

COUNTY FAMILY PLANNING BUDGET ALLOCATION

Analysis of County Government of Uasin Gishu's budget for FY 2016/17

December 2016

Introduction

During the 2012 London Summit on Family Planning, the Government of Kenya made commitments to meet its family planning goals.

Some of these commitments included:

1. To continue working closely with development partners to secure increased financing for family planning commodities and services
2. To reform the Kenya Medical Supply Agency (KEMSA) to end stock outs and improve the supply chain for all medical commodities including family planning
3. To restructure the National Council for Population and Development, and facilitate additional resources to re-launch the national family planning campaignⁱ.

In line with the above-mentioned commitments, Kenya developed the National Family Planning Costed Implementation Plan (FP-CIP) 2012- 2016, which provides a vision with clearly defined and costed activities and targets.

These activities and targets were designed to be implemented at different levels by different institutions between 2012 and 2016. All activities in the costed implantation plan were placed under the leadership of the Ministry of Public Health and Sanitation (MOPHS) and Ministry of Medical Services (MOMS) to make quality family planning services more accessible and equitable (MoH, 2012ⁱⁱ).

The County Government Act of 2012 mandates the County Executive Committee (CEC) member responsible for health with the overall coordination and management of county health services. This portfolio includes monitoring of planning processes, formulation and adoption of policies and plans for county health services.

The act also provides that county governments shall decentralize their functions and the provision of services to the extent that it is efficient and practicable to do so (Republic of Kenya, 2014ⁱⁱⁱ). This means that counties are responsible for the delivery of most frontline health services to Kenyan households.

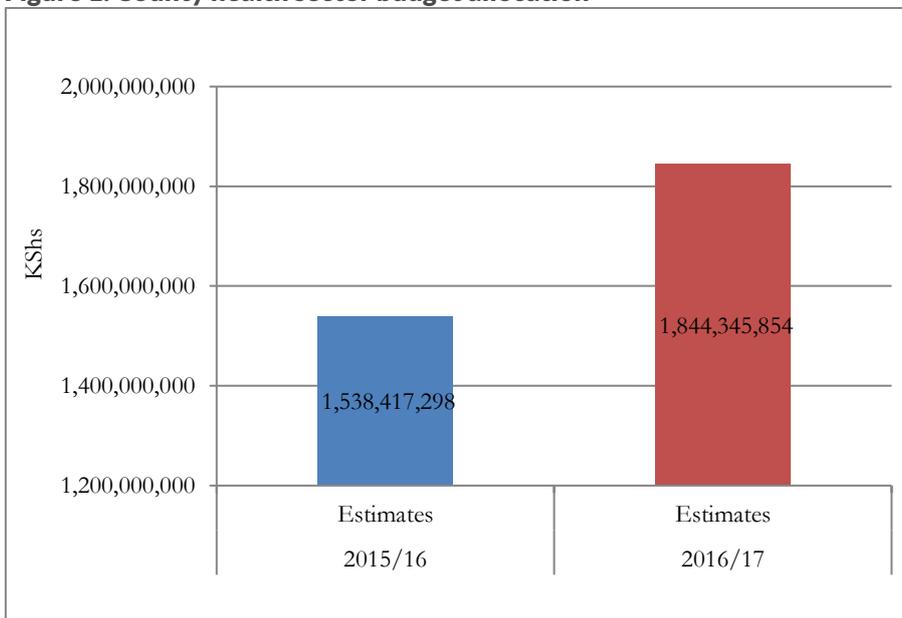
This brief provides an analysis of the County Government of Uasin Gishu's budget towards family planning. It focuses on Government of Kenya funds (allocated within the county budget) for Financial Year (FY) 2016/17.

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County health sector budget allocation

Uasin Gishu County Government’s health sector budget increased from Ksh 1.54 billion in FY 2015/16 to Ksh 1.84 billion in FY 2016/17, an increment of 20 percent (Figure 1).

Figure 1: County health sector budget allocation

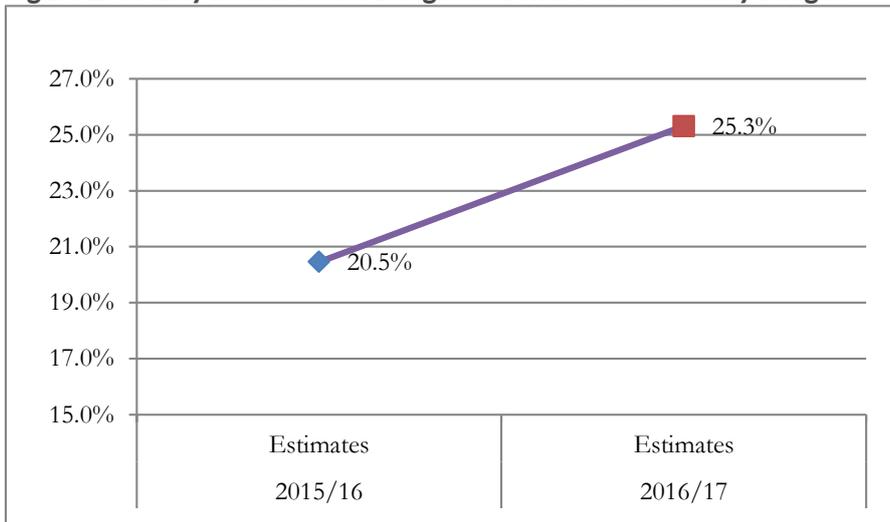


Source: DSW’s calculations based on the County Government of Uasin Gishu’s budget estimates

As a share of the county budget, the health sector budget also increased from 20.5 percent in FY 2015/16 to 25.3 percent in FY 2016/17 (Figure 2).

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Figure 2: County health sector budget as a share of the county budget



Source: DSW's calculations based on the County Government of Uasin Gishu's budget estimates

The increase reflects the county's recognition of the increased need for spending on service delivery, development of health infrastructure and human resources for health. This is in line with the Uasin Gishu County Integrated Development Plan (2013-2018), which highlights inadequate health human resource and infrastructure in the county leading to poor health indicators.

County family planning budget allocation

In the past, family planning was a programme under the national government. Therefore, family planning investments were undertaken at the national level. However, with the transition to devolution in 2013, most frontline healthcare functions were devolved to county governments.

Even though this is the case, the national government continues to support the acquisition of family planning commodities and training for healthcare workers. For example, for the new Implanon NXT™ implant, the national government has been supporting the procurement and training of nurses on its use.

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When analyzing family planning budget allocations for the county, we examined investments earmarked to:

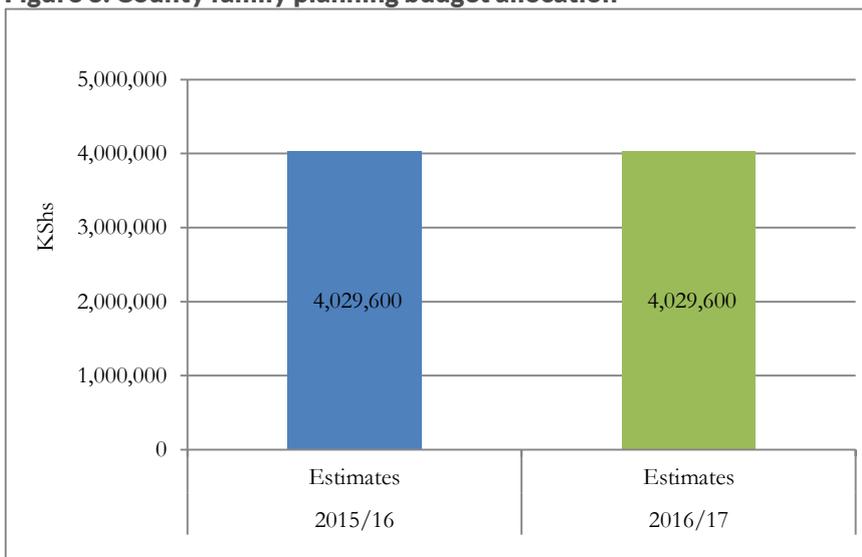
1. Purchase family planning commodities
2. Conduct advocacy and community mobilization
3. Facilitate service delivery
4. Facilitate capacity building
5. Take care of other relevant family planning areas like human resources especially recruitment of health workers.

However, transparency and availability of budget data remains a challenge. For instance, in the context of this study, it was not possible to obtain data on budgets for family planning commodities managed by the Kenya Medical Supplies Authority (KEMSA).

The funds allocated towards family planning by the county are alarmingly low at 0.2 percent of the county health sector 2016/17 budget.

In absolute numbers, the county's family planning budget has remained stagnant over the last two financial years at Ksh 4.03 million (Figure 3).

Figure 3: County family planning budget allocation



Source: DSW's calculations based on the County Government of Uasin Gishu's budget estimates

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County family planning budget allocation by component

Further analysis of the County Government of Uasin Gishu’s family planning budget allocation shows that in FY 2016/17, the county allocated all family planning funds towards service delivery (Table 1).

The County Executive Committee (CEC) member of health indicated that the prioritization of service delivery was the initial step which will be followed-up by training of nurses on the use of new family planning commodities.

Table 1: County budget estimates per family planning component

Component	FY 2015/16	FY 2016/17
	KSh	KSh
Commodities	-	-
Advocacy & community mobilization	-	-
Service delivery ¹	4,029,600	4,029,600
Capacity building	-	-
Others	-	-
Total FP Budget	4,029,600	4,029,600

Source: DSW’s calculations based on the County Government of Uasin Gishu’s budget estimates

¹ These figures are based on estimated percentages that were provided by the National Reproductive Health Department i.e. 2% of the total budget for human resources for health was estimated to be spent on service delivery component of family planning. The detailed methodology is available from DSW upon request.

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Conclusion

While the County Government of Uasin Gishu has made positive efforts towards allocating resources for family planning, most of these go towards service delivery thus leaving only a small proportion to support others areas such as advocacy & community mobilization and capacity building.

The county's budget also has no specific budget line for family planning, which is partly because the county is operating without a family planning costed implementation plan. This has led to inadequate appreciation and prioritization by the County Government of Uasin Gishu, particularly during budget allocation.

Additionally, continued control by national government of family planning commodity procurement, a devolved function, may have led to apathy by the county government towards funding family planning activities.

Recommendations

1. The county executive committee member for health in the county needs to ensure that funding for family planning is prioritized during the allocation of budget funds.
2. The national government and County Government of Uasin Gishu need to coordinate better to enhance planning and budgeting for family planning. The linkage between the national government's Reproductive Maternal Neonatal Health Services Unit (RMNHSU) and the Department of Health in Uasin Gishu County is especially important.
3. County Government of Uasin Gishu should expedite the development and implementation of the family planning costed implementation plan.
4. County Government of Uasin Gishu's budget directorate should share budget ceilings in good time for smooth development of plans and budgets for the health sector.
5. The County Government of Uasin Gishu should establish a dedicated family planning budget line as well as increase awareness on family planning budgeting during budget hearings.
6. The County Government of Uasin Gishu needs to advocate for the full devolution of funds for family planning commodities in the same way that this has been done for other aspects of health care.
7. The County Government of Uasin Gishu needs to improve on transparency and availability of budget data in order to allow for effective tracking of family planning funding.

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References

i Family Planning 2020 Commitment Government of Kenya <http://www.familyplanning2020.org/Kenya>

ii MoH (2012), National Family Planning Costed Implementation Plan 2012-2016

iii Republic of Kenya (2014), Kenya Health Sector Strategic And Investment Plan (KHSSP): July 2014 – June 2018

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Deutsche Stiftung Weltbevölkerung (DSW), 2016

Every effort has been made to verify the accuracy of the information contained in this report.

All information was believed to be correct as of December 2016.

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