

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



County Government of Embu

### KEY HIGHLIGHTS OF THE BRIEF

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

- a) **An estimated 82 per cent of the Gross County Product (GCP)<sup>1</sup> of Embu County, which is ranked 25<sup>th</sup> (1.4% contribution to GDP) of all the 47 counties in Kenya, comes from services and agriculture sectors.** However, agricultural productivity is vulnerable to weather shocks, resulting in unpredictable economic growth trends. Moving forward, the county should put in place measures to mitigate weather shocks while at the same time promoting manufacturing through agro-processing, and enhancing access to agriculture markets, including through collaboration with the private sector.
- b) **The county's own source revenue increased marginally from Ksh 0.168 billion to Ksh 0.416 billion between 2014/15 and 2017/18.** However, as a share of total revenue, the county's own source revenue declined from 10 per cent in 2014/15 to 8.4 per cent in 2017/18. Overall, total county revenue increased from Ksh 2.8 billion in 2014/15 to Ksh 4.1 billion in 2017/18 mainly because of equitable share transfers from the national government. To improve the share of its own source revenue, the county should strengthen measures for tax collection and management.
- c) **The budget for health sector fluctuated between Ksh 0.98 billion in 2014/15, Ksh 2.04 billion in 2015/16 and Ksh 2.3 billion in 2017/18. Although maternal and child health outcomes have improved, the child immunization is yet to achieve full coverage.** The number of women with access to skilled attendant for delivery increased from 74.2 per cent in 2014 to 82.5 per cent in 2018. This is largely because of introduction of free maternity services in 2013. However, the share of fully immunized children in the county increased from 81.6 per cent in 2014 to 92.4 per cent in 2018. To achieve 100 per cent coverage, the county should prioritize investments in immunization.
- d) **The budget for Early Childhood Development Education (ECDE) has increased from Ksh 0.2 billion in 2014/15 to Ksh 0.5 billion in 2017/18.** Partly because of increased spending on ECDE, gross ECDE enrolment rate in the county went up from 50.8 per cent in 2014 to 69.5 per cent in 2018. Looking forward, the challenge for the county is to ensure equitable distribution and effective utilization of available resources. In addition, the county should ring-fence ECDE resources<sup>2</sup> so that they are not used for other purposes, such as for secondary and higher education bursaries.
- e) **The county allocation for water and sanitation remained constant at 0.17 billion, which was 8 per cent of the county total budget over the review period.** This was an under-investment given that about 66 per cent of the population have no access to improved water sources. The county needs to increase allocation for WASH.
- f) **The county's child protection, youth and women budget allocation as a share of the total county budget allocation during the review period averaged 3 per cent. Spending on the sector was on average Ksh 0.17 billion.** This was an under-investment given that this segment of the population is the most vulnerable.
- g) **The county only committed Ksh 25 million in one fiscal year (2014/15) to interventions that directly contribute to boosting child nutrition, at a time when nearly a third (27.2%) of the children are stunted.** The county should ensure that direct nutrition interventions, across several sectors such agriculture, education and health are budgeted

for, with visible budget lines. Moreover, nutrition should be well articulated in the County Integrated Development Plans.

- 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 57 per cent in 2014/15 to 31 per cent in 2017/18.** The low budget execution rate was partly because approved budgets were not released on time by the National Treasury. Procurement and cash flow planning by the county was also weak. To improve budget utilization rates, there is need for the National Treasury to adhere to disbursement schedules by releasing resources on time. On its part, the county should strengthen procurement systems and improve cash flow forecasting.
- i) 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 number of reported cases of child neglect and abandonment from 9 in 2014 to 2,183 cases in 2018, yet there is no specific budget line for this. The same applies to gender-based violence, which has increased in recent years.

## 1. COUNTY OVERVIEW

Embu County occupies a land area of approximately 2,818 km<sup>2</sup> and is divided into 4 sub-counties and 20 wards. The county's population was 608,599, which is 1.3 per cent of the national population. This constituted 304,208 males, 304,367 females and 24 intersex persons.

**In 2015/16, the overall poverty rate of the county was 28.0 percent with 4.0 percent living in extreme poverty, which is worse off than the overall poverty of 36.1 per cent and 8.6 per cent, respectively.** Among children, more than one in three were affected by monetary poverty or lack of financial means.<sup>3</sup> Additionally, 20.5 per cent of youth and 24.8 per cent of women were affected by monetary poverty. Moreover, 26.1 per cent of children were living in multidimensional poverty; that is deprived in multiple dimensions including nutrition, health care, education, housing and drinking water.<sup>4</sup> The proportion of youth and women in multidimensional poverty were 38.7 per cent and 44.3 per cent, respectively. The level of multidimensional poverty among women was above the national average, and was highest in comparison to that of youth and children. The overall high rates of poverty, especially among women and 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 (Table 1).

**Table 1: Embu County administrative, poverty and demographic profile (2015/16)**

Administrative Profile						Latest Available	
Area (km <sup>2</sup> )						2,818	
Number of sub-counties						4	
Number of wards						20	
Overall poverty (%)						28.0	
Extreme poverty (%)						4.0	
Population (2019)						608,599	
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
Monetary Poor							
Male (%)	36.6	42.1	21.6	29.1	22.8	30.5	
Female (%)	31.0	41.0	19.4	28.8	26.9	34.1	
Total (%)	34.0	41.6	20.5	28.9	24.8	32.4	
Population	235,909	20,742,290	163,143	13,443,268	115,268	7,847,350	
Multidimensionally Poor							
Male (%)	26.6	49.3	38.0	44.7	41.7	51.0	
Female (%)	25.4	47.1	39.3	49.4	46.3	60.8	
Total (%)	26.1	48.2	38.7	47.1	44.3	56.1	
Population	235,909	20,742,290	163,143	13,443,268	115,268	7,847,350	

Source: Kenya National Bureau of Statistics (2018)

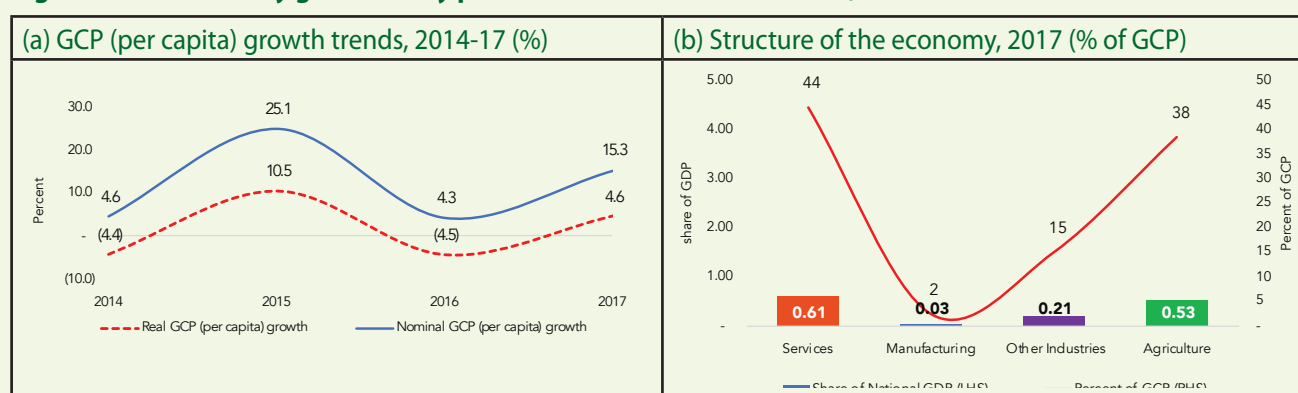
## 2. STATE OF COUNTY ECONOMY

### 2.1 Gross County Product Growth

Embu county accounted for 1.4 per cent of the national GDP in 2017. Its Gross County Product (GCP) per capita growth rate fluctuated between a minimum of negative 4.4 per cent in 2014 to a growth rate of 4.6 per cent in 2017 (Figure 1a). The most recent downturn was largely due to the prolonged drought across the county.

The economy remained reliant on other industries, which accounted for 44 per cent of GCP and 0.6 per cent of the national GDP in 2017 (Figure 1b). Industries and agriculture activity contributed 44 per cent and 38 per cent of GCP, respectively. This trend calls for diversification to manufacturing, services and other industries/sectors and the county is making efforts to revive the manufacturing industry, which is particularly important for job creation. To increase agricultural productivity and the participation of women and youth within the sector, the county should put in place mechanisms to reduce the cost of farming, enhance the marketing of agricultural produce and promote agricultural value chains. This can be done through developing infrastructure and enhancing farmers' capacities in modern agricultural methods. Extension services, agribusiness and research needs to be promoted. The county should also seek to attract more investment in manufacturing, and services, for a balanced economy. This can be done through collaboration with different sub-sectors, especially the private sector.

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

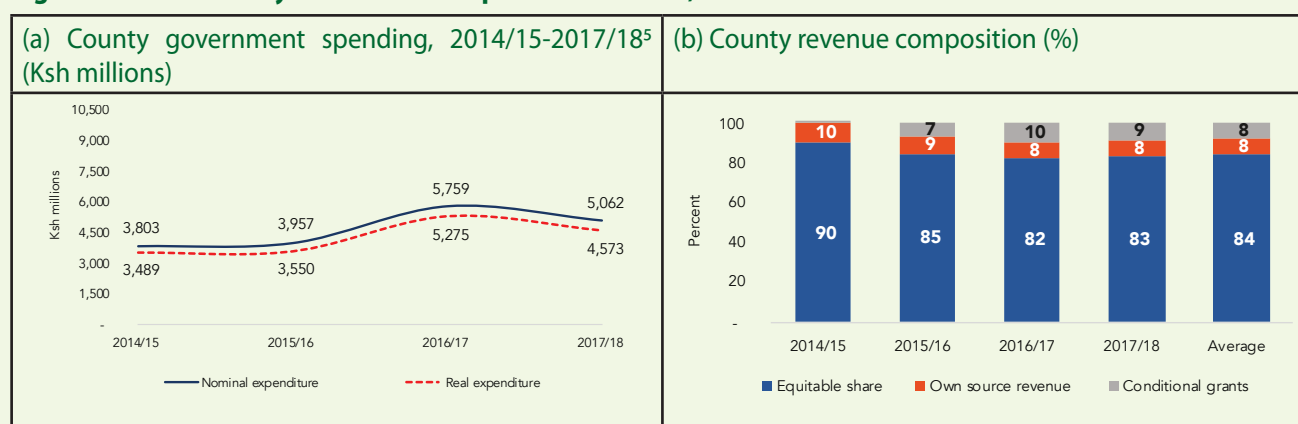


Source: Kenya National Bureau of Statistics (2019), Economic Survey

### 2.2 Overall Budget Performance

The county government annual spending in real terms grew from Ksh 3.8 billion to Ksh 5.7 billion between 2014/15 and 2016/17, before a moderate cut of Ksh 4.5 billion in 2017/18 (Figure 2(a)). The effect of inflation accounted for an average Ksh 0.7 billion in loss of purchasing power during the period. This spending is heavily dependent on national government transfers accounting for, on average, 84.7 per cent between 2014/15 and 2017/18. The burden of the drop in county government spending predominantly affects social sector spending, which are recurrent in nature. In nominal terms, own source revenue increased from Ksh 0.401 billion in 2014/15 to Ksh 0.416 billion in 2017/18 while the equitable share transfer increased from Ksh 3.5 billion to Ksh 4.1 billion during the same period. Own source revenue as a share of the total revenue fell from 10.1 per cent in 2014/15 to 8.4 per cent in 2017/18. The contribution of own source revenue and

**Figure 2: Embu County revenue and expenditure trends, 2014/15-2017/18**

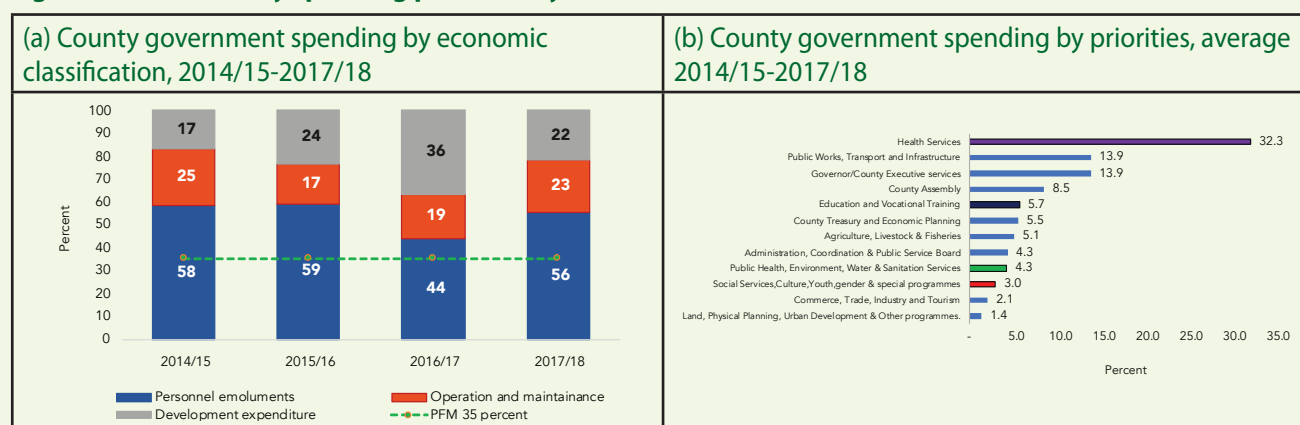


Source: Office of the Controller of Budget (Various) reports, 2014-2018

conditional grants was, on average, 17 per cent (Figure 2b). There is need for enhanced fiscal efforts to accelerate revenue mobilization from both local revenue and conditional grants.

**The share of actual development budget increased from 17 per cent in 2014/15 to 24 per cent in 2015/16 then declined to 22 per cent in 2017/18.** The recurrent expenditure, constituting personnel emoluments and operation and maintenance costs, accounted for 75 per cent of all county government spending (Figure 3a). This reflects low compliance to the Public Finance Management (PFM) Act 2012 provision that caps development spending at a minimum of 30 per cent of total budget, and the 2015 Regulation which require that not more than 35 per cent of the county's total revenue should go to payment of wages and salaries.

**Figure 3: Embu County spending priorities by economic and administrative classification, 2014-2017**



Source: Controller of Budget reports, 2014-2018

The county spent over 80 per cent of the total expenditure during the period under review on health, education, agriculture, nutrition, social protection, youth, gender, water and sanitation. These sectors are regarded as being more sensitive to the needs of children, youth and women. The effects of this expenditure on the various programmes and activities vary across sectors.

### 3. ANALYSIS OF SOCIAL SECTOR SPENDING

#### 3.1 Health

##### 3.1.1 Health sector priorities

During the period under review, the county outlined key priorities that targeted children, youth and women. The priorities included reducing the average distance to health facilities, increasing the number of community health workers

**Table 2: Embu County selected health sector performance indicators**

Selected Health Indicators	2014		2015		2016		2017		2018	
	County	National	County	National	County	National	County	National	County	National
USMR (death per 1,000 live births) 2016 Estimate	-	-	-	-	42.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	408.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	74.2	53.5	64.7	56.9	62.5	59.3	58.9	53.0	82.5	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	87.5	76.4	69.7	75.4	71.5	76.9	79.1	73.7	104.1	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	57.3	35.9	54.7	39.7	46.6	39.8	36.9	32.6	61.1	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	81.6	70.2	77.5	75.7	72.8	72.4	78.0	65.9	92.4	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	5.4	6.8	6.4	7.2	6.6	6.6	6.9	10.1	4.6	4.0
Still Birth Rate (Source: DHIS2)	31.5	29.3	37.2	22.6	21.3	21.5	27.1	22.6	24.5	20.4

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

minimizing the exposure of health risk factors and provision of health services; and improving the quality of health services in existing facilities by equipping and improving the human resource base.

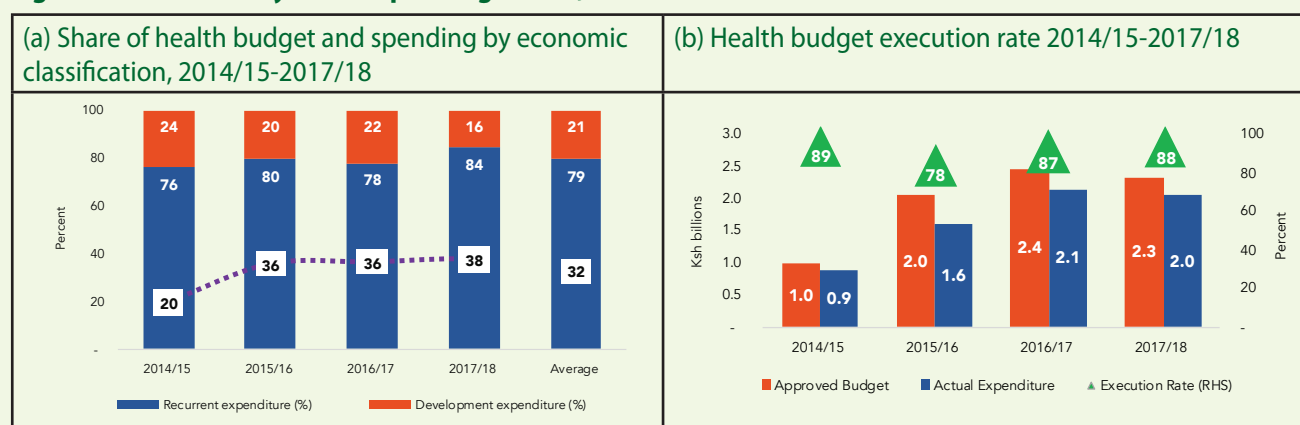
**The number of women who had access to skilled delivery increased from 74.2 per cent in 2014 to 82.5 per cent in 2018 due to introduction of free maternity services in 2013.** This was also better than the national average of 64.9 per cent in 2018, indicative of better access to health services in the county.

**The health status of children within the county improved over the review period and is above the national average in some key health indicators.** The share of fully immunized children in the county increased from 81.6 per cent in 2014 to 92.4 per cent in 2018, which was better than the national average of 77.0 per cent. The under 5 mortality rate was 42 per 1,000 live births, lower than the national average of 79 deaths per 1,000 live births. This is due to the increased uptake of health services targeting women.

### 3.1.2 Health budget and expenditure

**The share of health budget in the total county budget allocation increased from 20 per cent in 2014/15 to 36 per cent in 2015/16 before increasing to 38 per cent in 2017/18.** Health actual expenditure expanded from about Ksh 0.9 billion to Ksh 2.3 billion. Spending on health comprised of, on average, 79 per cent recurrent expenditure and 21 per cent development expenditure (Figure 4a). The absorption rates decreased from 89 per cent in 2014/15 to 78 per cent in 2015/16 before increasing to 88 per cent in 2017/18. This is attributable to failure by the exchequer to release the full amount approved in the health budget.

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



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

### 3.1.3 Health sector medium term expectations

The county aims to continue investing in health, especially in child and maternal health, by prioritizing quality health infrastructure and human resources in all sub-counties. The county also aims to prioritize investments in reproductive health information, especially for the youth, and undertake awareness campaigns on the importance of healthy practices. It also aims to continue investing in provision of quality health services by employing more health service providers, construction of more health facilities, and equipping them. According to the 2014 KDHS, health care seeking behaviour for women is often influenced by several factors, including lack of finances for treatment, followed by distance to the health facility and difficulties in getting permission to seek health care.

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.

## 3.2 Education and Vocational Training

### 3.2.1 Education sector priorities

**County governments are responsible for Early Childhood Development Education (ECDE) and youth polytechnics, which are part of Technical Vocational Education and Training (TVET) as per Schedule IV of the Constitution of Kenya.** During the plan period 2014-2018, the county education sector focused on enhancing the quality and access to Early Childhood Development and Education (ECDE), youth polytechnics and the bursary award programme for secondary



school, TVETs and tertiary education while the national government supported the primary, secondary and tertiary education needs.

**Gross ECDE enrolment rate increased from 50.8 per cent in 2014 to 69.5 per cent in 2018 while net enrolment rate (NER) increased from 47.5 per cent to 57 per cent during the same period.** The increase in enrolment rate can also be explained by the Ward Envelope Fund that led to construction of more ECDE centres. The expansion of infrastructure was accompanied by employment of more teachers and provision of learning materials and equipment while increasing the enrolment rate. More girls were enrolled in ECDE than boys in the county (Table 3).

**Gross primary and secondary enrolment rates stood at 119.0 per cent and 66.0 per cent in 2018, respectively. Net enrolment rate (NER) increased from 96.2 per cent to 94.4 per cent for primary school and decreased from 73.4 per cent to 44.0 per cent for secondary school during the same period.** There was inequality in access to primary education between male and female school-going children in favour of girls as shown in Table 3. In 2018, there were 26 accredited vocational centres in the county, enrolling 1,179 learners.

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

Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	50.8	73.6	69.5	94.4
Net enrolment ratio (%)	47.5	71.8	57.0	63.5
Male (%)	48.9	73.4	65.5	62.5
Female (%)	46.1	70.2	45.0	65.0
School size (Public) (Pupils) (Average)	36.0	75.0	43.0	85.0
Gender parity index (value)	0.9	1.0	-	-
Pupil-teacher ratio (No.) (Public)	27.0	31.0	23.0	31.0
Proportion of enrolment in private schools (%)	31.5	31.5	38.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	119.0	104.0	119.0	107.2
Net enrolment ratio (%)	96.2	88.0	94.2	82.4
Male (%)	49.8	86.0	93.6	81.7
Female (%)	50.2	90.0	94.9	83.0
School size (Public) Average No. of pupils	256.0	338.0	278.0	375.0
Gender parity index (Value)	1.0	1.0	-	-
Pupil-teacher ratio (No.)	31.5	42.0	26.0	40.0
Proportion of enrolment in private schools (%)	14.0	16.0	16.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	81.0	58.7	66.0	66.2
Net enrolment ratio (%)	73.4	47.4	44.0	37.5
Male (%)	73.1	49.6	47.7	35.4
Female (%)	73.7	45.2	40.6	39.8
School size (Public)	-	-	279.7	392.0
Gender parity index (value)	0.9	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	24.5	30.0	24.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	24.8	20.2	17.0	20.0
Proportion of enrolment in private schools (%)	29.3	30.7	3.8	5.8

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

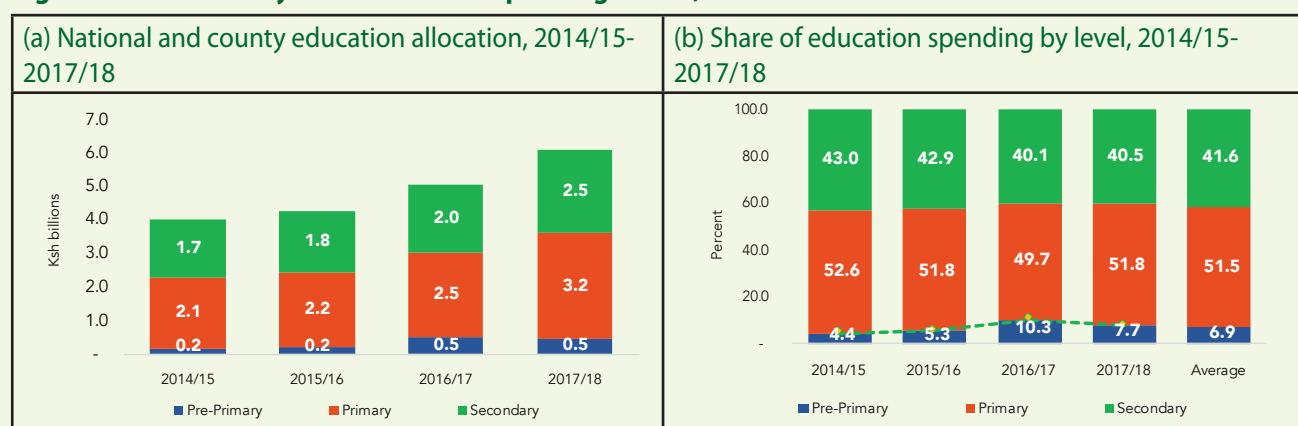
### 3.2.2 Basic education budget and expenditure

**The share of ECDE spending in the county increased from Ksh 0.2 billion in 2014/15 to Ksh 0.5 billion in 2016/17 and 2017/18.** The share of ECDE spending as a proportion of total education spending was, on average, 6.9 per cent during the period. Spending on primary and secondary education increased from Ksh 2.1 billion in 2014/15 to Ksh 3.2 billion in 2017/18 and Ksh 1.7 billion in 2014/15 to Ksh 2.5 billion in 2017/18, respectively (Figure 5a).

**The share of ECDE budget in total county budget allocation averaged 7 per cent over the review period,** comprising of 46 per cent development and 54 per cent recurrent (Figure 6a). The absorption rate increased from an average 50 per cent in 2014/15 to 83 per cent before falling in 2017/18 to 83 per cent in 2017/18 (Figure 6b).

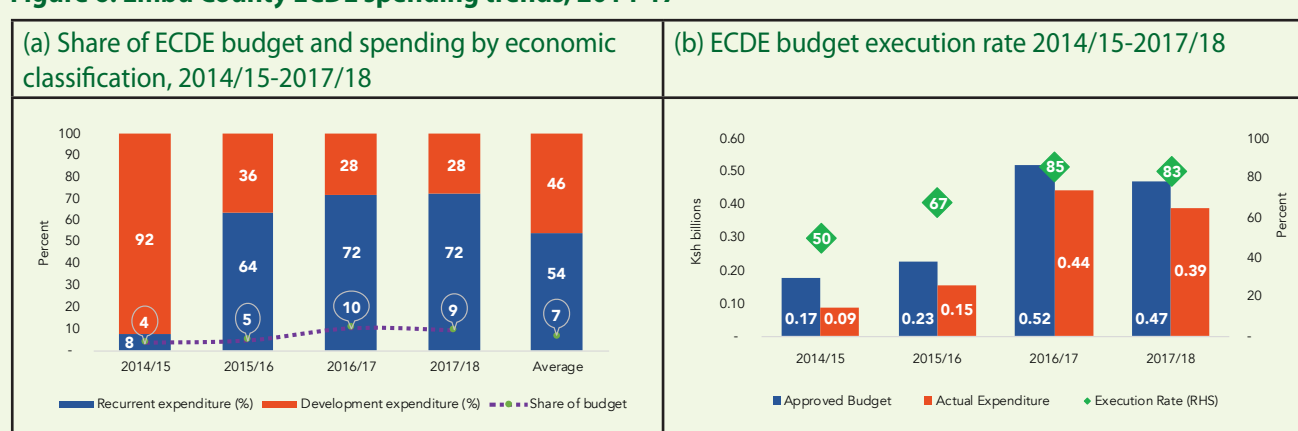
### 3.2.3 Education sector medium term expectations

**Figure 5: Embu County basic education spending trends, 2014-17**



Source: National Treasury (Various), IFMIS

**Figure 6: Embu County ECDE spending trends, 2014-17**



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

The county government with support from stakeholders aims to continue enhancing and improving the quality and relevance of early childhood education, expand retention in childhood education training, and capacity development. Regarding vocational training and youth empowerment, the county aims to expand access and retention of vocational training and colleges and nurture talent among the youth. 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 and equipping of both ECDE and vocational training centres.

### 3.3 Water and Sanitation

#### 3.3.1 Water and sanitation priorities

**The County Integrated Development Plan (CIDP) 2013-2017 outlined key priorities for both the water and sanitation sub-sectors.** Provision of adequate and reliable water and provision of sanitation were identified as key development objectives. The county also aimed to increase the number of households with access to clean piped water.

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

Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	82	*	81	*
Water coverage by utilities (%)	53	53	80	*
Non-revenue water (NRW) (%)	50	42	42	*
Sanitation coverage within utility area (%)	25	69	-	*
Sewerage coverage (%)	16	*	9	*
Access to improved water (%)	66	*	66	*
Access to improved sanitation (%)	98	*	98	59
No toilet facility – Potential open defecation county-wide (%)	1	*	1	8

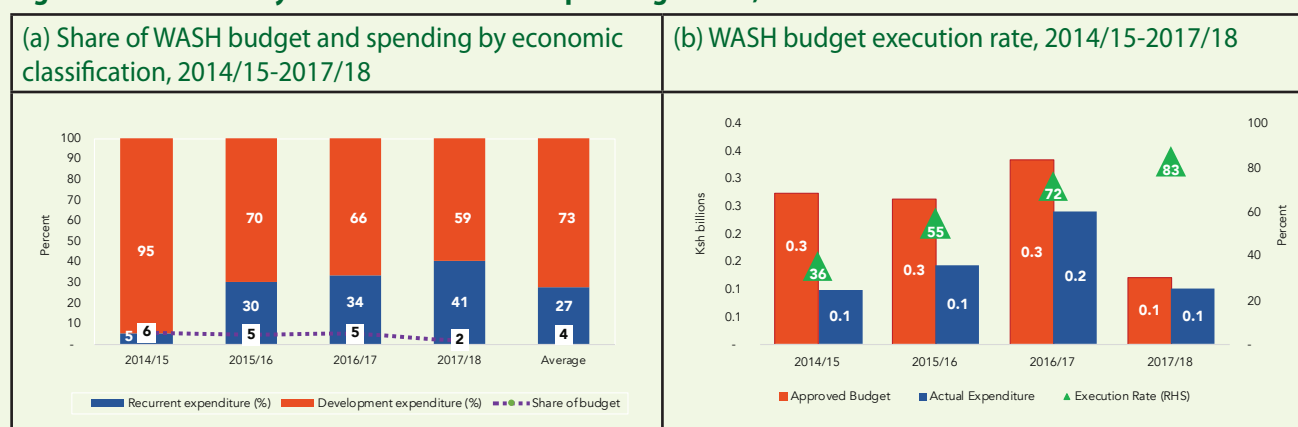
Source: Kenya National Bureau of Statistics (2014), KDHS 2014; County Integrated Development Plan (CIDP) 2018

**Access to improved water and sanitation was 66 per cent and 98 per cent, respectively.** The population within the service area of water utility (company) decreased from 82 per cent to 81 per cent between 2014 and 2018. The proportion of population covered or served by the utility improved from 53 per cent in 2014 to 80 per cent in 2018. The sector experiences the problem of non-revenue water<sup>6</sup> at about 42 per cent as at 2018, an improvement from 50 per cent in 2014. High non-revenue water denies the water utility revenue to enhance water service delivery and in meeting operations and maintenance costs.

### 3.3.2 Water and sanitation budget and expenditure

**The total budget allocation to the sector as a share of total county budget allocation during the review period was, on average, 4 per cent.** Total spending on the sector increased from Ksh 0.1 billion in 2014/15 to 0.2 billion in 2016/17 before declining to Ksh 0.1 billion in 2017/18. Spending consisted of an average 27 per cent recurrent and 73 per cent development. However, the absorption rate increased from 36 per cent in 2014/15 to 83 per cent in 2017/18.

**Figure 7: Embu County water and sanitation spending trends, 2014-17**



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

### 3.3.3 Water and sanitation medium term expectations

Lack of reliable water and provision of sanitation services remain a major challenge for the sector. In the CIDP 2018-2022, the county aims to provide adequate reliable water and improve the storage capacity of water. Key priorities under the sector also include provision of sanitation services.

## 3.4 Child Protection, Youth and Women

### 3.4.1 Child protection, youth and women priorities

**The County Integrated Development Plan (CIDP) 2013 to 2017 highlighted key priorities for the sector.** For children, the county aims to increase the capacity of families and communities taking care of orphaned and vulnerable children (OVCs), strengthen retention of OVCs within households, and engage community fostering.

**Specifically, on social child protection, the county recorded a high number of reported cases of child neglect and abandonment rising from 9 cases in 2014 to 2,183 cases in 2018.** Similarly, the child emotional abuse and child physical abuse increased from 1 and 2 in 2014 to 13 and 253 in 2018, respectively. However, cases of child sexual abuse declined significantly. Child physical and emotional abuse increased during the period (Table 5).

**Table 5: Embu County selected social protection performance indicators**

Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	9	767	2,183	73245
Child Sexual Abuse	6	636	1	172
Child Trafficking, Abduction and Kidnapping	-	32	26	1022
Child Labour	-	168	1	378
Child Emotional Abuse	1	58	13	853
Child Physical Abuse	2	583	253	2031
Female Genital Mutilation	-	9	6	40

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

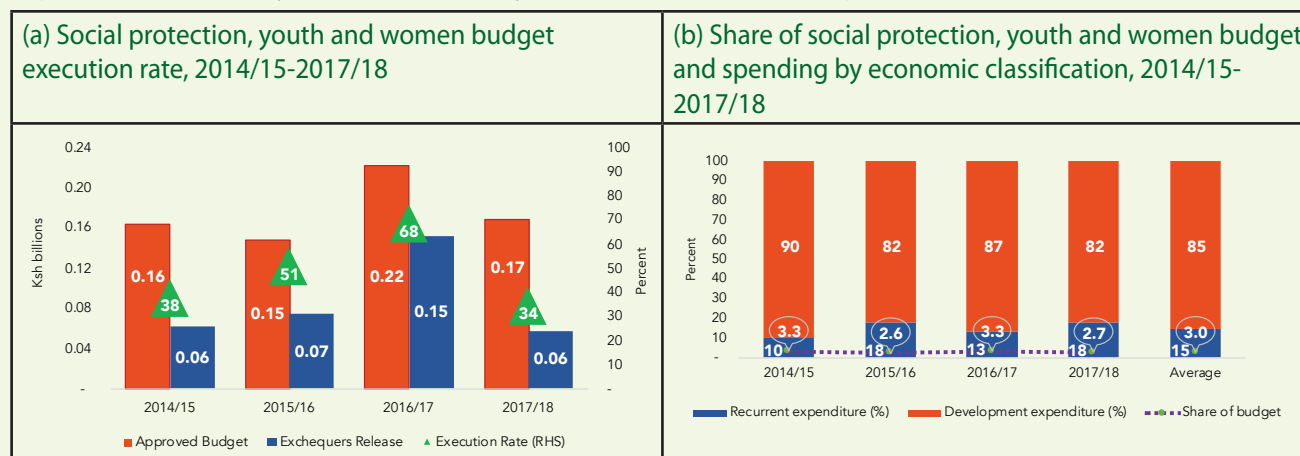


The county reported only 6 cases of female genital mutilation (FGM) in 2018. The low/non-reporting of FGM to government institutions can be attributed to either the intensive campaigns and initiatives to protect the girl child, or fear by the population to report such cases, and culture that approves such practices.

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

The sector's budget allocation as a share of total county budget allocation during the review period averaged 3 per cent. Spending on the sector was, on average, Ksh 0.17 billion and constituted 85 per cent development and 15 per cent recurrent. The share of absorption rate improved from 38 per cent in 2014/15 to 68 per cent in 2016/17 before declining to 34 per cent in 2017/18 due to prolonged drought period and failure by the county exchequer to release the entire approved budget amount.

**Figure 8: Embu County social protection, youth and women spending trends, 2014/15-17/18**



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

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

The county CIDP 2018-2022 aims to empower and provide welfare services to vulnerable members of the society. The key priorities for the county include empowering PWDs through training, providing them with a fund, establishing cash transfers, and promoting programmes aimed at alleviating suffering especially for the elderly. With increasing demand for social protection in programmes such as cash transfers, there is need to align the county government social protection programmes with national government to avoid duplication of activities while ensuring that the available resources are focused to vulnerable groups including women, youth, children, PWDs and the elderly.

## 3.5 Nutrition

### 3.5.1 Nutrition priorities

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

**Table 6: Selected nutrition performance indicators**

Indicators	2014-County	2014-National
Stunted children (%)	26.8	26.0
Wasted children (%)	3.0	4.0
Underweight children (%)	11.1	11.0
Vitamin A supplements coverage	55.1	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	78.5	71.4
Proportion of children consuming adequately iodized salt.	100.0	99.1
Proportion of households consuming adequately iodized salt.	100.0	99.2
Household salt iodization (50 – 80 mg/Kg KIO <sub>3</sub> ) (% samples)	44.0	57.0
Number of Women (BMI)	23.7	23.2
Overweight or obesity among women aged 15 to 49 years.	33.5	28.9

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

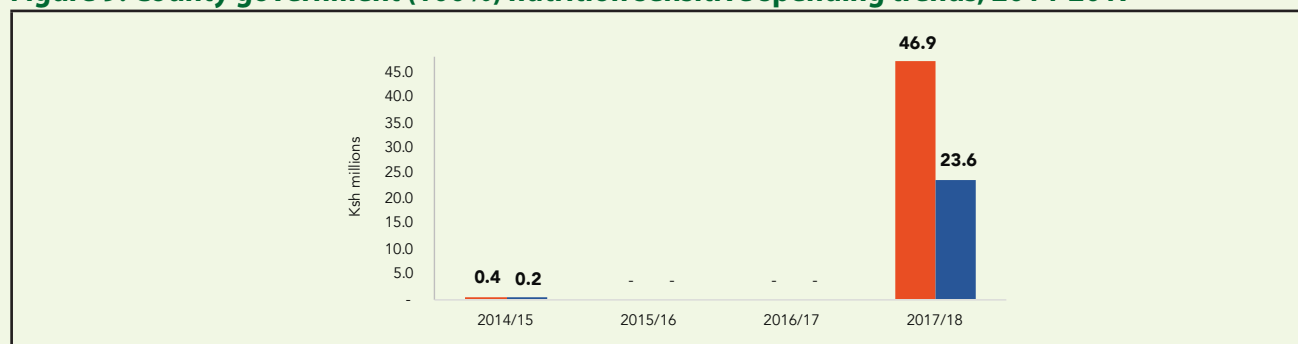
**For children, county nutrition indicators were generally higher than national averages, according to 2014 data.** Stunting stood at 27.6 per cent of the population while wasting and underweight children stood at 3 per cent and 11 per cent, respectively (Table 6). Furthermore, while the proportion of households consuming adequately iodized salt in the county was slightly higher than the national figure, the proportion remained lower than the target proportion of 100 per cent. Vitamin A supplementation among children aged 6 to 59 months was high compared to the target proportion of 80 per cent and far above the national coverages of 24 per cent in 2014.

**The proportion of overweight or obese women in the county stood at 34 per cent, higher than the national average of 28.9 per cent.** The average Body Mass Index (BMI) <sup>7</sup> of women in the county was 24.1.

### 3.5.2 Nutrition budget and expenditure

**The county spending on nutrition (direct nutrition interventions) in nominal terms was Ksh 0.4 million in 2014/15.** During the financial years 2015/16 and 2016/17, there was no direct spending on nutrition. This could be attributed to lack of proper nutrition plans in the county.

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



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

### 3.5.3 Nutrition medium term expectations

The CIDP 2018-2022 outlined key areas of focus in the nutrition sector. The county sought to improve the nutrition status of children under 5 years through a reduction of children who are stunted, underweight and those who are wasted. In the period 2018-2022, the county plans to promote nutrition education and strengthen Community Units to offer broad-based services to eliminate malnutrition cases. To realize the objective, the county will be required to increase the share of nutrition-sensitive spending, which has been inconsistent. Proper support and partnerships to enhance uptake of the *Linda Mama* programme, which provides antenatal, skilled delivery/neonatal and post-natal care, is important.

## 3.6 Other Initiatives for Special Interest Groups

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

#### a) AGPO

During the period under review, the county reported compliance to the 30 per cent allocation of Access to Government Procurement Opportunities (AGPO) reserved for women, youth and Persons with Disability (PWDs). A total of 285 youth, 185 women and 20 PWDs were issued with AGPO certificates. In the medium term, the county has the following plans to undertake the following initiatives.

#### b) Children

The county developed a children's Act and established over 15 children's centres to ensure protection of children in the county.

#### c) Youth

The county has facilitated youth groups' access to youth enterprise funds. This has seen an upsurge in self-help groups registration in the county since the youth have no collateral required to acquire loans and other credit facilities.

#### d) Women

The county aims to refurbish and establish women empowerment and gender-based violence (GBV) rescue centres. The process to develop a gender policy and strategic plan has been initiated. Collection of women database to facilitate empowerment through credit and savings activities has also been initiated.

Prevention and response to gender-based violence (GBV) is also highlighted as a major activity for the county. 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 been developed.

#### 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 devices 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	An estimated 82 per cent of the GCP of the county comes from services and agriculture sector. However, agriculture productivity is vulnerable to weather shocks since it is rain-fed agriculture.	The county should put in place measures to mitigate weather shocks, while at the same time promoting manufacturing through agro-processing and enhancing access to agriculture markets, including collaboration with the private sector.	County Treasury and Planning/ County Executive/Department of Agriculture
Revenue	The county's own source revenue increased marginally from Ksh 0.168 billion to Ksh 0.416 billion between 2014/15 and 2017/18. However, as a share of total revenue, the county own source revenue has been declining over the same period.	To improve the share of own revenue, the county should strengthen measures for tax collection and management.	County Treasury and Planning/ Directorate of Revenue
Expenditures	The county's child protection, youth and women budget allocation as a share of total county budget allocation during the review period averaged 3 per cent. Spending on the sector was on average Ksh 0.17 billion.	Ensure that the resources are effectively allocated and efficiently used to improved service delivery to the county residents including women, PWDs, youth and children.	All sectors/County Treasury and Planning/ County Executive
Health	Maternal and child health outcomes have improved, but the rate of child immunization is yet to achieve full immunization coverage.	To achieve 100 per cent immunization coverage, the county should prioritize investments in immunization.	County Treasury and Planning / County Department of Health
Education	The budget for ECDE increased from Ksh 0.2 billion in 2014/15 to Ksh 0.5 billion in 2017/18.	Allocate more resources for the ECDE programme and ensure that the county core function of ECDE and TVET is given priority rather than using departmental share to give education bursaries for other levels of education whose national share is growing. Enrolment in schools including ECDE is quite low. The county should embark on a campaign to increase enrolment both in schools and TVET.	County Treasury and Planning/ County Department of Education
WASH	About 40 per cent of the population have no access to improved water sources, and sewerage coverage was on a declining trend from 28 per cent to 23 per cent of the population in the period 2014-2018.	More investment in new water infrastructure with attention to operations and maintenance of the existing infrastructure and accessibility by households to remove the burden on children and women.	County Treasury and Planning/ County Department of Water and Sanitation/Water Utilities
Child Protection, Youth and Women	There is significant duplication of social services, youth, gender and culture services between the two levels of government.	Align the county government social services programmes with national government programmes to avoid duplication of 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	The county only committed Ksh 25 million in one fiscal year (2014/15) to interventions that directly contribute to boosting child nutrition, at a time when nearly a third (27.2%) of the children are stunted.	The county should ensure that direct nutrition interventions, across several sectors such as agriculture, education and health are budgeted for with clear budget lines.	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 declined from 57 per cent in 2014/15 to 31 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.	County Treasury and Planning; All Departments; National Treasury
Disaggregated Data	Due to limited disaggregation of data, 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.	This was an under-investment given that this segment of the population is the most vulnerable.	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 equivalized disposable income (after social transfers) is below the at-risk-of-poverty threshold, which is set at 60% of the national median value.
- 4 *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.
- 5 Base year 2013.
- 6 *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).
- 7 *Body Mass Index* (BMI) is a value derived from the mass (weight) and height of a person. It is expressed in units of Kg/M<sup>2</sup>. Broadly, a person is categorized as underweight if BMI is below 18.5 Kg/M<sup>2</sup>; normal weight: between 18.5 Kg/M<sup>2</sup> and 25 Kg/M<sup>2</sup>; and overweight: 25 Kg/M<sup>2</sup> to 30 Kg/M<sup>2</sup> and obese: over 30 Kg/M<sup>2</sup>.

## 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. The entire process of preparing the brief was guided by Dr. Rose Ngugi (Executive Director, KIPPRA). The KIPPRA technical team consisted of Dr. Eldah Onsomu, Victor Mose, Boaz Munga, Samantha Luseno, Lawrence Kinuthia, Stella Mutuku, Teresa Bosibori, Phares Mugo, Rose Ngara-Muraya and James Ochieng. The brief was edited and designed by Felix Muriithi, Kenneth Kiptanui and Isaiah Muthui.

The contribution from the following government institutions notably; Council of Governors (CoG), County governments, Controller of Budget (CoB), Commission for Revenue allocation (CRA), National Gender and Equality Commission (NGEC), Ministry of Health (MoH)-Division of Nutrition and Dietetics, Ministry of Education (MoE), Ministry of Water and Irrigation (MoWI), Ministry of Public Service Youth and Gender (MPSYG), Kenya School of Government (KSG) was instrumental in the production of this brief.

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

We are also grateful to the UN Women team comprising 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**

