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Child Budget Analysis in Kenya:
National Government and Six County Governments

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Abbreviations and Acronyms

ACRWC	African Charter on Rights and Welfare of Children
ARI	Acute Respiratory Illness
CBA	Child Budget Analysis
CIDP	County Integrated Development Plans
CoK	Constitution of Kenya 2010
CSOs	Civil Society Organizations
CT-OVC	Cash Transfer to Orphans and Vulnerable Children
CWSK	Child Welfare Society of Kenya
DCS	Department of Children's Services
DHIS	District Health Information System
DISHA	Developing Initiatives for Social and Human Action (DISHA)
DOSHS	Directorate of Occupational Safety and Health Services
ECDE	Early Childhood Development and Education
EFA	Education for All
FDSE	Free Day Secondary Education
FPE	Free Primary Education
FY	Financial Year
GER	Gross Enrolment Rate
GER	Gross Enrolment Ratio
GoK	Government of Kenya
HGSMP	Home Grown School Meals Programme
HRIS	Human Resources Information Systems
IDASA	Institute for Democracy in South Africa
IEA	Institute of Economic Affairs
IFMIS	Integrated Financial Management Information System
KAIS	Kenya AIDS Indicator Survey
KDHS	Kenya Demographic and Health Survey
KIHBS	Kenya Integrated Household Budget Survey
KNBS	Kenya National Bureau of Statistics
KPHC	Kenya Population and Housing Census
MGDs	Millennium Development Goals
MTEF	Medium Term Expenditure Framework
NCCS	National Council for Children's Services
NCPWD	National Council for Persons with Disabilities
NA	Not Applicable
NER	Net Enrolment Rate
NER	Net Enrolment Ratio
NGO	Non-Governmental Organization
NS	Not Stated
OVC	Orphans and Vulnerable Children
RSMP	Regular School Meals Programme
TB	Tuberculosis
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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Kwame Owino

Chief Executive Officer
Institute of Economic Affairs (IEA-Kenya)

Executive Summary

Context

Kenya is a signatory to various international conventions, including the all-important United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Right and the welfare of the child. Indeed, the country has gone further to domesticate this convention through the Children Act, 2001 as demonstration of its commitment towards safeguarding the rights of children who comprise 52% of the population. These rights are in the areas of child survival, growth and development (health and education), protection and participation. Government reports show that the country is struggling in certain areas with regard to the realization of child rights, including low participation rates in ECDE, especially in arid and semi-arid areas (ASALs), high infant and under-five mortality rates, short of MDG targets, malnutrition, low immunization coverage, poor sanitation, and vulnerability to harm and exploitation.

This report seeks to establish the progress Kenya has made towards these commitments by analysing budget from a child rights perspective, especially now that the country is in transition to a devolved system of governance. Since the budget is the most important economic and policy instrument used by government to translate their policies and commitments in service delivery, it serves as a good basis to draw policy and budget advocacy strategy in building a case for investment in children, not only from a rights angle, but also from an economic logic, as well as social and political perspective.

Methodology

This report sought to understand whether the budgetary allocations at the national and county government levels promote or undermine realisation of children's rights using child budget analysis approach.

At the national level, this report relied primarily on secondary information from Estimates of Expenditure for 2013/14 and 2014/15 and certain budget supporting documents such as MTEF sector reports to isolate allocation for the nine ministries that have children-specific programmes.

Further, child budget analysis was conducted in six counties with a common denominator of high child deprivation levels, namely, Kilifi, Kwale, Tana River, Turkana, Garissa, and Kakamega. Budget information used for the analysis was collected from various secondary sources such as County Budget Estimates, County Integrated Development Plans, and other county reports. This information was gathered by enumerators who also sought supplementary primary information through interviews with county finance and budget officers.

Information on general context or situation of children was sought through desk review. The length and breadth of this analysis was, however, limited to available information.

National budget analysis findings

- Children account for about 52% of Kenya's population, yet the entire child budget under the nine ministries, on average, is 25% of the national budget in the two financial years for 2014/15 and 2013/14. This is perhaps an indicator of the inadequate attention accorded to children matters, albeit significant service delivery functions in the health and water sectors.

- The Ministry of Education and the Ministry of Interior and Coordination of National Government (MoI & CNG) account for over 50% of the total child budget in each of the two financial years.

- The Ministry of Labour, Social Security and Services (MoLSS&S), of the nine ministries, is the most child-sensitive ministry, with over 60% of its budget dedicated to children services. In contrast, the MoI & CNG is the least child sensitive ministry with less than 2% to children programmes.

- Cash transfer to Orphans and Vulnerable Children (OVC) takes the lion's share of child budget within the MoLSSS 44% in 2013/14 and 36% in 2014/15. Despite government's priority to this programme, this reduction by 18% may adversely affect its policy ambition of meeting the 70,000 target of new beneficiaries in 2014/15.

- Attention to child care and juvenile justice is inadequate, given the meagre budgetary allocation, especially in relation to After Care Services.

- Lack of funds may hamper child participation fora and operation of children county offices.

County budget analysis findings

- Children in each of the six counties account for slightly over 55% of the population, yet child budget as a share county budgets is below 20%. This therefore suggests overall underfunding of children's programmes.

- Child budgets in Turkana and Garissa are comparatively larger than the other four counties at around 63%, perhaps due their relatively high level of child deprivation. In contrast, for Tana River, with an equally high child deprived population, funding is dismal.

- The goal of increasing participation rates in ECDE is receiving commendable attention and priority in Garissa, Turkana, Kwale and Tana River as their respective allocation to ECDE per pupil increased by more than 100% between 2013/14 and 2014/15.

- Garissa, Tana River, Kwale, and Turkana each allocated specific funds to infant and maternal health care/nutrition/immunization Programme. Of these four counties, Garissa's per capita budgetary allocation to this programme (Ksh 8,485) was the highest, 250 times that of Tana River.

Recommendations

On the basis of this study, the following are key messages specific to children on social spending:

- The national and in particular county governments should progressively increase the children's budget in order to match legislative obligations in the realisation of children rights.

- County governments should consolidate the gains made in attention and budgetary allocation to ECDE in order to improve enrolment rates.

- Increase government's own resources to sustain efforts to reduce child mortality rates and improve education enrolment rates in arid and semi-arid lands (ASALs) from donor dependency.

- To maintain policy ambition of cushioning vulnerable children, parliament should ensure that the budgetary allocation to Cash Transfer to OVC and for overall social protection for children is sustained and enhanced.

- The two levels of government should improve and make social sector spending more effective for better outcomes in children development.

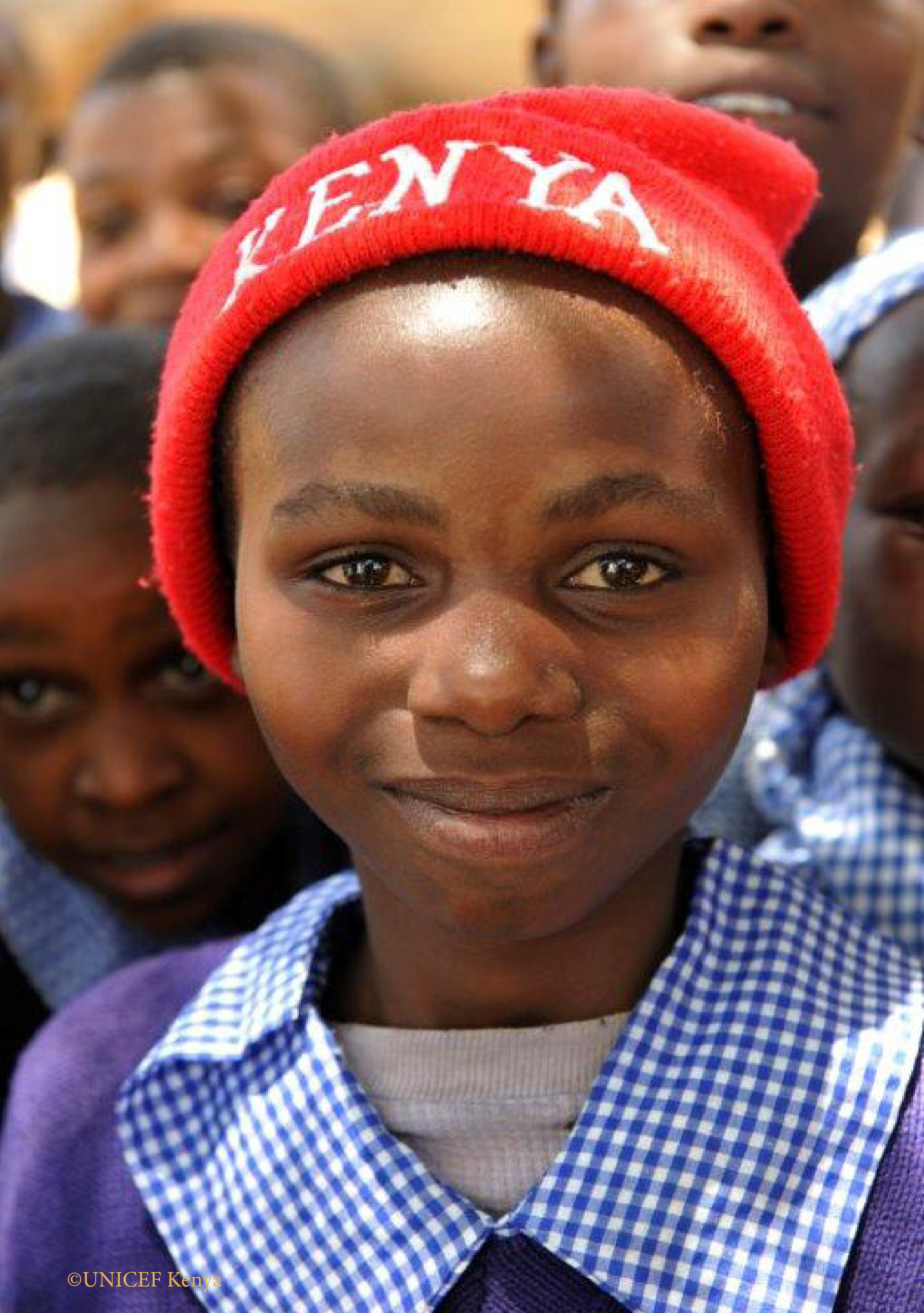
- Development partners should partner with CSOs to enhance the capacity of the community and the members of the county assembly to engage more effectively in child budget advocacy and oversight.

Budget transparency recommendations

- The national, and in particular county governments should provide more comprehensive budget information in the Estimates of Expenditure in line with international best practices.

- County governments should adopt programme-based budgeting (PBB) to allow for effective budget analysis and monitoring.

- The National government and in particular county governments should make available to the public budget information and in turn promote budget transparency levels.



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1.0 Introduction

Kenya, like many countries in Africa, in recognition of children rights, has taken great strides in developing and putting in place a legal and policy framework towards protection and realization of these rights. In fact, according to GoK (2010), Kenya is ranked top among the most child friendly countries, legislative speaking, in Africa. In particular, and to safeguard the rights of children (0-18 years) who comprise about 52% of the entire population[1] , Kenya is a signatory to various international conventions such as the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on Rights and Welfare of Children (ACRWC), and the Hague Convention on the Protection of Children. The country has gone further and domesticated the same instruments through the Children Act, 2001.

Equally, the government's commitment to the Millennium Development Goals (MDGs) and the articulation of children issues in Kenya's Vision 2030 is a demonstration of this obligation. Besides enacting various other local legislations, the country has crowned it all by embedding its recognition and protection of human rights of all people including children in the Constitution, 2010Chapter Four on the Bill of Rights.

The implications of the above commitments obligates the country to implement children's rights "to the maximum extent of their available resources" and where necessary to seek international cooperation to support the fulfilment of these rights as spelt out in Articles 4, 23 and 26 of the Convention on the Rights of the Child (CRC). The UN Committee on the Rights of the Child has recommended that Kenya:

"pay particular attention to … increasing and prioritizing budgetary allocations to ensure at all levels the implementation of the rights of the child; urges prioritization of children's economic, social and cultural rights, especially for marginalized children, and adequate budget allocations with a view of alleviating disparities; and encourages the State party to start budget tracking from a child-rights' perspective with a view to monitoring budget allocations for children[2] "

In this respect, it is important to direct adequate expenditure towards child-sensitive policies and programmes, particularly those that foster universal and quality education, health services, nutrition, and water and sanitation; and investment that will lead to developing the country's human capital. Financing of the social sectors is in turn envisaged to increase a child's productive capacities and therefore their potential income by broadening the spectrum of opportunities available to them, ultimately improving their wellbeing (Becker, 1993, in Markus et al., 2011; Pereznieto et al., 2011).

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[1] *Calculated based on the Republic of Kenya 2009 Population and Housing Census*

[2] *UNCRC, Concluding Observations, 2007*

Recent analysis shows that:

Increasing pre-school attendance carries a rate of return of between $6 and $33 for every $1 invested[3] . Even a relatively small investment of $5 per person in maternal and child health care can avert thousands of child and maternal deaths[4].

Whereas the government has made positive strides in legislation, there are overall concerns on the implementation of policies and legislation. With the exception of budgetary allocations to the education sector, children's issues particularly in protection and the health sector often receive less attention and are given lower priority in the national budget. For example, NCCS (2008) reports that the enforcement of legislation to protect children from abuse and exploitation remains a major challenge including instances of delayed justice. Further, even in cases where there is adequate allocation of funds to children programmes, it is important to ask whether service delivery is effective and matches expectations.

A further issue is how devolution has affected resources for children. Devolution is expected to improve service delivery as government is brought closer to local communities and they have the opportunity to engage in policy making through structures that have been established by the constitution and through various other national and county related legislations. This notwithstanding, there are concerns about whether child rights issues will be recognized or undermined in this devolved system especially during the transition period.

This paper seeks to establish the progress Kenya has made towards its commitment to implement the UN Convention on the Rights of the Child using a child budget analysis. More importantly, this report can be used for awareness creation and advocacy for the realization of child rights.

1.1 Background

Children from 0-18 years account for slightly more than a half, that is, 52%, of the population. Kenya undoubtedly aspires to see every child rights realized. To assess the extent to which Kenya's aspirations are on course can be done in various ways. Table 1 captures some select child indicators that give a broad picture of the situation of children insofar as realizing their rights is concerned.

[3]*Copenhagen Consensus, 2015*

[4]*Stenberg et. al, April 2014, the Lancet*

Table 1: Select key child indicators

	2010	2013
Population statistics		
Male population (million)	19.19	20.77
Female population (million)	19.42	21.03
Total population (million)	38.61	41.8
Child (0-18 years) population (million)	19.44	
Economy and poverty statistics		
GDP growth rate (%)	5.8	4.7
Per capita GDP (Ksh)	66,807	90,876
Education statistics		
Pre-primary GER	60.9	69
Pre-primary NER	50	53.5
Primary GER	109.8	119.6
Primary NER	91.4	95.9
Secondary GER	47.8	56.2
Secondary NER	32	39.8
Ministry of Education budget as a share of total government budget	18.7	19
Health and Nutrition statistics		
	2009	**2014**
Life expectancy (2009)	58.9	
Under-five mortality rates (per 1,000 live births	74	52
Immunization coverage (%age of children under 1 year fully immunized)	77	71
Proportion of births attended by skilled health personnel (%)	43.8	62
Proportion of children under 5 who are stunted	35	26

Source: KNBS, KDHS 2008-2009

The section that follows gives a snap shot of these dimensions or measures in relation to these key select child indicators.

1.1.1 Children's Right to Survival

This dimension is about assessing children health outcomes, and the primary indicator used to measure these outcomes is child mortality rates, and in particular infant and under-five mortality rates. This important child indicator is reflected as Millennium Development Goal (MDG) 4, whose aim is to reduce by two-thirds the mortality rate among children under five years old by year 2015. Demographic and Health Survey (DHS) in 1998 to 2008/09 shows that Kenya has made mixed, but significant, progress in reduction of child mortality rates.

According to KDHS, infant mortality (death of children below one year) declined from 77 per 1,000 live births in 2003 to 52 per 1,000 live births in 2008/09 and again to 39 in 2014. Equally, as shown in Table

1, under-five mortality reduced from 115 per 1,000 live births to 74 and then to 52 per 1,000 live births in 2014. Despite this progress, the government however falls short of meeting the MDG 4 target of 33 infant deaths by 2015, although the target of 64 deaths per 1,000 live births for under-five mortality is achieved.

Some of the major causes of child mortality include malnutrition, diseases and low immunization coverage. For example, malnutrition, compounded by low immunization levels, triggers over 50% of all childhood death, especially in arid and semi-arid lands (ASALs) (WHO, Kenya Mortality Fact Sheet, 2006; NCCS 2008). Further, nearly 30% of Kenya's children are classified as undernourished, and micronutrient deficiencies are widespread (National Food and Nutrition Security Policy, 2011). This implies the need for more concerted efforts towards addressing causes of infant and under-five mortality rates through enhanced immunizations, prevention of diseases, and improved nutrition coverage, among others.

On diseases, acute respiratory illness (ARI), malaria and dehydration due to diarrhoea are major direct causes of childhood death in Kenya. In fact, malaria is a major cause of morbidity and mortality in both children and women and accounts for 30% of all new outpatient consultation (UNICEF and GoK, 2011). Moreover, mothers' education level is seen as an important determinant of children's health and, in turn, their survival. For example, under-five mortality is noticeably lower for children whose mothers completed primary school (68 deaths per 1,000 live births) than among those whose mothers have no education (87 per 1,000 live births) (UNICEF and GoK, 2011.

1.1.1.1 Children and HIV/AIDS

KAIS (2012) is the first national population-based survey in Kenya to collect HIV information for children aged 18 months to 14 years in 2012. Overall, 0.9% of children in this age bracket were infected with HIV. This corresponds to an estimated 101,000 children infected with HIV nationwide. However, the estimate does not include children under the age 18 months and children of all ages residing in North Eastern region of Kenya.

The prevalence of HIV among female children aged 18 months to 14 years was 1.1%, compared with 0.7% among male children. With regard to areas of residence, HIV prevalence among children aged 18 months to 14 years residing in rural areas was 0.9%, relative to 0.8% in urban areas. Further, KAIS (2012) shows that, HIV prevalence among female youths aged 15-19 years was 1.1%, compared to 0.9% for male youth in the same age group. Thus, HIV prevalence among female youths aged 15-19 years was higher than for male youths.

1.1.2 Access to Safe Water, Sanitation and Hygiene

Water is essential to survival and health of all human beings. The right to water is a fundamental human right and a prerequisite for the realization of other human rights. The right to water is an essential right since water plays a major role in daily life and in the environment of all people, adults and children. The right to water implies the right to drinking water and to adequate sanitation. A poor system of sanitation spreads diseases and infections.

Data available from UNICEF for 2011 shows that overall use of improved drinking water sources was 60.9% with wide disparities in relation to the distribution of use of improved drinking water between urban and rural regions. While use of improved drinking water in urban areas was 82.7%, it was significantly lower for rural areas, at 54%.

As regards sanitation, total use of improved sanitation facilities in 2011 was 29.4%. In the urban areas, 31.1% of urban population had access to improved sanitation facilities in 2011, while the proportion of rural dwellers with access to improved sanitation facilities for the same year was 28.8%.

1.1.3 Situation of Right to Development

In realising the right to development for children, the government efforts in promotion of Early Childhood Development and Education (ECDE) and in the introduction of policy instruments, such as the Free Primary Education (FPE) of 2003 and Free Day Secondary Education (FDSE), have led to increased participation rates of children in education.

Table 1 shows that ECDE participation gross enrolment ratio (GER) increased from 60.9% in 2010 to 69% in 2013, and net enrolment ratio (NER) also improved from 50% to 53.5% over the same period. However, unlike the exceptional performance in primary education GER and NER, a substantial number of children aged 3-6 years are not accessing EDCE service, especially in arid and semi-arid areas (ASALs), where only 9% have access to ECDE services. Therefore, how to also redress the 1.01 million children involved in child labour, as noted by KIHBS 2005-2006, among other initiatives, will go a long way to impact positively on children's right to development. GER in secondary schools increased from 47.8% to 56.2% in the period 2010 and 2013, whereas NER increased from 32% to 39.8% during the same period.

More recently, the Ministry of Education has introduced a number of initiatives, including bursary schemes meant for the vulnerable groups including girls and children from poor families, sanitary towels programmes, and re-entry policy was enforced to address dropout cases of the young mothers who conceived while in school, all in a bid to promote gender equity and equality, but this is still a challenge especially in secondary education.

1.1.4 Children Rights to Protection

All children, especially those with disabilities and those with special needs, have a right to be protected from any harm that may interfere with their growth and development. On access to birth registration and identity, available data indicates that total birth registration in 2012 was 60%[5]. Child labour, another form of abuse in Kenya, refers to all children below 14 years of age working in any economic activity that interferes with their schooling. It also refers to all persons aged 5-17 years who, during a specified time period, engage in hazardous work.

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[5]*Ministry of Interior and Coordination of National Government, Department of Civil Registration, Annual Vital Statistics Report, 2013*

A baseline survey report on worst forms of child labour carried out in Nairobi and Nyanza provinces in 2012 showed that there were 50.5% male and 49.5% female children aged 5-17 years engaged in these forms of work.

Retrogressive cultural beliefs and practices is another factor that may interfere with development of children. These practices often manifest in various forms, such as female genital mutilation and child marriage. The prevalence of female genital mutilation/cutting for women aged 15-49 years in 2012 was 27.1%. About 6.2% and 26.4% of children are married by age of five years and the age of 18 years, respectively.

1.1.5 Children Rights to Participation

Child participation recognizes that, children are not passive recipients of information, but rather capable communicators. Child participation is a process that provides an opportunity for children to access relevant and appropriate information and to express their views freely.

According to the national children policy, children are ignored in key decisions that impinge on their welfare due to socio-cultural influences. The policy provides that, all children shall participate in all areas relevant to their gender and age through such measures as provision of appropriate and accurate information at all stages in their growth. This will go a long way to enhance their participation in regard to expression of opinion, provision for appropriate forums to promote association and expression of opinion for all categories of children, at all levels, with proper representation by region, age and gender, and popularization of the already existing child participation guidelines to the public.

1.2 Case for Investing in Children

The case for investing in children is made by a growing body of evidence and researchers. This is done through three powerful arguments or perspectives. As the basis and foundation for matters children, the rights argument is the foremost one made (Save the Children International, 2011; Avdagicet al., 2011). Like all the countries that are signatory to the UNCRC, Article 4, therein obligates Kenya to "undertake such measures to the maximum extent of their available resources and where needed within the framework of international cooperation" to fulfil children's social and economic rights. These rights are defined as entitlements that belong to all children regardless of race, ethnicity or social economic class (Nussbaum, 1998: p. 273). The right-based perspective includes children's rights into development discourse.

According to this perspective, children have inalienable rights to a core minimum level of wellbeing, including the right to proper health, quality education, social protection, and the right to grow up in a family (Semkwiji, 2012). Further, on this argument, Kenya can reach out to development partners and indeed the international community for financial support where need be as these partners are also obligated to assist developing countries. However, the primary responsibility for providing public resources lies with the government as it is the one that can undertake legislative, institutional and administrative actions, provide social services, make policy decisions, and formulate budgets to ensure that children's rights are realized.

The second argument is founded on economic logic. One angle is that, investment and development of childhood capacities contribute to improving the quality and productivity of future labour force in a society (World Bank, 2010; Semkwiji, 2012). Public spending on quality education, health service, nutrition, water and sanitation is critical in developing human capital of the population that will in turn result to better outcomes in terms of a healthy and educated population and, ultimately, overall improvement in their wellbeing as the second angle (Anderson and Hague, 2007; Ibid). Moreover, Save the Children International (2011) note that children are largely dependent on public services and therefore spending in them denotes effective use of public resources. Since children make up about 20 million or half of Kenya's population, it makes economic sense to ensure that public spending benefits this social group.

The third and final argument is both political and social. Social deprivation and indeed child deprivation can diminish participation and solidarity and reduce social mobility channels, which in turn can undermine democratization processes (Marcus et al., 2011). Further, this argument is based on the social contract theory that proclaims rights such as life, liberty and property belong to the individuals and not the society (Offenheiser-Holcombe, 2006: p. 276). In totality, advancement of this argument will contribute to an inclusive society.

1.3 Why Budget Analysis?

This study recognizes the budget as an important political and economic instrument that reflects the priorities, policies and programmes of any government. Since the government has the primary responsibility of providing public resources, this study therefore seeks to analyse the national and county budgets from a children's perspective as part of monitoring progress made in the overall implementation of the UNCRC and Kenya's Constitution.

Senyane and Murowe (2011) cite child budget analysis works in India as an emergent and effective tool for monitoring child rights with the potential to play an important role for child-focused CSOs as well as children themselves to claim those rights. Senyane and Murowe (2011) further shows that, although there are still limitations in full recognition of children rights, international attention has created space across southern Africa for CSOs to make demands on their governments for progressive budgetary allocations that respect and fulfill the rights of children. They note that, despite the fact that child rights are broadly recognized in the region, budget analysis is useful in widening awareness level further.

The Developing Initiatives for Social and Human Action (DISHA)-India in 2000 used the budget to analyse spending in social sectors, agriculture, women welfare and children, relative to what the government spent on promoting equality for the tribal, a marginalized segment of the populace. It found out that, other than in Gujarat State, other tribal areas were equally neglected. The legislature, the media and the public picked this information and put pressure on government resulting to increased allocations and expenditures in identified items. Further, this led to DISHA widening its budget work beyond focussing only on the tribal to the whole budget system.

The Institute for Socioeconomic Studies, a Brazilian CSO, came up with a national level effort known as Children's Budget as a way of promoting transparency in the use of public resources through monitoring public budgets and knowledge dissemination. The NGO tracked spending by ministries in the period 1995-1998 on projects and activities that have an impact on children's rights. As a result of their analysis and advocacy, despite publicizing campaign for ending child exploitation, there was increased enrolment back to school for children previously involved in child labour through an incentivized stipend programme called Bolsa-Escola. In addition, on top of increased real spending on children growing by 42% over the period 1998-2001, some existing children programmes under the Ministry of Justice also benefited from increased funding.

From South Africa, the Institute for Democracy in South Africa (IDASA), an NGO through a report "Child Poverty and the Budget in South Africa" sought to examine governments promises to children and whether consistent with the National Programme of Action. Using South African Budget 2000, and the Medium Term Expenditure Framework 2000-2003, with a focus on poor children, the study came up with a benchmark for evaluating government performance in relation to reduction of child poverty level.

Other studies, including Semkwiji (2012), Save the Children and HAQ Centre for Child Rights (2010) and Avdagic et al. (2011), have noted child budget analysis work in other Asian countries and indeed African countries for the same reasons. Further, they reiterate that budget analysis by CSOs provides them the means to create effective advocacy strategies for seeking more commitment from the state, holding it accountable, and ensuring more effectiveness and transparency in the expenditures.

1.4 Study Objectives

- To analyse the budget at the national and county government levels with a view to establishing allocation and spending patterns for children.
- To identify gaps or weaknesses of public expenditure to child-sensitive programmes or interventions.
- To assess whether budget formulation at the county level and in budgetary allocation marginalizes children.
- To draw policy recommendations.

2.0 Methodology

2.1 Analytical Approach

The analytical approach used in this assignment was drawn from Programme Budgeting Analysis (PBA) that entails a "big picture" expenditure trend analysis. This analysis further progresses into expenditure analysis of sub-programmes in order to understand whether distribution of spending is coherent to government policies and plans. Using this approach, children's budget analysis was done at two levels, the national and at the county government level.

At the national level, the study first identified all the ministries that have children-specific programmes, or provide specific services to children and in turn directly promote realisation of their rights. These key child-sensitive services or programmes include basic education, health, nutrition, HIV/AIDS, water, sanitation and hygiene, social protection, and child protection. This was followed by identifying the budgets for each of these ministries for two financial years, 2013/14 and 2014/15 for comparison purposes. Based on the information available, we summed up budgetary allocations for all the children programmes or projects in each ministry and used this information to estimate the proportion of the ministerial budget dedicated to children's budget for each of the two financial years. This information was used to gauge how child-sensitive these ministries are or compare ministries based on the importance they give to children issues, of course vis-a-vis their mandates.

Further, this analysis disaggregated the allocations from each of these ministries to establish proportionate allocation of spending by children-specific sub-programmes as a percentage of total ministerial budgets. Using this information, we were able to identify children-specific sub-programmes that received the highest and the lowest proportionate allocation and analyse whether this was consistent with children policies, and more importantly, whether spending was responsive to the needs and priorities of children rights.

At the county level, we adopted a similar analytical approach to the national level. On this note, county children budget analysis was conducted in six counties that were identified by UNICEF based on their levels of child deprivation. These counties are Kilifi, Kwale, Tana River, Turkana, Garissa, and Kakamega.

2.2 Types and Sources of Data

The study relied on both primary and secondary data. Budget analysis was preceded by literature review to understand the situation of children with regard to the realization of their rights. In addition, we also used relevant literature to make a case for investment in children and justify why budget analysis is important. The other documents that we referred to are related legislations, as well as relevant child-related policy documents. For example, we referred to the Constitution of Kenya 2010, specifically on the Bill of Rights chapter, the Child Rights Act and other international conventions that touch on fulfilment of child rights.

At the national level children budget analysis, the report relied primarily on secondary data. The main source of expenditure information for the ministries was Estimates of Recurrent and Development Expenditure budget document for 2013/14 and 2014/15. We also relied on Medium Term Expenditure Framework (MTEF) sector reports for the two financial years of the nine ministries that we identified that have children-specific programmes as a supporting document with additional budgetary as well as non-financial information. This analysis takes cognizance of the functional assignments at the two levels of government (see appendix1).

Insofar as data collection at the county level is concerned, this analysis relied on both primary and secondary data. Before the analysis started, we first recruited six field researchers (one researcher per county) who come from the six pre-selected counties. Thereafter, we held a meeting and took them through the objectives and expected outputs and outcomes of this analysis. But more specifically, we trained them on the specific expenditure data that we required to enable them to gather using a template guide.

After the training, the researchers visited the county headquarters; and for about a month, sought and gathered the expenditure information that we needed for county budget analysis. In the process, each of them obtained copies of County Budget Estimates from each of the counties for the two financial years, the main source of expenditure information. In addition, each enumerator also gathered County Integrated Development Plans (CIDP), as the main five-year plan document for the counties that was useful in understanding the context and plans that each of the six counties has on matters children. The section on county situational analysis also benefited from desk review of relevant literature accessed online.

In areas where there was a gap in financial information, those with highly aggregated budget information or those that required clarification, the enumerators interviewed relevant county officers for more additional information. Enumerators were successful in getting more information from Garissa and Kilifi.

2.3 Limitations to Scope of Budget Analysis

In this report, we would have wished to compute and compare actual spending to budgeted figures but this information is not available from the budget documents at the county level, especially for disaggregated children programmes. Besides, obtaining this information, on actual spending, from the respective county offices proved difficult. As a result, the only recourse was to limit analysis to budgeted expenditure information. Future and similar analysis can easily incorporate not only actual expenditure analysis, but also more years for a better expenditure trend analysis.

The other glaring challenge to budget analysis at the two levels emanates from the way budget information at the national and county level is presented, making it difficult to make comparison. For example, on education budget, information presented in the Estimates of Recurrent and Development Expenditure shows the Ministry of Education, Science and Technology as one vote in 2013/14 but in 2014/15 they are split into two: the State Department of Education and the State Department of Science and Technology. Notably, it was more difficult to do trend analysis where some of the disaggregated items in 2013/14 do not match those in 2014/15 budget documents, contributing to gaps.

This is even more challenging at the county level, where budget information formats are not uniform and the level of disaggregation varies, not only from one county to another, but also within departments in each of the counties. This makes it difficult to isolate children-specific programmes.

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3.0 Child Budget Analysis at the National Level in Kenya

This section provides child budget analysis (CBA) at the national level. It shows the nine ministries that offer child-sensitive services or programmes, including: basic education, health, nutrition, HIV/AIDS, water, sanitation and hygiene, social protection, and child protection (summarized in Table 2). Table 2 also captures respective total budgets for these key nine ministries in 2013/14 and 2014/15 and computation of estimated percentage share that is allocated to all services/programmes that deal with children per ministry (children's budget).

For the purpose of this study, the focus is on these nine ministries despite the fact that child rights mainstreaming and advocacy should go beyond the impacts of explicit and specific services for children.

The total budget of the nine ministries taken together, as shown in Table 3, account for 23.3% of the entire national budget in 2014/15, a reduction by 2.9 percentage points in 2013/14. This is despite the fact that children comprise slightly over half of Kenya's population, perhaps an implicit reflection of the inadequate attention given to children matters. It is important, however, to note that the reason for this low percentage is because significant service delivery functions in the health and water sectors, for example, have been devolved and hence there is a reduction in the national budgetary allocation.

Further assessment from Table 2 also reveals that the Ministry of Education and Ministry of Interior & Coordination of National Government account for over 50% of the total budget for the nine ministries in each of the two financial years.

Table 2 also shows the share of child budget in each of the nine ministerial budgets. However, due to the way budget information is presented in budget documents it is a challenge and sometimes often impossible to isolate allocations to children programmes.

In five out of the nine ministries, it was not possible to isolate children programme and attendant allocations. These ministries include the Ministry of Sports & Culture; Office of the President (Special Programmes); Ministry of Devolution and Planning; Office of the Attorney General and Department of Justice, and the Ministry of Environment, Water & Natural Resources. This is reflected as "not stated – ns" within the table. The information they provide is largely aggregated. For example, under the Ministry of Sports & Culture, out of an estimated aggregate allocation of Ksh 10 million for the Kenya Academy sub-programme in 2014/15, we cannot tell the proportion dedicated to children's development. Another example is in the State Department for Planning under Youth Development, a sub-programme service which again does not provide any specific information on development of children.

Our analysis therefore focuses on the four main ministries for which it is possible to isolate expenditure for children: Ministry of Education; Ministry of Health; Ministry of Labour, Social Security and Services, and Ministry of Interior and Coordination of National Government.

Table 2: Comparison of children budget as a share of ministry budgets (Ksh millions)

	Ministry of Education		Ministry of Health		Ministry of Environ, Water & Natural Resources		Ministry of Labour, Social Security & Services		Office of the A-G and Department of Justice		Ministry of Planning and Devolution (Gender)		Ministry of Interior & coordination of National Govt.		Office of the President (Special Prog)		Min of Sports & Culture	
Financial year	% share of Children Prog in the ministry	Total Budget (Ksh Million)	% share of Children Prog in the ministry	Total Budget (Ksh Million)	% share of Children Prog in the ministry	Total Budget (Ksh Million)	% share of Children Prog in the ministry	Total Budget (Ksh Million)	% share of Children Prog in the ministry	Total Budget (Ksh Million)	% share of Children Prog in the ministry	Total Budget (Ksh Million)	% share of Children Prog in the ministry	Total Budget (Ksh Million)	% share of Children Prog in the ministry	Total Budget (Ksh Million)	% share of Children Prog in the ministry	Total Budget (Ksh Million)
2013/14	37.8	132,419.3	1.1	46,754.6	n.s	55,987.7	68.7	15,987.7	n.s	2,748.0	n.s	77,828.3	1.0	101,097.2	n.s	6,244.4	n.s	3,322.3
2013/14	22.9	142,737.2	1.7	47,362.3	n.s	17,563.1	60.7	20,096.5	n.s	4,257.7	n.s	68,273.4	1.3	99,747.9	n.s	4,306.5	n.s	3,956.4

Source: Estimates of Recurrent and Development Expenditure 2013/2014-2014/15

Note: n.s stands for "not stated'. It means that the respective ministries do not provide explicit information to facilitate estimation of total budgetary allocation to child-specific programme and sub-programmes.

The Ministry of Labour, Social Security and Services (MoLSS&S) makes the largest proportionate allocation to children's services. In absolute terms, the level of expenditure allocated to the children's budget increased from Ksh 10 billion to Ksh 12 billion in 2013/14 and 2014/15, respectively. However, this was a reduction from 68.7% in 2013/14 to 60.7% in 2014/15. In contrast, the Ministry of Interior & Coordination of National Government, comparatively, allocated the least proportionate of funding to children programmes, at 1.1% and 1.3% for 2013/14 and 2014/15, respectively.

The large proportion of MoLSS&S budget dedicated to children programmes is perhaps due to the re-organization of government in May, 2013 right after the 2013 general election. According to the Presidential Circular No. 2 of 2013, the Ministry now comprises part of the former Ministry of Labour and part of the former Ministry of Gender, Children and Social Development. In this respect, the following departments' specific to the children support programme under the Ministry include; Directorate of Occupational Safety and Health Services (DOSHS), Department of Children's Services (DCS), Department of Social Development, and Social Protection Secretariat. Similarly, the key agencies that deal with matters children domiciled in this ministry are: National Council for Persons with Disabilities (NCPWD) and National Council for Children Services (NCCS).

The ministry also takes into account the provisions of the Constitution and key priorities outlined in the Jubilee Manifesto. As the most child-sensitive ministry, it is the de facto first stop for children's matters, followed by the Ministry of Education.

The following section, discusses specific children's budget information by the four ministries.

3.1 Ministry of Labour, Social Security & Services

The mission of the Ministry is to promote sustainable employment, productive workforce, empower the vulnerable groups and nurture diverse heritage, arts and sports to enhance Kenya's regional and international competiveness.

The MoLSS&S mandate specific to the promotion of children rights include protection, rights and advocacy of needs of persons with disabilities, social security, social assistance and social protection policies and programmes, national human resource planning and development, child labour policy and regulations management, and social and community development.

From a sectoral perspective, the ministry plays a critical role in Kenya's development, specifically in advancement of the realization of children rights.

Table 3: Allocation to children programmes in the Ministry of Labour, Social Security & Services (Ksh Millions)

	Ministry children allocation 2013/2014	Proportion of children share in the ministry (%	Ministry children allocation 2014/2015	Proportion of children share in the ministry (%)	% change
Cash Transfers to Orphans and Vulnerable Children	7,093.6	44.4	7,322.7	36.4	3.2
Cash Transfers to Persons with Severe disability	770.0	4.8	770.0	3.8	0-
Children's Remand Homes	112.8	0.7	138.8	0.7	23.1
National Council for Children's Services	66.5	0.4	70.0	0.3	5.3
Children's Services	1,246.0	7.8	1,657.1	8.2	33.0
Rehabilitation School	250.9	1.6	259.2	1.3	3.3
Street Children Rehabilitation Centre	29.8	0.2	15.0	0.1	(49.7)
Child Welfare Society of Kenya	306.8	1.9	405.7	2.0	32.2
District Children Services	n.s	n.s	400.2	2.0	100.0
Alternative Family Care Services	1,330.7	8.3	811.3	4.0	(39.0)
Urban Food Subsidy Cash transfer	371.6	2.3	235.7	1.2	(36.6)
Total Children Budget	**10,946.0**	**68.5**	**12,085.7**	**60.1**	**10.4**
Total Ministry Budget	**15,987.7**		**20,096.5**		**25.7**

Source: Estimates of Recurrent and Development Expenditure 2013/14 and 2014/15

The Ministry has two key child-sensitive programmes. The Social Development and Children Services Programme seeks to provide care and support to vulnerable children and the other one, the National Social Safety Net's objective is to cushion vulnerable persons including children to meet basic human needs. Under these two programmes, there are a number of sub-programmes as shown in Table 3.

In nominal terms, for the period 2013/14 and 2014/15, the ministry's budgetary allocation increased by 25.7%. Allocations to Children budget also increased, but at a comparatively lower rate of 10.4%. Of importance though is that, as a share of the ministry budget, the children's budget allocation decreased from 68.5% to 60.1% over the same period contrary to its policy ambition of cushioning vulnerable children.

Cash Transfer to Orphans and Vulnerable Children (CT-OVC) was established as part of three other funds under the Consolidated Social Protection Fund as a Vision 2030 flagship project to cushion all vulnerable segments of the population, including children. To guide the management of cash transfer funds, the government initiated a Social Protection Policy and Strategy.

The policy for the cash transfer programme is to scale up financial support to households with orphans and vulnerable children (OVC) in all the 47 counties. The number of households hosting orphans and vulnerable children who have benefited from this programme increased from 148,401 in 2011/12 to 250,000 in 2013/14, according to Sector Reports. The government, in collaboration with development partners, seeks to increase the number of beneficiaries by 70,000, that is, to bring the number to 320,000 in 2014/15.

Table 3 actually confirms the priority that the government is according to this programme, given that it received the highest allocation as a share of ministry budget among the children-specific programmes for the two financial years. However, this programme, CT-OVC, budgetary allocation as a share of ministry budget declined from 44.4% in 2013/14 to 36.4% in 2014/15, casting doubt on whether the government will meet the 70,000 target of new beneficiaries. In fact, given that the cash stipend provided to each household is Ksh 2,000 per month, to cover 320,000; it requires a budget of Khs, 7,680 million, denoting a shortfall of Ksh 357.3 million from the budgetary allocation. Of the total donor funds to the MoLSS&S, Ksh 1.7 billion in 2014/15, less than 5% is budgeted for CT-OVC and Children Services programmes, a signal that it is a sustainable project.

The second largest beneficiary child programme in the Ministry is the Children's Services Programme, which was allocated 7.8% and 8.2% of the total ministry budget for 2013/14 and 2014/15, respectively. Some of the sub-programmes that fall under this programme include: Child Community Support and Child Rehabilitation and Support with Child Welfare Society of Kenya (CWSK). These sub-programmes supplement the ministry's efforts in protecting and promoting children's rights in Kenya with a focus on the welfare, protection, survival, care and development of children and young persons. These programmes emphasize and prioritize family and community as the focal point of every child and, therefore tailor their various projects and activities towards achieving this.

Under Child Community Support, the ministry developed a database and piloted it in three districts as a management system to track children in need of care and protection. According to Sector Reports, 720 local and international adoptions were finalized, in turn providing vulnerable children with permanent family membership. So far, 52 Area Advisory Councils have already been launched and the target is to operationalize 12 of them in 2014/15 as a mechanism to address children issues.

It is worth noting, however, that the established child participation forums might not be realised as the budget has not provided funds for operations cost of running county offices although officers have been posted.

With regard to development of infrastructure for child protection and care under Child Rehabilitation and Support, the ministry is running ten rehabilitation schools, 12 Children Remand Homes, and three Children Rescue Centres. About 1,176 children in rehabilitation institutions were trained on various skills. The target in 2014/15 is to re-integrate 900 more children back to the community, empower 120 children in conflict with the law with vocational skills, and refurbish two Child Protection Centres. Despite minimal budgetary allocation, there are signs of consistent attention to care and protection of children involved in delinquent behaviour.

3.2 Ministry of Interior & Coordination of National Government

The mission of this Ministry is to promote the provision of security and safety, maintain a comprehensive national population database, enhance nationhood, facilitate administration of justice, provide correctional services and coordinate national government functions for socioeconomic and political development in Kenya. Some of its the core mandates[6] and priorities relevant to care and protection of children include:

- Management of Correctional Services;
- Kenya Prisons Service;
- Drug and Narcotic Substance Control;
- Registration of Persons Services;
- Registration of Births and Deaths Services;
- National Disaster Policy; and
- National Disaster Management

The specific programmes under the ministry focussed on services towards child protection and support include: Probation Services, Probation Hostel, County Probation Services, Sub County Probation Services, After Care Services, and Borstal Institutions.

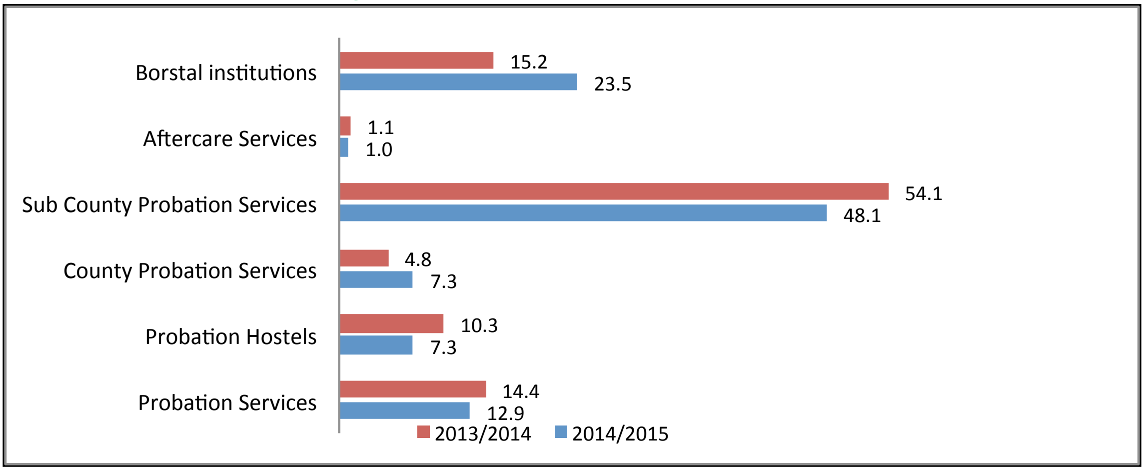
Although programmes and services for children in the justice system take less than 2% of the ministry's budget, they are very critical in the realization of children right to protection. Probation and After Care Services is the main department out of the six departments under the ministry that is tasked with issues of implementing child care and juvenile justice. This department derives its key legal mandate mainly from the Probation of Offenders Act Cap 64 and the Community Services Orders No. 10 of 1998, as well as other relevant government policies and statutes. Broadly, this department is charged with the responsibility of generating information for courts and penal institutions and providing community-based offender's rehabilitative services within criminal justice system.

Over 80% of the ministry's children budget is related to probation services, at the county and sub-county levels and in running of hostels. The allocation to probation services is meant to fund remuneration for probation officers and other support staff; operations of county probation services and in the construction, and rehabilitation of probation offices.

Sub County Probation Services received the bulk of the ministry's children budget. In absolute terms, the allocation to Sub County Probation Services increased from Ksh 566.1 million in 2013/14 to Ksh 610 million in 2014/15. However, in relative terms its budget as a share of the ministry's budget reduced from 54.1% to 48.1%. In 2014/15, it is apparent that the ministry sought to reallocate more probation-related budget to the county level and increased the proportion of the ministry children's budget to Borstal institutions.

[6] *Via www.gjlos.go.ke*

Figure 1: Children programmes as a share of Ministry of Interior & Coordination of National Government Budget (%)



Source: Estimates of Recurrent and Development Expenditures 2013/14 and 2014/15

After Care Services received the lowest allocation in the ministry's children budget for the two periods. This programme deals with the supervision of offenders who are released from various penal institutions such as Borstal institutions, especially for youth offenders, either on licence or upon completion of their sentence for reintegration and resettlement back into the community. The allocation is minimal, on average, about 1% of the ministry's children budget.

3.3 Ministry of Education

The education sector comprises three departments, namely: State Department for Education; State Department for Science and Technology, and the Teacher's Service Commission. The overall sector goal is to increase access to education, to raise the quality and relevance of education, reduce inequalities, and exploit knowledge in science, technology and innovations for global competitiveness with a view to achieving universal goals of education for all and MDGs.

The Constitution of Kenya, 2010 has provided for free and compulsory basic education as a human right to every Kenyan child. The Social Pillar of the Vision 2030 singles out education and training as the vehicle that will drive Kenya into becoming a middle-income economy while Pillar Four of the Medium Term Expenditure Framework (MTEF) is on investing in quality education towards inclusive growth. Education is also among the priority areas in the Second Medium Term Plan (MTP) 2013-17 of the Vision 2030.

To this end, the budgetary allocation in 2014/15 for the Ministry was 20% as a share of the national budget. Out of this, Teachers Service Commission took the lion share of 10%, whereas the State Department for Education and the State Department for Science and Technology each took on average 5% apiece. The child education budget in 2013/14, albeit with some missing figures, accounts for 38% of the Ministry of Education, Science & Technology (MOEST) Budget, while in 2014/15 it went up to 58%. Budgetary allocations to both Free Primary Education and Free Day Secondary Education account of almost 60% of child education budget in the two financial years.

Table 4: Allocations to children's education budget (Ksh million)

	2013/2014	2014/2015	% change
Free Primary Education	10,614.3	14,436.3	36.01
Special Needs Education	230.0	676.0	193.91
ECDE	63.3	90.1	42.34
Primary Teachers Training and In-Service	369.1	316.4	(14.28)
School Health, Nutrition and Meals	2,599.7	2,326.3	(10.52)
ICT Capacity Development	14,715.0	17,580.0	19.47
Free Day Secondary Education	22,166.1	28,632.1	29.17
Secondary Bursary Management	n.s	164.9	n/a
Secondary Teachers Education Services	n.s	334.0	n/a
Secondary Teachers In-Service	n.s	418.3	n/a
Special Needs Secondary Education	22,166.1	200.0	0 -
Quality Assurance and Standards	380.9	5,673.6	1,389.52
General Admin, Planning and Support Services	n.s	4,460.4	n/a
Grand Total	**51,338.4**	**75,308.4**	**46.69**

Source: Estimates of Expenditure 2013/14 and 2014/15.

Child-specific education issues targeted to be addressed through the budget in 2013/14 and in 2014/15 include: low quality, low transition and completion rates, poor teacher/pupil ratio and regional and gender inequality in access to education. Some of policy responses by the government to these challenges include: provision of universal Free Primary Education (FPE), provision of bursaries to poor and needy students, targeted subsidies to those in secondary education and periodic review of curriculum to ensure relevance.

There is a proposal to allocate Ksh 17.6 billion towards the provision of laptops to primary school pupils, the development of digital content, building the capacity of teachers and rolling out computer laboratories for class four to eight pupils towards e-learning and e-teaching. The allocation in the FY 2013/2014 for deployment of laptops to class one pupils, development of digital content, building capacity and rolling out laboratories in the financial year was Ksh 14.7 billion.

The allocation to the Teachers Service Commission increased from Ksh 143.1 billion in 2013/14 to Ksh 165.6 billion in 2014/15. Ksh 2.3 billion was targeted towards the recruitment of additional teachers in 2014/15, which is critical as it will go a long way towards improving the teacher/pupil ratio, thereby impacting on the quality of education. Some schools have registered pupil/teacher ratios as high as 90:1, a major departure from the 40:1 ratio. This has so far adversely affected the quality of education in public schools and is one reason why some parents are opting for private schools. Effective execution of funds in this area will impact on lowering the pupil/teacher ratio, and in turn positively impact on the quality of education in public primary schools.

Early Childhood Development and Education (ECDE), promoting good nutrition, health and hygiene education and improving access to basic education by reducing morbidity among school children is now a county function. The Sector Report indicates that, as part of mainstreaming of ECDE to Basic

Education, the government provided Ksh 1.6 billion in the 2012/13 financial year. However, there is still a residual ECDE function at the ministry for which the budgetary allocation increased by 42.3%, that is from Ksh 63.3 million in 2013/14 to Ksh 90.1 million in 2014/15. The Gross Enrolment Rate (GER) increased from 60.4% in 2011 to 66% in 2013. With the function now devolved, it remains to be seen whether this has any implications for progress in realizing the right to early childhood education.

Other aspects which were devolved and have registered progress include School Feeding, Nutrition and Health Programme, and it will be important to check the performance using the two distinct programmes, namely, the Regular School Meals Programme (RSMP) and the Home Grown School Meals Programme (HGSMP). National government, through the ministry, still has a significant role to play in this area given that further allocation of Ksh 2.3 billion down from 2.5 billion in 2013/13 was targeted towards school feeding. Together with Ksh 32.4 million for Alternative Provision of Basic Education this should will go some way to improving retention rates, especially in the arid and semi-arid areas (ASALs) and in urban slums.

School Feeding Programme promotes health and hygiene education and improves access to basic education by reducing morbidity among school children. During the period 2010-2013, the programme provided midday meals to approximately 1.2 million pre-primary and primary school children in 64 ASAL Districts and slums of Nairobi.

It is important to note, however, that school feeding programme has been largely donor funded. It takes 69% of total donor allocations to the education budget. In fact the entire (100%) of development budget for school feeding programme was donor-financed in the two financial years. This implies that this is one of the programmes that are donor-dependent and, therefore, this raises questions of sustainability.

3.4 Ministry of Health

Given the new constitutional dispensation, health policy formulation and running of tertiary hospital facilities is a national function, while service delivery in health care (as detailed in the Appendix 1 on functional assignment) is largely a devolved function.

This scenario requires efforts in restructuring human resource management, infrastructure development and maintenance, health financing, donor funding and partnerships, particularly if the concerns of children's will have to be achieved (Health Sector Working Group Report 2014-15 to 2016-17.

Table 5: Ministry of Health budgetary allocation to children services (Ksh million)

	2013/2014	2014/2015	% change
Nutrition	433	682	57.7
Family Planning, Maternal and Child Health	4,625	4,390	(5.1)
Kenya Expanded Programme on Immunization (KEPI)	388	2,865	639.4
Special Global Fund-Malaria Control	982	1,003	2.1
Control of Malaria	59	140	136.0
Total	**6,486**	**9,081**	**40.0**

Source: Estimates of Expenditure 2013/14 and 2014/5.

The Ministry of Health budget accounts for 2.7% and 2.8% of the national budget in 2013/14 and in 2014/15, respectively. Comparing this with prior years, the ministry's budget, as a share of the national budget, has substantially reduced with the coming to effect of county governments in 2013. Full details in the national allocations would be essential to ascertain whether the figures represent any material change.

As for child health budget, it accounts for 1.1% and 1.7% of the ministry's budget in 2013/14 and 2014/5, respectively. Child and maternal mortality is still a national health challenge and it is no wonder that the bulk of the ministry's budget goes to Family Planning, Maternal and Child Health sub-programme, 75.8% and 70.6 %, respectively, over the same periods.

There is, however, a more concerted focus in 2014/15 for reducing child mortality towards control of malaria and nutrition coverage given that their respective budgets increased by 136% and 58%, respectively. Malnutrition and malaria are some of the leading causes of child mortality.

It is worth noting that allocation for KEPI in 2014/15 is seven times more than the 2013/14 allocation, essentially implying massive plans to enhance immunization coverage. Interestingly, almost the entire Ksh 2.8 billion allocated to KEPI is development budget. KEPI's development budget is 91% donor-financed, and it indeed accounts for 35% of total health donor budget. Given the unpredictability of donor funds, this raises questions or concerns on the sustainability of the immunization programme.

Further, the ministry under the programme on Preventive and Promotion of Health Services allocated Ksh 5.8 billion towards health promotion. Part of these funds is targeted towards improving nutritional status of school age children through deworming and for increasing the number of immunized children. In addition, these funds are also intended for enhancing advocacy and awareness creation on HIV and AIDS.

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4.0 Child Budget Analysis at the County Level

Review of the County Integrated Development Plans revealed that children's programmes that received budgetary allocations for the two financial years are concentrated in education, health, water and sanitation, and social and children protection services. Given this context, this section starts by examining the expenditure mix, that is, by showing the portion that each of the six county governments have allocated to the recurrent budget vis a vis development budget for the two financial years. At the same time, we seek to understand actual spending in development projects and programmes for the county at least for 2013/14 against actual total county spending.

This analysis further dissects county government budgets and shows the portion allocated to each of the four social sectors that focus on the realization of children wellbeing in order to understand the priority or commitment these sectors receive from each of the six counties. We further drill down on examining county children's budgets, which is a summation of all the programmes from the four social sectors that are children-specific, based on available budget information. This, when taken as a proportion of county budgets, gives a clearer picture of the extent to which these counties are children friendly.

Based on available information, Table 6 compares the total budgetary allocations for the six counties for fiscal years 2013/14 and 2014/15, and the proportionate allocations to children programmes.

In absolute terms, Kakamega and Turkana had the largest budgets in the two financial years. While the budget for Turkana increased by 60.5%, from Ksh 8.1 billion in 2013/14 to Ksh 13 billion in 2014/15, that for Kakamega reduced, respectively, from Ksh 13.2 billion to Ksh 10.3 billion over the same periods, a 22% drop. In contrast, and over the same periods, Tana River had the smallest budget of Ksh 3.2 billion that increased to Ksh 3.6 billion during the same period.

On a per capita basis, however, Tana River allocated far more budget per person (Ksh 13, 355) followed by Turkana which allocated Ksh 9,521 per person in 2014/15. On the same note, Kwale allocated the least funds per person (Ksh 6,885.

Children in each of the six counties account for slightly over 55% of the population, yet the share of the children's budget in county budgets is below 20%. Although some underestimation is possible, this suggests overall underfunding of children's programmes.

Table 6: Summary of six selected county government budgets and per capita budget (estimates Ksh million)

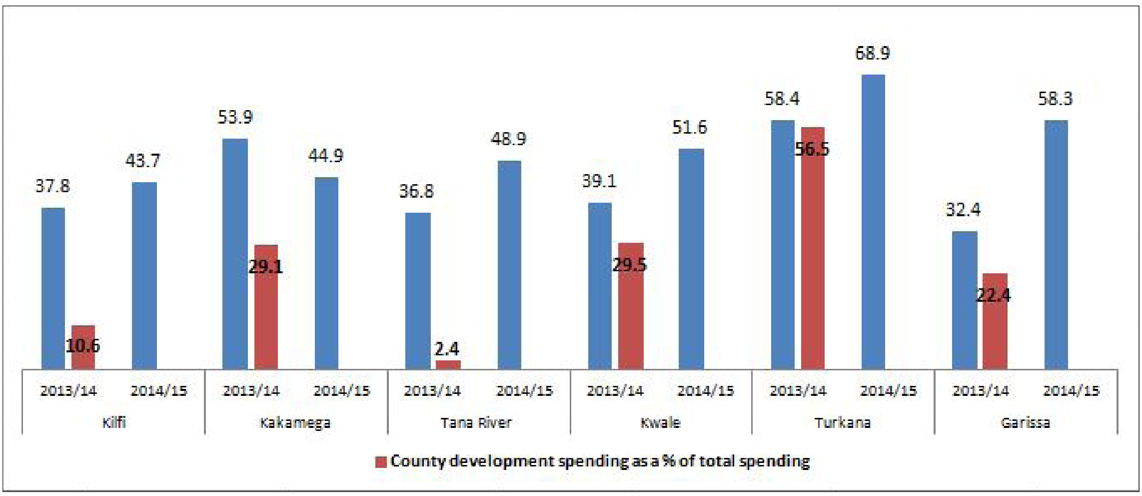
	Kilifi	Kakamega	Tana River	Kwale	Turkana	Garissa
2013/14	7867.4	13205.6	3206.1	4474.9	8144	4847
2014/15	8434.9	10321.3	3513.2	5661.9	12994.8	7500.1
Per capita budget 2014/15 (Ksh)	7,089	7,952	13,355	6,885	9,521	7,779
County Children Budgets						
2013/14	861.3	525	251.1	123.6	401	854.7
2014/15	577.4	393.5	217	280.5	1731.3	1270.9
% age Share of children budget in county budget						
2013/14	10.9	4.0	7.8	2.8	4.9	17.6
2014/15	6.8	3.8	6.2	5.0	13.3	16.9
% pop (0-18 yrs)	55.8	55.9	59.3	56.1	58.0	59.4

Source: County Estimates of Expenditure 2013/2014 and 2014/2015

The Development budget accounted for over 30% of county budget in each of the six counties in the two financial years. In addition, the development budget as a share of county budget, increased in 2014//15 from the previous financial year in all the six counties with the exception of Kakamega.

This notwithstanding, it is noteworthy as shown in the Figure 2 that actual spending on development or capital projects for all but Turkana County is below 30% of entire county spending in 2013/14. In fact, it is dismally low in Tana River and Kilifi counties, an indication of the likelihood of poor results or outcomes of capital oriented children projects such as construction of ECDE centres, school feeding, and so on.

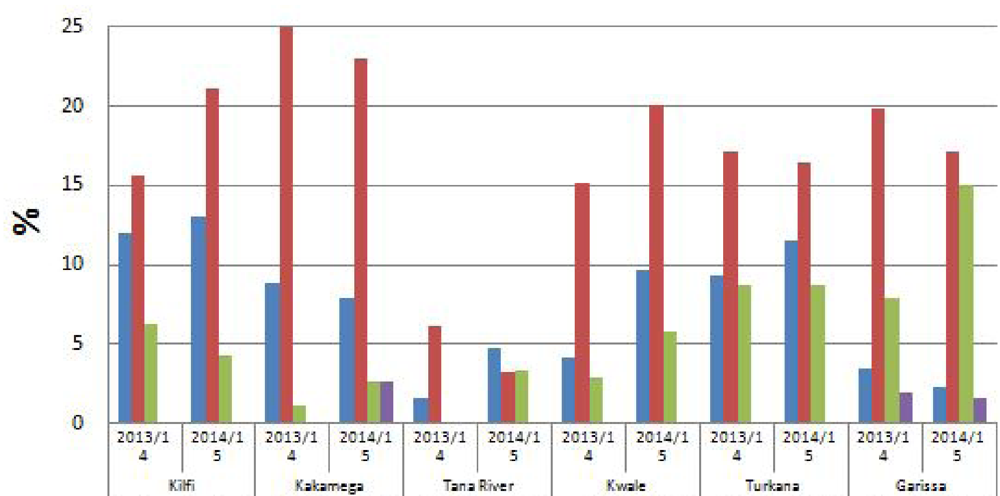
Figure 2: County development budget as a % of county budget



Source: County Estimates of Expenditure 2013/2014 and 2014/2015

Further disaggregation of county budget by the four social sectors, health, education, water and sanitation, and social and children protection service reveals interesting findings. First, and as expected of the four sectors, as well as in line with devolution of functions, the bulk of county budgets were allocated to the health sector in each of the two financial years relative to the other three sectors (see Figure 3).

Figure 3: Social sector budget as a share of county budget (%)



	Kilfi 2013/14	Kilfi 2014/15	Kakamega 2013/14	Kakamega 2014/15	Tana River 2013/14	Tana River 2014/15	Kwale 2013/14	Kwale 2014/15	Turkana 2013/14	Turkana 2014/15	Garissa 2013/14	Garissa 2014/15
Education	12	13	8.9	7.9	1.6	4.7	4.2	9.7	9.3	11.5	3.5	2.3
Health	15.6	21.1	25.2	23	6.2	3.2	15.2	20.1	17.1	16.4	19.8	17.2
Water and Sanitation	6.3	4.3	1.1	2.7		3.4	2.9	5.8	8.7	8.7	7.9	15
Social & child protection				2.7							1.9	1.6

Source: Various County Estimates of Expenditure 2013/2014 and 2014/2015

Health budget allocation for four counties, namely: Garissa, Kilifi, Turkana and Kwale increased in absolute terms over the two financial years, but declined for both Kakamega and Tana River. However, relative to total county budget, in addition to Kakamega and Tana River, proportionate health budgets for Garissa and Turkana also declined. Of the six counties, Kakamega allocated the largest proportionate budget to the health sector, over 23%, in the two financial years (see Figure 3).

It is important to note that, although the health sector accounted for the largest budget allocation (about 40% of total devolved funds in 2012/13) among earmarked functions for devolution[7] counties are not under any obligation to maintain the relative sector budget share in line with the functions that were initially earmarked as devolved.

In all six counties the education sector accounted for the second largest allocation of county social sector budgets in 2013/14, and again in 2014/15 with the exception of Tana River, and Garissa. In particular, the highest proportionate allocation for education were made in Kilifi and Turkana.

[7] *World Bank (2014) Laying the Foundation for a Robust Health Care System in Kenya: Public Expenditure Review Volume II. The World Bank, Nairobi, Kenya*

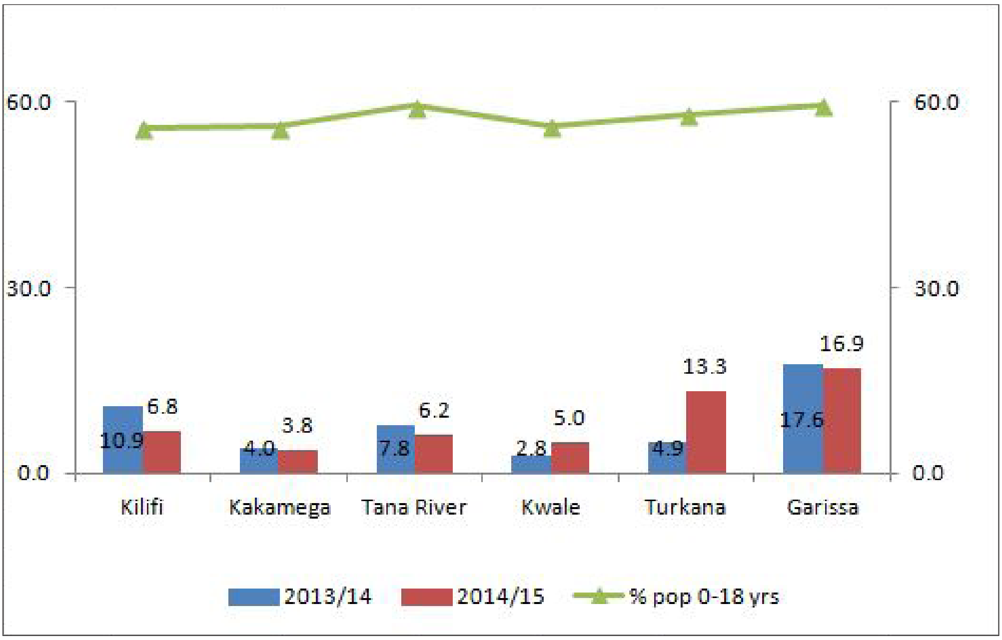
The water sector received among the least attention of the four social sectors, though it was a higher priority in both Garissa and Turkana counties. Figure 3 shows that social and child protection is allocated the least proportionate funds of the total county social budget. However, there is limited information from most counties on this sector largely due to the fact that this information is not explicitly presented in their budget documents.

County Children's Budget

Disaggregation of budget information at the county level leaves a lot to be desired. This not only makes it difficult to isolate programmes or projects that are children-specific, but also makes cross-county comparisons of budgetary allocations difficult.

Overall, the proportion of the county budget allocated to priority children's programmes fell in four of the counties (Garissa, Kakamega, Kilifi and Tana River), while for Kwale and Turkana it increased. Turkana witnessed the highest proportionate increase in funds allocated to children budget, from 4.9% in 2013/14 to 13.3% in 2014/15, accounting for 171% growth. Garissa is the other county whose budget is comparatively friendly to children, 17.6% and 16.9%, respectively, in 2013/14 and 2014/15. This is consistent with the fact that these two counties of the six have relatively high estimated child deprived population, 75.8% for Turkana and 62.6% for Garissa. However, the same cannot be said of Tana River whose child deprived population is equally high, 67.1%, but does not match its allocation to children budget.

Figure 4: Share of children's budget in county budget (%)



Source: County Estimates of Expenditure 2013/2014 and 2014/2015

In each of the six counties, children (0-18 years) account for over 55% of their respective total population. This is significantly higher than the share of each county's children budget as a percentage of their entire county budgets, denoting substantial underfunding for children programmes as shown in Figure 4. This interpretation should of course be taken with a pinch of salt given that education at the county, ECDE is mainly for 3- 5 year olds, and yet we have used 0-18 years. The reason that the proportionate county children budget is low is because it does not factor basic education, a national government function and one that takes the lion share of the national government budget.

Secondly, explicitly disaggregated information on children services or programmes from the counties is limited, and as such, there is a possibility that their respective overall children budgets is somewhat underestimated.

4.1 Child Education

The education sector in all the six counties is characterized by high teacher/pupil ratio, low gross enrolment rate (GER), low net enrolment rate (NER,) and low transition rates at all levels of education (CIDP Reports, 2013; UWEZO, 2012). For example, GER in pre-primary education increased from 60.6% in 2009 to 69% in 2013, while NER for the same period increased from 49% to 53.5%. This trend, as was mentioned earlier, is well below the set Education for All (EFA) target of 80%, suggesting low participation rates at pre-primary education level[8].

To address these ECDE issues, as can be seen from Figure 5, four counties increased their budget on each ECDE pupil by more than 100% between 2013/14 and 2014/15 with Kwale and Garissa leading the pack. In Turkana, the budget per ECDE pupil increased by 92%. In contrast, Kilifi reduced its per capita ECDE budget by 53%. In fact, Kwale's budget per ECDE pupil in 2014/15 was 2.5 times larger than in the previous financial year (see Figure 5).

Turkana County allocated the highest budget Ksh 5,4139 per ECDE pupil in 2014/15, followed by Tana River that allocated Ksh 4,005. Of the six counties, Turkana has one of the lowest participation rates in ECDE. Only half of pre-school age children in Turkana (4-5 age group) attend ECDE. Together with its relatively high estimated deprived child population, this perhaps the reason for its comparatively higher budget allocation to ECDE.

Just like Turkana, Tana River and Garissa's ECDE indicators are equally low and hence justify the substantial budget to ECDE. As for Garissa, according to their CIDP Report, there are 184 ECDE centres with a total enrolment of 24,091, consisting of 13,285 boys and 10,806 girls.

Based on 229 teachers, their teacher/pupil ratio translates to 1:105. Further, the pre-school net enrolment rate is 9.6% and the completion rate is 89.34%, while the retention rate is 11%.

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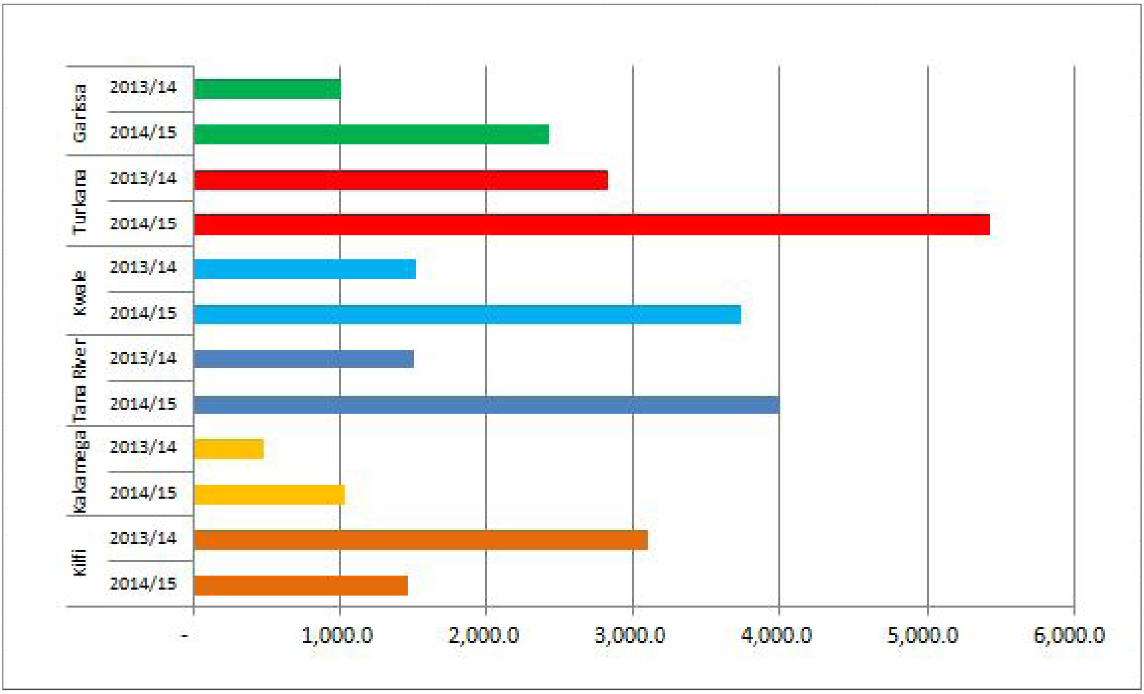
[8] *Economic Survey 2014*

[9] *This figure appears exeggerated but it's based on a computation of the Estimated total allocation to ECDE based on Turkana Budget Estimates. The other noteworthy reason is bacause this figure does not factor allocations to ECDE teachers in Turkana.*

Figure 5: Per pupil budgetary allocation in ECDE (Ksh)



Source: County Estimates of Expenditure 2013/2014 and 2014/2015

The majority of these counties have proposed to use their ECDE budget in a number of common areas, including: construction and refurbishment of ECDE centres, towards ECDE feeding programme, and in hiring of ECDE teachers. To this end, Turkana County allocated the largest amount, Ksh 388.2 million, towards construction and furnishing of ECDE centres in 2014/15, followed by Kwale that allocated Ksh 210 million. In contrast, Tana River allocated the least budget, Ksh 24 million, but Garissa did not factor this item in either of the two financial years.

On the second common budget proposal to increase ECDE enrolment and retention rates, that is ECDE feeding, both Garissa and Tana River, in that order, allocated Ksh 222 million and Ksh 146 million. In these two counties, child nutrition levels are low, at 51.7% and 50.3%, respectively.

Surprisingly, in Turkana and Kwale counties, with one of the highest comparative malnutrition levels, only allocated Ksh 30 million and Ksh 7 million, respectively. It is likely that donors supplement the efforts of these two counties in that respect.

There were a number of other less common strategies towards addressing ECDE challenges in the counties. Some counties like Tana River allocated some funds towards workshops and seminars for ECDE teachers and officers, quality assurance and standards inspection, teaching materials for ECDE centres, and so on.

4.2 Child Health

The health sector at the county level is plagued by low ratios of medical staff to population. In addition, immunization coverage in these counties is below the national average level. Malnutrition is evident in all the six counties with high percentages of stunting, underweight, and wasting among children.

Unlike in child education, there is limited breakdown of child health budget information among the six counties. As such, this impedes the possibility of undertaking of any meaningful child budget analysis and making comparisons is not easy either as information for 2013/14 is missing in some counties such as Kwale. This notwithstanding, there are two budget items that are common among majority of these counties.

The first is infant and maternal health care/nutrition/immunization. This is one of the interventions towards addressing infant and maternal mortality, malnutrition and enhancing immunization coverage. Garissa allocated the highest budget in absolute terms, Ksh 767 million, equivalent to 59.55% of the health sub-sector total budget in 2014/15 contrasted by Tana River which only allocated Ksh 1.7 million. It is only Kakamega and Kilifi that did not have any explicit information on this budget item. On a per capita basis, as shown in Table 7, Garissa allocated a budget of Ksh 8,485 in 2014/15 to all under-five year olds, 250 times what Tana River did.

Table 7: Infant and maternal health care/nutrition/immunization per capita budget 2014/15 (Ksh)

	Tana River	Kwale	Turkana	Garissa
Per Capita Budget to Infant & Maternal Health Care/Nutrition/Immunization in 2014/15 (Ksh)	34	211	136	8,485

Equally, Kakamega and Garissa had a separate budget line titled child survival. The mandate of this sub-programme is to address challenges of maternal and infant mortality rates, the two crucial indicators of child survival. In absolute terms, Garissa allocated the highest amount Ksh 121.6 million relative to Kakamega's allocation of Ksh 90 million in 2014/15.

Health indicators in Garissa County are very poor, particularly for women and children with high maternal, infant and child mortality, high levels of acute malnutrition and low immunization coverage. It also has few and scattered health facilities staffed by inadequate number of personnel. Distances to referral facilities are usually much longer and on poorer roads. Poor facilities are also a major cause of ill-health, particularly in unplanned urban areas. The prevalence of wasting in Garissa County among children (6-59 months) is 8.8%. On the other hand, the prevalence of underweight is 26.8% in the county; while the prevalence of stunting is 38.6%. The vaccination coverage in Garissa County is 62%.

Construction of children wards was one of the other less common health interventions that was considered and given priority by Kilifi (Ksh 140 million), Garissa and Kwale in that order. There was no budgetary information for the latter two in 2014/15, but their allocation for the previous year were Ksh 686.3 million and Ksh 0.02 million, respectively.

The others included supply of delivery equipment in Kilifi amounting to KShs.163.50, and construction of medical personnel housing. On the other hand, Kwale allocated Ksh 0.56 million towards purchase of injections vaccines and detergents.

4.3 County Water and Sanitation

The proportion of population with access to clean and safe water in the six counties is very low and it is the intention of the respective governments to provide safe water to their citizens. Lack of water contributes to sanitation problems. Most of these counties have proposed budgetary allocations in certain areas in order to address water and sanitation challenges.

Some of these areas include: provision of safe drinking water through establishment and rehabilitation of boreholes, water pans, dams; construction of latrines; design and implementation of sewerage system; water treatment, storage and supply lines; rain water harvesting; and technical surveys for ground and surface water. The other additional area is through the establishment of community-school water projects. Table 8 captures a summary of the various water projects, their budgets in absolute terms and as a proportion of county budget.

Table 8: Comparison of county water and sanitation programmes and projects (estimates Ksh million)

		2013/14		2014/15	
County	Programmes/Projects	Allocation (Ksh Million)	As %age of County Child Budget	Allocation (Ksh Million)	As % age of County Child Budget
Kilifi	Construction & Rehabilitation of Water Pump House	5.3	0.6	n.s	n.a
	Water Projects	135.6	15.7	36.4	6.3
	Bore Holes	7.6	0.9	8	1.4
	Storage Tank	0.3	0.0	4	0.7
	Water Pans	3.5	0.4	5	0.9
	Water Master Plan	5	0.6	n.s	n.a
	Survey and Design	3.1	0.4	1.5	0.3
	Dam	n.s	n.a	21	3.6
Tana River	Sanitation & Hygiene	n.s	n.a	186.4	85.9
Garissa	Sanitation & Hygiene	n.s	n.a	121.6	9.6

Tana River and Garissa have each allocated Ksh 186.4 million and Ksh 121.6 million, respectively, towards sanitation and hygiene in 2014/15. Although aggregated, projects under this programme are more explicit and specific to children services, unlike the broad earmarked water projects for Kilifi.

4.4 County Social Protection

Kilifi, Kakamega, and Garissa counties have proposed social protection programmes for children. The programmes include establishment of children protection, rescue, rehabilitation, and recovery centres, carryout child rights advocacy / outreach, establishment of child friendly spaces, establishment of cash transfer programme for OVC, and construction of resource centres.

Table 9: Comparison of county social services programmes (estimates Ksh milion)

		2013/14		2014/15	
County	Programmes/Projects	Allocation (Ksh Million)	As %age of County Child Budget	Allocation (Ksh Million)	As % age of County Child Budget
Kakamega	Foster Care Grants to Foster Parents	5.5	1.0	n.s	n.a
	Charitable Children Organization Donations/ Operations	n.s	n.a	3	0.8
	Children Intervention Programme	n.s	n.a	3	0.8
	Construction of Children Rescue Centres	n.s	n.a	5	1.3
Tana River	Social Protection	n.s	n.a	135.5	62.4
Turkana	Children protection	n.s	n.a	5	0.3
Garissa	Social Protection	82.7	9.7	3	0.2
	Children Protection	n.s	n.a	98.1	7.7

5.0 Conclusion

In conclusion, the focus of this study is trying to understand whether the allocation of budgets for social spending at the national and county government levels responds towards the realisation of children's rights. This includes the right to survival, growth and development (health and education) and the right to protection.

At the national level, nine ministries have programmes which have services dedicated for children. However, due to the way information is captured in the budget estimates, it was not possible to isolate allocations to children programmes in five out of the nine ministries and, therefore, the analysis focused on only four ministries. The Ministry of Labour, Social Security and Services allocates the highest proportionate amount of resources to children services, with the least being the Ministry of Interior & Coordination of National Government. The huge allocation in the Ministry of Labour, Social Security and Services is attributed to the re-organization of government in May, 2013 and the fact that the first stop for a matter to do with children would be the Ministry of Labour, Social Security & Services.

At the county levels, and particularly a review of the six counties under this study, the allocation for children services concentrated on education, health, water and sanitation, and social services. All the sectors in the counties as depicted in the County Integrated Development Plan (CIDP) encountered serious challenges of high teacher/pupil ratio and low transition rates at all levels of education, low ratios of medical staff to population, and low immunization coverage. Malnutrition in the health sector and the proportion of population with access to clean and safe water in the six counties is very low. However, the CIDP initiates strategies which include increase in resource allocation to enhance the eradication of the identified challenges with an intention to foster development in social sector spending across all the counties.

6.0 Recommendations

On the basis of this study, the following are key messages specific to children on social spending.

- **The national and in particular county governments should progressively increase children budget in order to match legislative obligations in the realisation of children rights.**

The national and county governments are not living up to the commitment of using their resources to the maximum extent possible in implementing child rights. While children account for slightly more than half of the country's population, the children's budget as a share of national budget is 25%, albeit with challenges in estimations. Equally, county children budgets, as percentage of county budget in the respective six counties is significantly low, relative to child population and the functions devolved to them. As such, the two levels of government should increase their budgets to children issues and coordinate service delivery functions related to children better for the better results and in turn give children issues the attention they deserve.

- **County governments should consolidate gains in attention and budgetary allocation to ECDE in order to improve enrolment rates and overall child development.**

Enhanced investment in infrastructure development, refurbishment of ECDE centres, recruitment of teachers, training and capacity building for ECDE teachers, construction of classrooms and toilets in primary and secondary schools, construction and equipping laboratories and libraries in schools are key factors. It is commendable that per pupil budgetary allocation to ECDE in four counties increased by more than 100% and therefore counties should consolidate these gains.

- **Increase government's own resources to sustain efforts to reduce child mortality rates and improve education enrolment rates in arid and semi-arid lands (ASALs) from donor dependency.**

Malnutrition is evident in all the six counties, with high percentages of stunting, underweight, and wasting among children. Measures to address this issue like children immunization and community outreach services should be enhanced at the county levels. From the analysis, immunization coverage is donor-dependent, and therefore the government should progressively increase its own resources in this area for sustainability. Likewise, the government should address any donor disbursement delays that may impede roll out of immunization drives.

- **To maintain policy ambition of cushioning vulnerable children, parliament should ensure that budgetary allocation to Cash Transfer to OVC, and for overall social protection for children, is consolidated.**

Investing in social protection today helps to build a safer and more secure nation tomorrow. It is, therefore, paramount for the national government to increase resources for the vulnerable children and step in at the county level where community-initiated support has faltered. There was a reduction on proportionate share of cash transfer to OVC which may affect government's policy ambition of cushioning vulnerable children.

- **The two levels of government should improve and make social sector spending more effective for better outcomes in children development.**

Overall from the analysis, there exist consistent efforts and resources to empower children and provide care and protection, but increased spending in the social sector is vital but will not automatically result in improved outcomes in the social sector. Attention to the efficiency of budget implementation in areas relevant to children's rights is also much needed, and this applies equally to capital and current budgets; and to allocate and operational efficiency.

In practice, this will require that plans maximize the use of resources and avoid an emphasis on construction at the expense of better equipment, or better maintenance and rehabilitation of existing buildings. Budgets should provide a good balance of funding for salary and non-salary items so that staff can be productive and enhance development and equitable across the nation.

- **Development partners should partner with CSOs to enhance the capacity of the community and the members of the county assembly to engage more effectively in child budget advocacy and oversight.**

Building the capacity of communities, parliamentarians and members of the county assembly and other national bodies with an interest in the realization of children's rights in child-focused budgeting and budgetary analysis can contribute significantly to generating better outcomes for children spending. Special efforts should be made to engage interested parliamentarians in these areas in view of their clear interest and their ability to advocate for change through the democratic process

Budget transparency recommendations

- **The national, and in particular county governments, should provide more comprehensive budget information in the Estimates of Expenditure in line with international best practices.**

There is insufficient information in the data presented in the Estimates of Expenditure to identify those areas of specific interest to the wellbeing of children at the county level. A much deeper analysis of spending in the key areas of family health, nutrition, education, etc., and a full breakdown of the allocation is required for this exercise, especially related to those allocations likely to be most concerned with children's wellbeing, may it be on social security & services, public health, medical care, education, and disease control. Some areas such as immunization, which is highly relevant to children, should be very clear in the budget allocation at the county level.

- **County governments should adopt programme-based budgeting (PBB) to allow for effective budget analysis and monitoring.**

The shift from the old line-item, input-based budget presentation to a new programme-based budget should be implemented at the county level. The national government shifted the presentation of the budget from the year 2013/2014 to programme-based budgeting. County governments should borrow a leaf from the national government, or from the peer counties such as Garissa who have already adopted PBB. The shift from traditional budgeting methods to modern budgeting methods with results and performance as its focus is noted to be more useful as a policy or decision making tool and assures elected and administrative officials of what is being accomplished with the money as opposed to merely showing that it has been used for the purchase of approved inputs.

Members of the county assembly and county executive, members of parliament at the national level, policy makers and civil society organizations should lobby for better re-classification of children budget at the ministerial level which should be supported by increased allocations of resources, particularly in the rural settings for health and educational facilities.

- **The National government and in particular county governments should make available to the public budget information and in turn promote budget transparency levels.**

There are several advantages of increasing budget transparency, including building trust between the government and the citizens, strengthening democracy, helping the fight against corruption, and ensuring that information is not reported incorrectly or out of context. During the field interviews at the county levels, we realized that there are two data availability issues: first, there is data that is known to be available but which the social sector ministries do not easily share. Second, there is data that is simply not available. Fortunately, there is a lot of information that falls into the first category and this only requires an authorization to be released.

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Appendices

Appendix 1: Functional Assignment in the Social Sector between the National and the County Governments

The social sector in Kenya, like all the other sectors, now operate and function under a devolved system of government, that is the national government and forty-seven county governments as established by the Constitution of Kenya (CoK) 2010. In this respect, the Constitution under Article 186 delineates respective functions and powers for the two levels of government, with further details of the functions reflected in the Fourth Schedule of the Constitution. Broadly, the national government is assigned the function of policy formulation, regulation, and capacity building, whereas the service delivery is set aside as the domain of the county governments. Equally, the functions are classified as exclusive, concurrent or residual. Residue functions are not well defined in terms of who between the two levels of government will carry them out, but the Constitution implies that these functions would resort to the national government.

In line with the tenet of 'funding follows functions", one needs to explicitly understand the key services dealing with children, of who between the two levels of government plays what function. The Constitution provides a three-year period, from 2013, for successful transition to devolved government. Further to this, the Transition to Devolved Government Act, 2012 establishes Transition Authority as the body mandated to facilitate and coordinate the transfer of functions to county governments. This institution in consultation with other stakeholders, both state and non-state actors, has come up with a framework for functional and competency assignment with criteria to guide transfer of functions but more importantly a mechanisms to unbundle or clarify functions by the two levels of government, and by sectors.

Table A1: Distribution of functions in social sectors between the national and county government levels that provide services that deal with children

National Government	County Government
Health	
I. Health policy. II. National referral health facilities.	a) County health facilities and pharmacies: (i) County health facilities including provincial general hospitals; provincial health services; district health services/district and sub-district hospitals, and rural health centres and dispensaries. (ii) Personnel emoluments staff in service. (iii) Health information systems data collection, collation, analysis, supportive supervision, reporting patient and health facilities records, HRIS, IFMIS and DHIS. (iv) Operation and maintenance rehabilitation and maintenance of health facilities, vehicles and medical equipment/machinery, utilities.
	b) Ambulance services emergency response, patient referral system.

	c) Promotion of primary health care: (i) Environmental health services water and food safety, pollution control, sanitation, occupational safety, hygiene control, community health. (ii) Service delivery disease prevention and control services, curative and rehabilitative services, health promotion services, TB, malaria, HIV, nursing services, laboratory, community health, oral health, maternal, reproductive health, child health. (iii) Nutrition food supplements, food fortification, dietetics. (iv) Vector borne diseases. (v) Health education
Education	
(i) Education policy, standards, curricula, examinations and the granting of university charters. (ii) Universities, tertiary education institutions and other institutions of research and higher learning and primary schools, special education , secondary schools and special education institutions.	Pre-primary education and child care facilities
Water	
(i) The use of international waters and water resources. (ii) Protection of the environment and natural resources to establishing a durable and sustainable system of development including in particular water protection, securing sufficient residual water, hydraulic engineering and the safety of dams.	a) Water and sanitation services: (i) Rural water and sanitation services. (ii) Provisions of water and sanitation services in small and medium towns without formal service providers. (iii) Water harvesting and storage. (iv) Urban water and sanitation services with formal service provision (sanitation includes sewerage) including water and sanitation and sewerage companies, but excludes water service boards.

According to the Gazette Supplement No.116 via Legal Notice No. 137-183 of 9th August 2013, the approved distribution of functions in the social sector is as indicated in the Table A1 above. This table gives an idea of the basis for budgetary allocation to the social sector at either of the two levels of government.

Appendix 2: Donor Spending

Donor Budget in Children Sensitive Social Sectors FY 2014/15 (Ksh Million)		
	Allocation	Share of Total Sector Donor Budget (%)
Education	**1,883**	**100**
School Feeding Programme	1,300	69
Directorate of Basic Education	15	0.8
Early Childhood Development & Education	42	2.2
Secondary &Tertiary Education	225	13.5
Health	**7,393.7**	**100**
Family Planning, Maternal and Child Health	320	4.3
Nutrition	681.3	9.2
Kenya Expanded Programme on Immunization (KEPI)	2,600	35.2
Social and Child Care Services	**1,742**	**100**
Cash Transfers to Orphans and Vulnerable Children	45	2.6
Children's Services	29.2	1.7
Child Protection and Justice System	**71.7**	**100**

Source: Estimates of Development Budget 2014/2015

Appendix 3: County Profiles

Kakamega County

Kakamega County is one of the four counties in the western region of Kenya. It boarders Vihiga County to the South, Busia and Siaya counties to the West, Bungoma and Trans-Nzoia counties to the North, Uasin Gishu County to the Northeast, and Nandi County to the East. The county covers an area of approximately 3050.3 square kilometres. Administratively, the county has 12 sub-counties and 60 wards spread out in 398,709 households.

According to the 2009 Population and Housing Census, the county population was 1,660, 651 consisting of 797,112 males and 863,539 females giving the population distribution of 48% male and 52% female. The county population is projected to be 1,929,401 and 2,028,324 by 2015 and 2017, respectively. The population growth rate for the county is estimated at 2.5%. This has put great pressure on socioeconomic facilities, especially on health, education, and land. Resources, which could have otherwise been utilized elsewhere, have been diverted to meet the health and education needs, leaving very little for other investments.

The infant population was projected at 64,627 in 2012, representing 3.6% of the total population. The infant population is projected to increase to 69,660 and 73,232 in 2015 and 2017, respectively. This calls for an increased investment in the immunization services and primary healthcare facilities.

Pre-School Going Age (Under Five Years): The population in this cohort was projected at 313,316 in 2012, representing 17.5% of the county population. This population is projected to increase to 337,718 and 355,718 in 2015 and 2017, respectively. The county needs to invest in immunization programmes, ECDE teachers and facilities, social amenities and primary healthcare to cater for the increasing population.

Primary School Going Age (6-13 Years): The primary school age population was projected at 416,306 in 2012, which represent 23.3% of the county population. The population is expected to grow to 448,729 by 2015 and 471,736 by 2017. The increase in the population in this age group will translate to an increase in enrolment in primary schools. This calls for an increase in the number of classrooms, staff, and school infrastructure, among other resources.

Secondary School Going Age (14-17 Years): According to the 2009 Population and Housing Census, this population was 157,226, consisting of 79,047 and 78,179 male and female, respectively. The population is 169,471 representing 9.7% of the entire county population and is projected to increase to 182,671 and to 192,036 by 2015 and 2017, respectively. The cost of secondary school education, especially boarding schools, has become relatively high prompting increased dropout rates. The expected growth in this population calls for the provision of bursaries and increased investment in school infrastructure.

Kilifi County

Kilifi County is one of the six counties in the coastal region of Kenya. The county borders Kwale County to the Southwest, Taita Taveta County to the West, Tana River County to the North, Mombasa County to the South, and Indian Ocean to the East. The county covers an area of 12,609.7 square kilometres. The county has seven sub- counties, namely, Kilifi North, Kilifi South, Ganze, Malindi, Magarini, Rabai, and Kaloleni. It has 17 divisions, 54 locations, and 175 sub-locations.

The population of the county was estimated to be 1,217,892 in 2012 as projected in the Kenya Population and Housing Census 2009, composed of 587,719 males and 630,172 females. The population is projected to rise to 1,336,590 and 1,466,856 in 2015 and 2017, respectively, at growth rate of 3.05% per annum.

Under One Year (Infants): It is projected that the population under one year in 2012 was 44,303 consisting of 22,147males and 22,156 females. This population is projected to rise to 53,361 persons in 2017. The ratio of male to female infants remains almost at 1:1, indicating no major pattern change in the male/female ratio compared to the total population. The infant mortality rate is 71 per 1000 live births for the county, while the national figure stands at 52 per 1000 live births. There is, therefore, need to improve the health sector especially the postnatal care and immunization component, as well as improving maternal health to reduce the high infant mortality and maternal mortality rates in the county.

Pre-School Going Age (Under Five Years): The population under five years was estimated to be 210,916 in 2012, consisting of 105,845 males and 105,071 females, comprises of 14.6% of the total population. Under five mortality rate stands at 87 per 1000 live births, while the national figure is 74 per 1000 live births. The county needs to strengthen projects and programmes that are aimed at controlling infant and child mortality such as immunization coverage and maternal and child health (MCH).

Primary School Going Age (6-13 Years): This population was 263,016 in 2009, representing 21.7% of the total population. It was estimated to increase to 288,650 in 2012 before rising to 316,782 in 2015 and 347,656 in 2017. This increase is expected to put pressure on the existing 492 primary schools as well as the teaching personnel. There is, therefore, need for additional teachers so as to maintain a reasonable teacher/pupil ratio. It is worthy to note that, the actual enrolment in primary school stands at 268,168, which shows a deficit of 20,482 primary school going children who are not accounted for. The county will also require increased funding for provision of teaching and learning materials.

Secondary School Going Age (14-17 Years): The population in the age group stood at 102,868 in 2009, representing 9.27% of the total population. The actual enrolment stands at 35,670, which is much far below the estimated secondary age population of 112,893 as at 2012. It is expected to increase to 123,896 and 135,971 in 2015 and 2017, respectively. This poses a major challenge to the county that currently has only 120 secondary schools with 710 teachers. There is need for collaborative efforts from various stakeholders to invest in education in the county. There is also need to promote sports, drama and other extracurricular activities so that the age group discovers and develops their talents. The county will also require more investments in tertiary institutions such as universities, colleges, and youth polytechnics to absorb those that are completing secondary education.

Kwale County

Kwale County is one of the six counties in the coastal region of Kenya. It borders Taita Taveta County to the Northwest, Kilifi County to the Northeast, Taita Taveta and Kilifi counties to the North, Mombasa County and Indian Ocean to the East and United Republic of Tanzania to the South. The county covers an area of 8270.2 square kilometres, of which 62 square kilometres is under water. Kwale County is divided into three administrative sub-counties, namely, Matuga, Kinango and Msambweni. The three sub-counties are further divided into a total of nine divisions. It has 37 locations and 84 sub-locations.

The total population of Kwale County was projected at 713,488 persons in 2012, comprising of 346,898 males and 366,589 females. This is a 9.8% increase from 649,931 in 2009. The county population growth rate is 3.1%, and the sex ratio is 95 males per 100 females. The population is projected to rise to 783,261 and 833,527 in 2015 and 2017, respectively.

Infants Population: The infant population is projected to increase significantly from 26,638 in 2012 to 29,243 and 31,120 in 2015 and 2017, respectively. This implies that, the childcare and immunization component should be given priority in the health sector, as well as improving maternal health.

Primary School Going Age (6-13 Years): This is the primary school going population. The projected 2012 population in this group is a total of 167,741 persons up from 152,799 persons in 2009. This is projected to reach, 184,145 and 195,963 persons in the years 2015 and 2017, respectively. To deal with the increasing population in this age group, it is necessary to build more primary schools, improve the facilities in the existing schools and employ more teachers to maintain a reasonable teacher/pupil ratio.

Secondary school Going Age (14-17 Years): The projected population in this category in 2012 was 64,503 persons, up from 58,757 persons in 2009, which is 9% of the total population in the county. It is projected to reach 70,811 and 75,355 persons in 2015 and 2017, respectively. Currently, only 34% of the population in this age group is enrolled in 54 secondary schools. The investment in facilities like secondary schools, employment of more teachers, and development of tertiary and vocational training institutions to prepare this population for the labour market is essential. More efforts are needed to enhance enrolment, increase transition rate, which currently stands at 27.78%, and discourage dropping out of secondary school.

Turkana County

Turkana County is situated in North Western Kenya. It borders West Pokot and Baringo counties to the South, Samburu County to the Southeast, and Marsabit County to the East. Internationally, it borders South Sudan to the North, Uganda to the West and Ethiopia to the Northeast. The county shares Lake Turkana with Marsabit County. The total area of the county is 77,000 square kilometres. The county is administratively divided into seven sub-counties, 17 divisions, 56 locations that are further sub-divided into 156 sub-locations.

According to the Kenya Population and Housing Census (KPHC) 2009 results, the county population stood at 855,399. It is projected to have a total population of 1,036,586 in 2012 and 1,427,797 in 2017. These projections are based on a population growth rate of 6.4%, assuming constant mortality and fertility rates. The increase in the overall population calls for more investment in economic and social facilities such as health services, educational facilities, agriculture and livestock sectors to provide food and employment opportunities.

Infant Population: The population of this age group increased from 15,530 in 2009 to 18,820 in 2012, and is expected to increase to 25,922 by 2017. Male children are a majority in this age group, standing at 9,550 while the females stand at 9,269 in 2012. To plan for this age group, key priorities shall include planning for future enrolment into educational institutions and in making decisions which will put more emphasis to child care, e.g., immunization in the health sector.

Pre-School Going Age (Under Five Years): The population of this age group increased from 111,579 in 2009 to 135,213 in 2012, and is projected to reach 186,243 by 2017. Male children stood at 69,716 while the girls were 65,497 in 2012.

Primary School Going Age (6-13 Years): The population for this age group in 2009 was 235,059. It grew to 284,848 in 2012, and is expected to increase to 392,351 by 2017.
This growth is expected to maintain the pressure on primary school facilities, and the teacher/pupil ratio at primary school level is not expected to change significantly.

Secondary School Going Age (14-17 Years): The population in this age group now stands at 108,315, and is expected to rise to 149,193 by 2017. Increase in population for this age group implies that the education facilities should be equipped to handle the marginal increase. This calls for continued investment in social and physical infrastructure like schools, training institutions and employment creation.

Garissa County

Garissa County is one of the three counties in the North Eastern region of Kenya. It covers an area of 44,174.1 square kilometres. The county borders the Republic of Somalia to the East, Lamu County to the South, Tana River County to the West, Isiolo County to the Northwest, and Wajir County to the North. Garissa County has six sub-counties, which include: Fafi, Garissa, Ijara, Lagdera, Balambala, and Dadaab. These correspond to constituencies in the county.

The county has a total population of 699,534, consisting of 375,985 males and 323,549 females, as at 2012. The population is projected to increase to 785,976 and to 849,457 persons in 2015 and 2017, respectively.

Infant Population: The infant population is projected at 16,623 representing 2.4% of the total county population. The population is projected to increase to 18,677 and to 20,186 in 2015 and 2017, respectively. This calls for an increased investment in the immunization services and primary healthcare facilities.

Pre-School Going Age (Under Five Years): Garissa County has 124,115 children who are below five years old. This is about 17.7% of the total population. With the large number of children falling under this age bracket, the county shall require enhanced immunization programmes and improved facilities for maternal health. There will also be need for enhanced Early Childhood Development and Education (ECDE) programmes in the county.

Primary School Age Group (6-13 Years): In the county, there are 191,837 children who are within the primary school going age. Of this, 54.8% are boys while 45.2% are girls. There will be need to put up more primary schools to cater for the growing number of the primary school going children. The primary school enrolment is, however, low for both gender, but worse for the girl child. There is, therefore, need to carry out enrolment drives throughout the county. In addition, a programme on the provision of sanitary towels will be introduced to retain the girl child in school.

Secondary School Age Group (14-17 Years): There is a total of 168,456 children who are within the secondary school going age. The secondary school age population for girls is 72,282. Since most girls do not proceed to secondary school in the county due to early marriages, the county, therefore, needs to set aside some resources for campaigns to sensitize the community on the importance of the girl child education.

Tana River County

Tana River County is located in the coastal region of Kenya. The county borders Kitui County to the West, Garissa County to the North East, Isiolo County to the North, Lamu County to the South East and Kilifi County and Indian Ocean to the South. The county straddles between latitudes 000'53" and 20 '41" South and longitudes 380 30' and 400 15' East and has a total area of 38,862.20 Km2. The county has a coastal strip of only 76 Km.

The county is divided into three (3) administrative units namely; Bura, Galole and Tana Delta, nine (9) divisions, 15 wards, forty five (45) locations and ninety six (96) sub-Locations. In addition, the county has three constituencies namely; Galole, Bura and Garsen with 15 county electoral wards.

The projected population of Tana River County in 2012 was estimated at 261,348 with 130,875 being female and 130,473 male. The county has an inter census population growth rate of 2.83 per cent slightly lower than the national average of 2.9 per cent. The ratio of male to female is 99:100 and the pattern is projected to remain the same by June 2018.

The county has 76.9 per cent of its population living in absolute poverty, and with the annual population growth rate of 2.8 per cent, the projected increase in population will impact heavily on the county's responsibility to provide on the basic needs such as food, water, health and education for all ages to its citizen.

Under One year: The county has a projected population of 11,027 (2012) infants whose number is expected to rise to 12,005 by 2015 and 12,704 by June 2018. This calls for special interventions in order to significantly reduce the high Infant Mortality Rate (IMR) which presently stands at 91.3 deaths per a thousand, a figure that is on the higher side compared to the national figure of 38/1000 deaths (2011).

Under Five Years Group: Age group of under five years comprises of 20 per cent of total population. The projected population for this age group is 52,428 for 2012 and expected to rise to 57,074 in 2015 and 60,398 in June 2018. The challenges the county faces in order to cater for this population includes strengthening projects and programmes which are aimed at enhancing immunization coverage and health care. The county also needs to expand, equip and staff Early Childhood Development Centres (ECDCs) to cater for this group of population.

Primary School Age-group (Age Group 6-13): The primary school going age population (6-13 years) in 2012 was projected at 63,792 and 66,443 and 73,487 in 2015 and June 2018 respectively. The increase is expected to put pressure on the existing 152 primary schools infrastructure. The county will therefore need to construct more primary schools, improve the facilities in the existing schools and employ more teachers to maintain a reasonable teacher/pupil ratio.

Secondary School Age-group (Age Group 14-17): The population in the age group of 14-17 years (secondary school age) was projected at 22,178 in 2012 and expected to rise to 24,143 and 25,549, in 2015 and June 2018 respectively. This will pose a major challenge as the county currently has only 13 secondary schools. With the introduction of free day secondary education and increase of bursaries from various devolved funds the existing schools will not be able to cope with the high demand. There is a need for education stakeholders to invest in building more secondary schools, improving the existing facilities and employment of teachers. Further investment is required in Youth Polytechnics to absorb those who will not be able to join secondary schools. The secondary school students are also vulnerable to HIV infection and drug abuse. The education department, religious leaders and development partners have to strengthen in-school counselling and Behavioural Change Campaigns (BCC).

Youth (Age Group 15-30): The projected figure for this age group (15-30 years - youth) which represents 26 per cent of the whole county population was projected to be 71,757 in 2012 and will continue increasing to 78,115 and 82,664 in 2015 and June 2018 respectively. This population constitutes 58 per cent of the potential labour force thus strategies should be developed in creating job opportunities. This is a very active group that needs to be occupied through income generating and sporting activities.

The group also needs investment in skills development so that they can exploit their potential. The challenges facing the county include construction and equipping tertiary institutions and providing bursaries for the needy students entering post secondary school education institutions. The group also needs a lot of information on career opportunities and business development service. They therefore need ICT services so that they can access relevant information and effectively share the information. Since this group is vulnerable to HIV infection, the county have to provide them with behavioural change information and facilities such as youth friendly VCT centres. The county also needs to invest in expanding sports infrastructure and recreational facilities to make them fully occupied.

Reproductive Age for Women (Age Group 15-49): Women in Age Group 15-49 (Reproductive Age) constitute about 21.5 per cent (56,074) of the total projected population in 2012 and are expected to increase to 61,043 and 64,598 in 2015 and June 2018 respectively. This age group is the single most important determining factor of population growth. With total fertility rate of 6.5births per woman and the low levels of contraceptive adoption rates at 21 per cent, the rapid population growth rate of 2.8 per cent is expected to continue. To cater for the increase in females in the reproductive age, investment in health services and facilities is required in the county. Important programmes such as those of family planning, maternal health care and girl child education will have to be scaled-up.

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