

# COUNTY FAMILY PLANNING BUDGET ALLOCATION

## Analysis of Kilifi County Government'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 (FP) 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 agency, and facilitate additional resources to re-launch the national family planning campaign<sup>i</sup>.

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 to 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, 2012<sup>ii</sup>).

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.

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The act also provides that counties shall decentralize their functions and the provision of services to the extent that it is efficient and practicable to do so (Republic of Kenya, 2014<sup>iii</sup>).

This means that counties are responsible for the delivery of most frontline health services to Kenyan households.

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

## County health sector budget allocation

Kilifi County Government’s health sector budget increased from Ksh 2.41 billion in FY 2015/16 to Ksh 2.56 billion in FY 2016/17, an increment of seven percent (Figure 1).

**Figure 1: County health sector budget allocation**

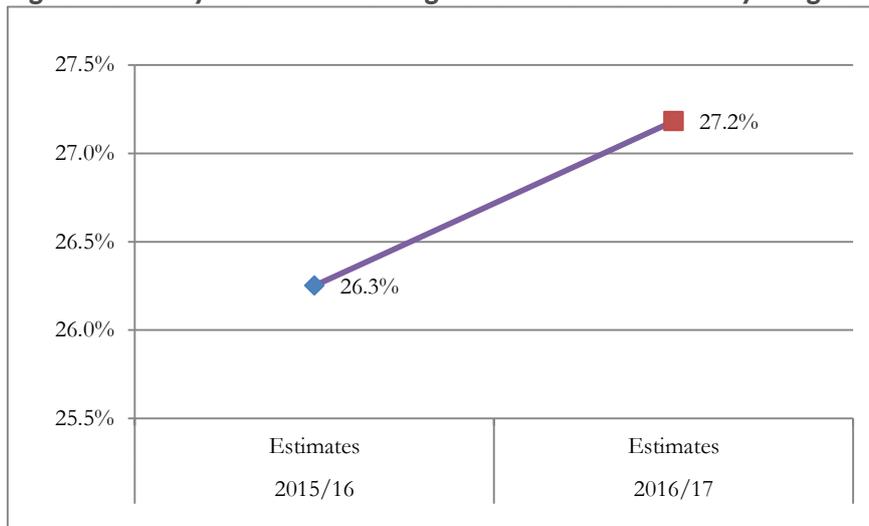


Source: DSW’s calculations based on Kilifi County Government’s budget estimates

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As a share of the county budget, the health sector budget increased from 26 percent in FY 2015/16 to 27 percent in FY 2016/17 (Figure 2).

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



Source: DSW's calculations based on Kilifi County Government's budget estimates

The increase in budget allocation to the health sector can partly be attributed to the county's recognition of the increased need for service delivery, development of health infrastructure and human resources for health.

These needs were identified in the Kilifi County Government's County Integrated Development Plan 2013-2017, that highlighted inadequate human resources and infrastructure in the area leading to very 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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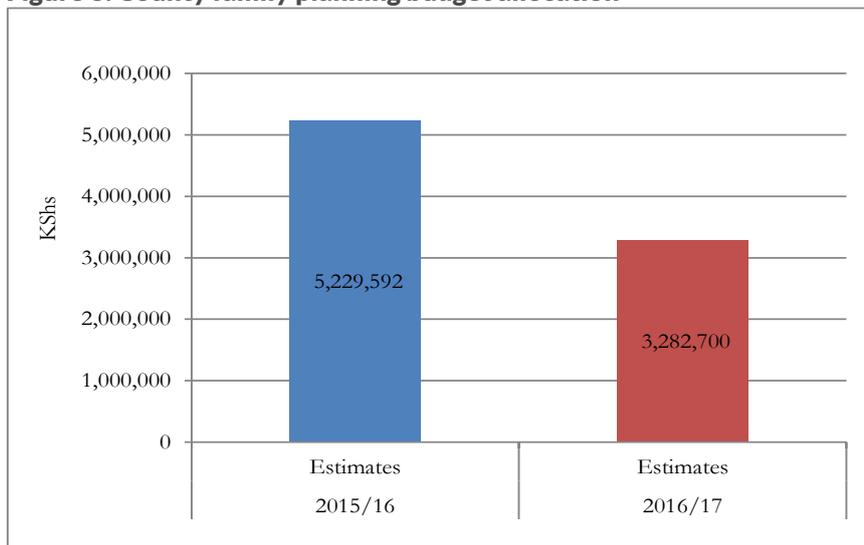
When analyzing the family planning budget allocation for the county, we examined investments earmarked to:

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, 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 which is managed by the Kenya Medical Supplies Authority (KEMSA).

The funds allocated towards family planning by the county are alarmingly low at less than 0.5 percent of the county health sector budget. In F Y 2016/17, the county reduced its family planning budget from Ksh 5.2 million in FY 2015/16 to Ksh 3.3 million (Figure 3).

**Figure 3: County family planning budget allocation**



Source: DSW's calculations based on Kilifi County Government's budget estimates

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## County family planning budget allocation by component

Further analysis of Kilifi County Government’s family planning budget allocation shows that for FY 2016/17, the county allocated the entire family planning budget for family planning commodities (Table 1).

The current process of developing a costed implementation plan is key to ensuring that the county funds the various family planning sub-programmes.

**Table 1: County budget estimates per family planning component**

Component	FY 2015/16	FY 2016/17
	KSh	KSh
Commodities <sup>1</sup>	-	3,282,700
Advocacy & community mobilization	-	-
Service delivery <sup>2</sup>	5,229,592	-
Capacity building	-	-
Others	-	-
<b>Total FP Budget</b>	<b>5,229,592</b>	<b>3,282,700</b>

Source: DSW’s calculations based on Kilifi County Government’s budget estimates

## Conclusion

Kilifi County Government is allocating inadequate funds towards family planning mainly due to limited appreciation and prioritization for family planning by the county government. This is partly because, in the absence of a family planning costed implementation plan, the county does not have a basis to prioritize family planning during budgeting.

Consequently, the county lacks a specific budget line for family planning.

<sup>1</sup> This figure is based on an estimated percentage that was provided by the County Director of Health i.e. 2% of the other non-pharmaceutical medical supplies was estimated to be spent on FP commodities.

<sup>2</sup> 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 FP. The detailed methodology is available from DSW upon request.

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

## Recommendations

1. The County Executive Committee (CEC) member for health in Kilifi county needs to ensure funding for family planning is prioritized during allocation of budget funds.
2. The county should introduce a dedicated family planning budget line as well as increase awareness on family planning budgeting during budget hearings.
3. National and county governments need to coordinate better to enhance planning and budgeting for family planning. The linkage between national government's Reproductive Maternal Neonatal Health Services Unit (RMNHSU) and Kilifi County's health department is especially important
4. The county government should expedite the development and implementation of its family planning costed implementation plan.
5. The county's budget directorate should share budget ceilings in time for smooth development of plans and budgets for the health sector.
6. The county 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 needs to improve on transparency and availability of budget data to allow for effective tracking of family planning funding.

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## References

1. Family Planning 2020 Commitment Government of Kenya <http://www.familyplanning2020.org/Kenya>
2. MoH (2012), National Family Planning Costed Implementation Plan 2012-2016

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

<sup>ii</sup> MoH (2012), National Family Planning Costed Implementation Plan 2012-2016

<sup>iii</sup> 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.

Deutsche Stiftung Weltbevölkerung (DSW) does not accept responsibility for the consequences of the use of the report's contents for other purposes or in other contexts.

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