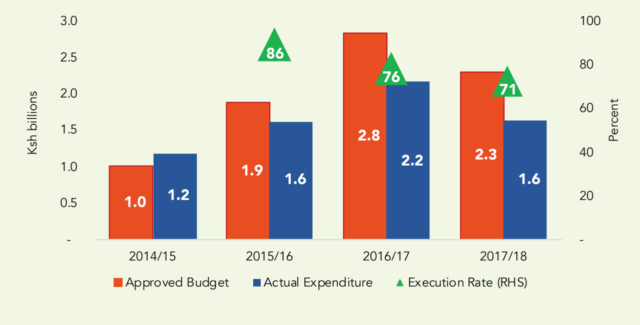
The total budget allocation to the sector as a share of the total county budget increased from 4 per cent in 2014/15 to 8 per cent in 2016/17 before decreasing to 7 per cent in 2017/18. The approved budget allocation increased from Ksh 1 billion in 2014/15 to Ksh 2.8 billion in 2016/17 before decreasing to Ksh 2.3 billion in 2017/18. The actual spending on the sector increased from Ksh 1.2 billion in 2014/15 to Ksh 2.2 billion before decreasing to Ksh 1.6 billion in 2017/18. The share of development expenditure as a proportion of spending in the sector during the period was, on average, 26 per cent while recurrent expenditure was 74 per cent. The absorption rate decreased from 117 per cent in 2014/15 to 71 per cent in 2017/18. Low absorption rates are attributed to failure by the exchequer to release the entire approved budget amount and also capacity constraints.

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

(a) Share of WASH budget and spending by economic classification, 2014/15-2017/18



(b) WASH budget execution rate, 2014/15-2017/18



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

3.3.3 Water and sanitation medium term expectations

There are a few hindrances to the provision of water supply in the county. First, despite its high population, the county has no main water tower. Second, the distribution system is in poor state and therefore results in losses due to leakages, illegal connections and inefficient and wasteful use of water by consumers. With regard to sanitation, majority of the population uses toilets and latrines as means of waste disposal. However, there is still a proportion of the population with no means of waste disposal.

In the plan period of 2018-2022, the county aims to continue with the provision of clean water and solid waste management, and increasing access to decent sanitation. The development priorities for the sector are to enhance solid waste management, undertake procurement of contractors to facilitate waste transportation, procure waste tracks and improve accessibility to dumpsites such as Dandora, regeneration of rivers, collection and analysis of water samples.

3.4 Child Protection, Youth and Women Assistance

3.4.1 Child protection, youth and women assistance priorities

The integrated development plan for the county highlighted coordination and development of communities through social welfare. With regard to children, the county targeted to provide households with orphans and vulnerable children with regular cash transfers. For the youth, the county set out to increase uptake of *Uwezo* Fund as a means to economic empowerment. It also intended to increase the support to micro and small youth enterprises through the Youth Enterprise Development Fund, targeting a total of 20 youth groups per constituency. Through the youth development programme, the county sought to involve out-of-school youth in various social and economic activities aimed at harnessing their energies and talents into purposeful development activities. The county also targeted to sensitize 350 youth per constituency on the evils of crime and drug and substance abuse. For women, the county set out to finance projects of 40 women groups or individuals in all the constituencies. The county also sought to ensure compliance of a framework for youth, women and persons living with disability to access 30 per cent of the county government tenders.

Specifically, on child protection, the county recorded a high number of reported cases of child neglect and abandonment, rising from 162 cases in 2014 to 8,705 cases in 2018. Similarly, child trafficking, abduction and kidnapping increased from 4 in 2014 to 318 in 2018. However, cases of child sexual abuse and child labour declined significantly.

On women protection, the county recorded 1 case of FGM in both 2014 and 2018. The low number of reported FGM cases can be attributed to either the intensive campaigns and initiatives to protect the girl child, fear by the population to report such cases, or a mix of cultures that do not give much attention to such practices.

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

Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	162	767	8,705	73245
Child Sexual Abuse	120	636	23	172
Child Trafficking, Abduction and Kidnapping	4	32	318	1022
Child Labour	44	168	21	378
Child Emotional Abuse	19	58	13	853
Child Physical Abuse	160	583	236	2031
Female Genital Mutilation	1	9	1	40

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

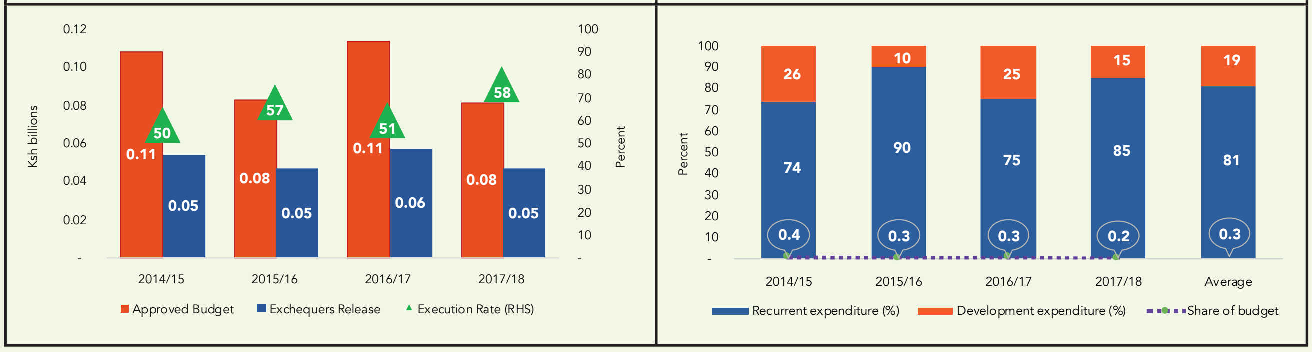
3.4.2 Child protection, youth and women budget and expenditure

The sector's budget allocation as a share of total county budget allocation during the review period decreased from 0.4 per cent in 2014/15 to 0.2 per cent in 2017/18. The annual budgetary allocation fluctuated between a maximum of Ksh 0.11 billion in 2014/15 and 2016/17 and a minimum of Ksh 0.08 billion in 2015/16 and 2017/18. Spending on the sector fluctuated between Ksh 0.05 billion and Ksh 0.06 billion during the review period. The share of recurrent expenditure was, on average, 81 per cent of total spending during the period while the share of development expenditure was 19 per cent. The absorption rates increased from 50 per cent in 2014/15 to 57 per cent in 2015/16 before decreasing to 51 per cent in 2016/17 and increasing again to 58 per cent in 2017/18.

Figure 8: Kisiicounty social protection, youth and women spending trends, 2014-18

(a) Social protection, youth and women budget execution rate, 2014/15-2017/18

(b) Share of social protection, youth and women budget and spending by economic classification, 2014/15-2017/18



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

3.4.3 Child protection, youth and women medium term expectations

The sector faced a number of challenges during the period. Unemployment, poor access to funding and lack of entrepreneurial skills and limited access to funding and credit facilities were a major hindrance to youth economic empowerment. Other social challenges include: lack of access to resource centres and increased number of teenage pregnancies. For women, there was low participation of women in trade and leadership. With regard to persons with disabilities, the county experienced poor access to sporting facilities, exclusion in public policy, high cost in aid equipment and unemployment. Poor access to government tenders remains a cross cutting issue among the youth, women and PWDs.

Between the plan period 2018-2022, the county aims to continue implementing 30 per cent access to government procurement opportunities, provide capacity building and enhance access credit facilities for youth, women and PWDs. For children, the county intends to continue rehabilitation and reintegration of street children, construction of rescue centres and cash transfers to households with orphaned and vulnerable children (OVCs).

3.5 Nutrition

3.5.1 Nutrition priorities

Promotion of nutrition education and improved nutritional status of households to eliminate stunting and malnutrition cases was the focus for the county according to the CIDP for the period 2018-2022.

The county nutrition indicators were relatively low according to 2014 data. The proportion of stunted, wasted, and underweight children was 23.0 per cent, 2.6 per cent and 10.0 per cent against national averages of 26.o per cent, 4.0 per cent and 11.0 per cent, respectively (Table 6).

The proportion of overweight or obese women in the county stood at 47.6 per cent, higher than the national average of 28.9 per cent. The average (BMI) [7] of women in the county was 25.

Table 6: Selected nutrition performance indicators

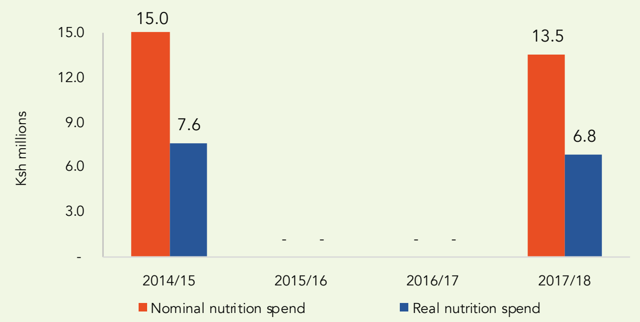
Indicators	2014-County	2014-National
Stunted children (%)	23.0	26.0
Wasted children (%)	2.6	4.0
Underweight children (%)	10.0	11.0
Vitamin A supplements coverage	15.3	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	77.7	71.4
Proportion of children consuming adequately iodized salt.	100.0	99.1
Proportion of households consuming adequately iodized salt.	99.7	99.2
" Household salt iodization (50 – 80 mg/Kg KIO3) (% samples) "	46.0	57.0
Number of Women (BMI)	25.4	23.2
Overweight or obesity among women aged 15 to 49 years.	47.6	28.9

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

3.5.2 Nutrition budget and expenditure

The county spending on nutrition (direct nutrition interventions) in nominal terms was 15 million in 2014/15 and 13.5 million in 2017/18. There was no direct spending on nutrition between 2015/16 and 2016/17. This could be attributed to lack of a proper nutrition plans in the county.

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



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

3.5.3 Nutrition medium term expectations

In the period 2018-2022, the county plans to develop a nutrition bill to guide activities around the sector. The county also aims to increase nutritional status of both children and adults by alleviating malnutrition caused by poverty through programmes such as the school feeding programme, and kitchen garden programmes for affordable locally grown foods.

3.6 Other Initiatives for the Special Interest Groups

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

a) AGPO

Nairobi county reported compliance to the 30 per cent allocation of Access to Government Procurement Opportunities (AGPO) reserved for women, youth and Persons with Disabilities (PWDs).

b) Children

The county has mapped ECDEs in targeted sub-counties for the nutrition programme dubbed the '*Lishe Poa Project*'. It has also established a Milk Bank in Pumwani Maternity Hospital, which targets to improve the nutrition status of infants.

c) Youth

The county engages in youth empowerment programmes aimed at reduction of drug and substance abuse, sports promotion and environmental conservation.

d) Women

The county has re-accredited Pumwani Maternity Hospital and established Mother Care units.

e) PWDs

The county provides assistive devices for persons with disability. It is also investing in special needs facilities in ECDE centres and TVET centres.

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 85 per cent of the Gross County Product (GCP) of Nairobi, the largest of all the 47 counties in Kenya (12.9% contribution to GDP), comes from service (60%) and manufacturing (25%).	The county needs to create a business environment that is conducive for investment in services and manufacturing sub-sectors by enacting predictable laws and regulations to attract and retain investment to all firms while making operations cost efficient. Youth and women can tap into these sectors for employment and entrepreneurship.	County Treasury and Planning/ County Executive/Department of Agriculture
Revenue	The county's own source revenue increased from Ksh 11.5 billion in 2014/15 to Ksh 10.1 billion in 2017/18.	There is need for the county to enhance capacity for own source revenue forecasting and analysis. In addition, the county should put in place mechanisms to mitigate losses associated with cash handling and poor internal controls and audit mechanisms.	County Treasury and Planning/ Directorate of Revenue
Health	The budget for health was Ksh 5.2 billion in 2014/15 and Ksh 5.4 billion in 2017/18, resulting into improvement in maternal and child health outcomes including the rate of child immunization.	The county should increase sensitization and continue enhancing investments in immunization. There is need for both national and county treasuries to release all health budgets on time. In addition, there is need to align health procurement plans to cash flow projection and improve financing towards women and youth empowerment projects in the county to improve health outcomes.	County Treasury and Planning / County Department of Health
Education	The budget for Early Childhood Development Education (ECDE) increased from Ksh 1.7 billion in 2014/15 to Ksh 2.2 billion in 2017/18, which was 7 per cent and 9 per cent of the total county budget, respectively.	The county needs to leverage on collaboration with the private sector and development partners to fast track the incorporation of special needs facilities and mitigation of other access and quality gaps in ECDE and TVET centres. It should also ring-fence ECDE resources so that they are not used for other purposes such as secondary and higher education bursaries.	County Treasury and Planning/ County Department of Education
WASH	The county allocation for water and sanitation increased from 1.0 billion in 2014 to 2.3 billion in 2018, which was 4 per cent and 9 per cent, respectively, of the county total budget.	There is need for more investment in new water infrastructure and increased allocation for WASH given that about 22 per cent of the population were not within water coverage by utility and had no access to improved water sources by 2018. In addition, there is need for the county to put in place initiatives to reduce non-revenue water to minimize losses and hence channel funds towards maintenance of existing water supply infrastructure.	County Treasury and Planning/ County Department of Water and Sanitation/ Nairobi City Water and Sewerage Company

Child Protection, Youth and Women	The county's allocation to child protection, youth and women declined from Ksh 108 million in 2014 to 81 million in 2018.	There is need to align the county government social protection programmes with national government to avoid duplication of the activities while ensuring that the available resources are focused to the relevant beneficiaries.	County Treasury and Planning/ Department of Education, Youth, Social Services and Culture
Nutrition	The county committed Ksh 15 million in 2016/17 and 13.5 million in 2017/18 to interventions that directly contribute to boosting child nutrition, despite having 23 per cent of the children stunted.	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
Budget Execution	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.	County Treasury, Planning and 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.	There is no specific budget line for this, which may also be a factor. The same also applies to gender-based violence which has increased in recent years.	County Planning, Statistics and M&E Unit, and Social/Gender Departments

(Endnotes)

1 Gross county product is conceptually equivalent to the county share of GDP. Gross domestic product is a measure of newly created value through production by resident economic agents (in this case individuals, households, businesses, establishments, and enterprises resident in Kenya).

2 See, for example, UNICEF (2017) Early Moments Matter, New York: UNICEF.

3 Monetary poverty refers to the lack of financial means of households to provide its members with basic goods and services deemed necessary for their survival and development.

4 Multidimensional poverty captures different deprivations experienced by an individual including health care, nutrition, drinking water, sanitation and education. overall poverty is the poverty measure for the overall population of the county. Extreme poverty refers to an income below the international poverty line (of USD 1.90 prior to 2018 and revised to USD2.16 in 2019 by World Bank.

5 Base year 2013

6 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)

7 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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