

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



County Government of Isiolo

KEY HIGHLIGHTS OF THE BRIEF

This brief provides an analysis on how the County Government of **Isiolo** 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. The brief specifically focuses on health, education, child protection services, nutrition, water and sanitation. The analysis was based on budget data and information collected through interviews with relevant county stakeholders. The key highlights from the analysis are summarized below:

- a) **An estimated 66 per cent of the Gross County Product (GCP)¹ of Isiolo, which was ranked 47th out of 47 based on its GCP, comes from services.** The contribution of industry and agriculture are low and may need to be enhanced to have a more balanced economy. The county needs to promote and attract investments in industry and agriculture.
- b) **The county's own source revenue decreased to under Ksh 115 million in 2017/18 relative to Ksh 125 million in 2013/14.** As a share of total revenue, the county's own source revenue declined marginally from 5 per cent in 2013/14 to 4 per cent in 2017/18. Overall, total county revenue increased from Ksh 2.5 billion in 2013/14 to Ksh 4.3 billion in 2017/18, mainly because of increasing transfers from the national government. The county needs to improve the share of its own source revenue by strengthening measures for tax collection and management.
- c) **The budget for health declined from Ksh 0.55 billion in 2014/15 to Ksh 0.4 billion in 2015/16 but increased to Ksh 0.5 billion in 2017/18.** There was widespread improvement in key health indicators of children and women, including child immunization from 57.4 per cent in 2014 to 65.9 per cent in 2018, and access of women to skilled delivery from 56.2 per cent in 2014 to 76.4 per cent in 2018. The improvements occurred despite a downward trend in health spending during the period. There is need to identify and address constraints that stifle access to immunization services, which is the only indicator that was poorer than the national average.
- d) **The budget for Early Childhood Development Education (ECDE) averaged Ksh 0.2 billion over the review period.** The gross ECDE enrolment rate decreased from 107.7 per cent in 2014 to 85.2 per cent in 2018 while net enrolment rate (NER) decreased from 98 per cent to 54.3 per cent during the same period. This was generally lower than national averages of 94.4 per cent and 63.5 per cent, respectively, as at 2018. The major challenges include budgetary constraints, shortage of staff and inadequate working tools and equipment. The county should ring-fence ECDE resources so that they are not used for other purposes such as secondary and higher education bursaries.
- e) **The county recorded an improvement in total spending on the water and sanitation sector from Ksh 0.2 billion in 2014/15 to Ksh 0.7 billion in 2016/17 before declining to Ksh 0.5 billion in 2017/18.** The budget execution rate increased from 83 per cent in 2014/15 to 93 per cent in 2016/17 before declining to 75 per cent in 2017/18. The county recorded an increase in water coverage by utilities and a decline in the proportion of non-revenue water. The county should improve execution of WASH budget for improved WASH related indicators.
- f) **The county's allocation to child protection, youth and women increased to a maximum of Ksh 0.28 billion in 2017/18 from a minimum of Ksh 0.1 billion in 2014/15.** There is a significant increase in reported cases of child neglect and abandonment from 2 cases in 2014 to 678 cases in 2018. Looking forward, the county needs to increase allocation to child protection given the high levels of child neglect, abandonment and child labour, and expand

relevant social services to reach vulnerable girls as a protective measure against early pregnancies, FGM, early and/or forced marriages.

- g) The county's spending on direct nutrition interventions was volatile during the review period, declining from Ksh 74 million in 2014/15 to lowest of Ksh 60 million in 2016/17, but increased to Ksh 134 in 2017/18.** The county proportions of stunted and underweight children are still high at 19 per cent and 13 per cent, respectively. An overriding challenge is that nutrition plans for the county are not clearly articulated in its budgets for development plans and programmes. There is need for the county to enhance articulation of nutrition in county plans pegged on the national policy and action plans.
- h) The budget execution rate for most social sector budgets, including health, ECDE water and sanitation, was low. The budget execution rate for ECDE and child protection, youth, and women was 40 and 69 per cent in 2017/18, respectively.** The low budget execution rate were 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 problematic 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 vulnerable groups. On child protection, for example, the county recorded an increase in the number of reported cases of child neglect and abandonment from 2 in 2014 to 678 cases in 2018, yet there is no specific budget line for this.

1. COUNTY OVERVIEW

Isiolo county occupies a land area of approximately 25,700 km² and is divided into 3 sub-counties and 10 wards. The county has a population at 268,002 million, which is 0.6 per cent of the national population. The county population is constituted of 139,210 males, 128,483 females and 9 intersex persons.

In 2015/16, the overall poverty rate of the county was 52 per cent, with 8.9 per cent living in extreme poverty, which was worse than the overall national poverty rate of 36.1 per cent and extreme poverty rate of 8.6 per cent. Among children, at least one in two were affected by monetary poverty or lack of financial means.³ The proportions of youth and women in monetary poverty were 45.5 per cent and 55.2 per cent, respectively. Additionally, 52.7 per cent of children were living in multidimensional poverty; that is, deprived in various dimensions including nutrition, healthcare, education, housing and sanitation.⁴ The youth and women recorded multidimensional poverty rates of 54.0 and 57.6 per cent, respectively. Monetary and multidimensional poverty rates for youth, women and children were above national averages. The overall high rates of poverty, especially among younger populations and women, implies the need to enhance targeting to these groups.

2. STATE OF COUNTY ECONOMY

2.1 Gross County Product Growth

Isiolo County accounted for 0.2 per cent of the national GDP in 2017. In gross real per capita terms, the GCP per capita growth rate increased from 4.4 per cent in 2014 to 5.4 per cent in 2015, before declining to 1.3 per cent in 2016 and growing yet again to 4.4 per cent in 2017 (Figure 1a). The most recent downturn was largely due to the prolonged drought across the county.

The main economic activity is services, which accounts for 66 per cent of the county's GCP and contributes 0.14 per cent to the overall national GDP. Agriculture contributes 21 per cent of the county's GCP while other industries – mainly agro-based processing – accounted for 13 per cent of GCP (Figure 1b). There is hardly any manufacturing activity, implying the need to increase efforts to enhance value addition as a potential driver of job creation.

2.2 Overall Budget Performance

The county government annual nominal spending grew from Ksh 2.8 billion to Ksh 3.4 billion between 2014/15 and 2016/17, before a moderate cut in 2017/18 (Figure 2(a)). Although real spending grew, the effect of inflation accounts for,

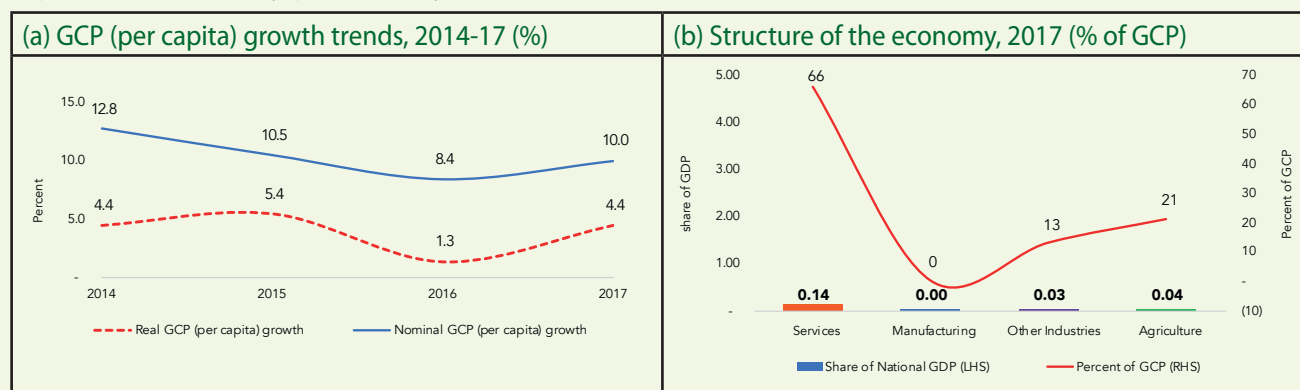
Table 1: Isiolo county administrative, poverty and demographic profile

Administrative Profile							Latest Available
Area (km ²)							25,700
Number of sub-counties							3
Number of wards							10
Overall poverty (%)							52%
Extreme poverty (%)							8.9%
Population (2019)							268,002
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
Monetary Poor							
Male (%)	57.5%	42.1%	45.8%	29.1%	50.4%	30.5%	
Female (%)	54.0%	41.0%	45.3%	28.8%	55.2%	34.1%	
Total (%)	55.8%	41.6%	45.5%	28.9%	53.4%	32.4%	
Population	76,535	20,742,290	44,347	13,443,268	24,836	7,847,350	
Multidimensionally Poor							
Male (%)	53.8%	49.3%	52.4%	44.7%	51.0%	51.0%	
Female (%)	51.5%	47.1%	55.3%	49.4%	57.6%	60.8%	
Total (%)	52.7%	48.2%	54.0%	47.1%	53.0%	56.1%	
Population	76,535	20,742,290	44,347	13,443,268	24,836	7,847,350	

Source: Kenya National Bureau of Statistics (2018)

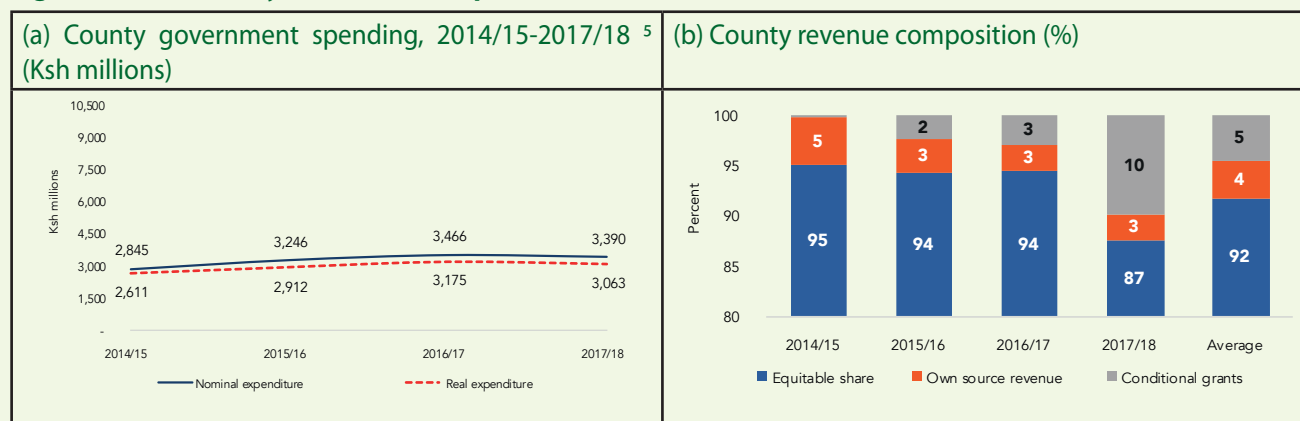
on average, Ksh 247 million in loss of purchasing power during the period. The county's spending is largely dependent on national government transfers which account for, on average, 92.8 per cent of total revenue. The burden of the drop in the county government spending predominantly affects social sector spending, which are recurrent in nature. The contribution of own source revenue and conditional grants was on average 7.2 per cent (Figure 2b). There is need for enhanced fiscal efforts to accelerate revenue mobilization from both local revenue and conditional grants.

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



Source: KNBS (2019) Statistics

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

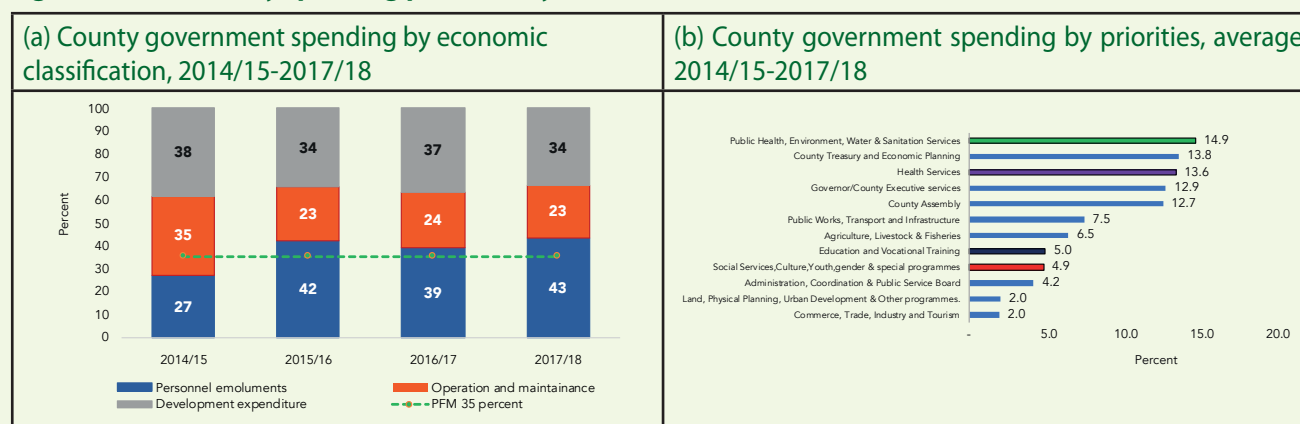


Source: Office of the Controller of Budget (Various) reports, 2014-2018

The development share of the actual spending fluctuated between a maximum of 38 per cent and a minimum of 34 per cent during the period. The recurrent expenditure, personnel emoluments, and operations and maintenance costs dominate spending, and accounting for above 60 per cent of county government total spending throughout the period. Wages alone account for above 35 per cent of total county spending between 2015/16 and 2017/18. This reflects compliance with the Public Finance Management (PFM) Act 2012 provision that limits development spending at a minimum of 30 per cent of total budget over the review period and noncompliance to the PFM 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 in the 2015/16 and 2017/18..

The county spent over 44.8 per cent of total expenditure in the period on health, education, agriculture, nutrition, social protection, youth, gender, water and sanitation. The impact of this expenditure in the various programmes and activities varies based on the key indicators.

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



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

3. ANALYSIS OF SOCIAL SECTOR SPENDING

3.1 Health

3.1.1 Health sector priorities

During the period under review, the county outlined key priorities that targeted children, youth, women and persons with disability. For women, the county sought to provide modern maternity services in all the existing health facilities without maternity units. The county also targeted to undertake HIV/AIDS prevention programmes targeting the youth and pregnant mothers as they were most vulnerable. The county targeted strengthening its community health strategy in a bid

Table 2: Isiolo county selected health sector performance indicators

Selected Health Indicators	2014		2015		2016		2017		2018	
	County	National	County	National	County	National	County	National	County	National
U5MR (death per 1,000 live births) 2016 Estimate	-	-	-	-	60.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	790.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	56.2	53.5	66.7	56.9	67.5	59.3	50.3	53.0	76.4	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	88.9	76.4	99.5	75.4	99.7	76.9	82.5	73.7	107.5	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	39.0	35.9	43.0	39.7	45.4	39.8	30.7	32.6	49.9	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	57.4	70.2	73.3	75.7	63.4	72.4	46.6	65.9	65.9	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	14.4	6.8	16.0	7.2	12.2	6.6	20.4	10.1	8.9	4.0
Still Birth Rate (Source : DHIS2)	21.5	29.3	23.4	22.6	28.8	21.5	20.2	22.6	22.9	20.4

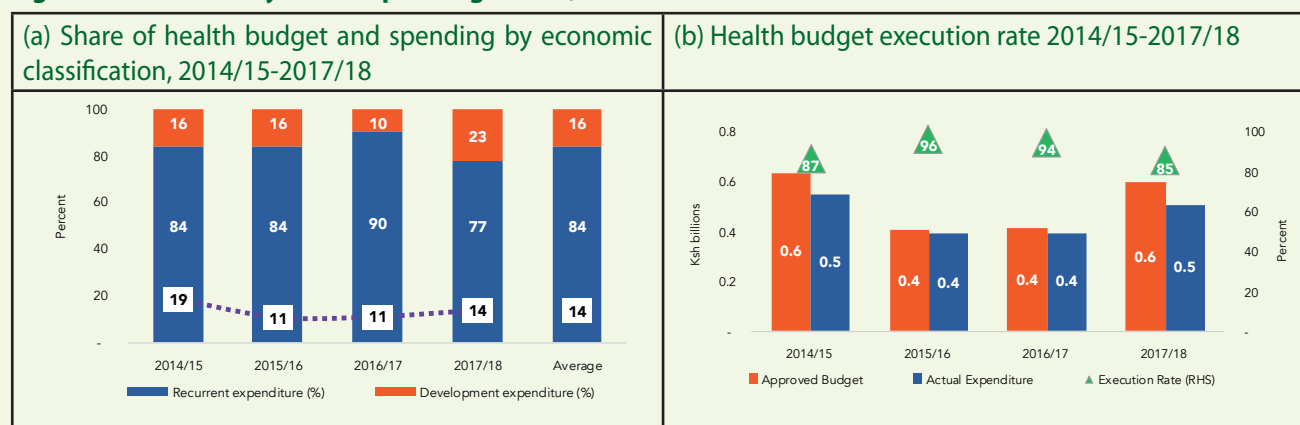
Source: Ministry of Health (2018), Demographic Health Information System (DHIS)

to enhance access to health services by vulnerable groups, including persons with disability. Some of the strategies to be implemented included: construction of additional dispensaries; establishment of community health units in Cherab, Chari, Kinna and Oldonyiro wards; and providing incentives such as a monthly token of Ksh 2,000 for community health workers. The county also aimed to increase the number of children vaccinated from 83.4 per cent to 100 per cent during the period.

The number of women who had access to skilled delivery increased from 56.2 per to 76.4 per cent in 2018 and remained above the national average over the review period, with the exception of 2017. The proportion of pregnant women attending at least one antenatal care visit increased from 88.9 per cent in 2014 to 107.5 per cent in 2018. However the county recorded a maternal mortality rate of 790 deaths per 100,000 live births against a national average of 495 deaths per 100,000 live births in 2016.

The performance of health indicators for children in the county improved review period. Under 5 mortality rate was at 60 per 1,000 against a national average of 79 per 1,000 live births. The proportion of children under one year who are fully immunized increased from 57.4 per cent in 2014 to 65.9 per cent in 2018 but remained lower than the national average over the review period. The proportion of DPT/Hep+HiB3 dropout rate declined from 14.4 per cent in 2014 to 8.9 per cent in 2018 while the proportion of still birth rate recorded a highest of 28.8 per cent in 2016 and a lowest of 20.2 per cent in 2017.

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



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

3.1.2 Health budget and expenditure

The budget allocation to health and actual health expenditure declined in the subsequent period relative to the spending in 2014/15. Actual health spending declined from Ksh 0.55 billion in 2014/15 to less than 0.4 billion in 2015/16 and 2016/17 periods before increasing slightly to Ksh 0.51 billion in 2017/18. The share of health spending to total spending was 14 percent in 2017/18, representing a decline from an initial share of 19 per cent in 2014/15. The expenditure composed of 84 per cent recurrent and 16 per cent development (Figure 4a). The absorption rate fluctuated over the review period, recording a maximum of 96 per cent in 2015/16 and a minimum of 85 per cent in 2017/18. The fluctuations in budget execution rates was partly attributed to the failure of the National Treasury to release the full amount approved in the health budget.

3.1.3 Health sector medium term expectations

The county aims to continue improving reproductive and maternal health. This is expected to yield an increase in number of skilled deliveries from 50 per cent to 95 per cent, and hence a decrease in maternal mortality during the medium term. In addition, the proportion of women of reproductive age receiving family planning is expected to increase from 31.5 per cent to 50.0 per cent. The county also seeks to reduce incidences of communicable diseases, including HIV/AIDS. The impact of interventions will be measured through improvement in various indicators, including: proportion of fully immunized children; proportion of HIV pregnant mothers receiving preventative ARVs; and proportion of mother to child transmission of HIV. Inadequate funding remains a major challenge for the sector.

3.2 Education and Vocational Training

3.2.1 Education sector priorities

County governments are responsible for Early Childhood Development Education (ECDE) and Technical and Vocational Education and Training (TVET) as stipulated in Schedule IV of the Constitution of Kenya 2010. During the plan period 2013-2017, the county education sector focus was to enhance quality and access to ECDE by constructing ECDE facilities and mainstreaming ECDE into the county education system. The county also sought to expand construction of TVET institutions and village polytechnics, and to provide education bursaries to students from poor families.

Gross ECDE enrolment rate decreased from 107.7 per cent in 2014 to 85.2 per cent in 2018 while net enrolment rate (NER) decreased from 98 per cent to 54.3 per cent during the same period. This was generally lower than national averages of 94.4 per cent and 63.5 per cent as at 2018, indicating that the county needs to enhance measures that can improve rates of enrolment in ECDE. There is inequality in access to education between male and female school-going children in favour of boys as shown in Table 3. This can be attributed to the cultural practices in the region, with parents opting to educate boys over the girls.

Gross primary and secondary enrolment rates stood at 92.3 and 50.9 per cent in 2018, respectively. Net enrolment rate (NER) decreased from 85.0 per cent to 72.2 per cent for primary school and increased from 23.6 per cent to 30.9 per cent for secondary school during the same period. More girls than boys of primary school-going age were enrolled while more boys than girls of secondary school-going age were enrolled (Table 3).

Table 3: Isiolo county selected education sector performance indicators

Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	107.7	73.6	85.2	94.4
Net enrolment ratio (%)	98.0	71.8	54.3	63.5
Male (%)	98.6	73.4	53.7	62.5
Female (%)	97.4	70.2	56.2	65.0
School size (Public) (Pupils) (Average)	96.0	75.0	95.0	85.0
Gender parity index (value)	1.0	1.0	-	-
Pupil-teacher ratio (No.) (Public)	87.0	31.0	24.0	31.0
Proportion of enrolment in private schools (%)	30.6	31.5	30.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	100.0	104.0	92.3	107.2
Net enrolment ratio (%)	85.0	88.0	72.2	82.4
Male (%)	87.0	86.0	74.7	81.7
Female (%)	83.0	90.0	69.4	83.0
School size (Public) Average No. of pupils	256.0	338.0	257.0	375.0
Gender parity index (Value)	1.0	1.0	-	-
Pupil-teacher ratio (No.)	37.0	42.0	31.0	40.0
Proportion of enrolment in private schools (%)	22.0	16.0	21.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	28.5	58.7	50.9	66.2
Net enrolment ratio (%)	23.6	47.4	30.9	37.5
Male (%)	28.7	49.6	33.0	35.4
Female (%)	18.5	45.2	28.7	39.8
School size (Public)	-	-	315.9	392.0
Gender parity index (value)	0.6	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	30.0	30.0	20.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	17.4	20.2	16.0	20.0
Proportion of enrolment in private schools (%)	32.2	30.7	15.1	5.8

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

There are only two (2) operational youth polytechnics in the county, which if well-equipped are adequate for the population.

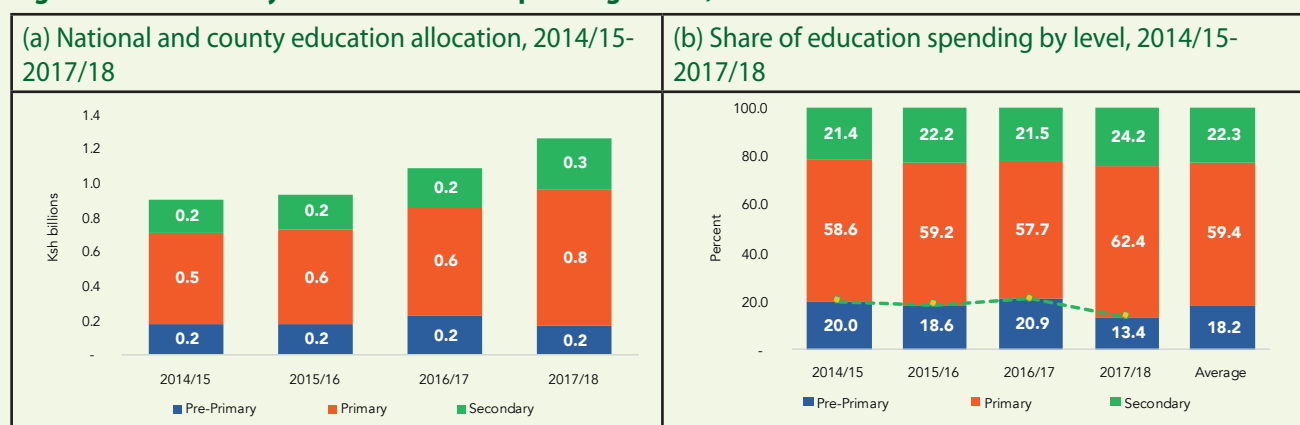
3.2.2 Basic education budget and expenditure

The ECDE budget allocation stagnated at Ksh 0.2 billion between 2014/15 and 2017/18. Allocations to primary school education increased from Ksh 0.5 billion in 2014/15 to Ksh 0.8 billion in 2017/18 while allocations to secondary school

increased from Ksh 0.2 billion in 2014/15, 2015/16, and 2016/17 to Ksh 0.3 billion in 2017/18 (Figure 5a). Allocation to ECDE as a share of total spending on basic education during the period was on average 18.2 per cent (Figure 5b).

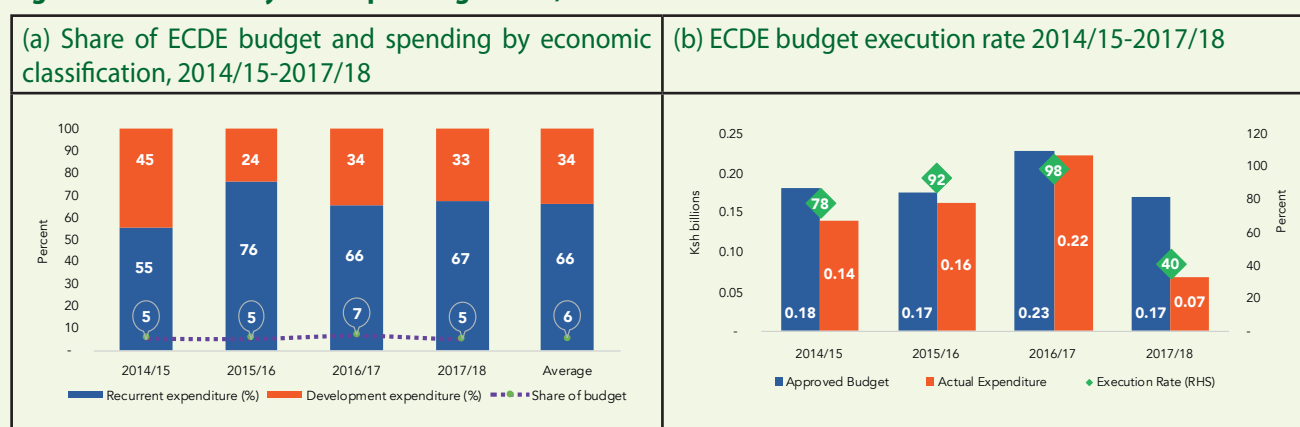
The share of ECDE budget in the total county budget allocation increased from 5 per cent in 2014/15 and 2015/16 to 7 per cent in 2016/17 before decreasing to 5 per cent in 2017/18. Total spending on ECDE increased from Ksh 0.14 billion in 2014/15 to Ksh 0.22 billion in 2016/17 before decreasing to Ksh 0.07 billion in 2017/18 (Figure 6b). Spending comprised of, on average, 34 per cent development expenditure and 66 per cent recurrent expenditure during the period (Figure 6a). The absorption rates increased from 78 per cent in 2014/15 to 98 per cent in 2016/17 before decreasing to 40 per cent in 2017/18.

Figure 5: Isiolo county overall education spending trends, 2014/15-2017/18



Source: National Treasury (Various), IFMIS

Figure 6: Isiolo county ECDE spending trends, 2014/15-2017/18



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

3.2.3 Education sector medium term expectations

The county government with support from stakeholders aims to continue investing in early childhood development through infrastructural development, employment of ECDE teachers, provision of sanitation facilities and enhanced 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 and acquisition of equipment. Further partnership with national government and other stakeholders will support mitigation measures to ensure that transition rates from primary to secondary school are increased for both boys and girls. Engagement with community members to sensitize them on the social benefits of higher education, particularly for girls, will be critical. For persons with disability, the county will expand the existing school for the deaf to include other children with disabilities, such as the blind, visually impaired and mentally challenged. Financial constraints, shortage of staff and inadequate working tools and equipment remain a major challenge in ECDE and TVET facilities.

3.3 Water and Sanitation

3.3.1 Water and sanitation priorities

The Isiolo County Integrated Development Plan (CIDP) 2013-2017 outlined investments in the expansion of water and sanitation (WASH) infrastructure as the main sector priority. Most of the projects were to be implemented in collaboration with development partners such as SNV and JICA. The county also targeted to implement Phase II of Isiolo Water and Sanitation Project in Isiolo Central Division. In addition, for the water sub-sector, the county sought to preserve water for irrigation and increase water supply through construction of dams along Ewaso Ng'iro river. Rehabilitation of Garbatulla water supplies and construction of Rapsu water supply were also targeted. For the sanitation sub-sector, the county sought to increase water carrying capacity and waste water conveyance in the county.

Access to improved water and sanitation remained unchanged at 75 and 71 per cent, respectively, in the review period and non-revenue water is a significant problem.⁶ The proportion of the population within the service area of water utility (company) decreased from 46 per cent to 39 per cent between 2014 and 2018. The share of population served by the utility improved from 40 per cent in 2014 to 72 per cent in 2018. The sector experiences the problem of non-revenue water, which stood at about 30 per cent in 2018, an improvement from 43 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.

Table 4: Isiolo county selected WASH sector performance indicators

Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	46	*	39	*
Water coverage by utilities (%)	40	53	72	*
Non-revenue water (NRW) (%)	43	42	30	*
Sanitation coverage within utility area (%)	76	69	-	*
Sewerage coverage (%)	10	*	12	*
Access to improved water (%)	75	*	75	*
Access to improved sanitation (%)	71	*	71	59
No toilet facility – Potential open defecation county-wide (%)	22	*	22	8

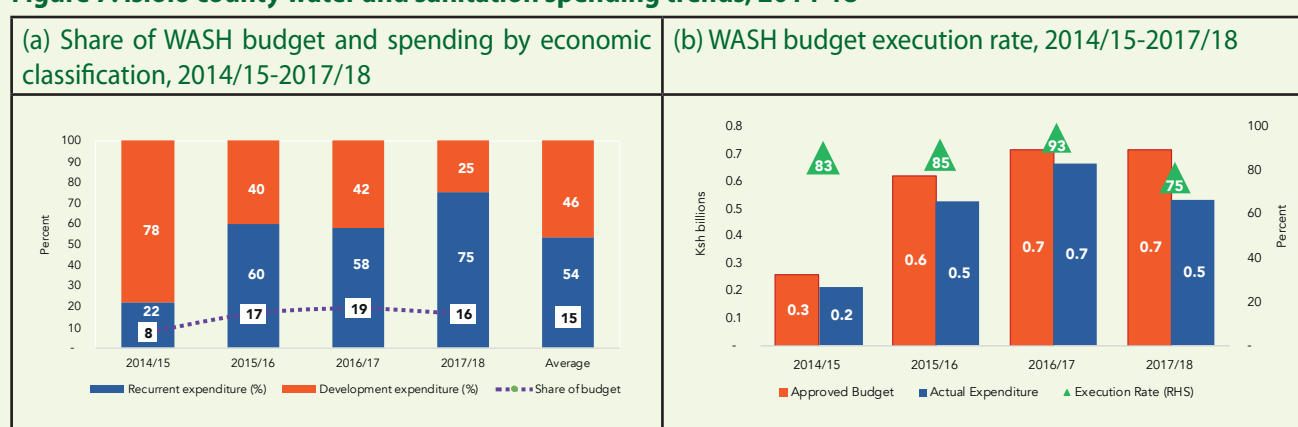
Source: Kenya National Bureau of Statistics (2014), KDHS 2014; County Integrated Development Plan (CIDP) 2018

3.3.2 Water and sanitation budget and expenditure

Although the approved WASH budget increased throughout the review period, actual spending increased in the period leading to 2016/17 before declining in 2017/18. The approved budget allocation increased from Ksh 0.3 billion in 2014/15 to Ksh 0.7 billion in 2016/17 and 2017/18. Total spending on the sector increased from Ksh 0.2 billion in 2014/15 to Ksh 0.7 billion in 2016/17 before declining to Ksh 0.5 billion in 2017/18. The lower actual spending in 2017/18 is nevertheless associated with a larger share of WASH budget (16 percent) to the total county budget relative to a share of 8 per cent in 2014/15.

Most of the spending was on recurrent expenditure which averaged 54 per cent of the WASH spending in the review period (Figure 7(a)). The absorption rate increased from 83 per cent in 2014/15 to 93 per cent in 2016/17 before decreasing

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



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

to 75 per cent in 2017/18. The low absorption rates are attributed to the failure of the national treasury to release the entire approved budget amount and also capacity constraints.

3.3.3 Water and sanitation medium term expectations

Some of the main challenges experienced by the sector during the period include low coverage and access to safe water in urban and rural areas, and low sanitation coverage within the county. In the plan period 2018-2022 the county aims to continue with provision of clean water and solid waste management, and increasing access to decent sanitation. The county aims to enact water and sanitation laws and policies. It also seeks to integrate water resources management and carry out comprehensive water resource mapping. The county also targets to develop a water master plan and undertake detailed feasibility studies into appropriate water technologies. New and extended water distribution systems have also been developed. For the sanitation sub-sector, a sewage treatment pond will be constructed. In addition, the county seeks to lay and extend sewer pipes, construct ablution blocks and construct pit latrines and bathrooms at all water points.

3.4 Child Protection, Youth, and Women

3.4.1 Child protection, youth and women priorities

The County Integrated Development Plan (CIDP) 2013-2017 highlighted key priorities for the sector. For children, the county sought to enhance retention of orphans and vulnerable children in the normal family set up through, in part, training of families and care givers. The county targeted to initiate gender mainstreaming of women's funds, and capacity building of women's groups. Women were also to be equipped in holding positions in project management committees. For persons with disability, the county targeted undertaking an intensive survey to capture the number of PWDs and nurture their disabilities for planning purposes. The county set up an office for PWDs and endeavoured to create employment opportunities for them. Finally, for the youth, anti-drug and pornography programmes were to be implemented. Home craft centres were also to be established for talent promotion.

The county recorded a large increase in reported cases of child neglect and abandonment, rising from two (2) cases in 2014 to 678 cases in 2018. Similarly, reported cases of child physical abuse increased from 4 in 2014 to 9 cases in 2018.

Table 5: Isiolo county selected child protection performance indicators (No. of reported cases)

Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	2	767	678	73245
Child Sexual Abuse	1	636	-	172
Child Trafficking, Abduction and Kidnapping	-	32	-	1022
Child Labour	-	168	-	378
Child Emotional Abuse	-	58	13	853
Child Physical Abuse	4	583	9	2031
Female Genital Mutilation	-	9	-	40

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

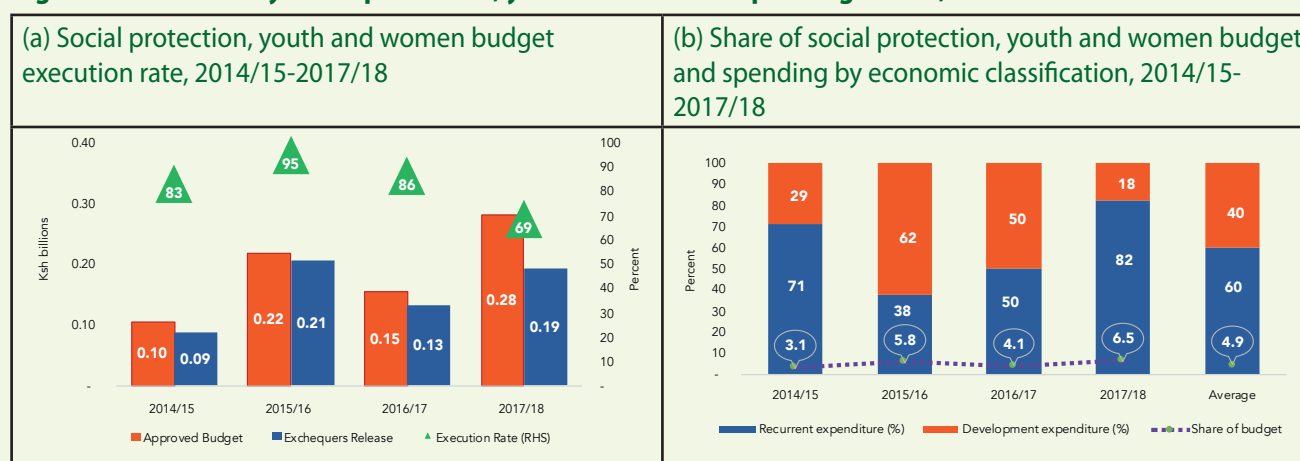
There were 13 reported cases of child emotional abuse in 2018.

Despite its practice, the county had no records of cases of Female Genital Mutilation (FGM). The county also lacks formal mechanisms of capturing data on cases of gender-based violence (GBV). The apparent non-reporting of FGM to government institutions can be attributed to fear to report such cases. It can also be due to wide acceptance of the practice. In order to stem these vices, it is important for the county to monitor the evolution of GBV to have an effective response.

3.4.2 Child protection, youth and women budget and expenditure

The total approved budget fluctuated between a maximum of Ksh 0.28 billion in 2017/18 and a minimum of Ksh 0.1 billion in 2014/15. The sector's budget allocation as a share of total county budget increased from 3.1 per cent in 2014/15 to 5.8 per cent in 2015/16 before decreasing to 4.1 per cent in 2016/17 then increasing to 6.5 per cent in 2017/18. Spending on the sector was dominated by recurrent at 60 per cent relative to 40 per cent for development expenditure. The absorption rates increased from 83 per cent in 2014/15 to 95 per cent in 2015/16 before decreasing to 69 per cent in 2017/18 (Figure 8b).

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



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

3.4.3 Child protection, youth and women medium term expectations

During the plan period 2018 and 2022, the county aims to increase representation of youth in policy and decision making. The county also seeks to promote behaviour change among youth by involving them in carrying out advocacy on HIV and AIDS. For women, the county is promoting advocacy against gender-based violence and harassment in public places. In addition, the county promotes learning activities that encourage women to take up leadership positions. The county has also established women and widow enterprise fund. The county seeks to develop one database for all children benefiting from education bursaries. It also intends to establish special programmes for street families, and rehabilitate orphaned and vulnerable children (OVCs). They also intend to support vulnerable households supporting HIV positive children. The county is also developing a child protection framework.

With increasing demand for child protection, youth and women in programmes such as cash transfers, there is need to align the county government child protection, youth and women programmes with the national government to avoid duplication of activities while ensuring that the available resources are focused to vulnerable groups such as children, women, PWDs and the elderly. Additionally, the county should ensure increased funding towards GBV prevention, response and monitoring and further investment in establishment of safe and protective spaces, including rescue centres for women and girls who are survivors of GBV, or those who are at risk of facing violence.

3.5 Nutrition

3.5.1 Nutrition priorities

According to the County Integrated Development Plan 2013 to 2017, elimination of malnutrition through promotion of nutrition education and nutritional status of households was the focus for the county. One of the key initiatives to be implemented was a county-wide nutritional surveillance to support in county planning.

Table 6: Selected nutrition performance indicators

Indicators	2014-County	2014-National
Stunted children (%)	19.1	26.0
Wasted children (%)	9.1	4.0
Underweight children (%)	12.9	11.0
Vitamin A supplements coverage	44.4	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	81.2	71.4
Proportion of children consuming adequately iodized salt.	96.7	99.1
Proportion of households consuming adequately iodized salt.	98.2	99.2
" Household salt iodization (50 – 80 mg/Kg KIO3) (% samples) "	52.0	57.0
Number of Women (BMI)	22.1	23.2
Overweight or obesity among women aged 15 to 49 years.	25.2	28.9

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

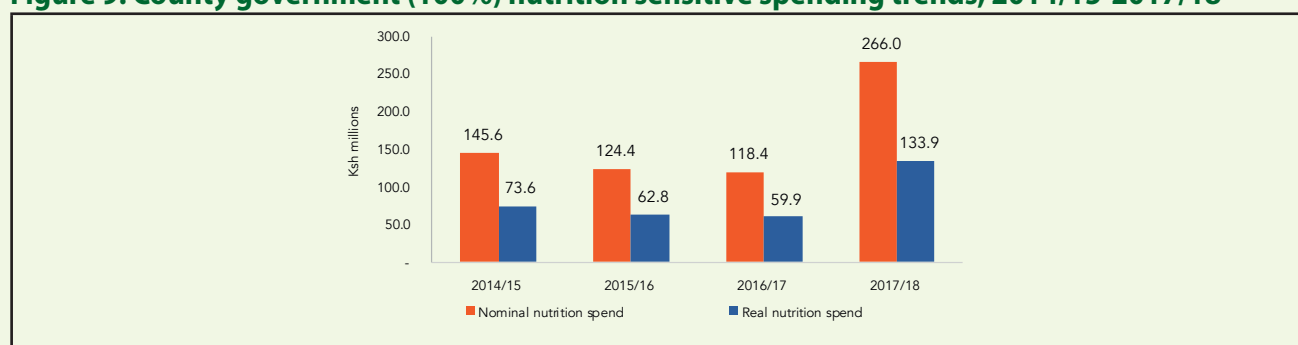
The county nutrition indicators remained relatively low according to 2014 data. Stunting stood at 19.1 per cent of the population compared to a national average of 26 per cent, with wasting and underweight children estimated at 9.1 per cent and 12.9 per cent relative to national averages of 4 per cent and 11 per cent, respectively (Table 6).

The proportion of overweight or obese women in the county was 25 per cent, lower than the national average of 28.9 per cent. The average (BMI)⁷ of women in the county was 22, on average, implying that an average woman was of normal weight rather than underweight (BMI below 17) or overweight (BMI above 25).

3.5.2 Nutrition budget and expenditure

The county spending on nutrition (direct nutrition interventions) in nominal terms decreased from Ksh 146 million in 2014/15 to Ksh 118 million in 2016/17 before increasing to Ksh 266 million in 2017/18. The relatively low and volatile spending in the sector could be attributed to lack of proper nutrition plans in the county.

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 improve nutritional status of children and adults through implementation of primary health care programmes. This is expected to result in reduction of the proportion of wasted children from 18.2 per cent to 10.0 per cent. The number of underweight children is also expected to decrease from 20.9 per cent to 18.8 per cent. The proportion of stunted children is targeted to reduce from 21.6 per cent to 15.0 per cent.

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 disseminated the National ECDE Policy and standard guidelines in 200 centres. The county realized an 11.7 per cent reduction in crude mortality (per 1000 persons); 22 per cent reduction in neo-natal mortality (per 1,000 births); 76 per cent increase in patients within health facilities; 92 per cent enrolled in the pilot universal health care service; expansion in irrigation land; capacity building on value chains in the agribusiness sector; and 40 out of 58 rural health facilities accessed safe water. The following are the other specific initiatives for the different groups.

b) Children: The county implemented a school feeding programme for children enrolled in 155 ECDE centres; equipped the centres with child friendly furniture; constructed 109 ECDE classrooms; provided 30 water tanks and handwash equipment to ECDE centres; and recruited more teachers at the centres. Immunization programmes are also funded by the county.

c) Youth: The county provided the Youth Enterprise Funds; constructed 4 Vocational Training Centres; employed more TVET instructors; enrolled more youths in vocational training; provided capitation grant and bursaries for vocational training centres; constructed stadiums to support sporting events and supported youth sports teams in the county.

d) Women: The county did gender mainstreaming in every department; drafted a gender policy; carried out sensitization activities on sexual and gender-based violence; offered free maternal services in all health facilities; provided women funds; and reduced girls dropping out of school in collaboration with other partners (VSO, CREAW).

e) PWDs: The county carried out a baseline survey to establish the status of PWDs in the county in collaboration with the National Council for Persons With Disability; constructed a class room for the deaf; provided a PWDs fund; equipped PWDs with sporting facilities; and supported the annual sporting and advocacy event "Desert Wheel Race" for PWDs.

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 economy has little diversification. The services sector dominated the county's GCP with low contributions from agriculture and industry	Promote and attract investment in industry and agriculture. There is also need to fast track the development of the industrialization policy to mainstream activities of the manufacturing sector.	County Treasury and Planning/ County Executive/Department of Agriculture
Revenue	Own source revenue as a share of total revenue fell from 5 per cent in 2013/14 and 2014/15 to 3 to 4 per cent in the remainder of the period.	Improve the share of own source revenue by strengthening measures for tax collection and management; and enhance capacity for own source revenue forecasting and analysis.	County Treasury and Planning/ Directorate of Revenue
Health	The budget for health declined from Ksh 0.55 billion in 2014/15 to Ksh 0.4 billion in 2015/16 but increased to Ksh 0.5 billion in 2017/18.	There is need to identify and address constraints that stifle access to immunization services which is the only indicator that was poorer than the national average.	County Treasury and Planning/County Department of Health
Education	The budget for Early Childhood Development Education (ECDE) averaged Ksh 0.2 billion over the review period.	The county should ring-fence ECDE resources so that they are not used for other purposes such as secondary and higher education bursaries.	County Treasury and Planning/ County Department of Education, Youth Affairs, Gender and Social Services
WASH	The county recorded an improvement in total spending on the water and sanitation sector from Ksh 0.2 billion in 2014/15 to Ksh 0.7 billion in 2016/17 before declining to Ksh 0.5 billion in 2017/18.	The county should improve execution of WASH budget for improved WASH related indicators.	County Treasury and Planning/ County Department of Water and Sanitation/ ISIOWASCO
Child Protection, Youth and Women	The county's allocation to child protection, youth and women increased to a maximum of Ksh 0.28 billion in 2017/18 from a minimum of Ksh 0.1 billion in 2014/15.	Looking forward, the county needs to increase allocation to child protection given the high levels of child neglect, abandonment and child labour; and expand relevant social services to reach vulnerable girls as a protective measure against early pregnancies, FGM, early and/or forced marriages.	County Treasury and Planning/ County Department of Culture and Social Services
Nutrition	The county's spending on direct nutrition interventions was volatile during the review period, declining from Ksh 74 million in 2014/15 to lowest of Ksh 60 million in 2016/17, but increased to Ksh 134 in 2017/18.	There is need for the county to enhance articulation of nutrition in county plans pegged on the national policy and action plans.	County Treasury and Planning Department of Health and all other sectors, namely education, agriculture, child protection, youth and women and WASH
Budget Execution	The budget execution rate for most social sector budgets, including health, ECDE water and sanitation, was low. The budget execution rate for ECDE and child protection, youth, and women was 40 and 69 per cent in 2017/18, respectively.	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.	National Treasury/County Treasury
Disaggregated Data	There is inadequate disaggregation of data in expenditure plans and reports. It is therefore problematic 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 child protection, youth and women, the county is better placed to effectively deliver the above-mentioned services, especially to women and girls.	National Treasury/County Planning, Statistics and M&E Unit.

(Endnotes)

- 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).
- See, for example, UNICEF (2017) Early Moments Matter, New York: UNICEF.
- Monetary poverty measures the lack of financial means of households to provide its members with basic goods and services deemed necessary for their survival and development. Extreme poverty refers to an income below the food poverty line. Households whose adult equivalent food consumption expenditure per person per month fell below Ksh 1,954 in rural areas and Ksh 2,551 in urban areas were deemed to be food poor. Similarly, households whose overall consumption expenditure fell below Ksh 3,252 in rural areas and Ksh 5,995 in urban areas, per person per month were considered to be overall poor.
- 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.
- Base year 2013.
- 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).
- 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.

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