

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



County Government of Marsabit

KEY HIGHLIGHTS OF THE BRIEF

This brief provides an analysis of how the County Government of **Marsabit** 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 47 per cent of the Gross County Product (GCP)¹ of Marsabit County comes from agriculture and accounts for 0.21 per cent of the national GDP while service sector accounts for 30 per cent of GCP and 0.11 per cent of the national GDP.** However, agricultural productivity is vulnerable to weather shocks resulting in unpredictable economic growth trends. Moving forward, the county needs to promote adoption of climate-smart farming techniques and agro-pastoralism and promote diversification of the agriculture sector to include drought-tolerant and adaptive crops. The county needs to invest in irrigation systems and enhance access to agriculture markets to enhance the productivity of the agriculture sector.
- b) **The county's own source revenue increased from Ksh 46 million in 2013/14 to Ksh 83 million in 2017/18.** Overall, total county revenue increased from Ksh 4.11 billion in 2014/15 to Ksh 7.19 billion in 2017/18, an increase mainly driven by transfers from the national government. To improve the share of its own source revenue that declined from 2.1 per cent in 2014/15 to 1.2 per cent in 2017/18, the county should strengthen measures for tax collection and management.
- c) **The county health expenditure increased from Ksh 0.7 billion in 2014/15 to Ksh 1.5 billion in 2017/18.** The increase in health expenditure between 2014/15 and 2016/17 contributed to the improvement of the health outcomes. The proportion of women receiving a skilled birth attendant during delivery increased from 32.9 in 2014 to 68.7 per cent in 2018 and the share of fully immunized children in the county increased from 71.7 per cent in 2014 to 83.2 per cent in 2018. However, the county needs to reorient the public health interventions and tailor them to address the barriers constraining uptake of maternal services given the high maternal mortality rates of 1,127 per 100,000 live births.
- d) **The budget for Early Childhood Development Education (ECDE) increased from Ksh 0.3 billion in 2014/15 to Ksh 0.6 billion in 2017/18.** However, ECDE net enrolment rate (NER) decreased from 50.5 per cent in 2014 to 30.4 per cent in 2018. The challenge for the county is incorporation of pastoralism lifestyle and education. The county needs to ensure equitable distribution and effective utilization of available resources. Additionally, the county needs to increase ECDE budget allocation to address the shortage of staff and inadequacy of ECDE facilities.
- e) **The budget for WASH increased from Ksh 0.64 billion in 2014/15 to Ksh 0.9 billion in 2015/16 but decreased to Ksh 0.76 billion in 2017/18.** However, the county recorded low budget execution rates, declining from 81 per cent in 2015/16 to 73 per cent in 2017/18, thus constraining the provision of WASH services. An estimated 67 per cent and 74 per cent of the county lacks access to improved water and sanitation, respectively. Increasing WASH financing, national and county government adherence to disbursement schedules and strengthening of procurement systems is pivotal in meeting county's target of reducing the burden of communicable diseases.
- f) **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.** On child protection, the county recorded a high number of reported cases

of child neglect and abandonment in 2018, reporting 550 cases, yet there is no specific budget line for this. The same applies to gender-based violence, which has increased in recent years. 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.

- g) **The county spending on nutrition (direct nutrition interventions) in nominal terms increased from Ksh 200 million in 2014/15 to Ksh 530 million in 2016/17 but declined to Ksh 440 million in 2017/18.** The proportion of stunted children was estimated at 27 per cent, higher than the national average of 26 per cent. The county should ensure that direct nutrition interventions across several sectors such as agriculture, education and health are budgeted for, with visible budget lines. Moreover, nutrition should be well articulated in the County Integrated Development Plans.
- h) **The budget execution rate for most social sector budgets, especially health, water and sanitation, was low. For instance, budget execution rates for child, youth and women declined from 91 per cent in 2015/16 to 56 per cent in 2017/18.** The low budget execution rate was partly because approved budgets were not released in time by the National Treasury. Procurement systems, and cash flow planning by the county were 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) **The County has not significantly prioritized investments in disaggregated data.** Limited collection and utilization of disaggregated data means that women's domestic care work is not measured in the economy. The county will need to prioritize investments in disaggregated data collection and management and apply the utilization of data in evidence-based planning, budgeting, monitoring and service delivery. There is need to apply disaggregated data to measure women's domestic/unpaid care work, understand the socio-economic implications of limited participation in the economy, and further develop social and economic policies and implement programmes that empower women.

1. COUNTY OVERVIEW

Marsabit county occupies a land area of approximately 70,961 km² and is divided into 6 sub-counties and 20 wards. The county's population was 459,785 in 2019, which was 1 per cent of the population. The total county population constituted of 243,548 males, 216,219 females and 18 intersex.

In 2015/16, the overall poverty rate was 63.7 per cent with 23.8 per cent living in extreme poverty, which is significantly higher than the overall national rates of 36.1 and 8.6 per cent, respectively. Among children, one in every seven were affected by monetary poverty or lack of financial means². In addition, 57.2 per cent of youth and 67.8 per cent of women were affected by monetary poverty. Moreover, 84.3 per cent of children were living in multidimensional poverty; that is, deprived in several areas including nutrition, healthcare, education, housing and drinking water.³ Levels of monetary poverty were higher than national averages for children, youth and women. The overall high rates of poverty, especially among women, means that planning and budgeting should consider human capital sectors so that the county can maximize on the productive and innovative potential of its workforce and initiate a fast and sustainable growth trajectory.

Table 1: Marsabit county administrative, poverty and demographic profile

Administrative Profile							Latest Available
Area (km ²)							70,961
Number of sub-counties							4
Number of wards							20
Overall poverty (%)							64
Extreme poverty (%)							23.8
Population (2019)							459,785
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
Monetary Poor							
Male (%)	70.0	42.1	57.8	29.1	60.7	30.5	
Female (%)	62.8	41.0	56.7	28.8	67.8	34.1	
Total (%)	66.6	41.6	57.2	28.9	63.8	32.4	
Population	164,713	20,742,290	83,821	13,443,268	45,525	7,847,350	
Multidimensionally Poor							
Male (%)	85.7	49.3	76.6	44.7	83.4	51.0	
Female (%)	82.6	47.1	89.3	49.4	92.3	60.8	
Total (%)	84.3	48.2	83.1	47.1	88.0	56.1	
Population	164,713	20,742,290	83,821	13,443,268	45,525	7,847,350	

Source: Kenya National Bureau of Statistics, (various)

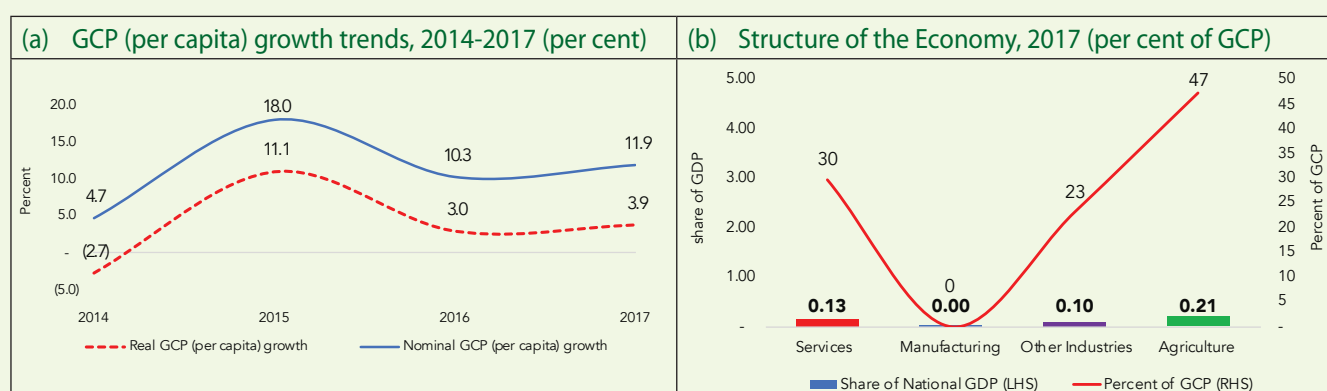
2. STATE OF COUNTY ECONOMY

2.1 Gross County Product Growth

Marsabit county accounted for 0.5 per cent of the national GDP in 2017. Its Gross County Product (GCP) per capita growth rate fluctuated between a maximum of 11.1 per cent recorded in 2015 and a minimum of -2.7 per cent recorded in 2014 (Figure 1a). The downturn of the growth rate in 2016 was largely attributable to the prolonged droughts followed by floods.

The economy is reliant on agriculture, which accounted for 47 per cent of GCP and 0.21 per cent of national GDP in 2017. Services sub-sectors accounted for 30 per cent while industries, which includes construction, mining, electricity and water supply, accounted for 23 per cent of GCP. Moving forward, the county needs to promote adoption of climate-smart farming techniques and agro-pastoralism, invest in irrigation systems and enhance access to agriculture markets to enhance the productivity of the agriculture sector. To increase agricultural productivity and the participation of women and youth within the sector, the county should put in place mechanisms to address land access barriers, reduce the cost of farming, enhance the marketing of agricultural produce and promote agricultural value chains. The county should also seek to attract more investment in manufacturing and services for a balanced economy. This can be done through collaboration with different sub-sectors, especially the private sector.

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

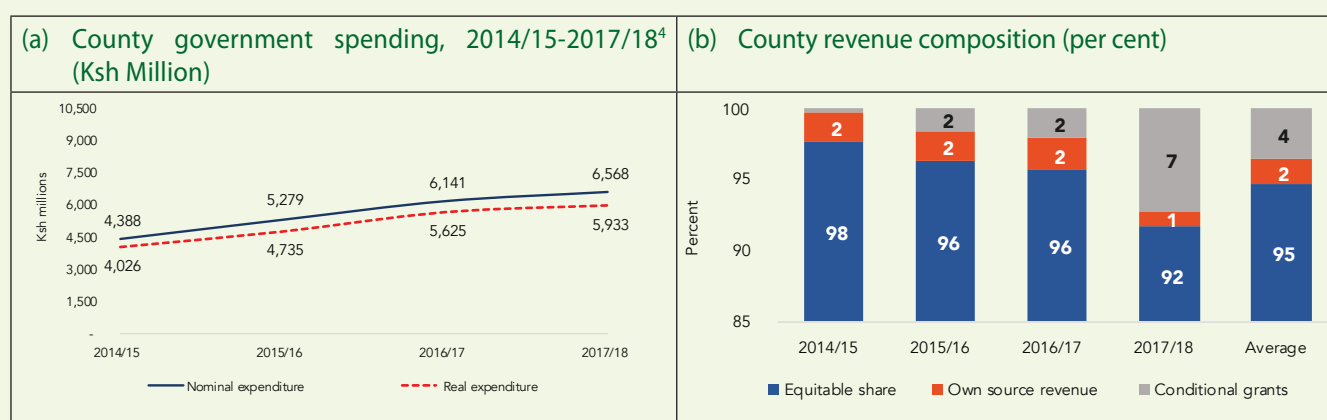


Source: KNBS statistics, 2019

2.2 Overall Budget Performance

The county government annual budget grew from Ksh 4.03 billion to Ksh 5.93 billion between 2014/15 and 2017/18 (Figure 2a). The county budget is largely financed by government transfers, which account for, on average, 95.3 per cent over the period under review. In nominal terms, own source revenue increased from Ksh 46 million 2014/15 to Ksh 128 million in 2016/18 but declined to Ksh 83 million in 2017/18 while the equitable share transfer increased from Ksh 3.8 billion to Ksh 6.6 billion during the same period. The contribution of own source revenue decreased from 2.1 per cent in 2014/15 to 1.2 per cent in 2017/18. Conditional grants increased from 0.3 per cent in 2014/15 to 7.2 per cent in 2017/18. There is need for enhanced fiscal efforts to accelerate revenue mobilization from both local revenue and conditional grants.

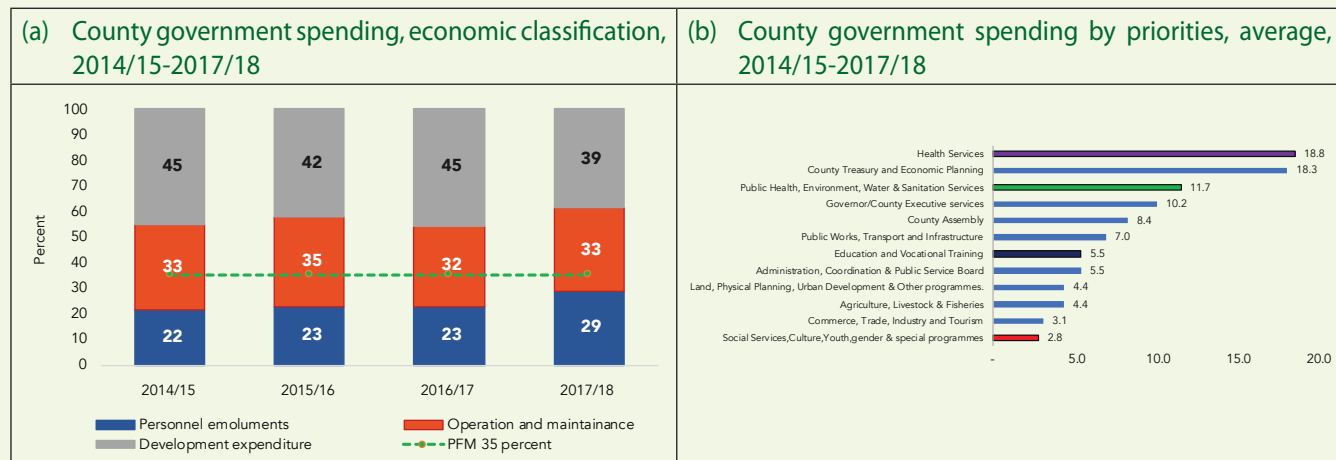
Figure 2: Marsabit county revenue and expenditure trends, 2014/15-2017/18



Source: Controller of Budget reports, 2014-2018

The development share of the total budget decreased from 45 per cent in 2014/15 to 39 per cent in 2017/18. The recurrent expenditure constituting of personnel emoluments and operation and maintenance costs averaged 57 per cent while the development expenditure averaged 43 per cent of county government spending throughout the period. This indicates that 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 that not more than 35 per cent of the county's total revenue should go to payment of wages and salaries were observed in actual spending during the review period.

Figure 3: Marsabit 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 43.1 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 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, and women. For women, the county sought to improve maternal health services through: strengthening referral systems, increasing awareness on access to skilled birth attendant during deliveries, using advocacy and community mobilization (e.g. radio stations) to create demand for maternal services; and promoting the creation of mother-to-mother support groups. For the youth, the county targeted establishing youth-friendly centres to promote their uptake of reproductive health services. The county also sought to increase the proportion of fully immunized children from 71.7 per cent to 85.0 per cent. The county intended to continue educating the public on disease prevention and health promotion in a bid to reduce prevalence of communicable diseases, including HIV/AIDS and non-communicable diseases.

The number of women who had access to a skilled birth attendant during delivery only increased from 32.9 per cent in 2014 to 68.7 per cent in 2018, attributable to the introduction of free maternity services in 2013. The share of fully immunized children in the county remained above the national average and increased from 71.7 per cent in 2014 to 83.2 per cent in 2018, indicative of better access to health facilities by mothers for maternal services in the county. Under 5 mortality rate was estimated at 51 deaths per 1,000 live births in 2016, which was comparatively better than national average of 79 deaths per 1,000 live births.

3.1.2 Health budget and expenditure

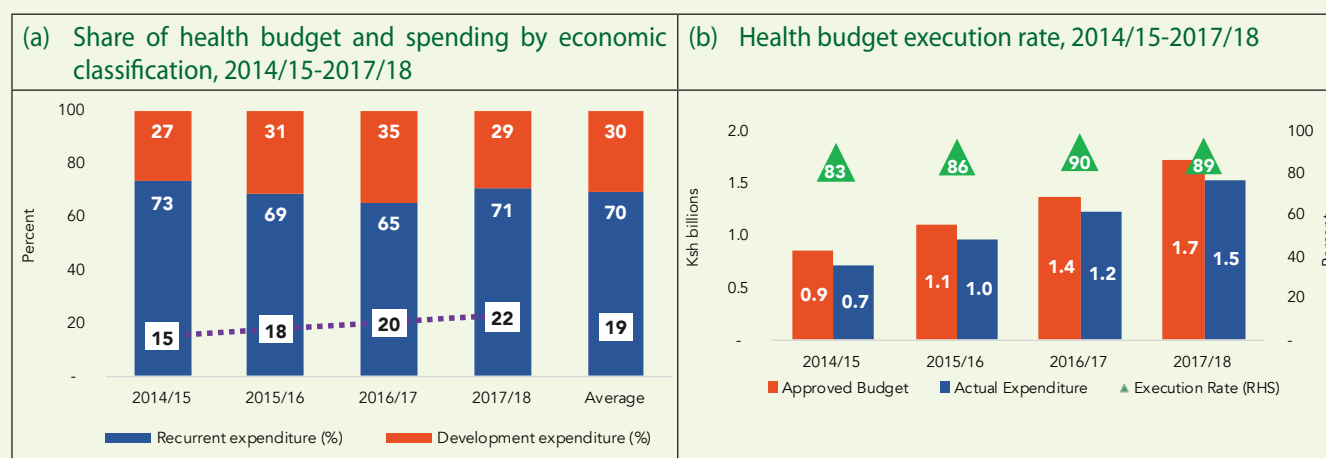
The share of health budget as a proportion of total county budget allocation increased from 15 per cent in 2014/15 to 22 per cent in 2017/18. Health actual expenditure increased from Ksh 0.7 billion in 2014/15 to Ksh 1.5 billion in 2017/18. Spending on health comprised of 70 per cent recurrent expenditure and 30 per cent development expenditure (Figure 4a). The absorption rates increased from 83 per cent in 2014/15 to 90 per cent in 2016/17 but declined to 89 per cent to 2017/18. This is attributable to failure by the exchequer to release the full amount approved in the health budget.

Table 2: Marsabit 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	-	-	-	-	51.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	1,127.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	32.9	53.5	45.4	56.9	45.7	59.3	37.6	53.0	68.7	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	62.6	76.4	78.0	75.4	79.1	76.9	75.2	73.7	111.1	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	23.1	35.9	35.7	39.7	35.0	39.8	27.6	32.6	56.4	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	71.7	70.2	80.8	75.7	74.7	72.4	60.3	65.9	83.2	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	12.6	6.8	15.6	7.2	15.4	6.6	21.4	10.1	6.4	4.0
Still Birth Rate (%) (Source: DHIS2)	35.1	29.3	17.6	22.6	31.8	21.5	30.5	22.6	26.1	20.4

Source: DHIS 2014,2018

Figure 4: Marsabit 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 promoting reproductive and maternal health care services through the development and implementation of the Health Strategic Plan. This is expected to increase the uptake of 'Linda Mama Programme' in the county. It also intends to continue procuring and distributing 'Mama kits'. For women, the county targets to reduce the impact of gender-based violence and injuries through coordination and collaboration with public administration. The county also intends to establish youth-friendly reproductive health services and establish rescue centres for pregnant adolescents. For children, the county intends to increase uptake of immunization by conducting and supporting public immunization campaigns.

In a bid to realize the milestones, the county needs to increase accessibility to health facilities that has posed a challenge to enhancing uptake of maternal health services. The county also faces the challenge of inadequate skilled human resource and funding for health sector projects.

3.2 Education and Vocational Training

3.2.1 Education sector priorities

The county governments are responsible for Early Childhood Development Education (ECDE) and youth polytechnics, which are part of Technical Vocational Education and Training (TVET) as per Schedule IV of the Constitution of Kenya 2010. During the review period 2014-2017, the focus of the county education sector was to enhance the quality and access to ECDE. ECDE-specific interventions targeted included: increasing enrolment and transition rate in ECDE through community support campaigns; improve the quality of education at all levels through improving existing physical facilities; undertaking assessment of ECDE centres; and training additional teachers for ECDE centres. The county in collaboration with partners and other stakeholders also targeted establishing vocation training centres; and rehabilitating existing ones for the youth.

Gross ECDE enrolment rate increased from 51.5 per cent in 2014 to 52.2 per cent in 2018 while net enrolment rate (NER) decreased from 50.5 per cent to 30.4 per cent during the same period. This was generally lower than national averages of 94.4 per cent for GER and 63.5 per cent for NER in 2018, indicating that children are not reaching their developmental potential in early age. Therefore, the county needs to find a strategy that incorporates the pastoralism lifestyle and education. More girls are enrolled in ECDE than boys in Marsabit county. There is inequality in access to education between male and female school-going children in favour of girls in primary level and in favour of boys in secondary as shown in Table 3.

Gross primary and secondary enrolment rates stood at 69.2 per cent and 39.5 per cent in 2018, respectively. Net enrolment rate (NER) decreased from 65.8 per cent to 53.2 per cent for primary school and increased from 12.9 per cent to 23.7 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 boys as shown in Table 3. There is inequality in access to secondary education between male and female school-going children in favour of girls. There were 8 vocational centres in the county with total enrolment of 568 students.

Table 3: Marsabit county selected education sector performance indicators

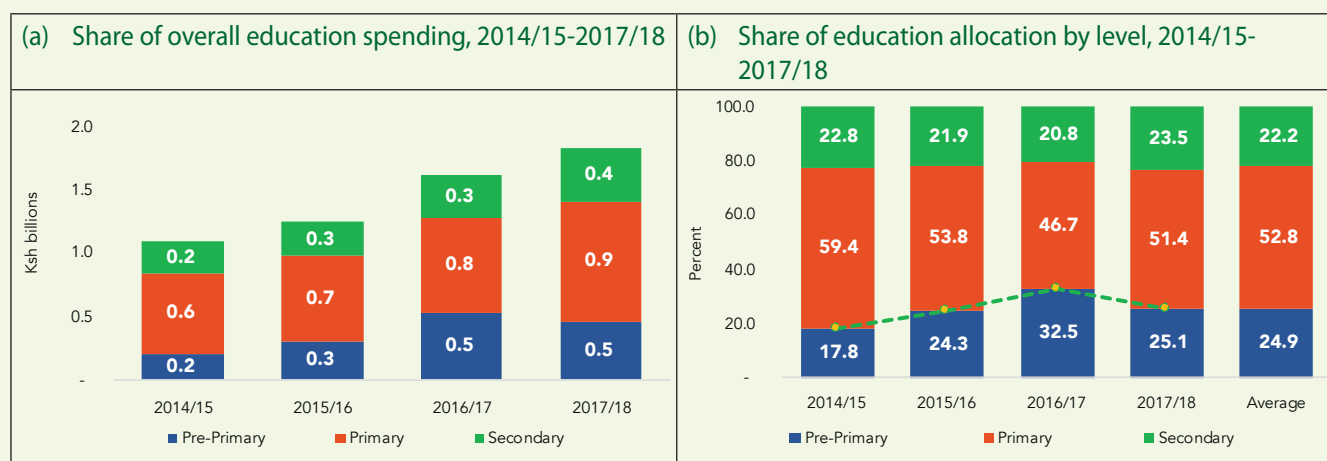
Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	51.5	73.6	52.2	94.4
Net enrolment ratio (%)	50.5	71.8	30.4	63.5
Male (%)	53.3	73.4	29.7	62.5
Female (%)	46.7	70.2	32.1	65.0
School size (Public) (Pupils) (Average)	68.0	75.0	70.0	85.0
Gender parity index (value)	0.9	1.0	-	-
Pupil-teacher ratio (No.) (Public)	46.0	31.0	38.0	31.0
Proportion of enrolment in private schools (%)	27.4	31.5	31.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	79.5	104.0	69.2	107.2
Net enrolment ratio (%)	65.8	88.0	53.2	82.4
Male (%)	52.5	86.0	50.8	81.7
Female (%)	47.5	90.0	56.3	83.0
School size (Public) Average No. of pupils	319.0	338.0	267.0	375.0
Gender parity index (Value)	0.9	1.0	-	-
Pupil-teacher ratio (No.)	60.0	42.0	39.0	40.0
Proportion of enrolment in private schools (%)	16.0	16.0	19.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	15.8	58.7	39.5	66.2
Net enrolment ratio (%)	12.9	47.4	23.7	37.5
Male (%)	15.7	49.6	24.0	35.4
Female (%)	10.1	45.2	23.4	39.8
School size (Public)	170.0	-	275.3	392.0
Gender parity index (value)	0.7	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	26.0	30.0	21.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	16.3	20.2	16.0	20.0
Proportion of enrolment in private schools (%)	27.5	30.7	7.1	5.8

Source: Education statistical booklets, 2014-2018

3.2.2 Basic Education Budget and Expenditure

Total allocation on ECDE increased from Ksh 0.16 billion in 2014/15 to Ksh 0.46 billion in 2016/17 but declined to Ksh 0.40 billion in 2017/18. Allocation on primary school education increased from Ksh 0.6 billion in 2014/15 to Ksh 0.9 billion in 2017/18 while allocation on secondary school increased from Ksh 0.2 billion in 2014/15 to Ksh 0.4 billion in 2017/18 (Figure 5a). ECDE allocation averaged 24.9 per cent of the total education spending in the county (Figure 5b).

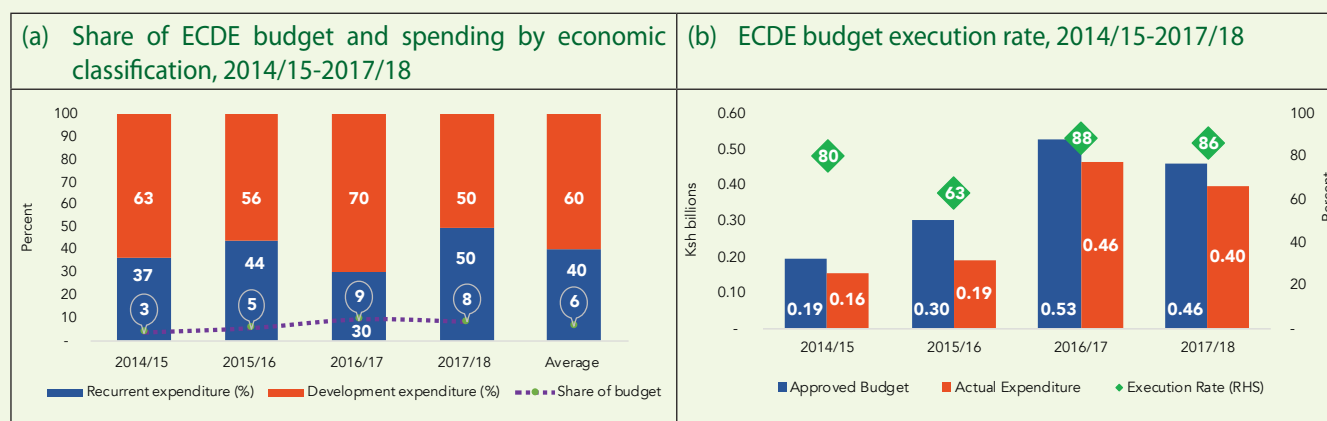
Figure 5: Marsabit county overall education spending trends, 2014/15-2017/18



Source: National treasury (Various), IFMIS

The share of ECDE budget in the total county budget allocation increased from 3 per cent in 2014/15 to 9 per cent in 2016/17 before decreasing to 8 per cent in 2017/18. Total spending on ECDE increased from Ksh 0.16 billion in 2014/15 to Ksh 0.46 billion in 2016/17 before decreasing to Ksh 0.40 billion in 2017/18 (Figure 6b). Spending comprised of, on average, 60 per cent development expenditure and 40 per cent recurrent expenditure during the period (Figure 6a). The absorption rates fluctuated between a maximum of 88 per cent in 2016/17 and a minimum of 63 per cent in 2015/16.

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



Source: Controller of Budget reports, 2014-2018

3.2.3 Education sector medium term expectations

The county aims to continue improving quality and access to ECDE through: procurement of learning materials and outdoor/indoor play equipment; strengthening of ECDE teachers' and officers' capacities on curriculum delivery; and strengthening of ECDE management and administration. For Vocational Training Centres, the county targets continued improvement of quality through administering of curriculum delivery and management assessments. In addition, the county intends to conduct in-service training for instructors and Boards of Management capacity building to improve quality of products and hence good performance of trainees. It also aims to promote co-curricular activities and further encourage exhibition of talents for identification and reward. For the youth, the county targets to provide the best trainees for various trades with start-up capital.

Some of the challenges the county is currently encountering with regard to ECDE are as follows: Inadequate ECDE infrastructure and essential teaching and learning materials; malnutrition, stunting and other health challenges among the marginalized communities; pastoralism and nomadism, which result in low enrolment in schools and occasional dropouts; and understaffing in ECDE centres. For vocational training, the major challenge is due to the minimal human and infrastructure capacity of centres in the county, meaning that most youths cannot acquire technical skills within the county. Generally, the sector also experienced funding challenges across sub-sectors.

3.3 Water and Sanitation

3.3.1 Water and sanitation priorities

The County Integrated Development Plan (CIDP) 2013-2017 outlined investment in the expansion of water and sanitation infrastructure as the main sector priority. For the water sub-sector, the county targeted: undertaking countywide feasibility surveys; training for water users' committees; construction of water dams, pans and boreholes; surface run-off harvesting; establishment of roof catchments; implementing water treatment; mobilizing private sector participation for the sector; and recruitment of new water service providers. The county targeted improving sanitation in health centres through purchasing laundry equipment for health centres. In addition, the county sought to improve access of households to sanitation to 50 per cent at the end of the period. The county aimed to do this through raising awareness on basic public health principles. Further, it targeted improving latrine coverage and water facilities by 10 per cent.

Access to improved water and sanitation was recorded at 43 per cent and 26 per cent, respectively. The population within the service area of water utility (company) was 66 per cent in 2014. The indicator was not reported in 2018. The proportion of population covered or served by the utility was 66 per cent in 2014. The indicator was not reported in 2018. The proportion of non-water revenue was not reported throughout the period. Low reporting of non-revenue water denies the water utility company information on losses and, thus hinders development of effective interventions to increase revenue collection for enhancing water service delivery and meeting water operations and maintenance costs.

Table 4: Marsabit county selected WASH sector performance indicators

Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	14	*	14	*
Water coverage by utilities (%)	66	53	n.d.	*
Non-revenue water (NRW) (%)	n.d.	42	n.d.	*
Sanitation coverage within utility area (%)	60	69	-	*
Sewerage coverage (%)	-	*	n.d.	*
Access to improved water (%)	43	*	43	*
Access to improved sanitation (%)	26	*	26	59
No toilet facility – Potential open defecation county-wide (%)	66	*	52	8

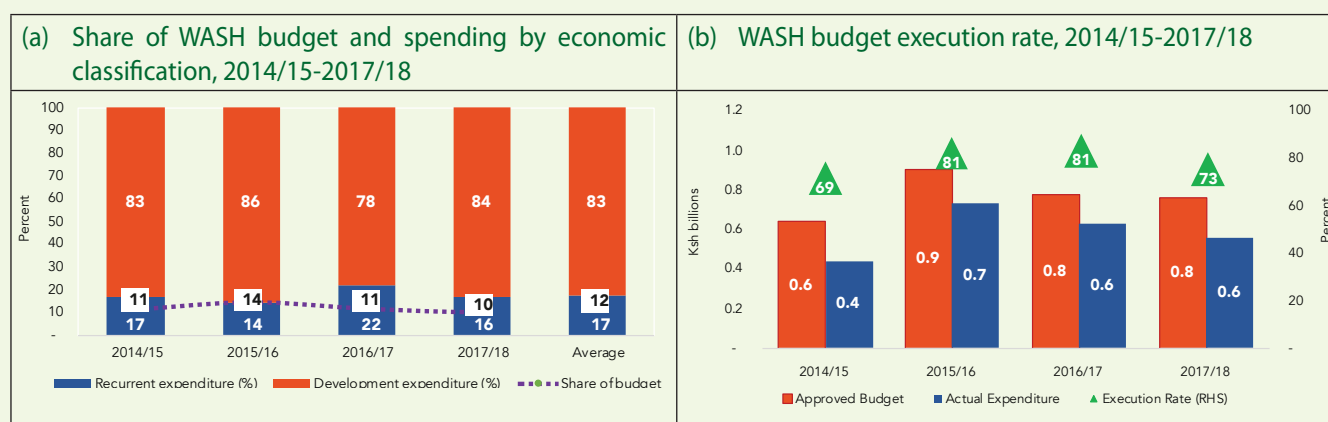
Source: KDHS 2014, CIDP 2018

*Data not available

3.3.2 Water and sanitation budget and expenditure

The total budget allocation to the sector as a share of total county budget allocation increased from 11 per cent in 2014/15 to 14 per cent in 2015/16 but declined to 10 per cent in 2017/18. Total spending on water and sanitation increased from Ksh 0.44 billion in 2014/15 to Ksh 0.73 billion in 2015/16 but declined to Ksh 0.56 billion in 2017/18. Spending constituted of 17 per cent recurrent expenditure and 83 per cent development expenditure. The absorption rate increased from 69 per cent in 2014/15 to 81 per cent in both 2015/16 and 2016/17 before decreasing to 73 per cent in 2017/18.

Figure 7: Marsabit 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 Expectation

Inadequate funding to the sector; nomadic/pastoralist lifestyle of the community; inadequate human resource for management of water and sanitation systems; and limited diversification of water catchment areas remain major challenge

in the county. In addition, the county does not report non-water revenue, which can be a hindrance to planning for reduction of losses and revenue collection in the sector. The county aims to undertake promotion and restoration of water towers. In addition and establish new and strengthen existing water catchment committees in a bid to establish new water sources. The county also targets construction of medium and mega dams, rock catchment areas, and underground tanks in strategic identified areas. The county targets to promote water harvesting through roof catchments. It also intends to provide water tanks to poor households. The county also targets to expand pipelines from water sources to towns and households and institutionalize water supply utility for the county.

3.4 Child Protection, Youth, Gender, and Culture

3.4.1 Child protection, youth and women priorities

The County Integrated Development Plan (CIDP) 2013-2017 highlighted key priorities for the development of children, young people, people with disabilities and women. The county sought to continue ensuring gender mainstreaming into county plans, strategies and policies by conducting awareness creation campaigns to women on the bill of rights. It further sought to undertake a baseline survey on the number of Persons with Disabilities (PWDs) to inform planning. The county also sought to create mechanisms for an integrated sector approach to stopping gender-based violence. For children, the county intended on training children and caretakers on their duties and responsibilities. It also targeted reducing cases of child abuse and neglect by conducting public awareness campaigns on children's rights and rescuing children from abuse and neglect.

Specifically, on social child protection, 550 cases of child neglect and abandonment were reported. Additionally, 13 cases of child emotional abuse and 50 cases of physical abuse were reported. There were no reported cases of female genital mutilation (FGM). The low/non-reporting of 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 approved such practices.

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

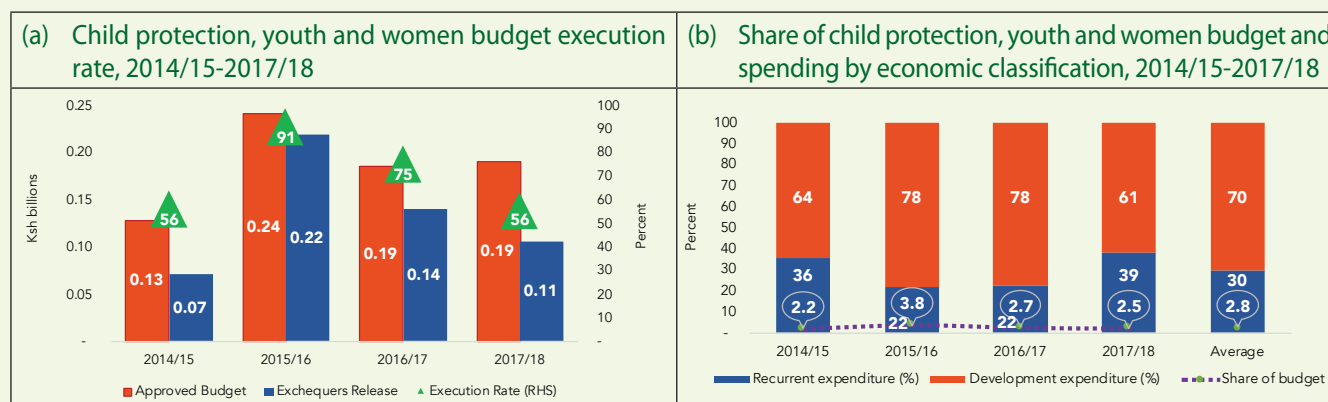
Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	-	767	550	73245
Child Sexual Abuse	-	636	-	172
Child Trafficking, Abduction and Kidnapping	-	32	1	1022
Child Labour	-	168	2	378
Child Emotional Abuse	-	58	13	853
Child Physical Abuse	-	583	50	2031
Female Genital Mutilation	-	9	-	40

Source: KDHS 2014, 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 increased from 2.2 per cent in 2014/15 to 3.8 per cent in 2015/16 but declined to 2.5 per cent in 2017/18 (Figure 8b). Total budget allocation increased from Ksh 0.13 billion in 2014/15 to Ksh 0.24 billion in 2015/16 before decreasing to Ksh 0.19 billion in 2016/17 and 2017/18. Spending on the sector consisted of 30 per cent recurrent expenditure and 70 per cent development expenditure. The absorption rates fluctuated from 91 per cent in 2015/16 to 56 per cent in 2017/18.

Figure 8: Marsabit 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 large number of unemployed youth affected by contemporary issues such as drugs and substance abuse, and violence and extremism remained a major challenge for the sector. There is need to increase resources towards protection of children, youth and women given their significance in socio-economic development. In addition, the county needs to put in place multi-sectoral action plans to address the local drivers of extremism and drug use and substance abuse within the county. For women, the county intends to institutionalize gender responsive planning, budgeting and evidence-based programming and strengthening capacity of county officers on gender equality and women's empowerment. The county is also implementing initiatives to increase awareness, engagement and advocacy and access to public procurement opportunities for women, youth and PWDs. For children, the county intends to continue supporting orphans and vulnerable children. It also intends to develop and enact a Children's Protection Bill during the period.

3.5 Nutrition

3.5.1 County priorities

The CIDP 2013 to 2017 outlined key areas of focus in the nutrition sector. The county targeted implementation of the Health Impact Nutrition Intervention in drought-prone wards. Further, it targeted improving nutrition knowledge, attitudes and practices in the general population by 10 per cent. For women, the county sought to improved nutritional status of women of reproductive age by 20 per cent. The county also targets to implement the Kitchen Gardening Programme in a bid to improve household food security and diversify nutritional quality of consumed goods.

County nutrition indicators for children performed poorer than most national averages, according to 2014 data. Stunting stood at 26.5 per cent of the population while wasted and underweight children stood at 16.3 per cent and 30.0 per cent, respectively (Table 6). The proportion of households consuming adequately iodized salt in the county was 100.0 per cent while the proportion of children aged 6 to 59 months receiving vitamin A supplement was 65.0 per cent. The proportion of overweight or obese women in the county stood at 18 per cent, which performed better than the national average of 28.9 per cent. The average Body Mass Index (BMI)⁵ of women in the county was 21.3.

Table 6: Selected nutrition performance indicators

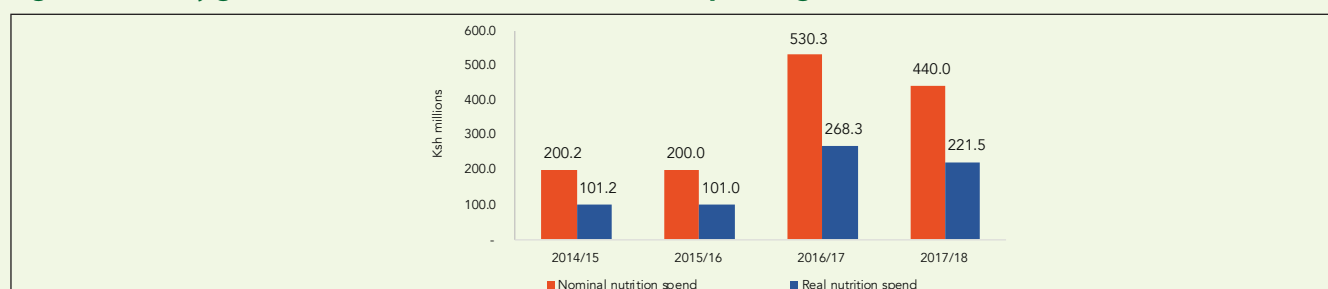
Indicators	2014-County	2014-National
Stunted children (%)	26.5	26.0
Wasted children (%)	16.3	4.0
Underweight children (%)	30.0	11.0
Vitamin A supplements coverage	24.4	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	65.0	71.4
Proportion of children consuming adequately 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 ₃) (% samples)	71.0	57.0
Number of Women (BMI)	21.3	23.2
Overweight or obesity among women aged 15 to 49 years.	17.6	28.9

Source: KDHS 2014

3.5.2 Nutrition budget and expenditure

The county spending on nutrition (direct nutrition interventions) in nominal terms increased from Ksh 200 million in 2014/15 and 2015/16 to Ksh 530 million in 2016/17 but decreased to Ksh 440 million in 2017/18. The fluctuation in spending in the sector 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 IFMIS 204-2018

3.5.3 Nutrition medium term expectations

Some of the challenges facing the sector include lack of inclusion of nutrition plans in programme-based budgets and periodic stock out of food products. The county also targets training health workers and equipping them with skills to deliver

nutritional services. Nutritional guideline, policies, and target charts for all facilities will be distributed to aid in effective delivery of nutritional services. The county will also undertake annual and periodic nutrition surveys and assessments for monitoring of impact of initiatives. It will further increase uptake of nutrition services at the community level and scale-up high-impact nutrition interventions in drought-prone wards.

3.6 Other Initiatives for the Special Interest Groups

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

a) AGPO

The 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 financed construction of 196 ECD centres, 196 latrines for ECD centres, supplied 291 ECD centres with assorted materials, enrolled over 17,900 ECDE children, employed 384 ECDE teachers and renovated 7 ECDE centres., capacity water tanks in 20 ECD centres, and provision of sanitary towels to girls in upper primary and secondary schools. The county developed the Marsabit County Education Act.

b) Youth

The county constructed a VTC admission block, constructed two dormitories, procured materials for two VTCs and provided bursaries to students in post-secondary training. For sports promotion, the county established a football league involving 57 teams and participated in the inter-county sports competition. Further, the county constructed an empowerment centre at Saku and Kargi, bought music equipment for a youth band, and developed Marsabit County Youth Policy.

c) Women

The county trained 250 women from each sub-county on: reproductive health, and the devolved system of governance. From the trainings, two women were elected to county representative posts. The county constructed halls that were handed over to women groups to undertake income generating activities. Additionally, there were campaigns against FGM across 4 sub-counties, and a camp for girls where they were sensitized them on early marriages/pregnancies, FGM, and peer pressure.

d) PWDs

The county registered PWDs in two wards in each sub-county, distributed 100 assistive devices to PWDs, and trained PWDs on their constitutional rights and entrepreneurial skills. The county further constructed an ultra-modern library at Moyale Special School, facilitated PWDs to participate in Nondo wheel chair race and fashion show in Isiolo, and commemorated international world disability day.

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 47 per cent of the Gross County Product (GCP) of Marsabit County comes from agriculture and accounts for 0.21 of the national GDP while the services sector accounts for 30 per cent of GCP and 0.11 per cent of the national GDP.	The county needs to promote adoption of climate-smart farming technique and agro pastoralism and promote diversification of the agriculture sector to include drought tolerant and adaptive crops. The county needs to invest in irrigation systems and enhance access to agriculture markets to enhance the productivity of the agriculture sector.	County Treasury and Planning/County Executive/Department of Agriculture
Revenue	The county's own source revenue increased from Ksh 46 million in 2013/14 to Ksh 83 million in 2017/18.	To improve the share of its own source revenue that declined from 2.1 per cent in 2014/15 to 1.2 per cent in 2017/18, the county should strengthen measures for tax collection and management.	County Treasury and Planning/ Directorate of Revenue
Health	The county health expenditure increased from Ksh 0.7 billion in 2014/15 to Ksh 1.5 billion in 2017/18.	The county needs to reorient the public health interventions and tailor them to address the barriers constraining uptake of maternal services given the high maternal mortality rates of 1,127 per 100,000 live births.	County Treasury and Planning/County Department of Health
Nutrition	The county spending on nutrition (direct nutrition interventions) in nominal terms increased from Ksh 200 million in 2014/15 to Ksh 530 million in 2016/17 but declined to Ksh 440 million in 2017/18.	The county spending on nutrition (direct nutrition interventions) in nominal terms increased from Ksh 200 million in 2014/15 to Ksh 530 million in 2016/17 but declined to Ksh 440 million in 2017/18.	County Treasury and Planning/County Department of Health and all other sectors, namely: Education, Agriculture and Social Protection
Education	The budget for Early Childhood Development Education (ECDE) increased from Ksh 0.3 billion in 2014/15 to Ksh 0.6 billion in 2017/18.	The county needs to ensure equitable distribution and effective utilization of available resources. Additionally, the county needs to increase ECDE budget allocation to address the shortage of staff and inadequacy of ECDE facilities.	County Treasury and Planning / County Department of Education

WASH	The county needs to ensure equitable distribution and effective utilization of available resources. Additionally, the county needs to increase ECDE budget allocation to address the shortage of staff and inadequacy of ECDE facilities.	Increasing WASH financing, national and county government adherence to disbursement schedules and strengthen procurement systems is pivotal in meeting county's target of reducing communicable diseases burden.	County Treasury and Planning / County Department of Water & Sanitation/ Marsabit Water And Sanitation Company (MARWASCO)
Child Protection, Youth and Women	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 crucial social services such as child protection, youth development, disability and gender mainstreaming, the county is better placed to effectively deliver the above-mentioned services, especially to women and girls.	County Treasury and Planning.
Budget Execution	The budget execution rate for most social sector budgets, especially health, water and sanitation, was low. For instance, budget execution rates for child, youth and women declined from 91 per cent in 2015/16 to 56 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
Disaggregated Data	The county has not significantly prioritized investments in disaggregated data. Limited collection and utilization of disaggregated data means women's domestic care work is not measured in the economy	The county will need to prioritize investment in disaggregated data collection and management and apply the utilization of data in evidence-based planning, budgeting, monitoring and service delivery. Apply disaggregated data to measure women's domestic/ unpaid care work, understand the socio-economic implications of limited participation in the economy and further develop social and economic policies and implement programs that empower women	County Planning, Statistics and M&E Unit, and Social/ Gender Departments

(Endnotes)

- 1 Gross county product is conceptually equivalent to the county share of GDP. Gross domestic product is a measure of newly created value through production by resident economic agents (in this case individuals, households, businesses, establishments, and enterprises resident in Kenya).
- 2 Monetary poor people are considered at risk of monetary poverty when their equivalised disposable income (after social transfers) is below the at-risk-of-poverty threshold, which is set at 60% of the national median value.
- 3 Multidimensional poverty, unlike monetary poverty, captures different deprivations experienced by an individual. In measuring child poverty in Kenya, these dimensions included: health care, nutrition/adequate food, drinking water, sanitation and hygiene, education, knowledge of health and nutrition, housing and standard of living, and access to information. In the analysis, dimensions are measured as binary variables with "1" denoting deprived and "0" non-deprived.
- 4 Base year 2013.
- 5 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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