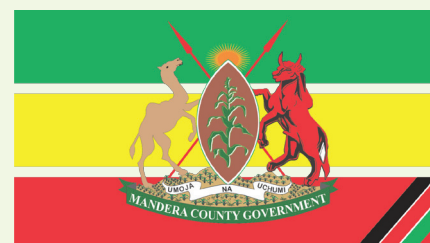


## Children, Youth and Women Sensitive Planning and Budgeting in Kenya: Mandera County Brief, 2014/15-2017/18



County Government of Mandera

### KEY HIGHLIGHTS OF THE BRIEF

This brief reviews how the County Government of **Mandera** plans and budgets to support the needs of children, youth and women. The analysis focused on social sector budgets and actual expenditures for the period 2014/15-2017/18, focusing on health, education, social and child protection services, nutrition, water, and sanitation. The analysis was based on budget data and information collected from county policy documents and through interviews with relevant county stakeholders. The key highlights from the analysis are summarized below:

- a). **An estimated 50 per cent of the Gross County Product (GCP)<sup>1</sup> of Mandera is derived from the services sector.** Agriculture, which is the foundation of the economy, contributes 40 per cent of GCP and 0.19 of national GDP. 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.
- b). **The county's own source revenue decreased marginally from decreased from Ksh 90 million in 2014/15 to Ksh 61.8 million in 2017/18.** Own source revenue as a share of total revenue declined from 1.1 per cent in 2014/15 to 0.6 per cent in 2017/18. Overall, total county revenue increased from Ksh 8.77 billion in 2014/15 to Ksh 13 billion in 2017/18, mainly due to 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 county health budget increased from Ksh 1.5 billion in 2014/15 to Ksh 2.6 billion in 2017/18.** The increase in health expenditure contributed to the improvement of health outcomes. The proportion of women accessing a skilled birth attendant during delivery increased from 17.6 per cent in 2014 to 38.8 per cent in 2018, and the share of fully immunized children in the county increased from 20.4 per cent in 2014 to 46 per cent in 2018. Irrespectively, the county needs to reorient the public health interventions and tailor them to address the barriers constraining uptake of maternal services.
- d). **The budget for Early Childhood Development Education (ECDE) declined from Ksh 1 billion in 2014/15 to Ksh 881 million in 2017/18.** Notably, the county gross and net enrolment rates remained significantly lower than the national averages, with gender inequality evident in ECDE. The county needs to increase ECDE budget allocation to address the shortage of staff and inadequacy of ECDE facilities. Given the ECDE gender parity index of 0.5, the county needs to adopt interventions addressing barriers limiting the enrolment of girls in ECDE centres.
- e). **The budget for WASH increased from Ksh 1.22 billion to Ksh 1.89 billion over the period under review.** However, the county recorded low budget execution rates of 69 per cent in 2015/16 and 74 per cent in 2017/18, constraining the provision of WASH services. Over 60 per cent of the county lacks access to improved water and sanitation, with 50 per cent of the population lacking a toilet facility, constraining the county's target of reducing communicable diseases burden by 35 per cent. Increasing WASH financing, national and county government adherence to disbursement schedules and strengthen procurement systems is pivotal.
- 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 three (3) cases of child sexual abuse and 13 cases of child emotional abuse, yet there is no specific budget line for this. The same also 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 budget for nutrition fluctuated over the period under review. The county spending on nutrition declined from Ksh 556 million to Ksh 513 million in 2016/17 and to Ksh 7 million in 2017/18.** The county recorded a high proportion of stunted, wasted and underweight children amounting to 32, 33 and 41 per cent, respectively. The county needs to 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 child protection, youth and women budgets was low recording a highest of 40 per cent in 2015/16 and a lowest of 38 per cent in 2017/18 (Figure 8a).** The low budget execution rate was partly because approved budgets were not released in time by the National Treasury, and weak procurement and cash flow planning by the county. To improve budget utilization rates, there is need for the National Treasury to adhere to disbursement schedules by releasing resources on time. On its part, the county should strengthen procurement systems and improve cash flow forecasting.
- i). 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. 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

Mandera occupies a land area of approximately 25,992 km<sup>2</sup> and is divided into 6 sub-counties and 30 wards. The 2019 census estimates the county's population at 867,457 with the female totalling 432,444, male totalling 434,976 and intersex totalling 37, representing 1.8 per cent of the national population.

In 2015/16, the overall poverty rate of the county was 78 per cent with 38.9 per cent living in extreme poverty, which is high above the overall national rates of 36.1 per cent and 8.6 per cent, respectively. Among children, one in every eight children were affected by monetary poverty or lack of financial means.<sup>2</sup> Additionally, 76.4 per cent of youth and 78.8 per cent of women were also affected by monetary poverty. Moreover, 90 per cent of children were living in multidimensional poverty; that is, deprived in multiple dimensions including nutrition, healthcare, education, housing and drinking water.<sup>2</sup> The proportion of youth and women in multidimensional poverty were 93.2 per cent and 96.2 per cent, respectively. Levels of monetary poverty and multidimensional poverty remained higher than national averages for children, youth and women. The overall high rates of poverty, especially among women means that planning and budgeting processes should better consider human capital sectors so that the county can maximize on the productive and innovative potential of its future workforce and initiate a fast and sustainable growth trajectory (Table 1).

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

Administrative Profile						Latest Available	
Area (km <sup>2</sup> )						25,992	
Number of sub-counties						6	
Number of wards						30	
Overall poverty (%)						78%	
Extreme poverty (%)						38.9%	
Population (2019)						867,457	
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
Monetary Poor							
Male (%)	80.2	42.1	76.0	29.1	71.1	30.5	
Female (%)	76.9	41.0	76.7	28.8	78.8	34.1	
Total (%)	78.6	41.6	76.4	28.9	75.0	32.4	
Population	356,904	20,742,290	193,445	13,443,268	124,736	7,847,350	
Multidimensionally Poor							
Male (%)	90.1	49.3	88.1	44.7	89.1	51.0	
Female (%)	90.0	47.1	97.8	49.4	96.2	60.8	
Total (%)	90.0	48.2	93.2	47.1	91.8	56.1	
Population	356,904	20,742,290	193,445	13,443,268	124,736	7,847,350	

Source: Kenya National Bureau of Statistics (2018)

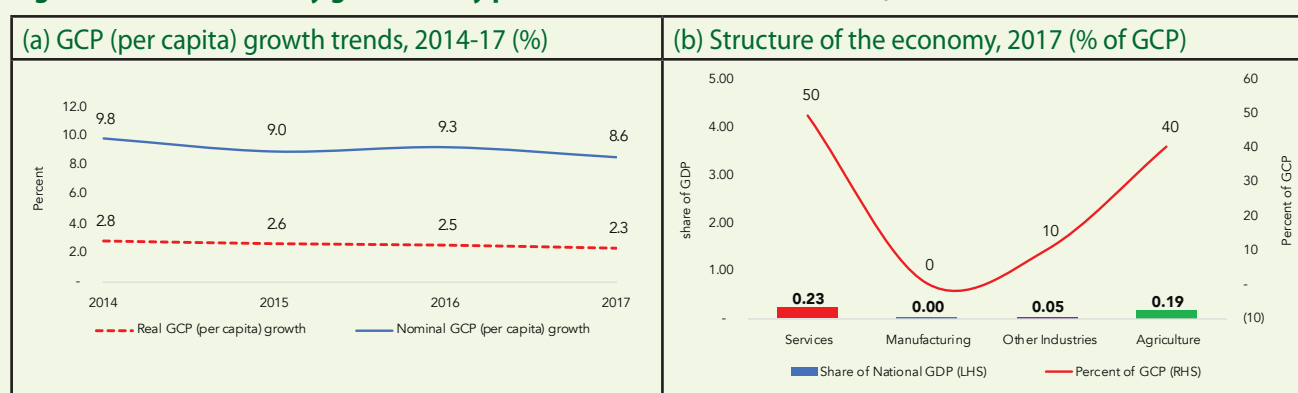
## 2. STATE OF COUNTY ECONOMY

### 2.1 Gross County Product Growth

**Mandera County accounted for 0.5 per cent of the national GDP in 2017.** Its real Gross County Product (GCP) per capita growth rate declined from 2.8 per cent recorded in 2014 to 2.3 per cent recorded in 2017 (Figure 1a). The most recent downturn was largely due to the prolonged drought across the county.

**The economy remained reliant on agriculture and service sectors. Agriculture, which is the backbone of the economy, accounted for 40 per cent of GCP and 0.19 per cent of national GDP in 2017 (Figure 1b).** The services sector contributes 50 per cent of the 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.

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

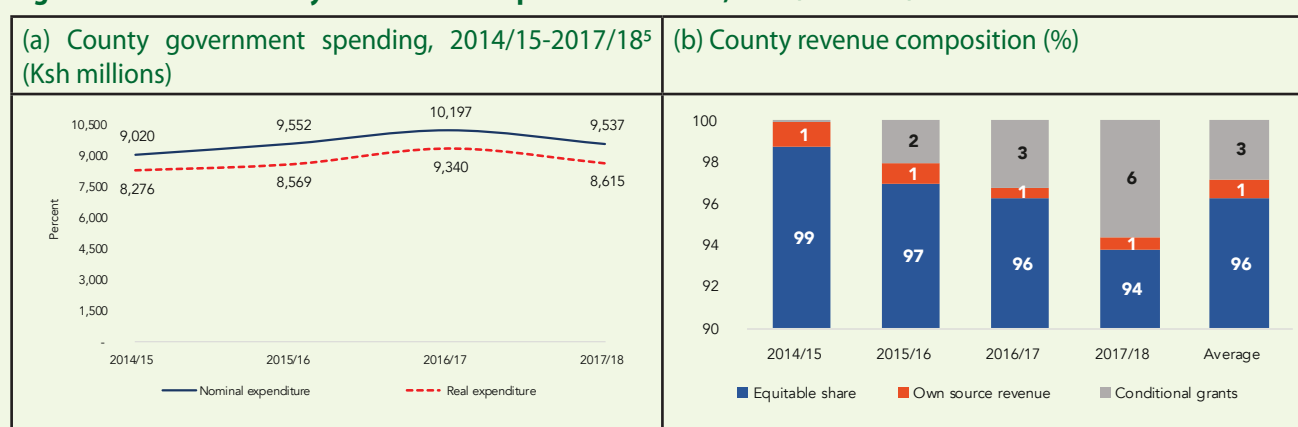


Source: KNBS (2019) Statistics

### 2.2 Overall Budget Performance

**The county government annual spending expanded from Ksh 9.02 billion to Ksh 10.2 billion between 2014/15 and 2016/17, before a moderate cut to Ksh 9.54 billion in 2017/18 (Figure 2a).** The county relies heavily on equitable share, averaging 96 per cent, while own revenue sources accounting for only 1 per cent of the county revenue composition. In nominal terms, own source revenue declined from Ksh 90 million in 2014/15 to Ksh 61.80 million 2017/18 while the equitable share transfer increased from Ksh 6.55 billion to Ksh 9.74 billion during the same period. The burden of the drop in the county government spending predominantly affects social sector spending, which are recurrent in nature. To improve the share of its own source revenue, the county should strengthen measures for tax collection and management.

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

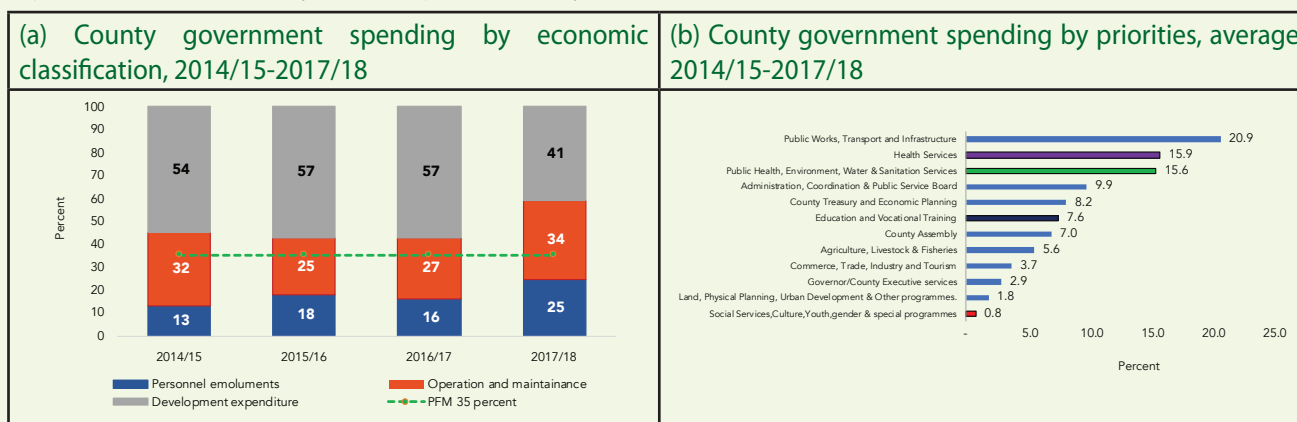


Source: Office of the Controller of Budget (Various) reports, 2014-2018

**The development share of the total budget increased from 54 per cent in 2014/15 to 57 per cent in 2015/16 but declined to 41 per cent in 2017/18.** The recurrent expenditure, constituting of personnel emoluments and operations and maintenance costs, accounted for 59 per cent of county government spending on average. This leaves 41 per cent of the

county income available for development, which compromises the county long-term objectives, including infrastructure development (Figure 3a). 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 was observed in actual spending during the review period.

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



Source: Controller of Budget reports, 2014/15-2017/18

The county spent over 45.5 per cent of total expenditure during the period under review on health, education, agriculture, nutrition, social protection, youth, gender, water and sanitation. These sectors are regarded as being more sensitive to the needs of children, youth and women. The effect of this expenditure on the various programmes and activities vary across sectors.

### 3. ANALYSIS OF SOCIAL SECTOR SPENDING

#### 3.1 Health

##### 3.1.1 Health sector priorities

During the period under review, 2013-2017, the county outlined key priorities that targeted children, youth and women. For persons with disability, the county is fast-tracking implementation of the community health strategy to enhance access to basic health services. For women, the county government sought to improve access to maternal health services through the construction and equipping of maternity units. In addition, the county also prioritized implementing the output-based approach in reproductive health. It further sought to improve outpatient services for mothers and children.

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

Selected Health Indicators	2014		2015		2016		2017		2018	
	County	National	County	National	County	National	County	National	County	National
USMR (death per 1,000 live births) 2016 Estimate	-	-	-	-	155.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	3,795.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	17.6	53.5	21.1	56.9	29.4	59.3	31.4	53.0	38.8	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	24.2	76.4	29.9	75.4	34.8	76.9	35.9	73.7	21.4	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	6.7	35.9	9.0	39.7	12.2	39.8	16.7	32.6	23.2	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	20.4	70.2	27.1	75.7	31.5	72.4	37.0	65.9	46.0	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	13.2	6.8	10.2	7.2	14.3	6.6	16.7	10.1	18.2	4.0
Still Birth Rate (Source : DHIS2)	36.3	29.3	23.9	22.6	23.5	21.5	23.1	22.6	24.2	20.4

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

The county also prioritized the integrated management of childhood illnesses within the county's basic health package. Other cross cutting priorities include: upgrading infrastructure; enhancing county health governance structures; revitalizing the efficiency and effectiveness of the Health Management Information System; implementing the environmental health programme; elimination of communicable diseases; and halting and reversing the burden of non-communicable conditions that was rising.

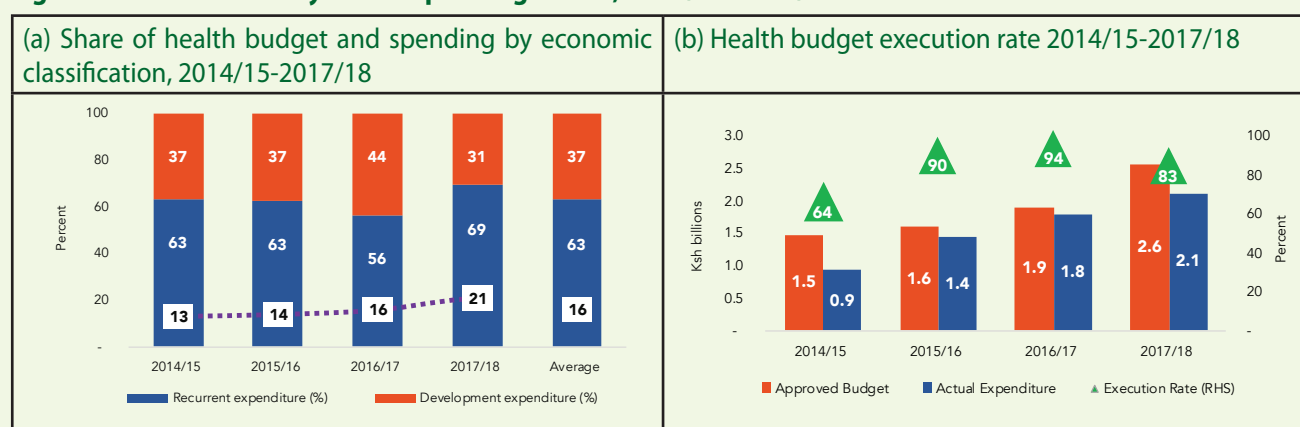
**The number of women who had access to skilled delivery increased from 17.6 per cent in 2014 to 38.8 per cent in 2018 due to introduction of free maternity services in 2013.** The mortality rate recorded in 2016 of 3,795 deaths per 100,000 live births was extremely high compared to the national rate of 495 deaths per 100,000 live births.

**The proportion of children who were fully immunized improved from 20.4 per cent in 2014 to 46.0 per cent in 2018, although remaining below the national average of 77 per cent in 2018.** Under 5 mortality rate was estimated at 155 deaths per 1,000 live births in 2016, which was almost double the national average of 79 deaths per 1000 live births.

### 3.1.2 Health budget and expenditure

**The share of health budget as a proportion of total county budget allocation increased from 13 per cent in 2014/15 to 21 per cent in 2017/18.** The health budget expanded from about Ksh 1.5 billion to Ksh 2.6 billion during the review period. Spending on health comprised of, on average, 63 per cent recurrent expenditure and 37 per cent development expenditure (Figure 4a). The absorption rates increased from 64 per cent in 2014/15 to 94 per cent in 2016/17, before declining to 83 per cent in 2017/18. This is attributable to failure by the exchequer to release the full amount approved in the health budget.

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



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

### 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 of health infrastructure and human resources in all sub-counties. The county also aims to prioritize investing in reproductive health information, especially for the youth, and undertake awareness campaigns on the importance of healthy practices. It also aims to continue investing in provision of quality health services by employment of more health service providers, construction of more health facilities and equipping the facilities.

The county will need to address various challenges during the next medium term. These include: limited access to medical and psychosocial support for survivors of gender-based violence (GBV); limited access to sexual and reproductive health services; long procurement processes; inadequate funds for purchasing antiretroviral drugs (ARVS); increased new cases of HIV/AIDS in the county especially amongst the youth; and 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

**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 2013-2017, the county education sector focused on supporting ECDE and youth polytechnics while the national government supported the primary, special needs, secondary and tertiary education.



**Gross ECDE enrolment rate increased from 20.7 per cent in 2014 to 33.4 per cent in 2018 while net enrolment rate (NER) declined from 19.2 per cent to 10.5 per cent during the same period.** This was generally significantly lower than national averages of 78.4 per cent for gross enrolment rates and 77.2 per cent net enrolment rate in 2018, respectively, indicating that a substantial population of children of school going age are out of school. More boys are enrolled in ECDE than girls in Mandera county, hence inequality in access to ECDE education.

**Gross primary and secondary enrolment rates stood at 78.8 per cent and 56.7 per cent in 2018, respectively, which were below the national averages of 107.2 per cent gross primary school enrolment rates and 66.2 per cent gross secondary enrolment rates.** Net enrolment rate (NER) increased from 42.4 per cent in 2014 to 58.2 per cent in 2018 for primary school and from 7.3 per cent to 25.9 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. More boys than girls enrolled in primary and secondary school. In 2018, there were seven (7) accredited vocational centres in the county.

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

Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	20.7	73.6	33.4	94.4
Net enrolment ratio (%)	19.2	71.8	10.5	63.5
Male (%)	68.1	73.4	12.0	62.5
Female (%)	31.9	70.2	8.5	65.0
School size (Public) (Pupils) (Average)	106.0	75.0	108.0	85.0
Gender parity index (value)	0.5	1.0	-	-
Pupil-teacher ratio (No.) (Public)	78.0	31.0	37.0	31.0
Proportion of enrolment in private schools (%)	6.5	31.5	10.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	71.5	104.0	78.8	107.2
Net enrolment ratio (%)	42.4	88.0	58.2	82.4
Male (%)	63.5	86.0	62.0	81.7
Female (%)	36.5	90.0	54.5	83.0
School size (Public) Average No. of pupils	408.0	338.0	455.0	375.0
Gender parity index (Value)	0.6	1.0	-	-
Pupil-teacher ratio (No.)	88.0	42.0	80.0	40.0
Proportion of enrolment in private schools (%)	10.0	16.0	9.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	16.2	58.7	56.7	66.2
Net enrolment ratio (%)	7.3	47.4	25.9	37.5
Male (%)	11.2	49.6	31.8	35.4
Female (%)	3.4	45.2	17.0	39.8
School size (Public)	292.0	-	396.0	392.0
Gender parity index (value)	0.4	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	33.0	30.0	36.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	21.9	20.2	22.0	20.0
Proportion of enrolment in private schools (%)	32.0	30.7	7.7	5.8

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

### 3.2.2 Education and vocational training budget and expenditure

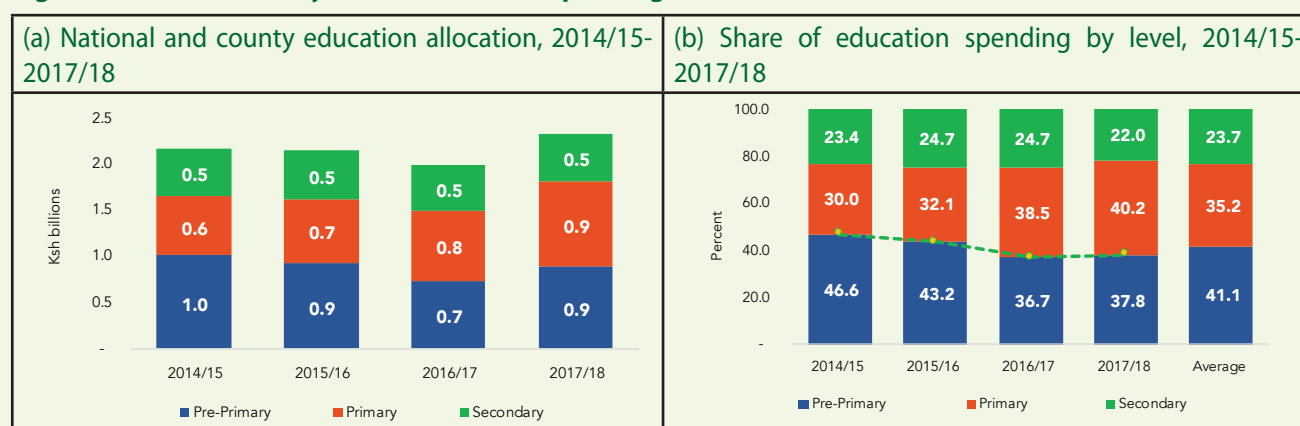
**The share of ECDE spending in the county decreased from Ksh 1 billion in 2014/15 to Ksh 0.7 billion in 2016/17 but slightly improved to Ksh 0.9 billion in 2017/18.** Spending on primary education increased from Ksh 0.6 billion in 2014/15 to Ksh 0.9 billion in 2017/18 while spending on secondary level remained constant at Ksh 0.5 billion over the period under review (Figure 5a). On average, the share of ECDE spending was 41.1 per cent over the review period (Figure 5b).

**The share of ECDE budget in the total county budget allocation averaged 8 per cent over the review period, comprising of 49 per cent development and 51 per cent recurrent (Figure 6a).** The absorption rate increased from 54 per cent to 84 per cent between 2014/15 and 2015/16 but declined to 70 per cent in the 2017/18.

### 3.2.3 Education medium term expectations

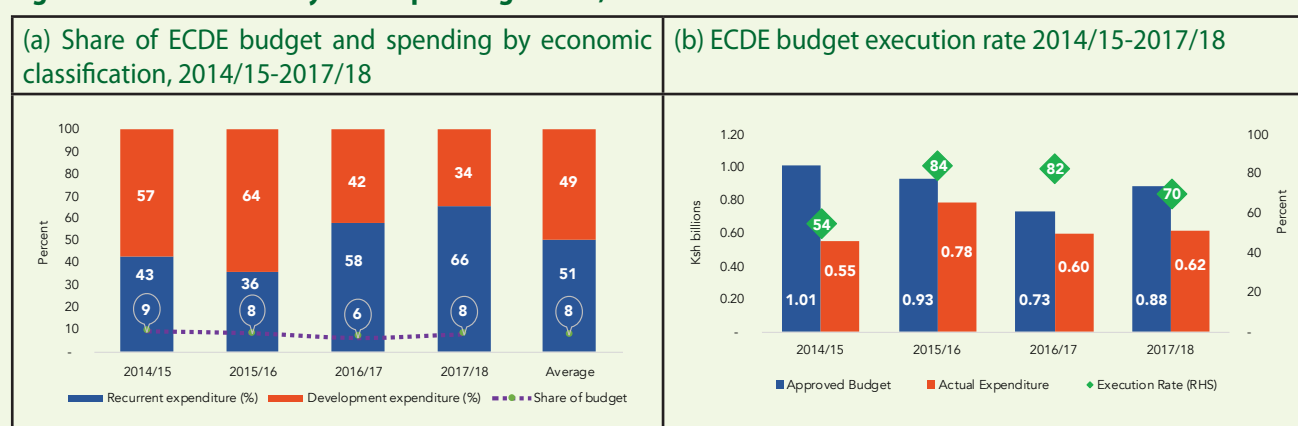
Financial constraints, shortage of staff, and inadequate working tools and equipment remain a major challenge for both ECDE centres and vocation training institutions. The county government with support from stakeholders aims to continue to invest in early childhood development through infrastructural development, employment of ECDE teachers, resource

**Figure 5: Mandera county overall education spending trends, 2014-18**



Source: National Treasury (Various), IFMIS

**Figure 6: Mandera county ECDE spending trends, 2014-18**



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

mobilization, and provision of bursaries for poor and needy children. For vocation training institutions, the county seeks to establish a county policy on vocational training, revitalize and modernize public centres, and increase the number of vocational training institutions participating in co-curricular activities. The county further seeks to increase capitation funds for vocational and technical centres.

### 3.3 Water and Sanitation

#### 3.3.1 Water and sanitation priorities

**The County Integrated Development Plan (CIDP) 2013-2017 outlined key priorities for both the water and sanitation sub-sectors.** For the water sub-sector, the county sought to increase coverage of water supply and drainage services in the county. For the sanitation sub-sector, the county targeted: increasing the provision of solid waste management services; maintenance of a hygienic living environment; enhancing aesthetic qualities of the county; improving construction and maintenance of sanitation facilities; controlling air, land and water pollution; and improving rain water management.

**Access to improved water and sanitation was recorded at 33 per cent and 41 per cent, respectively.** The population within the service area of Water Service Provider (WSP) decreased from 7 per cent to 6 per cent between 2014 and 2018. Proportion of population covered or served by the utility was 26 per cent while the sanitation coverage within utility area was 49 per cent.

#### 3.3.2 Water and sanitation budget and expenditure

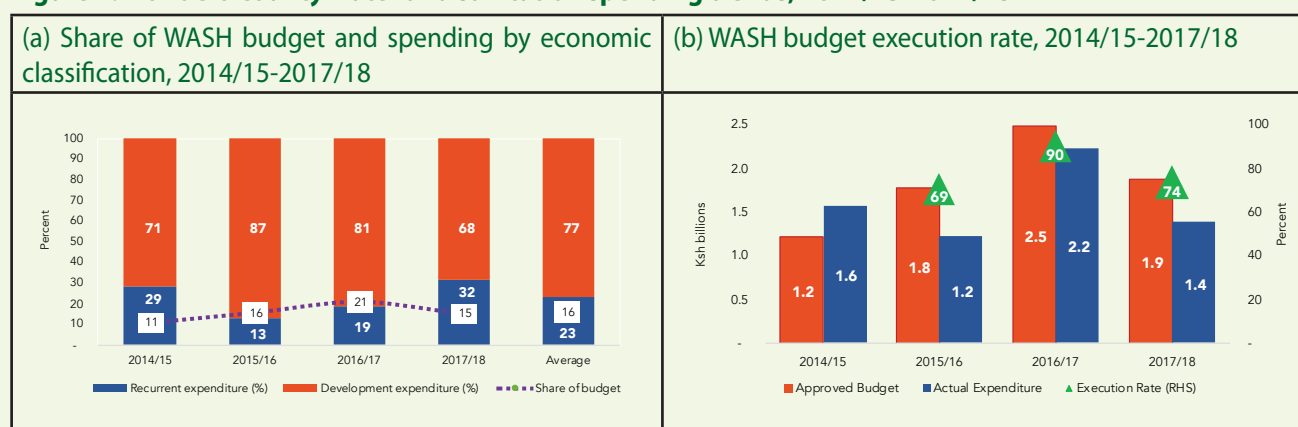
**The total budget allocation to the sector as a share of the total county budget allocation during the review period was, on average, 16 per cent.** Total spending on the sector increased from Ksh 1.22 billion in 2014/15 to Ksh 2.48 billion in both 2016/17 but declined to Ksh 1.86 billion in 2017/18. Spending consisted of, on average, 23 per cent recurrent and 77 per cent development. The absorption rate declined from 129 per cent in 2014/15 to 69 per cent in 2015/16 before increasing to 90 per cent in 2016/17 and declining to 74 per cent in 2017/18. The fluctuation in the absorption rates was attributed to failure by the exchequer to release the entire approved budget amount and also capacity constraints.

**Table 4: Mandera county selected WASH sector performance indicators**

Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	7	*	6	*
Water coverage by utilities (%)	26	53	n.d.	*
Non-revenue water (NRW) (%)	-	42	n.d.	*
Sanitation coverage within utility area (%)	49	69	-	*
Sewerage coverage (%)	-	*	n.d.	*
Access to improved water (%)	33	*	33	*
Access to improved sanitation (%)	41	*	41	59
No toilet facility – Potential open defecation county-wide (%)	42	*	50	8

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

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



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

### 3.3.3 Water and sanitation medium term expectations

Lack of water and sanitation policy and or an action plan or legislative frameworks remains a major challenge for the sector. The county also grapples with limited modern equipment for hydrogeological survey and inadequate sewer infrastructure. In the plan period of 2018-2022, the county aims to increase sewer connectivity, de-fluoridate water and enforce water quality standards. The county also intends to construct and rehabilitate new and existing water projects. In addition, partnerships with the private sector will be strengthened.

## 3.4 Child Protection, Youth and Women

### 3.4.1 County protection priorities

**The County Integrated Development Plan (CIDP) 2013 to 2017 highlighted key priorities for the sector.** For women, the county sought to increase the number of women engaging in income generating activities by availing non-collateral loans and providing employment opportunities for youth and women. The county also targeted to build the capacity of youth development officers and construct additional youth empowerment centres in all sub-counties.

**Specifically, on child protection, the county recorded three (3) cases of child sexual abuse and 13 cases of child emotional abuse.** The county has no records for cases of FGM. The 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, fear by the population to report such cases, or a culture that does not approve such practices.

### 3.4.2 Budget and expenditure on the selected social services

**The share of total county budget allocated to youth development, disability, child protection and gender mainstreaming averaged 0.8 per cent.** Spending on the sector increased from Ksh 98.62 million to Ksh 154 million, which constituted of 64 per cent recurrent and 36 per cent development in 2017/18. The county recorded relatively low absorption rates, with a highest of 40 per cent in 2015/16 and a lowest of 38 per cent in 2017/18 (Figure 8a).

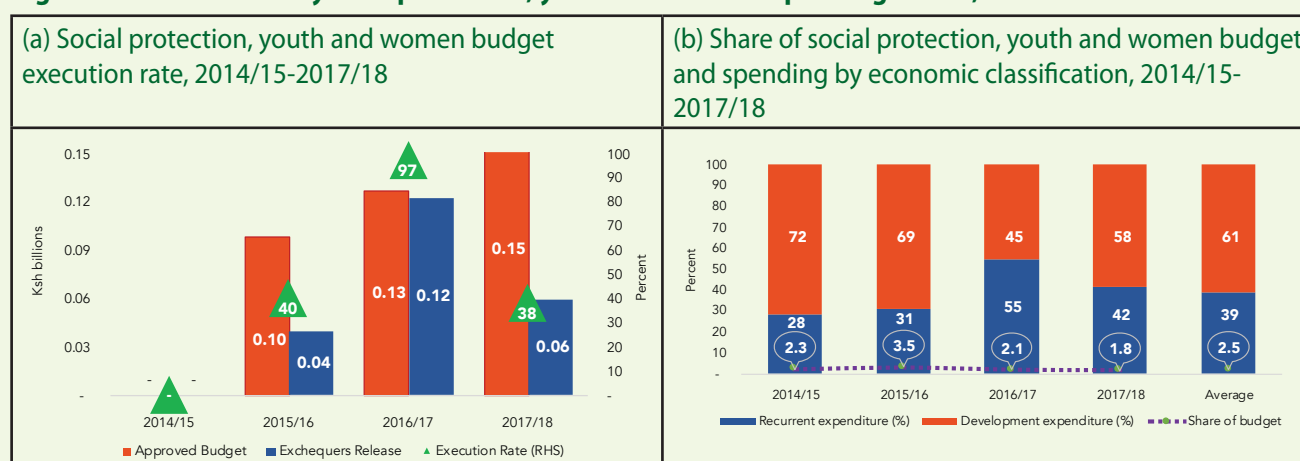


**Table 5: Mandera county selected child protection, youth and women indicators**

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

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

**Figure 8: Mandera county child protection, youth and women spending trends, 2014-18**



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

### 3.4.3 Social protection medium term expectations

Over the period 2018 and 2022, the county aims to construct additional youth empowerment centres, promote entrepreneurial culture and innovation among the youth, and undertake regulation of the gaming industry. For women, the county intends to continue initiatives for gender mainstreaming, undertake initiatives targeted at reduction of gender-based violence. The county will also continue to advocate for inclusion of persons with disability and undertake data collection to develop a PWDs database. Street children will continue to be rehabilitated and reintegrated into homes.

## 3.5 Nutrition

### 3.5.1 Nutrition priorities

The CIDP 2013 to 2017 outlined key areas of focus in the nutrition sector. The county sought to undertake promotion of nutrition education and improve nutritional status of households to eliminate malnutrition cases.

**Table 6: Selected nutrition performance indicators**

Indicators	2014-County	2014-National
Stunted children (%)	31.8	26.0
Wasted children (%)	32.8	4.0
Underweight children (%)	41.2	11.0
Vitamin A supplements coverage	13.3	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	19.5	71.4
Proportion of children consuming adequately iodized salt.	100.0	99.1
Proportion of households consuming adequately iodized salt.	99.3	99.2
" Household salt iodization (50 – 80 mg/Kg KIO <sub>3</sub> ) (% samples) "	55.0	57.0
Number of Women (BMI)	21.4	23.2
Overweight or obesity among women aged 15 to 49 years.	15.2	28.9

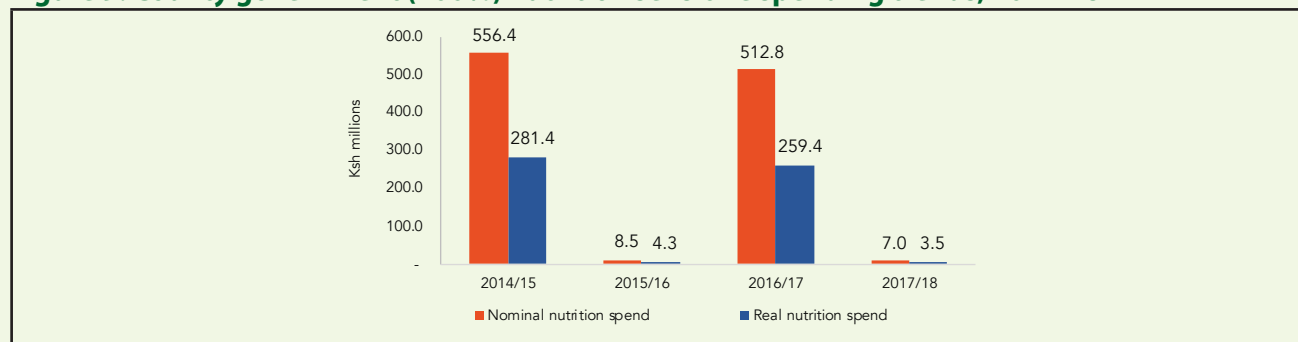
Source: Kenya National Bureau of Statistics (2014), KDHS 2014

**For children, county nutrition indicators were generally worse than national averages, according to 2014 data.** Stunting stood at 32 per cent of the population while wasting and underweight children stood at 33 per cent and 41 per cent, respectively (Table 6). Vitamin A supplementation among children aged 6 to 59 months was 20 per cent, which was lower than the national coverages of 71 per cent in 2014.

### 3.5.2 Nutrition budget and expenditure

The county spending on nutrition (direct nutrition interventions) in nominal terms fluctuated over the period under review. The county allocated Ksh 556 million for nutrition spending in 2014/15 before declining sharply to KSh8million, increasing to Ksh 513 million and then declining to only Ksh 7 million in 2017/18. The drastic decline of the nutrition budget allocation evert year demonstrates budget uncertainties for the nutrition component.

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



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

### 3.5.3 Nutrition medium term expectations

Customization of nutrition policies and interventions to meet the needs of Mander County is critical. In the period 2018-2022, the county plans to promote nutrition education and strengthen Community Units to offer broad-based services to eliminate malnutrition cases. The county aims at undertaking capacity development of health workers on nutrition. To realize the objectives, the county will be required to increase the share of nutrition sensitive spending, which has been inconsistent.

### 3.6 Other Initiatives for Special Interest Groups

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

##### a) Children

The county constructed 140 ECDE classes, employed 1080 teachers, trained 3200 ECDE teachers, provided funding for ECD students and distributed 1080 water tanks to schools. The county undertook 8 sensitization programmes to increase awareness on early childhood. The distributed 799 sanitary towels to needy primary school girls and soap for boys in 14 schools, repatriated 7 street children back to their families, and supported 30 registered children homes. The county undertook community level nutrition issue sensitization and demonstrated 140 kitchen gardens for nutritional security which in the long term would contribute to improving the children health status.

##### b) Youth

The county established a youth empowerment fund, constructed a drugs rehabilitation center, established and equipped 7 polytechnics in 7 sub-counties, provided income generating equipment's, completed Mander Moi stadium, and initiated deradicalization programmes in the county.

##### c) Women

The county provided grants to women who owned SMEs, provided income generating equipment's, sensitized women on FGM and GBV, and training women on how to successfully manage businesses.

##### d) PWDs

The county distributed 610 assistive devices, undertook capacity building on 580 PWD group members, and conducted 2 festivals to show case PWDs talents.

#### 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	Agriculture, which the foundation of the economy, contributes 40 per cent of GCP and 0.19 of national GDP.	Moving forward, the county needs to promote adoption of climate-smart farming technique and agro-pastoralism, 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 Industry, Trade and Tourism and Agriculture
Revenue	The county's own source revenue decreased marginally from from Ksh 90 million in 2014/15 to Ksh 61.8 million in 2017/18.	To improve the share of its own source revenue, 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, and social services was low in addition to persistent fluctuations.	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 county health budget increased from Ksh 1.5 billion in 2014/15 to Ksh 2.6 billion in 2017/18.	The county needs to reorient the public health interventions and tailor them to the barriers constraining uptake of maternal services.	County Treasury and Planning/ County Department of Health
Education	The budget for Early Childhood Development Education (ECDE) declined from Ksh 1 billion in 2014/15 to Ksh 881 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 budget for WASH increased from Ksh 1.22 billion to Ksh 1.89 billion over the period under review. However, the county recorded low budget execution rates of 69 per cent in 2015/16 and 74 per cent in 2017/18, constraining the provision of WASH services	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 Water and Sanitation
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
Nutrition	The county budget for nutrition fluctuated over the period under review. The county spending on nutrition declined from Ksh 556 million to Ksh 513 million in 2016/17 and to Ksh 7 million in 2017/18.	The county needs to 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 and Social Protection
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 programmes 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 poverty measures the lack of financial means of households to provide its members with basic goods and services deemed necessary for their survival and development. Extreme poverty refers to an income below the food poverty line. Households whose adult equivalent food consumption expenditure per person per month fell below Ksh 1,954 in rural areas and Ksh 2,551 in urban areas were deemed to be food poor. Similarly, households whose overall consumption expenditure fell below Ksh 3,252 in rural areas and Ksh 5,995 in urban areas, per person per month were considered to be overall poor.
- 3 Multidimensional poverty, unlike monetary poverty, captures different deprivations experienced by an individual. In measuring child poverty in Kenya, these dimensions included: health care, nutrition/adequate food, drinking water, sanitation and hygiene, education, knowledge of health and nutrition, housing and standard of living, and access to information. In the analysis, dimensions are measured as binary variables with "1" denoting deprived and "0" non-deprived.
- 4 Base year 2013

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