

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



County Government of Kwale

### KEY HIGHLIGHTS OF THE BRIEF

This brief provides an analysis of how the County Government of **Kwale** plans and budgets for the needs of children, youth and women. The analysis focused on social sector (health, education, water and sanitation, child protection and nutrition) budgets for the period 2014/15-2017/18. The analysis was based on budget information collected from the Office of the Controller of Budget, county policy documents, and face-to-face interviews with relevant county stakeholders. The key highlights from the analysis are summarized below:

- a) **An estimated 46 per cent of the Gross County Product (GCP)<sup>1</sup> of Kwale, which was ranked 32<sup>nd</sup> (1.1% contribution to GDP) of all the 47 counties in Kenya in terms of GDP contribution, comes from agriculture and 47 per cent from services.** However, agricultural productivity is vulnerable to weather shocks and weak marketing systems, resulting in unpredictable economic growth trends. Moving forward, the county needs to continue supporting the services sector, and farmers to enhance the marketing of their produce and promote value addition. The county needs to attract more investments in manufacturing, and in services to have a balanced economy.
- b) **The county's own source revenue increased from Ksh 208 million in 2014/15 to Ksh 276 million in 2017/18.** However, as a share of total revenue, the county's own source revenue declined from 5 per cent in 2014/15 to 3.3 per cent in 2017/18. Overall, total county revenue increased from Ksh 4.2 billion in 2014/15 to Ksh 8.4 billion in 2017/18 mainly because of the equitable share transfer. To improve the share of its own source revenue, the county should implement innovative strategies and accountable strategies for revenue payment and management.
- c) **The budget for health increased from Ksh 1.4 billion in 2014/15 to Ksh 2.6 billion in 2017/18, resulting into improvement in maternal and child health outcomes during the same period.** For example, the number of women with access to skilled delivery, which was 56.7 per cent in 2014, improved to 68.1 percent in 2018. The share of fully immunized children in the county improved from 65.9 per cent in 2014 to 80.3 per cent in 2018. The county should continue strengthening efficiency in utilization of available resources and create awareness on availability and importance of free maternity services in the county.
- d) **The budget for Early Childhood Development Education (ECDE) increased from Ksh 0.9 billion in 2014/15 to Ksh 1.6 billion in 2017/18.** Partly because of increased spending on ECDE, gross ECDE enrolment rate in the county went up from 83.7 per cent in 2014 to 140.9 per cent in 2018. Looking forward, the county should ensure adequate provision of financial resources, teaching staff and provide adequate teaching and learning materials and equipment for the ECDE sector.
- e) **The county recorded an improvement in water and sanitation budget execution complimentary to the increase in allocation from Ksh 0.431 billion in 2014/15 to Ksh 1 billion in 2017/18.** However, the budget execution rate decreased from 57 per cent in 2014/15 to 31 per cent in 2017/18. This partly explains why the population with access to improved water and sanitation remained constant. The county should improve execution of WASH budget for improved WASH related indicators.
- f) **The county's allocation to child protection, youth and women was, on average, 7 per cent of the overall county budget during the review period.** Looking forward, the county needs to increase allocation to child

protection given the high levels of child neglect, abandonment and child labour; and expand relevant social services to reach vulnerable girls as a protective measure against early pregnancies, FGM, early and/or forced marriages.

- g) The county only committed Ksh 15 million in one fiscal year (2014/15) to interventions which directly contribute to boosting child nutrition, at a time when nearly a third (29.7%) of the children are stunted.** 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 water and sanitation was estimated at 44 per cent in 2015/16 and 56 per cent in 2017/18.** The low budget execution rate was partly because approved budgets were not released on time by the National Treasury, and procurement systems and cash flow planning by the county were 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 the number of reported cases of child neglect and abandonment from one case in 2014 to 1,441 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

**Kwale** County occupies a land area of approximately 8,270 km<sup>2</sup> and is divided into four (4) sub-counties and 20 wards. The county's population was 866,820, which was about 1.88 per cent of the national population. This constituted of 425,121 males, 441,681 females and 18 intersex persons.

**In 2015/16, the overall poverty rate of the county was 47.4 per cent with 5.9 per cent living in extreme poverty, compared to the overall national rates of 36.1 per cent and 8.6 per cent, respectively.** Among children, 5 in every 10 were affected by monetary poverty or lack of financial means,<sup>2</sup> which amounted to 43.1 per cent for youth and 48.8 per cent for women. Additionally, 65.9 per cent of children were deprived in several areas, including nutrition,

**Table 1: Kwale County administrative, poverty and demographic profile**

Administrative Profile						Latest Available	
Area (km <sup>2</sup> )						8,270	
Number of sub-counties						4	
Number of wards						20	
Overall poverty (%)						47.4	
Extreme poverty (%)						5.9	
Population (2019)						866,820	
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
Monetary Poor							
Male (%)	51.4	42.1	43.6	29.1	39.8	30.5	
Female (%)	51.1	41.0	42.8	28.8	48.8	34.1	
Total (%)	51.3	41.6	43.1	28.9	45.9	32.4	
Population	408,976	20,742,290	213,063	13,443,268	132,280	7,847,350	
Multidimensionally Poor							
Male (%)	66.1	49.3	70.2	44.7	65.5	51.0	
Female (%)	65.7	47.1	74.7	49.4	75.2	60.8	
Total (%)	65.9	48.2	72.7	47.1	69.9	56.1	
Population	408,976	20,742,290	213,063	13,443,268	132,280	7,847,350	

Source: Kenya National Bureau of Statistics (2018)

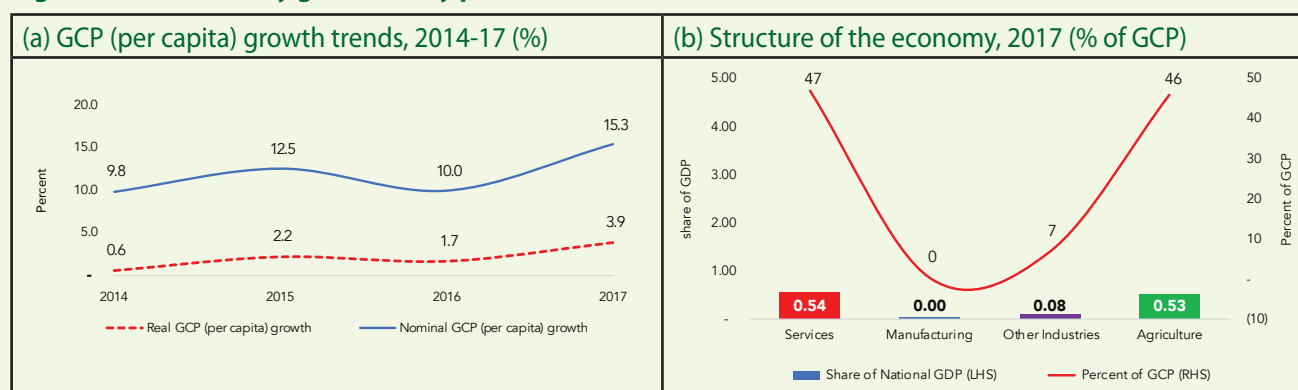
healthcare, education, housing and drinking water,<sup>3</sup> with youth and women recording 72.7 per cent and 75.2 per cent, respectively. The overall high rates of poverty, especially among younger populations, and women means that planning and budgeting should better consider human capital sectors so that the county can maximize the productive and innovative potential of its future workforce and initiate a fast and sustainable growth trajectory.

## 2. STATE OF COUNTY ECONOMY

### 2.1 Gross County Product Growth

**Kwale County accounted for 1.15 per cent of the national GDP in 2017.** Economic growth in the county has fluctuated significantly since 2013. In real per capita terms, the economy grew by only 0.6 per cent in 2014 and a further growth of 2.2 per cent in 2015, then falling to 1.7 per cent in 2016. It recorded a further rise of 3.9 per cent in 2017 (Figure 1a).

**Figure 1: Kwale County gross county product and economic structure, 2013-17**



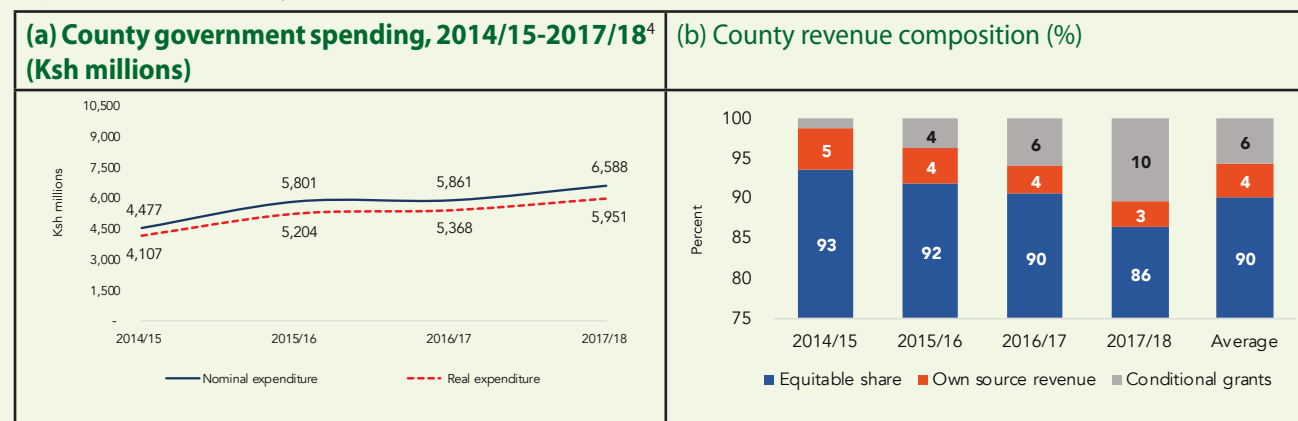
Source: KNBS (2019), Economic Survey

**The economy of Kwale county is mainly reliant on services, agriculture and mining and quarrying (other industries).** These sectors account for over 90 per cent of GCP (Figure 1b). The other industries represented (including agro-based industries and mining) contributed 53.7 per cent, of which around 6.8 per cent is from manufacturing, which is an important driver of job creation for youth and women. Kwale county in 2017 accounted for 1.1 per cent of national GDP. This calls for diversification to manufacturing, services and other industries/sectors. To increase agricultural productivity and participation of women and youth within the sector, the county should put in place mechanisms to reduce the cost of farming, enhance marketing of agricultural produce, and promote agricultural value chains. This can be done through developing appropriate infrastructure and enhancing farmers' capacities in modern agricultural methods. Extension services, agribusiness and research need to be promoted. The county should also seek to attract more investment in manufacturing, and services, for a balanced economy, through collaboration with different sub-sectors, especially the private sector.

### 2.2 Overall Budget Performance

The county government annual spending grew from Ksh 4.5 billion to Ksh 5.8 billion between 2014/15 and 2016/17, before a moderate rise to Ksh 6.6 billion in 2017/18 (Figure 2a). This spending is heavily dependent on national

**Figure 2: Kwale County revenue and expenditure trends, 2014-18**



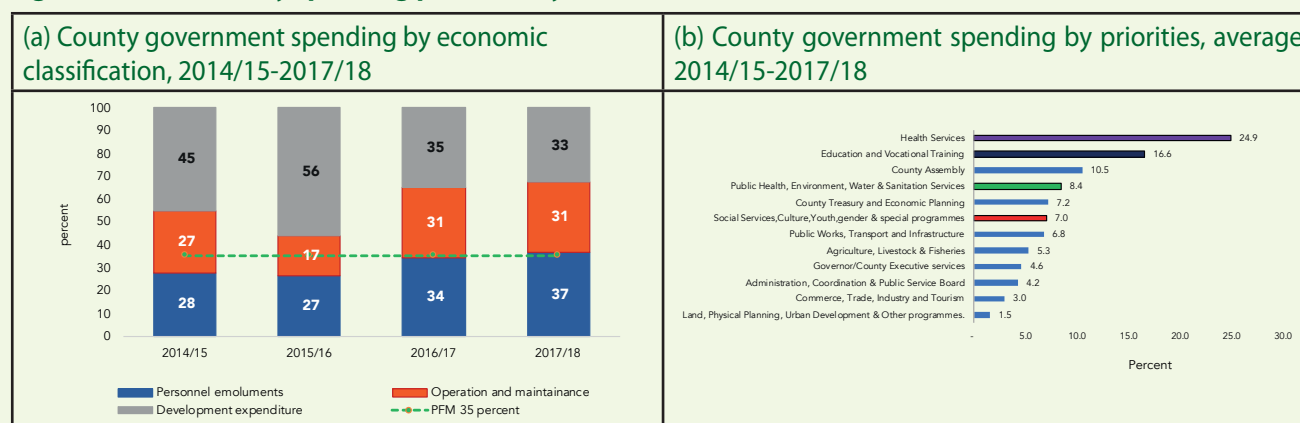
Source: Office of the Controller of Budget (Various) reports, 2014-2018

government transfers, accounting for 90 per cent. In nominal terms, own source revenue increased from Ksh 208 million in 2014/15 to Ksh 276 million in 2017/18, while the equitable share transfer increased from Ksh 3.75 billion to Ksh 7.25 billion during the review period. The own source revenue as share of total revenue declined from 5 per cent of total revenue in 2014/15 to 3.3 per cent in 2017/18. There is need for enhanced fiscal efforts to accelerate revenue mobilization from local revenue and conditional grants to cover the decline in own source revenue to 3 per cent of total revenue in 2017/18 down from 5 per cent in 2014/15 (Figure 2b).

Although declining, the development share of actual spending has averaged 42 per cent over the four years. The county expenditure on wage and operation and maintenance dominated spending, constituting 26.5 per cent and 31.5 per cent of total spending, respectively. This shows that the county income available for development, which compromises the county long-term objectives including infrastructure development, had been given attention in the initial years of devolution (Figure 3a). 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, are both observed in budget and actual spending in Kwale County.

**Slightly more than 40 per cent of the total budget goes to health services and education.** Health services spending account for the largest share of total spending at 24.9 per cent or a quarter of the total spend for the last five years. Education sector (ECD and VTCs) is second, accounting for 16.6 per cent of the total spend, with water and sanitation, and social protection and empowerment, culture youth and gender accounting for 8.4 per cent and 7 per cent, respectively (Figure 3b).

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



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

### 3. ANALYSIS OF SOCIAL SECTOR SPENDING

#### 3.1 Health

##### 3.1.1 Health priorities

**Health is a key spending priority of the county government, consuming about 25 per cent of the total budget in the period 2014 and 2018.** During this period, the sector's priorities included: training of more medical workers, particularly clinical officers and nurses at certificate level; training of nutrition, laboratory and pharmaceutical technologists; equipping health facilities at all levels with the necessary medical equipment; strengthening health systems management at all levels of the health units; establishing a robust supply chain system that integrates a county level pull supply system with the centralized procurement from KEMSA/MEDS for quality assurance; revamping the Health Management Boards in all health facilities; and promoting community level mitigation of health risk factors.

**The number of women who had access to skilled birth attendant during delivery improved from 56.7 per cent in 2014 to 68.1 per cent in 2018 due to the introduction of free maternity services in 2013.** The maternal mortality ratio in the county was below the national average while the proportion of pregnant women who attended at least one ANC visit was higher than those who attended four ANC visits. There is therefore the need to improve sensitization on maternal health services within the county.

**The health status of children within the county remained above the national average in some key indicators.** For instance, the proportion of those accessing a skilled delivery birth attendant was above the national average of

**Table 2: Kwale 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	-	-	-	-	77.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	347.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	56.7	53.5	75.6	56.9	69.1	59.3	38.2	53.0	68.1	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	93.4	76.4	105.7	75.4	95.6	76.9	65.7	73.7	92.2	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	41.8	35.9	60.3	39.7	50.1	39.8	25.3	32.6	52.9	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	65.9	70.2	114.5	75.7	80.1	72.4	53.4	65.9	80.3	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	7.2	6.8	5.6	7.2	6.9	6.6	15.8	10.1	(3.0)	4.0
Still Birth Rate (Source : DHIS2)	24.1	29.3	22.5	22.6	22.2	21.5	28.9	22.6	22.5	20.4

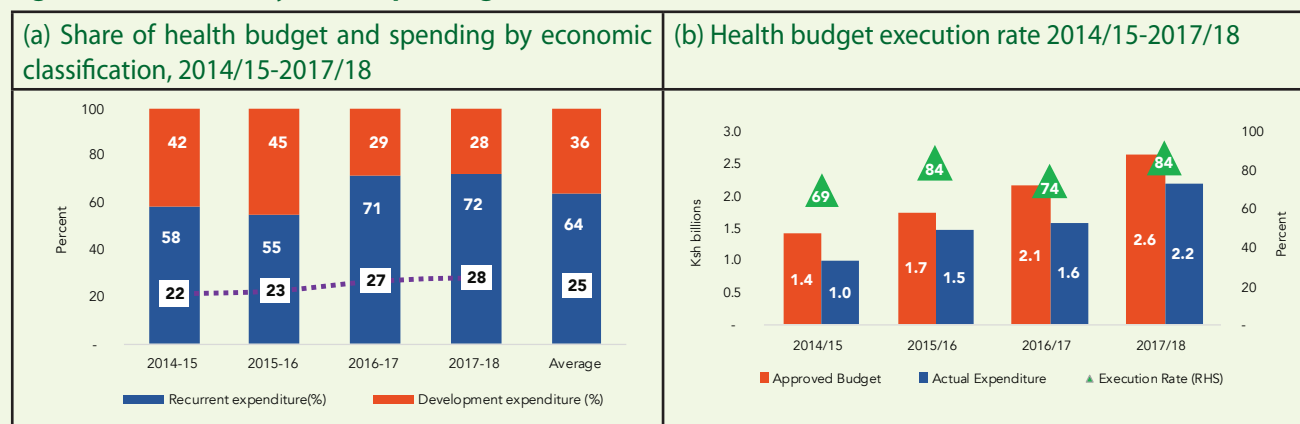
Source: Ministry of Health (2018), Demographic Health Information System (DHIS)

64.9 per cent in 2018. The share of fully immunized children in the county recorded an improvement from 65.9 per cent in 2014 to 80.3 per cent in 2018. Under 5 mortality rate was estimated at 77 deaths per 1000 live births in 2016 against the national average of 79 deaths per 1000 live births.

### 3.1.2 Health budget and expenditure

The share of health budget in the total county budget allocation averaged 24.9 per cent over the review period, comprising of 64 per cent recurrent and 36 per cent development (Figure 4a). The county health budget allocation grew from Ksh 1.4 billion in 2014/15 to Ksh 2.6 billion in 2017/18, while absorption rate averaged 77 per cent during the review period. This is attributable to failure by the exchequer to release the full amount approved in the health budget. Health actual expenditure expanded from about Ksh 1 billion to Ksh 2.2 billion. This translated to absorption rate of over 69 per cent in 2014/15, with a high of 84 per cent in 2015/16 and 2017/18.

**Figure 4: Kwale County health spending trends, 2014-18**



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

### 3.1.3 Health medium term expectations

The county aims to continue investing in health, especially in child and maternal health by prioritizing quality health infrastructure, financing HIV and tuberculosis, and immunization and nutrition programmes. Other interventions include upgrading of hospital laboratories, enhancing procurement of family planning and reproductive health commodities, and provision of timely and comprehensive gender-based violence (GBV) medical and psychosocial services.

To realize these new milestones, the county will need to address various challenges, including: high wage bill for the health department; inadequate specialized medical staff/consultants; high ambulance maintenance expenses due to

terrain; emerging new diseases; increasing numbers of patients from neighbouring county of Mombasa; retrogressive cultural practices that perpetuate gender-based violence (GBV), and poor road network in hard to reach areas. The county should further invest in establishment of safe and protective spaces, including rescue centres for women and girls who are survivors of GBV or those who are at risk of facing violence.

## 3.2 Education and Vocational Training

### 3.2.1 Education sector priorities

**County governments are responsible for early childhood development and education (ECDE) and TVET as outlined in Schedule IV of the Constitution of Kenya 2010.** During the plan period 2013-2017, the county education sector focus was to establish additional ECDE centres to increase access; employ more qualified quality assurance (QA) officers, teachers, and instructors; establish teaching/learning resource centres; supply adequate tools and equipment to ECDE centres; provide adequate and timely financial support to schools; and ensure timely and proper learning programmes.

**Gross ECDE enrolment rate increased from 83.7 per cent in 2014 to 140.9<sup>5</sup> per cent in 2018 while net enrolment rate (NER) dropped from 81.1 per cent to 60.2 per cent<sup>6</sup> during the same period.** The GER was generally higher than the national average of 78.4, and NER lower than the national average of 77.2 in 2018. The drop in NER was a result of emphasis on pupils of official grade one age transiting to primary school. The county also recorded significant inflow in ECDE facilities from the out of school children, resulting to significant increase in gross enrolment rate. As of 2018, more girls were enrolled in ECDE centres than boys in Kwale County. Similarly, more girls transited from primary to secondary school as of 2018 (Table 3).

**Gross primary and secondary enrolment rates stood at 97.5 per cent and 34.9 per cent in 2018, respectively.** The net enrolment rate (NER) declined from 76.1 per cent in 2014 to 67 per cent in 2018 for primary school; and from 25.2 per cent to 15.5 per cent for secondary school during the same period. There was inequality in access to primary and secondary education between male and female school-going children as shown in Table 3. Less boys than girls

**Table 3: Kwale County selected education sector performance indicators**

Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	83.7	73.6	140.9	94.4
Net enrolment ratio (%)	81.1	71.8	60.2	63.5
Male (%)	51.1	73.4	53.3	62.5
Female (%)	48.9	70.2	65.2	65.0
School size (Public) (Pupils) (Average)	105.0	75.0	124.0	85.0
Gender parity index (value)	1.0	1.0	-	-
Pupil-teacher ratio (No.) (Public)	32.0	31.0	37.0	31.0
Proportion of enrolment in private schools (%)	13.4	31.5	18.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	107.5	104.0	97.5	107.2
Net enrolment ratio (%)	76.1	88.0	67.0	82.4
Male (%)	50.9	86.0	65.9	81.7
Female (%)	49.1	90.0	68.2	83.0
School size (Public) Average No. of pupils	403.0	338.0	395.0	375.0
Gender parity index (Value)	1.0	1.0	-	-
Pupil-teacher ratio (No.)	52.0	42.0	45.0	40.0
Proportion of enrolment in private schools (%)	8.0	16.0	10.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	29.8	58.7	34.9	66.2
Net enrolment ratio (%)	25.3	47.4	15.5	37.5
Male (%)	25.2	49.6	15.4	35.4
Female (%)	25.4	45.2	15.7	39.8
School size (Public)	343.0	-	394.9	392.0
Gender parity index (value)	0.9	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	37.0	30.0	33.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	22.4	20.2	20.0	20.0
Proportion of enrolment in private schools (%)	20.6	30.7	1.9	5.8

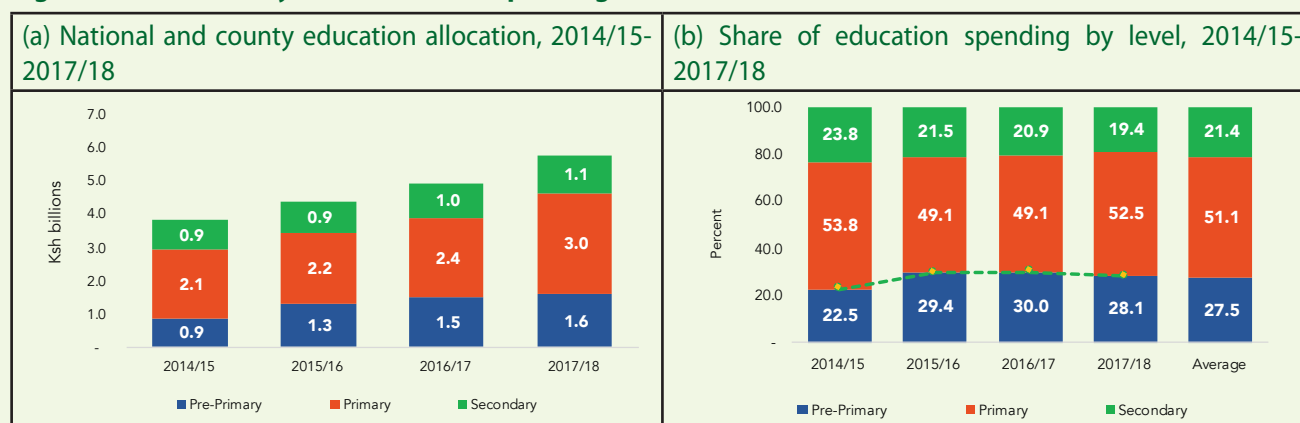
Source: Ministry of Education (Various), Education statistical booklets, 2014-2018

enrolled in secondary school education in 2018. In 2018, there were 38 accredited vocational centres in the county with an enrolment of 3,084 learners.

### 3.2.2 Basic education budget and expenditure

The share of ECDE spending in the county recorded a minimal increase between the period 2014/15 and 2016/17 before a moderate fall in 2017/18 (Figure 5b). Spending in absolute terms increased during the review period for all the three levels of basic education (Figure 5a).

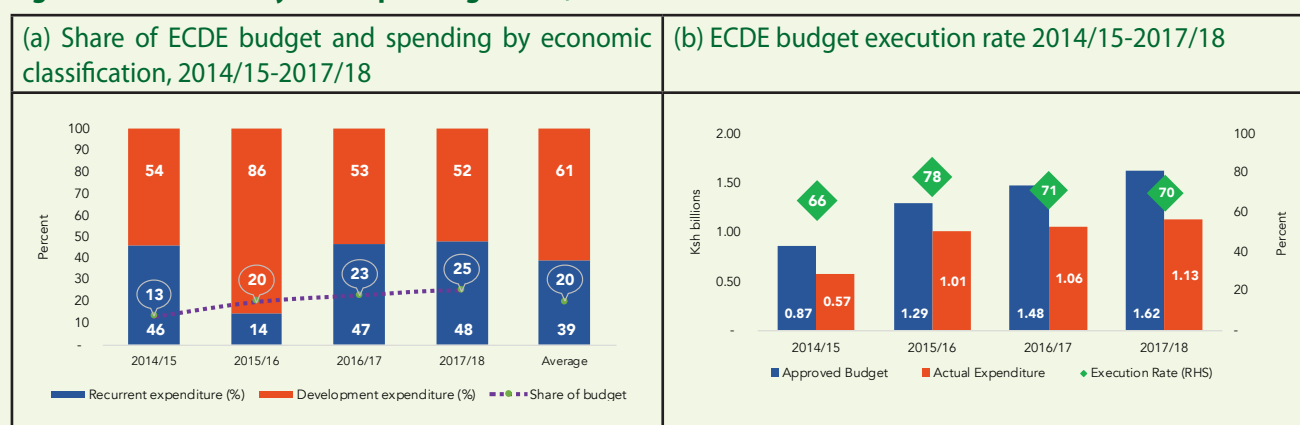
**Figure 5: Kwale County basic education spending trends, 2014/15-2017/18**



Source: National Treasury (Various), IFMIS

The share of ECDE budget in the total county budget allocation averaged 20 per cent over the review period, comprising 61 per cent development and 39 per cent recurrent (Figure 6a). The execution rate increased from an average 66 per cent in 2014/15 to 78 per cent in 2015/16 before falling to 70 per cent in the preceding period (Figure 6b).

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



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

### 3.2.3 Education medium term expectations

In the medium term, the county government aims to continue investing in early childhood development through infrastructural development, employment of ECDE teachers, enhanced school feeding programme and universalization of ECDE. To achieve these objectives, the needs to address several challenges facing ECDE and TVET, among them: the sustainability of school feeding programme; negative attitudes towards TVET courses; and high prevalence of poverty in some regions in the county.

## 3.3 Water and Sanitation

### 3.3.1 Water and sanitation priorities

The 2013-2017 Kwale County Integrated Development Plan outlined improved reliability of water supply and sanitation and solid waste management as the main sector priority. In addition, the sector prioritized

**Table 4: Kwale County selected WASH sector performance indicators**

Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	95	*	38	*
Water coverage by utilities (%)	17	53	50	*
Non-revenue water (NRW) (%)	38	42	66	*
Sanitation coverage within utility area (%)	62	69	-	*
Sewerage coverage (%)	-	*	-	*
Access to improved water (%)	61	*	61	*
Access to improved sanitation (%)	34	*	34	59
No toilet facility – Potential open defecation county-wide (%)	43	*	43	8

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

creation of awareness on importance of hand washing facilities and management of human waste disposal in the rural villages and communities.

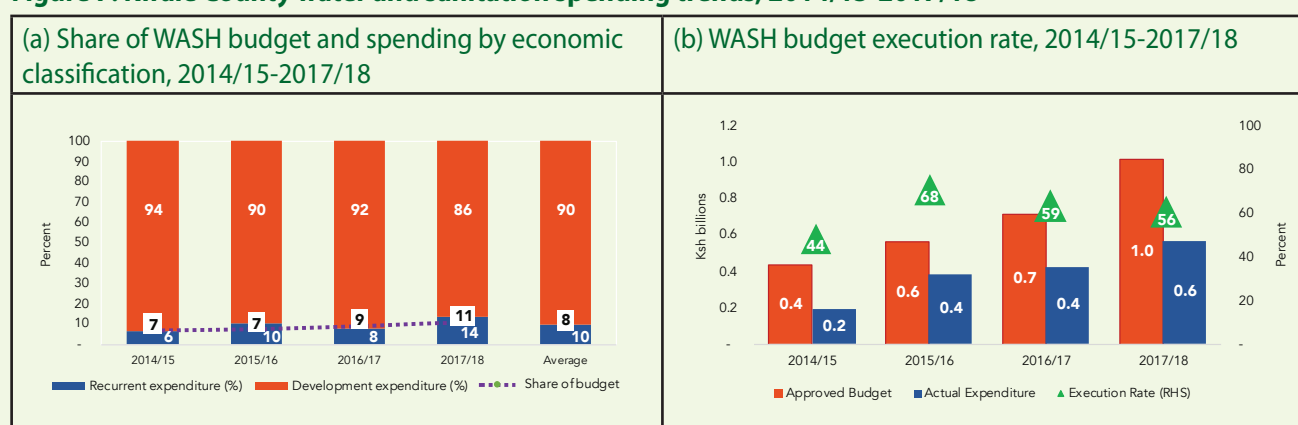
**Access to improved water and sanitation was estimated at 61 per cent and 34 per cent of the population, against the national average of 72.6 per cent and 59.0 per cent, respectively.** The population within the service area of water service provider utility (company) decreased from 95 per cent to 38 per cent between 2014 and 2018. The proportion of population covered or served by the water utility improved from 17 per cent in 2014 to 50 per cent in 2018. The water services providers experienced the problem of non-revenue water<sup>7</sup> at about 66 per cent as at 2018, a worsening situation from 38 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.

Having a clean water source close to home means women and girls no longer have to spend hours a day fetching water, and instead can focus on family, school and earning a decent income.

### 3.3.2 Water and sanitation budget and expenditure

Water and sanitation receive about Ksh 1 billion, which translates to an average 1 per cent of total county budget. This comprised 90 per cent development and 10 per cent recurrent spending (Figure 7a). While the approved budget recorded more than double, from Ksh 0.4 billion in 2014/15 to Ksh 1 billion in 2017/18, the execution rate increased between 2014/15 and 2015/16 from 44 per cent to 68 per cent before a fall to 56 per cent in 2017/18 (Figure 7b). This is also attributed to failure by the exchequer to release the entire approved budget amount, and capacity constraints.

**Figure 7: Kwale 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

In the plan period 2018-2022, the county is committed to continue with provision of clean water and deliver its communities to open defecation free (ODF), and raise household sanitation coverage to above 85 per cent to address the burden of diarrhea and related illnesses. To realize this, the county will need to address the unreliability of the water supply system, mainly occasioned by old and outdated infrastructure; disproportionately low access and water portability in sparsely populated rural areas; low sanitation coverage; poor solid waste management leading to environmentally related diseases such as cholera and dysentery, which pose serious health hazards; and poor waste management in centres such as Diani/Ukunda, Msambweni, Kwale, Kinango and Samburu.



### 3.4 Child Protection, Youth and Women

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

The County Integrated Development Plan (CIDP) 2013-17 highlighted various policy priorities focusing on child protection, youth and women. Interventions focusing on youth include the establishment of a youth talent centre; establishment of youth and women enterprise development fund; strengthening existing youth vocational training; promotion of sports for meaningful engagement of the youth through provision of sports grounds and sports equipment per ward and county stadia at the talent academy; and establishment of Kwale sports lottery. Interventions focusing on children include enforcement of in-school (4-18yrs) and reduce cases of child marriages, child labour, and harmful cultural practices such as female genital mutilation (FGM).

**Table 5: Kwale County selected child protection, youth and women performance indicators**

Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	1	767	1,441	73245
Child Sexual Abuse	10	636	2	172
Child Trafficking, Abduction and Kidnapping	1	32	16	1022
Child Labour	1	168	33	378
Child Emotional Abuse	-	58	13	853
Child Physical Abuse	2	583	29	2031
Female Genital Mutilation	-	9	-	40

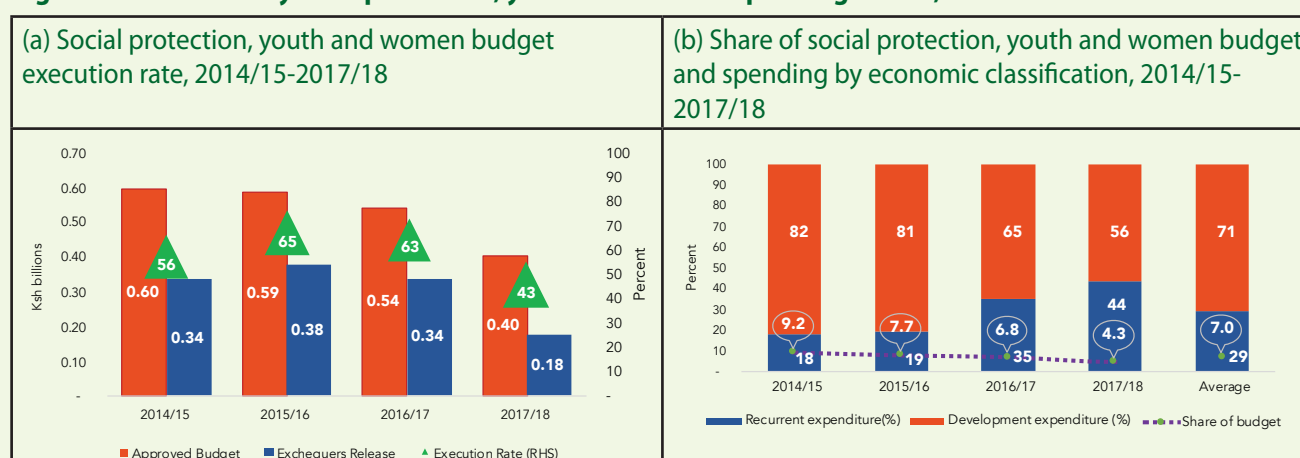
Source: Kenya National Bureau of Statistics (2014), KDHS 2014; County Integrated Development Plan (CIDP) 2018

The county is currently developing a policy for children; has established the *Bunge la Watoto* initiative to enhance children participation in county planning; and equipped all the arts and play equipment in all ECDE centres. **On child protection, the county recorded a high number of reported cases of child neglect and abandonment, rising from 1 case in 2014 to 1,441 cases in 2018.** Similarly, child trafficking, abduction and kidnapping increased from 1 in 2014 to 16 in 2018. Reported cases of child labour also increased from a single case reported in 2014 to 33 cases in 2018. However, cases of child sexual abuse declined significantly. The county has not reported any case of female genital mutilation.

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

The county's allocation to social protection, youth and women as a share of overall county budget was, on average, 7 per cent during the review period. The absorption rate improved from 56 per cent in 2014/15 to 65 per cent in 2015/16 before declining to 43 per cent in 2017/18 due to prolonged election period and failure by the county exchequer to release the entire approved budget amount (Figure 8a). The share of recurrent spending was on average 29 per cent while 71 per cent of the expenditure was spent on development (Figure 8b).

**Figure 8: Kwale County child protection, youth and women spending trends, 2014-18**



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

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

Over the period 2018-2022, the county aims to continue empowering women, youth and persons with disabilities through strengthened table banking, enhanced loan issuance programme, and capacity building on governance and socio-economic empowerment programmes. Additionally, the county aims to enhance civic education on mainstreaming of youth, PWDs, women and gender priorities and sensitize county departments to incorporate gender priorities in planning, budgeting and implementation of their programmes. With increasing demand for child protection services, the county government will need to address the policy gap to enable implementation of some of its objectives.

## 3.5 Nutrition

### 3.5.1 Nutrition priorities

**According to the Kwale County Integrated Development Plan 2013-17, the county through the Department of Agriculture and Health** focused on promoting proper nutrition to improve nutritional status of households and eliminate malnutrition cases.

**Nutritional status in the county is wanting, especially for children under 5 in the arid and semi-arid areas of the county.** The predominant forms of manifestation of malnutrition in the county are stunting, underweight and wasted cases, accounting for 35, 21 and 6 per cent, respectively. The indicators were all above the national averages as of 2014 (Table 6). Furthermore, while the proportion of households consuming adequately iodized salt in the county is slightly lower than the national average, the proportion is also lower than the target proportion of 100 per cent. Vitamin A supplementation coverage among children aged 6 to 59 months is very low when compared to the target proportion of 80 per cent, though above the national coverages of 24 per cent in 2014.

**Table 6: Selected nutrition performance indicators**

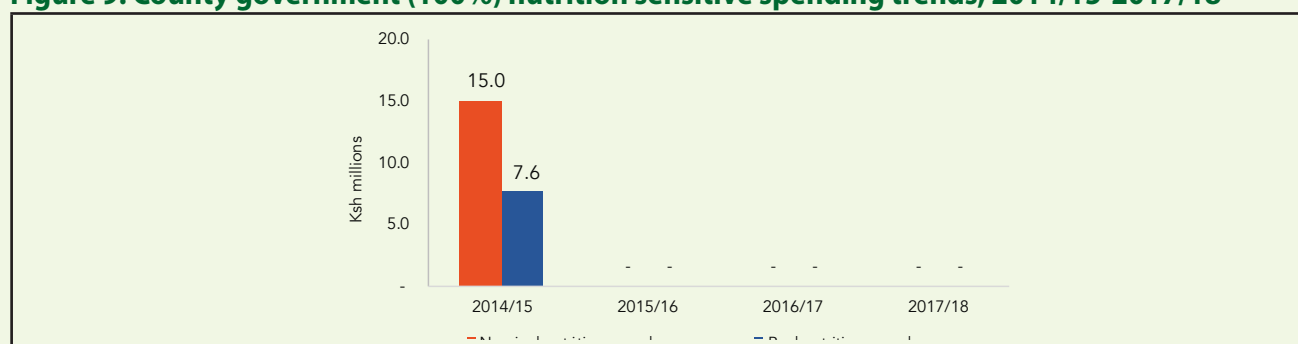
Indicators	2014-County	2014-National
Stunted children (%)	35.0	26.0
Wasted children (%)	6.0	4.0
Underweight children (%)	21.0	11.0
Vitamin A supplements coverage	31.7	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	86.6	71.4
Proportion of children consuming adequately iodized salt.	98.1	99.1
Proportion of households consuming adequately iodized salt.	98.7	99.2
Household salt iodization (50 – 80 mg/Kg KIO3) (% samples)	73.0	57.0
Number of Women (BMI)	22.8	23.2
Overweight or obesity among women aged 15 to 49 years.	27.8	28.9

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

### 3.5.2 Nutrition budget and expenditure

The county did not allocate any money for nutrition interventions between the period 2015/16 and 2017/18. The county spent Ksh 15 million for nutrition spending in 2014/15.

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



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

### 3.5.3 Nutrition medium term expectations

In the period 2018-2022, the county plans to promote nutrition education and strengthen Community Units to offer broad-based services to eliminate malnutrition cases in both women and children. To realize the objective, the county needs to address the problem of malnutrition, attributed to poor diversification of food sources consumed in households. According to the household baseline survey, more than 80 per cent of the population of the county rural farmers had a low dietary diversity.

### 3.6 Other Initiatives for Special Interest Groups

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

- a) AGPO:** During the period under review, 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 is currently developing a policy for children; had established the "Bunge la Watoto" (or court for children) initiative to enhance children participation in county planning, and equipped all the arts and play equipment in all ECDE centres.
- c) Youth:** The county has established sports and talent academies/centres; introduced youth fund; established sports tournaments starting from village to county level; established rehabilitation centres; formed county youth structures for communication; constructed community libraries; and provided sports equipment to support various disciplines.
- d) Women:** The county has established a women fund and aims to continue promoting Village Savings and Loans Associations (VSLA); has established county women structure for communication; increased women in boards appointment; increased women participation in cultural festivals; and also increased women participation in county leadership positions.
- e) PWDs:** The county has established a PWD fund; ensured that PWDs participate in national paralympic games; purchased equipment for them, such as white canes, wheel chairs and supported special schools with mattresses, mackintosh and bedsheets, etc.

## 4. RECOMMENDATIONS AND IMPLICATIONS FOR POLICY

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

**Table 7: Recommendations and responsible actors**

Sector	Finding	Recommendation	Responsibility
Gross County Product	An estimated 59 per cent of the Gross County Product (GCP) of Kwale, which is the 32 <sup>nd</sup> (1.1% contribution to GDP) of all the 47 counties in Kenya, comes from agriculture.	The county needs to continue supporting the services sector, and access by farmers to markets for their produce and promote value addition. The county also needs to attract more investments in manufacturing, and services to have a balanced economy.	County Treasury and Planning/ County Executive/Department of Industries and Agriculture
Revenue	The county's own source revenue increased from Ksh 208 million in 2014/15 to Ksh 276 million 2017/18.	To improve the share of its own source revenue, the county should implement innovative strategies and accountability measures to improve revenue 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 was 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
Health	The budget for health increased from Ksh 3.8 billion in 2014/15 to Ksh 6.1 billion in 2017/18, contributing to improvement in maternal and child health outcomes between 2014 and 2018.	The county should continue enhancing efficiency in utilization of available resources and awareness on availability and importance of free maternity services in the county.	County Treasury and Planning/ County Department of Health
Education	The budget for Early Childhood Development Education (ECDE) increased from Ksh 0.9 billion in 2014/15 to Ksh 1.6 billion in 2017/18.	Looking forward, the county should ensure adequate provision of financial resources, teaching staff and provide adequate teaching and learning materials and equipment for the ECDE sector.	County Treasury and Planning/ County Department of Education
WASH	About 40 per cent of the population have no access to improved water, and 65 per cent have no access to improved sanitation services	The county needs to increase investments in provision of water services through water service providers, ensure equitable access especially for marginalized groups, and improve sanitation infrastructure to deliver communities to open defecation free.	County Treasury and Planning/ County Department of Water and Sanitation/KWAWASCO

Child Protection, Youth and Women	The county's allocation to child protection, youth and women has stagnated at an average of Ksh 0.09 billion during the review period.	Increase allocation to child protection given the high levels of child neglect, abandonment and labour.  Expand relevant social services to reach vulnerable girls as a protective measure against early pregnancies, FGM, early and/or forced marriages.	County Treasury and Planning/ County Department of Culture and Social Services
Nutrition	The county only committed Ksh 15 million in one fiscal year (2014/15) to interventions that directly contribute to boosting child nutrition, at a time when nearly a third (29.7%) of the children were stunted.	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.	County Treasury and Planning/ County Department of Health
Budget Execution	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 was estimated at 44 per cent in 2015/16 and 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 and develop capacity to enhance budget utilization.	County Treasury and Planning, All County departments; National Treasury
Disaggregation of Data	Due to limited disaggregation of data in expenditure reports, it was not possible to establish how much of the county government budget was spent on crucial social services such as child protection, youth development, disability and gender mainstreaming.	By having standalone budget lines on the listed sectors, the county would be better placed to effectively deliver on social services, especially to women and girls.	County Planning, Statistics and M&E Unit, and Social/Gender Departments

### (Endnotes)

- <sup>1</sup> *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).
- <sup>2</sup> *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.
- <sup>3</sup> *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.
- <sup>4</sup> Base year 2013.
- <sup>5</sup> This was a result of the neighbouring counties of Mombasa and Kilifi using the Kwale ECDE facilities.
- <sup>6</sup> This was as a result of the Competency Based Curriculum (CBC).
- <sup>7</sup> *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).
- <sup>8</sup> *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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