

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



County Government of Meru

### KEY HIGHLIGHTS OF THE BRIEF

This brief provides an analysis on how the County Government of **Meru** plans and budgets for the needs of children, youth and women. The analysis utilized social sector budgets and actual expenditures for the period 2014/15-2017/18, focusing on health, education, social protection services, water and sanitation, and nutrition sectors. The analysis was also based on budget data and information collected through interviews with relevant county stakeholders. The key findings and recommendations from the analysis are summarized below:

- a) **An estimated 54 per cent of the Gross County Product (GCP)<sup>1</sup> of Meru, which is the sixth largest (2.9% contribution to GDP) of all the 47 counties in Kenya, comes from agriculture.** Agricultural productivity is vulnerable to weather shocks resulting in unpredictable economic growth trends. Moving forward, the county should put in place measures to mitigate weather shocks, while at the same time promoting manufacturing through agro-processing, and enhancing access to agriculture markets, including through collaboration with the private sector.
- b) **The county's own source revenue declined marginally from Ksh 1.175 billion to Ksh 1.063 billion between 2014/15 and 2017/18.** However, as a share of total revenue, the county's own source revenue declined from 8.5 per cent in 2014/15 to 7.1 per cent in 2017/18. Overall, total equitable share revenue increased from Ksh 4.9 billion in 2014/15 to Ksh 7.3 billion in 2017/18 mainly because of equitable share transfers from the National Government. To improve the share of its own source revenue, the county should strengthen measures for tax collection and management.
- c) **The share of health budget as a proportion of total county budget allocation increased steadily from 23 per cent in 2014/15 to 32 per cent in 2017/18, resulting to improved maternal and child health outcomes.** The number of women who had access to skilled delivery increased from 68.2 per cent in 2014 to 69.0 per cent in 2018. This is largely because of the introduction of free maternity services in 2013. The share of fully immunized children in the county declined from 69.5 per cent in 2014 to 60.2 per cent in 2017, but improved to 70.2 per cent in 2018. To further improve the trend, the county should prioritize investments in maternal and child health services.
- d) **The budget for Early Childhood Development Education (ECDE) has increased from Ksh 0.48 billion in 2014/15 to Ksh 0.8 billion in 2017/18.** Partly because of increased spending on ECDE, gross ECDE enrolment rate in the county went up from 69.6 per cent in 2014 to 91.8 per cent in 2018. Looking forward, the challenge for the county is to ensure equitable distribution and effective utilization of available resources. In addition, the county should ring-fence ECDE resources<sup>2</sup> so that they are not used for other purposes such as secondary and higher education bursaries.
- e) **The county allocation for water and sanitation remained was, on average, Ksh 0.7 billion, which was 8 per cent of the county total budget over the review period.** This was an under-investment given that about 30 per cent of the population have no access to improved water sources. The county needs to increase allocation for WASH.
- f) **The county's child protection, youth and women budget allocation as a share of total county budget allocation during the review period was 3.1 per cent.** This was an under-investment given that these sections of the community are the most vulnerable.
- g) **The county has been reducing its commitments to nutrition interventions since 2015/16, which directly contribute to boosting child nutrition, at a time when nearly a third (25%) of the children are 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.

- h) 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 80 per cent in 2014/15 to 63 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.
- 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 20 in 2014 to 1,798 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

**Meru** county occupies a land area of approximately 6,936 km<sup>2</sup> and is divided into 9 sub-counties and 45 wards. The county's population was 1,545,714 persons, which is 3.2 per cent of the national population. This constituted of 767,975 males, 777,975 females and 41 intersex persons.

**In 2015/16, the overall poverty rate of the county was 19 per cent with 2.8 per cent living in extreme poverty, which is better than the overall national rates of 36.1 per cent and 8.6 per cent, respectively.** Among children, at least two in every ten were affected by monetary poverty or lack of financial means<sup>3</sup>. Additionally, 16.8 per cent of youth and 20 per cent of women were also affected by monetary poverty. Moreover, 42 per cent of children were living in multidimensional poverty; that is, deprived in multiple dimensions including nutrition, health care, education, housing and drinking water.<sup>4</sup> The proportion of youth and women in multidimensional poverty were 50.9 per cent and 59.7 per cent, respectively. The overall high rates of poverty, especially among younger populations, implies that planning and budgeting processes should better consider human capital sectors so that the county can maximize on utilization of the productive and innovative potential of its future workforce and initiate a fast and sustainable growth trajectory (Table 1).

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

Administrative Profile							Latest Available
Area (km <sup>2</sup> )							6,936
Number of sub-counties							9
Number of wards							45
Overall poverty (%)							19
Extreme poverty (%)							2.8
Population (2019)							1,545,714
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
<b>Monetary Poor</b>							
Male (%)	19.6	42.1	18.3	29.1	18.0	30.5	
Female (%)	21.2	41.0	15.1	28.8	21.3	34.1	
Total (%)	20.3	41.6	16.8	28.9	20.0	32.4	
Population	653,770	20,742,290	442,146	13,443,268	268,674	7,847,350	
<b>Multidimensionally Poor</b>							
Male (%)	42.9	49.3	53.7	44.7	52.7	51.0	
Female (%)	40.8	47.1	47.8	49.4	63.8	60.8	
Total (%)	42.0	48.2	50.9	47.1	59.7	56.1	
Population	653,770	20,742,290	442,146	13,443,268	268,674	7,847,350	

Source: Kenya National Bureau of Statistics, (various)

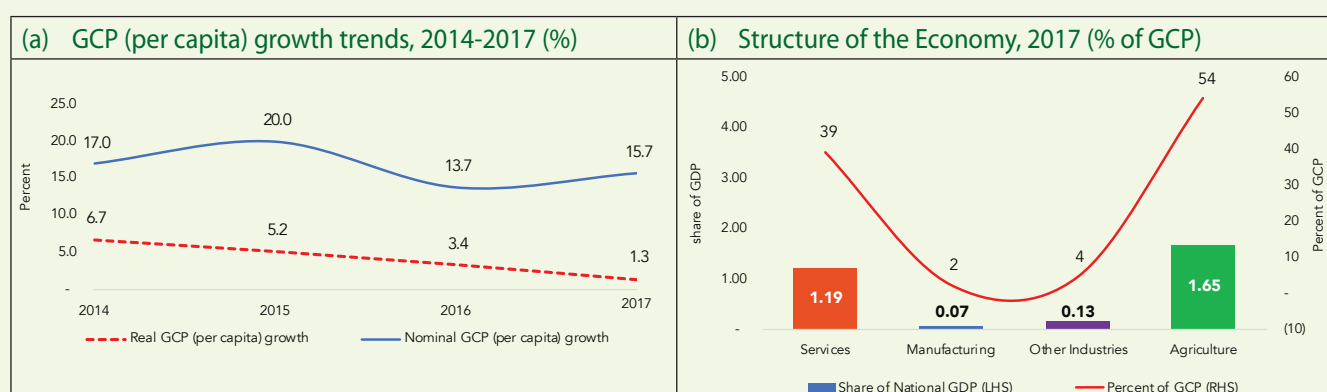
## 2. STATE OF COUNTY ECONOMY

### 2.1 Gross County Product Growth

**Meru county accounted for 2.9 per cent of the national GDP in 2017.** The GCP per capita growth rate declined from a 6.7 per cent in 2014 to 1.3 per cent in 2017 (Figure 1a). The most recent downturn was largely due to fluctuating prices and unreliable market for agricultural produce, coupled with climate change manifestations such as droughts and floods.

**The economy mainly relies on agriculture, which accounted for 54 per cent of GCP and 1.65 per cent of GDP in 2017.** This is followed by services industry, which account for 39 per cent of GCP, and 1.19 per cent of national GDP. Manufacturing accounted for 2 per cent of GCP (Figure 1b). The agriculture sub-sector, in particular, is currently a key employer for women and youth in the county. The county should invest in agricultural reforms to reduce cost of farming, enhance produce marketing and promote value addition. Further, there is need to invest in other sub-sectors to diversify the economy for more economic growth. Investment in agro-processing will boost the manufacturing sub-sector, which is an important driver of job creation for women, PWDs and the youth.

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

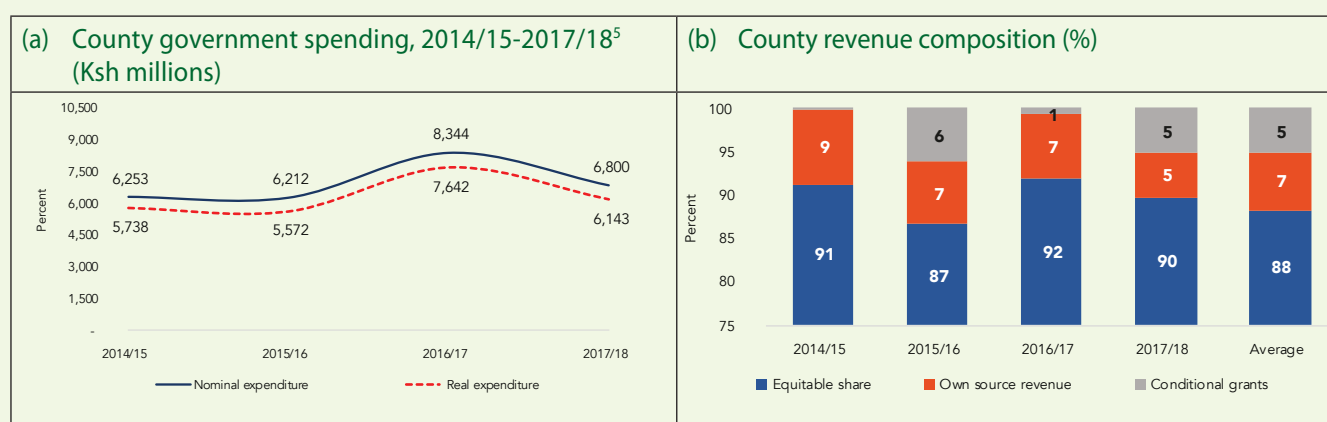


Source: KNBS statistics, 2019

### 2.2 Overall Budget Performance

**The county government annual spending in nominal terms grew from Ksh 6.25 billion to Ksh 8.34 billion between 2014/15 and 2016/17, before a moderate reduction to Ksh 6.8 billion in 2017/18 (Figure 2a).** The effects of inflation reflect for an average Ksh 0.6 billion gain of purchasing power during the period. This spending is heavily dependent on National Government transfers, accounting for 88 per cent. The burden of the drop in the county government spending predominantly affects social sector spendings, which are recurrent in nature. In nominal terms, own source revenue decreased from Ksh 1.175 billion in 2014/15 to Ksh 1.063 billion in 2017/18 while the equitable share transfer increased from Ksh 4.9 billion to Ksh 7.3 billion during the same period. Own source revenue as a share of total revenue fell from 9 per cent in 2014/15 to 5 per cent in 2017/18. The contribution of own source revenue and conditional grants was, on average, 22 per cent (Figure 2b). There is need for enhanced fiscal efforts to accelerate revenue mobilization from both local revenue and conditional grants.

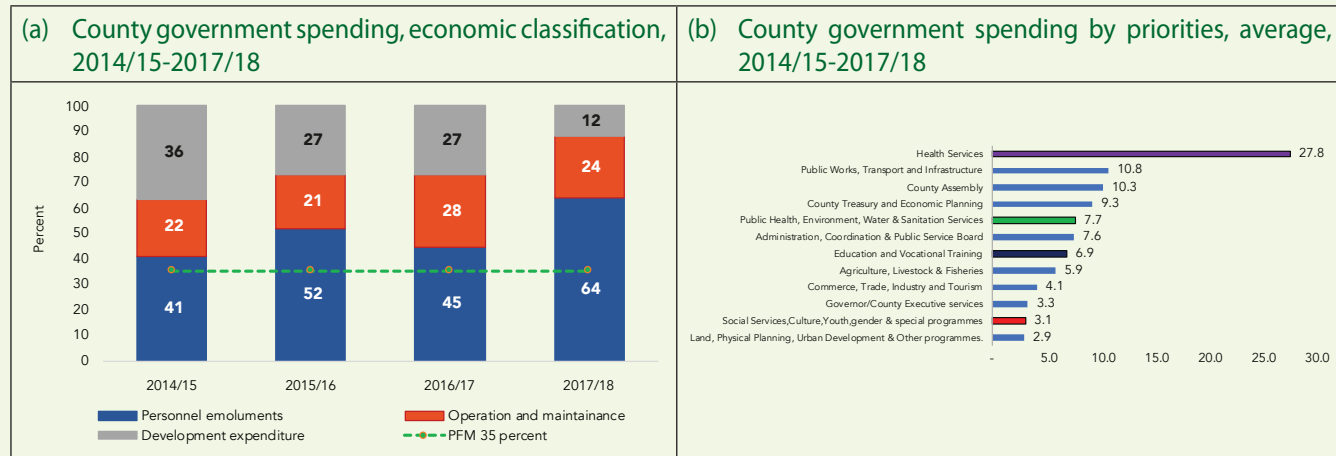
**Figure 2: Meru county revenue and expenditure trends, 2014/15-2017/18**



Source: Controller of Budget reports, 2014-2018

The share of actual development budget has been declining since 2014 from 36 per cent to 12 per cent in 2017/18. The recurrent expenditure consisting of wage and operation and maintenance dominated spending, constituting 50 per cent and 24 per cent of the total spending, respectively. This leaves only 25 per cent of the county income available for development, which compromises the county long-term priorities including infrastructure development (Figure 3a). This reflects low compliance to the Public Finance Management (PFM) Act, 2012 provision that caps development spending at a minimum of 30 per cent of total budget and the 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.

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



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

The county spent over 50 per cent of its 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 effects of this expenditure on the various programmes and activities vary across sectors.

### 3. ANALYSIS OF SOCIAL SECTOR SPENDING

#### 3.1 Health

##### 3.1.1 Health sector priorities

During the period under review, the county outlined key priorities that targeted children, youth, women and persons with disabilities. The sector's priorities included elimination of communicable diseases; halting and reversing the burden of non-communicable conditions that was rising; minimizing the exposure of health risk factors and provision of health services; ensuring adequate health commodities including drugs; and improving the quality of health services in existing facilities by equipping and improving the human resource base.

The number of women who had access to skilled birth attendant during delivery was recorded at 68.2 per cent in 2014 and 69.0 per cent in 2018, against a national average of 53.5 per cent and 64.9 per cent over the same period. This indicates that there is better access to health facilities in the county compared to the national level. Likewise, the mortality death ratio was almost half the national rate in 2016, although the proportion of pregnant women who attended four ANC visits was lower than those who attended one ANC visit in the review period. This should prompt the continued sensitization of the public on availability of maternal health services within the county.

The health status of children in the county remained generally higher than the national averages across most indicators. The share of fully immunized children in the county declined from 69.5 per cent in 2014 to 60.2 per cent in 2017 but improved to 70.2 per cent in 2018. Under 5 mortality rates stood at 48 deaths per 1,000 live births compared to 79 deaths per 1,000 live births at the national level.

##### 3.1.2 Health budget and expenditure

The share of health budget as a proportion of total county budget allocation increased steadily from 23 per cent in 2014/15 to 32 per cent in 2017/18. Health actual expenditure expanded from about Ksh 1.72 billion to Ksh 2.55 billion. Spending on health accounted for, on average, 28 per cent of total budget. Spending on health comprised of 86 per cent recurrent expenditure and 14 per cent development expenditure (Figure 4a). The absorption rate dropped from 97 per cent

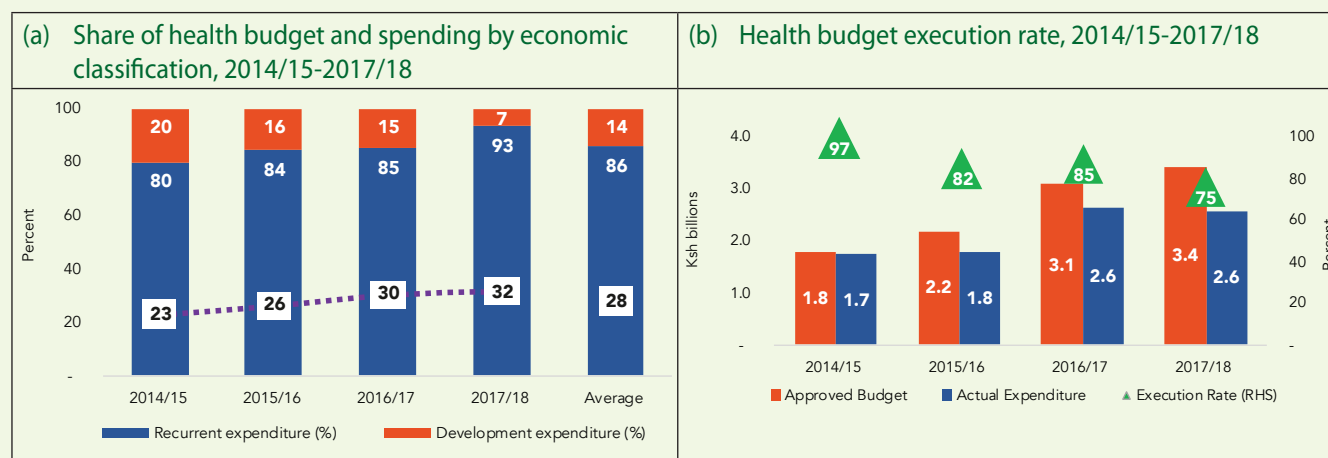
**Table 2: Meru county selected health sector performance indicators**

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	-	-	-	-	48.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	262.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	68.2	53.5	67.9	56.9	69.2	59.3	64.6	53.0	69.0	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	77.4	76.4	78.0	75.4	79.0	76.9	69.3	73.7	79.5	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	33.9	35.9	38.6	39.7	35.1	39.8	29.9	32.6	35.8	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	69.5	70.2	71.4	75.7	68.1	72.4	60.2	65.9	70.2	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	9.5	6.8	7.6	7.2	8.6	6.6	9.8	10.1	4.6	4.0
Still Birth Rate (%) (Source: DHIS2)	20.7	29.3	23.1	22.6	21.7	21.5	18.5	22.6	22.0	20.4

Source: DHIS 2014,2018

in 2014/15 to 82 per cent in 2015/16 before increasing to 85 per cent in 2016/17 and declining yet again to 75 per cent 2017/18. This is attributable to failure by the exchequer to release the full amount approved in the health budget.

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



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

### 3.1.3 Health sector medium term expectations

**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 prioritize investing in provision of quality health services by constructing and equipping more health facilities, including: establishing a cancer and an Intensive Care Unit (ICU), operationalize theatres in Level Four hospitals, promoting screening for non-communicable diseases, among others. One of the key projects is establishing youth friendly clinics and undertaking awareness campaigns on the importance of healthy practices, which will improve reproductive health especially for the youth. Further, the county aims to continue investing in health management by employing more human resources for health.

To realize these new milestones, the county will need to address various challenges, including: limited funds relative to health needs for the county, including those for children and mothers; long procurement processes; delays by the National Treasury in releasing funding to the sector; and pending bills affecting the overall sector absorption rate.

## 3.2 Education and Vocational Training

### 3.2.1 Education sector priorities

County governments are responsible for Early Childhood Development and Education (ECDE) and youth polytechnics, which are part of Technical Vocational Education and Training (TVETs) as per Schedule IV of the Constitution of Kenya 2010. During the plan period 2013-2017, the focus of the county education sector was towards enhancing the quality and access to ECDE, youth polytechnics and the bursary award programme for secondary, TVETs and tertiary education, school feeding programme for ECDE centres, free tuition fees for both TVET and ECDE, and employment of teachers.

**Gross ECDE enrolment rate increased from 69.6 per cent in 2014 to 91.8 per cent in 2018 while net enrolment rate (NER) increased from 65.4 per cent to 66.8 per cent during the same period.** GER was above the national average of 78.4 per cent while NER was below the national average of 77.2 per cent. However, the increase indicates that more children joined ECDE following implementation of devolution. More girls were enrolled in ECDE than boys in Meru County, hence inequality in access to education between male and female school-going children in favour of girls as shown in Table 3.

**Gross primary and secondary enrolment rates stood at 113.5 per cent and 65.7 per cent in 2018, respectively.** NER decreased from 93.6 per cent to 87.4 per cent for primary school and 57.5 per cent to 32.8 per cent for secondary school during the same period. Female students recorded higher enrolment rates than their male counterparts at both primary school and secondary school level. There was a total of 29 vocational centres with 3,028 learners. Of these, 28 are public centres while one is privately-owned.

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

Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	69.6	73.6	91.8	94.4
Net enrolment ratio (%)	65.4	71.8	66.8	63.5
Male (%)	51.3	73.4	65.3	62.5
Female (%)	48.7	70.2	71.2	65.0
School size (Public) (Pupils) (Average)	62.0	75.0	79.0	85.0
Gender parity index (value)	1.0	1.0	-	-
Pupil-teacher ratio (No.) (Public)	51.0	31.0	33.0	31.0
Proportion of enrolment in private schools (%)	36.4	31.5	34.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	110.2	104.0	113.5	107.2
Net enrolment ratio (%)	93.6	88.0	87.4	82.4
Male (%)	49.3	86.0	86.9	81.7
Female (%)	50.7	90.0	88.0	83.0
School size (Public) Average No. of pupils	519.0	338.0	376.0	375.0
Gender parity index (Value)	1.0	1.0	-	-
Pupil-teacher ratio (No.)	60.0	42.0	34.0	40.0
Proportion of enrolment in private schools (%)	16.0	16.0	16.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	70.2	58.7	65.7	66.2
Net enrolment ratio (%)	57.5	47.4	32.8	37.5
Male (%)	54.0	49.6	32.6	35.4
Female (%)	61.0	45.2	33.0	39.8
School size (Public)	237.0	-	274.4	392.0
Gender parity index (value)	1.1	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	30.0	30.0	31.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	19.6	20.2	20.0	20.0
Proportion of enrolment in private schools (%)	27.9	30.7	3.3	5.8

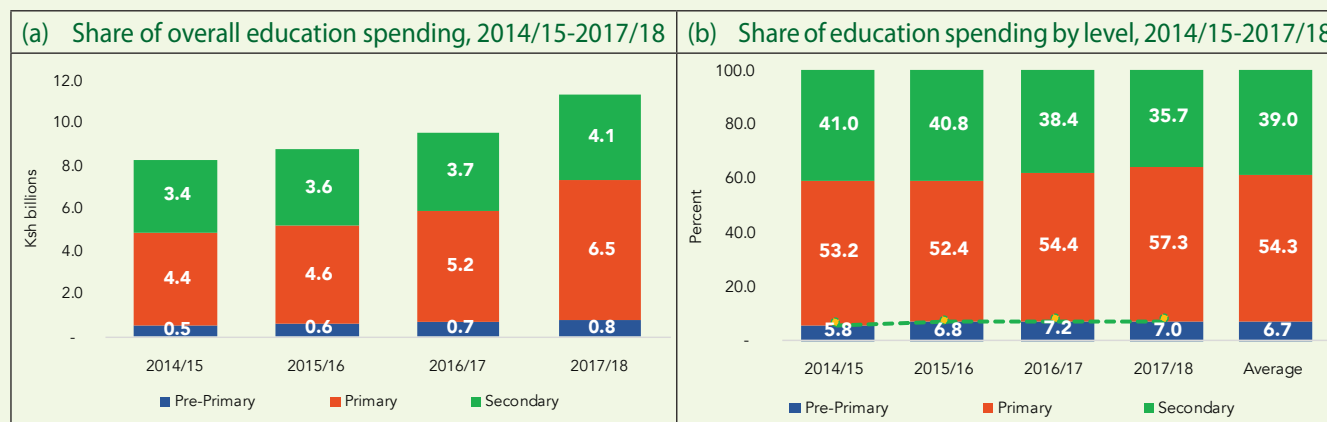
Source: Ministry of Education (Various), Education statistical booklets, 2014-2018



### 3.2.2 Basic education budget and expenditure

The share of ECDE spending in the county increased from Ksh 0.48 billion in 2014/15 to Ksh 0.8 billion in 2017/18. The share of ECDE spending as a proportion of total education spending was, on average, 6.7 per cent during the period. Spending on primary and secondary education increased from Ksh 4.4 billion in 2014/15 to Ksh 6.5 billion in 2017/18 and Ksh 3.4 billion in 2014/15 to Ksh 4.1 billion in 2017/18, respectively (Figure 5a).

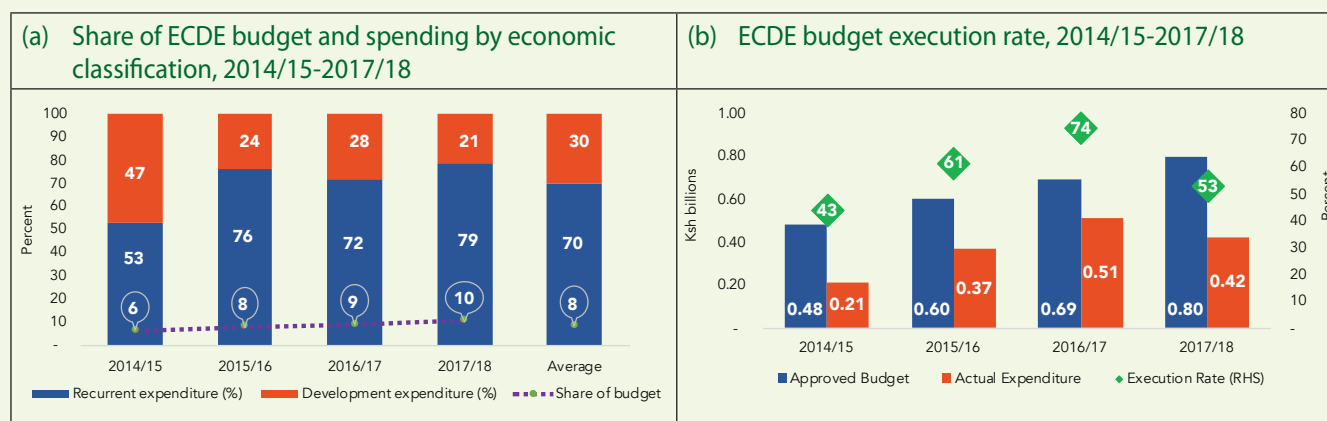
**Figure 5: Meru County overall education spending trends, 2014/15-2017/18**



Source: National treasury (Various), IFMIS

The share of ECDE budget in the total county budget allocation averaged 8 per cent over the review period, comprising of 30 per cent development and 70 per cent recurrent (Figure 6a). The absorption rate increased from 43 per cent in 2014/15 to 74 per cent in 2016/17 before declining in 2017/18 to 53 per cent.

**Figure 6: Meru County ECDE spending trends, 2014/15-2017/18**



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

### 3.2.3 Education sector medium term expectation

The county government with support from stakeholders aims to continue investing in ECDE through infrastructural development, employment of teachers, provision of sanitation facilities and enhanced school feeding programme, and provision of learning materials and equipment. To achieve these objectives, the county will need to address the low enrolment, retention and completion rates, and gender disparities in enrolment. This will also require partnering with the National Government and private sector to enhance ECDE and vocation training through the school feeding programmes, infrastructural development, and equipping of both ECDE and vocational training centres.

## 3.3 Water and Sanitation

### 3.3.1 Water and sanitation priorities

The County Integrated Development Plan (CIDP) 2013-2017 outlined investment in expansion of water and sanitation infrastructure as the main sector priority. This was to be done through construction of boreholes in arid and semi-arid lands (ASALS) in the county, rehabilitation of water scheme areas, protection of water catchment areas,

demarcation and protection of wetlands and strengthening of urban and rural water service providers. Additionally, the sector would prioritize creation of awareness on importance of hand washing facilities and management of human waste disposal in rural and informal settlements in the county urban setups.

**Access to improved water and sanitation were estimated at 70 per cent and 49 per cent, respectively.** The population within the service area of water utility (company) stood at 38 per cent between 2014 and 2018. The proportion of population covered or served by the utility improved from 43 per cent in 2014 to 63 per cent in 2018. The sector experiences the problem of non-revenue water<sup>6</sup> at about 33 per cent as at 2018; an improvement from 48 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: Meru county selected WASH sector performance indicators**

Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	38	*	38	*
Water coverage by utilities (%)	43	53	63	*
Non-revenue water (NRW) (%)	48	42	33	*
Sanitation coverage within utility area (%)	77	69	-	*
Sewerage coverage (%)	7	*	5	*
Access to improved water (%)	70	*	70	*
Access to improved sanitation (%)	49	*	49	59
No toilet facility – Potential open defecation county-wide (%)	0	*	0	8

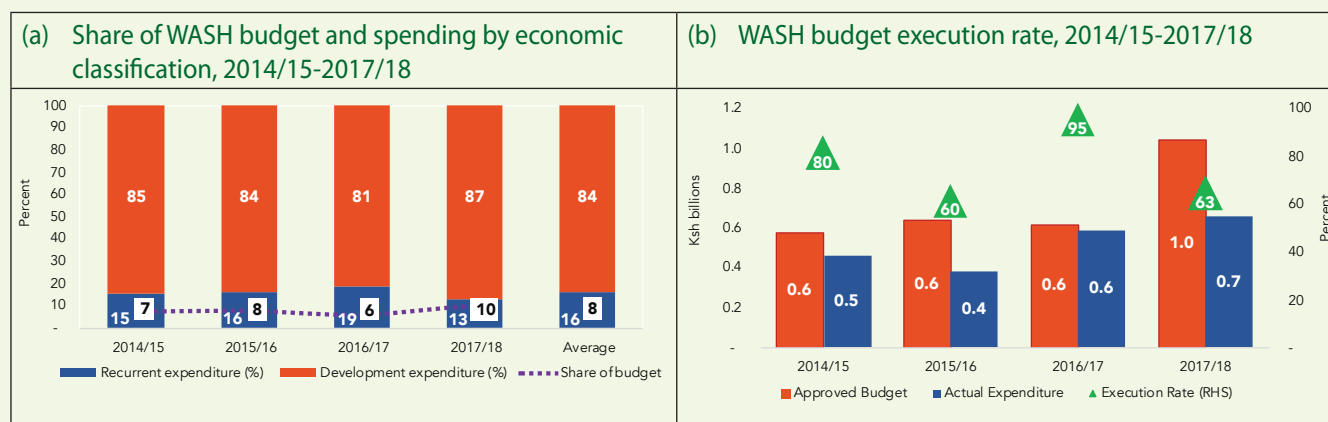
Source: KDHS 2014, CIDP 2018

\*Data not available

### 3.3.2 Water and sanitation budget and expenditure

**The total budget allocation to the sector as a share of total budget allocation during the review period was Ksh 0.72 billion, which translates to an average of 8 per cent of total county budget.** This comprised of 84 per cent development and 16 per cent recurrent spending (Figure 7a). While the approved budget increased from Ksh 0.58 billion in 2014/15 to Ksh 1.04 billion in 2017/18, the absorption rate declined from 80 per cent in 2014/15 to 60 per cent in 2015/16 before increasing to 95 per cent and declining to 63 per cent in 2017/18. This is attributed to failure by the exchequer to release the entire approved budget amount, and also capacity constraints.

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



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

### 3.3.3 Water and sanitation sector medium term expectations

**The CIDP 2018-2022 aims to continue with the provision of clean water and solid waste management, and increasing access to decent sanitation.** Some of the county's priorities include ground water exploration, extraction and recharge, demarcation of the catchment and wetlands, and adopting policies and building capacities on waste management. With a declining percentage of population under sewer coverage, few technical staff in the water sector, high breakage of water pumps compounded by a declining share of recurrent spending in WASH; more focus needs to be given to operations and maintenance for the county to realize the outlined milestones and improve sanitation by promoting ecofriendly toilets in market places, increasing coverage of the existing sewerage system, rehabilitation and expansion of Meru sewerage works, and treatment of the increased flow of waste water.



### 3.4 Child Protection, Youth, Gender, and Culture

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

The CIDP 2013-2017 highlighted coordination and development of communities through social welfare; empowerment of youth through training; management of sports activities; enhancing promotion of cultural development activities; provision of security for working parents in urban areas by constructing daycare centres; employment of care takers for day care centres, establishment of home craft centres, subsidies for school fees for poor and bright secondary students, construction of special schools for PWDs, and coordination of gender mainstreaming as key areas of focus for the social services, youth, gender and culture department.

**Specifically, on child protection, the county recorded a high number of reported cases of child neglect and abandonment rising from 20 cases in 2014 to 1,798 cases in 2018.** Similarly, child trafficking, abduction and kidnapping increased from 2 in 2014 to 4 in 2018 while child physical abuse increased from 9 to 35 cases between 2014 and 2018. Child labour and child emotional abuse recorded 3 cases and 13 cases, respectively, in 2018.

**The county had no records of cases of FGM.** The low/non-reporting of the female genital mutilation (FGM) to government institutions can be attributed to either the intensive campaigns and initiatives to protect the girl child, or fear by the population to report such cases, and culture that approves such practices.

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

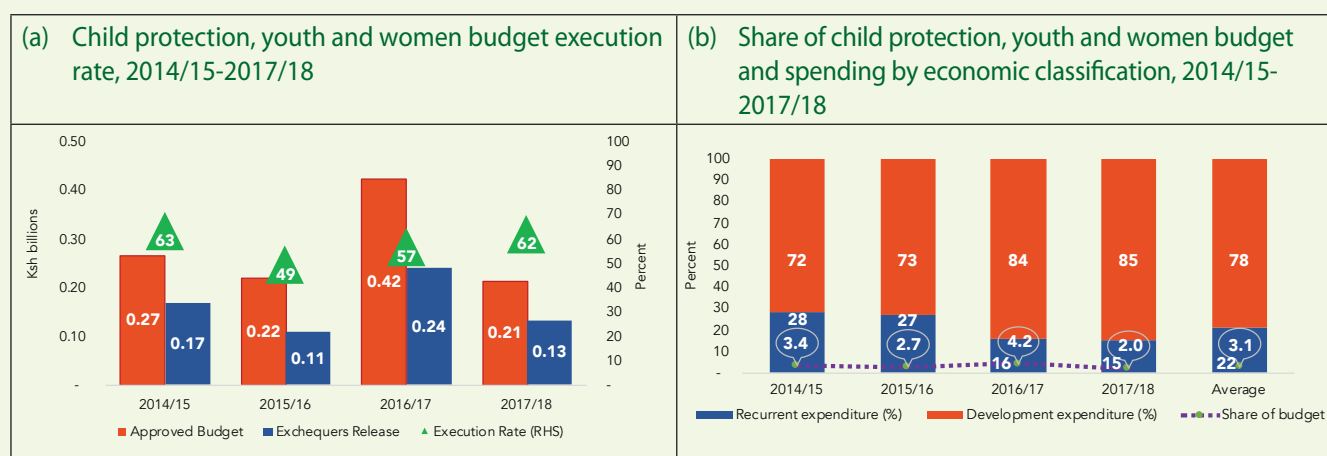
Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	20	767	1,798	73,245
Child Sexual Abuse	12	636	-	172
Child Trafficking, Abduction and Kidnapping	2	32	4	1,022
Child Labour	1	168	3	378
Child Emotional Abuse	-	58	13	853
Child Physical Abuse	9	583	35	2,031
Female Genital Mutilation	-	9	-	40

Source: KDHS 2014, CIDP 2018

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

**The county's budget allocation as a share of total county budget allocation during the review period was 3.1 per cent.** Spending on the sector was, on average, Ksh 0.28 billion and constituted 78 per cent development and 22 per cent recurrent. Absorption rate declined from 63 per cent in 2014/15 to 49 per cent in 2015/16 before increasing to 62 per cent in 2017/18. The decline in absorption rate in 2015/16 was due to failure by the exchequer to release the entire approved budget amount (Figure 8a).

**Figure 8: Meru County child protection, youth and women spending trends, 2014/15-2017/18**



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

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

The CIDP 2018-2022 aims to provide care, support and build capacities of individuals, vulnerable groups and communities for equity and self-reliance. The county expects to continue championing gender and disability mainstreaming by developing

and implementing a county gender policy. Further, the county will carry out capacity building on gender-based violence and enhance prevention and protection for survivors of gender-based violence. The county plans to establish rescue centres for population at risk, and survivors of sexual and gender-based violence and female genital mutilation (FGM). The county also plans to build child protection centres, and safe spaces for youth, boys and girls at risk. With increasing demand for social protection programmes such as cash transfers, there is need to align the available resources to the relevant vulnerable groups.

### 3.5 Nutrition

#### 3.5.1 Nutrition county priorities

**The county prioritized promotion of nutrition education and improvement of nutritional status of households to eliminate malnutrition cases** through focused antenatal care, integrated mother child health (MCH) services, promoting food security and balanced diet and *malezi bora* programme. Deworming for all school going children was the focus for the county according to the County Integrated Development Plan.

**The county nutrition indicators remained relatively low according to the year 2014 data.** Stunting stood at 25.2 per cent of the population, with wasting and underweight children standing at 2.9 per cent and 8.1 per cent, respectively. The levels were below the national averages of 26 per cent, 4 per cent and 11 per cent, respectively (Table 6). Vitamin A supplements coverage within the county was 11 per cent below the national coverage.

**The proportion of overweight or obese women in the county is stood at 32 per cent, higher than the national average of 29 per cent.** The average (BMI)<sup>7</sup> of women in the county was 24.

**Table 6: Selected nutrition performance indicators**

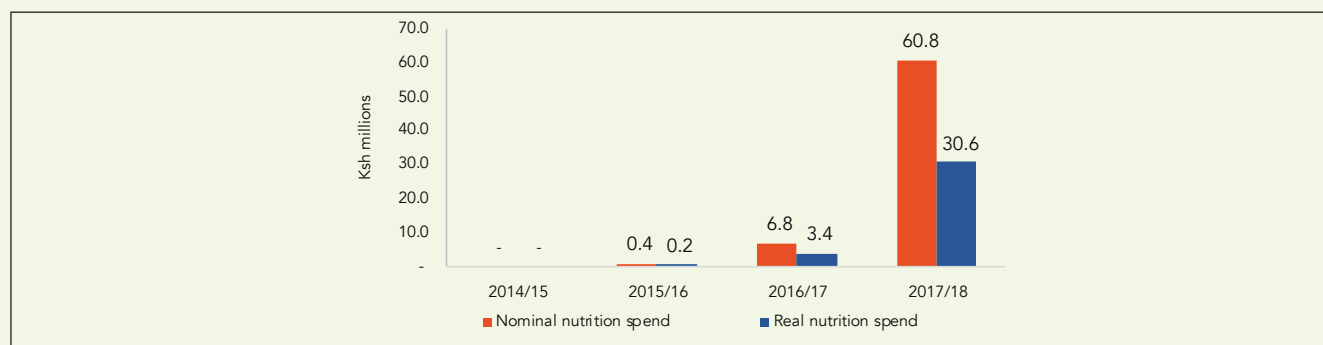
Indicators	2014-County	2014-National
Stunted children (%)	25.2	26.0
Wasted children (%)	2.9	4.0
Underweight children (%)	8.1	11.0
Vitamin A supplements coverage	12.9	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	59.5	71.4
Proportion of children consuming adequately iodized salt	100.0	99.1
Proportion of households consuming adequately iodized salt	100.0	99.2
Household salt iodization (50–80 mg/Kg KIO <sub>3</sub> ) (% samples)	57.0	57.0
Number of Women (BMI)	23.9	23.2
Overweight or obesity among women aged 15 to 49 years.	31.6	28.9

Source: KDHS 2014

#### 3.5.2 Nutrition budget and expenditure

**The county spending on nutrition (direct nutrition interventions) increased between 2014/15 and 2017/18.** The county allocated Ksh 7 million for nutrition spending in 2016/17 and Ksh 61 million in 2017/18. This implies that the county has increasingly prioritized nutrition in the planning and budgeting processes.

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



Source: National Treasury IFMIS 204-2018

### 3.5.3 Nutrition medium term expectations

The county CIDP 2018-2022 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. This includes through: promotion of kitchen gardening, support for biannual *malezi bora* awareness, deworming of primary school-going children, school feeding programme for vocational centres and ECDES, and provision of milk to all ECDE children. Other interventions include: provision of food supplements, sensitization of communities on diverse dietary, and advocacy for exclusive breastfeeding.

### 3.6 Other Initiatives for the Special Interest Groups

- a) **AGPO:** During the period under review, the county distributed bursaries worth Ksh 765 million to enhance school retention. To improve vocational training, 100 trainers of vocational training centres (VTCs) were trained; 94 instructors were hired; and the county subsidized fees for 3,559 trainees. The county further operationalized the Renal Unit at Meru Level 5 Hospital; constructed 54 health facilities across the county; and dewormed and supplied Vitamin A supplement in 1,206 ECDE centres.
- b) **Children:** The county made efforts in collaboration with external partners to implement a reproductive health initiatives aimed at reducing the prevalence of adolescent and teenage pregnancy within the county. The county's Children Department sensitized the public on the plight of the child with respect to having a better life and access to quality education during the day of the African Child celebrations. The county further distributed milk to 776 ECDE centres; constructed 288 ECDE classrooms; procured learning materials for the centres; trained 4,000 ECDE teachers; and recruited 1,693 ECDE teachers.
- b) **Youth :** The county implemented the Meru Youth Service project where 1,000 men were recruited, 400 were trained as Community Health Volunteers and 600 underwent technical training. In nurturing sports talent, the county provided the youth with assorted sporting materials through over 400 clubs to discourage them from taking drugs. In addition, the county completed the 15,000-seater Kinoru Stadium; upgraded 6 baseball complexes; and leveled at least 1 playing ground in each ward. Youths organized into savings and credit cooperative societies were issued with 15 motorbikes, provided with 4,500 reflector jackets, 220 *boda boda* riders trained in collaboration with Community and Progress (CAP). 54 *boda boda* sheds were constructed across the county.
- c) **Women:** The county in collaboration with USAID and UKaid – Ahadi implemented a socio-economic empowerment programme *Twaweza* that benefitted 1,860 women by providing them with Ksh 4 million as seed capital. The county also launched the Meru County Sex and Gender Based Violence (SGBV) policy of April 2019, which aims at reducing incidences of SGBV to zero from the current 56 per cent. The county carried out public sensitization campaigns across the county against SGBV and participated in various forums on SGBV matters.
- d) **PWDs:** The county initiated a PWDs SACCO whose 1700 official members were able to access loans at zero interest rates. On the hand, the county established a 6-member committee to implement the Meru County PWD Act of 2016. The sitting volley ball team was also supported by the county.

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

**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 Meru, which is the sixth largest (2.9% contribution to GDP) of all the 47 counties in Kenya, comes from agriculture.	The county should put in place measures to mitigate weather shocks, while at the same time promoting manufacturing through agro-processing, and enhancing access to agriculture markets, including through collaboration with the private sector.	County Treasury and Planning/ County Executive/Department of Agriculture
Revenue	The county's own source revenue declined marginally from Ksh 1.175 billion to Ksh 1.063 billion between 2014/15 and 2017/18.	The county should strengthen measures for tax collection and management.	County Treasury and Planning/ Directorate of Revenue
Expenditures	The budget execution rate for most social sector budgets, especially health, water and sanitation, was low. For instance, budget execution rates for water and sanitation declined from 80 per cent in 2014/15 to 63 per cent in 2017/18.	To improve budget utilization rates, there is need for the National Treasury to adhere to disbursement schedules by releasing resources on time. On its part, the county should strengthen procurement systems and improve cash flow forecasting.	All sectors/County Treasury and Planning/ County Executive
Health	The share of health budget as a proportion of total county budget allocation increased steadily from 23 per cent in 2014/15 to 32 per cent in 2017/18, resulting to improved maternal and child health outcomes.	To further improve the trend, the county should prioritize investments in maternal and child health services.	County Treasury and Planning/County Department of Health
Education	The budget for Early Childhood Development Education (ECDE) has increased from Ksh 0.48 billion in 2014/15 to Ksh 0.8 billion in 2017/18.	Looking forward, the challenge for the county is to ensure equitable distribution and effective utilization of available resources. The county should 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 was on average Ksh 0.7 billion, which was 8 per cent of the county total budget over the review period.	The county needs to increase allocation for WASH.	County Treasury and Planning / County Department of Water and Sanitation/ MEWASCCO
Child Protection, Youth and Women	The county's child protection, youth and women budget allocation as a share of total county budget allocation during the review period was 3.1 per cent.	This was an under-investment given that these sections of the community are the most vulnerable.	County Treasury and Planning/County Department of Culture and Social Services
Nutrition	The county has been reducing its commitments to nutrition interventions since 2015/16, which directly contribute to boosting child nutrition, at a time when nearly a third (25%) of the children are stunted.	Nutrition should be well articulated in the County Integrated Development Plans. The county should ensure that direct nutrition interventions, across several sectors such as agriculture, education and health are budgeted for, with visible budget lines.	County Treasury/Public Health
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.	Standalone budget lines on the above, 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

intake, experiencing physical or emotional violence or abuse, etc.

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/M<sup>2</sup>. Broadly, a person is categorized as underweight if BMI is below 18.5 Kg/M<sup>2</sup>; normal weight: between 18.5 Kg/M<sup>2</sup> and 25 Kg/M<sup>2</sup>; and overweight: 25 Kg/M<sup>2</sup> to 30 Kg/M<sup>2</sup> and obese: over 30 Kg/M<sup>2</sup>.

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