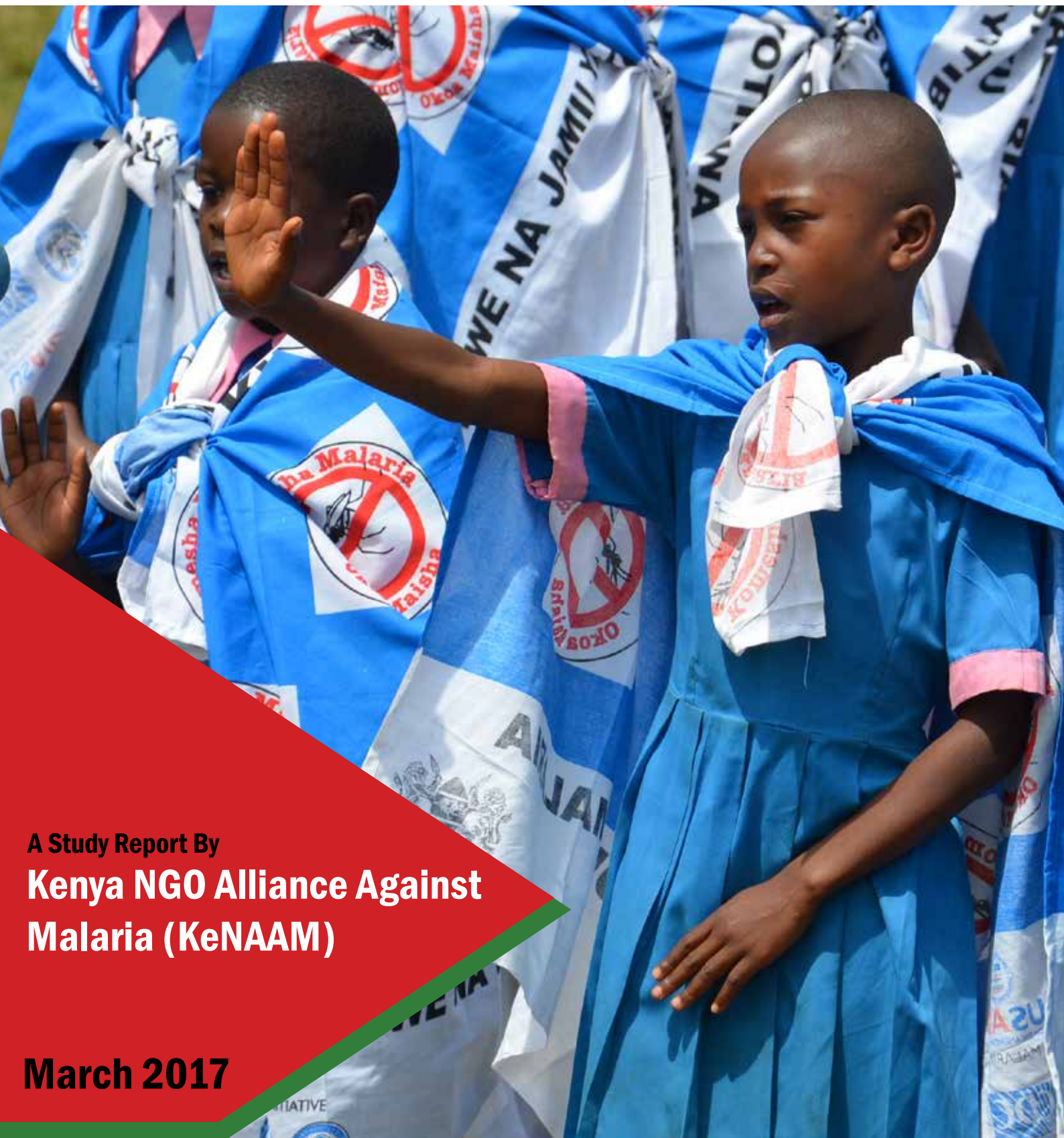


COMPARATIVE ANALYSIS OF INVESTMENT IN MALARIA IN SELECTED COUNTIES IN KENYA



A Study Report By
**Kenya NGO Alliance Against
Malaria (KeNAAM)**

March 2017

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Executive Summary

Traditionally, Kenya has been a beneficiary of Official Development Assistance (ODA) sourced from Member States of the Organization for Economic Cooperation and Development (OECD) targeted towards developing countries. However, Kenya rebased its Gross Domestic Product (GDP) in 2014 thus scaling it upwards from low income to lower– middle income status. OECD targets developing countries majorly through concessional loans, with a grant element of at least 25% of which makes Kenya ineligible for ODA.

Public Finance Management as envisioned in Chapter 12, Article 201 of the 2010 Kenyan Constitution lays out the framework and guiding principles for Public Finance . These principles include openness, promotion of equity across counties and a call to public participation on public financial management and expenditure. Equity in sharing debt burden and benefits between current and future generations, responsibility and prudence in allocation of public funds with expected fiduciary and fiscal reporting is a leading principle.

Public participation has equally been bolstered. More than ever before, the public, through the National Assembly and County assemblies, make recommendations to amend budget estimates and pre-budget statements under sections 31(1) and 131(1) of The Public Finance Management Act of 2012 in a four-step process, including: formulation, approval, implementation, audit and oversight functions.

The objectives of this study were:

- » To analyze alignment of Malaria investment control at County level alongside policy priorities as provided in respective Kenya Malaria Strategic Plan and County health/Malaria Development Plans.
- » To analyze the resource allocation for Malaria Control in FY 2013/17 budget estimates by the selected County governments.
- » To determine the extent to which the budget estimates for Malaria Plans are consistent with policy priorities as outlined by the selected County Government Plans.
- » To determine entry point for advocacy for Malaria CSO to various decision makers to increase investments for Malaria control and Health.

Guiding this study: A comparative analyses of budget documents at National and County governments – Kilifi, Uasin Gichu, Kisumu and Nairobi - were analytically reviewed of annual development plans, County Fiscal Strategic Papers and Executive Budgeting Proposals.

Data collection relied on both quantitative and qualitative approaches. In qualitative approach, the researcher applied Key Informant Interviews (KII) with respondents being respective government officials at National and County levels alongside online questionnaires.

In respect of ethical consideration requirement, the informed consent and participation of interviewees was sought and adhered to. However, limitations to the study design encountered have been herein addressed and explained as required.

“ Their is need for greater stakeholder involvement in Malaria control at the National and County governments”

STUDY FINDINGS:

1

The Kenya Strategy (2009–2018) sets the goal of reducing the morbidity and mortality caused by Malaria in the various epidemiological zones by two thirds of the 2007/2008 levels by 2018 with emphasis on advocacy in more resource allocation from domestic sources to adequately fund Malaria.;

2

The Kenya Malaria Strategy 2009/18 is heavily donor dependent on most of its operations and procurements of essential supplies which at best is unstable or unreliable especially for time bound events like procurement of medicines among others;

3

Funding gaps exist due to unreliable donor support impeding implementation of Malaria Control interventions;

4

From the KII most respondents acknowledged existence of County allocations towards Malaria but expressed concerns for meagre allocations at the County level;

5

Some KI cautioned the reduction of funds towards Malaria control, reiterating need to singly flag independently away from existing practice where it is included under the integrated support system;

6

Majority of respondents expressed their limited role at proposing budgets for Malaria control with a select few involved in funds allocation

7

Most respondents opined the need for greater stakeholder involvement in Malaria control at the National and County governments;

8

Nearly all the respondents in the study affirmed knowledge of the budgetary making process with a minority stating they all received the forum dates to participate in these processes

CONCLUSION AND RECOMMENDATIONS:

Multi sectoral stakeholder involvement at both National and County government levels is still an on -going concern based on this study findings. However, the emphasis must be made at the county level to inform appropriations. The following recommendations are therefore made:

- » There is need for budget engagement with CSO's as part of the demand side of county level budgeting;
- » There is need to improve the capacity side of budgeting process, including appropriations for on coming fiscal year;
- » The desire for continued goodwill of the political class to prioritize Malaria Control Plans in the budgetary process;
- » Continuous engagement and involvement by CSOs' to demand budget implementation reports to track and monitor funding of Malaria control programmes is fundamentally imperative.



CHAPTER 1: BACKGROUND

In 2015, malaria funding globally totaled US\$ 2.9 billion, representing only 45% of the Global Technical Strategy for Malaria 2016–2030 (GTS) funding milestone for 2020 goals. Governments of malaria-endemic countries provided 32% of total funding of which USD 612 Million was direct expenditure through National Malaria Control Programmes (NMCPs) and US\$ 332 million was expenditures on malaria patient care. The United States of America and the United Kingdom are the largest international funders of malaria control and elimination programmes, contributing 35% and 16% of total funding, respectively. If the 2020 targets of the GTS are to be achieved, total funding must increase substantially to USD 6.4 billion (WHO, 2016). Globally, Spending on research and development for malaria was estimated at US\$ 611 million in 2014 (the latest year for which data are available), increasing from US\$ 607 million in 2010, and representing more than 90% of the GTS annual investment target of US\$ 673 million.

Kenya as low- middle income country needs to transition away from donor dependent support. The mobilization of domestic resources is increasingly important for sustaining investments in health, education, infrastructure, and other key sectors. While Kenya's devolved system of government which was ushered in 2013 provided an opportunity for sub national level/counties to take charge of health investment at their level there is need to catalyze the county government to prioritize investment in health and in particular malaria.

Over the years, Kenya has been and continues to be dependent on official development assistance (ODA) for promotions of both economic and welfare development. ODA is provided by member countries of the Organization for Economic Co-operation and Development (OECD) to promote both economic and welfare development. The target is developing countries and it mainly constitutes of concessional loans with a grant element of at least 25% . Should a country graduate from low to medium income, it becomes ineligible for ODA. 70% of the ODA to Kenya is from bilateral donors while 30% is from multilateral donors. For example, The Global Fund to Fight TB, AIDs and Malaria support to countries is based on country's income level and disease burden. After Kenya rebased its Gross Domestic Product in 2014, it moved from low-income lower middle income and this meant that the amount the government of Kenya is supposed to add to get donor funding moved from 5% to 20% (Sauboin, C. et.al (2013).

Options for Health Domestic Resource Mobilization

There are various ways that countries can increase their domestic resources for health & malaria. Amongst them are:

- » **Public Private Partnerships (PPP):** Kenya enacted the public private partnerships act. no. 15 of 2013 which details how PPPs should be conducted. However, the implementation of this Act especially for health programs has proved to be difficult due to the institutional framework guiding implementation. For example, there is no clarity on how health being a devolved function will take PPP into consideration. The PPP Act was therefore not well thought out as far as the devolved system of governance is concerned and this will require alignment with other legislative acts such as Public Procurement and Disposal Act No. 33 of 2015 and Public Finance Management Act of 2012 to clearly spell out how far county governments can engage with the private sector. However, quick wins in PPP will be in areas of Corporate Social Responsibility (CSR), use of the media, philanthropy and investment by private sectors towards malaria commodities as part of sustainability efforts.

US\$ 332M

Expenditures on malaria patient care of US\$ 2.9 billion of malaria global funding in 2015

Pg 11 Top: A mother awaits the treatment of her child at an ANC Clinic in



- » **Government supported:** There is a deliberate effort for government supported programs that are currently being implemented by the government including free maternity program and Medical Equipment Scheme which are currently being rolled out by the current regime. The use of insurance schemes such as the NHIF as well as other legislative frameworks such as the conditional grants, use of Equitable share fund and equalization fund by the national government to support health and Malaria.
- » **Government Revenue:** Kenya has continued to increase its budgetary envelope through local resources/taxes, however, the investment in health continues to suffer as it is not increasing with the increment of overall budget. An opportunity in the devolved government has arisen to attempt to plug these disparities.
- » **Financial Innovation:** for domestic resource mobilization to be sustainable, there is need for the government to come up with innovative solutions around financing for health functions from local sources. These could include sin tax from legally licensed local brews and water and sewage disposal levy. Further, there is need to ring fence these resources allocated for the health sector through county level health finance acts or through national government issued conditional grants.

Kenya Constitution Provisions

The public finance provisions in the constitution of Kenya were developed with the need to correct past executive excesses and abuses. Public Finance Management in Kenya is guided by Chapter 12 of the Constitution and begins with Article 201 which provides the guiding principles and a framework for public finance. The key principles of public finance as articulated in the constitution are: Openness, accountability, public participation in financial matters and promotion of equity which provides for, the tax burden to be shared fairly at both national and county levels,, equitable sharing of debt benefits and burden between current and future generations, Prudent and responsible use of public resources and Responsible financial management with clear fiscal reporting. On budget preparation and expenditure management, most of the decisions were left to the executive pre-devolution. The new legal framework changed these processes quite substantially, particularly for the role of Parliament and County Assemblies. . Parliament and County Assemblies now have constitutional authority to amend the budget estimates and pre-budget statements. This authority is provided in section 39. (1) And 131 (1) of the Public Finance Management Act 2012 respectively.

The budget path/cycle consists of four stages, which include:

Formulation: Broadly speaking, the preparation of the Kenyan budget begins in July of every year all through to April. At the county level four key documents are prepared, including the annual development Plan, County Budget Review and Outlook Paper (CBROP), The County Fiscal Strategy Paper and the Executive Budget Proposal.

Approval Stage: During this stage, the county assemblies review the executive Budget Proposal submitted by the Executive and approve it with or without amendments. The approval process of the EBP takes place between May and June each year.

Implementation stage: This period spans between July of each year to June of the following year. This stage is undertaken by the Executive to ensure that services can be served upon citizens based on the approved budget. Key documents in this stage include the quarterly implementation reports that are presented after thirty days and forty-five days in the County Assembly and Parliament respectively.

Audit and Oversight function: This stage is undertaken by Auditor General as guided by the Audit Act and the constitution. The Auditor prepares the audit reports and forwards the reports to Parliament and County Assembly.

To achieve the objectives of this study, the consultant reviewed and analysed relevant documentation to inform the assignment. The content of this review and analysis was based on the information collected through a systematic review of the available budget documents relevant to National Government and County Governments of Kilifi, Uasin Gichu, Nairobi and Kisumu as well as from web research.

During the desk review, the following documents were reviewed:

Annual Development Plans: An annual Development Plan is a document prepared by a county government before September of each year and includes information such as: Strategic priorities for the medium term that reflect the county government's priorities and plans;

- » A description of how the county government is responding to changes in the financial and economic environment;
- » programmes to be delivered with details for each programme of—
 - The strategic priorities to which the programme will contribute;
 - The services or goods to be provided;
 - Measurable indicators of performance where feasible; and
 - The budget allocated to the programme;
- » Payments to be made on behalf of the county government, including details of any grants, benefits and subsidies that are to be paid;
- » A description of significant capital developments;
- » A detailed description of proposals with respect to the development of physical, intellectual, human and other resources of the county, including measurable indicators where those are feasible;
- » A summary budget in the format required by regulations; and
- » Such other matters as may be required by the Constitution or the PFM Act.

County Fiscal Strategy Papers: The CFSP is recognized by the PFM Act 2012 as the document that specifies the broad strategic priorities and policy goals that will guide the county government in preparing its budget for the coming financial year and over the medium term. This document also provides for the financial outlook with respect to county government revenues, expenditures and borrowing for the coming financial year and over the medium term

Executive Budget Proposals: The budget estimates provide for the translation of government plans to actions. The information contained in the documents provide for expenditure, debt and deficit financing, and an explanation of how the budget relates to the fiscal responsibility principles and the financial objectives;

The consultant also held in-depth meetings with the KeNAAM's project committee of which they provided opportunity to firm up the discussion on roles and responsibilities of the Consultant, the work to be

completed, and the projected timetable/schedule for completion. Further, the consultant engaged with KENAAM through advising on the creation of the platform for participation and involvement of Malaria CSOs in Domestic Resource Mobilization, budget-making processes at sub-national and county levels.

Rationale for Study for Malaria DRM at 4 Sub-National Level (Counties) in Kenya

This Study will attempt to provide an entry point for CSO's to advocate for increased resources for malaria at the county level. To ensure that adequate domestic resources are allocated to the health sector and malaria, dedicated analytic, policy, and advocacy efforts are required. To do so there is need to engage communities and its structures to demand more. These structures include informal participatory budgeting mechanisms at the county level and the county budget and economic forum which is a formal mechanism under section 137 of the PFM Act 2012.

However, the communities and advocates have very little information about how budget making processes work at the sub national level. For increased investment in health and malaria, the citizens and advocates must be politically conscious and have access to information on the levels of investment. They must not only be aware of their rights and responsibilities but also know the channels via which they can exercise them. This means that if public participation is to be meaningful and effective, citizens must be involved in the design and rolling out of the entailed process in order to guarantee optimal democratic ownership of the outcomes.

The objective of this study is:

- » To analyze the alignment of malaria control investments at the county level with the policy priorities as provided for in the respective Kenya Malaria Strategic Plan and County Health/Malaria Development Plans;
- » To analyze the resource allocation for Malaria Control in the FY 2013/2017 budget estimates by selected County Government;
- » To determine the extent to which the budget estimates for Malaria Plans are consistent with policy priorities outlined in the selected County Government Plans;
- » To determine entry point for advocacy by Malaria CSO to various decision makers to increase investment for malaria control and health.

CHAPTER 2: METHODOLOGY

Overall Study Design, Organization and Approach

To achieve the desired outcome in this study, both quantitative and qualitative approaches were used to collect data. In the quantitative approach, the consultant deployed Key Informant Interviews (KII) that targeted mainly government officials responsible for malaria both at county and national level. An online questionnaires that targeted civil society organizations which are part of KENAAM network were used. These questionnaires for both set of respondents were jointly developed by the consultant and KeNAAM team.

The qualitative approach to this study involved focusing on key budget documents that are used at the national and county level and these included County Fiscal Strategy Papers, Executive Budget Proposals, County Integrated Development Plan and the Annual Development Plan. Further, focus group discussions in the focus counties were undertaken and comprised ordinary citizens and members of the civil societies.

The focus on these two approaches was intended to allow for generation of both quantitative and qualitative indicators, and which could allow future engagement in this line of work to be evaluated with the aim of assessing how much change had occurred towards the final project outcome.

In the engagement across the country, the consultant engaged different stakeholders who included: County malaria coordinators and civil society organizations. Further, the consultant was responsible for administering key informant interviews, data entry, data cleaning, data analysis and report writing. In addition, field assistants were recruited, oriented and tasked to administer health facility and household questionnaires, as well as conduct community dialogues.

Sample Units

In undertaking this assignment, the consultant sampled four counties which included Nairobi, Uasin Gishu, Kisumu and Kilifi counties. In these counties, key decision makers who are mainly the County Malaria Coordinators were engaged and their opinion captured. Budgets were analysed to establish the level of investment by every county for the last five financial years.

In the same spirit, the citizens and members of civil society organisations were engaged during the focus group discussions.

Data Collection Sites

For this study, data was collected at the national level in Nairobi and at the subnational level (counties) in Nairobi, Uasin Gishu, Kilifi and Kisumu.

Data Collection Methods

In collecting the data for this assignment, the consultant deployed both qualitative and quantitative tools which were prepared in conjunction with KeNAAM. The three key data collection tools used were: 1) a Key Informants data collection tool, and, 2) documents review and analysis and Focus group discussions approach.

Key Informant Interviews (KIIs)

The consultant conducted Key Informant Interviews (KIIs) with different stakeholders with an aim to gain perspectives from key stakeholders who were likely not to be covered in detail by other data collection instruments but seen as having an important role in advancing malaria financing. Further, we believed in engaging the key informants who were likely to have specialized knowledge, who would provide further depth to and allow for some cross-checking of responses from the supply side questions for topics relating to financing of malaria in Kenya.

Counties Sampled

- Nairobi
- Uasin Gishu
- Kisumu
- Kilifi



The key informants reached spread across the different government agencies at national and county level and in the development partners who are focused on health financing in Kenya.

Focus Group Discussions (FGDs)

In the focus counties that the consultant undertook the assignment a Focus Group Discussion (FGD) of 10-12 participants was conducted and covered;

- » The level of malaria investment in that county
- » Budget documents availability that would allow in monitoring of malaria investments and
- » Ways of increasing malaria investments at the county level.

Documentary Review

In document review, the following documents were reviewed:

- » County Annual Development Plans
- » Budget Policy Statement
- » County Fiscal Strategy papers
- » National and County Executive Budget Proposals
- » National and County Budget Review and Outlook Paper

This document review was intended to provide analysis of malaria related investments both at national and subnational level.

Quality Assurance and Control

To ensure the integrity of data was achieved, the consultant kept in touch with the client and the following process was prepared:

- » Inception meetings to discuss the process and data collection
- » The consultant and client held numerous meetings in preparation for the study and which ensured that the data collection process and documents review would achieve the intended outcome;
- » Preparation of the questionnaires: the consultant and client prepared the questionnaires jointly through a consultative
- » In developing and pretesting the consultant and the client deployed the tool initially with CSOs in Nairobi before it was finally released online for wider engagement.

Data Management and Analysis

The importance of data collection, handling, and management within this study was given the importance it deserved and the plan developed provided a process route that allowed for documenting the flow of data in the phases that followed each other including data collection, storage and analysis

Qualitative Data Analysis

To ensure confidentiality of respondents the consultant transcribed KIIs and FGDs into Microsoft Word with each respondent identified by only by gender and number.

Quantitative Data Analysis

In analysing the quantitative data, the consultant deployed Microsoft excel sheet

Deliverables

As required by the terms of the reference, this process has main deliverables a draft report and a final report to be submitted upon input from the client.

Ethical Considerations

In undertaking the interviews, the consultant ensured that the interviewees were adequately briefed on what this entailed and their consent was sought.

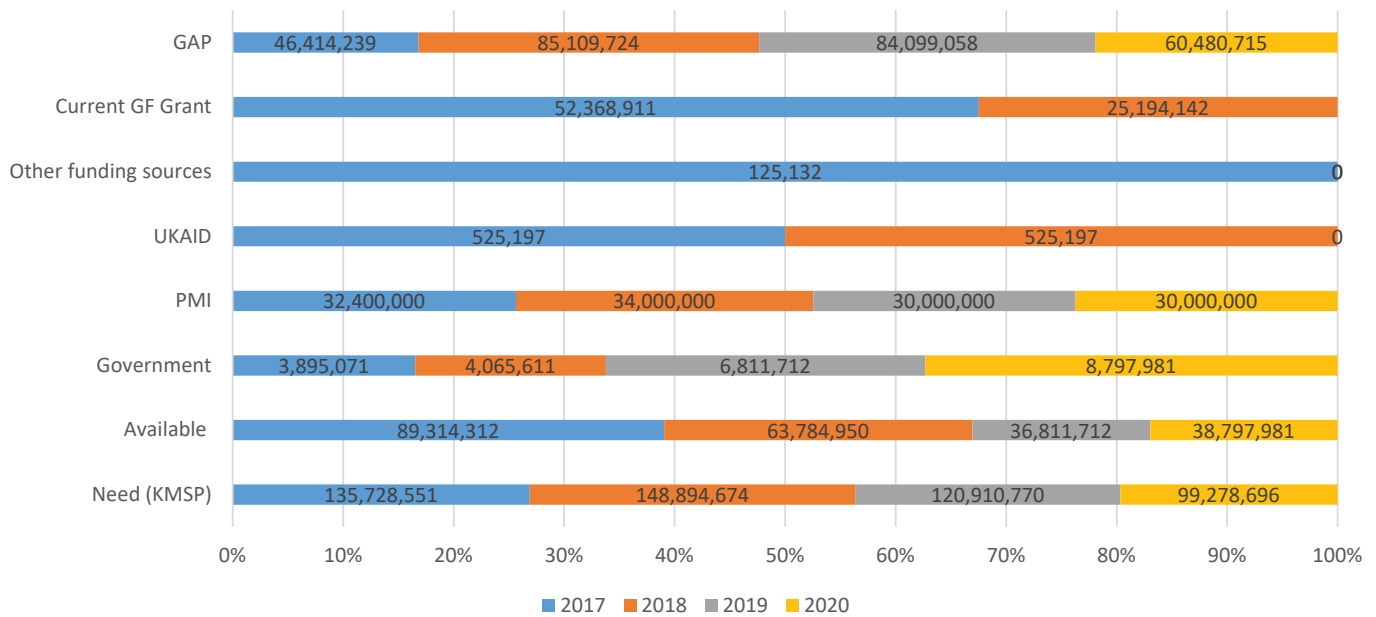
Limitations

Information collected through the listed above techniques might be missing details, components or underreporting on the specific issues. It is important to acknowledge that the completeness of data may vary from county to county and in the national government documents. Further due to lack of central data base for budget implementation data for any given year across the country the documents used are unlikely to have been changed since preparation and publishing even if significant changes take place. Consequently, the conclusions and recommendations in this report should be considered with caution. This report is for information purposes only to help communities understand their role in advocating for malaria investments at national and sub national level.

CHAPTER 3:

FINDINGS

The KMSp has outlined the investment required to meet the goals and objectives of the programme. Currently the total requirements, available resources and the funding gap is outlined below:



Sources include, Government letter to MoH, Partners commitments and contributions, KMS

The malaria funding gap over the last three years has been approximately 45% of the need and this is projected to rise to 63% in the next three years. To meet its obligation in counterpart financing the government commits funds from local resources which are used offset costs associated with the program like personnel and operational costs and procurement of medicines.

NATIONAL GOVERNMENT FUNDING TREND

Kenya’s Malaria Strategy (2009–2018) set the goal of reducing morbidity and mortality caused by malaria in the various epidemiological zones by two-thirds of the 2007-2008 level by 2018. In the strategy, emphasis has been placed on advocacy as a strategy for pursuing more resources domestically in order to ensure there is adequate funding for Malaria.

According to the Kenya Malaria Strategy 2009-18, the malaria program is dependent on donor support for most of its operations and procurement of commodities. It further notes that this source of financing is at times unstable and unpredictable, resulting in funding gaps that impede the implementation of malaria control interventions particularly those that are time bound like procurement of medicines and IRS. In the period 2013/14 to 2016/2017 of which national government budget documents are available after devolution, the total financing made available was as follows:

	FY 2014	FY 2015	FY 2016	FY 2017
1 Kenya Global Budget for Ministries, Department and Agencies (MDAs) excluding counties	883,045,700,000	1,130,466,834,700	1,463,077,081,300	1,826,701,778,027
2 Total Ministry of Health Budget	89,349,505,000	47,507,093,000	50,189,870,000	80,000,000,000
3 Control of Malaria programs Funding by Govt	39,475,323	3,400,000,000	1,000,000,000	130,000,000
4 Additional during supplementary budgets		32,810,000,000	400,000,000	
5 Total Govt funding	39,475,323	37,210,000,000	1,400,000,000	130,000,000
6 Global Fund - Malaria Control	381,702,439	1,330,000,000	6,804,988,222	4,427,025,881
7 Total Funding available for Malaria at the National Level	381,702,439	1,722,000,000	8,204,988,222	4,557,025,881
8				
9 Percentage allocation of health budget at the national level	3.45	4.19	4.65	3.70
10 Percentage allocation of Malaria budget by the national government	0.23	0.36	0.51	0.19
11 Global Fund allocation in Percentage terms to the Ministry of Health Budget	3.81	3.27	6.81	7.45
12 % of Govt Malaria Funding in relation to Global Fund Funding	0.09	1.09	2.89	2.69
13 ***figures provided in Kenya Shillings.				
14				
15 FY 14/15 there was supplementary funding of 547 Million by Global Fund				
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MALARIA FUNDING IN SELECTED COUNTIES

In carrying out Key informant interviews, majority of the KII interviewed said that they are aware that resources for Malaria in the county are set aside. However, a great number also indicated that they were aware of their county budgeting of Malaria and claimed that the allocations is sometimes insufficient to run the programmes. A number of these KII also reported that there is a challenge in budgeting as the County Assemblies reduced the allocation. Lack of direct allocation specifically for Malaria was another issue that arose from KII and a number of them suggested that Malaria should be included in the IFMIS so that they can get direct allocation given in a line item instead of being included in an integrated support system. In this interview process for KII, there was a small percentage of the interviewees who were not aware of how health resources are allocated in the county and specifically Malaria resources.

One key thing arising was that majority of those interviewed said that they are only involved in the health planning in terms of developing annual work plans and suggestion of prices for items. In the financing for health, the decision is not necessarily in their hands and they are only aware after the budget has been passed and they are informed on allocation. However, there is smaller percentages who are involved at both planning and allocation of finances for health with a focus on Malaria.

Almost 70% of the interviewees were not aware of the allocations for Malaria Control for the FY 2017/2018. The remaining 30% are aware of the allocations but they cited that they do not think the allocation is adequate for Malaria control. Given that the budget has always been reduced from what the department has requested to run its programmes.

All the respondents agreed that there are opportunities for partners to support Malaria work in the County. Some said that almost 40% of Malaria work in counties is supported by partners. There were suggestions that counties need more partners because they rely on them to a higher degree to support Malaria work. They were also suggestions of invitation of new interested partners to support Malaria work. Although this is good, there were claims that some counties like Nairobi usually refer partners to high prevalent areas to support Malaria work.

Finally, the responses given by the respondents who took part in the FGDs across the focus counties shows that 100% of the respondents are aware of the budgeting process. About 76.47% of these respondents indicated to have participated in the budget making process. Some of the reasons that on why they participated included; the nature of their organizations working around budget making process and their desire and right to participate. 23.53% of the respondents who have not participated in the budget process said that they were not aware of the dates which activities of budget making process

take place. Further, they indicated that they are not fully conversant with the budget calendar and the budget cycle.

94.12% of the respondents indicated that their preferred mode of accessing the budget documents is a government website compared to 5.88% who can access government offices. A high percentage of the respondents at 88.24% had accessed different documents concerning budget making process and the most accessed or available document is County Fiscal Strategy Paper compared to other documents while low 11.7% of the respondents were not aware of any budget document.

A key observation to make is that 64.71% of the respondents indicated that they who how government finance malaria treatment and prevention with 35% indicating that they were not aware. According to the results that came up from the survey, Non-governmental organizations play a big role in budget making process by influencing the government in budgeting for certain projects. Finally, 66.67% of the respondents said that the government is extremely not open on what they are doing or on how they carry out the projects and this have made them not to be satisfied due to the repetition of projects being in every financial year while 33.33% responded that government is somewhat open.

With the advent of devolution, one of the most significant changes introduced to Kenya's governance framework under the Constitution of Kenya 2010 was the creation of county governments with major responsibilities in agriculture, health, trade, roads, pre-primary education, county planning and other functions.

The following counties were identified on the basis of where they lie in terms on malaria epidemiological zone in Kenya. Kilifi and Kisumu counties are considered as high endemic zones while Nairobi and Uasin Gishu counties are considered low endemic respectively.

003- KILIFI COUNTY

Kilifi County has seven sub counties, namely: Kilifi North, Kilifi South, Ganze, Malindi, Magarini, Rabai and Kaloleni. It has 17 divisions, 54 locations, 165 sub-locations. Magarini Sub-county is the largest while Rabai is the smallest in terms of area in terms of the areas covered. . The county has seven constituencies and thirty-five county wards which are in line with the Kenyan Constitution of 2010. The population of the county was estimated to be 1,217,892 in 2012 as projected in the Kenya Population and Housing Census 2009, comprising of 587,719 males and 630,172 females. The population is projected to rise to 1,336,590 and 1,466,856 in 2015 and 2017.

The county has nine level 4 public hospitals, 20 level 3 public health Centers, 197 level 2 public dispensaries, one mission hospital, two private hospitals, one armed forces hospital, five private nursing homes and 107 private clinics. The bed capacity in hospitals is 498, in health



Centres is 30 and in nursing homes is 16. The doctor/patient ratio is 1:42,625, clinical officer/patient ratio is 1:30,194 while the nurse/patient ratio is 1:3,396. Malindi, Kilifi and Mariakani sub-county hospitals are the only referral hospitals in the county. Kilifi sub-county hospital hosts Kenya Medical Research Institute (KEMRI) Campus that is involved in various health research activities. The inpatient bed capacity in health facilities in the county is 508 beds According to the Ministry of Health Integrated Disease Surveillance Reports 62% of Malaria tests in Kilifi County were positive as at 2014.

In reviewing Kilifi County budget documents, - which included the County Integrated Development Plan 2013-2017, County Fiscal Strategy Paper (CFSP) for FY 2012 and 2016 and Executive Budget Proposal (EBP) for FY 15/16, 16/17 and FY 17/18. The health funding for the county has increased over the past four years starting with an allocation of 20.04% of overall county budget to health services in FY 2014/15 and increasing to 28% in FY 2017/18. This increase reflects an approximate 8.33% increase over years to the health sector in Kilifi County.

While this looks like a huge increase, it is important to note that the county budget has increased from Kenya shillings 6.8 Billion to Kenya shillings 9.5 Billion which is a 38.6% increase of a period of 4 years. Based on these publicly available budget documents it is noted that Malaria funding has not been given priority despite the county being among the malaria endemic zones during the regional consultation meeting. The participants in the regional consultation meeting brought to the attention of the consultant and KeNAAM team that while the government invites participation in the budgeting process, involvement in the critical areas where it matters like sector working groups does not happen.



047- NAIROBI COUNTY

Nairobi County is one of the 47 counties in the Republic of Kenya. The County is divided into nine sub-counties namely: Starehe, Kamukunji, Kasarani, Makadara, Embakasi, Njiru, Dagoretti, Langata and Westlands. The County has 27 divisions 64 locations and 135 sub-locations. According to the Nairobi County Integrated Plan (CIDP) 2014, the County population was projected to be 3,517,325 in 2012 and expected to rise to 3,942,054 in 2015 and 4,253,330 in 2017

In Nairobi County, Overall health funding has decreased over years from 20.51% in FY 2014/15 to 18.57% in FY 17/18 in relation to overall county budget. This is despite the overall county budget increasing by 19.57% over the same period from Kenya shillings 29.9 Billion to Kenya shillings 35.7 Billion. However, among the counties reviewed, Nairobi County has managed to set up a functional Malaria control unit and which has had funding since FY 15/16 a referenced in the table below. In the table below, the funding for Malaria unit seems to have a lot of resources in the FY 15/16 and which drops down significantly in the subsequent years. The reason for Malaria funding in Nairobi county decreasing is noted as a result of the payroll costs of staff working in Malaria department having been combined with other health staff in the county. Further the Kes Sixty one million provided in the FY 17/18 by Nairobi County in the County Fiscal Strategy Paper is for the whole preventive department of which Malaria has to seek its fair share out of that. In Nairobi County the participants noted that there was great progress as the county was the only one among the sampled counties that provided specific data on malaria budget including the targets and outputs for more than one year. With the full budget estimates for Nairobi now made public, the share for Malaria has greatly reduced to less that KES 2 Million. This is an indication that support is needed by the Malaria control unit to ensure that their share of fund is increased in the health department.

042- KISUMU COUNTY

Kisumu County borders follow those of the original Kisumu District, one of the former administrative districts of the former Nyanza Province in western Kenya. For

administrative purposes, the county is divided into 7 sub-counties, each following the borders of the constituency which bears a similar name. The sub-counties are further divided into 35 wards, which also forward representatives to the County Assembly in Kisumu City.

Over the period, FY 14/15 to 16/17, the overall budget for Kisumu County has increased by 37.2% from 7.29 billion to 10.02 Billion. This has not reflected in the increase in health sector budget which has increased by 8.03% over the same period from Kenya shillings 2.37Billion to Kenya shillings 2.56 billion. Kisumu county budget documents have not provided for specific funding for the malaria over the period.



027- UASIN GISHU COUNTY

Uasin Gishu County has three main regions, namely: Eldoret North, Eldoret South and Eldoret East, which are further subdivided into six constituencies - Soy, Turbo, Kapseret, Kesses Ainabkoi and Moiben. Uasin Gishu County is home to 894,179 people as per the 2009 National Statistics, representing 50% male and 50% female.

Over the past three years, overall health funding has increased in the county moving from 15.4% to 25.3%. While this is commendable move by the county, it is important to note that we could not find specific funds for malaria in the budget. However, during the regional consultations it was noted that funding for some malaria work procurement is provided but not available in the budgets that are publicly available



CHAPTER 4:

CONCLUSION & RECOMMENDATIONS

Conclusion

Based on current spending patterns across the country, it is evident that there is need for concerted efforts by all stakeholders to engage widely with the governments (national and government) on Malaria funding. We notice a trend in the focus countries where apart from Nairobi, there is no other documented effort in the budget documents to provide for a standalone malaria control unit or allocate funds for malaria control. It is also not possible to track Malaria spending as county governments are still not making available budget implementation reports which is against section 166 (4) of the Public Finance Management Act of 2012. We believe that counties can allocate resources for malaria financing; however, Malaria must be made a priority in county level budget documents for it to attract appropriations. Despite there being allocations for Malaria personnel in the health budgets, all the counties which formed part of this exercise did not break down the number of staff involved in the malaria control units. However, Nairobi County has provided a good basis for engagement as the Malaria Control Unit is well documented.

Recommendations

Budget engagement with CSOs as part of the demand side of county level budgeting: As county governments continue to develop, it is important for CSOs to organize themselves to ensure that they form critical mass that can be able to engage with the county governments. The Public Finance Management Act section 137 provides for the establishment of a County Budget and Economic Forum (CBEF). This supported by Commission for Revenue Allocation (CRA) guidelines of March 2015, provide for the establishment and functioning of the CBEF. The CBEF is composed of the Governor of the county who shall be the chairperson; (b) other members of the county executive committee; (c) a number of representatives, not being county public officers, equal to the number of executive committee members appointed by the Governor from persons nominated by organizations representing professionals, business, labour issues, women, persons with disabilities, the elderly and faith based groups at the county level. The PFM act further states that the purpose of the Forum is to provide a means for consultation by the county government on budgeting. This therefore is one of the legal means for influencing public expenditure. As the country heads to the general election, this presents one of the opportunities for KENAAM and partners to engage with CSOs in preparation for the formation of the next governments at the county level.

Capacity of the supply side of budgeting: in the budgeting process, the county executive at the formulation stage determines the priorities that will be funded in the coming year. It is important to build their capacity and increase their knowledge on why funding for Malaria is important. There is also a need to focus on the capacity of the technical staff at county level health department. This will inform their planning and the possibility of having more engagements during sector level requests for budgets. Kenaam will consider engagement at four points of key points of budgeting which are:

Budget engagement at the preparation of the annual development plan: This will involve working with communities to identify possible areas that would require budgetary support. According to the budget process in Kenya and as guided by the Public Finance Management Act , this is the initial process that inputs into the wider county level budget process;

Sector working group engagement. This specific work happens in the period between September and December each year and this point the key departments at the county level deliberate on the priorities for funding and inclusion in the County Fiscal Strategy paper (CFSP);

Engagement with the County Fiscal Strategy Paper (CFSP). This document is the policy document that sets the county level resource envelope and policy priorities that will be financed in the medium term. The support to the supply side of the budget include mobilization to critic the priorities identified and provide feedback. This process will occur between December and late February each year

Feedback on the budget estimates: At this point, the support provided to the supply side of the budget includes mobilization for critic, checking priorities and checking for compliance with the constitution and PFM act 2012. This will occur between March and April each year

Continuous goodwill from the political class: The county assembly plays a critical role in appropriation of funds

as required by the law. It is fundamentally imperative that in every process that will seek to influence budget allocations, that the alliance engages with the assembly specifically the health, budget and appropriations committee. To keep this engagement going, Kenaam will have to interact with the assemblies on the key dates during approval stage of the above-mentioned documents. These include: Late September for the Annual Development Plan, Early March for the CFSP and May to June for the budget estimates

Continuous engagement by CSOs to demand budget implementation reports to allow for tracking of funding of malaria programmes: Without feedback on how the county is spending resources, partners cannot identify gaps in malaria funding. The alliance should consider having a strong county level network that can pursue the release of budget implementation reports to allow for tracking of malaria expenditure at county level. The CSOs role in this budgeting process cannot be gainsaid. Kenaam has to keep an active engagement with the CSOs through the key documents in order to ensure that lessons learnt are not lost. These stages as detailed above will determine to what extent the pre-determined objectives are achieved.

RECOMMENDATIONS SUMMARY

Recommendation	Target Audience	Entry Point And Critical Dates For Engagement In The Budget Process
CSO engagement and Capacity building of state actors in the sector working groups for health at the county and national level to understand the roles of CSO in resource mobilization for malaria	CSOs	July- November each year
Engagement with county assemblies Health, Budget and Appropriations committee across the approval points of the budget process and implementation to support efforts around budget tracking	Members of County Assemblies (MCAs) and County Assembly budget offices	Across the budget year
Engagement in preparation for 2018-2022 County Integrated Development Plans (CIDPs), 2017 Annual Development Plan (ADP), review of 2017 County Budget Review and Outlook Paper (CBROP) and preparation of County Fiscal Strategy Paper (CFSP) and Executive Budget Estimates (EBP) 2018/19	County Executive Health, Budget and economic Planning units	July 2017- April 2018
Capacity building of CSOs on budget engagement at the county level	CSOs	July 2017

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