

Child Sensitive Planning and Budgeting: West Pokot County Brief

Highlights

This brief reviews how the County Government of West Pokot plans and budgets for the needs and requirements of children (those aged below 18 years). The analysis covers the overall County and social sector budgets, and actual expenditures for the period 2014/15-2016/17 in education, health, child and social protection services, and water and sanitation sectors. The analysis is based on County programme-based budgets data and information collected through interviews with relevant county stakeholders. The following are the key highlights from the analysis:

- (i) Children account for 58.1% of the population in West Pokot, which is a critical mass that can be harnessed for structural and cultural transformation of the County's future, and enable the County graduate from the class of marginalized counties.
- (ii) Over half of the children in the County are trapped in both child poverty (58.7%) and child food poverty (58.9%) against the national average of 41.5% and 35.8%, respectively. This exposes the children to poor nutrition.
- (iii) The County's budget absorption rate was relatively high (over 80%), which demonstrates sound financial management and budget utilization, which is expected to translate to better service delivery.
- (iv) The County's health indicators such as nutritional status, stunted, wasted and underweight among children improved during the review period, although lagging the national average. The share of county health budget was 21% during the review period.
- (v) The County has invested substantially in Early Childhood Development Education (ECDE) sub-sector, leading to increase in enrolment. However, primary and secondary schools are grossly underfunded, with most schools using sub-standard infrastructure which compromises effective education service delivery. Investment by private sector is dismal. Consequently, the County Government supports primary and secondary schools despite this being national government functions. The teacher-pupil ratio was higher than the national average across all levels, implying high level of teacher shortage in the County.
- (vi) The County recorded low enrolment at secondary school level, which is attributed to early marriages, pregnancies and admission into warriors age-set leading to high school dropout. Besides, schooling is also affected by lack of water, and insecurity in the County. These problems worsen during droughts because of resource conflicts.
- (vii) A small proportion (37.5%) of households and therefore children had access to improved water source while 27.3% accessed improved sanitation services. Over 50% of households did not have toilets, thus engaged in open defecation which compounds health risks. Though access to improved water through water utility increased from 10% to 13% during the review period, this performance was low and only served 20% of the County residents, mainly in the urban areas. Besides, budget allocated for water was inadequate, accounting for 5% of total budget.

(viii) Child sensitive planning and budgeting was not adequately mainstreamed in the planning and budgeting cycle as demonstrated by few child programmes and inadequate budget allocation in areas such as water, sanitation, education and child social protection. Thus, the County needs to develop capacity on child sensitive planning and budgeting among Members of the County Assembly, County Public Service Board, and sector working groups.

Introduction

West Pokot is one of the 47 counties in Kenya and is situated in the North Rift of Kenya bordering Uganda, and four counties, namely Turkana, Baringo, Elgeyo Marakwet and Trans Nzoia. Its headquarter is Kapenguria. The county occupies a land area of approximately 9,169 km² and is divided into four (4) sub-counties and 20 wards. The County's population in 2016 was over 649,000 consisting of 49.7% male and 50.3% female (Table 1).

In 2016, children in West Pokot constituted 58.1% of the population. This makes it critical to plan and budget adequately for this cohort to ensure that the County has productive human capital. The County recorded high levels of child dependence and vulnerability. It registered extreme poverty at 26.2% of the population compared to 8.6% at national level. Over half of the children are trapped in both child poverty (58.7%) and child food poverty (58.9%) against the national average of 41.5% and 35.8%, respectively.

Child dependency ratio was estimated at 110%, which was higher than the national average of 74.7% in 2016. About 6.1% of children were orphaned, which was below the national level of 8.4%. This has a negative effect on education and health due to poor attendance or participation in schools and has effects on nutrition status. The County had high levels of deprivation with respect to water, sanitation and housing with 79%, 67% and 87% of the population not able to access improved water sources, sanitation and decent housing, respectively.

Table 1: Administrative and demographic profile (2016)

	West Pokot	National
Area (km ²)	9,169	580,609
Number of sub-counties	4	290
Number of wards	20	1,450
Total population (000)	649	45,371
Male (000)	323	22,393
Female (000)	326	22,977
Children below 18 years (%)	58.1	48.3
Children below 14 years (%)	50.9	41.1
Orphaned children (%)	6.1	8.4
Child dependency ratio (%)	110.0	74.7
Under-5 years (000)	113	6,081
Primary school age (6-13) (000)	147	9,724
Secondary school age (14-17) (000)	64	4,163
Tertiary education age (18-24) (000)	77	813
Overall poverty (%)	57.4	36.1
Extreme poverty (%)	26.2	8.6
Food poverty (%)	57.3	32.0
Child poverty (%)	58.7	41.5
Child food poverty (%)	58.9	35.8
Deprivation rates		
Water (%)	79.0	45.0
Sanitation (%)	67.0	57.0
Housing (%)	87.0	52.0

Source: West Pokot CIDP (2013-2017), KIHBS (2015/16)

The County is vast and has a large proportion of the population in rural areas; it is also one of the counties categorized as marginalized. This requires more effort to provide basic infrastructure for health, education, water, sanitation and social protection. It translates to high cost of infrastructure services, including limited availability of such services. Some of the retrogressive practices in the County expose children to vulnerabilities and deepen marginalization.

The County has undertaken various initiatives in line with the country's commitment to realization of the rights of children. This is consistent with Article 4 of the Kenya Constitution (2010) and United Nations Children Rights Convention (UNCRC) which requires countries to undertake all appropriate legislative, administrative and other measures including resource allocation to realize children's rights. Available instruments to actualize children rights and well-being include County government budget, County Integrated Development Plan (CIDP) and Annual Development Plan (ADP) which provide information on resource availability, sources and spending.

Further, the status of social sector indicators reinforces the need for child sensitive planning and budgeting in the County. which entails deliberate decision to address children's issues in budgets, both as a process and as an outcome. This county brief focuses on West Pokot County's overall and social sectors budgets and actual expenditures, and the extent of integration of children issues into health, education, child and social protection, and water and sanitation sectors.

Overall Budget Performance

The County total budget expanded from Ksh 4.27 billion in 2014/15 to Ksh 5.25 billion in 2016/17. Actual expenditure increased by 17% from Ksh 4.09 billion to Ksh 4.8 billion during the same period (Figure 1). Budget absorption rate was high over the period, ranging between 92% and 96%. However, absorption levels for development were lower than recurrent (Figure 2). The high rate of absorbing public funds suggests that the planned development projects were implemented and completed during the period, thus contributing to service delivery. Some of the reasons for the higher recurrent absorption levels include recruitment of technical staff, capacity building through training, and improvements in approval processes for recurrent payments. The lower absorption level for development budget was attributed to weak planning, monitoring, evaluation and reporting on projects that were being implemented during the review period, and long procurement procedures.

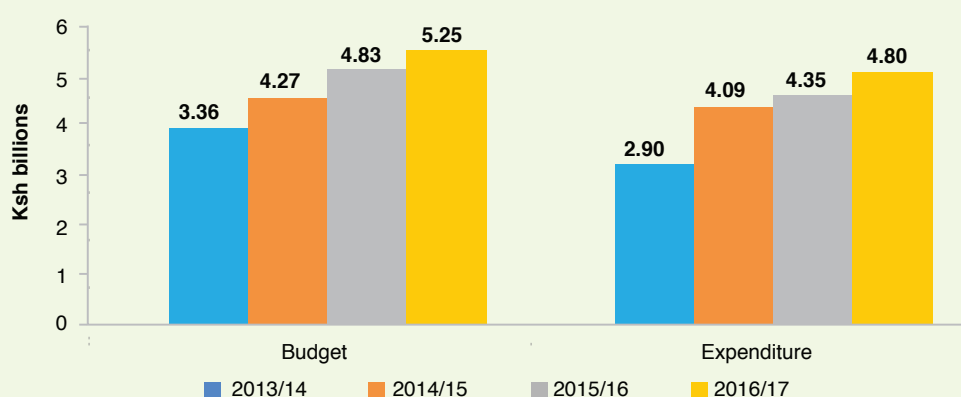
Child Sensitive Analysis by Sector

Health

West Pokot County had 135 health facilities as at 2017, which included 2 hospitals, 3 sub-county hospitals, 7 health centres, 105 dispensaries, 17 private health facilities and one medical school. The medical officers' ratio was 75 per 100,000 population, lower than the recommended World Health Organization (WHO) norm of 230 per 100,000 population. This can be attributed to the rural setting of the county, which limits its attraction of health professionals and investment in private health care facilities.

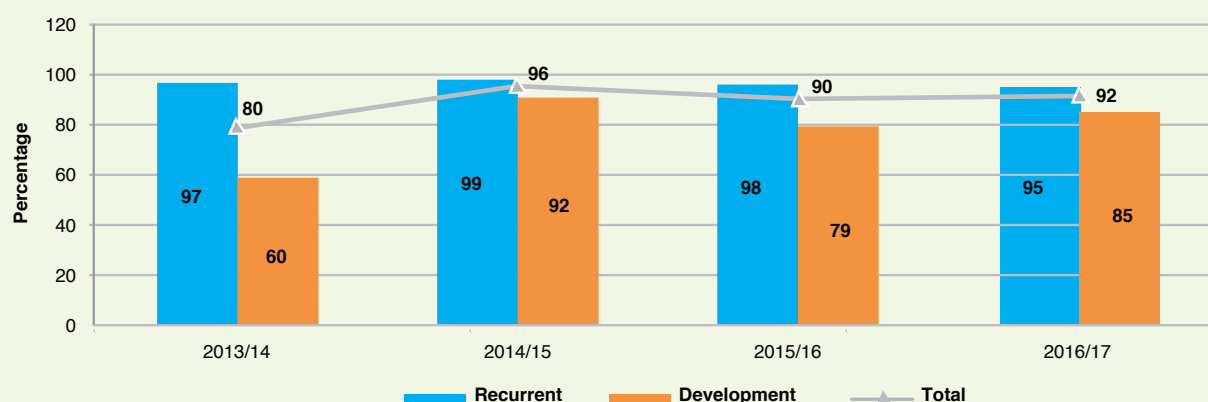
The health status of children within the County improved over the review period, although it remained

Figure 1: Overall budget and expenditure (Ksh billions) 2014/15-2016/17



Source: West Pokot County (2014/15-2016/17), Budget and Implementation Review

Figure 2: County absorption rate, 2014/15 to 2016/17(%)



Source: West Pokot County (2014/15-2016/17), Budget and Implementation Review

below the national average. The proportion of children below 5 years who were delivered at home improved by 6.4% to 73.6% in 2014 and to 67.2% in 2016 but the proportion of children born at home was higher than the national average (31.3%) in 2016, indicating low level of accessibility to health facilities by mothers for prenatal and maternal services.

The share of fully immunized children in the county improved from 31.2% in 2013 to 60% in 2016. However, this was still below the national average of 77.4%. The low immunization level in the County implies low uptake of immunization despite campaigns by the County Government to change the negative attitudes of local communities towards immunization. Other factors contributing to low immunization include relatively poor counselling of mothers, unsupportive provider-client relationships, weak immunization logistics, and lack of a system of tracking parents defaulting immunization uptake. The uptake of family planning was 14.2%. The logistics in provision of public health services was further worsened by poor terrain, and the fact that most rural households were hard to reach.

The County recorded low nutritional status among children. Stunting improved from 45.9% to 41.2% over the period. Further, wasted and underweight children in the County were all more than the national average. The proportion of underweight children improved from 38.5% to 15.4% but the number of wasted children worsened from 14.3% to 32.8% between 2014 and 2016. There have been awareness creation among the population on the need for nutritional enrichment, and efforts by the County Government and NGOs to improve public health.

The County prioritized provision of quality health care in the period 2014-2017 by focusing on preventive and promotive health services. This was achieved through investment in nutrition, building new health

facilities and improving existing ones, and equipping and staffing the facilities. The County also invested in training of requisite personnel, purchase of ambulances, and construction and operationalization of a medical training college. The County initiated a project to provide housing services for the health staff.

Some of the County initiatives that target children in the sector include: immunization and vaccination services, Ante-natal Clinic (ANC) services, insecticide treated nets for pregnant women, sensitization of mothers on good nutrition and balanced diet, HIV/AIDS counselling and testing for pregnant women, antiretroviral (ARV) services for pregnant women with HIV and family planning services, campaigns for sanitation services (toilets) and supporting preventable health conditions such as diarrheal. Other programmes which were sensitive to children and the other population were provision of emergency transport through ambulances; supply of essential medicines for mothers and children; equipment; upgrading dispensaries; and solid waste management by purchase of tractors and garbage bins. The County focused on prevention of communicable and non-communicable diseases through public education and awareness campaigns, disease screening and diagnosis, and provision of essential drugs. Efforts to reduce defaulter rate in the immunization programme need to focus on improving counselling of mothers and strengthening the health systems especially regarding logistics for service delivery, and tracking of defaulters.

The County HIV adult prevalence rate improved from 2.8% in 2014 to 1.5% in 2016, which was much lower than the national average of 6%. This may be attributed to cultural practices including punitive punishment in the event of promiscuous activities outside wedlock. The County recorded low anti-retroviral therapy (ART) coverage. Children anti-retroviral therapy (ART)

Table 2: Selected health indicators (2014 and 2016)

Indicators	West Pokot		National	
	2014	2016	2014	2016
Maternal and Child Services				
Skilled delivery (%)	27	77.7	61.8	89.6
Children born at home	73.6	67.2	37.4	31.3
Exclusive breast feeding			61	
Ever breast fed	na	98	99	98.8
Fully immunized child	31.2	60.2	74.9	77.4
Nutrition Status (%)				
Stunted children	45.9	41.2	26	29.9
Wasted children	14.3	32.8	4	13
Underweight children	38.5	15.4	11	6.7
Child Mortality				
Infant mortality	40	na	39	na
Under-5 mortality	45	na	52	na
Neo-natal mortality	20	na	22	na
Child mortality	12	na	14	na
HIV (%)				
HIV adult prevalence (%)	2.8	1.5	6	5.9
Children with HIV(No.)	1,103	452		98,170
ART adult coverage (%)	29	36	79	66
ART children coverage (%)	16	36	42	77

Source: CIDP, KAIS (2014). KDHS (2014), KIHBS (2016)

coverage improved from 16% to 36% over the period 2014-2016, although it was below the national level of 42%. The adult ART coverage increased to 36% from 29% between 2014 and 2016, although this was also below the national average for both periods. This can be attributed to increased campaigns by the County and non-governmental organizations (NGOs) in the area through outreach programmes and awareness creation.

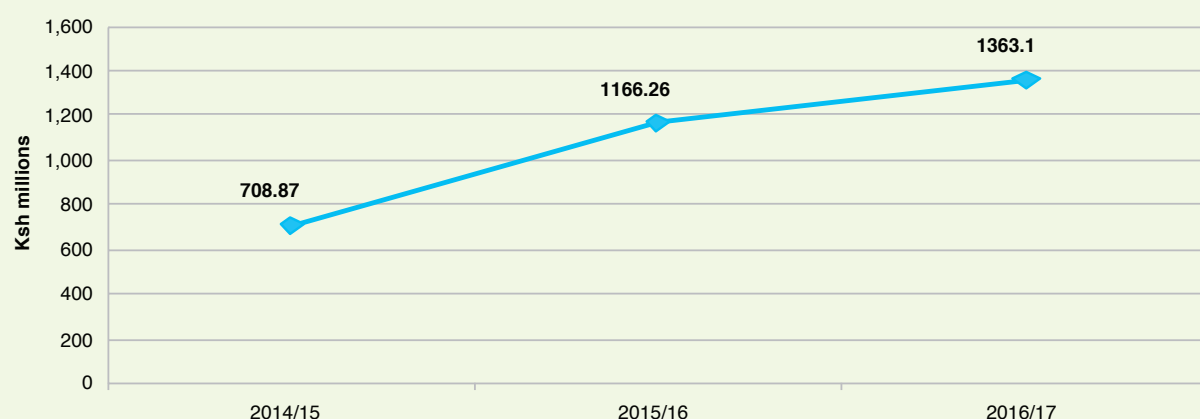
The share of health budget in the total County budget allocation was 21% over the review period, cumulatively amounting to about Ksh 3.2 billion (Figure 3). In terms of composition, development budget dropped from 43% to 18% of the health budget over the review period while recurrent budget expanded from 57% to 82% (Figure 4). The high development budget allocation on health in 2014/15 was due to investment in County physical infrastructure, including the construction of a medical college in the early stages of devolution which dropped in the subsequent years. The Kenya Medical Training College (KMTC) was a flagship project for West Pokot County. Other areas of investment included: purchase of ambulances and medical

equipment, construction of staff houses in each ward, and upgrading of dispensaries and health centres. The County also constructed casualty unit, drugs store, blood bank, and perimeter wall at Kapenguria District Hospital and Doctors Plaza in Kapenguria. On the recurrent side, the County strengthened its workforce in 2015/16 by absorbing all former Economic Stimulus Programme and ACF2 contract workers, leading to bulging of the health wage bill.

Despite the expansion in County health budget allocation, absorption of development expenditure declined while absorption for recurrent budget increased. The health actual expenditure expanded from about Ksh 0.5 billion to Ksh 1.2 billion over the period, representing a growing share from 13% to 25% on the total actual expenditure of the County, respectively. This translated to absorption rate of over 70% with a high of 91% during the review period. The absorption rate of development budget dropped from 98% to 53% while recurrent expenditure increased from 53% to 95%.

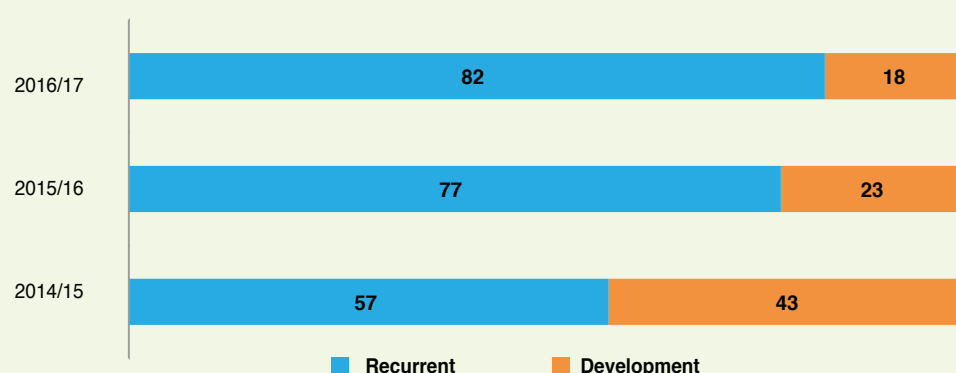
Allocation for general planning, administration and support services which include compensation for

Figure 3: Trends in health budget (Ksh millions), 2014/15-2016/17



Source: West Pokot County (2014/15-2016/17), Budget and Implementation Review

Figure 4: Composition of health budget (%)



Source: West Pokot County (2014/15-2016/17), Budget and Implementation Review

employees remained the highest, having been allocated over 60% over the period (Table 3). Infrastructure development, operations and maintenance was barely 20% each. The situation is attributed to a large health wage bill. The proportion of health budget dedicated for sanitation services was too low compared to other sectors.

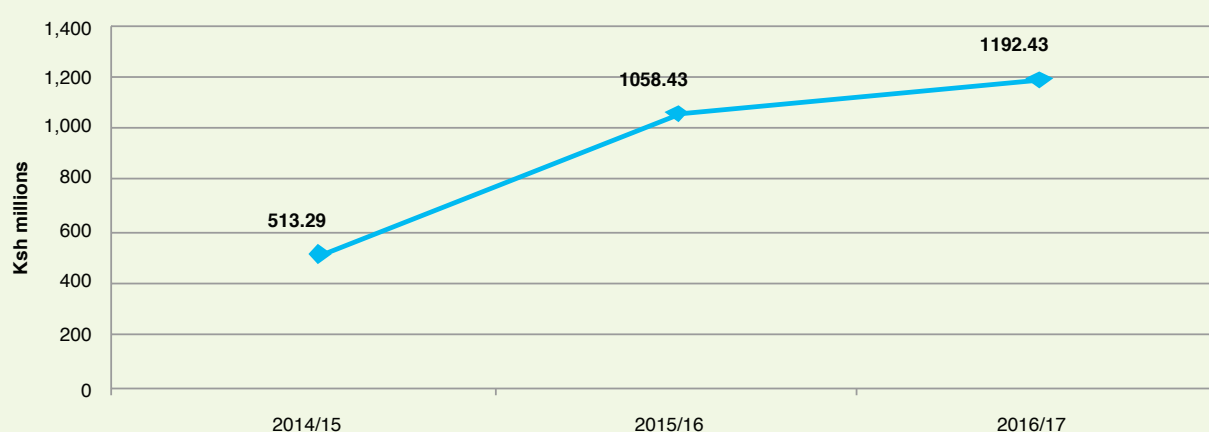
Besides the performance on health indicators and financing, the health sector in the County continued to face various challenges, including: limited funds relative to health needs for the County, including those for children and mothers; poor costing of items; long procurement processes; delays by the National Treasury in releasing donor funds; rolling over of projects; and pending bills. Further, high prevalence of communicable diseases resulted in increased costs of prevention, control and management of outbreaks, and rising cases of non-communicable diseases (NCDs) such as cancer and diabetes with limited resources for management and cure. In addition, allocation of budget to sub-counties was based on a flat rate and did not adequately address the principle of equity, which has led to skewed provision of health services.

Education and Youth Training

The right to education is anchored in Article 43(1) f of the 2010 Constitution of Kenya. Specifically, the education related rights of a child are stipulated in Article 53 (1) f which states that a child has a right to free and compulsory basic education. In the Kenyan context, basic education constitutes pre-primary education or early childhood development (ECDE), primary, and secondary education. Under devolution, the basic education responsibility is vested upon both the national and county government. Early Childhood Development Education (ECDE) and youth polytechnics are devolved functions meant to be managed by county governments while the national government retains the management of primary, secondary and tertiary education; and policy formulation, setting standards, and monitoring and evaluation functions.

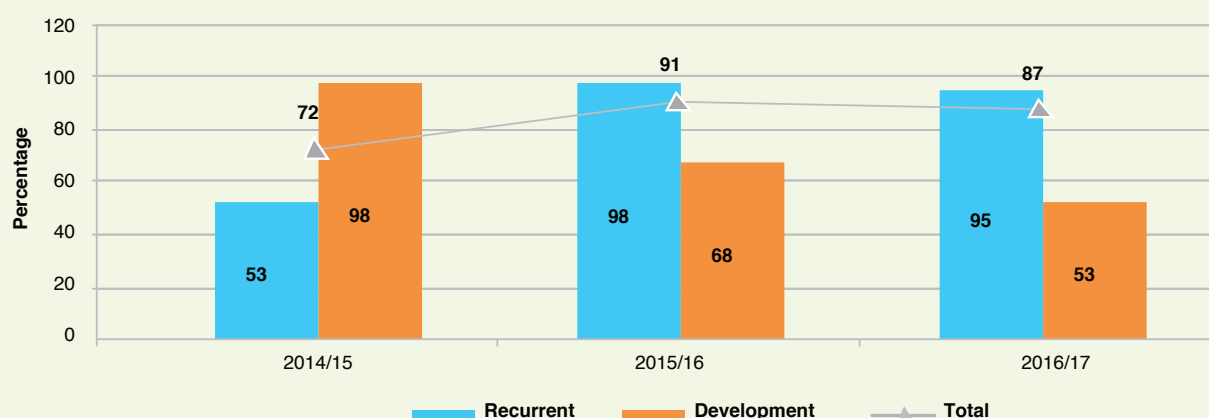
County governments are responsible for providing ECDE and youth polytechnics. These functions focus on children and youth below 18 years, and thus

Figure 5: Trends in actual health expenditure (Ksh millions)



Source: West Pokot County (2014/15-2016/17), Budget and Implementation Review

Figure 6: Health budget absorption rate (%)



Source: West Pokot County (2014/15-2016/17), Budget and Implementation Review

Table 3: Health budget by economic classification (%)

	2014/15	2015/16	2016/17
General administration and planning	72	58	61
Operations and maintenance	13	18	20
Construction of building and other infrastructure	15	24	20

Source: West Pokot County's IFMIS and County Central Planning Unit

programmes set under this category directly respond to children needs. The County had a total of 502 primary schools of which 477 were public and 25 were private; 72 secondary schools of which one was private; and 596 ECDE centres (48 private) by 2016. There were 14 tertiary institutions which catered for both primary and secondary school graduates. These comprised 6 public and 4 private youth polytechnics and 4 middle level colleges and Kapenguria Extra Mural Centre, a constituent of the University of Nairobi.

ECDE gross enrolment rate increased from 98.9% in 2014 to 120.6% in 2016 while net enrolment rate (NER) increased from 80.5% to 93.6% during the same period. This was generally higher than national averages, meaning that more children joined ECDE than before with the entry of devolution. Compared to the national enrolment ratio at pre-primary and primary school level, West Pokot County recorded improvement in enrolment, indicating more access to pre-primary and primary education, given higher net enrolment ratios in the period 2014-2016 (Table 4). However, the higher gross enrolment ratios show that the County has

higher over-age or under-age enrolment, which can be attributed to early or late entrants, grade repetition, and the long distances that pupils have to cover to school.

Access to primary school education improved with net enrolment rate (NER) increasing from 84.8% (below national average) in 2014 to 110.1% (above national average) in 2016. However, this implies that over 15% of primary school age children were out of school despite the free primary education programme. Gross enrolment ratio increased from 109 to 133, implying that over 30% of pupils were either over-age or there is high under-age enrolment.

Access to secondary education seems to be low as both gross and net enrolment ratios are below 50%, much lower than the national level over the same period. This is an indication of high dropout rates and low transition rates. It could be attributed to cases of early marriages, distant location of schools, recruitment of young-men to warriors, and negative attitude towards education.

There is inequality in access to education between male and female school-going children, with female gender having lower enrolment. For instance, at ECDE level, net enrolment was 78.9% for female and 82.1% for male in 2014, which increased to 91.7% for female and 95.5% for male in 2016. Similar trends of female-male gaps are witnessed for primary and secondary school education.

A large proportion (over 90%) of children are enrolled in public schools across all levels of education. The level of investment by private schools was low in the County (1%). The low participation of the private sector may be attributed to security uncertainties in the area, investment by non-governmental organizations supporting communities to put up public schools (which also have allied support programmes such as school feeding programmes), and support mechanisms to vulnerable households.

The pupil-teacher ratio remained high across all the levels of basic education, which compromises the quality of education as it reduces the teacher-pupil contact time and increases teachers' workload. At pre-primary level, the teacher-pupil ratio increased from 48:1 to 51:1 between 2014 and 2016 compared to 31:1 at national level. At primary school level, the teacher-pupil ratio increased from 37:1 to 38:1 between 2014 and 2016, which was higher than the national averages of 34:1 in 2014 and 2016. At secondary school level, the teacher-pupil ratio for TSC teachers slightly decreased from 38:1 to 37:1 compared to national average of 30:1 and 32:1 between 2014 and 2016, respectively. The pupil-teacher ratio at secondary school level was comparable to the national value when teachers

employed by Boards of Management are added, which improved the pupil-teacher ratio to 20:1.

The County's budget allocation for the education sector over the review period was about Ksh 1.5 billion, which represented 11% of the total budget. The share of education budget increased from 7% to a high of 13% of the total County budget over the review period. An increase in education budget was experienced in the County, largely because of bursary allocation and employment of ECDE teachers besides the need to improve infrastructure for ECDE and County tertiary institutions. The share of recurrent and development expenditure for education was relatively balanced (Figure 8). Recurrent budget doubled over the review period while development budget doubled in 2015/16 before declining substantially in 2016/17.

Total expenditure in the education sector in the county was about Ksh 1.4 billion during the period under review, representing 10% of total budget (Figure 9). The overall absorption of education budget, however, dropped from 90.7% in 2014/2015 to 86.9% in 2015/2016 but improved in 2017 to 96%. Whereas the absorption rate of the recurrent expenditure in education grew from 90.5% in 2014/15 to 97.8% in 2015/16 and further to 99% in 2016/17. The absorption rate for development expenditure decreased from 91.1% in 2014/15 to 77.9% in 2015/16. However, it increased to 92% in 2016/17. The increase in education development budget was attributed to county education infrastructure development both for basic education and youth polytechnics.

In terms of composition of the education, youth and social services budget, the County had not been consistent in the share allocated for general administration and planning, operation and maintenance, and construction of building and other infrastructure. In 2014/15, the largest share was operation and maintenance (67%) while in 2015/16 general administration and planning had the largest share (53%) and in 2016/17 budget for construction of building and other infrastructure commanded 71% (Table 5). Such budgetary allocations depict the varying county social sector priorities and needs.

The County faces different challenges in its efforts to improve delivery of education. For instance, low enrolment in secondary education leads to low enrolment at tertiary level while early marriages and pregnancies lead to high school dropout. Schooling was also affected by lack of water and security in the County, a problem which worsens during drought periods. In addition, budget allocation applies a

Table 4: Selected education indicators (2014 and 2016)

	West Pokot		Kenya	
	2014	2016	2014	2016
Pre-Primary Education				
Gross enrolment ratio (%)	98.9	120.6	73.6	76.2
Net enrolment ratio (%)	80.5	93.6	71.8	74.9
Male %	82.1	95.5	73.4	76.9
Female %	78.9	91.7	70.4	73.0
School size (Public) (Pupils)	116.0	124.0	84.0	85.0
Gender parity index (value)	1.0	1.0	1.1	1.0
Pupil teacher ratio (No.) (Public)	48:1	51:1	31:1	31:1
Proportion of enrolment in private schools (%)	4	7	31	33
Primary Education				
Gross enrolment ratio (%)	109.4	133.0	103.5	104.2
Net enrolment ratio (%)	84.8	110.1	88.2	91.1
Male%	85.5	110.7	90.0	92.2
Female %	84.1	109.5	86.4	89.9
School size (Public) Average No. of pupils	329.0	338.0	385.0	375.0
Gender parity index (Value)		1.0	1.0	1.0
Pupil teacher ratio (No.)	37:1	38:1	34:1	34:1
Proportion of enrolment in private schools (%)	2	4	16	16
Secondary Education				
Gross enrolment ratio (%)	25.3	44.1	58.7	66.8
Net enrolment ratio (%)	18.9	31.1	47.4	49.5
Male%	19.5	32.2	49.6	49.7
Female %	18.3	30.0	45.2	49.4
School size (Public)	228.0	245.0	283.0	292.0
Gender parity index (value)	0.9	0.9	0.9	0.9
Pupil teacher ratio (No.) (TSC)	38:1	37:1	30:1	32:1
Pupil teacher ratio (No.) (TSC and BOM)	20:1	20:1	20:1	20:1
Proportion of enrolment in private schools (%)	0	1	7	8

Source: Ministry of Education (2014-2016), Education Statistical Booklet

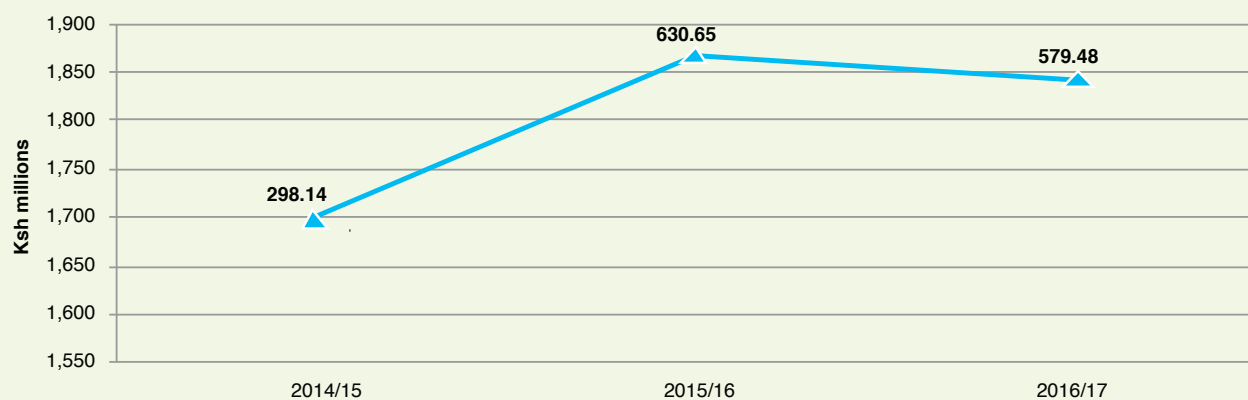
flat rate to every ward regardless of the nature of inequalities and children needs across sub-counties. Although ward fund had a ceiling per sector, allocation was mainly determined at county level.

The County's basic education sector was highly underfunded, with many primary and secondary schools using sub-standard infrastructure. In response to access challenges, the County had invested in education by focusing on development and improvement of ECDE centers, provision of secondary education bursaries, rehabilitation and equipping of youth polytechnics, technical institutions, and improvement of primary and secondary school infrastructure. More boarding schools were, however, required to ensure that all children have access to

education. Boarding schools would promote access to basic education in the County.

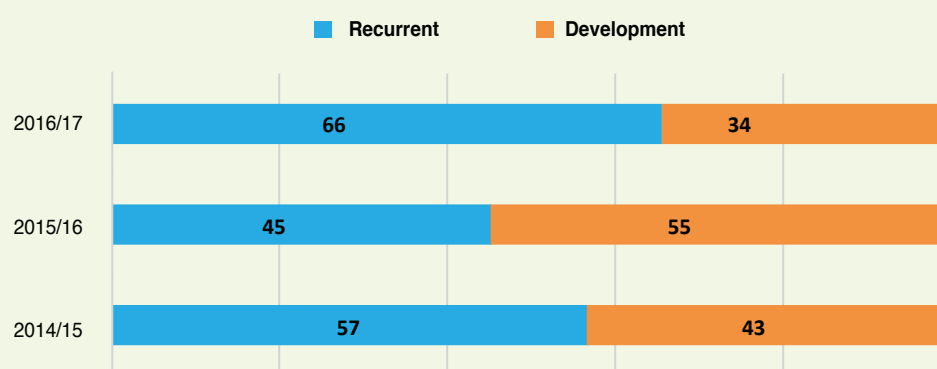
The County invested in construction of ECDE classrooms, recruitment of teachers, purchase of chairs, school feeding programme and purchase of instructional materials. Further, due to the pressing need to improve the quality of education, the County used some of the money allocated for construction of ECDE centres to construct primary school classrooms. Collaborative efforts between county and national governments should be encouraged in supporting infrastructure development in schools.

Figure 7: Trend of education budget, 2013/14-2016/17 (Ksh millions)



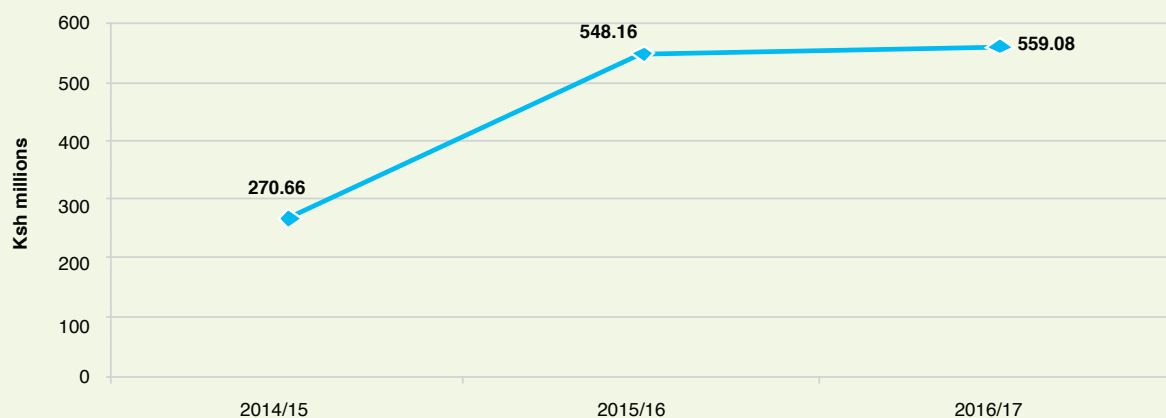
Source: West Pokot County (2014/15-2016/17), Budget and Implementation Review

Figure 8: Composition of education budget, 2013/14-2015/16 (%)



Source: West Pokot County (2014/15-2016/17), Budget and Implementation Review

Figure 9: Trends in education expenditure, 2014/15-2016/17 (Ksh millions)



Source: West Pokot County (2014/15-2016/17), Budget and Implementation Review

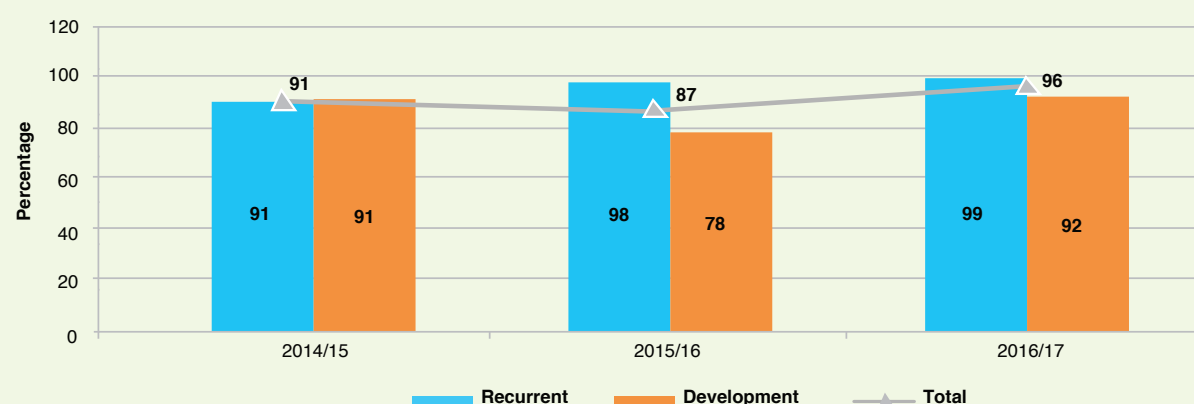
Social and Child Protection

Social and child protection refers to public services that promote equality and protect children from deprivation of child rights in the community. The County had given priority to various interventions on child social protection. Some of the programmes were related with the needs of vulnerable children, people living with disability, the elderly and spouses exposed to gender-based violence. The main challenges facing the County

with respect to child social protection were high poverty levels which lead to overwhelming demand for cash transfers and support by non-governmental organizations and faith-based institutions.

The County recorded few cases of child neglect, sexual abuse, child labour, child trafficking and physical abuse (Table 6). However, the low reporting of the female genital mutilation (FGM) to government institutions

Figure 10: Education budget absorption rate (%)



Source: West Pokot County (2014/15-2016/17), Budget and Implementation Review

Table 5: Composition of education budget by economic classification, 2014/15-2016/17 (%)

	2014/15	2015/16	2016/17
General administration and planning	18	53	22
Operation and maintenance	67	7	7
Construction of building and other infrastructure	16	40	71

Source: County's IFMIS data and County Central Planning Unit

can be attributed to either the intensive campaigns and initiatives to protect the girl child, fear by the population to report such cases, and deep rooted cultural approvals. In addition, some of the abuses against children are handled by local administrators who might not report the incidences, thus contributing to under-reporting. This may also be attributed to transport and communication challenges since children officers are not able to reach all areas of the County, or the people may not be able to reach the children offices for reporting. Low awareness of child social protection services by both national and county governments may also be contributing to the low reported cases.

West Pokot County had established a Social Protection Fund to spearhead gender sensitization programmes, campaigns against retrogressive cultures such as FGM and assisting the elderly and persons living with disability (PWDs). The County allocation on social protection had supported anti-FGM campaigns, and development of rescue centres (5), elderly centre (1) and ensured cash transfers for the elderly. The allocations provided PWDs with housing, crutches, wheel chairs, medicine, sponsorship to attend national days at County headquarters, and support for paralympic games. Other interventions include holiday feeding programme, food grants for homes, and school fees payments. The fund was also used

to support registration of women groups, youth and PWDs to pursue their enterprises.

Overall, the County registered high vulnerability to food insecurity, with over 57.3% of the population facing food poverty and 26.3% under extreme poverty. This requires special programmes to handle emergencies of hunger. Over 22.7% of households were under cash transfers against an average of 33.5% at the national level. The cash transfers were largely in education bursaries (70.8%) followed by food (10%) while health support received 0.5% only. About 10,000 residents of the county received in-kind-transfers, with 89.3% having received food, 9.5% received clothing, and 14.9% received health care.

Water and Sanitation

The County seeks to achieve universal and equitable access to safe and affordable drinking water for all; access to adequate and equitable sanitation and hygiene for all; and end open defecation by 2030. Water and sanitation services is a devolved function, thus the County Government is expected to play a leading role in service delivery. However, this function is competing with other devolved functions such as pre-primary education and health.

The County identified frequent drought, limited water supply connectivity, degradation of water catchment

Table 6: Selected child protection indicators (2014-2016)

	West Pokot			National		
	2014	2015	2016	2014	2015	2016
Child Neglect and Abandonment	4	2	2	767	418	390
Child Sexual Abuse	6	2	1	636	393	385
Child Trafficking, Abduction and Kidnapping	0	0	1	32	25	40
Child Labour	1	1	0	168	95	78
Child Emotional Abuse	0	0	0	58	26	44
Child Physical Abuse	1	0	2	583	339	356
Female Genital Mutilation	0	0	1	9	7	3

Source: State Department of Social Protection

areas, water pollution and poor waste management as pertinent issues that affect the County.

The County planned to conserve the environment and enhance access to water. In this regard, the county planned to drill boreholes, upgrade boreholes to use solar power, construct water pans and sand dams, rehabilitate existing water supply systems, install roof water catchment systems, develop water supply schemes, and supply rainwater harvesting tanks to schools. The County also considered water trucking as an emergency programme.

Access to improved water was estimated at 37.2% of the population against the national average of 72.6% in 2016. The population within the service area of water utility (company) increased from 10% to 13% between 2014 and 2016, of which only 20% was connected or served by the utility (Table 7). Over 30% of the population walked for more than 30 minutes to the water source. Low access to water had ripple effects on girl child education; girls were predominantly required to fetch water, thus leading to low school attendance and performance. Generally, women were affected since they had limited time to engage in economic activities and leisure, which affects their health.

The sector experiences the problem of non-revenue water at about 27% as at 2016; an improvement from 28% and 29% in 2014 and 2015, respectively. High non-revenue water denies the water utility revenue to enhance water service delivery and in meeting operations and maintenance costs.

The population accessing improved sanitation services was estimated at 27.3% with about 52% having no facility or going to the bush (open defecation). In addition, the County did not have any sewerage services including at the County headquarter. This should be a priority programme especially at the County headquarter and major urban areas within the County due to the health risks associated with poor

sanitation. The County requires clear planning and mapping of the sewerage network, and a controlled urban development plan. The need for sewerage services is critical to match the increasing urbanization at the County headquarter, manifesting in growth in built environment, population, employment opportunities, economic activities and government services.

Sanitation issues were being addressed by County programmes in various sectors including health, water and urban planning. For efficient service delivery, there is need to align sanitation programmes with the water sector and integrate within the Water, Sanitation and Health (WASH) programme. However, health standards on sanitation can still be set by the health sector but infrastructure development can be based on the water sector where technical capacity such as engineering exists. Urban planning cuts across all sectors, and thus the need to reserve space to accommodate requests for sanitation facilities.

The water sector budget for the period was low, having received about Ksh 650 million, accounting for only 5% of the total budget. In 2014/15, the County budget allocation for water development together with environment and natural resources was Ksh 208.8 million, which increased to Ksh 256.4 million in the following financial year 2015/16 but reduced to Ksh 191.7 million in 2016/17 (Figure 11). However, this budget was inclusive of water resource management, environment management and general administration and support services. In the approved budgets over the period 2015/17, water resource management was allocated over 80% of the budget while environment management had less than 10%, with general administration and support services averaging at 15%. This is against a backdrop of low water coverage, vulnerability to drought, and continued degradation of water catchment areas. The County also witnessed

cholera outbreaks resulting from inadequate access to water; residents often cover long distance to access water sources. High school non-attendance was attributed to the effects of drought. The level of budget allocation was not enough to supply water to schools, health centres and markets.

The share of development budget ranged between 65% and a high of 81%. The County was investing in infrastructure development for water services through development budget. However, the share of recurrent budget was increasing, having increased from 19% in 2014/2015 to 23% in 2015/16 and further to 35% in 2016/17 (Figure 12).

The actual expenditure in the water sector for the period 2015/16-2016/17 was about Ksh 530 million, which was 4% of total expenditure during the three-year period. Between 2014/15 and 2015/16, the water services expenditure increased by 32% from Ksh 158.48 million to Ksh 210.73 million but dropped to 160.7 million in 2016/17, representing an absorption rate of 75.9%, 82.2% to 83.8%, respectively, over the period. Recurrent budget absorption rate increased from 83.4% in 2014-2015 to 92.7% in 2015/2016 but declined to 85% in 2016/17. Absorption of development budget increased from 74.1% in 2014/15 to 79% and 82.8% in 2015/16 and 2016/17, respectively. The trend can be attributed to county budget commitment to improve water and sanitation provision.

A larger proportion of the water budget (over 90%) was dedicated for water infrastructure. In 2014/15, about 78% was allocated for construction of civil works and rehabilitation, and acquisition of land. This reduced to 77% and 65% in subsequent years, 2015/16 and 2016/17, respectively. The county also invested in operations and maintenance of water systems, committing about 11% of the budget in 2014/15 which

increased to 14% and 25% in 2015/16 and 2016/17, respectively. Administration costs in terms of salaries and employee compensation remained relatively the same at around 10% annually, on average, during the review period (Table 8).

The key challenges facing the County with respect to water were low quality of water in some areas mainly due to salinity and level of calcium, and access. The County also had few technical staff in the water sector. There was high breakage of water pumps. These challenges were compounded by inadequate budget allocation.

Conclusion and Implications for Policy

The County's socio-economic indicators in health, education, water and sanitation including the nutritional status and social services show that the County is lagging the national averages. This exposes children to higher level of deprivations since they are the most vulnerable. The County had inadequate personnel to serve in the health facilities, and therefore had invested in human resources for health by establishing a medical training college. The County's education sector is highly underfunded, with many primary and secondary schools using sub-standard infrastructure which compromises effective education service delivery. Although a larger proportion of the water budget (over 90%) is dedicated for water infrastructure, the overall allocation is inadequate to make any meaningful change in water and sanitation coverage given that the County is vast and prone to drought and limited access to potable water.

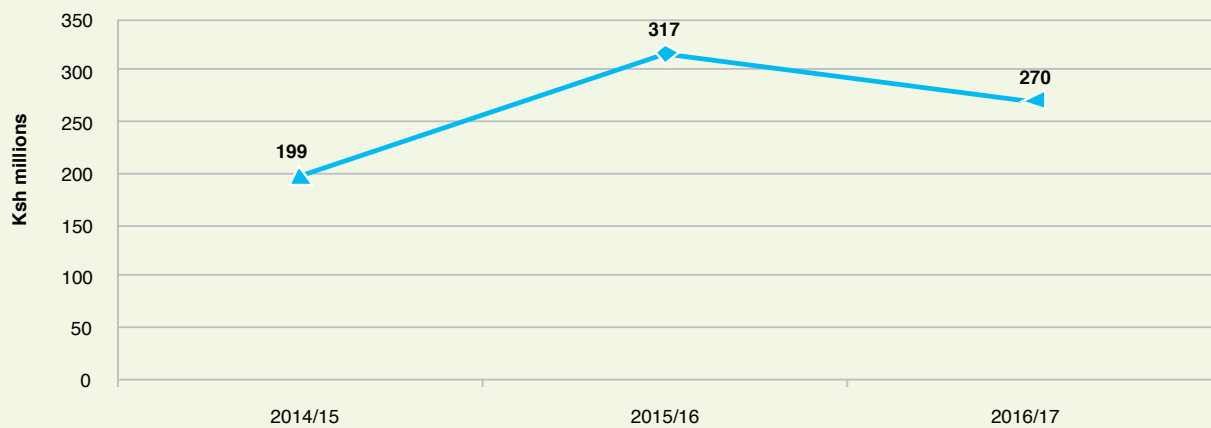
A critical mass of the population in the county are children, having a large proportion of about 58.1%. This County has a young population and better management of children can guarantee structural and cultural transformation of the County. The County had

Table 7: West Pokot County selected water and sanitation indicators

	West Pokot		National	
	2014	2016	2014	2016
County population within service areas of WSPs (%)	10	13	43	44
Water coverage by utilities (%)	28	20	53	55
Non-revenue water (NRW) (%)	28	27	42	42
Sanitation coverage within utility area (%)	76	n.d.	68.6	66.4
Sewerage coverage (%)	0	0	16	15
Access to improved water (%)	na	37.2	na	72.1
Access to improved sanitation (%)	14.5	27.3	na	65.2
No toilet facility – Potential open defecation county-wide (%)	na	52.5	na	8.4

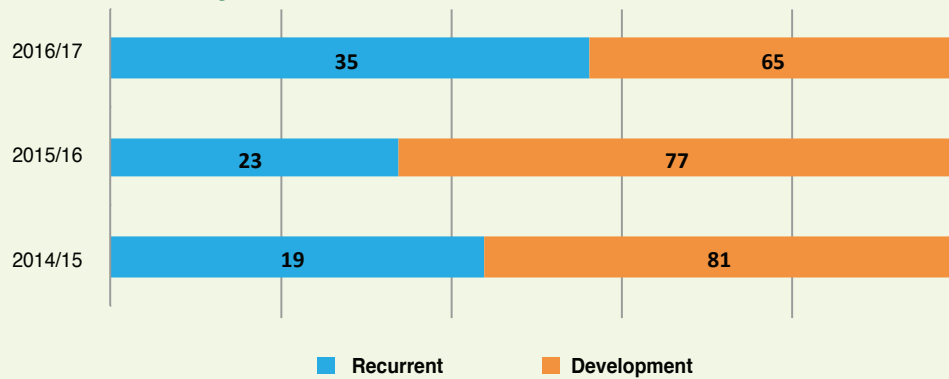
Source: Ministry of Water; KIHBS, WASREB, na: not applicable, n.d. Data not available

Figure 11: Water budget, 2014/15-2016/17 (Ksh millions)



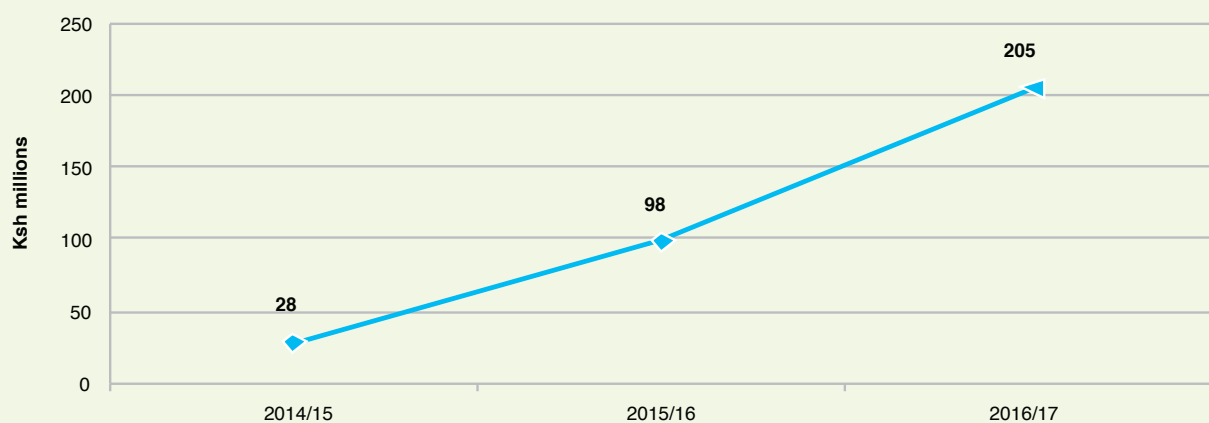
Source: West Pokot County (2014/15-2016/17), Budget and Implementation Review

Figure 12: Composition of water budget, 2014/15-2016/17 (%)



Source: West Pokot County (2014/15-2016/17), Budget and Implementation Review

Figure 13: Trends in water expenditure (Ksh millions)

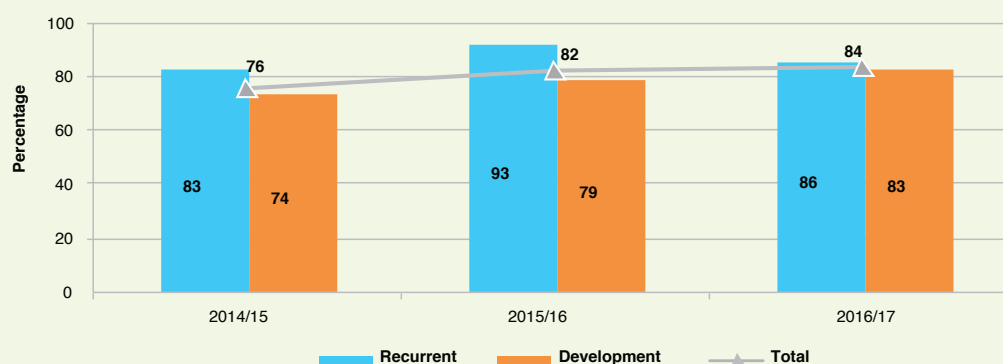


Source: West Pokot County (2014/15-2016/17), Budget and Implementation Review

planned and budgeted for the sectors that are sensitive to children needs and rights, and the absorption level was relatively high, which boosted the attainment of the intended objectives. As a result, some key projects were completed, leading to improved service delivery. However, some sectors such as water, and child-social protection require more strategic planning and more budgetary allocation, while the education sector

requires more budgetary allocations. The level of investment and focus in the health sector needs to be maintained. An enabling environment to attract private sector investment in all social sectors is critical.

Figure 14: Water budget absorption Rate (%)



Source: West Pokot County (2014/15-2016/17), Budget and Implementation Review

Table 8: Composition of water services budget by economic classification (%)

	2014/15	2015/16	2016/17
Operation and maintenance	11	14	25
Construction of civil works and rehabilitation and acquisition of land	78	77	65
Salaries/Employee compensation	11	9	10

Source: Data sourced from IFMIS data; County Central Planning Unit

Implications for Policy

There are areas for policy intervention which would improve child sensitive planning, budgeting and service delivery in West Pokot County:

- (i) The targeted programmes for implementation in health, education, child and social protection, water and sanitation will require proportionately more budget allocation given the low levels of sector indicators with respect to livelihoods. Partnerships and proactive resource mobilization is critical to turn around the performance.
- (ii) Integrated planning across all sectors will help build synergies in expertise and reduce the unit cost of implementation of respective projects. In addition, the monitoring and evaluation function needs to be supported and enhanced to ensure progress of the various projects being implemented.
- (iii) Project phasing, especially for those projects which start with infrastructure development, should be enhanced, and synchronized to transition into operations and maintenance budgetary provisions and service delivery in subsequent phases.
- (iv) Child sensitive planning and budgeting skills among members of the County Executive, County Assembly, and the County Public Service Board could be enhanced to achieve the desired outcomes.
- (v) Equity across all socio-economic developments (social sectors such as education and health) should be promoted in the County through affirmative action for social development and provision of adequate funding for social sectors in the development plan and budget. The practice of equal distribution of resources based on administration boundaries such as sub-counties could be supported with a formula that ensures equity in programme design.
- (vi) The County needs to create an enabling environment for the private sector, non-governmental organizations and civil society to make contribution in its socio-economic development while supporting the efforts of national and county governments.

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This Brief is three (3) county briefs which seek to identify the extent to which the needs of children are addressed by county budgets in Kenya.

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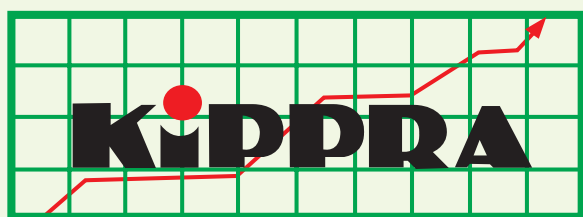
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