

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



County Government of Samburu

KEY HIGHLIGHTS OF THE BRIEF

This brief provides an analysis on how the County Government of **Samburu** 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, 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 55 per cent of the Gross County Product (GCP)¹ of Samburu, which is the second smallest economy (0.3% contribution to GDP) of all the 47 counties in Kenya, comes from services while 41 per cent is from agriculture.** However, agricultural productivity is vulnerable to weather shocks resulting in unpredictable economic growth trends. Moving forward, there is need for the county to grow the economy, promote value addition in services especially tourism, while boosting manufacturing for improved economic activities, job creation and better incomes especially for youth and women.
- b). **The county's own source revenue increased from Ksh 195 million in 2014/15 to Ksh 257 million in 2017/18.** However, the county's own source revenue as a share of total revenue declined by one per cent from 2014/15 to 2017/18 mainly because of equitable share transfers. The county needs innovative strategies to grow own source revenue for improved fiscal performance.
- c). **The budget for health increased from Ksh 0.63 billion in 2014/15 to Ksh 0.97 billion in 2017/18, resulting into improvement in maternal and child health outcomes such as the rate of child immunization.** The number of women who had access to skilled birth deliveries increased from 29.0 per cent in 2014 to 44.8 per cent in 2018. This is largely because of the introduction of free maternity services in 2013. The share of fully immunized children in the county improved from 61 per cent in 2014 to 64.7 in 2018. To improve this further, the county should increase sensitization and investments in immunization.
- d). **The budget for Early Childhood Development Education (ECDE) increased from Ksh 444.8 million in 2014/15 to Ksh 461 million in 2017/18.** Partly because of increased spending on ECDE, the gross ECDE enrolment rate in the county declined from 113 per cent in 2014 to 96.4 per cent in 2018. This indicates that the county needs to conduct public awareness to promote ECDE², alongside vocational and technical training enrolment and address access challenges. It should also ring-fence ECDE resources³ so that they are not used for other purposes such as secondary and higher education bursaries.
- e). **The county allocation for water and sanitation increased from 67 million in 2014 to 408 million in 2018, which was 2 per cent and 8 per cent respectively of the county total budget.** This was an under-investment given that about 58 per cent of the population had no access to improved water sources by 2018. The county needs to increase allocation for WASH.
- f). **The county's allocation to child protection, youth and women has stagnated at an average of Ksh 97.2 million during the review period.** The county reported high disparity between the approved budget and the exchequer

releases. There is need to align the county government social protection programs with national government to avoid duplication of the activities while ensuring that the available resources are focused to the relevant beneficiaries.

- g). The county committed Ksh 172 million in 2016/17 but only 40 million in 2017/18 to interventions which directly contribute to boosting child nutrition, at a time when 42 per cent of the children are stunted.** The county should ensure that direct nutrition interventions, across several sectors such as agriculture, education and health are budgeted for, with visible budget lines. Moreover, nutrition should be well articulated in the County Integrated Development Plans.
- h). The budget execution rate for most social sector budgets, especially health, water and sanitation, was low.** For instance, budget execution rates for water and sanitation declined from 69 per cent in 2014/15 to 32 per cent in 2017/18. The low budget execution rate was partly because approved budgets were not released in time by the national treasury as well as weak procurement and cash flow planning by the county. To improve budget utilization rates, there is need for the national treasury to adhere to disbursement schedules by releasing resources on time. On its part, the county should strengthen procurement systems and improve cash flow forecasting.
- i). Due to limited disaggregation of data in expenditure reports, it was not possible to establish how much of the county government budget was spent on crucial social services such as child protection, youth development, disability and gender mainstreaming.** By having standalone budget lines on the above, the county is better placed to effectively deliver the above-mentioned services, especially to women and girls. On child protection, for example, the county had extremely few cases of child abuse report and no cases of female genital mutilation (FGM), most likely because the culture condones such practices and hence no reporting. There is no specific budget line for this and this may also be a factor. The same also applies to gender-based violence which has increased in recent years.

1. COUNTY OVERVIEW

Samburu county occupies a land area of approximately 21,022 km² and is divided into 3 sub-counties and 15 wards. The county's population as per 2019 national census was 310,327 (156,774 male, 153,546 female and 7 intersex) and accounted for 3.5 per cent of the national population.

In 2015/2016, the overall poverty rate in Samburu county was 75.8 per cent with 42.2 per cent living in extreme poverty, against overall national rates of 36.1 and 8.6 per cent, respectively. Among children, 8 in every 10 children were affected by monetary⁴ poverty or lack of financial means. Moreover, 66.3 per cent of youth and 72.4 per cent of the women were affected by monetary poverty. Additionally, 83.6 per cent of children were living in multidimensional poverty,⁵ deprived in several areas including nutrition, healthcare, education, housing and drinking water, with youth and

Table 1: Samburu county administrative, poverty and demographic profile

Administrative Profile							Latest Available
Area (km ²)							21,022
Number of sub-counties							3
Number of wards							15
Overall poverty (%)							76.0
Extreme poverty (%)							42.2
Population (2019)							310,327
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
Monetary Poor							
Male (%)	79.7	42.1	64.3	29.1	70.2	30.5	
Female (%)	80.7	41.0	68.0	28.8	76.4	34.1	
Total (%)	80.2	41.6	66.3	28.9	72.4	32.4	
Population	147,706	20,742,290	75,922	13,443,268	38,601	7,847,350	
Multidimensionally Poor							
Male (%)	84.5	49.3	75.6	44.7	78.4	51.0	
Female (%)	82.8	47.1	85.7	49.4	84.2	60.8	
Total (%)	83.6	48.2	81.0	47.1	81.0	56.1	
Population	147,706	20,742,290	75,922	13,443,268	38,601	7,847,350	

Source: Kenya National Bureau of Statistics (2018)

women recording 81.0 per cent and 84.2 per cent, respectively. High poverty rates reinforce the vicious cycle of poverty since this is attributable to low economic activity characterized by low gross county product, thus low incomes and high unemployment. The high rates of overall poverty, especially amongst children, youth and women, requires planning and budgeting processes that better considers social sectors.

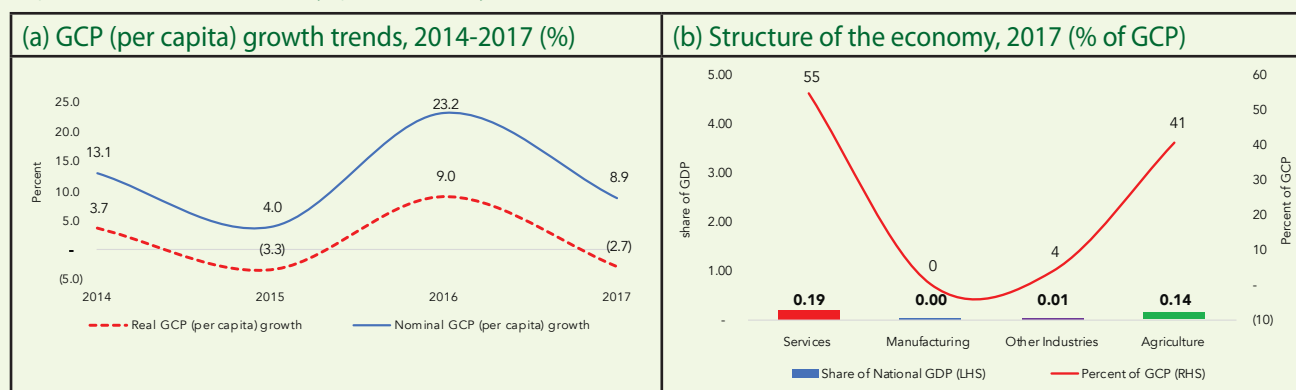
2. STATE OF COUNTY ECONOMY

2.1 Gross County Product Growth

Samburu County accounted for 0.3 per cent of the national GDP in 2017, ranking 46th out of the 47 counties in terms of contribution to GDP. The county recorded a fluctuating economic growth rate over the period under review. The real GCP (per capita) growth declined from 3.7 per cent in 2014, contracting by 3.3 per cent in 2015, then growing to 9.0 per cent in 2016 before contracting again by 2.7 per cent in 2017 (Figure 1a). The contraction in real GCP per capita was largely attributable to severe drought which adversely affected agricultural activities that forms a key source of revenue in the county.

The economy remains reliant on services and agriculture which accounted for 55 per cent and 41 per cent of the GCP, respectively (Figure 1b). Manufacturing and service sub sectors contributed 4 per cent of the GCP. Other industries contributed 28 per cent to the county economy. This call for the need for diversification of the economy to manufacturing, services and other industries/sectors.

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

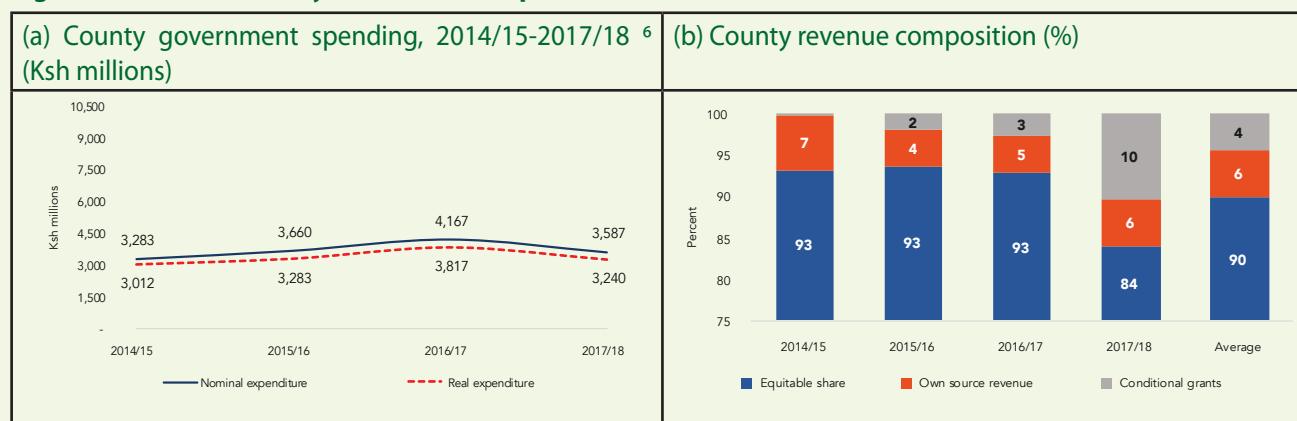


Source: KNBS (2019) Statistics

2.2 Overall Budget Performance

The county government annual spending grew from Ksh 3.0 billion to Ksh 3.8 billion between 2014/15 and 2016/17, before a moderate fall in 2017/18 (Figure 2a). This spending is heavily dependent on national government transfers accounting for about 90 per cent, thus own source revenue contributing 6 per cent. In nominal terms, own source revenue increased from Ksh 195 million in 2014/15 to Ksh 257 million in 2017/18 while the equitable share transfer increased from Ksh 2.7 billion to Ksh 3.8 billion during the same period. Own source revenue as a share of the total revenue fell from 7

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



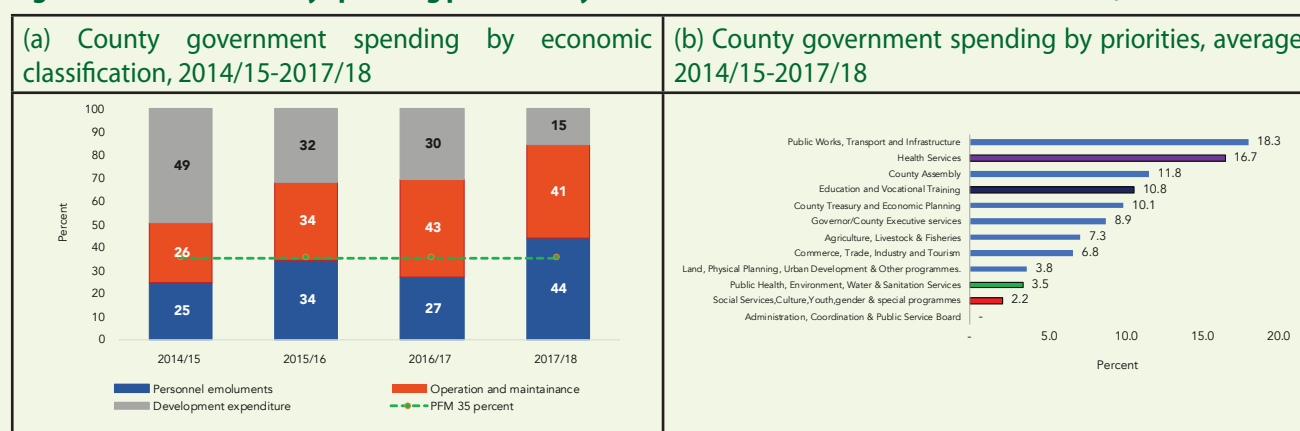
Source: Office of the Controller of Budget (Various) reports, 2014-2018

per cent in 2014/15 to 6 per cent in 2017/18. The burden of the drop in the county government spending predominantly affects social sector spending which are recurrent in nature. There is need for enhanced fiscal efforts to accelerate revenue mobilization from both local revenue and conditional grants (Figure 2b).

The share of actual development budget declined from 49 per cent in 2014/15 to 15 per cent in 2017/18. The recurrent expenditure, constituting of personnel emoluments, operation and maintenance costs, accounted for about 85 per cent of the county government spending in 2018. This leaves only 15 per cent of the county income available for development, which compromises the county long-term objectives including infrastructure development (Figure 3a). This contravenes the Public Finance Management (PFM) Act 2012 provision that caps development spending at a minimum of 30 per cent of total budget and the Regulations 2015 on maximum of 35 per cent for wages and salaries.

The county spent over 40.5 per cent of total expenditure during the period under review on health, education, agriculture, nutrition, social protection, youth, gender, water and sanitation (Figure 3b). These sectors are regarded as being more sensitive to the needs of children, youth and women. The effect of this expenditure on the various programmes and activities vary across sectors.

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



Source: Controller of Budget reports, 2014-2018

3. ANALYSIS OF SOCIAL SECTOR SPENDING

3.1 Health

3.1.1 Health sector priorities

Health is a key spending priority of Samburu County Government and consumed about 16.7 per cent of the total budget in between the period 2014 and 2018 (Figure 3b). During this period, the sector's priorities included: elimination of communicable diseases; halting and reversing the burden of non-communicable conditions that had a rising trend; minimizing the exposure of health risk factors and provision of health services; improving the quality of health services in existing facilities through equipping and improvement of human resource base.

The number of women who had access to a skilled birth attendant during delivery increased from 29 per cent in 2014 to 44.8 per cent in 2018 against the national average of 53.7 per cent in 2014 and 64.9 per cent in 2018, respectively. The proportion of children who were fully immunized declined from 61.0 per cent in 2014 to 53.1 per cent in 2017 but improved to 64.7 per cent in 2018, remaining below the national average throughout the review period. The rate of stillbirths in the county remained below the national average, with the lowest rate recorded in 2015 at 15.2 per cent against the national average of 22.6 per cent. The relatively low uptake of skilled birth attendant services during delivery and high proportion of children born at home demonstrates the low uptake of maternal services in the county, which has a negative effect on the health status of children. There is therefore need for sensitization on availability of and importance of free maternity services.

Infant mortality and under 5 mortality rates were estimated at 60 deaths per 1,000 live births in 2016 against the national average of 79 deaths per 1000 live births.

Table 2: Samburu county selected health sector performance indicators

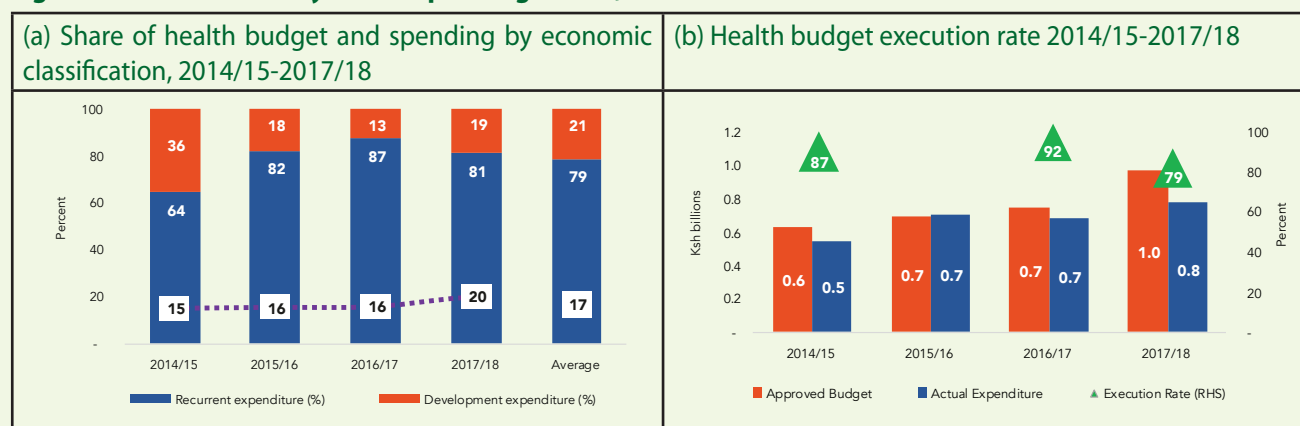
Selected Health Indicators	2014		2015		2016		2017		2018	
	County	National	County	National	County	National	County	National	County	National
U5MR (death per 1,000 live births) 2016 Estimate	-	-	-	-	60.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	472.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	29.0	53.5	34.6	56.9	38.4	59.3	35.0	53.0	44.8	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	72.4	76.4	69.8	75.4	78.6	76.9	64.9	73.7	100.8	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	32.5	35.9	35.3	39.7	33.5	39.8	23.5	32.6	43.9	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	61.0	70.2	59.2	75.7	58.2	72.4	53.1	65.9	64.7	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	12.8	6.8	18.3	7.2	16.2	6.6	24.9	10.1	7.5	4.0
Still Birth Rate (Source : DHIS2)	19.2	29.3	15.2	22.6	22.5	21.5	19.8	22.6	17.9	20.4

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

3.1.1 Health budget and expenditure

The share of health budget in the total county budget allocation increased from 15 per cent 2014/15 to 20 per cent in 2017/18 (Figure 4a). Spending on health comprised of 81 per cent recurrent expenditure and 19 per cent development expenditure in 2017/18 (Figure 4a). The absorption rates increased from 87 per cent in 2014/15 to 100 per cent in 2015/16 but declined to 79 percent in 2017/18. This is attributable to exchequers failure to release the full amount approved in the health budget.

Figure 4: Samburu county health spending trends, 2014/15-2017/18



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

3.1.2 Health Medium Term Expectations

In the CIDP the county plans to continue investing in health, especially in child and maternal health by prioritizing quality health infrastructure and human resources in all sub-counties. The county also aims at investing in reproductive health information especially for the youth and undertake awareness campaigns on the importance of healthy practices. It also aims to continue to invest in provision of quality health services by employment of more health service providers, construction of more health facilities and equipping them. According to the KDHS 2014, 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; sexual and reproductive health needs for all; and access to medical and psychosocial support for survivors of Gender Based Violence (GBV). Other challenges that should be addressed include long procurement processes; delays by the treasury in releasing funding to the sector and pending bills

affecting the overall sector absorption rate. The county will also need to promote women's empowerment through income generating initiatives and affirmative action programmes for better women and children health outcomes. Continued investment and partnerships in awareness raising initiatives towards ending violence against women and girls will promote social inclusion, leading to transformative development for the county.

3.2 Education and Vocational Training

3.2.1 Education Sector Priorities

The county governments are responsible for Early Childhood Development and Education (ECDE) and youth polytechnics which are part of technical vocational education and training (TVETs) and schedule IV of the constitution of Kenya 2010. During the review period, the county education sector focus was to enhance the quality and access to ECDE, youth polytechnics and the bursary award programme for secondary education, TVETs and Tertiary education. Some of the strategies outlined to this end include feeding programme in ECDE sections, ECDE capitation grants, capacity building of ECDE teachers and staff, and establishment of ECDE teachers' college. For basic education, the county sought to increase primary and secondary enrolment rates. For TVETs, the main objective of outlined strategies was to fill the gap in training of middle level and technical employees through increased construction of new centres and incorporation of modern infrastructure.

Gross ECDE enrolment rate decreased from 113.0 per cent in 2014 to 96.4 per cent in 2018 while net enrolment rate (NER) decreased from 91.0 per cent to 58.4 per cent during the same period. The NER rate was lower than the national average of 77.2 per cent in 2018. In addition, more girls were enrolled in ECDE than boys in the county in 2018 by 1.5 per cent, hence inequality in access to education between male and female school-going children (Table 3).

Gross primary and secondary enrolment rates were recorded at 75.3 and 32.1 per cent in 2018, respectively. NER declined from 73.0 per cent to 56.6 per cent for primary school and 17.0 per cent to 16.5 per cent for secondary school over the period under review. The county recorded a decline in the net enrolment rates across the three levels of schooling, ECDE, primary and secondary school. There was one accredited vocational centre in the county enrolling 51 learners in 2018.

Table 3: Samburu county selected education sector performance indicators

Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	113.0	73.6	96.4	94.4
Net enrolment ratio (%)	91.0	71.8	58.4	63.5
Male (%)	92.0	73.4	57.7	62.5
Female (%)	90.0	70.2	59.2	65.0
School size (Public) (Pupils) (Average)	172.0	75.0	152.0	85.0
Gender parity index (value)	0.9	1.0	-	-
Pupil-teacher ratio (No.) (Public)	50.0	31.0	52.0	31.0
Proportion of enrolment in private schools (%)	6.0	31.5	8.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	74.0	104.0	75.3	107.2
Net enrolment ratio (%)	73.0	88.0	56.6	82.4
Male (%)	65.0	86.0	65.7	81.7
Female (%)	81.0	90.0	48.3	83.0
School size (Public) Average No. of pupils	304.0	338.0	309.0	375.0
Gender parity index (Value)	0.8	1.0	-	-
Pupil-teacher ratio (No.)	20.0	42.0	41.0	40.0
Proportion of enrolment in private schools (%)	5.0	16.0	6.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	37.0	58.7	32.1	66.2
Net enrolment ratio (%)	17.0	47.4	16.5	37.5
Male (%)	19.2	49.6	13.1	35.4
Female (%)	14.8	45.2	20.3	39.8
School size (Public)	-	-	401.6	392.0
Gender parity index (value)	0.5	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	20.0	30.0	25.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	15.5	20.2	19.0	20.0
Proportion of enrolment in private schools (%)	24.8	30.7	7.5	5.8

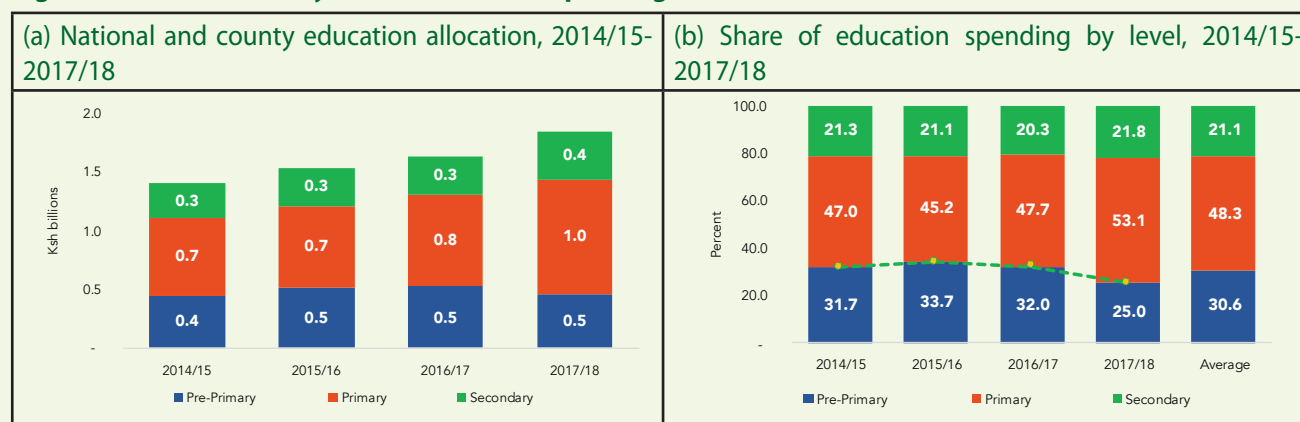
Source: Ministry of Education (Various), Education statistical booklets, 2013-2018

Low relevance of technical skills, inadequacy of facilities, and inadequacy of training tools and materials in the county contributes to the low enrolment rates.

3.2.2 Basic education budget and expenditure

The share of ECDE spending in the county improved from 31.7 per cent in 2014/15 to 33.7 per cent in 2015/16 before declining to 25.0 per cent in 2017/18. Despite the expansion in the overall education sector spending from Ksh 1.4 billion in 2014/15 to Ksh 1.9 billion in 2017/18, ECDE spending stagnated at Ksh 0.5 billion between 2015/16 and 2017/18. ECDE spending averaged 30.6 per cent of total education spending in the county (Figure 5(b)). Primary education spending rose from Ksh 0.7 billion in 2015/16 to Ksh 1.0 billion in 2017/18, while that for secondary improved from Ksh 0.3 billion in 2016/17 to Ksh 0.4 billion in 2017/18 (Figure 5a).

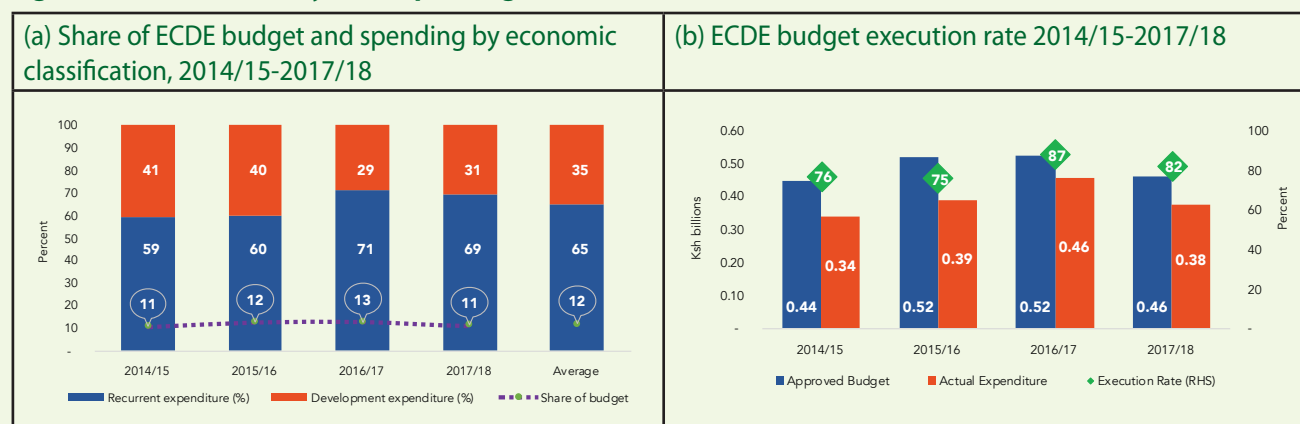
Figure 5: Samburu county overall education spending trends, 2014-18



Source: National Treasury (Various), IFMIS

The share of ECDE budget in the total county budget allocation averaged 12 per cent over the review period, comprising of 65 per cent development and 35 per cent recurrent expenditures (Figure 6a). The absorption rate increased from an average 75 per cent in 2015/16 to 82 per cent in 2017/18. Like the health sector, the years with high exchequer releases compared to the approved ECDE budget had higher absorption rates.

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



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

3.2.3 Education medium term expectations

The county government, with support from stakeholders, aims to continue to invest 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 as well as equipment of both ECDE and vocational training centres. Campaigns and sensitization on the part of the youth especially young women to join TVET will be critical.

3.3 Water and Sanitation

3.3.1 Water and Sanitation Priorities

The County Integrated Development Plan 2018-2022 outlined investment in the expansion of water and sanitation infrastructure as the main sector priority. Additionally, the sector would prioritize creation of awareness on importance of hand washing facilities and management of human waste disposal in rural and informal settlements in the county urban setups. The county objectives were; provision of water and sanitation services, water resources, management and catchments protection. The county planned to rehabilitate and sink boreholes, source for investors, provide latrines at household level, increase surface water harvesting, use of green technology, creating awareness of best hygiene practices, construct sewers and procurement of new reliable off-road vehicles.

Access to improved water was estimated at 42 per cent of the population against the national average of 72.6 per cent. The population within the service area of water utility (company) decreased from 16 per cent to 15 per cent between 2014 and 2018. Proportion of population covered or served by the utility amounted to 35 per cent in 2018. The sector experienced the problem of non-revenue water⁷ at about 38 per cent in 2014. High non-revenue water denies the water utility revenue to enhance water service delivery and in meeting operations and maintenance costs (Table 4).

Table 4: Samburu county selected WASH sector performance indicators

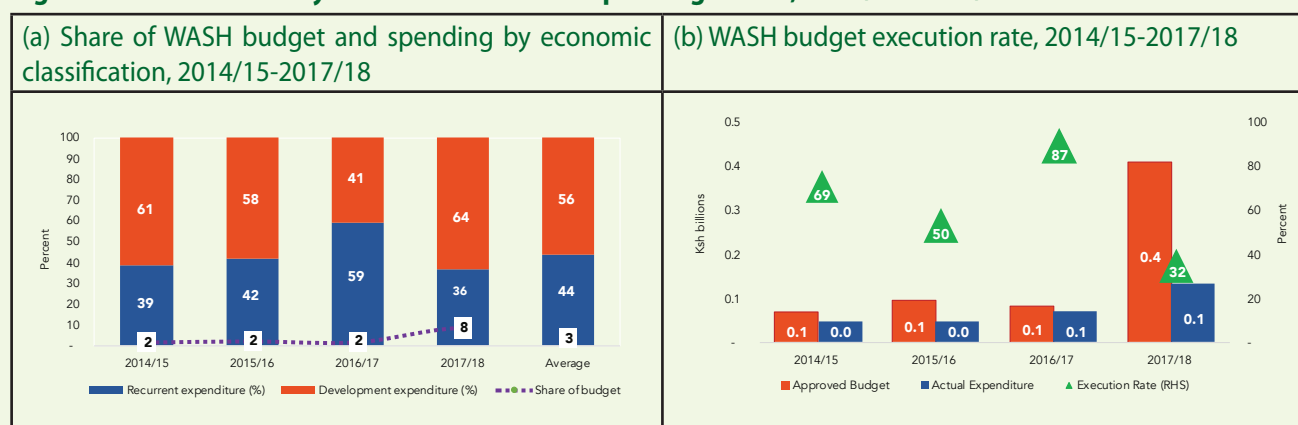
Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	16	*	15	*
Water coverage by utilities (%)	n.d.	53	35	*
Non-revenue water (NRW) (%)	38	42	n.d.	*
Sanitation coverage within utility area (%)	33	69	-	*
Sewerage coverage (%)	-	*	-	*
Access to improved water (%)	42	*	42	*
Access to improved sanitation (%)	32	*	32	59
No toilet facility – Potential open defecation county-wide (%)	66	*	65	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

Water and sanitation received about Ksh 160 million, translating to an average of 3 per cent of the total county budget. This comprised of 56 per cent development and 44 per cent recurrent spending (Figure 7a). The absorption rate declined from 69 per cent in 2014/15 to 50 per cent in 2015/16 and improved to 87 per cent in 2016/17 before declining to 32 per cent in 2017/18. This was also attributed to failure by the exchequer to release the entire approved budget amount, and capacity constraints.

Figure 7: Samburu county water and sanitation spending trends, 2014/15-2017/18



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

3.3.3 Water and sanitation medium term expectations

In the plan period of 2018-2022 the county aims to continue with the provision of clean water and solid waste management as well as increasing access to decent sanitation. With a declining percentage of population under sewer coverage, few

technical staff in the water sector, high breakage of water pumps compounded by a declining share of recurrent spending in WASH more focus need to be given to operations and maintenance for the county to realize the outlined millstones.

3.4 Child Protection, Youth and Women Assistance

3.4.1 Child protection, Youth and Women assistance priorities

The county integrated development plan has highlighted coordination and development of communities through social welfare; empowerment of women, PWDs and youth through training; management of sports activities. It has also highlighted enhancing, promotion and regulation of responsible gaming; promotion of cultural development activities and coordination of inclusion and gender mainstreaming as key areas of focus for the social services, youth, gender and culture department.

Specifically, on child protection, the county recorded two cases of child sexual abuse in 2014, one case of child physical abuse in 2014 and 13 cases of child emotional abuse in 2018. The county did not report any case of female genital mutilation. The low/non-reporting of the female genital mutilation (FGM) to government institutions can be attributed to either the intensive campaigns and initiatives to protect the girl child, fear by the population to report such cases, or a culture that highly approves such practices.

Table 5: Samburu county selected child protection performance indicators

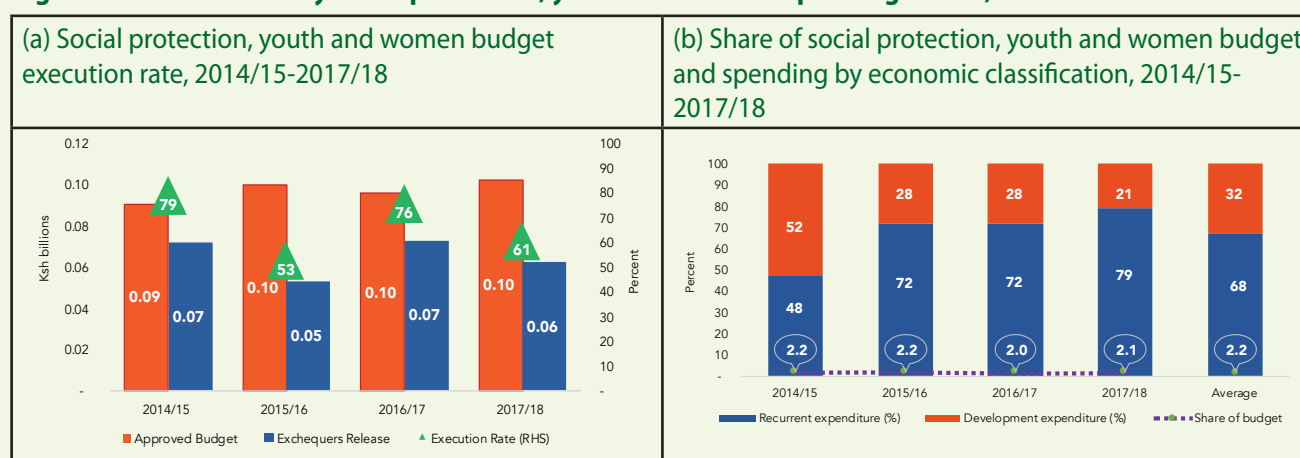
Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	-	767	-	73245
Child Sexual Abuse	2	636	-	172
Child Trafficking, Abduction and Kidnapping	-	32	-	1022
Child Labour	-	168	-	378
Child Emotional Abuse	-	58	13	853
Child Physical Abuse	1	583	-	2031
Female Genital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

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

3.4.2 Child protection, youth and women budget and expenditure

The county's allocation to child protection, youth and women has stagnated at an average of Ksh 97.2 million during the review period. The county reported high disparity between the approved budget and the exchequer releases. The absorption rate declined from 79 per cent in 2014/15 to 53 per cent in 2015/16, and later improving to 76 per cent in 2016/17 before declining to 61 per cent in 2017/18 due to failure by the county exchequer to release the entire approved budget amount (Figure 8a). The Ksh 97.2 million represented 2.2 per cent of the overall county budget. The share of recurrent spending gradually increased from 48 per cent to 79 per cent between 2014/15 and 2017/18. On average, the share of the development expenditure was 32 per cent while that of the recurrent expenditure was 68 per cent over the review period (Figure 8b).

Figure 8: Samburu 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 assistance Medium Term Expectation

Between the plan period 2018 and 2022, the county aims to provide care, support and build capacities of individuals, vulnerable groups and communities including youth, women and PWDs for equity and self-reliance. With increasing demand for social protection in programs such as cash transfers, there is a need to align the county government social protection programs with national government to avoid duplication of activities while ensuring that the available resources are focused on the relevant beneficiaries.

3.5 Nutrition

3.5.1 Nutrition Priorities

Promotion of nutrition education and improvement of nutritional status of households in order to eliminate malnutrition cases was the focus for the county according to the CIDP 2018-2022. The county recognized that dietary diversity among the majority of pastoralists had persistently remained poor with communities consuming one meal consisting of cereals and oil compared to normal of 2 and 3 meals consisting of all nutritional requirements. Some of the programmes the county targeted were growing fruits under agriculture as well as school meals programme which targeted to improve health and nutrition through distribution of variety of food.

However, the county nutrition indicators remained relatively low according to the year 2014 data. The county proportion of stunted children was 42 per cent against national averages of 26 per cent. The proportion of children aged between 6 to 59 months who received vitamin A supplement was recorded at 72.6 per cent against the national average of 71.4 per cent while vitamin A supplements coverage in the county was 34.5 per cent, better than the national coverage. (Table 6).

The proportion of overweight or obese women aged 15 to 49 years in the county stood at 8.1 per cent, which was lower than the national average of 28.9 per cent. The Body Mass Index (BMI) for women was 19.9 in 2014 compared to national average of 23.2.

Table 6: Selected nutrition performance indicators

Indicators	2014-County	2014-National
Stunted children (%)	42.0	26.0
Wasted children (%)	-	4.0
Underweight children (%)	-	11.0
Vitamin A supplements coverage	34.5	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	72.6	71.4
Proportion of children consuming adequately iodized salt.	99.3	99.1
Proportion of households consuming adequately iodized salt.	99.5	99.2
" Household salt iodization (50 – 80 mg/Kg KIO3) (% samples) "	81.0	57.0
Number of Women (BMI)	19.9	23.2
Overweight or obesity among women aged 15 to 49 years.	8.1	28.9

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

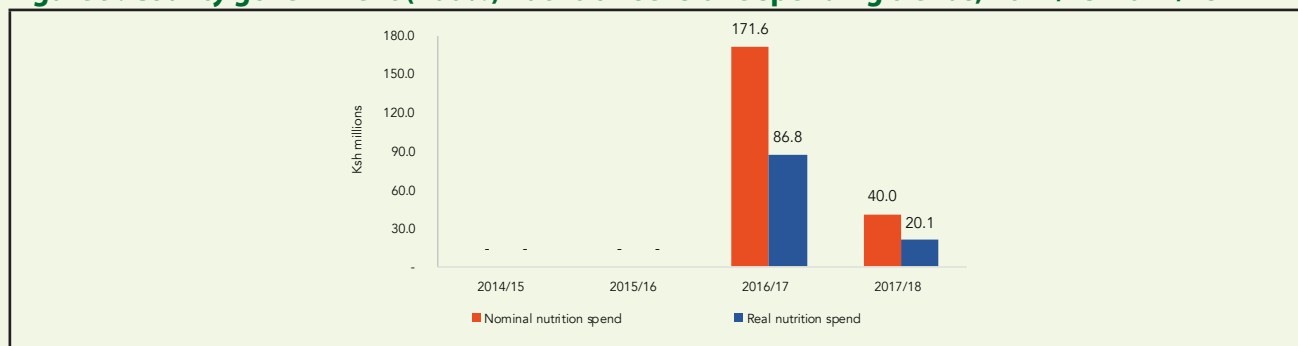
3.5.2 Nutrition budget and expenditure

The county spending on nutrition (direct nutrition interventions) in nominal terms was Ksh 172 million in 2016/17 and Ksh 40 million in 2017/18. This decline could be attributed to lack of proper nutrition plans in the county.

3.5.3 Nutrition Medium Term Expectations

In the period 2018-2022, the county plans to promote nutrition education and strengthen the Community Units to offer broad based services in order to eliminate malnutrition cases. To realize the objective, the county will be required to increase the share of nutrition sensitive spending which has been inconsistent.

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



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

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 and Procurement Opportunities (AGPO) reserved for women, youth and Persons with Disabilities (PWDs).

a) Children

The county conducts awareness programmes on children's rights and provides a special bursary to orphans and vulnerable children. Further, the county undertakes celebration of special holidays such as International Day of the African Child.

b) Youth

The county is developing a youth policy that lays foundation and mechanism for the youth's participation in socio-economic development. The county refurbished and equipped the Maralal Youth Polytechnic, trained 100 youths on entrepreneurship. The county constructed high attitude sport centres, procured assorted sports equipment and uniforms, trained coaches, and conducted sports tournament and championships. The county runs initiatives that provide sanitary towels promoting girls' retention in primary and secondary school. The county has a bursary committee and a legal framework and standards that guides the bursary allocation.

c) Women

The county has a draft gender policy in place and have up to date data records of women groups per sub county. The county has also formulated gender sector working groups with partners and undertakes capacity building trainings on women leaders. The county partners with key stakeholders to undertake trainings on Gender Based Violence. The county has a women enterprise fund and offers training and capacity building to enhance women skills.

d) PWDs

The county has a disability bill in place and actively budget for PWD programmes. The county has also formed a PWDs County Board to assist in disability mainstreaming in county programmes. Assorted assistive devices are also provided by the county to those that require them.

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 55 per cent of the Gross County Product (GCP) ⁹ of Samburu county, which is the second smallest (0.3% contribution to GDP) of all the 47 counties in Kenya, comes from services while 41 per cent is from agriculture.	There is need for the county to grow the economy, promote value addition in services especially tourism, while boosting manufacturing for improved economic activities, job creation and better incomes especially for youth and women.	County Treasury and Planning/ County Executive/Department of Agriculture
Revenue	The county's own source revenue increased from Ksh 195 million in 2014/15 to Ksh 257 million in 2017/18.	The county needs innovative strategies to grow own source revenue for improved fiscal performance.	County Treasury and Planning/ Directorate of Revenue
Expenditures	Agriculture and social services are poorly financed, implying that important segments of the population are left out in terms of sectors that improves their social welfare.	Ensure that the resources are effectively allocated and efficiently used to improved service delivery to the citizens.	All sectors/County Treasury and Planning/ County Executive
Health	The budget for health increased from Ksh 0.63 billion in 2014/15 to Ksh 0.97 billion in 2017/18, resulting into improvement in maternal and child health outcomes such as the rate of child immunization.	To improve health outcomes further, the county should increase sensitization and investments in immunization.	County Treasury and Planning / County Department of Health

Education	The budget for Early Childhood Development Education (ECDE) increased from Ksh 444.8 million in 2014/15 to Ksh 461 million in 2017/18.	The county needs to conduct public awareness to promote ECDE, alongside vocational and technical training enrollment and address access challenges. It should also 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
WASH	The county allocation for water and sanitation increased from Ksh 67 million in 2014 to Ksh 408 million in 2018, which was 2 per cent and 8 per cent, respectively, of the county total budget.	The county needs to increase allocation for WASH.	County Treasury and Planning/ County Department of Water and Sanitation/SAWASCO
Child protection, youth and women	The county's allocation to child protection, youth and women has stagnated at an average of Ksh 90 million during the review period.	There is need to align the county government social protection programmes with the national government ones to avoid duplication of the activities while ensuring that the available resources are focused to the relevant beneficiaries.	County Treasury and Planning/ County Department of Culture and Social Services
Nutrition	The county committed Ksh 170 million in 2016/17 but only Ksh 40 million in 2017/18 to interventions that directly contribute to boosting child nutrition, at a time when a third (30.1%) of the children are stunted.	The county should ensure that direct nutrition interventions, across several sectors such as agriculture, education and health are budgeted for, with visible budget lines. Moreover, nutrition should be well articulated in the County Integrated Development Plans.	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 69 per cent in 2014/15 to 32 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 County departments; National Treasury
Disaggregated Data	Due to limited disaggregation of data in expenditure reports, it was not possible to establish how much of the county government budget was spent on crucial social services such as child protection, youth development, disability and gender mainstreaming.	The same also applies to gender-based violence which has increased in recent years.	County Planning, Statistics and M&E Unit, and Social/Gender Departments

(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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