

Module 1 Session 2: County Priorities and County Planning

KEY TAKEAWAYS

- ❖ COUNTY PLANNING BEGINS WITH IDENTIFYING COUNTY PRIORITIES: THE MOST IMPORTANT AREAS OF SPENDING WHEN LIMITED RESOURCES ARE AVAILABLE.
- ❖ RELIABLE DATA ABOUT BOTH THE COUNTY AS A WHOLE AND DIFFERENCES AMONG SUB-COUNTIES AND WARDS SHOULD BE USED TO INFORM OUR PRIORITIES.
- ❖ BUDGETS SHOULD BE BASED ON ANNUAL DEVELOPMENT PLANS, WHICH SHOULD IN TURN BE BASED ON 5-YEAR COUNTY INTEGRATED DEVELOPMENT PLANS.
- ❖ COUNTY PLANS AND BUDGETS SHOULD BE ORGANIZED AROUND A SET OF CONSISTENT PROGRAMMES (ACTIVITIES ORIENTED TOWARD SPECIFIC OBJECTIVES).
- ❖ COUNTY PLANS SHOULD INCLUDE MEASURABLE INDICATORS, TARGETS AND COSTS FOR MAJOR PROGRAMMES AND PROJECTS.

TASK 1.5 ■ A LOOK AT YOUR COUNTY'S DATA

1 HOUR

TASK OBJECTIVE:

- ❖ CONCEPTUALIZING HOW TO UTILIZE SCARCE COUNTY RESOURCES TAKING INTO ACCOUNT DIVERSE COUNTY NEEDS
- ❖ LEARNING TO MAKE INFORMED DECISIONS BASED ON AVAILABLE AND RELIABLE DATA AND INFORMATION

RESOURCES NEEDED

- ✓ Kenya National Bureau of Statistics (KNBS) and Society for International Development (SID), *Exploring Kenya's Inequality: Pulling Apart or Pooling Together? – County Report*, 2013
- ✓ Demographic and Health Survey, 2014
- ✓ World Bank Policy Research Working Paper, *Bright Lights, Big Cities Measuring National and Subnational Economic Growth in Africa from Outer Space, with an Application to Kenya and Rwanda*, October 2015

HOW TO RUN THIS TASK

1. Facilitate a discussion in plenary around priorities for the county that is linked to county functions. This discussion should be on what brings the county together, but also its diversity and the diverse needs of different constituents, including the poorest residents and poorest wards. Encourage participants to base their claims on data whenever possible.

2. Remember to consider whose function it is to resolve the various challenges arising in this discussion. Point out when participants choose priority areas where the assignment of functions has not been clarified (water, health, education, etc.).
3. For this task, have participants break up into groups according to which county they are from (but limit each group to a maximum of four people). If all of the participants are from the same county, then have them break up into groups of four.
4. Provide copies of the relevant data to the participants, based on where they are from. In our example, you would use Baringo for everyone (PM, p.18-41), but some regional trainings may involve people from multiple counties. Refer the participants to data from:
 - a. CRA/WORLD BANK (county specific)
 - b. Demographic and Health Survey (DHS) (sector specific)
 - c. Kenya National Bureau of Statistics/Society for International Development (county sub-unit (ward) specific)

Note: Participants may be aware of and have additional county specific sources to draw on, such as the county's CIDP, ADPs, and county profiles, etc. They should be encouraged to look at these as well.

5. Ask them to work in groups to identify county priorities and which arm of government is responsible for the function. One good way to do this is to ask them to identify three major priorities for the county and ask them to rank these in order of importance giving reasons for the choices made.

Alternatively, and if there is time, it is possible to first ask them to identify five priorities and then choose the top three. The point is to get participants to start making hard choices about what is most important, given many competing priorities.

Note: Using the KNBS / SID data ask the participants to set priorities at the ward level (which wards require immediate attention and related to which county functions?)

6. Come back to plenary to discuss participant answers.

Note: If there are different counties represented in the workshop, each group should have a copy of the sheets from each county under discussion, so that they can follow what others are saying during the plenary discussion.

When reporting back, ask participants to clarify whether the priorities they have identified correspond to national or county functions. This is an opportunity to ensure that they have understood the discussion on functions and to realize that certain priority areas (such as secondary education) are not going to be solved by counties.

BACKGROUND INFORMATION

❖ Why priorities?

- Even though counties have important functions under the Fourth Schedule, they do not have the resources to undertake all these functions and ensure that the services in the county have reached an optimum level
- Due to scarce resources, counties have to make choices. They may have to forgo some projects or parts of specific functions to focus on those that have the maximum benefit to citizens.

- Decisions should be informed by
 - the context and circumstances of the county
 - data on diverse parameters of the county in comparison to other counties and inequalities within the county
 - national and county policy documents
- Priority setting is one of the preliminary steps of planning. Priorities inform key planning documents such as the County Integrated Development Plan (CIDP), Annual Development Plans (ADPs), the sector plans, and any other county plans.

Notes on Data

- **KNBS/SID:**
 - Data tables specific to the counties present on Education, Water, Sanitation, Housing, and Cooking Fuel. These come from *Exploring Kenya's Inequality: Pulling Apart or Pooling Together? – County Report*, by the Kenya National Bureau of Statistics (KNBS) and Society for International Development (SID), 2013. Primary data source: 2009 Census. County-specific reports are available here for each county: <http://inequalities.sidint.net/kenya/county/>. (We have included the Baringo report in both the participant and facilitator manual and it can also be found here: <http://inequalities.sidint.net/kenya/wp-content/uploads/sites/2/2013/09/Baringo.pdf>)
 - Based on the KNBS/SID data we should think about whether the ward data raises different issues than when we look at the county data alone. For example, the county may have an average water access rate that is pretty high, so water may not seem like a priority. But when we see inequality across wards, we realize that there are a few wards with extremely low access to water, so water may now emerge as an important priority at ward level.
- **DHS, 2014**

For sector-specific data, use the Demographic and Health Survey, 2014 which provides the latest data on the health sector in different counties. Though this is specific to the health sector, the data it contains may be useful for budgeting in other sectors as well. For example, demographic information may assist other sectors such as housing, water and sanitation to make better decisions. The Survey can be found here: <http://dhsprogram.com/pubs/pdf/OF28/OF28.pdf>
- **CRA/WORLD BANK**
 - This data organized and ranked by IBPK is derived from the CRA Recommendation on the Basis of Equitable Sharing of Revenue among County Governments (November 2014). The primary sources of the data are the National Treasury, Ministry of Roads, 2014, Office of the Controller of Budget KNBS, 2009 & 2014 and CRA.

Note: Poverty Gap measures the extent to which individuals or households fall below the poverty line. Here poverty gap is the number of households below the (rural/urban) poverty line multiplied by the amount they fall below the line, expressed as a percentage/proportion of the poverty line. So, for example, if the poverty line is Ksh 100, and one family falls below the line

by 10 Ksh, then the gap is 1 family*10 Ksh taken as a share of 100 Ksh, which is 10%. This gap is then taken together with all other gaps (including zero for those who are above the poverty line) to calculate an average gap, which is what we call the poverty gap index or measure. (For more information, see this publication, particularly page 72: http://siteresources.worldbank.org/PGLP/Resources/povertymanual_ch4.pdf)

- The information on GDP is derived from a paper published by the World Bank indicating the GDP of counties in Kenya.

Note: Secondary and tertiary sectors are manufacturing and services sectors respectively. The primary sector is agriculture. The gross domestic product is the total value of goods and services created in an economy by all its residents for a specific period/time interval. It includes exports (minus imports) and taxes (minus subsidies).

TASK 1.5
(QUESTIONS AND ANSWERS)

Question:

- 1) Based on the data (KNBS/SID/CRA/WORLD BANK/ DHS) available in the county fact sheet, identify the top three priorities in your county. Explain your ranking and indicate whether these are county or national functions.
- 2) Based on the KNBS/SID data, which are some of the wards in your county with the highest needs and what are these needs? Identify the top three priorities at the ward level based on the data. Which ward should be prioritized? And why? Is there a difference between the priorities at county and at ward level? Explain your ranking and indicate whether these are county or national functions.
- 3) Based on the DHS/CRA data, list the top three priorities for the health sector in your county. Explain your ranking and indicate whether these are county or national functions.

County ranking (Source: CRA Recommendation 2014 available at [Table 1 Ranking of Counties by Population, Poverty Gap and Land Area](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiIkZfJho3MAhXEfRoKHZy-CBsQFgggMAA&url=http%3A%2F%2Fwww.crakenya.org%2Fwp-content%2Fuploads%2F2013%2F10%2FCRA-RECOMMENDATION-ON-EQUITABLE-REVENUE-SHARING-November-2014.pdf&usg=AFQjCNFzxcuqKpTKrLSpIF0edFMMZWdQQ&sig2=3nxt0p_S7Ui-FAol-bGPKg)</p>
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Ranking	County	Population(lowest to highest)	County	Poverty Gap(largest to lowest)	County	Land Area (Square Kms.)(smallest to largest)
1.	Lamu	101,539	Tana-River	46.1	Mombasa	219
2.	Isiolo	143,294	Kwale	41.8	Vihiga	531
3.	Samburu	223,947	Mandera	32.4	Nairobi City	695
4.	Tana-River	240,075	Wajir	31.9	Nyamira	899

5.	Taita Taveta	284,657	Kilifi	31.4	Busia	1,134
6.	Marsabit	291,166	Turkana	29.0	Kisii	1,318
7.	Tharaka Nithi	365,330	Marsabit	22.9	Kirinyaga	1,479
8.	Elgeyo Marakwet	369,998	Isiolo	19.0	Kisumu	2,086
9.	Laikipia	399,227	Garissa	18.7	Bomet	2,471
10.	West Pokot	512,690	Samburu	17.4	Kericho	2,479
11.	Embu	516,212	Kitui	16.8	Trans-Nzoia	2,496
12.	Kirinyaga	528,054	Makueni	16.8	Siaya	2,530
13.	Vihiga	554,622	Busia	16.8	Kiambu	2,543
14.	Baringo	555,561	West Pokot	16.2	Murang'a	2,559
15.	Nyandarua	596,268	Lamu	15.6	Migori	2,596
16.	Nyamira	598,252	Taita Taveta	15.6	Tharaka Nithi	2,639
17.	Garissa	623,060	Elgeyo Marakwet	12.2	Embu	2,818
18.	Kwale	649,931	Migori	12.1	Nandi	2,884
19.	Wajir	661,941	Kakamega	12.0	Elgeyo Marakwet	3,030
20.	Kajiado	687,312	Bungoma	11.7	Kakamega	3,051
21.	Nyeri	693,558	Kisii	11.7	Homa-Bay	3,183
22.	Bomet	724,186	Baringo	11.4	Nyandarua	3,245
23.	Busia	743,946	Nyamira	11.3	Nyeri	3,337
24.	Nandi	752,965	Laikipia	10.5	Uasin-Gishu	3,345
25.	Kericho	758,339	Homa-Bay	10.5	Bungoma	3,593
26.	Trans-Nzoia	818,757	Bomet	10.4	Machakos	6,208
27.	Siaya	842,304	Mombasa	10.0	Lamu	6,273
28.	Narok	850,920	Machakos	9.7	Meru	6,936
29.	Turkana	855,399	Tharaka Nithi	9.5	Nakuru	7,495
30.	Makueni	884,527	Nyandarua	9.4	Makueni	8,009
31.	Uasin-Gishu	894,179	Kisumu	9	Kwale	8,270
32.	Migori	917,170	Vihiga	8.8	West Pokot	9,169
33.	Mombasa	939,370	Kajiado	7.8	Laikipia	9,462

34.	Murang'a	942,581	Embu	7.7	Baringo	11,015
35.	Homa-Bay	963,794	Murang'a	7.7	Kilifi	12,610
36.	Kisumu	968,909	Trans-Nzoia	7.7	TaitaTaveta	17,084
37.	Kitui	1,012,709	Kericho	7.6	Narok	17,933
38.	Mandera	1,025,756	Siaya	7.6	Samburu	21,022
39.	Machakos	1,098,584	Nandi	7.5	Kajiado	21,901
40.	Kilifi	1,109,735	Narok	7.1	Isiolo	25,336
41.	Kisii	1,152,282	Nyeri	6.2	Mandera	25,992
42.	Meru	1,356,301	Nakuru	6.1	Kitui	30,497
43.	Bungoma	1,375,063	Meru	6	Tana-River	38,437
44.	Nakuru	1,603,325	Uasin-Gishu	6	Garissa	44,175
45.	Kiambu	1,623,282	Kiambu	5.9	Wajir	56,686
46.	Kakamega	1,660,651	Kirinyaga	5.7	Turkana	68,680
47.	Nairobi City	3,138,369	Nairobi City	4.1	Marsabit	70,961

Source: CRA Recommendations on the Criteria for Sharing Revenue among Counties for Financial Years 2015/16, 2016/17 and 2017/18. (November 2014)

Table 2: Ranking counties by households who cannot read and write, with access to improved water and electricity, and the total unpaved roads

Ranking	County	Percentage of Households Who Cannot Read & Write (Lowest to Highest)	County	Percentage of Household s with Access to Improved Water (Lowest to Highest)	County	Percentage of Household access to Electricity (Lowest to Highest)	County	Total Unpaved Roads (D, E, H, J, K, M, N, P) (Fewest to most Kms)
1.	Nairobi City	11.1	Narok	33.6	Turkana	2.4	Mombasa	481
2.	Kiambu	12	Baringo	35.1	Tana-River	2.5	Vihiga	664
3.	Nyeri	12.2	West Pokot	37.2	Mandera	2.5	Lamu	754
4.	Kirinyaga	13.5	Homa-Bay	38.6	West Pokot	2.6	Nyamira	961

5.	Murang'a	13.6	TharakaNithi	40.4	TharakaNithi	3.0	Nairobi City	1,356
6.	Machakos	14.9	Bomet	40.8	Homa-Bay	3.3	Busia	1,401
7.	Embu	15.3	ElgeyoMarakwet	44.2	Wajir	3.4	Elgeyo-Marakwet	1,566
8.	Nyandarua	15.6	Siaya	46.7	Bomet	4.3	Kericho	1,568
9.	Kericho	15.9	Migori	47.8	Siaya	4.3	Trans-Nzoia	1,668
10.	Nyamira	16.1	Kitui	50.8	Bungoma	4.5	Tharaka-Nithi	1,788
11.	Uasin Gishu	16.6	Murang'a	51.0	Kitui	4.8	West Pokot	1,842
12.	Mombasa	16.9	Mandera	51.9	Migori	5.3	Siaya	1,858
13.	Bomet	17.1	Tana-River	55.5	Kakamega	5.6	Bomet	1,934
14.	Kisumu	17.1	Kericho	56.1	Makueni	5.9	Samburu	2,039
15.	Kisii	17.1	Nandi	56.2	Narok	5.9	Migori	2,095
16.	Makueni	17.2	Kirinyaga	56.8	Busia	6	Kirinyaga	2,154
17.	Nakuru	17.3	Makueni	56.9	Samburu	6.2	Kisii	2,188
18.	TharakaNithi	17.4	Machakos	58.1	Nandi	6.4	Nandi	2,323
19.	Vihiga	17.6	Kisumu	60.1	Nyamira	6.4	Homa-Bay	2,415
20.	Bungoma	17.9	Embu	62.1	Vihiga	7.0	Kisumu	2,433
21.	TaitaTaveta	18.4	Laikipia	62.7	ElgeyoMarakwet	7.2	Garissa	2,504
22.	Nandi	18.7	Meru	65.0	Marsabit	7.5	Isiolo	2,555
23.	Homa-Bay	19.8	Kwale	65.8	Kisii	7.8	Baringo	2,559
24.	Trans-Nzoia	20.2	Nakuru	66.4	Trans-Nzoia	8.9	Bungoma	2,661
25.	Elgeyo Marakwet	20.2	Samburu	67.8	Baringo	9.6	Tana-River	2,789
26.	Migori	20.3	Kisii	67.9	Nyandarua	10.5	Laikipia	2,821
27.	Siaya	20.5	Nyandarua	68	Kwale	10.6	Mandera	2,831
28.	Kakamega	20.6	Nyamira	68.6	Garissa	11.6	Embu	2,961
29.	Meru	20.7	Nyeri	69.3	Kericho	11.8	Kwale	3,153
30.	Busia	22.7	TaitaTaveta	70.0	Meru	13.1	Nyandarua	3,333
31.	Laikipia	24.2	Kajiado	72.3	Murang'a	14.0	Kilifi	3,335
32.	Kitui	24.7	Wajir	73.5	Embu	14.9	Murang'a	3,471
33.	Kajiado	30.7	Turkana	74.3	TaitaTaveta	15.0	Taita-Taveta	3,489
34.	Lamu	32.8	Mombasa	75.0	Kirinyaga	16.4	Kakamega	3,508
35.	Kilifi	35.6	Garissa	75.8	Kilifi	16.7	Nyeri	3,513
36.	Baringo	35.7	Kilifi	75.9	Lamu	17.0	Uasin-Gishu	3,742
37.	Narok	37.8	Kakamega	76.1	Machakos	17.0	Marsabit	3,968
38.	Kwale	38.6	Vihiga	76.4	Laikipia	17.7	Narok	4,034

39.	Isiolo	51.1	Trans-Nzoia	76.7	Kisumu	18.3	Turkana	4,189
40.	West Pokot	55.4	Marsabit	77.6	Isiolo	18.5	Meru	4,317
41.	Tana-River	56.2	Kiambu	78.1	Nyeri	26.3	Kiambu	4,358
42.	Samburu	68.1	Busia	82.9	Uasin Gishu	27.9	Wajir	4,608
43.	Marsabit	68.2	Nairobi City	83.1	Nakuru	34.0	Kajiado	5,235
44.	Mandera	70.2	Isiolo	84.6	Kajiado	39.8	Machakos	5,272
45.	Garissa	74.4	Uasin Gishu	88.9	Kiambu	53.0	Makueni	7,375
46.	Wajir	76.4	Bungoma	88.9	Mombasa	59.0	Kitui	7,942
47.	Turkana	82.1	Lamu	89.3	Nairobi City	72.4	Nakuru	9,137

Source: CRA Recommendations on the Criteria for Sharing Revenue among Counties for Financial Years 2015/16, 2016/17 and 2017/18. (November 2014)

Table 3: Percentage of households not immunized, delivering at home, without access to improved sanitation and percentage not attending pre-primary

Ranking	County	Percentage of Households not Immunized (Highest to Lowest)	County	Percentage of Households Delivering at Home (Highest to Lowest)	County	Percentage of Households without Access to Improved Sanitation (Highest to Lowest)	County	Percentage Not Attending Pre-primary (Highest to Lowest)
1.	Turkana	69.1	Wajir	94.6	Wajir	93.3	Wajir	94.1
2.	Kajiado	69.1	Turkana	93.1	Turkana	91.5	Mandera	92.6
3.	Baringo	67.3	Mandera	88.7	Mandera	83.9	Garissa	92.3
4.	Embu	66.6	Kilifi	86.6	Samburu	80.3	Turkana	79.2
5.	Trans-Nzoia	64.3	Bungoma	85.3	Tana-River	78.3	Marsabit	73.8
6.	Nyeri	53.7	West Pokot	83.1	Garissa	78.3	West Pokot	68
7.	Murang'a	53.4	Marsabit	82.6	Marsabit	73.1	Tana-River	67.8
8.	Meru	53.1	Narok	81.1	West Pokot	73.0	Narok	66.3
9.	Nyamira	50.2	Samburu	81	Kwale	70.3	Kitui	64.7

10.	Homa-Bay	49.3	Tana-River	79.6	Narok	65.0	Makueni	63.4
11.	Kirinyaga	49.0	Trans-Nzoia	79.3	Baringo	60.7	Kwale	61.6
12.	Taita-Taveta	48.8	Kwale	78.0	Isiolo	59.9	Embu	60.4
13.	Makueni	48.7	Makueni	77.9	Homa-Bay	58.5	TharakaNithi	60.1
14.	Bomet	46.8	Garissa	76.1	Kilifi	58.3	Bungoma	60.1
15.	TharakaNithi	46.7	Kitui	75.6	Siaya	51.4	Meru	59.6
16.	West Pokot	46.0	Busia	74.9	Elgeyo Marakwet	48.8	Kakamega	58.7
17.	Mandera	45.7	Vihiga	74.2	Migori	47.8	Busia	58.4
18.	Machakos	45.7	Lamu	72.8	Kitui	47.6	Samburu	55.1
19.	Garissa	44.2	Isiolo	72.1	Kajiado	44.5	Trans-Nzoia	54.6
20.	Kisumu	43.0	TharakaNithi	71.1	Makueni	44.1	Isiolo	54.2
21.	Busia	41.9	Laikipia	70.2	Lamu	43.3	Kilifi	53.7
22.	Kericho	40.9	Uasin-Gishu	69.5	Kisumu	43.1	Machakos	53.7
23.	Kitui	40.2	Machakos	68	TharakaNithi	39.8	Kajiado	52.9
24.	Nandi	37.6	Kakamega	68	Machakos	39.0	Murang'a	52.8
25.	Tana-River	37.3	Baringo	66.4	Busia	38.7	Lamu	52.1
26.	Kiambu	35.2	Migori	64.9	Kericho	36.9	Vihiga	51.8
27.	Vihiga	35.0	Elgeyo Marakwet	64.6	Kisii	36.0	Baringo	49.7
28.	Marsabit	33.7	Homa-Bay	63.0	Embu	35.4	Bomet	49.2
29.	Lamu	33.4	Bomet	61.5	Nyamira	33.4	Siaya	48.2
30.	Kwale	31.9	Kajiado	60.2	Taita-Taveta	32.8	Nandi	43.4
31.	Wajir	31.2	Taita-Taveta	56.8	Murang'a	32.1	Elgeyo Marakwet	43.3
32.	Nyandarua	29.7	Kericho	54.4	Bomet	32.1	Kericho	43.2
33.	Elgeyo Marakwet	29.2	Kisumu	53.9	Laikipia	31.6	Taita-Taveta	42.9
34.	Narok	28.4	Nandi	51.4	Bungoma	28.1	Laikipia	42.5
35.	Mombasa	27.5	Nakuru	49.5	Nandi	27.7	Kisii	41.3
36.	Nakuru	27.5	Siaya	48.0	Nyandarua	26.2	Nyamira	40.8

37.	Samburu	26.9	Nyamira	45.4	Nyeri	25.8	Uasin-Gishu	40.6
38.	Laikipia	24.7	Murang'a	45.3	Trans-Nzoia	25.6	Kirinyaga	40.2
39.	Uasin-Gishu	23.8	Kisii	44.7	Nakuru	24.2	Nakuru	39.3
40.	Kakamega	23.2	Embu	37.5	Uasin-Gishu	22.1	Migori	38.8
41.	Isiolo	22.2	Nyandarua	33.6	Meru	21.7	Nyandarua	38.3
42.	Kilifi	22.0	Kiambu	31.6	Kiambu	20.0	Mombasa	34.6
43.	Migori	22.0	Meru	30.6	Mombasa	18.3	Homa-Bay	33.3
44.	Siaya	18.4	Nairobi City	28.3	Kirinyaga	17.0	Kisumu	32.2
45.	Kisii	15.4	Mombasa	26.8	Kakamega	16.0	Nairobi City	32.2
46.	Nairobi City	13.2	Nyeri	16.0	Vihiga	13.5	Kiambu	31.7
47.	Bungoma	7.6	Kirinyaga	12.6	Nairobi City	12.1	Nyeri	28.8

Source: CRA Recommendations on the Criteria for Sharing Revenue among Counties for Financial Years 2015/16, 2016/17 and 2017/18. (November 2014)

WORLD BANK RANKING OF COUNTIES BY GDP (In US Dollars, value of USD in 2005)

Table 4: World Bank Ranking of Counties By GDP (In US Dollars, Value of USD in 2005)

Ranking	County	Secondary and tertiary-sector GDP (2005 USD)	Agricultural GDP (2005 USD)	Total GDP (2005 USD)	GDP per capita (2005 USD) (Lowest to Highest)
1.	Mandera	\$16,404,162.00	\$257,529,013.00	\$273,933,175.00	\$267.00
2.	Bomet	\$18,828,734.00	\$232,821,568.00	\$251,650,302.00	\$282.00
3.	Elgeyo Marakwet	\$11,140,672.00	\$97,107,173.00	\$108,247,845.00	\$293.00
4.	Samburu	\$9,945,126.00	\$56,791,752.00	\$66,736,878.00	\$298.00
5.	West Pokot	\$13,083,570.00	\$144,059,533.00	\$157,143,103.00	\$307.00

6.	Migori	\$102,335,441.00	\$185,642,389.00	\$287,977,829.00	\$314.00
7.	Turkana	\$45,955,610.00	\$224,882,867.00	\$270,838,477.00	\$317.00
8.	Busia	\$46,377,729.00	\$190,576,644.00	\$236,954,373.00	\$319.00
9.	Baringo	\$27,427,881.00	\$151,420,763.00	\$178,848,644.00	\$322.00
10.	Homa Bay	\$59,084,498.00	\$253,101,425.00	\$312,185,923.00	\$324.00
11.	Nyamira	\$36,823,500.00	\$128,328,644.00	\$165,152,144.00	\$339.00
12.	Siaya	\$56,230,908.00	\$230,399,192.00	\$286,630,100.00	\$340.00
13.	Trans Nzoia	\$86,281,073.00	\$199,643,621.00	\$285,924,694.00	\$349.00
14.	Bungoma	\$157,006,404.00	\$329,921,079.00	\$486,927,483.00	\$354.00
15.	Narok	\$63,916,566.00	\$242,889,313.00	\$306,805,878.00	\$361.00
16.	Nandi	\$76,783,764.00	\$199,443,468.00	\$276,227,232.00	\$367.00
17.	Wajir	\$70,353,845.00	\$173,206,520.00	\$243,560,366.00	\$368.00
18.	Kitui	\$110,200,855.00	\$267,525,033.00	\$377,725,888.00	\$373.00
19.	Kisii	\$181,490,633.00	\$304,012,407.00	\$485,503,041.00	\$384.00
20.	Isiolo	\$32,050,749.00	\$24,803,077.00	\$56,853,826.00	\$397.00
21.	Marsabit	\$46,890,540.00	\$69,626,700.00	\$116,517,240.00	\$400.00
22.	Nyandarua	\$98,761,105.00	\$148,888,961.00	\$247,650,066.00	\$415.00

23.	Makueni	\$129,333,676.00	\$239,151,073.00	\$368,484,750.00	\$417.00
24.	Kakamega	\$306,855,344.00	\$431,583,350.00	\$738,438,694.00	\$445.00
25.	Kericho	\$156,812,096.00	\$111,071,931.00	\$267,884,027.00	\$454.00
26.	Garissa	\$140,715,702.00	\$146,020,607.00	\$286,736,309.00	\$460.00
27.	Meru	\$418,562,417.00	\$429,436,529.00	\$847,998,946.00	\$533.00
28.	Vihiga	\$194,845,744.00	\$116,633,620.00	\$311,479,363.00	\$562.00
29.	Lamu	\$33,868,834.00	\$24,919,859.00	\$58,788,692.00	\$579.00
30.	Embu	\$185,257,500.00	\$132,809,566.00	\$318,067,066.00	\$616.00
31.	Kisumu	\$464,139,515.00	\$141,360,681.00	\$605,500,197.00	\$625.00
32.	Uasin Gishu	\$406,744,065.00	\$168,159,468.00	\$574,903,533.00	\$643.00
33.	Tana River	\$115,633,298.00	\$62,531,831.00	\$178,165,129.00	\$742.00
34.	Taita Taveta	\$151,421,576.00	\$67,545,780.00	\$218,967,356.00	\$769.00
35.	Tharaka Nithi	\$71,734,556.00	\$37,260,708.00	\$108,995,263.00	\$838.00
36.	Kirinyaga	\$338,751,052.00	\$136,291,254.00	\$475,042,306.00	\$900.00
37.	Kilifi	\$756,605,989.00	\$252,644,720.00	\$1,009,250,708.00	\$909.00
38.	Machakos	\$841,387,188.00	\$161,602,837.00	\$1,002,990,025.00	\$913.00
39.	Mombasa	\$878,171,120.00	\$-	\$878,171,120.00	\$935.00

40.	Nairobi	\$3,391,699,448.00	\$-	\$3,391,699,448.00	\$1,081.00
41.	Murang'a	\$743,300,343.00	\$228,927,620.00	\$972,227,963.00	\$1,090.00
42.	Laikipia	\$397,313,865.00	\$91,987,784.00	\$489,301,649.00	\$1,226.00
43.	Kwale	\$750,694,562.00	\$163,143,374.00	\$913,837,936.00	\$1,406.00
44.	Nakuru	\$1,999,522,927.00	\$266,145,722.00	\$2,265,668,649.00	\$1,413.00
45.	Kajiado	\$884,204,321.00	\$123,356,381.00	\$1,007,560,702.00	\$1,466.00
46.	Nyeri	\$882,097,448.00	\$160,595,020.00	\$1,042,692,468.00	\$1,503.00
47.	Kiambu	\$2,786,314,569.00	\$201,167,607.00	\$2,987,482,176.00	\$1,785.00
	Kenya	\$18,793,360,520.00	\$8,006,968,467.00	\$26,800,328,986.00	\$694.00

Source: World Bank (October 2015) Estimates based on night lights as a proxy for industrial and service sector development

Exploring Kenya's Inequality: Pulling Apart or Pooling Together? – County Report, Kenya National Bureau of Statistics (KNBS) and Society for International Development (SID), 2013. (Primary data source: 2009 Census), can be found here:

<http://inequalities.sidint.net/kenya/wpcontent/uploads/sites/2/2013/09/Baringo.pdf>

EDUCATION

See figure 1.3 on page 12 of the Baringo county report to see the pictorial presentation.

Education

In Baringo County, 16 percent of residents have a secondary level of education or above. Baringo Central is the constituency with the highest share of residents with a secondary level of education or above at 27%. This is nine times Tiaty constituency, which has the lowest share of residents with a secondary level of education or above. Baringo Central constituency is therefore 11 percentage points above the county average. Kapropita ward has the highest share of residents with a secondary level of education or above at 34%. This is 34 percentage points above Silale ward, which has the lowest share of residents with a secondary level of education or above. Kapropita ward is 18percentage points above the county average.

The proportion of Baringo County residents who only have a primary education stands at 48%.Baringo North constituency has the highest share of residents with a primary education only at 60%. This is four times Tiaty constituency, which has the lowest share of residents with a primary education. Baringo North constituency is 12 percentage points above the county average. Lembus ward has the highest share of residents with primary education only at 64%. This is 32 times Silale ward, which has the lowest share of residents with primary education only. Lembus ward is 16 percentage points above the county average.

The share of Baringo County residents with no formal education is at 36%.Tiaty constituency has the highest share of residents with no formal education at 82%. This is five times the number in Baringo Central constituency, which has the lowest share of residents with no formal education. Tiaty constituency is 46 percentage points

Exploring Kenya's Inequality

above the county average. Silale ward has the highest percentage of residents with no formal education at 98%. This is seven times more than Kabartonjo ward, which has the lowest share of residents with no formal education. Silale ward is therefore 62 percentage points above the county average.

WATER

See figure 1.9 on page 16 of the Baringo county report to see the pictorial presentation.

Water

Improved sources of water comprise protected spring, protected well, borehole, piped into dwelling, piped and rainwater collection while unimproved sources include pond, dam, lake, stream/river, unprotected spring, unprotected well, jabia, water vendor and others.

In Baringo County, 24% of residents use improved sources of water, while the rest rely on unimproved sources. There is no significant gender differential as 24% of male headed households and 23% of female headed households use improved sources.

Eldama Ravine constituency has the highest share of residents using improved sources of water at 46%. This is four times Tiaty constituency, which has the lowest share of improved water source usage. Eldama Ravine constituency is 22 percentage points above the county average of residents using improved sources of water. Ravine ward has the highest share of residents using improved sources of water at 84%. This is 83 percentage points more than Silale ward, which has the lowest share of households using improved sources of water, and 60 percentage points above the county average of residents using improved sources of water.

SANITATION

See figure 1. 10 on page 17 of the Baringo county report to see the pictorial presentation.

Sanitation

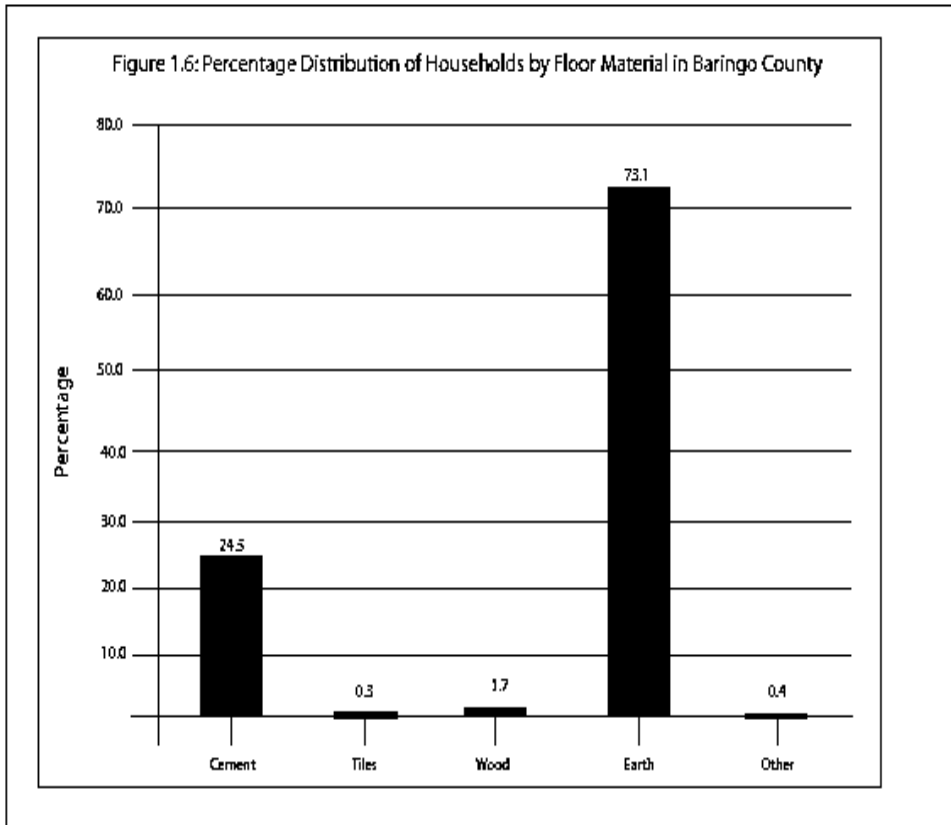
In Baringo County, 39% of residents use improved sanitation facilities, while the rest use unimproved sanitation facilities. The use of improved sanitation is slightly higher in male headed households at 40% compared with female headed households at 38%.

Baringo Central constituency has the highest share of residents using improved sanitation facilities at 69%. This is 17 times higher than Tiaty constituency, which has the lowest share of households using improved sanitation. Baringo Central constituency is 30 percentage points above the county average of households using improved sanitation facilities. Ravine ward has the highest share of residents using improved sanitation at 84%. This is 83 percentage points above Silale ward, which has the lowest share of households using improved sanitation. Ravine ward is 45 percentage points above the county average of households using improved sanitation facilities.

Housing

Flooring

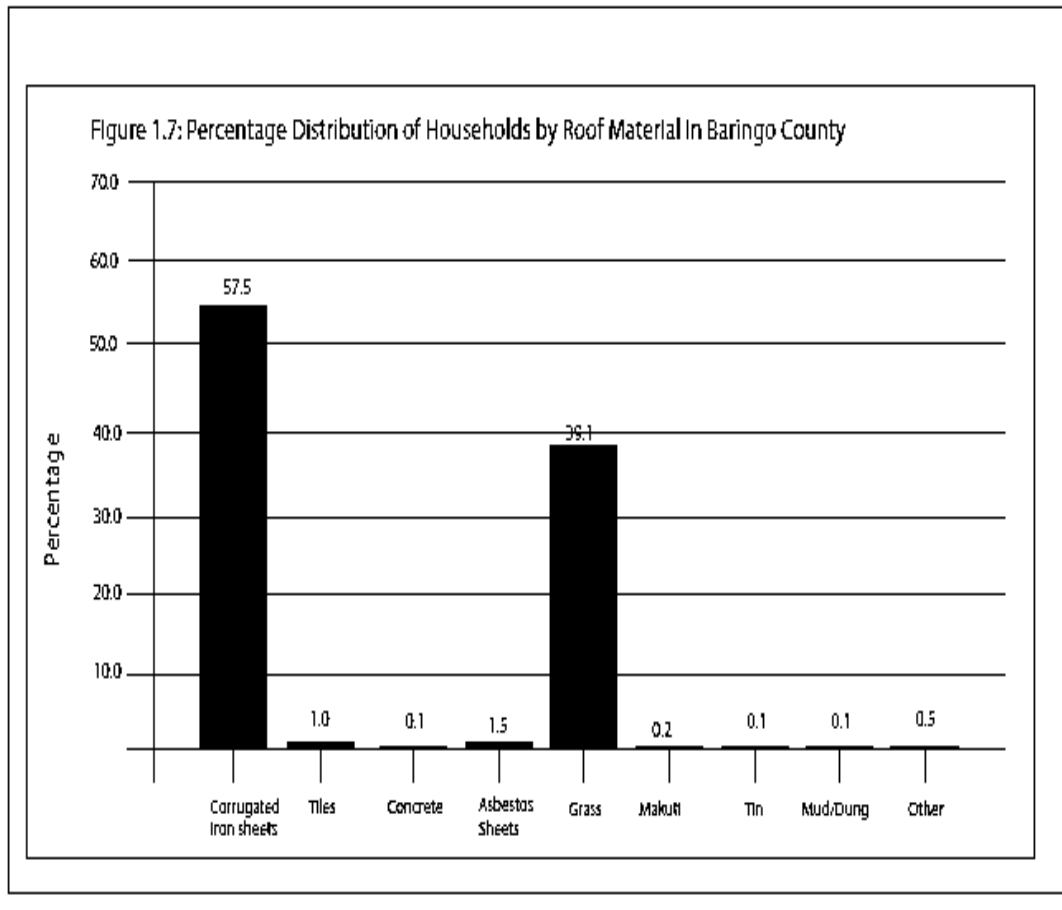
Figure 1.6: Percentage Distribution of Households by Floor Material in Baringo County



In Baringo County, 25% of the residents have homes with cement floors, while 73% have earth floors. Less than 1% has tile floors and 2% have wood floors. Baringo Central constituency has the highest share of cement floors at 46%. This is 42 percentage points above Tiaty constituency, which has the lowest share of cement floors. Baringo Central constituency is 21 percentage points above the county average of people with cement floors. Kapropita ward has the highest share of cement floors at 63%. This is 63 percentage points above Silale ward, which has the lowest share of cement floors. Kapropita ward is 38 percentage points above the county average of homes with cement floors.

Roofing

Figure 1.7: Percentage Distribution of Households by Roof Material in Baringo County



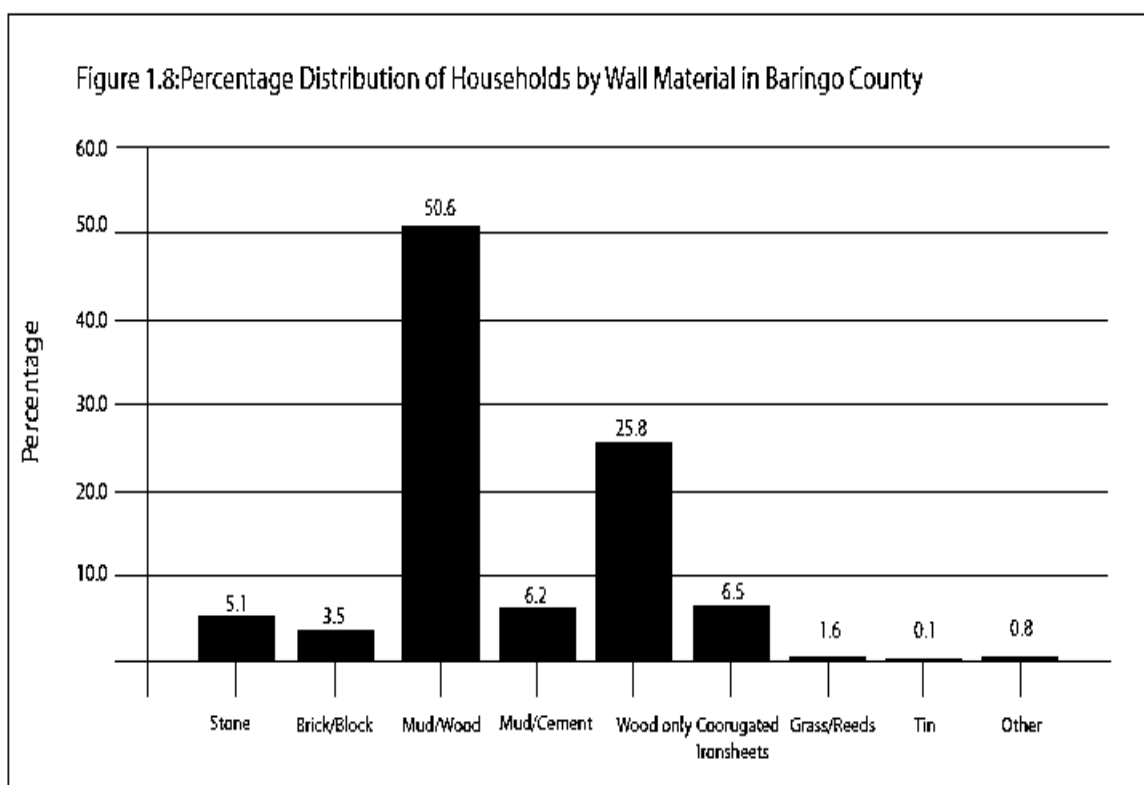
Baringo County has less than 1% of its residents homes constructed with concrete roofs, while 58% have corrugated iron sheet roofing. Grass thatch and makuti roofs constitute 39% of homes, and less than 1% of roofs are constructed using mud/dung.

Eldama Ravine constituency has the highest share of corrugated iron sheet roofing at 83%. This is 10 times Tiaty constituency, which has the lowest share of corrugated iron sheet roofs. Eldama Ravine constituency is 25 percentage points above the county average of homes with corrugated iron sheet roofs. Ravine ward has the highest share of corrugated iron sheet roofs at 92%. It is thus 91 percentage points above Silale ward, which has the lowest share of corrugated iron sheet roofs. Ravine ward is 34 percentage points above the county average of homes with corrugated iron sheets roofs.

Tiaty constituency has the highest share of grass/makuti roofs at 92%. This is eight times the share of Eldama Ravine constituency, which has the lowest share of grass/makuti roofs. Tiaty constituency is 53 percentage points above the county average of grass/makuti roofing. All the roofing in Silale ward is of grass/makuti roofs, a share of 100%. This is 99 percentage points above Ravine ward, which has the lowest share. Silale ward is 60 percentage points above the county average of grass/makuti roofing.

Walls

Figure 1.8: Percentage Distribution of Households by Wall Material in Baringo County



Baringo County has 9% of its homes built of either brick or stone walls. Some 57% of homes in the county have mud/wood or mud/cement walls. Walls made of wood comprise 26% of structures and corrugated iron sheet walls are 7%, grass/thatched walls are at 2% while 1% are made of tin or other materials.

Baringo Central and Eldama Ravine constituencies are equal in having the highest share of brick/stone walls at 15% each. This is five times Tiaty constituency, which has the lowest share of brick/stone walls. Baringo Central and Eldama Ravine constituencies are 6 percentage points above the county average of housing constructed with brick/stone walls. Lembus/Perkerra ward has the highest share of brick/stone walls at 30%. This puts it 29 percentage points above Silale ward, which has the lowest share of brick/stone walls. Lembus/Perkerra ward is 21 percentage points above the county average of housing constructed with brick/stone walls.

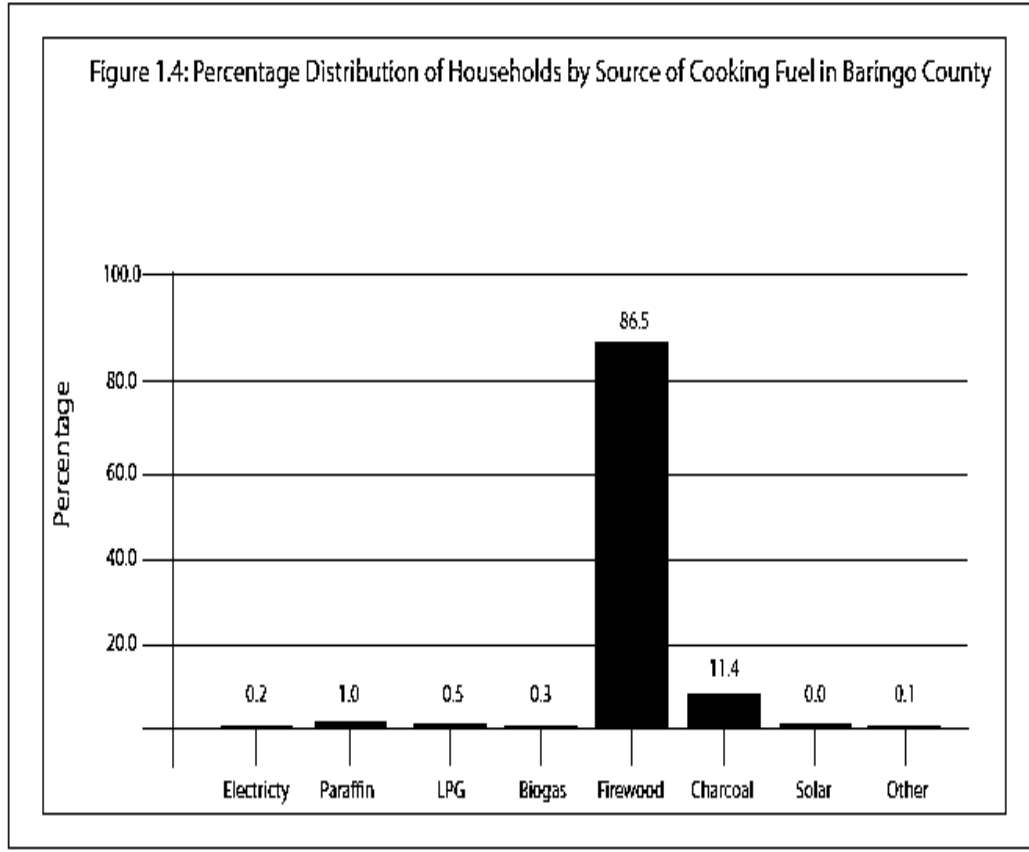
Mogotio constituency has the highest share of mud with wood/cement walls at 77%. That puts it 35 percentage points above Eldama Ravine constituency, which has the lowest share of mud with wood/cement. Mogotio constituency is 20 percentage points above the county average of housing having mud with wood/cement walls. Churo/Amaya ward has the highest share of mud with wood/cement walls at 97%. This is almost four times the share of Mumberes/Maji Mazuri ward, which has the lowest share of mud with wood/cement walls. Churo/Amaya ward is 40 percentage points above the county average of housing having mud with wood/cement walls.

COOKING FUEL/ENERGY

Energy

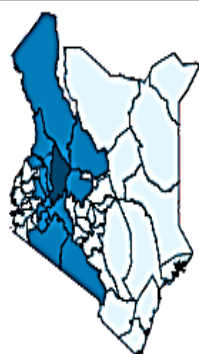
Cooking Fuel

Figure 1.4: Percentage Distribution of Households by Source of Cooking Fuel in Baringo County



Only 9% of residents in Baringo County use electricity as their main source of lighting. A further 39% use lanterns, and 20% use tin lamps, while 28% use fuel wood. In terms of gender, electricity use is almost equal with 10% of male headed households using it as compared with 9% of female headed households.

Baringo Central constituency has the highest level of electricity use at 24%. This is 23 percentage points above Tiaty constituency, which has the lowest level of electricity use. Baringo Central constituency is 15 percentage points above the county average. Kapropita ward has the highest level of electricity use at 42%. Kapropita is therefore 42 percentage points above Silale, Tangulbei/Korossi and Churo/Amaya wards that have the lowest levels of electricity use. Kapropita ward is 33 percentage points above the county average.



BARINGO

2014 KENYA DHS

Demographic and Health Survey

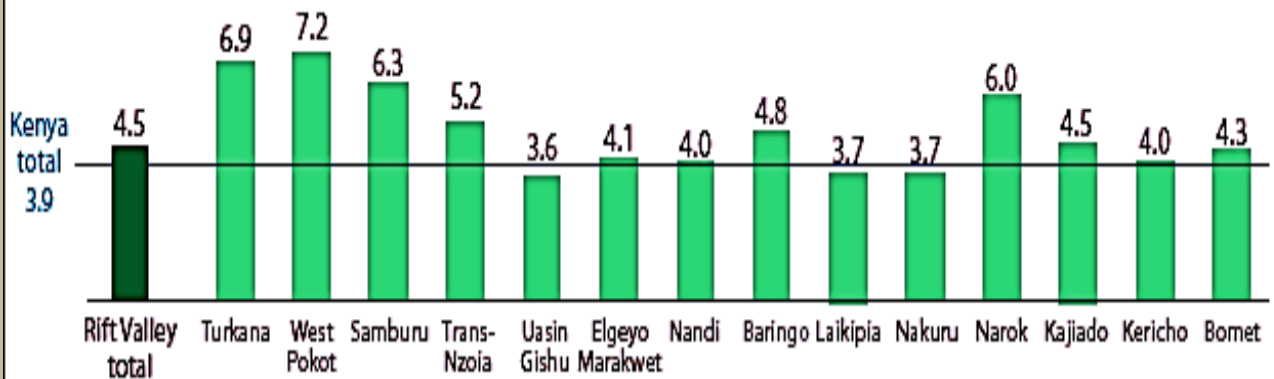
	Baringo	Kenya total
Fertility and Family Planning		
Total fertility rate (number of children per woman)	4.8	3.9
Current use of <i>any</i> method of family planning (% of currently married women age 15-49)	41	58
Current use of any modern method of family planning (% of currently married women age 15-49)	33	53
Maternal and Child Health		
Maternity care		
Pregnant women who received antenatal care from a skilled provider ¹ (%)	93	96
Pregnant women who received 4+ ANC visits (%)	55	58
Births assisted by a skilled provider ¹ (%)	54	62
Births delivered in a health facility (%)	54	61
Child vaccination		
Children 12-23 months fully vaccinated ² (%)	63	68

Nutrition		
Children under 5 years who are stunted (moderate or severe) (%)	30	26
Children under 5 years who are wasted (moderate or severe) (%)	7	4
Children under 5 years who are underweight (%)	20	11
Children under 5 years who are overweight or obese (%)	2	4
Malaria Prevention and Treatment		
Households with at least one insecticide-treated net ³ (ITN) (%)	60	59
Households with at least one ITN for every 2 persons in the household (universal coverage) (%)	33	34
Children under age 5 who slept under an ITN the night before the survey (%)	49	54
Pregnant women who slept under an ITN the night before the survey (%)	44	51
Pregnant women who received 3+ doses of SP/Fansidar to prevent malaria during pregnancy, at least one dose was received during an ANC visit (IPTp) (%)	7	10
Children under age 5 with fever in the 2 weeks before the survey	23	24
Among children under age 5 with fever, percentage who took any ACT	23	23
HIV/AIDS-related Knowledge		
Women 15-49 who know that HIV can be prevented by using condoms and limiting sex to one uninfected partner (%)	73	77
Men 15-49 who know that HIV can be prevented by using condoms and limiting sex to one uninfected partner (%)	90	85
Women 15-49 who have been tested for HIV in the past 12 months and received the results of the last test (%)	52	53
Men 15-49 who have been tested for HIV in the past 12 months and received the results of the last test (%)	44	46
<p>Note: Figures in parentheses are based on 25-49 unweighted cases; an asterisk indicates that data are based on fewer than 25 unweighted cases and have been suppressed. ¹Skilled provider includes doctor, nurse, or midwife. ²Fully vaccinated includes BCG, measles, three doses each of DPT and polio vaccine (excluding polio vaccine given at birth) and pneumococcal. ³An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment, or (2) a net that has been soaked with insecticide within the past 6 months.</p>		

Rift Valley: Key Indicators from the 2014 KDHS

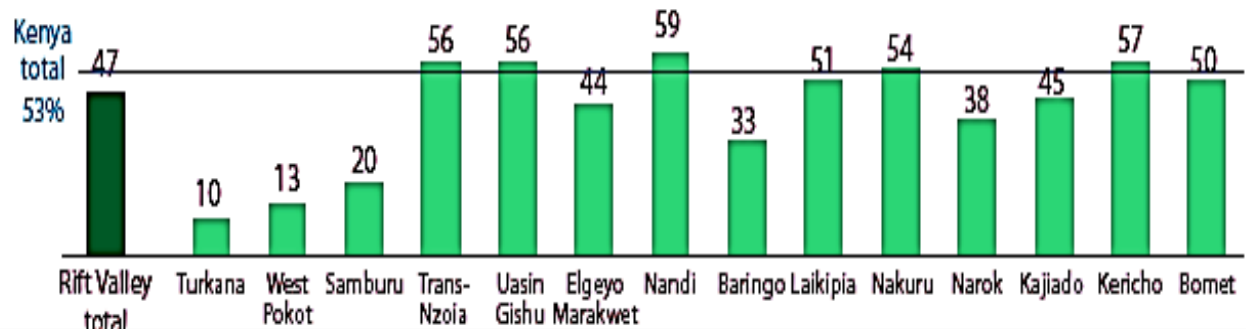
Total Fertility Rate

Average number of live births per woman age 15-49



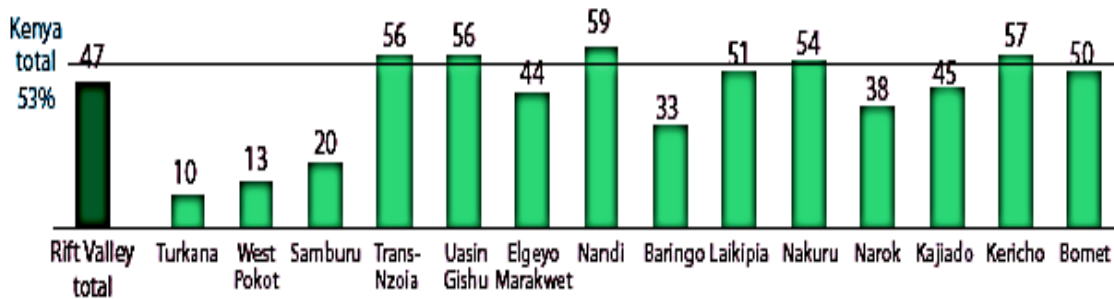
Use of Modern Methods of Family Planning

Percent of currently married women using a modern method of contraception



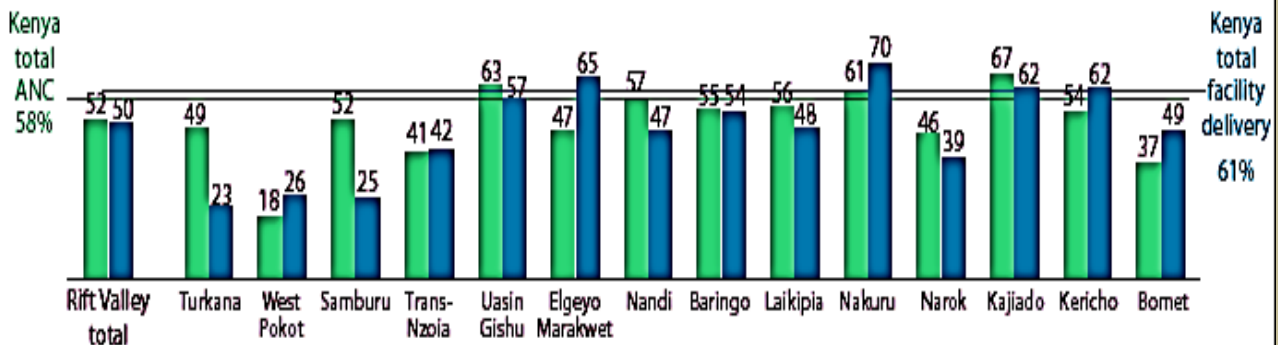
Use of Modern Methods of Family Planning

Percent of currently married women using a modern method of contraception



ANC and Place of Delivery

■ ANC: 4+ visits - Among women with a live birth in the 5 years before the survey, percent with 4+ ANC visits for their last live birth
 ■ Delivery in a health facility - Percentage of live births delivered in a health facility



The 2014 Kenya Demographic and Health Survey (2014 KDHS) was implemented by the Kenya National Bureau of Statistics from May 2014 to October 2014 in partnership with the Ministry of Health, the National AIDS Control Council (NACC), the National Council for Population and Development (NCPD), and the Kenya Medical Research Institute (KEMRI). Funding for the KDHS was provided by the Government of Kenya with support from the United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the United Kingdom Department for International Development (DFID), the World Bank, the Danish International Development Agency (DANIDA), the United Nations Children's Fund (UNICEF), the German Development Bank (KfW), the Clinton Health Access Initiative (CHAI), the World Food Programme (WFP), and the Micronutrient Initiative (MI). ICF International provided technical assistance as well as funding to the project through The DHS Program, a US-AID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.



Republic of Kenya

Additional information about the 2014 KDHS may be obtained from the Kenya National Bureau of Statistics (KNBS), P.O. Box 30266-00100 GPO Nairobi, Kenya; telephone (Nairobi): 3317586/8, 3317612/22, 3317623, 3317651; fax: 3315977; e-mail: directorgeneral@knbs.or.ke, info@knbs.or.ke; website: www.knbs.or.ke.



Note: 'ANC' stands for Antenatal Care.

FURTHER READING:

- i. Tom Bundervoet, Laban Maiyo & Apurva Sanghi, *Bright Lights, Big Cities Measuring National and Subnational Economic Growth in Africa from Outer Space, with an Application to Kenya and Rwanda*, World Bank Policy Research Working Paper 7461, October 2015.

TASK 1.6 ■ REFLECTING ON YOUR COUNTY'S PLAN

45 MINUTES

TASK OBJECTIVE

- ❖ ENHANCING ABILITY TO READ AND UNDERSTAND COUNTY ANNUAL PLANS, AND BEGINNING TO THINK ABOUT MOVING FROM A PLAN TO A BUDGET

RESOURCES NEEDED

- ✓ The Baringo (and/or any other) County Annual Development plan 2015/16 and 2015/16 (Annex of key Documents)

HOW TO RUN THIS TASK

1. Describe briefly what a CIDP and ADP are and link these two budget documents.
2. Distribute hard copies of the relevant sections of the Baringo (or relevant county) ADP FY 2014/15 and FY 2015/16 to each group. For this exercise, we use the Baringo ADPs available on the county website.
3. In plenary together with the participants, answer Q1-Q4 under the Task 1.6 (PM, p.42).
4. Ask participants to answer Q4-Q8 under in groups of two or three.
5. Come back to plenary to have a short discussion on the answers from the participants.

Note:

- a. You may need to explain what recurrent expenditure and development expenditure are again, though this should have been covered in the Wafula story exercise. (Also remind participants that these terms are in the Glossary at the back of their Participant Manual.)
- b. Have participants look at health extracts from the ADPs of the county they're from. Let them review the background and overview (page 2), chapter 3 of the Baringo ADP, beginning on page 45 of the Baringo county ADP for the FY 2015/16. Also, have them look at chapter 4, beginning on page 65. The Baringo ADP is available on the county's website for this exercise, which is contained in the Annex of Key Documents.

BACKGROUND INFORMATION

- The PFM Act requires that counties develop an Annual Development Plan, which is in turn based on the 5-Year CIDP. In a sense, the Annual Plan is the single year extract from the CIDP. This then becomes the basis for the annual budget. So if we want to know what to look for in the budget, we should be starting ideally with the CIDP, then the Annual Plan, and then the budget.
- An annual plan answers the question "what are we going to do this year to advance the overall 5-year plan?"
- The ADP forms the basis of the budget.

- All counties have prepared CIDPs and there are ADPs from a number of counties for the FYs 2014/15, 2015/16 and 2016/17. Some counties' Annual Development Plans are not easily accessible, however. By December 2015, only 16 counties had at least one ADP publicly available.
- Some terms used in the ADP are:
 - Recurrent expenditure: Expenditure that does not result in the acquisition of long-term assets. It consists mainly of expenditure on salaries, goods and services, maintenance, etc.
 - Development (capital) expenditure: Funds spent for the acquisition of a long-term asset; the total spending on such asset would be divided over several years. This includes expenditure on equipment, land, buildings, legal expenses, and other transfer costs associated with property.
 - Note that in Kenya, “development expenditure” has traditionally included both capital and recurrent expenditure, but the Public Finance Management Act 2012 actually defines development expenditure as “capital expenditure.” In practice, however, there is some confusion about this.

TASK 1.6 (QUESTIONS AND ANSWERS)

1. Does the ADP identify priorities within the sectors? **Prioritization by definition means deciding that some things are more important than others. Yet, it is not always clear what is considered more important and what is considered less important. In the background and overview section (page 2), the ADP provides for seven strategic priorities that will guide the process of identifying and prioritizing the programs of the county. Strategic priority III touches on the health sector indicating:**

“The county will invest in quality affordable and accessible healthcare services through upgrading of Kabarnet County Hospital to a level five and five sub-county hospitals to level four and improvement of existing Health centres and dispensaries.”

A key question to ask is whether the priorities are clear enough that you could imagine what budget line they would translate into as we move from ADP to budget.

Under the health service department in the curative health programme, the county intends to undertake projects to improve health status of individual, family and community by upgrading the Kabarnet hospital. This is related to the strategic priority identified under Strategic Priority III earlier (page 46).

However, it is difficult to link the strategic objectives of the sector listed in page 45 to the two programmes: preventive and promotive health services and curative health services identified in page 46.

2. Does the ADP identify programmes within the sector? The ADP identifies the programmes under the health sector clearly. The two programmes are 'Preventive and Promotive Health Services' and 'Curative Health Services'. The ADP then provides a column giving projects to be undertaken to achieve the objectives of each programme (page 46). The reason this is important is because the ADP should be in the same form as the budget to facilitate links between them and the budget is program-based.

3. Does the ADP provide information on significant capital developments, including:

Cost? The last column on page 46 gives the budget estimates for each of the specific targets for the FY 2015/16.

Status (Ongoing, new, etc.)? This is expressly indicated in the ADP. Page 65 of the ADP indicates that all the projects to be undertaken by the health department are new.

4. Does the ADP identify a timeframe for implementation of projects or programmes together with the cost implication? Since this is an annual plan, we can be certain that these estimates are for the relevant period FY 2015/16. However, there is no further breakdown of targets by quarter, which would be helpful for monitoring.

5. Does the ADP indicate where the projects were derived from? Budget documents should justify choices made, particularly about priorities (what to do first or last). In general, as we move through the planning and budgeting choices, we are reducing our options. If not, we are not really doing anything...all decisions were made at the beginning. So if our options are reducing, we must be making choices which we need to explain.

Possible sources of projects for an ADP include public participation proposals, projects identified in the CIDP and projects derived from sector plans. This should be supported by reliable and accurate data as well as research and feasibility studies. The ADP indicates where the projects were derived from for the preventive and promotive health care program, i.e. from the department's 'sector plan'. This health sector plan is not publicly available (online) to verify that these were indeed drawn from the sector plan. The ADP fails to indicate the origin/source of the projects under the curative health services program (p.46).

6. Does the ADP provide performance targets for programmes or projects and/or indicators of success or impact? There are indicators and targets. Even though it is clear what capital spending the county will undertake under the programmes, the measurable indicators relate to the projects as opposed to the outcomes of the programmes. (Page 46). For example, an indicator for preventive health is "number of health centres...constructed". A programme target, on the other hand, would be something like the percentage decrease in the number of malaria cases (or any other prevalent diseases) in the county, which is more of an outcome of the construction of facilities.

7. Does the ADP provide information that can be used to inform the County Fiscal Strategy Paper, the County Budget Review and Outlook Paper and the annual budget? What information? **The ADP does provide some useful information. It provides information about county programmes, information about the cost of major capital projects, and some performance indicators. The ADP does not, however, give the location (ward/sub-county) of the capital projects.**

8. What additional information do you need to inform the next stages in the budget cycle that are not provided in the ADP? **You would need a genuine prioritization of programmes broken down to the sub-programme level with clear objectives. These should have targets and outcomes that relate to the objectives. It would be helpful for an annual plan if projects were given with specific locations (wards/sub-county) so that the readers know where exactly development funds are planned to go and whether the planned distribution is equitable. One other important piece of information is the comparison of the ADP for the current year to the previous year ADP and budget estimates so that we compare the current years plan and establish whether there are any favourable linkages in achieving the county priorities. This can also help to see that there is no duplication in projects in the previous year.**

TASK 1.7 ■ INTERLUDE: AN APPLICATION: EMBU STORY

15 MINUTES

TASK OBJECTIVE

- ❖ **IMPROVING ON COUNTY BUDGET REPORTING AND ADVOCACY KEEPING IN MIND THE IMPORTANCE OF COUNTY PRIORITY SETTING AND PLANNING**

RESOURCES NEEDED

- ✓ **The Embu Story**

HOW TO RUN THIS TASK

1. Refer participants to the Embu Article under Task 1.7 in their Manuals (PM, p.44) Give them 5 minutes to read through the story.
2. Ask participants to identify gaps/weaknesses of the article.
3. If participants are journalists, task them to rewrite the same story by filling in the gaps/weaknesses they had identified, working individually for 15 minutes. Have them share ideas in plenary and discuss.
3. For CSOs ask the following questions:
 - a. What advocacy agenda could you pursue, if any, based on a story like this?
 - b. What additional analysis or information would you need?

TASK 1.7 (QUESTIONS AND ANSWERS)

Embu Story

Embu County faulted on priorities

Members of the Embu county assembly have faulted the area county government for investing hugely in projects that do not have instant impact to the residents.

In a debate at the county assembly on Thursday, Muminji ward representative Newton Kariuki said the county government has invested heavily on non-priority areas such as the Embu stadium leaving out others that can positively help residents.

Kariuki said the Sh50 million used to renovate the stadium should instead have been used to provide water and address food shortage in Mbeere region.

“Our mothers and wives have to travel long distances in search for water. Some wake up even before 4am and this has become a perennial problem. The county government should have prioritized the provision of water to residents instead of the stadium,” said Kariuki.

The MCA asked the county government to move with speed to address the possible famine that is likely to hit Mbeere residents due to crop failure after the area was hit by a rain failure in last planting season.

He was supported by Kiambere ward representative Martin Mwangi who asked the county government to tour the area to establish the effect of crop failure and have measures in place to provide food to the residents.

The stadium has since attracted interest from local premier league teams who want to use its home stadium during the coming league season.

However, addressing the press at the stadium on Friday, area Chief Officer, Sports and Youth Empowerment Raymond Kinyua said the stadium will have long term benefits to residents.

Kinyua said two teams participating in the local premier league had already expressed interest to use the stadium as their home turf.

“The Kenya Commercial Bank, Talanta Africa and Thika united football teams have all expressed interest but we will settle on one when the field is ready,” said Kinyua.

Key issues that should emerge:

- The story appears to pit MCAs against the Executive on the matter of spending priorities. Yet the county assembly approves and can change the budget. Did the MCAs who are now complaining approve the budget? Did they raise these issues then? Or did they approve the stadium at that time and now they are trying to blame others for what they did?
- The implication of the story is that the stadium is a “non-priority.” How do we know what is a priority in a county? Did the journalist consult the CIDP? Is it possible that people in the county preferred a stadium when they were asked?
- The MCAs seem to imply that money should have been set aside for a famine that probably was not predicted at the time the budget was approved. The story should have told us whether the county has an Emergency Fund to deal with unforeseen disasters (which is recommended under

the PFM Act) or whether it would be more appropriate for the MCAs to demand a supplementary budget to change what they approved earlier.

- The water issue touches on a devolved area where, as we have seen, there is some confusion still about roles and funding, given the fact that most funding for water is nested in Water Service Boards. It would be useful to consider this when looking at the story and how much funding counties really have for water.

For CSOs:

What advocacy agenda could you pursue, if any, based on a story like this?

What additional analysis or information would you need? Example:

- One advocacy issue would be around the formation of a County Emergency Fund to deal with emergencies. Another would be looking at whether the public was able to give its views on priorities and whether it is informed. Is the stadium a priority? How do we know? One advocacy issue would be around public participation for executive processes, and another would be for participation with the assembly.
- Another issue is whether the county has adequate funds for water, related to the overall process of devolving functions and funds as part of the Division of Revenue. The fact that a lot of water money is tied up in state corporations suggests that counties might not have enough money for water. As noted, CRA in its recommendations for the FY 2015/16 (Ksh. 15.05 billion) and 16/17 have indicated that a lot of money meant for devolution is tied up in regional development agencies and water service boards performing devolved. This needs to be dealt with at national level. To deal with these issues, we need to look at the CIDP, ADP, the budget (is there an emergency fund?), and the national budget and basis for the annual Division of Revenue (CRA, Treasury).