

Policy Brief

No. 88/2019-2020

Eyes on Social Sector Budgets

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



County Government of Bomet

KEY HIGHLIGHTS OF THE BRIEF

This brief provides an analysis on how the County Government of **Bomet** plans and budgets to support the needs of children, youth and women. The analysis utilized social sector budgets and actual expenditures for the period 2014/15-2017/18. The brief specifically focuses on health, education, social protection services, nutrition, water and sanitation. The analysis is 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) Bomet county was ranked 16th among the 47 counties in terms the Gross County Product (GCP) ¹ contribution to Gross Domestic Product (GDP) in 2017. The county accounted for 2.1 per cent of total national GDP. The main contributing sectors to GCP were; Agriculture (71 percent) and other industries (20 per cent). The county needs to diversify its economy by investing in the other sectors in order to reduce dependence on agriculture and create employment opportunities.
- b) The county's own source revenue and equitable share decreased during the period under review. In nominal term, Own Source revenue increased from Ksh 206 million in 2014/15 to KSh. 236 million in 2016/17 before reducing to Ksh181 million in 2017/18. As a share of the total revenue, Own source revenue fell to 3.1 per cent of total revenue in 2017/18 from 4.7 per cent in 2014/15. The county needs innovative strategies to grow own source revenue, with direct linkages to enhancing equitable and high-quality services to the county residents. A county campaign on revenue collection and payment will enhance public awareness towards county revenue sustainability.
- c) The share of health budget as a proportion of total county budget increased during the review period from 16 per cent in 2014/15 to 21 per cent in 2017/18. The health status of children within the County improved over the review period, with infant mortality recorded at 35 per 1,000 live births (CIDP) although the rate remained below the national average. The share of fully immunized children in the county improved from 81.3 per cent in 2014 to 82 per cent in 2018 as a result of increased immunization campaigns within the county. The number of women who had access to skilled birth delivery remained constant at 52.2 per cent in 2014 and 2018 despite the introduction of free maternity services in 2013. There is need to create awareness on availability and importance of free maternity services and address other constraints to access of maternal health services in the county.
- d) The share of Early Childhood Development Education (ECDE) and vocational training budget in the total county budget allocation was 13 per cent in 2014/15 and 10 per cent in 2017/18. The gross ECDE enrolment rate in the county was 87.4 per cent in 2014 and 84.4 per cent in 2018 while the net enrolment rate was 54.8 per cent in 2014 and 30.5 per cent in 2018. The county has 30 vocational training centres and 1,872 trainees. There is need for the county to allocate more resources for the ECDE program and vocational training to mitigate access gaps.
- e) The share of water and sanitation in total budget during the review period was 6 per cent in 2014/15 and 11 per cent in 2017/18. Access to improved water sources and sanitation remained constant at 28 and 31 per cent respectively while coverage within utility area increased from 55 to 56 per cent of the population in the period 2014-2018. Non-revenue water stood at 52 per cent in 2018 which is higher than the national average of 42 per cent. Despite the county having several water sources and catchment areas, access to water remains a challenge. Further the distance to water sources remains a challenge especially during the dry season. The level of sanitation also remains a challenge especially within the rural centres where majority of the population still use latrines. There is need for the county to put in place initiatives to reduce non-revenue water in order to minimize losses and hence channel funds towards improvement of water supply and improved sanitation.
- f) The share of social protection in total county budget allocation during the review period was 5.5 per cent. On child protection, the county recorded an increase in cases of child neglect and abandonment from 5 in 2014 and 1500

cases in 2018. The county did not report any case of Female Genital Mutilation. The low/non-reporting of the female genital mutilation (FGM) to government institutions can be attributed to either the intensive campaigns and initiatives to protect the girl child, or fear by the population to report such cases, and culture that propagates such practices. There is need to align the county government social protection programs with national government to avoid duplication of the activities while ensuring that the available resources are focused to the relevant vulnerable groups

- g) The county spending on nutrition (direct nutrition interventions) in nominal terms was 0.24 million in 2017/18. The children nutrition indicators were generally higher (worse) than national average. The county proportion of stunted children was 35.5 per cent and wasted children 1.8 per cent against national averages of 26 per cent and 11 per cent respectively. The proportion of overweight or obese women in the county stood at 20.3 per cent, which was lower than the national average of 28.9 per cent. There is need for the county to consistently allocate resources by establishing a specific budget line for nutrition support initiatives for children and women.
- h) The budget execution rate for most social sector budgets, especially health, water and sanitation, was low. For instance, budget execution rates for water and sanitation declined from 41 per cent in 2015/16 to 59 per cent in 2017/18. The low budget execution rate was partly because approved budgets were not released in time by the national treasury as well as weak procurement systems 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) 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 five cases in 2014 to 1,500 in 2018, yet there is no specific budget line for this.

1. COUNTY OVERVIEW

Bomet county occupies a land area of approximately 2,037.4 Km² and is divided into 5 sub-counties and 25 wards. The county's population according to 2019 census is 875,689. This accounts for 1.8 per cent of the national population and comprised of 441,379 female, 434,287 male and 23 intersex.

In 2015/16, the overall poverty rate of the county was 48.8 per cent with 6.1 per cent living in extreme poverty, which makes the overall poverty higher than the national rate of 36.1 while the national extreme poverty rate stands at 8.6 per cent. Among children, at least five in every ten were affected by monetary poverty³. The proportions of youth and women in monetary poverty were 37.5 per cent and 51.5 per cent respectively Additionally, 71.4 per cent of children were living in multidimensional poverty, ⁴ that is, deprived in various dimensions including nutrition, healthcare, education, housing and

Table 1: Bomet county administrative, poverty and demographic profile

and the second country administration of the second								
Administrative Profile				Latest Available				
Area (km²)				2,037				
Number of sub-counties				5				
Number of wards				25				
Overall poverty (%)						49.0		
Extreme poverty (%)						6.1		
Population (2019)						875,689		
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men		
Monetary Poor								
Male (%)	55.8	42.1	37.2	29.1	45.0	30.5		
Female (%)	52.8	41.0	37.7	28.8	51.5	34.1		
Total (%)	54.4	41.6	37.5	28.9	46.2	32.4		
Population	466,040	20,742,290	257,391	13,443,268	129,238	7,847,350		
Multidimensionally Poor								
Male (%)	75.2	49.3	77.9	44.7	76.5	51.0		
Female (%)	67.4	47.1	80.5	49.4	91.2	60.8		
Total (%)	71.4	48.2	79.2	47.1	82.9	56.1		
Population	466,040	20,742,290	257,391	13,443,268	129,238	7,847,350		

Source: Kenya National Bureau of Statistics (2018)

sanitation.⁵ The youth and women recorded multidimensional poverty rates of 79.2 per cent and 91.2 per cent respectively. The overall high rates of poverty, especially among women and the younger populations, means that planning and budgeting processes should better consider human capital sectors so that the county can maximize the productive and innovative potential of its future workforce and initiate a fast and sustainable growth trajectory.

2. STATE OF COUNTY ECONOMY

2.1 **Gross County Product Growth**

Bomet County accounted for 2.1 per cent of the GDP 2017 ranking 16th out of the 47 counties. In real per capita terms, the economy contracted in 2015, but recorded an expansion of over 7 percent in 2016 before falling to 1.4 percent in 2017 (Figure 1a). The most recent downturn was largely due to the prolonged drought period.

The economy remains heavily reliant on agriculture which account for 71 per cent of GCP, and 1.5 per cent of national GDP. Manufacturing accounts for 5 per cent, services 3 per cent and other industries/sectors account for 20 per cent of GCP. This implies agriculture sub-sector is critical in job creation. However, for sustained growth, this will require diversification of the economy and promotion of modern technologies of farming especially those which reduce over dependence on the rain fed agriculture, promote modernization, value chains and access to markets. Further, the county should invest in agroprocessing as well as other activities to boost the manufacturing sub-sector particularly which is an important driver of job creation and for a balanced economy

(a) GCP (per capita) growth trends, 2014-17 (%) (b) Structure of the economy, 2017 (% of GCP) 80 70 23.4 25.0 20.2 4.00 18.1 60 20.0 13.2 50 15.0 GDP 3.00 40 7.7 10.0 30 3.0 20 5.0 2.00 20 10 1.00 (5.0)2014 2015 2016 2017 0.06 0.11 0.43 (10) --- Real GCP (per capita) growth Nominal GCP (per capita) growth Services Manufacturing Other Industries

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

Source: KNBS (2019) Statistics

2.2 **Overall Budget Performance**

The county government annual spending grew from Ksh 4.4 billion to Ksh 5.07 billion between 2014/15 and 2015/16, before a moderate cut in 2016/17 to 4.8 billion followed by a slight increase to 4.9 billion in 2017/18 (Figure 2(a)).

The spending is heavily dependent on national government transfers accounting for 92.4 per cent. The burden of a drop in the county government spending predominantly affects social sector spending which is recurrent in nature. In nominal term, Own Source revenue increased from Ksh 206 million in 2014/15 to Ksh. 236 million in 2016/17 before reducing to Ksh 181 million in 2017/18. There is need for enhanced fiscal efforts to accelerate revenue mobilization from both local revenue and conditional grants to cover the decline in own source revenue to 3.1 per cent of total revenue in 2017/18 down from 4.7 per cent in 2014/15 (Figure 2b).

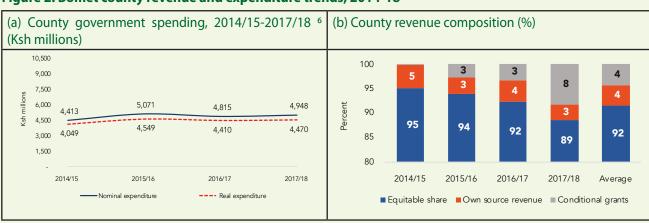


Figure 2: Bomet county revenue and expenditure trends, 2014-18

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

The share of development expenditure decreased steadily across the review period from 47 per cent in 2014/15 to 18 per cent in 2017/18. The county expenditure on wage and operation and maintenance dominated spending constituting 43 per cent and 22 per cent of the total spending, respectively. Only 35 per cent of the county income was available for development (Figure 3a). This indicates that the Public Finance Management (PFM) Act 2012 provision that caps development spending at a minimum of 30 per cent of total budget was adhered to but regulation 2015 which requires that not more than 35 per cent of the county's total revenue should go to payment of wages and salaries was not met in actual spending.

(a) County government spending by economic (b) County government spending by priorities, average classification, 2014/15-2017/18 2014/15-2017/18 100 90 18.5 31 80 45 tion & Public Service Board 47 Public Works, Transport and Infrastruct Public Health, Environment, Water & Sanitation Servi 70 33 60 22 County Assembly 10.0 14 Agriculture, Livestock & Fisheries 40 30 49 47 es,Culture,Youth,gender & special programmes ing, Urban Development & Other programmes. 20 40 37 10 Commerce, Trade, Industry and Tourism 10.0 20.0 0 2014/15 2015/16 2016/17 2017/18 Percent ----PFM 35 percent

Figure 3: Bomet county spending priorities by economic and administrative classification, 2014-18

Source: Controller of Budget reports, 2014-2018

The county spent over 50 per cent of total expenditure in the period on Health, Education, Agriculture, Nutrition, Social Protection, Youth, Gender, Water and Sanitation. Health services spending accounts for the largest share of the total spending at 18.5 per cent of the total spend for the last four years. Public service board and public works received 11 per cent and 10.9 percent respectively. WASH received 10 per cent while Education sector (ECD and VTCs) accounting for 9.2 per cent, agriculture and livestock received only 7.4 percent (Figure 3b). The effect of this expenditure in the various programmes and activities varied based on the key indicators across sectors.

3. ANALYSIS OF SOCIAL SECTOR SPENDING

3.1 Health

3.1.1 Health priorities

During the period under review, the county outlined key priorities that targeted children, youth, women and persons with disability. The county sector priorities included: reducing disease prevalence through mainstreaming public health across the county and adopting preventative measures such as deworming; construction of new health facilities; upgrading existing dispensaries into health centres; acquisition of ambulances for the Wards; introduction of research and development facilities to test herbal medicine and improving the quality of health services in existing facilities through equipping and improvement of human resource base.

The number of women who had access to skilled delivery increased from 33.8 per cent in 2014 to 47.7 per cent against national averages of 53.7 per cent and 64.9 per cent, respectively. Children under 5 born at home stood at 48.3 per cent in 2014 which was higher than the national average of 37.4 per cent. Access to skilled deliveries can be attributed to better access to health services in the county.

The health status of children in the county relatively maintained performance above national averages. Infant mortality and under 5 mortality decreased from 51 to 35 per 1,000 live births and 73 to 45 per 1,000 live births, respectively in the period under review. The percentage of fully immunized children stood at 81.3 per cent which is higher than the national average of 74.9 per cent. In addition, Antiretroviral therapy (ART) children coverage for HIV/AIDS positive children improved from 16 per cent in 2014 to 99 per cent in 2018.

3.1.2 3.1.2 Health budget and expenditure

The share of health budget as a proportion of total county budget allocation increased from 16 per cent in 2014/15 to 20 per cent in 2015/ 16 before decreasing to 17 per cent in 2016/17 followed by an increase to 21 per cent in 2017/18. Health actual expenditure expanded from about from Ksh 0.7 billion in 2014/15 to Ksh 1.3 billion in 2017/18. Spending on health comprised of on average 73 per cent recurrent expenditure and 27 per cent development expenditure

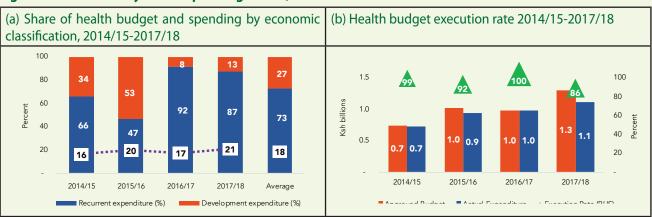
(Figure 4(a)). Despite the expansion in County health budget allocation the absorption rate declined from 99 per cent in 2014/15 to 86 per cent in 2017/18. This is attributable to delays in exchequer releases and procurement of services.

Table 2: Bomet county selected health sector performance indicators

Selected Health Indicators	20	14	20	15	20	16	20	17	20	18
	County	National								
U5MR (death per 1,000 live births) 2016 Estimate	-	-	-	-	55.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	247.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	33.8	53.5	49.3	56.9	54.2	59.3	54.7	53.0	47.7	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	64.0	76.4	74.3	75.4	77.8	76.9	66.4	73.7	73.7	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	22.8	35.9	30.9	39.7	29.5	39.8	24.2	32.6	30.9	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	52.7	70.2	73.6	75.7	62.9	72.4	61.2	65.9	58.8	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	5.0	6.8	7.0	7.2	4.1	6.6	5.3	10.1	0.2	4.0
Still Birth Rate (Source: DHIS2)	19.4	29.3	103.5	22.6	32.3	21.5	27.7	22.6	20.4	20.4

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

Figure 4: Bomet county health spending trends, 2014-18



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

3.1.3 Health medium term expectations

Over the period 2018-2022, the county plans to continue investing in health, especially in child and maternal health by prioritizing quality health infrastructure and human resources in all sub-counties. The county also aims to priorities investing in reproductive health information especially for the youth and undertake awareness campaigns on the importance of healthy practices. It also aims to continue to invest in provision of quality health services by employment of more health service providers, construction of more health facilities and equipping them.

To realize these new milestones, the county will need to address various challenges including: limited funds relative to health needs for the County, including those for children and mothers; long procurement processes; delays by the National Treasury in releasing funding to the sector and pending bills affecting the overall sector absorption rate. Health care services and psycho-social support for gender-based violence survivors; and economic empowerment programmes or women and youth in the county is also critical.

3.2 Education and Vocational Training

3.2.1 Education sector priorities

The county governments are responsible for early childhood development and education (ECDE) and youth polytechnics which is part of TVETs as per Schedule IV of the Constitution of Kenya 2010. During the period under review, the county education sector focus was to enhance the quality and access to Early Childhood Development and

Education (ECDE), youth polytechnics and the bursary award programme for secondary, vocational training and tertiary education. Key programmes included expanding ECDE infrastructure and staffing; promoting science, technology and innovation programmes at the vocational centres, promotion of sports and culture and the establishment of public day secondary schools and provision of bursaries by the County.

Gross ECDE enrolment rate decreased from 87.4 per cent in 2014 to 84.4 per cent in 2018 while net enrolment rate (NER) decreased from 81.5 per cent to 59.3 per cent during the same period. This was generally lower than national average of 94.4 per cent for GER and lower in NER (63.5 per cent), indicating the need to mobilize, provide directives and means to have more children to joining ECDE as shown in Table 3.

Gross Primary and Secondary enrolment rates stood at 117.4 per cent and 68.4 per cent in 2018, respectively. Net enrolment rate (NER) decreased from 98 per cent to 90.1 per cent for primary school and increased for secondary education from 66.3 per cent to 68 per during the review period. The promotion of gender parity within the county led to almost equal enrolment rates observed at both primary and secondary education levels. In 2018 the county had 30 vocational centres with total enrolment of 1872 learners.

Table 3: Bomet county selected education sector performance indicators

Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	87.4	73.6	84.4	94.4
Net enrolment ratio (%)	81.5	71.8	59.3	63.5
Male (%)	81.8	73.4	56.3	62.5
Female (%)	81.2	70.2	60.9	65.0
School size (Public) (Pupils) (Average)	65.0	75.0	79.0	85.0
Gender parity index (value)	1.0	1.0	-	-
Pupil-teacher ratio (No.) (Public)	21.9	31.0	29.0	31.0
Proportion of enrolment in private schools (%)	21.2	31.5	21.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	117.0	104.0	117.4	107.2
Net enrolment ratio (%)	98.0	88.0	90.1	82.4
Male (%)	98.0	86.0	90.6	81.7
Female (%)	98.0	90.0	89.5	83.0
School size (Public) Average No. of pupils	288.0	338.0	312.0	375.0
Gender parity index (Value)	1.0	1.0	-	-
Pupil-teacher ratio (No.)	42.0	42.0	43.0	40.0
Proportion of enrolment in private schools (%)	14.0	16.0	13.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	66.3	58.7	68.0	66.2
Net enrolment ratio (%)	54.8	47.4	30.5	37.5
Male (%)	57.7	49.6	30.7	35.4
Female (%)	51.9	45.2	30.4	39.8
School size (Public)	-	-	310.6	392.0
Gender parity index (value)	0.9	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	37.0	30.0	43.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	19.4	20.2	20.0	20.0
Proportion of enrolment in private schools (%)	42.1	30.7	1.7	5.8

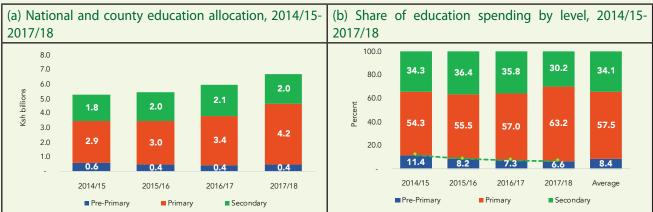
Source: Ministry of Education (Various), Education statistical booklets, 2013-2018

3.2.2 Basic Education budget and expenditure

The overall spending on basic education increased from Ksh 5.3 billion in 2014/15 to Ksh 6.6 billion in 2017/18, accounting for on average 9.2 per cent of the county governments total spending. The ECDE spending in the county remained constant at Ksh 500 million between 2014/15 and 2016/2017. Despite the expansion in the overall education sector spending from Ksh 2.9 billion in 2014/15 to Ksh 4.2 billion in 2017/18 in primary and Ksh 1.8 billion in 2014/15 to Ksh 2.0 billion in 2017/18 for secondary (Figure 5(a)), ECDE spending declined to an average 8.4 per cent of the total education spending in the county (Figure 5b).

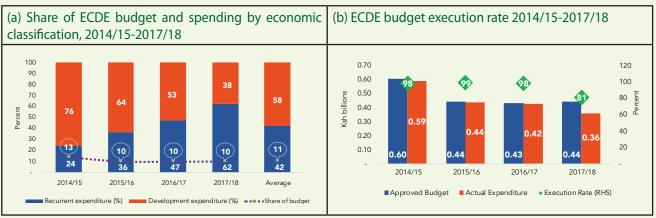
The share of ECDE budget in the total County budget allocation averaged 11 per cent over the review period, comprising of 58 per cent development and 42 per cent recurrent (Figure 6a). The absorption rate declined from 98 per cent in 2014/15 to 81 per cent in 2017/18.

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



Source: National Treasury (Various), IFMIS

Figure 6: Bomet county ECDE spending trends, 2014-18



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

3.2.3 Education Medium Term Expectation

The county government with support from stakeholders aims to continue to invest in early childhood development through infrastructural development, employment of ECDE teachers, implementing school feeding programmes, provision of sanitation facilities and enhancing school feeding programme. To achieve these objectives, the county will require to partner with the national government and private sector to enhance ECDE and vocational training through infrastructural development as well as equipment of both ECDE and vocational training centres. The county also plans to establish a Higher education revolving fund for students in technical training institutions, colleges and universities and one for unprivileged students in secondary school

3.3 Water and Sanitation

3.3.1 Water and sanitation priorities

The 2013-2017 Bomet County Integrated Development Plan outlined investment in the expansion of water and sanitation infrastructure as the main sector priority. The county's priorities for the sector included; construction of water schemes and conservation structures e.g. dams/pans; rehabilitation of existing water supplies and construction of public toilets. Further, there is need for awareness creation on management of human waste disposal in rural and informal settlements in the county urban setups.

Access to improved water was estimated at 28 per cent of the population against the national average of 72.6 per cent. The population within water service provision area decreased from 33 per cent in 2014 to 13 per cent in 2018 But proportion of population covered or served by water utility improved from 55 per cent in 2014 to 56 per cent in 2018. This could be attributed to accessibility to unpiped water supply. The sector experienced the problem of non-revenue water that stood at 57 per cent in 2018. High non-revenue water denies the water utility revenue to enhance water service delivery and in meeting operations and maintenance costs.

3.3.2 Water and sanitation budget and expenditure

The total spending on the sector as a share of the total county budget allocation during the review period was 6 percent in 2014/15 and 11 per cent in 2017/18, constituting of 41 per cent recurrent and 59 per cent development

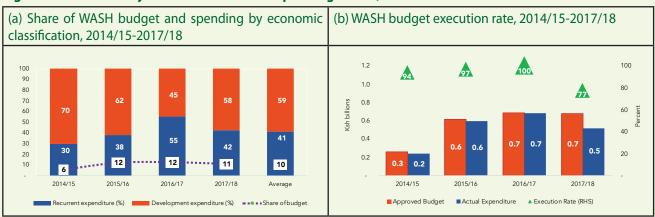
Table 4: Bomet county selected WASH sector performance indicators

Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	33	*	13	*
Water coverage by utilities (%)	55	53	56	*
Non-revenue water (NRW) (%)	-	42	57	*
Sanitation coverage within utility area (%)	70	69	-	*
Sewerage coverage (%)	-	*	-	*
Access to improved water (%)	28	*	28	*
Access to improved sanitation (%)	31	*	31	59
No toilet facility – Potential open defecation county-wide (%)	6	*	6	8

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

(Figure 7(a)). While the approved budget increased from Ksh 0.26 billion in 2014/15 to Ksh 0.68 billion in 2017/18, the absorption rate declined from 78 per cent in 2014/15 to 76 per cent in 2017/18 respectively, with the highest absorption rate of 81 per cent recorded in 2016/17. This is also attributed to the lower exchequer release of the entire approved budget amount in addition to capacity constraints.

Figure 7: Bomet county water and sanitation spending trends, 2014-18



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

3.3.3 Water and sanitation medium term expectations

In the plan period of 2018-2022 the county aims to continue with the provision of clean water and solid waste management as well as increasing access to decent sanitation. The county needs to address poor disposal of farm chemicals and fertilizers used in tea plantations and upper zones which drain into the rivers and other sources such as ponds and small dam contaminating the water and reducing its quality.

Average walking distance to the nearest water point in the county is over 1 km. However, this distance varies with the season, source of water and area where during the dry season, distance to dams and pans increases to 5 km. Reducing this access problems will in turn reduce the time women and girls spend on fetching water and allow them to instead focus on schooling and other economic activities. Lack of access to water as well as safe and hygienic sanitation facilities affects women and girls disproportionally as a result of biological and cultural factors. The county should also investment in waste disposal and treatment.

3.4 Child Protection, Youth and Women

The County Integrated Development Plan (CIDP) 2013-2017 highlighted coordinating and development of communities through social welfare; empowerment of women, persons with disabilities (PWDs) and youth through training. Some priority areas included: management of sports activities; enhancing; promotion and regulation of responsible gaming; promotion of cultural development activities and coordination of gender mainstreaming as key areas of focus for the social services, youth, gender and culture.

Specifically, on social child protection, the County recorded a high number of reported cases of child neglect and abandonment rising from 5 cases in 2014 to 1500 cases in 2018. Similarly, the child physical abuse increased from 3 cases in 2014 to 15 cases in 2018. 9 cases of child labour and 13 cases of child emotional abuse were recorded in 2018. However, cases of child sexual abuse and child labour declined significantly.

The county had no records on cases of FGM and child traffic, abduction and kidnapping. The low/non reporting of the female genital mutilation (FGM) to government institutions can be attributed to either the intensive campaigns and

initiatives to protect the girl child, or fear by the population to report such cases, and culture that approves such practices. There is no formal county system of capturing GBV cases.

Table 5: Bomet county selected child protection performance indicators

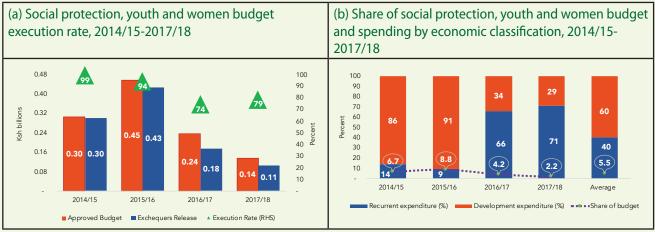
Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	5	767	1,500	73245
Child Sexual Abuse	5	636	-	172
Child Trafficking, Abduction and Kidnapping	-	32	-	1022
Child Labour	-	168	9	378
Child Emotional Abuse	-	58	13	853
Child Physical Abuse	3	583	15	2031
Female Genital Mutilation	-	9	-	40

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

3.4.1 Social protection budget and expenditure

The county's allocation to social protection, youth and women stagnated at average Ksh 0.282 billion during the review period. The highest absorption rate was recorded in 2014/15 at 99 per cent which then declined over the review period to 79 per cent in 2017/18 due to delays in county exchequer to release the entire approved budget amount (Figure 8(a)). The Ksh 0.282 billion represented 5.5 per cent of the overall county budget. The share of recurrent spending gradually increased from 14 per cent to 71 per cent between 2014/15 and 2017/18 averaging 40 per cent during the review period (Figure 8(b).

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



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

3.4.2 Social services and protection medium term expectations

Between the plan period 2018 and 2022 the county aims to provide care, support and build capacities of individuals, vulnerable groups and communities for equity and self-reliance. With increasing demand for social protection in program such cash transfers there is need to align the county government social protection programs with national government to avoid duplication of the activities while ensuring that the available resources are focused to the relevant beneficiaries including women, youth and PWDs. There are increasing reported Gender Based Violence (GBV) cases of Gender Based Violence. 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. Additionally, the county should ensure increased funding towards GBV prevention, response and monitoring including data collection and management.

3.5 Nutrition

3.5.1 Nutrition priorities

Promotion of nutrition education and Improve nutritional status of households in order to eliminate malnutrition cases was the focus for the county according to the county integrated development plan for the period 2013-2017.

For children, county nutrition indicators were generally higher than national averages according to 2014 data. Stunting stood at 35.5 per cent of the population while wasting and underweight children stood at 1.8 per cent and 12.0 per cent respectively (Table 6). The proportion of households consuming adequately iodized salt in the County was higher than the national figure and stood at 100 per cent. Vitamin A supplementation among children aged 6 to 59 months at 7.6 per

cent was however very low when compared to the target proportion of 80 per cent and far below the national coverages of 24 per cent in 2014.

The proportion of overweight or obese women in the county stood at 20.3 per cent, lower than the national average of 28.9 per cent. The average Body Mass Index (BMI)⁸ of women in the county was also lower at 22.4

Table 6: Selected nutrition performance indicators

Indicators	2014-County	2014-National
Stunted children (%)	35.5	26.0
Wasted children (%)	1.8	4.0
Underweight children (%)	12.0	11.0
Vitamin A supplements coverage	7.6	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	69.9	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 KIO3) (% samples) "	38.0	57.0
Number of Women (BMI)	22.4	23.2
Overweight or obesity among women aged 15 to 49 years.	20.3	28.9

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

3.5.2 Nutrition budget and expenditure

The county has been financing nutrition inconsistently. The county allocated Ksh. 0.2 million for nutrition spending in 2015/16 and 0.24 million in 2017/18. There was no clear budgetary allocation for nutrition in 2014/15 and 2016/17.

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 the Community Units to offer broad based services in order to eliminate malnutrition cases. To realize the objective, the county will be required to increase the share of nutrition sensitive spending which has been inconsistent. Continued support and partnerships to enhance uptake of the Linda Mama programme which provides antenatal, skilled delivery/neonatal and post-natal care will be critical.

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 percent allocation of Access to Government and Procurement Opportunities (AGPO) reserved for women, youth and Persons with Disabilities (PWDs).

b) Children

The county has drafted a policy for children play centers which is currently awaiting county executive committee approval. To address street children problem affecting Bomet town the county is establishing a drop-in center for street children. The county has also implemented a mentorship programme for children and supports children's homes in the delivery of their services. In addition, it offers support for orphans to attain an NHIF cover.

c) Youth

The county has established the directorate of youth with the overall mandate of nurturing the youth talents through sports and arts. Annually, 250 youth benefitted from the county's internship programme while youth groups were trained on entrepreneurship skills and some provided car wash machines for starting businesses. The county government has also promoted the registration of community based organisations.

d) Women

The county aims to refurbish and establish women empowerment and Gender Based Violence (GBV) rescue centers. The process to develop a gender policy and strategic plan has been initiated. In line with this development of GBV technical working groups and training of duty bearers on GBV justice system has been started by the county. Additionally, a GBV referral tool has also been developed. The county supports women's income generating activities through programmes such as "Inua Mama na Kuku" Programme. Registration of CBOs and other women's groups is also encouraged by the county. Collection of women databases to facilitate empowerment through credit and savings activities has also been initiated.

e) PWDs

The county has carried out a milestone to actualize the county PWD fund. The county has profiled 78 PWD companies; built capacity for 550 PWD groups and distributed mobility and assistive device for PWDs with physical, hearing and visual impairments.

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	The county economy remains heavily reliant on agriculture, which contributes about 70 per cent to the gross county product.	Support for agriculture is important for reducing the cost of farming. There is also need to promote land and asset ownership by women and youth to empower the groups, create jobs and increase production. Diversify farming enterprises, technologies and promote modernization. Promote agro-processing and attract more investments in manufacturing, and services to have a balanced economy.	County Treasury and Planning/ County Executive/Department of Agriculture
Revenue	Own source revenue fell to 3.1 per cent from 4.7 per cent during the review period.	Enhance public awareness on revenue collection and payment. Innovate strategies and accountability mechanisms to grow own-source revenue. Automate all revenue streams to prevent leakages.	County Treasury and Planning/ Directorate of Revenue
Expenditures	ECDE, social services and nutrition are poorly financed, implying that an important segment of the population is left out in terms of sectors that improve their social welfare.	Ensure that the resources are effectively allocated and efficiently used to improve service delivery to the county residents including children, youth and women.	All sectors/County Treasury and Planning/ County Executive
Health	Increased allocation to health budget allocation from Ksh 0.7 billion in 2014/15 to Ksh 1.3 billion in 2017/18, but a declining execution rate from 100 per cent in 2016/17 to 86 per cent in 2017/18.	Treasuries, both national and county, need to release all health budget on time. Align health procurement plan to cash flow projection. Clear pending bills to increase absorption rates. Increase and improve the predictability in financing of health needs, including sexual and reproductive health particularly for women and youth.	County Treasury and Planning / County Department of Health
Education	The gross ECDE enrolment rate in the county decreased from 87.4 per cent in 2014 to 84.4 per cent in 2018. The share of ECDE spending in the county declined during the review period. There were almost equal enrolment rates observed.	Sensitize, mobilize, provide directives and means to have more children joining ECDE. Allocate more resources for the ECDE programme. The county's core function of ECDE and vocational training be given priority rather than using departmental share to give education bursaries for other levels of education whose national share is growing.	County Treasury and Planning/County Department of Education
WASH	About 70 per cent of the population have no access to improved water sources, and county population within service area decreased from 33 to 13 per cent of the population in the period 2014-2018.	Capacity building on proper waste disposal and management. Regular inspection on on-site treatment and disposal. More investment in new water infrastructure, with attention also being given to reducing the distance to water sources and increase accessibility by households to remove the burden on children and women.	County Treasury and Planning/County Department of Water and Sanitation/ BOWASCCO/BOWASCCO

Child Protection, Youth and women	There is significant duplication of social services, youth, gender and culture services between the two levels of government. A high number of cases of child neglect and abandonment were recorded between 2014 and 2018.	Align the county government social services programs with national government programmes to avoid duplication of the activities while ensuring that the available resources are focused to the relevant beneficiaries. Expand social protection services to reach vulnerable girls as a protective measure against early pregnancies, FGM, early and forced marriages.	County Treasury and Planning / County Department of culture and social services
Nutrition	County had not allocated money to nutrition spending since in 2014/15 Nutrition budget lines and nutrition programmes are not clear.	Improve the predictability in financing the nutrition budget in the county. Enhance the articulation of nutrition in the County Integrated Development Plans.	County Treasury and Planning / County Department of Health and ALL other Sectors namely; Education, Agriculture, Social Protection and WASH.
Budget Execution	The budget execution rate for most social sector budgets, especially health, water and sanitation, was low. 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
Disaggregated Data	Counties have 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 counties 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. County planning, statistics and M&E unit, and Social/Gender Departments

(Endnotes)

- 1 Gross county product is conceptually equivalent to the county share of GDP. Gross domestic product is a measure of newly created value through production by resident economic agents (in this case individuals, households, businesses, establishments, and enterprises resident in Kenya).
- 2 See, for example, UNICEF (2017) Early Moments Matter, New York: UNICEF.
- 3 Monetary 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
- 4 Multidimensional poverty captures different deprivations experienced by poor people in their daily lives, such as lack of access to basic education, health or WASH services, inadequate nutritional intake, experiencing physical or emotional violence or abuse, etc.
- 5 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.
- 6 Base year 2013
- 7 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)
- 8 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.

ACKNOWLEDGEMENTS

The preparation of this County Budget Brief was funded and supported by UNICEF (KCO) in collaboration with UN-Women (KCO) and UNDP (KCO). The brief was prepared under the leadership of The National Treasury, Kenya. The entire process of preparing the brief was guided by Dr Rose Ngugi (Executive Director, KIPPRA). The KIPPRA technical team composed of Dr Eldah Onsomu, Victor Mose, Samantha Luseno, Lawrence Kinuthia, Stella Mutuku, Teresa Bosibori, Boaz Munga, James Ochieng, Phares Mugo, Rose Ngara-Muraya. anasdfd James Ochieng.

The contribution from the following government institutions in the production of this brief was instrumental: Council of Governors; County Governments; Controller of Budget; Commission on Revenue Allocation; National Gender and Equality Commission; Ministry of Health - Division of Nutrition and Dietetics; Ministry of Education; Ministry of Water and Irrigation; Ministry of Public Service, Youth and Gender; and the Kenya School of Government.

We are grateful to Maniza Zaman (UNICEF KCO Representative) for the overall leadership and enabling coordination with UN-Women and UNDP. The UNICEF core team composed of Ousmane Niang, Dr Robert Simiyu, Godfrey Ndeng'e, Sicily Matu, Nancy Angwenyi, and Patrick Chege (UNICEF KCO). The process also benefited immensely from Matthew Cummins and Bob Muchabaiwa (UNICEF ESARO) for providing technical guidance.

We are grateful to the UN-Women team composed of Lucy Mathenge, Angela Gichohi, Sebastian Gatimu, Joshua Musyimi and Maureen Gitonga (UN Women KCO) and the UNDP team of Mary Njoroge, Faith Ogola and Tim Colby for their technical contribution.

For more information, contact

Kenya Institute for Public Policy Research and Analysis Bishops Road, Bishops Garden Towers P.O. Box 56445-00200, Nairobi Tel: 2719933/4; Cell: 0736712724, 0724256078 Email:admin@kippra.or.ke

Website: http://www.kippra.org Twitter: @kipprakenya





