Kenya’s devolved system of governance creates both opportunities and challenges for county-level program planners and advocates trying to sustain and expand budget commitments for family planning and reproductive, maternal, newborn, child, and adolescent health (RMNCAH). Local decisionmakers must be convinced of the benefits of funding these services, and communities must be engaged to demand accountability. The Policy, Advocacy, and Communication Enhanced for Population and Reproductive Health (PACE) Project in Kenya, supported by the U.S. Agency for International Development (USAID), has developed an approach to increasing budget commitments in several Kenyan counties. Working in counties with poor health indicators—Baringo, Busia, Narok, Samburu, and more recently, Kajiado—PACE has provided technical support for budget advocacy to increase political and financial commitments for family planning and strengthen accountability for those commitments.

As a result of PACE’s systematic approach, detailed in this brief, county health teams are using data to support their budget requests for health, including family planning and RMNCAH services. They engage with executive committees and county assemblies at specific stages of the budget cycle, negotiating for increased allocations and tracking budget implementation. Public participation in the county budget process has also increased due to PACE’s work with local media, civil society organizations (CSOs), and youth advocates, who are demanding more accountability from their governments. For fiscal years 2018/19 through 2020/21, budget allocations for health services increased by hundreds of millions of shillings in Baringo, Busia, and Narok counties, and Narok and Samburu counties established dedicated line items for family planning. In three counties, budget allocations for health increased as a proportion of the total budget.
County Budget Cycle in Kenya

One planning and budgeting cycle covers three years and is continuous.

**ABBREVIATIONS**
- CBROP: County Budget Review and Outlook Paper
- CCFP: County Cash Flow Projections
- CDMS: County Debt Management Strategy
- CFSP: County Fiscal Strategy Paper

*Finance refers to taxes and revenue, while appropriation refers to how the total will be divided and spent.*
County-Level Decision-Making: Challenges and Opportunities

Kenya is a regional leader in developing policies and plans that support voluntary family planning; it met its Family Planning 2020 goal, with 58% of married women reporting use of modern contraceptives. Yet, while advocates have pushed for increased funding, local governments have not consistently prioritized family planning. Many counties have outdated health facilities, high teenage pregnancy rates, limited access to contraceptives, and high maternal mortality.

The Kenyan Constitution of 2010 that ushered in devolution transferred the responsibility for all health services, including family planning, to county governments. In addition, both the Constitution and the Public Finance Management Act mandate public participation in decision-making. Advocates face both challenges and opportunities to sustain and expand support for family planning within this governance system. Challenges include:

- County governments have uneven capacity, especially in planning and budgeting for family planning.
- Decisionmakers are often swayed by political forces rather than sound evidence in allocating budgets. This influence applies especially to family planning, as local politicians may avoid it because they believe it too controversial or because its value to the community is less visible than other investments.
- Reaching leaders in 47 independent counties is a complicated process. National advocates often have limited presence within the counties yet must identify, implement, and scale up effective approaches to mobilize county-level support for family planning.

The opportunities include:

- Citizens can access local decisionmakers to voice their priorities directly, including their demand for family planning services. Youth advocates have been especially effective.
- County governments are mandated to share sector strategies and budgets and disclose how public resources are used. Under this system, the media and citizens can hold local officials accountable for their family planning commitments.
- Program-based budgeting, in which budgets are allocated by program rather than by input or expense category (known as input-based budgeting), puts a greater focus on county priorities and public spending outcomes, including access to quality family planning services.

PACE Kenya's Trifold Approach to Budget Advocacy and Accountability

A central focus of PACE’s work is to support county decisionmakers within the County Health Management Team (CHMT; see box) to demonstrate the consequences of health sector underfunding. PACE’s comprehensive approach builds commitment to family planning and RMNCAH by using data to focus decisionmakers’ attention on pressing county-level issues, needs, and opportunities. PACE participates at various points in the county policy planning and budgeting processes, including providing technical assistance to develop documents (see figure).1 PACE’s trifold approach includes capacity strengthening, continuous partnering and mentoring, and catalyzing public participation for accountability, described below and summarized in Table 1.

Who Is the CHMT?

The County Health Management Team plays a primary role in strategic and operational planning and oversight of health service delivery in a county. Consisting of all health-sector heads, the CHMT mobilizes resources for health; links health to other development sectors; and supervises, monitors, and reports on the county health system.

Capacity strengthening. Through a variety of training approaches, PACE builds the capacity of institutions and individuals to convince decisionmakers to maintain and increase budget allocations for family planning and RMNCAH. Using a curriculum on planning and budgeting developed by the Kenya School of Government, along with PRB’s training materials on policy communications and budget negotiations, PACE equips CHMTs with the skills to participate effectively in the counties’ planning and budgeting processes. The training helps CHMTs understand, interpret, and use health data for decision-making and transition from input-based budgeting to program-based budgeting linked to health priorities. PACE also trains journalists and youth leaders to understand the budgeting process, present data accurately, and communicate health issues to the public in compelling ways.

Continuous partnering and mentoring. PACE values government partners as stewards of the health system and agents for positive change. Its approach aims to institutionalize and sustain best practices within county governments, understanding that the project will phase out support over time. PACE maintains close contact with CHMTs to ensure they take advantage of opportunities to interact with financial decisionmakers and are prepared to advocate for health funding at each
phase of the budget cycle. PACE focuses on facilitating communication, understanding, and alignment between the County Assembly, which appropriates funds, and the County Executive, charged with implementing programs and ensuring their success. These interactions improve assembly members’ understanding of health priorities and how budget shortfalls impact public health.

**Catalyzing participation for social accountability.** In collaboration with county governments, PACE encourages CSOs, the media, and the public to participate in budget hearings and related meetings. Such participation enables decisionmakers to interact with and hear directly from their constituents about local health priorities and respond to their concerns during the budget-making process. Public participation is also key to monitoring the budget's execution and ensuring that committed and allocated funds result in desired health outcomes. These efforts help build trust between government and the public and showcase CHMTs' commitments and accomplishments.

To accomplish its goals, PACE works with **three sets of actors:**

**County decisionmakers.** The core of PACE’s budget advocacy efforts, county decisionmakers include members of the CHMTs, County Assembly, and relevant county executive committees. PACE works with CHMTs to communicate with the finance department and County Assembly members, through one-on-one and small group meetings and other approaches, about the importance of prioritizing family planning and RMNCAH in the planning and budgeting processes. PACE and the county health and finance teams also designed a budget tracking tool for health budget disbursements and expenditures to identify and address low absorption rates (or the share of the budget that was actually spent) in the counties.

**Civil society, including youth champions.** When empowered with the right information, tools, and skills, civil society can be a powerful source of inspiration for decisionmakers. **PACE views civil society as critical to the success of budget advocacy in the counties.** In particular, youth organizations help focus decisionmakers' attention on adolescents' and young adults' unique reproductive health priorities. PACE recognizes the influence of youth and supports them as advocates to hold decisionmakers accountable for family planning commitments in Kenya.

**Media.** County radio stations and prominent national broadcasters are important channels through which information from experts reaches policymakers, other influencers, and the public. Policymakers can use the media to inform the public about the health issues they prioritize in their planned budgets, answer questions, and announce upcoming opportunities for public participation. PACE helps connect policymakers with popular radio stations so they can discuss family planning-related budget issues on the air; the project also engages journalists in county budget discussions to ensure politicians translate their commitments into budget priorities.

### Table 1

**SUMMARY OF PACE APPROACH**

| Government | Train CHMTs to effectively lead planning and budgeting, including budget negotiations. | Provide input and technical assistance as counties prepare requests and negotiate budgets through the Medium-Term Expenditure Framework process. | Convene constituencies to share data, raise concerns, and voice opinions. |
| Civil Society | Train youth and civil society organizations to understand local planning and budgeting processes and use data in their efforts to influence family planning budgets. | Provide technical support to civil society actors to develop messages and materials to influence family planning commitments and hold policymakers accountable. | Support high-level budget discussions among key decisionmakers: governor, County Assembly budget and health committees, first lady, and members of county executive committees for finance and health. |
| Media | Train journalists to strengthen understanding and use of technical information, data, and messaging for accurate reporting on salient family planning issues and policy processes. | Offer feedback on story ideas, provide tools to report accurately on family planning priority issues, and create spaces for policymakers to engage with media. | Amplify dissemination of evidence-based reporting through broad media networks. |
Counting the Gains

As a result of PACE’s support, the health budgets in Busia, Narok, and Samburu counties increased significantly as a proportion of the total county budgets from FY 2018/19 to FY 2020/21 (described below and shown in Table 2).2

When **Busia County** faced an unexpected health budget cut in FY 2018/19, PACE supported CSOs to respond quickly and advocate effectively for the health budget with key decisionmakers, including the governor. This intervention helped restore the proposed health budget to its original level, from KES 1.5 billion to KES 1.9 billion; the next year, the health budget increased to KES 2.5 billion. Although the county budget declined in 2020/21, the health budget received a KES 58 million boost in the supplementary budget. Public participation also improved: The CSOs’ recommendations were reflected in the final budget decisions, and the county made 16 budget-making documents available on its website.

Chief Health Officer Dr. Isaac Omeri noted during a planning meeting with PACE in 2020, “PACE is a worthy ally to Busia County and has helped us a lot in building our capacity in planning and budgeting. The increase in budgets for the health department is attributed to the support of PRB PACE.”

In **Narok County**, PACE built the capacity of its partners to advocate successfully to prioritize family planning and RMNCAH in planning and budgeting. The county restructured its health budget to include a RMNCAH subprogram and established a dedicated line item for family planning—a big win for family planning advocates. Now that planning and budgeting follow a program-based budgeting approach and the county health team has strengthened its budget preparation and negotiation skills, the health budget jumped from KES 2.5 billion to KES 3.4 billion, from FY 2018/19 to FY 2020/21. PACE also helped develop a tracking tool for health budget disbursements and expenditures and trained the CHMT and members of the finance department to use it.

As Narok County’s health director noted, “…it is due to the [PACE] training on planning and budgeting that we are able to restructure our budget by key health programs and subprograms that reflect the key priorities of the sector.”

In **Samburu County**, PACE assisted the CHMT in negotiations with the County Assembly’s budget and health committees. As a result, the proposed health budget increased by KES 100 million in the 2019 County Fiscal Strategy Paper, the document that sets budget ceilings for the sector. The CHMT agreed to allocate the increase to family planning and RMNCAH services. Later in 2019, the Samburu health sector working group produced a high-quality, sector-wide report that included a budget line for reproductive health and family planning.

Even with an overall reduction in county budgets, the health department received the largest share of the total county budget in FY 2020/21. For the first time, the County Assembly allocated KES 12 million for family planning.

In **Baringo County**, the health budget increased by nearly KES 200 million in FY 2020/21 compared to the prior year. Project activities are now underway in **Kajiado County**.

The financial commitments achieved to date in four counties represent a significant step forward for family planning and RMNCAH in the context of Kenya’s devolved government.

<table>
<thead>
<tr>
<th>County</th>
<th>Fiscal Year</th>
<th>Budget Advocacy Win</th>
<th>Impact to Health Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Busia</td>
<td>2018/19</td>
<td>Rectified a shortfall of KES 400 million in the health budget.</td>
<td>Increased from 22% to 27% of total budget.</td>
</tr>
<tr>
<td>Narok</td>
<td>2018/19 to 2020/21</td>
<td>Increased the health budget by KES 870 million and created a dedicated family planning line item.</td>
<td>Increased from 25% to 30% of total budget.</td>
</tr>
<tr>
<td>Samburu</td>
<td>2019/20 to 2020/21</td>
<td>Increased the budget for family planning and RMNCAH and created a dedicated line item for these services; County Assembly allocated KES 12 million for family planning.</td>
<td>Increased from 21% to 23% of total budget.</td>
</tr>
</tbody>
</table>

**PACE KENYA’S BUDGET ADVOCACY WINS**
REFERENCES

1 PACE provides technical assistance for developing the Medium-Term Expenditure Framework (MTEF) Program-Based Budgeting, the County Budget Review and Outlook Paper (CBROP), and County Fiscal Strategy Paper (CFSP), as well as the Annual Work Plan (AWP).


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