



Garissa County Child Budget Analysis

Issue No. 2

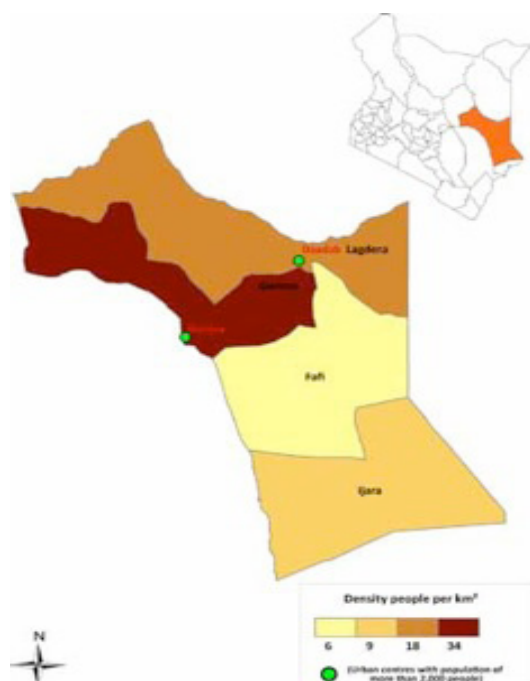
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KEY MESSAGES

- The county government should ensure that there is increased capacity building of Members of County Assembly (MCAs) and non-state actors in child-responsive budgeting and budgetary analysis since this would contribute significantly to generating better outcomes for children.
- The county government should increase investment in both policy and programmes that are aimed at addressing the low pre-school net enrolment rate, completion rate and retention rate.
- The county governments should adopt Programme Based Budgeting (PBB) to allow for effective budget analysis and monitoring. Adoption of programme based budgeting approach will make it easy to access disaggregated budget information that isolate children programmes.
- The county government should put in place measures to increase children access to medical care by recruiting adequate health personnel in addition to improving the working conditions for the existing ones.
- The county leadership should put in budgetary measures to ensure that the school meals/feeding programme is sustained for enhanced enrolment, retention and nutritional standards among learners.
- The county government should allocate more resources towards addressing low immunisation levels and infant mortality.



COUNTY PROFILE



County Bio Data

- County Geographical Size: 44,174.1 Km²;
- Sub - counties/Constituencies: Garissa Township, Fafi, Ijara, Lagdera, Balambala, and Dadaab.
- Child Population: 369,809 (59.4% of the total county population); Boys- 203,496 Girls- 166,313.
- County population: 699,534 (KPHC 2009).
- Estimated Deprived Child Population in the County: 62.2%.

Situation Analysis

Children in Garissa County constitute 59% of the total county population (699,534). Out of the total children county population, it is estimated that 62% of them are deprived thus making the majority of children in the county to continue being vulnerable. The table below shows key child health indicators in the County.

Table 1.0: Key Child Indicators

Indicator	National	Garissa	Source
Children 12-23 months fully vaccinated (%)	68	54	KDHS Key Indicators Report, 2014
Children with fever taken to health facility (%)	63	41	KDHS Key Indicators Report, 2014
Children with diarrhea given ORS (%)	74	68	KDHS Key Indicators Report, 2014
Stunting (%)	26	16	KDHS Key Indicators Report, 2014
Wasting (%)	4	11	KDHS Key Indicators Report, 2014
Underweight (%)	11	13	KDHS Key Indicators Report, 2014
Number of children living with HIV	101,000	1075	KAIS 2014 & HIV County Profiles
Children with HIV receiving ART (%)	42	10	HIV County Profiles

Source: KDHS Key Indicators Report, 2014; Kenya HIV County Profiles and KAIS 2014

From the table above, it is evident that Garissa County is characterised by low Immunization coverage and access to health facility remains a challenge.

County Budgetary Allocations

Even though the county budget increased from Kshs4.5 billion in FY 2013/14 to Ksh 7.5 billion in FY 2014/15, the budgetary allocation in respect of children programmes reduced from 17.6% to 8.9% thus reflecting lack of county government's focus on prioritising children programmes.

County Budget Analysis Findings

Development budget accounted for 32.4% of the county budget in FY 2013/14. However, by the end of the financial year actual spending on development or capital allocation was 22.4% of the total county spending.

Health and water are the top priority social sectors in Garissa for the two financial years but 2014/15 saw some marginal shift in priority towards the water sector.

Child Education

Garissa is characterized by high pupil teacher ratio, low participation in ECDE and low transition rates. The pre-school net enrolment is 9.6%. The per ECDE pupil budgetary allocation increased by 142% from Ksh 992 in 2013/14 to Ksh 2402 in FY 2014/15.

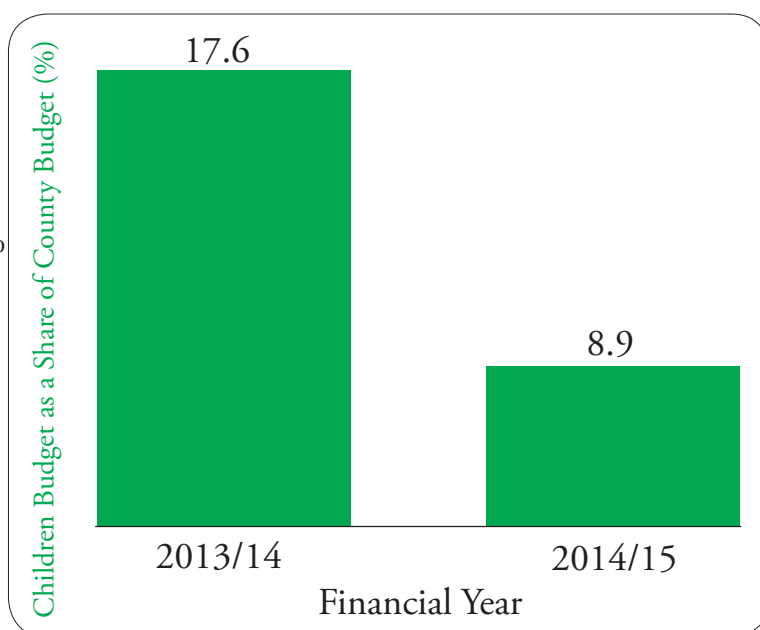
Child Health

The 54.4% full vaccination coverage of children (12-23 months) is lie below the national average of 67.5%. The prevalence of stunting fares better at 15.6% as compared to the national average of 26%. However, the prevalence of wasting at 11.4% is higher than the national average of 4% and the prevalence of underweight children at 13.1 is equally higher than the national average of 11% denoting malnutrition challenges.

- The county government spending in children programmes as a proportion of the total budget declined marginally from 17.6% in FY 2013/14 to 8.9% in FY 2014/15.
- The county government allocated Kshs121.6 million in the FY 2014/15 towards mitigating the maternal and infant mortality rates.
- The county per capita allocation in respect of less than five years old children health budget for the FY 2014/15 is Kshs. 8,485. This is attributed to county government's desire to address the high child deprivation in the county.

Social Protection

The county's allocation towards child protection increased by 294% (from Kshs 24.9 million to 98.0 million). However, a greater proportion of this budget goes to the administration of the parent department in charge of children protection.



Child Water and Sanitation

In FY 2014/15, the county allocated Ksh 186.4 million to sanitation and hygiene, accounting for 86% of county children budget. There was no explicit information for FY 2013/14 on child water and sanitation programmes.

Allocation to Child Education	FY 2013/14	FY 2014/15
Education	169,211,500	170,050,000
ECDE School Feeding Programme/Health & Nutrition	35,810,000	222,050,000
Construction of ECDE Centres	n.s	80,000,000
Furnishing ECDE Centres/Equipments/Furniture/Desk for ECDE Centres	n.s	3,000,000
Arts & Play Equipment	24,904,000	n.s
Workshops & Seminars for ECDE Teachers & Officers	-	3,000,000
Total ECDE	60,714,000.00	308,050,000.00
Scholarships and Bursaries	n.s	98,060,000
Allocation to Child Health	960,440,000	1,288,060,000
Infant & Maternal Health Care/Nutrition/Immunization	686,320,000	767,060,000
Construction of Children's Wards	n.s	121,600,000
Donor health support	n.s	15,560,000
Total Child Health Services	686,320,000	137,160,000

¹This information is based on the County Estimates of all allocation to programmes that directly benefit children, for instance, allocation to ECDE school feeding programmes, Campaign against Early Child Marriages among others.

Allocation to Child Social Services	91,135,000	119,060,000
Admin-Children Services	24,904,000.00	46,060,000.00
Construction of Children Rescue Centers	n.s	2,000,000
Construction Services in the Ministry of Culture, Social Welfares, Gender and Children Services	n.s	50,000,000
Total Child Protection	24,904,000	98,060,000
Allocation to Child Water & Sanitation	385,140,736	1,128,600,000
Sanitation & Hygiene	82,739,736.00	121,600,000.00
Total Child Water and Sanitation	82,739,736	121,600,000

n.s means not stated.

CONCLUSION

Over half of the total county population is children and out of this, majority of them are estimated to be deprived. In this regard, the CIDP equally recognizes the vulnerability of children occasioned by low enrolment levels in basic education especially at the pre-primary level and the challenge of malnutrition and low immunization coverage and its effects on children development. Kenya has committed to safeguard the rights of children and therefore the county government should as a result progressively ensure that budget allocation is consistent to promoting these rights with regard to child policies and plans as recognized in the CIDP. Oversight institutions in particular Garissa County Assembly and civil society should hold the county government to its commitment on promoting children rights. Furthermore, these oversight actors should seek that the county initiates programmes and reforms towards improving budget transparency in order to facilitate better participatory planning and budgeting.



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