MIGORI
SOCIAL SECTOR BUDGET BRIEF
(2013-14 to 2015-16)

Highlights

• In 2015-2016, county spent Ksh 5.8 billion, out of which 22 per cent was spent on social sector.
• The county had an budget absorption rate of 81 per cent in 2015-16. To further improve the execution of overall budget, the county government needs to address the existing bottlenecks such as approval of supplementary budget, delay in the disbursement of development funds etc.
• The study observed that only 21 per cent of the total health budget in 2015-16 was allocated to development activities which is below the mandated 30 per cent as per the PFM Act 2012. However, the development budget was over spent in 2015-2016, and the study suggests to review the health budget composition to be more efficient.
• The county runs high risk of HIV and to combat the issue, it is expected that county puts budget to complement external funding; however the same is not being reflected in the budget. The study suggests that county should include budget lines for HIV, nutrition and WASH activities to enable transparency & tracking of such program.
• Between 2014-15 and 2015-16, the education sector budget decreased and the execution of development budget remained far from satisfactory (as low as 19 per cent, in 2015-16). The county government needs to review the shortcomings and improvise the same.
• It has been noted that the county has not been able to fix the mandate of the water services department in the last three years and has been shifting and merging it with other departments, making it difficult to track the trends in budget and expenditure of water services.
• In an attempt to analyse the sector, on the basis of 9 months of budget data, the study observed that budget allocated for water services increased over the years, however the execution of the same was very poor.
Introduction

*Migori* is situated in the South-Western part of Kenya. The county covers an area of 2,596.5 Km² including approximately 478 km² of water surface. The county is divided into 8 sub-counties and 40 wards. The estimated population of the county is 1.1 million, consisting of 48 per cent male and 52 per cent female. The child population is 49 per cent of the total population comprising of children aged below 15 years.

The county’s development plan as per the CFSP (2015) aims at infrastructural development, socio-economic empowerment particularly agriculture, energy, environment, health and education, provision of solar lamps, street lighting, bursaries, and water improvement; affirmative action and environmental management.

Overall budget/expenditure

In 2013-14, the first year of devolution, the county budget estimate was Ksh 5.5 billion (*Figure 1*). The county scaled up the budget to Ksh 5.8 billion in the following year, representing an increase of 5 per cent. In 2015-16, the budget was phenomenally increased to Ksh 7.2 billion, recording a 24 per cent growth. In 2015-16, 21 per cent was allocated to the social sector out of the overall budget of the county.

In terms of actual expenditure, county spent Ksh 5.8 billion in 2015-16 which was higher than the actual expenditure in 2013-14. In 2015-16, 22 per cent of the total expenditure was spent on social sector.

Despite increased budget provisions, actual expenditure during the reporting period had not been satisfactory. In 2013-14, the overall budget absorption was 76 per cent mainly due to low absorption of the development budget viz. 60 per cent. The key factors that affected execution of overall budget were failure to establish an internal audit committee to monitor financial operations and reporting system and delay in disbursement of funds by the national treasury. The budget absorption rate has increased over the years and in 2015-16 overall absorption was 81 per cent. The county took several steps to improve execution of budget such as introduction of IFMIS in the procurement of goods and services, preparation of regular work plans

### Administrative and demographic profile

<table>
<thead>
<tr>
<th>Area (km²)</th>
<th>2,596.5</th>
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<tbody>
<tr>
<td>Number of sub-counties</td>
<td>8</td>
</tr>
<tr>
<td>Number of wards</td>
<td>40</td>
</tr>
<tr>
<td>Total population (2015)</td>
<td>1,152,165</td>
</tr>
<tr>
<td>Male</td>
<td>558,208</td>
</tr>
<tr>
<td>Female</td>
<td>593,957</td>
</tr>
<tr>
<td>Under 5 year</td>
<td>223,624</td>
</tr>
<tr>
<td>Primary school age (6-13)</td>
<td>276,095</td>
</tr>
<tr>
<td>Secondary school age (14-17)</td>
<td>112,299</td>
</tr>
</tbody>
</table>

*Source: CIDP (2013-17)*
determine the extent to which they have achieved their intended objectives *(for further details see CFSP, 2015, p 16)*.

In terms of economic classifications, in 2015-16 the county spent 37 per cent on wages out of the total expenditure. This huge wage bill is due to recruitment of new staff in the county across departments *(CBIRR, 2015-16)*.

**Health Services**

*Migori* has 216 health facilities consisting of 169 Level II hospitals, 34 Level III Hospitals, 13 Level IV hospitals *(For further details see CIDP, 2015)*.  

The county’s health indicators reflect a rising trend over the last three years. Between 2013 and 2015, skilled delivery increased from 70 per cent to 81 per cent. During the same period, the coverage of 4+ ANC visits increased marginally from 48 per cent to 51 per cent, exclusive breastfeeding and immunization coverage also increased from 58 to 64 per cent and 67 to 76 per cent respectively. The county is also faced with nutrition challenge. It has 26 per cent stunted and 9 per cent underweight children, close to the national average of 26 per cent and 11 per cent respectively. The county runs high risk of HIV due to several factors such as early sexual debut (55 per cent of individuals have sexual intercourse before the age of 15 years), and a low utilisation of health facilities (43 per cent) for delivery of the HIV-positive pregnant women *(see Kenya HIV County Profiles, 2014)*.

In 2013-14, the county government allocated Ksh 575 million for health sector, representing 10 per cent of its total budget *(Figure 3)*. In the following year, the budget marginally increased to Ksh 587 million, keeping the health share constant at 10 per cent. In 2015-16, the budget was significantly increased to Ksh 1.2 billion.

In terms of composition, development budget had a share of 43 per cent in the total health budget in 2013-14, which steadily rose to 67 per cent in 2014-15 and then drastically declined to 21 per cent in 2015-16 *(Figure 4)*. The year 2015-16, saw a smaller share for development budget which was not in line with the guidelines of the Public Financial Management Act (2012), *(according to which, the county should be allocating more than 30 per cent of the budget to development expenditure post 2013)*.

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1 Health facility data: [http://kmhfl.health.go.ke/#/home](http://kmhfl.health.go.ke/#/home)
The actual health spending by the county was Ksh 479 million in 2014-15 and Ksh 1.17 billion in 2015-16, representing budget absorption rates of 82 per cent and 97 per cent respectively (Figure 5).

The execution of recurrent budget in 2014-15 was around 64 per cent and steadily rose to 91 per cent during 2015-16 (Figure 5). The utilization of the development budget had been much higher than the recurrent budget. In 2014-15, absorption of development budget was 90 per cent, which increased to 118 per cent in 2015-16. The absorption of development budget has over 100 per cent reflecting that the county is either violating the budget lines indicated for development budget or they under budgeted.

Among others, insufficient/ delay in release of funds, inadequate health financing, inadequate health workforce and skills mix, high staff turnover/ natural attrition, prolonged/ delayed procurement processes, inadequate infrastructure and equipment, weak governance structures, low coverage of community health services, weak stakeholders and inter sectoral collaboration (See Migori County Budget 2015-16, p 51).

However, in line with its development plans, the county had implemented a number of projects such as procurement and distribution of essential products and technologies, procurement of ambulances for referrals, renovation of all primary care facilities, construction of theatres in Awendo and Rongo SCHs, construction of wards in Kegonga, Ntimaru, Karugu and Uriri SCHs, construction of offices in Macalder SCH (For further details see Migori County Budget 2015-16, p 51).

In the absence of specific budget lines, this brief could not track the county’s own budget and expenditure for nutrition and HIV/AIDS. However, the county runs high risk of HIV, so it is significant that separate budget allocation should be made in this regard by the county government to address the issue.
**Education**

Under devolution, the county is responsible for providing pre-primary education as well as for training and skills development of the youth. At present, the county runs 692 early childhood development and education (ECDE) centres and 13 youth polytechnics. In addition, there are 816 primary and 207 secondary schools that are funded and managed by the national government. The number of teachers currently providing basic education is 9,438, consisting of 2,026 ECDE, 5,802 primary, and 1,610 secondary school teachers.

Access to basic education in the county stands better than the status at national level. As of 2015, gross enrolment ratio (GER) is 89.3 per cent at pre-primary level, 113.6 per cent at primary level which is higher in comparison to national average of 76.5 per cent and 103.6 per cent respectively. However, at secondary level it is 61.6 per cent compared to national average of 63.3 per cent. Similarly, with net enrolment ratio (NER) of 87.7 per cent at pre-primary level and 96 per cent at primary level, the county has recorded much better progress *vis-à-vis* the national average of 74.6 per cent and 88.4 per cent respectively. Even, the secondary level NER in the county is at 49 per cent which is slightly better than the national average (*see Basic Education Booklet 2014*).

At present, gender parity index (GPI) values of the county at ECDE, primary, and secondary education level stand at 1.06, 1.03, and 0.79 respectively. The values indicate that girls have more access to pre-primary and primary education, while at the secondary level girls’ enrolment is lower than the boys. The secondary GPI is lower than the national average of 0.89, which indicates a lower-than-national performance in providing equitable access to secondary level education.

The county’s budget allocation for education was 7 per cent, 6 per cent and 4 per cent in 2013-14, 2014-15, and 2015-16 respectively (*Figure 6*). In absolute terms, the budget steadily decreased from Ksh 399 million in 2013-14 to Ksh 329 million in 2014-15 and further to Ksh 327 million in 2015-16. Over the same period, the recurrent and development budget ratio shifted from 35:65 in 2013-14 to 42:58 in 2015-16 reducing the fiscal space for developmental activities (*Figure 7*).

**Select education indicators (2015)**

<table>
<thead>
<tr>
<th></th>
<th>Pre-primary education</th>
<th>Migori</th>
<th>Kenya</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross enrolment ratio (%)</td>
<td>89.3</td>
<td>76.5</td>
<td></td>
</tr>
<tr>
<td>Net enrolment ratio (%)</td>
<td>87.7</td>
<td>74.6</td>
<td></td>
</tr>
<tr>
<td>Gender parity index (value)</td>
<td>1.06</td>
<td>0.96</td>
<td></td>
</tr>
<tr>
<td>Pupil teacher ratio* (no.)</td>
<td>35.8</td>
<td>31.9</td>
<td></td>
</tr>
</tbody>
</table>

**Primary education**

<table>
<thead>
<tr>
<th></th>
<th>Migori</th>
<th>Kenya</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross enrolment ratio (%)</td>
<td>113.6</td>
<td>103.6</td>
</tr>
<tr>
<td>Net enrolment ratio (%)</td>
<td>96.2</td>
<td>88.4</td>
</tr>
<tr>
<td>Gender parity index (value)</td>
<td>1.03</td>
<td>0.96</td>
</tr>
<tr>
<td>Pupil teacher ratio* (no.)</td>
<td>40.9</td>
<td>35.2</td>
</tr>
</tbody>
</table>

**Secondary education (%)**

<table>
<thead>
<tr>
<th></th>
<th>Migori</th>
<th>Kenya</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross enrolment ratio (%)</td>
<td>61.6</td>
<td>63.3</td>
</tr>
<tr>
<td>Net enrolment ratio (%)</td>
<td>48.5</td>
<td>47.8</td>
</tr>
<tr>
<td>Gender parity index (value)</td>
<td>0.79</td>
<td>0.89</td>
</tr>
<tr>
<td>Pupil teacher ratio* (no.)</td>
<td>22.1</td>
<td>20.7</td>
</tr>
</tbody>
</table>

* The figures pertain to public schools

Source: State Department of Education, Nairobi
From 2014-15 to 2015-16, the overall expenditure of the department declined from Ksh 240 million to Ksh 149 million. Between 2014-15 and 2015-16, overall absorption of education budget decreased from 73 per cent to 46 per cent (Figure 8). During the same period, execution of recurrent budget increased from 79 per cent to 82 per cent in 2015-16.

The developmental budget declined over the years and the actual spending also remained far from satisfactory. The absorption rates significantly declined from 72 per cent in 2014-15 to 19 per cent in 2015-16. This is a serious concern for the county as the development expenditure has drastically fallen by 53 per cent.

**Water services**

The main sources of water in Migori county include major rivers Kuja, Migori, Sare, Oyani, Riana, Tebesi and Misadhi, Lake Victoria, rivers, boreholes, shallow wells, springs. Less than 3,000 households have access to portable water (For further details see Migori CIDP p 47).2

Between 2013 and 2016, the water coverage in county government increased from 17 per cent to 18 per cent. The non-revenue water increased from 38 per cent to 64 per cent in the same period and the county population within service areas of WSPs also increased from 18 per cent in 2013 to 24 per cent in 2016.

Notwithstanding low utilisation of development budget, the county had implemented several projects e.g. construction of ECDE classrooms, construction of youth polytechnics etc. (For further details see Migori County Budget 2015-16, p 43).

Despite significant progress in education the county is faced with challenges such as inadequate funding of the department, irregular cash flows, overwhelming financial request from social groups, and lack of intergovernmental platforms on the two levels of government to properly undertake the shared functions with clearly defined roles (see Migori County Budget 2015-16, p 43).

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2 The data used for analysis of this department has been taken from the 9 months COB data available for 2015-16. Full year data for water services wasn’t available as the department got merged with Health and Sanitation as per latest CBIRR 2015-16.
The county’s budget allocation for water was 12 per cent, 10 per cent and 11 per cent in 2013-2014, 2014-2015 and 2015-2016 respectively. In absolute terms, the budget decreased from Ksh 651 million in 2013-2014 to Ksh 558 million in 2014-2015 (recording a decrease of 14 per cent), and then increased to Ksh 831 million in 2015-2016 (an increase of 49 per cent) (Figure 9). Over the same period, the recurrent and development budget ratio shifted from 29:71 in 2013-2014 to 25:75 in 2015-2016 increasing the fiscal space for development activities (Figure 10).

In 2014-2015 and 2015-2016, overall absorption of water budget decreased from 42 per cent to 34 per cent (annualised) (Figure 11). During the same period, execution of recurrent budget increased from 74 per cent to 87 per cent (annualised) in 2015-2016. However, given the trend in execution till third quarter of 2015-2016, execution of development budget would decline from 33 per cent in 2014-2015 to 16 per cent (annualised) in 2015-16.

Notwithstanding low utilisation of development budget the county had implemented several projects e.g. Construction and rehabilitation of Migori Water Supplies and Sanitation projects, Purchase and distribution of 160 plastic water storage tanks 10,000 litre capacity each, construction of 13 spring protection works, construction of 2 earth dams each of capacity 15000m$^3$ and drilling and equipping 3 boreholes (For further details see CFSP, 2015 p 31).

Despite significant progress in water sector, the county is faced with challenges such as insufficient funding, delay of release of funds, low staff levels and stringent procurement procedures (For further details see Migori County Budget, 2015 p 24).

Other than that it is discouraging to know that even at the end of three years the county has not been able to fix the mandate of the water services department and has been shifting it, making it difficult to track the trends in budget and expenditure.
Technical Note

- The social sector analysis is based on the financial data of the four departments, viz. (a) Health services; (b) Education, Youth, Sports & Culture.

- In 2014-15, Budget and Expenditure data entry have been sourced from Annual IFMIS report. For 2015-16, due to lack of disaggregated budget and expenditure data, only total values from County Budget Implementation Review Report of 2015-2016 have been sourced.

- Programme Based Budget (PBB) for the county was not available.

- Social services was a part of the education department and the allocation/expenditure being incurred on it has not been mentioned as a clear component in the budget.

- The data used for analysis of water department has been taken from the 9 months CBIRR data available for 2015-16. Full year data for water services wasn't available as the department got merged with Health and Sanitation as per the latest CBIRR 2015-16.

- Repeated shifting of the water sector from one department to another in the county made it difficult to track and comment on the allocation/expenditure being incurred for water services.

- Due to absence of specific budget lines, the study could not track and comment on allocation/expenditure for HIV, sanitation and nutrition related activities.