

Case of Elgeyo Marakwet, Homa Bay, and Kericho County Governments

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Executive Summary

This analysis was based on a review of national and county level sanitation policy, plans and budget documents for the period 2014/15 to 2018/19 to establish the extent of prioritization and public investment in sanitation service delivery.

Both from a policy and planning perspective, the national government and indeed the Counties of Elgeyo Marakwet and Kericho are committed to achieving 100% Open Defecation Free (ODF) status and 100 %access to improved sanitation by 2030. However, we found that from a resource perspective the country is not on course as less than 2% of Government budget is channeled to sanitation, roughly 0.3 percent of Gross Domestic Product (GDP) and below Ngor Declaration of at least 0.5% of Gross Domestic Product. This implies that as a country public investment is falling short of sanitation policy commitments. In fact, for the period 2017/18 to 2018/19 there was a negative shift in focus by one of the biggest sanitation spenders, the Ministry of Health. This perhaps explains why for the period 2000-2015 national level access to sanitation has generally been low, in fact dropping marginally from 31% to 28%.

Despite overall low budgetary allocation to delivery of sanitation services, increase and shift in focus to sanitation in the period 2017/18 to 2018/19 by a factor of 4 denotes Elgeyo Marakwet's prioritization of sanitation. However, uptake of just over half of development budget for health which contributes significantly to sanitation is a pointer to the challenge of realizing increased latrine coverage for households. For both Homa Bay and Kericho Counties, sanitation specific budget information was lacking. It was worse for the latter. We nevertheless found

that sanitation related budget for Homa Bay reduced by 28% between 2015/16 and 2016/17 despite having a worryingly low levels of access to improved sanitation, 25% against national average of 65.2% but with better efficiency in spending. For Kericho, the trend in sanitation sensitive ministries was mixed, with marked increase from 32% in 2016/17 to 43% in 2017/18. Nevertheless inaccessibility of sanitation specific budget information made it difficult to estimate real effort of prioritization in sanitation.

This calls to action the need for the improved sanitation budget transparency at the two levels of government but in particular for Kericho. To facilitate public participation and analysis, Kericho should publicize its budget documents at least online. Tied to transparency these three counties and the national government should improve comprehensiveness of budget documents by among things reforming the charts of accounts to incorporate a sanitation budget code in order to facilitate better analysis of sanitation budget information.

Moreover, it is clear that the national sanitation related ministries as well as at the county level investment in sanitation should be scaled up progressively towards realization of sanitation policy commitments. In part, institutionalization of better coordination framework will be critical for improved prioritization and investment in sanitation at the national level. Conversely, the three counties have to significantly and progressively improve investment in sanitation to realize policy commitment but more important they should ensure efficiency in spending for realization of improved sanitation outcomes.

1.0 Introduction

Kenya has witnessed increased calls and participation by civil society groups for improved level of access to sanitation often intertwined with water and hygiene. Improved access to sanitation is associated with not only public health benefits but also economic and social benefits. Government and the United Nations International Children's Emergency Fund (UNICEF) reports note that poor sanitation contributes to approximately 700,000 child deaths every year due to diarrhea and is also associated with a number of infectious and nutritional outcomes.

Civil society calls and voice in many ways is about increasing awareness and the need for duty bearers to enhance prioritization and investment of sanitation in the country. Six years into devolution expectations are still high albeit tempered that by government being closer to the people their needs including in social matters of water and sanitation would be realized. The budget as a political and economic instrument that reflects the priorities, policies and programmes of any government is an important ally for any civil society engagement and advocacy for improved access to sanitation.

This brief attempts to provide a national and three select county (Elgeyo Marakwet, Homa Bay and Kericho) picture of the extent to which public investment has focused on delivery of sanitation services. Assessment of budgetary allocation and public spending in sanitation would in turn be useful for evidence based advocacy by civil society groups.

1.1 Specific Objectives

1. To determine the overall sanitation budget of the government in terms of prioritization, progression and utilization from 2014/15 to 2018/19
2. To examine the trends in sanitation budget allocation in select counties and implications of this pattern of allocation to the sector.
3. Generate recommendations based on findings of the survey and options for increasing efficiency and effectiveness of public service delivery in sanitation.

2.0 Methodology and Limitations

2.1 Analytical Approach

This topline analysis first examined the state of play of sanitation nationally and in the three select counties by focusing on key indicators on access to improved sanitation. The idea was to identify trends in levels of access to sanitation at the national level differentiated by access to improved and non-improved facility and level of open defecation but also by rural and urban dichotomy. The same was applied at the three county levels in addition to statistics on hand washing practices. Key county statistics were compared with the national level average. Other more specific data looked at latrine coverage and distribution of households with no sanitation facilities. The situation of sanitation at the two levels was in turn punctuated with the national and counties policies and commitments.

In establishing prioritization and public investment in sanitation, we reviewed and analyzed budgets and spending trends for both the national government and the three counties. The period of focus for the trend analysis was 2014/15 to 2018/19. The reason for leaving out 2013/14 and the previous year just before devolution is because the way information was presented makes it difficult for comparison and especially for 2013/14 whose budget information is full of inconsistencies.

The idea of reviewing sanitation budget trends in both absolute terms and relative to total county budget was to understand the direction of movement and as such draw conclusion on the extent to which the Counties are prioritizing sanitation service delivery.

Budgetary allocation is an important signal to prioritization and focus by the government on sanitation service delivery. However, sanitation outcomes are dependent on the extent to which budgets are spent and managed. In this regard we also compared the sanitation budgets with actual expenditure to gauge spending efficiency. Furthermore we attempted to estimate the portion of national government budget set aside for sanitation projects and services. It is important to note that the extent of analysis of both budget and expenditure (actual spending) was limited to availability of budget information.

2.2 Types and Sources of Data

This report generally relied heavily on secondary data. For data on situation of sanitation at the two levels we used UNICEF-JMP reports, Kenya Integrated Household Budget Surveys 2015/16 and complemented this with the respective County Integrated Development Plans. In addition, we reviewed various sanitation policy documents including Kenya Environmental Sanitation and Hygiene Policy 2016-2030 as well as other relevant literature including on sanitation from SNV and other agencies.

As far as information on budgetary allocation and spending is concerned we used various issues of Programme Based Budgets and Estimates of Recurrent and Development Expenditure 2014/15 – 2018/19 for the national government level and indeed for the three Counties. Besides we also complemented this with information from Office of the Controller of Budget Reports at the two levels of government.

3.0 Status of Sanitation

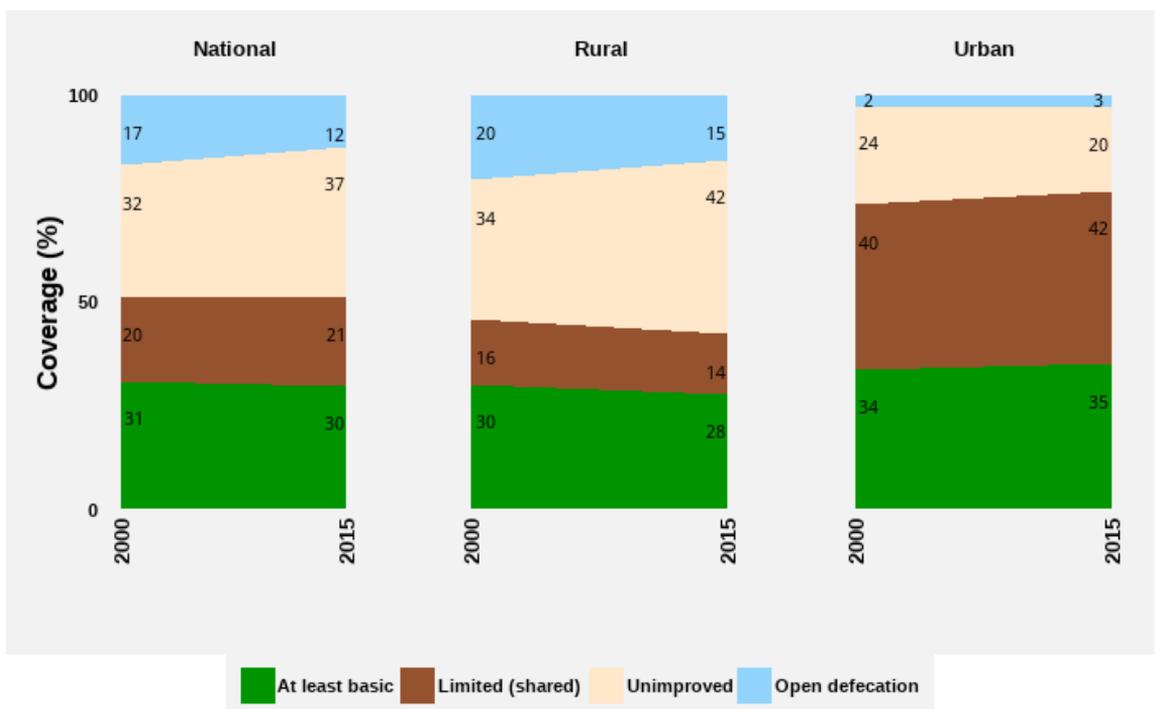
Government commitment to improved access to sanitation is well spelt out in the Constitution of Kenya 2010 and from a policy perspective. The Constitution recognizes access to safe water and reasonable standards of sanitation as a basic human right. In this regard the National government is responsible for formulation of sanitation policies whereas sanitation service delivery is a domain for County Governments.

Through Kenya Environmental Sanitation and Health (KESH) policy 2016-2030, the government provides a robust strategy that will not only enable all Kenyan to enjoy their right to highest attainable standards of sanitation but also to a clean and health environment as guaranteed in the Constitution. The KESH policy 2016-2030 reinforces the target of universal sanitation access through setting of three goals:

1. Achieving and sustaining 100% ODF status in Kenya by 2030
2. Achieving and sustaining 100% access to improved sanitation in rural and urban areas by 2030
3. Increasing public investment in sanitation and hygiene from 0.2% to at least 0.5% of GDP by 2020 and 0.9% of GDP by the year 2030

Drawn from the most recent statistics (UNICEF, 2015), the following charts show trends on access to sanitation at the national and select county levels.

Chart 3.1: Trends in Access Rate at the National Level, 2000-2015



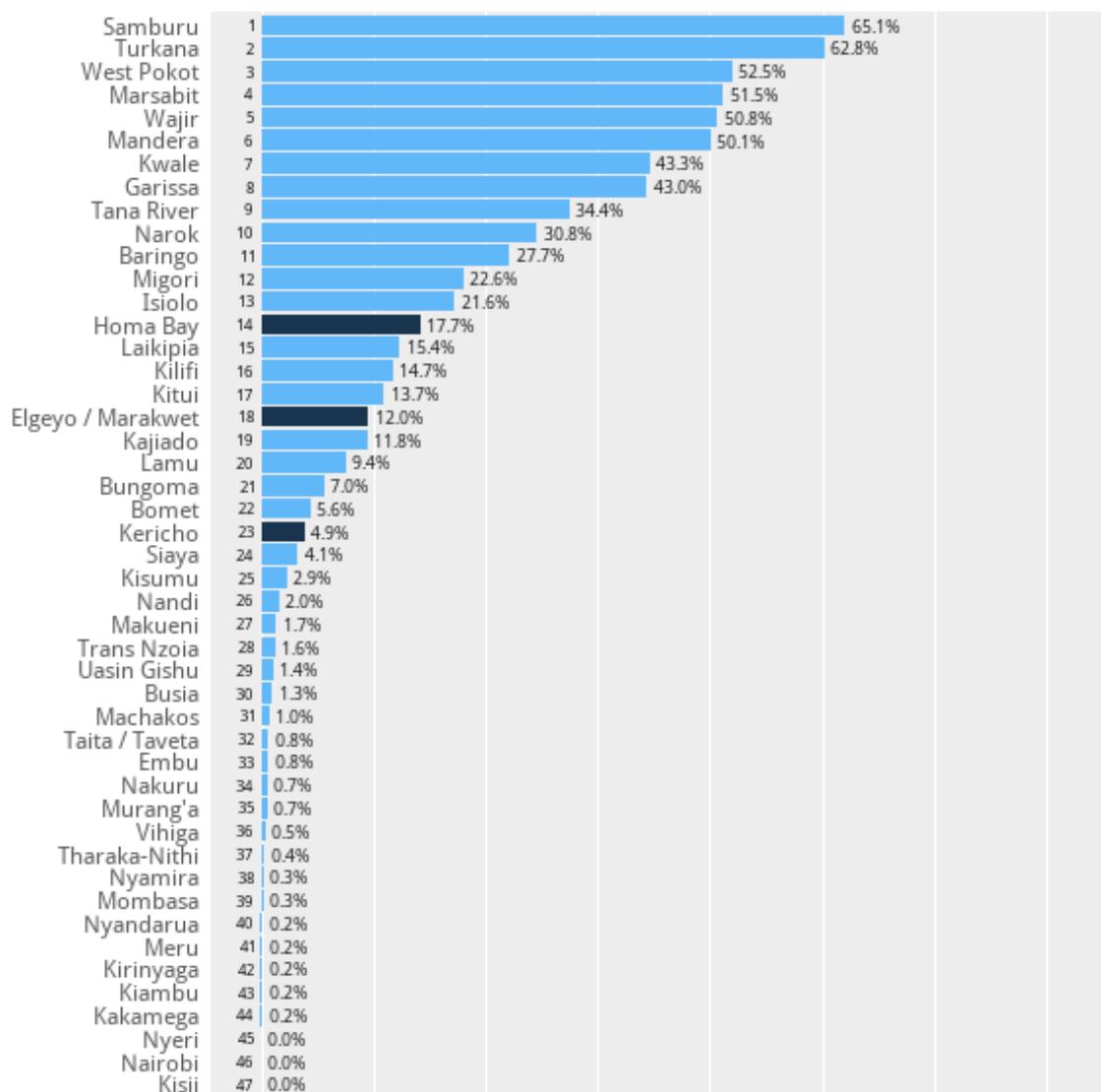
Source: UNICEF

At the national level there was a marginal drop in access to at least basic improved sanitation between the period 2000 and 2015. In particular, 30% of Kenyans had access to at least basic improved sanitation in 2015 (28% of rural and 35% of urban) compared by 31% in 2000, one percentage point drop (see Chart 3.1). On this point, regression in access to improved sanitation in rural Kenya was attributed to overall minimal drop in

national access to at least basic improved access to sanitation. Reports notably show that improved sanitation predominantly consists of simple pit latrine providing varied degrees of safety, hygiene and privacy.

The biggest challenge for the government is how to address rise in the use of unimproved facilities by Kenyans from 32% to 37% over the period 2000 to 2015 (KNBS, 2018). This implies need for policy interventions that are rural focused and targeted.

Chart 3.2: Distribution of Households with No Sanitation Facilities by Counties



Average
 Rural : No sanitation facility = 13.9%
 Urban : No sanitation facility = 1.4%
 National : No sanitation facility = 8.4%

Source: Kenya Integrated Household Budget Survey 2015/16

Further chart 3.1 shows that by 2015 about 12% of Kenyans practice Open Defecation (OD), an improvement from 17% in 2000. This improvement notwithstanding, falls short of government ambitious Open Defecation Free (ODF) Rural Kenya 2013 Campaign Roadmap. Furthermore as shown in chart 3.2 about 8.4% of households at the national level do not have sanitation facilities.

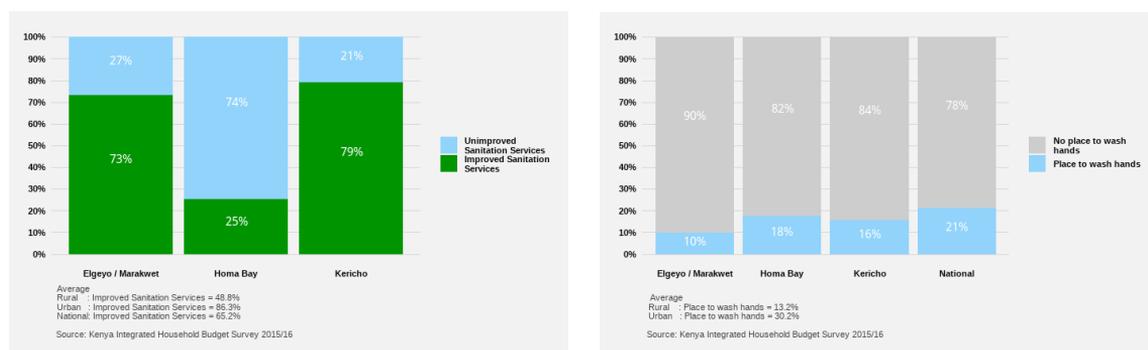
Equally studies show that Open Defecation (OD) practice is not only intertwined with poverty levels but also attributed to a range of factors including perceptions, cultural and traditional beliefs. For example, children practicing open defecation may not be frowned upon since their stool is viewed as harmless and in some cases this is permissible because there is fear that they can fall in pit latrines. Culturally in some communities' women and in laws are not allowed to share toilets with men.

Noticeably national data however masks regional and county disparities. As shown in chart 3.2, distribution of households with no sanitation facilities is a rural based challenge and is predominant in arid and semi-arid areas Counties.

3.1 Sanitation Situation in Elgeyo Marakwet, Homa Bay and Kericho County Governments

Review of County Integrated Development Plans (CIDP) provides an entry point in assessment of county level policy priorities in delivery of sanitation services. In this report the focus is on three Counties, Elgeyo Marakwet, Homa Bay and Kericho and these sanitation priorities are compared to respective trends in access to sanitation. The chart below highlights distribution of sanitations facilities by the three counties in terms of improved and unimproved services.

Chart 3.3 (a) Percentage Distribution of Households by Type of Main Toilet Facility and Chart 3.3 (b) by Availability of Place for Washing Hands new the Toilet and Residence by Select Counties



3.1.1 Elgeyo Marakwet County Government

Sanitation is recognized as a priority programme in both the outgoing CIDP 2013-2017 and the current draft CIDP 2018-2022 of Elgeyo Marakwet (County Government of Elgeyo Marakwet, 2018). At the outset however, there is no sanitation set targets in either of the CIDPs whether overall or specific to subsections of the population or for a specific service level.

Chart 3.3a shows that access to improved sanitation services in Elgeyo Marakwet at 73% in 2015/16 was higher than the national average of 65.2%. About 12% of the households do not have sanitation facilities against a national average of 8.4%, a worrying trend. In fact the CIDP shows that the current latrine coverage in the County stands at 87.4% as compared to the national average of 91.1% (Kenya Intergrated Household Budget Survey-KIHBS, 2016). Various wards within the county have different latrine coverage with the lowest ward being Arror, having 42% and Endo having 43%. The wards with the highest coverage are Chepkorio being

92% and Kapsowar being 90%, (Sanitation Reports, 2017). Conversely as shown in chart 1.3b hand washing is practiced by 9.9% of the population against a national average of 21% (KIHBS, 2016) further compounding improved access to sanitation services.

Urban sanitation services are noted in CIDP 2013-2017. Related to this, septic tanks are predominantly used for disposal of liquid waste in town centers and institutions as there are no sewerage systems. They comprise 0.8% as compared to the national average of 4.6% (KIHBS, 2016).

CIDP 2018-2022 seeks to continue with the same focus as the outgoing CIDP. Nevertheless it is more explicit in noting that the County targets to achieve improved outcomes in access to clean and safe water, improved liquid and solid waste management systems and wetland conservation among others.

3.1.2 Homa Bay County Government

Chart 3.3a shows that access to improved sanitation services in Homa Bay at 25% in 2015/16 is significantly lower than the national average of 65.2%. The CIDP 2013-2017 notes that most urban and trading centers in Homa Bay County lack adequate public health and sanitation facilities such as public toilets, safe water sources and effective drainage and waste disposal facilities (County Government of Homa Bay, 2014). Moreover, chart 3.2 above shows that about 18% of the households do not have sanitation facilities against a national average of 8.4%. Specifically latrine coverage is estimated at 60%. Without strategically addressing these challenges high cases of morbidity and health care system burden are imminent.

The good news is that the investment and handwashing campaigns may have paid off as chart 3.3b shows that out of every 100 households there are 18 places to wash hands near toilet facility and residence. Besides the CIDP points out that using Community Led Total Sanitation (CLTS) approaches many ODF free villages are being modelled and latrine coverage is on the rise. Success in the latter case is influenced by Southern Nyanza Community Development project that has improved sanitation outcomes in Suba, Karachuonyo, Rangwe and Ndhiwa.

Going forward CIDP 2018-2022 acknowledges development of waste management system as a priority for the County in reference to poor sanitation and hygiene in public places such as markets. As such it seeks to improve sanitation in all trading center by building of latrines and setting up of hand washing taps in public places.

3.1.3 Kericho County Government

Chart 3.3a shows that access to improved sanitation services in Kericho at 79% in 2015/16 was higher than the national average of 65.2%. About 16% of the households do not have sanitation facilities against a national average of 8.4.

The focus of the outgoing CIDP 2013-2017 was more on water and sewerage coverage (County Government of Kericho, 2013). The CIDP noted that 50% of the households do not have access to safe water. Secondly that wastewater disposal was a major challenge in the County given that the sewerage system only covers the central business district and a few residential estates whereas the majority of the residents use pit latrines.

The current CIDP 2018-2022 integrates and aligns policies and programs to the Sustainable Development Goals (SDGs). Specifically, it seeks SDG 6 and 14 to ensure availability and sustainable management of water and sanitation for all. In this regard the County priority is to provide safe and clean drinking water especially in water scarcity areas of Soin/Sigowet, lower areas of Ainamoi, Kepkelion East and West sub counties.

4.0 Sanitation Budget Analysis

4.1 National Level Sanitation Budget Analysis

At the national government level, there are three ministries that can be referred to being sanitation sensitive, implying that they have a project that deals with delivery of sanitation services. The first of these three is the Ministry of Health through the Preventive, Promotive & Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) programme. This Programme objective is to contribute to the reduction of morbidity and mortality due to preventable conditions. Sanitation is specifically delivered through Environment Health sub-programme whose target is to increase the implementation of Kenya Open Defecation Free (ODF) strategy to the entire 47 Counties.

The other two Ministries, Water services and separately the Ministry of Environment equally have programmes on sanitation but with a bias on urban sanitation. For Ministry of Water and Sanitation delivery of sanitation services falls under the Water and Sewerage Infrastructure programme. The objective of this programme is to enhance accessibility of water and sewerage services. The other two additional objectives include:

- Up-scaling of Improved access to sanitation Basic Sanitation for the Urban Poor (UBSUP)
- Water Supply and Sanitation for the Urban Poor

On its part, the third Ministry, the State Department of Environment undertakes waste disposal management which obviously affects sanitation. In essence these three ministries comprise the sanitation friendly ministries.

Notably a review of national budget documents reveal that for the last three financial years, the state Department of Housing, Urban Development and Public Works to have some component of sanitation through urban infrastructure service provision (water drainage and solid waste management). What is however not clear is whether Department of Housing, Urban Development and Public Works sanitation related service delivery has shifted fully or partially from the Ministry of Environment. For this analysis, the focus still remains the three ministries of health, environment and water services.

Table 1 presents a national picture of sanitation sensitive budgetary allocation and actual spending (expenditure) for the period 2014/15 to 2018/19 in an attempt to assess the extent to which the sanitation policy commitments by the government is translating to budgetary prioritization. The blank cells in table 1 partly denotes missing data attributed to inaccessibility of budget information either due to the way budget documents are presented (without disaggregated information) or information not explicitly provided.

Table 1: Sanitation Sensitive Budget Allocations (Ksh Billion)

	2014/15	2015/16	2016/17	2017/18	201/19	2014/15	2015/16	2016/17
	Budget					Expenditure		
Ministry of Health	54.2	61.7	77.4	60.9	90.0	38.3	42.3	57.0
Of which Health Promotion/Environmental health	5.8		1.4	0.50	0.45			
State Department for Water Services	37.7	37.6	55.0	37.0	52.9	18.6	16.2	32.2
State Department for Environment	19.4	20.2	6.5	5.0	16.1	14.2	9.5	4.3
Total for the above three ministries	117.0	119.5	138.9	103.4	159.5	71.0	68.0	93.5

Grand total for all MDAs	1,433.1	1,493.5	1,788.7	1,657.8	1,749.6	942.0	1158.3	1460.7
County Health Service	64	nc	nc	nc	nc	54.7	70.7	70.7
County Water	18.5	20						
Sanitation friendly ministries, NG and CG	199.5	nc	nc	nc	nc	nc	nc	nc
Total County Budget	326.3	367.4	399.2	374.7	372.7	258	295.3	319.1
Total GoK Budget	1,773.3	2,246.0	2,262.2	2,643.5	3,010.0	1,639.2	1,768.4	2,109
As a share of GoK Budget (%)								
Ministry of Health	3.1	2.7	3.4	2.3	3.0	2.3	2.4	2.7
<i>Of which Health Promotion/ Environmental health</i>	0.3		0.1					
State Department for Water Services	2.1	1.7	2.4	1.4	1.8	1.1	0.9	1.5
State Department for Environment	1.1	0.9	0.3	0.2	0.5	0.9	0.5	0.2
Total for the 3 National Ministries	6.6	6.6	6.6	3.9	5.3	4.3	3.8	4.4
County Health Service	3.6	nc	nc	nc	nc	3.3	4.0	3.4
County Water	1.0	0.9	nc	nc	nc	nc	nc	nc
Sanitation friendly ministries, NG and CG	11.3	nc	nc	nc	nc	nc	nc	nc

Source: Various issues of OCoB reports, PBB Estimates, KNBS, CRA Reports

nc - means data not explicitly provided and hence not computable.

In absolute terms, budget allocation to each of the three national sanitation sensitive ministries (Health, Water and Environment) was on an upward trend from 2014/15 to 2018/19 with the exception of a drop in 2017/18. It is not clear what explains the drop but there are indications that these ministries may have suffered budget cuts as part of the fiscal consolidation agenda by the government as cited in the Budget Policy Statement 2018 and 2019 (Republic of Kenya, 2018 & 2019). In relative terms and specifically as a percentage of the total Ministries, Department and Agencies (MDAs) budget or as a percentage of GoK budget, the trend was mixed. This is most noticeable with allocation to the state Department of Water Services and Environment. The consequence of this is that budget allocation to these sanitation sensitive ministries has been increasing but at a lower rate to the growth of overall MDAs and GoK budget (Office of the Controller of Budget, 2017-2018). Furthermore, reports show role overlap amongst the three sanitation sensitive ministries and differentiated prioritization on sanitation in part due to lack of proper coordination. As a consequence, this has led to lack of sustained and progressive investment in sanitation.

Sanitation specific budget

The identifiable sanitation from Programme Based Budgets especially for the Ministry of Health (MoH) reveals that out of the five MoH programmes, sanitation related issues fall under the Preventive and Promotive Health Services Programmes. As noted earlier, the objective of this programme is to contribute to the reduction of

morbidity and mortality due to preventable conditions. Allocation to this programme as a share of MoH budget was on average 14% for the period 2014/15 to 2018/19. This Programme however is not 100% sanitation specific.

The sub-programme on environmental health in part seeks to ensure that all the 47 Counties implement the Kenya ODF strategy through environmental health service as the delivery unit. Therefore allocation to this delivery unit of environmental health service is the one that is specific to sanitation. The focus is obviously rural sanitation.

Table 2: MoH Sub Programme Budget (Ksh Million)

	2017/18	2018/19	% Change
Delivery unit: Environmental health services	76.98	60.78	-21.0
Sub Programme (SP): Environmental health	469.6	445.5	-5.1
Ministry of Health	61,640.5	90,007.3	46.0
Environmental health budget as a % of MoH budget	0.76	0.49	
Environmental health Services budget as % of MoH budget	0.12	0.07	

Source: Annual County Governments Budget Implementation Review Report, 2014/15-2016/17

Although rural sanitation is largely a devolved function, it is clear from table 2 that sanitation specific budget has for the last two most recent financial years (2017/18 to 2018/19) been on a decline. Reduction in change of allocation to environmental health services (-21%) as well as its budget share in the MoH (from 0.76% to 0.49%) imply a negative shift in focus by the Ministry on matters sanitation. As a result meeting target of implementing the ODF strategy in all the 47 Counties may be adversely affected.

At the County government level aggregated information to sanitation sensitive ministries of health and water is available for 2014/15. No aggregated information is provided and neither is the disaggregated information for each of the 47 Counties presented in user a friendly format for the other financial years to allow for easier computation. Therefore based on 2014/15 data, just over a quarter (about 26%) of the budget for all the 47 Counties was allocated to health and water service provision. As expected, given that health is a devolved function, health service budget share at 20% was the larger of the two.

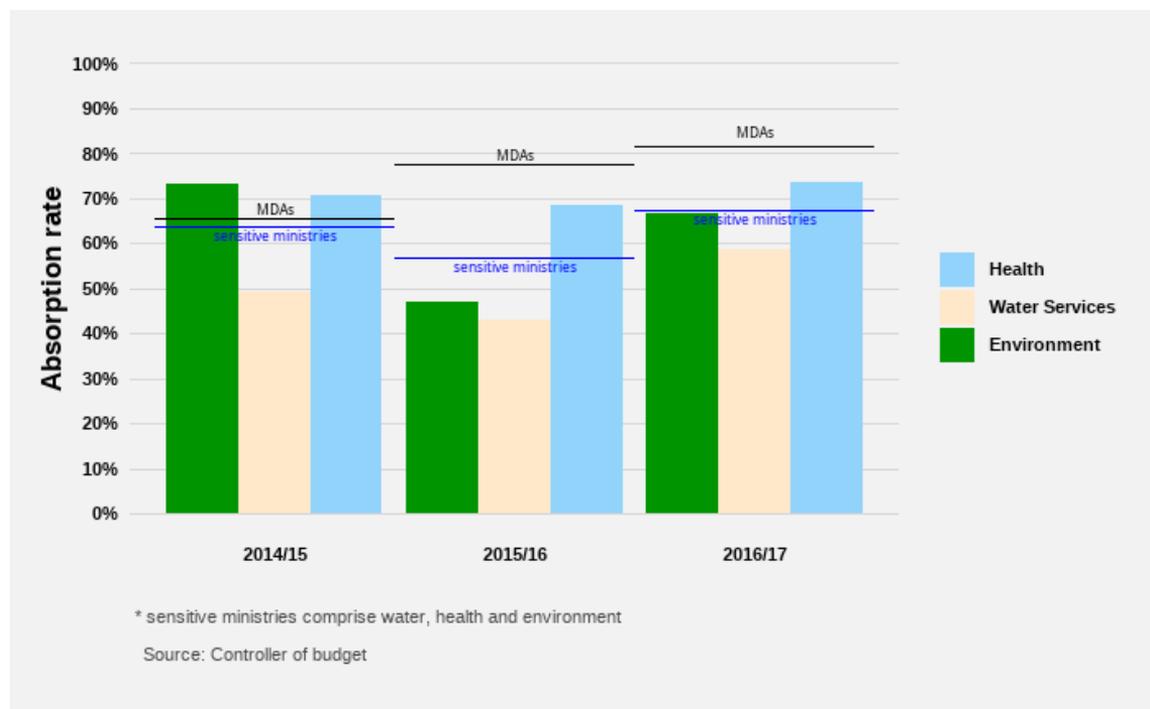
Overall, out of every Ksh 100 of the GoK budget in 2014/15, about Ksh 11 was allocated to the combination of National and County government sanitation sensitive ministries (see table 1). As stated above, data access and obfuscation due to the way budget information is presented make it difficult to isolate and compute sanitation specific budget allocation at the Country level. This notwithstanding, rough estimates show that amidst low levels of national level of access to improved sanitations allocation was in the region of 1.1% of the government of Kenya budget in 2014/15 (0.9% at the national level and 0.15% at the County government level).

Estimations of government allocation to sanitation was 0.3 percent of GDP in 2014/15. However, even without the most recent sanitation specific budget allocation to enable computation relative to GDP due to difficulties in isolating this information, the ratio may not change much. This is because growth in sanitation sensitive budget allocation trend was slower than both GoK budget and GDP growth. This is also reinforced by the example of negative shift in focus on sanitation matter by the MoH. Therefore it is highly likely that by 2018/19 as a country we are still short of the Ngor declaration of at least 0.5 percent of GDP to sanitation and hygiene. This implies that prioritization and public investment in sanitation is falling behind policy commitments

Efficiency in Spending

Actual spending in individual as well as in aggregated sanitation sensitive ministries at the two levels of government followed a similar trend in budgetary allocation but at lower amounts due to lower execution rate. This is particularly evident in the period 2015/16-2016/17 (see chart 4.1). With the exception of the Ministry of Health which is more recurrent expenditure heavy, absorption rate of both the Ministries of Water Services and Environment was lower than the respective average absorption rates of the three sanitation ministries (57% in 2015/16 and 69% in 2016/17) and total MDAs spending.

Chart 4.1 Trends in the Absorption Rates in Sanitation Related Spending



In relative terms however, for the period 2014/15 to 2016/17, actual spending for each of these three ministries as a share of total national government spending was mixed. For the MoH spending share dropped from 4.1% to 3.6% and went up again to 3.9% over the same period. A similar trend was witnessed for the State Department of Water Services. Conversely, spending share of the State Department of Environment was on a declining trend from 1.5% to 0.3%.

Low absorption rate is an indication of poor budget implementation results and thus translates to compromising service delivery as it means that the more capital oriented services and projects including latrine coverage stalled or were not completed as budgeted. As for the Water and Environment ministries, the sanitation related projects affected include sewerage and waste disposal services.

4.2 County Sanitation Budget Analysis

4.2.1 Elgeyo Marakwet County Government

County Budget increased in nominal terms from Ksh 3.8 billion in 2014/15 to Ksh 4.7 billion in 2016/17 but dropped to about Ksh 4 billion in 2017/18. Budgetary allocation individually to the two sanitation sensitive ministries of health and water and environment was on an upward trend both in absolute and relative terms for the period 2014/15 to 2018/19 except for a drop in 2016/17. The same trend was witnessed with regard

to the two combined sanitation sensitive ministries over the same period. From a prioritization perspective this is positive given the two challenges that Elgeyo Marakwet is facing of 12% of households without sanitation facilities and low hand washing practices.

Of note is that the health budget apportioned to sanitation (Community health services and environmental health and sanitation services) is minimal, less than 1% of the total health budget over the period 2014/15 - 2018/19.

Table 3: Trends in Elgeyo Marakwet Sanitation Sensitive Budgets (Ksh Million)

	2014/15	2015/16	2016/17	2017/18	2018/19	% change 2017/18 - 2018/19
Health Services	895.27	1291	1476.7	1499	1849.2	23.4
Water Irrigation and Environment	181.02	272	270.8	305.5	453.8	48.5
Total sanitation sensitive ministries	1076.29	1563	1747.5	1804.5	2303	27.6
Elgeyo Marakwet budget	3780.9	3850.3	4739.2	3997.1	5020	25.6
As a % of County Budget						
Health Services	23.7	33.5	31.2	37.5	36.8	
Water Irrigation and Environ.	4.8	7.1	5.7	7.6	9.0	
Total sanitation sensitive ministries	28.5	40.6	36.9	45.1	45.9	
Health Services Department						
Health Services/Planning and Admin. Services	725.9	986.4	1222.8	1183.1	1309.1	10.6
Preventive and Promotive Health Services	20	54.1	50.5	43.5	7.3	-83.2
Community Health Services	8	6.2	4.5	1.5	9	500.0
Environmental Health and sanitation services		4.6	2.6	0.6		
<i>Total sanitation budget</i>	8	10.8	7.1	2.1	9	328.6
Curative Health Services	74	84.5	114.6	105.8	532.8	403.6
Health Care Infrastructure	56.95	166	88.8	166.6		-100.0
Health sector prog. support (Danida Funds)	18.42					
Total Health Services	895.27	1,291	1,476.7	1,499	1849.2	23.4
Total sanitation budget as % MoH budget	0.89	0.84	0.48	0.14	0.49	

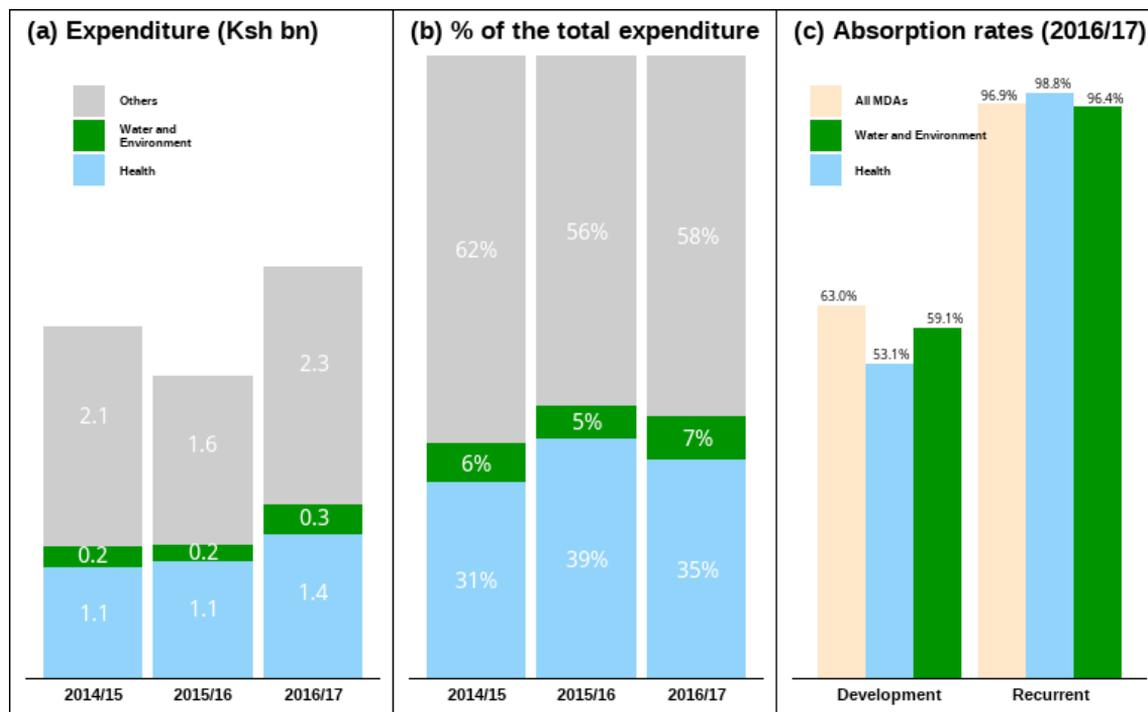
Source: Annual County Governments Budget Implementation Review Report, 2014/15-2016/17

Despite overall low budgetary allocation to delivery of rural sanitation services, it is commendable that Elgeyo Marakwet County Government seems to give more focus and priority to delivery of sanitation services as evident from increased shift in budgetary allocation. Table 3 shows that allocation to sanitation increased by a factor of 4.3 from Ksh 2.1 billion in 2017/18 to Ksh 9 billion in 2018/19.

Spending in Sanitation

It is clear that substantial spending of Elgeyo Marakwet County Government is towards sanitation sensitive sectors, over 30% in health service and over 5% in water and environment of total county budget in the period 2014/15 to 2016/17. However, due to lack of disaggregated data we were not able to establish proportionate spending that is specific to sanitation. If budget allocation is anything to go by, it is likely to be less than 0.05% of total county spending.

Chart 4.2 Elgeyo Marakwet County Government Trends in Spending and Absorption Rates



Source: Annual County Governments Budget Implementation Review Report, 2014/15-2016/17

Spending in sanitation was targeted towards increasing latrine coverage to 75% households with functional latrines and 20% households with handwashing facilities in order as to enhance hygiene behavior and to improve OD status. However, given that absorption rate of development health spending is just above 50% in part implies that latrine coverage was not effectively and fully realized as planned.

4.2.2 Homa Bay County Government

County Budget increased in nominal terms from Ksh 5 billion in 2014/15 to Ksh 6.7 billion in 2016/17. Like Elgeyo Marakwet, Homa Bay's budgetary allocation individually to the two sanitation sensitive ministries of health and water and environment was on an upward trend both in absolute and relative terms for the period 2014/15 to 2016/17 except for a drop in 2015/16. The same trend was witnessed with regard to the two combined sanitation sensitive ministries over the same period. The difference is that for the Ministry of Water and Environment the increase in allocation in 2016/17 from the drop in 2015/16 was lower than the absolute and relative budget amount in 2014/15. This trend is not convincing with regard to addressing the substantial challenge of a markedly low access to improved sanitation, 25% against a national average of 65.2%. As noted earlier households with no facilities at 17.7% is higher than national average of 8.4% and there are 18% of places for washing hands against a national average of 21%.

Within the health sector, rural sanitation services including latrine coverage fall in the Community health services sub programme of the Health Department. On this point Community health services budget on average for the period 2014/15 to 2016/17 accounted for about 1.1% of the Ministry of Health budget.

It is important to however note that sanitation service is a part component of Community health services, as other services including vaccination are factored into this sub-programme. Lack of further disaggregated budget data however makes it difficult to establish the proportion of Community health services that is sanitation specific. This notwithstanding, table 4 further shows that between 2015/16 and 2016/17 sanitation related budget (Community health services) reduced by 28% a cause for concern in regard to prioritization and focus in sanitation given the low access to improved sanitation services noted earlier.

Table 4: Trends in Homa Bay County Sanitation Sensitive Budgets (Ksh Million)

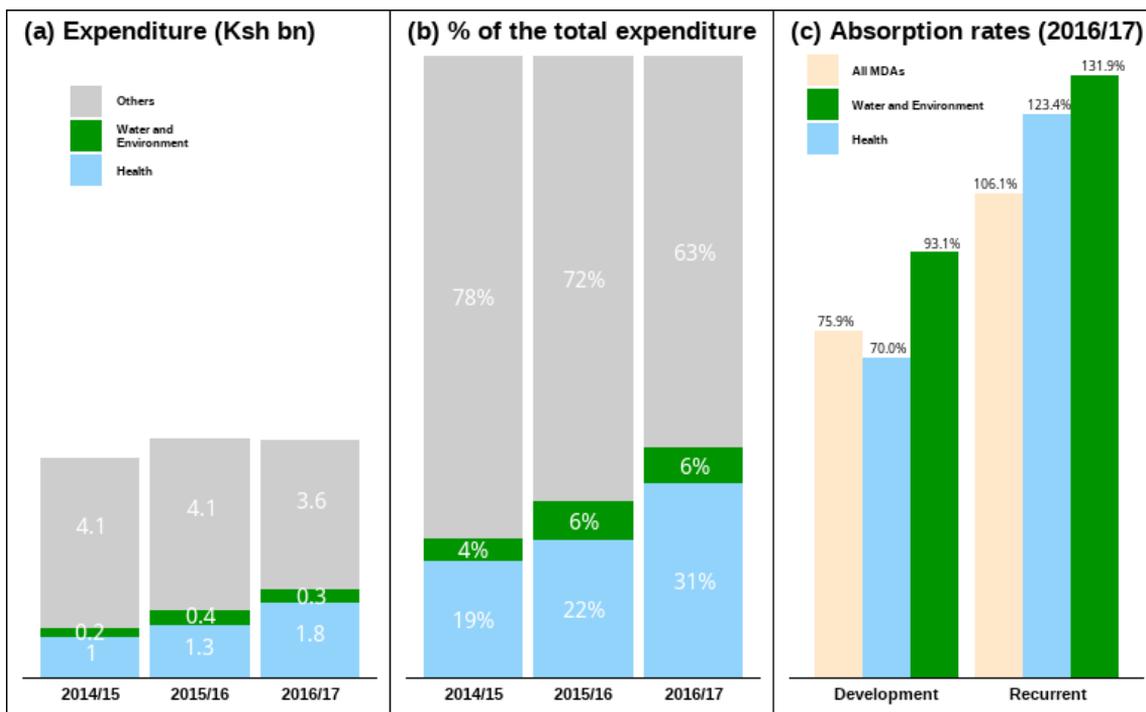
	2014/15	2015/16	2016/17	% Change
Health Services	1205.6	1537.6	1833	19.2
Water and Environment	468.5	155.4	355.9	129.0
Total sanitation sensitive ministries	1674.1	1693	2188.9	29.3
Homa Bay budget	5016.2	6551.8	6723	2.6
As a % of Total County Budget				
Health Services	24.0	23.5	27.3	
Water and Environ.	9.3	2.4	5.3	
Total sanitation sensitive ministries	33.4	25.8	32.6	
Health Services Department				
Policy Planning and Admin. Support Services	846.6	946.5	1129.4	19.3
Preventive and promotive health services	43	40.4	30.2	-25.2
Promotion of environmental health	2			
Community health services		29.4	21.2	-27.9
<i>Total sanitation budget</i>	2	29.4	21.2	-27.9
Curative and rehabilitation health services	292	483.3	624	29.1
Research and development	20	8.6	7	-18.6
Total Health Department	1,205.6	1,537.6	1,833	19.2
Total sanitation budget as % Health Services Budget	0.17	1.91	1.16	

Source: Annual County Governments Budget Implementation Review Report, 2014/15-2016/17

Based on available data for 2015/16, about Ksh 4 million was allocated for Community Led Total Sanitation (CLTS) out of Community Health Services total allocation of Ksh 29.4 million, thus accounting for 13% of total sub-programme budget. As a proportion of the Ministry of Health budget, about 0.2% was dedicated to delivery of sanitation services and specifically for setting up pit latrines with the aim of promoting sustainable sanitation through behavior change. Specifically from the MoH, the proportion of sanitation specific services at 0.2% is quite minimal given the significant sanitation challenges.

Spending in Sanitation

Chart 4.3 Homa Bay County Government Trends in Spending and Absorption Rates



Source: Annual County Governments Budget Implementation Review Report, 2014/15-2016/17

Despite overall low proportionate allocation, spending in health and water and environment, the two sanitation friendly ministries is progressive, which is commendable and likely to lead to improved sanitation service and outcomes of what was budgeted. Absorption of 70% for health development budget is 10% short of national target and requires further improvement for the County to realize better sanitation results.

4.3.3 Kericho County Government

Like the other two county governments, Kericho County budget for the period 2014/15 to 2016/17 was on an upward trend but declined marginally from Ksh 6.3 billion in 2016/17 to Ksh 6.28 billion in 2017/18. On average the budget grew by 9.5% for the period 2014/15-2017/18. In relative terms, Kericho's budget as a share of budget for the 47 Counties' went up marginally from 1.5% in 2014/15 to 1.7% in 2017/18.

Table 5: Trends in Kericho County Sanitation Sensitive Budgets (Ksh Million)

	2014/15	2015/16	2016/17	2017/18
Health Services	1,468.4	1,689.6	1,713.3	2,266.8
Envir. Water, Energy and Natural Resources	194.9	287.3	299.0	414.2
Total Sanitation sensitive ministries	1,663.3	1,976.9	2,012.3	2,681.0
Kericho County Budget	4,814.7	5,570.2	6,299.0	6,280.3
Total Counties' Budget	32,6286.3	36,7439.3	39,9243.6	37,4685.0
Department budget as a % of Kericho Budget				

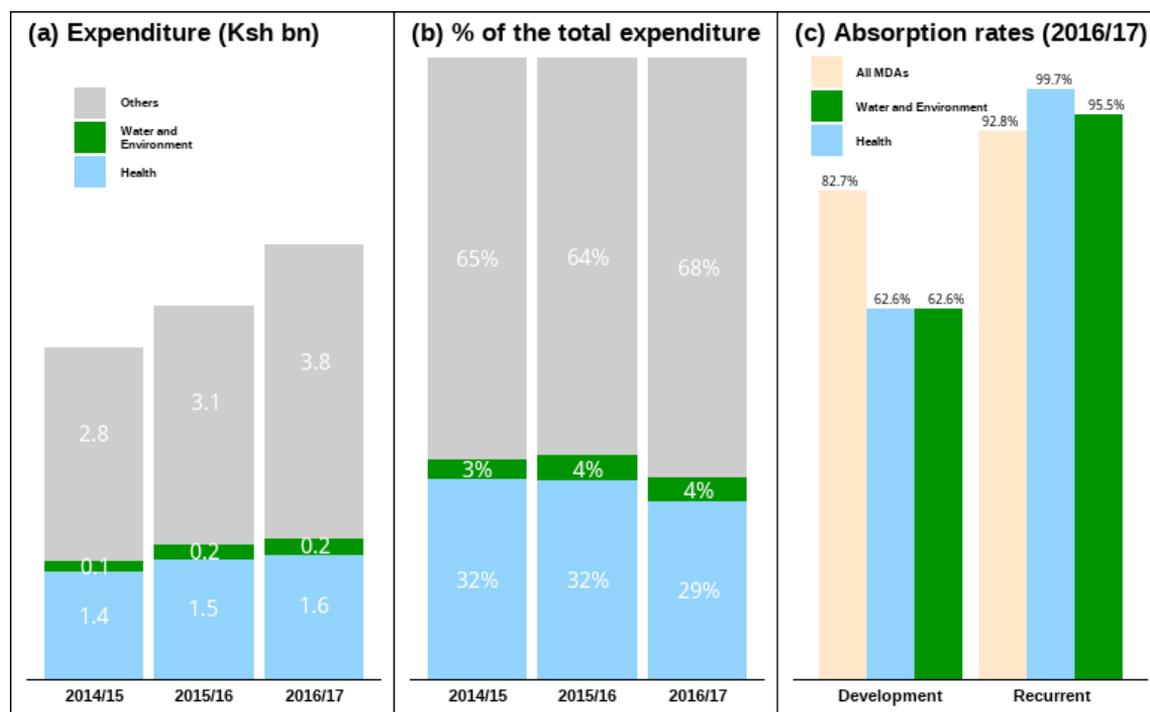
Health Services Budget share	30.5	30.3	27.2	36.1
Envir. Water, Energy and Natural Resources Budget share	4.0	5.2	4.7	6.6
Sanitation sensitive ministries budget share	34.5	35.5	31.9	42.7
Kericho County Budget as % of Total Counties' Budget				
Kericho County Budget share	1.5	1.5	1.6	1.7

Source: Annual County Governments Budget Implementation Review Report, 2014/15-2016/17

Budgetary allocation to sanitation sensitive ministry of health services and the one for Environment, Water, Energy and Natural Resources was on an upward trend in absolute terms for the period 2014/15 to 2017/18. However, this was not the case in relative terms when compared to total county budget. Health services accounts for about 30% of Kericho County budget but its trends was mixed. Equally, Environment, Water, Energy and natural resources takes up over 4% of the County budget was on upward trend with the exception of a drop in 2016/17.

Inaccessibility of Budget Estimates made it difficult to isolate and estimate specific allocation and prioritization to delivery of sanitation services.

Chart 4.4 Kericho County Government Trends in Spending and Absorption Rates



Source: Annual National Government Budget Implementation Report, 2014/15-2016/17

Actual spending in sanitation sensitive ministries at on average 62.6% apiece for health and water ministries is also markedly below the national target of 80%. Again, like the other two County government implies that was budgeted for in regard to latrine coverage for example was not realized. It therefore means that the County need to get to the bottom of the obstacles to low absorption levels both in terms of synchronizing work plan and procurement plans.

5.0 Conclusion and Recommendations

5.1 Conclusion

This analysis shows that from a policy perspective that the government is committed to addressing sanitation services with quite ambitious targets of achieving and sustaining 100% ODF status and 100% access to improved sanitation by 2030. Undoubtedly this calls for concrete measures including scale up of public investment in sanitation and collaboration between the national and county governments.

Budget analysis results however show that there is a mismatch between policy commitment and budgetary allocation and spending in sanitation sensitive ministries at the national and county government levels. On this point only about 1.1% of Government of Kenya (GoK) budget was allocated to sanitation in 2014/15 despite low levels of national access to improved sanitation. This translates to about 0.3% of GDP below 0.5% Ngor Declaration. No disaggregated information was accessible to facilitate computation of budgetary allocation for more recent period but trends of sanitation related ministries show that even by 2018/19 allocation to sanitation could still be below the Ngor Declaration threshold.

A review and analysis of budgets for the three select Counties reveal that allocation to the two sanitation sensitive ministries of Health and Water increased in absolute terms but the trends were mixed in relative terms when compared to either the total ministry budget or total county budget. Furthermore, where information was accessible particularly for Elgeyo Marakwet, budgetary allocation to delivery of sanitation services was minimal, less than one percent of Health Ministry Budget over the period 2014/15-2017/18. For Homa Bay we only drilled down to the sub programme that is sanitation related as there was no disaggregated sanitation specific budget information. From this sub-programme within the Health Ministry that in part deals with delivery of sanitation services accounted for 1.1% of the Ministry's budget over the period 2014/15/ to 2016/17. Budget information for Kericho was only available at aggregated ministry levels. Again this information showed that in relative terms spending to sanitation sensitive ministries was mixed. This calls for improved budget transparency and details to facilitate budget analysis and tracking.

Budget analysis results showed that despite low overall spending budgetary allocation to delivery of sanitation services by Elgeyo Marakwet county, they were headed in the right direction given the positive budget shift and focus in sanitation over the period 2017/18 and 2018/19. However. this was likely to be eroded spending that was below what was budgeted which as a result affected full implementation of sanitation related services and thus likely to compromise sanitation outcomes. The same was noted with Kericho and Homa Bay but the latter's utilization level of sanitation related budget was the best of the three Counties.

5.2 Recommendations

This analysis makes the following recommendations:

General

- **The National and County governments should improve budget transparency and comprehensive budget information including provision of budget codes/line for sanitation related services/programmes:** The national government and in particular the County Governments should improve details of budget information by not only providing disaggregated information on sanitation but also explicit sanitation budget codes to facilitate budget analysis and tracking. As such charts of accounts should be reformed to ensure standardization across counties and in order to facilitate comparative analysis.

- **Parliament and County Assemblies discussion and approval of the budget should be in cognizant of country commitment to sanitation targets:** This is critical as a way of mobilizing support and resources at the political and legislative level

National Level

- **The National government should prioritize and progressively scale up investment in sanitation:** to adhere to sanitation policy commitment towards realizing sanitation targets of ODF and improved sanitation access by 2030, sanitation related ministries of Health, Water and Environment should progressively increase proportionate allocation to sanitation related projects.
- **The three sanitation sensitive ministries should put in place better coordination framework for improved sanitation service delivery and sustenance:** This framework whether through a technical working group of whatever format is important in synchronizing prioritization of sanitation related issues based on policy and national plan commitments.
- **Increase utilization of sanitation related budgets for the Ministries of Water and Environment:** In order to realize improved sanitation outcomes, the two ministries should address bottlenecks affection absorption of sanitation sensitive development budgets especially in regard to synchronizing work plans with procurement plans which is a major cause of low absorption rates.

County Level

- **Counties should progressively scale up investment in sanitation:** Each of the three Counties of Elgeyo Marakwet, Homa Bay and Kericho should progressively increase proportionate budget allocation to sanitation sensitive ministries of health and water aligned to sanitation priorities as indicated in their respective CIDPs.
- **Counties should strengthen the capacity of Sanitation sensitive ministries to utilize sanitation related development budget:** For improved sanitation outcomes in tandem with increased budget allocation, the three Counties should focus on enhancing the capacity of their staff to synchronize work plans with procurement plans in order to ensure that funds are disbursed on a timely fashion for budget implementation. Most of the effort is required from Elgeyo Marakwet and Kericho.
- **Kericho County Government should make budget estimates and other budget documents publicly available:** None of the County Budget Estimates for the period 2014/15 to 2018/19 are available online. The County should ensure that these documents are availed through their website to can be accessed through other complementary means including from Ward Information centers, through requests by visiting County offices and so on in order to enhance and facilitate public participation.

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