

COUNTY BUDGET STUDY

WEST POKOT COUNTY

FY 2023/24 - FY 2024/25



INTRODUCTION

ABOUT YOUTH FOR HEALTH (Y4H)

Youth for Health (Y4H) is a three-year initiative that will work to expand access to life-changing adolescent sexual and reproductive healthcare and rights (ASRHR), with a focus on reaching the poorest and most marginalised adolescent girls, including those with disabilities, in rural and hard-to-reach areas of Ethiopia, Ghana, Kenya, Sierra Leone, Tanzania, and Zambia. By unlocking demand and access and contributing towards changes in favour of supportive policies and funding environments, Youth for Health will increase and sustain access to ASRHR for girls and young women.

MSI Reproductive Choices has joined with other partners, Deutsche Stiftung Weltbevölkerung (DSW), Youth for a Sustainable World (YSW), Centre for the Study of Adolescence (CSA) Kenya, Health Alert Sierra Leone (HASiL), Youth Advocates Ghana (YAG), Sikika, Restless Development Zambia and Youth Network for Sustainable Development (YNSD) Ethiopia. Each partner brings a wealth of experience working with, and for, adolescents, including in youth-friendly services; youth-led accountability and participation in governance; youth leadership, especially of young women; youth mobilisation; and community engagement; as well as long-standing media and communication experience.

ABOUT YOUTH FOR A SUSTAINABLE WORLD (YSW)

Youth for a Sustainable World (YSW), formerly known as DSW Kenya, has been actively involved in implementing sexual and reproductive health and youth empowerment programs in Kenya since the year 2000 with a presence in at least 15 counties. YSW Kenya is headquartered in Nairobi and has regional offices in Mombasa and Kitale from where interventions are coordinated. Satellite offices exist in Migori and Kisumu leading work in those two counties.

YSW envisions a world where all youth - especially girls and young women - live free from disease and make independent and informed choices over their sexual and reproductive lives with full access to sexuality education, health services and modern contraceptives. This is done by advocating with policy makers for investment in domestic resources and policies for youth friendly SRHR, through multisectoral approach.

Through the YSW Youth Empowerment Strategic Approach (YESA), and the Young Adolescent Empowerment Strategy (YAES), YSW works with young people to raise their awareness on sexual reproductive health and rights, gender equality and access to modern contraceptives and to strengthen their livelihoods.

YSW has been implementing Y4H project in Kwale and West Pokot Counties.





KEY COUNTY ASRHR STATISTICS



6.9 Total Fertility Rate



23% Contraceptive Prevalence Rate
(any modern method)



30% Unmet need for FP
(% of married women age 15-49)



36% Teenage Pregnancy



65% Birth delivered by a skilled provider



35% Women aged 15-49 who had a live birth and had 4+ ANC visits



27% Women 15-49 who have ever experienced physical violence since age 15



8% Women aged 15-49 who have ever experience sexual violence



32% Women aged 15-49 who have ever been married or had an intimate partner and have ever experience physical, sexual, or psychological or emotional violence committed by their most recent husband or partner

Source: KDHS 2022¹



BASIS FOR ASRHR BUDGET INVESTMENT

Key national laws advancing health financing and service delivery include:

The **Constitution of Kenya (2010)**² under Article 43(1)(a) guarantees every person the right to the highest attainable standard of health, including reproductive health care. Schedule 4 of the Constitution assigns health policy and national referral services to the national government, while county governments manage primary health care services and county health facilities placing counties like West Pokot at the center of service delivery and budget execution.

The **Social Health Insurance Act, 2023**³ establishes a more inclusive and sustainable social health insurance system, designed to ensure that all Kenyans, regardless of income level, can access essential health services without facing financial hardship. It introduces a contributory mechanism based on income levels and expands coverage to vulnerable populations, promoting fairness and reducing out-of-pocket health expenditures.

The **Primary Health Care Act, 2023**⁴ firmly integrates community health services into the national legal framework, reinforcing the government's commitment to preventive and promotive health care. This Act ensures continuity in delivering services at the grassroots level. It emphasises on health education, disease prevention, and early intervention, ultimately reducing the burden on tertiary health facilities while improving overall population health outcomes.

The **Digital Health Act, 2023**⁵ provides the legal foundation for the adoption and expansion of digital technologies within the health sector. This Act promotes the use of electronic health records, telemedicine, and digital platforms to improve service delivery, enhance patient data management, and support informed decision-making.

¹ Kenya National Bureau of Statistics (KNBS). (2023). Kenya Demographic and Health Survey 2022: Key Indicators Report. <https://www.knbs.or.ke>

² Republic of Kenya. (2010). The Constitution of Kenya, 2010. <https://www.kenyalaw.org/kl/fileadmin/pdfdownloads/TheConstitutionOfKenya.pdf>

³ Republic of Kenya. (2023). The Social Health Insurance Act, https://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/2023/TheSocialHealthInsuranceAct_2023.pdf

⁴ Republic of Kenya. (2023). The Primary Health Care Act, https://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/2023/ThePrimaryHealthCareAct_2023.pdf

⁵ Republic of Kenya. (2023). The Digital Health Act, https://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/2023/TheDigitalHealthAct_2023.pdf



BASIS FOR ASRHR BUDGET INVESTMENT

The Facility Improvement Financing Act, 2023⁶ grants public health facilities the authority to retain and manage the revenue they generate. It enhances financial autonomy and encourages innovation at the facility level, contributing to more efficient and patient-centred care.

Complementing these laws are key national policy frameworks that provide strategic guidance.

- The Kenya Health Policy 2014–2030⁷ outlines the country's long-term vision for health, focusing on achieving the highest attainable standards of health through a people-centred, equitable, and efficient system.
- The Universal Health Coverage Policy 2020–2030⁸ builds on this by charting a path toward comprehensive health coverage for all Kenyans, prioritising accessibility, affordability, and quality.
- Kenya Vision 2030⁹ underscores health as a critical component of national development, targeting the provision of equitable and affordable healthcare to support a productive and globally competitive population.

In addition, the Government of Kenya is a signatory, ratified or committed

International Conference on Population and Development Programme of Action in 1994 and further reinforced during the ICPD 25; Nairobi Summit, committed to eliminate teenage HIV infections and harmful practices by 2023.¹⁰

In 2019, Kenya committed to reducing the unmet need for family planning and pregnancy among adolescent girls as part of FP 2030 goals.¹¹

Kenya ratified the African Union's Abuja Declaration (2001) which obligates states to allocate at least 15% of their national budgets to health. This was reinforced by the African Leadership Meeting (ALM) Declaration (2019), which emphasised not just "more money for health," but also achieving "more health for the money"—encouraging countries to strengthen domestic resource mobilization, improve efficiency in spending, and enhance accountability.¹²

Kenya ratified the Maputo Plan of Action (2016–2030), which provides for universal access to comprehensive sexual and reproductive health and rights (SRHR) services, with youth and women prioritised—making it a key framework in analysing budget allocations for reproductive health services.¹³

Kenya is a signatory to International Covenant on Economic, Social and Cultural Rights (ICESCR), which obligates states under Article 12 to recognise the right of everyone to the highest attainable standard of physical and mental health, including reproductive health services. This legal commitment places responsibility on governments to implement progressive measures to expand access and equity in healthcare.¹⁴

⁶ Republic of Kenya. (2023). The Facility Improvement Financing Act, https://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/2023/TheFacilitiesImprovementFinancingAct_2023.pdf

⁷ Ministry of Health. (2014). Kenya Health Policy 2014–2030. Government of Kenya. <https://arua-ncd.org/wp-content/uploads/2022/10/kenya-health-policy.pdf>

⁸ Ministry of Health. (2020). Universal Health Coverage Policy 2020–2030. Government of Kenya. http://guidelines.health.go.ke:8000/media/Kenya_Universal_Health_Coverage_Policy_2020_2030.pdf

⁹ Government of Kenya. (2007). Kenya Vision 2030. Ministry of Planning, National Development and Vision 2030. <https://vision2030.go.ke/>

¹⁰ United Nations Population Fund (UNFPA). (2019). ICPD25 Nairobi Summit Commitments. <https://www.nairobisummiticpd.org/commitments>

¹¹ FP2030. (2021). FP2030: A global partnership for family planning. <https://fp2030.org>

¹² African Union. (2001). Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases. <https://au.int>

¹³ African Union Commission. (2016). Maputo Plan of Action (2016–2030): Universal Access to Sexual and Reproductive Health and Rights in Africa. African Union. https://au.int/sites/default/files/documents/24099-poa_5-_revised_clean.pdf

¹⁴ International Convent on Economic, Social, and Cultural Rights, (1976) https://treaties.un.org/doc/treaties/1976/01/19760103%2009-57%20pm/ch_iv_03.pdf



BACKGROUND

WHY THE BUDGET STUDY

Budget studies are critical for understanding how financial resources are allocated, utilised, and impact outcomes. These studies examine government spending, donor contributions, private sector investments, and household expenditures in a sector. Budget studies have been conducted in various sectors such as education and health. ASRHR budget studies analyse how financial resources are allocated, spent, and impact services for young people. These studies analyse government investments and donor contributions in ASRHR programmes such as family planning, HIV prevention, STI treatment and prevention, maternal health, and prevention of early pregnancies and gender-based violence (GBV).

METHODOLOGY

The estimation of budgetary allocation for ASRHR at the county level was undertaken using workload statistics for the Ministry of Health in the Kenya Health Information System (KHIS)¹⁵. This is because there is no dedicated budget line for ASRHR in the county programme-based budget. This is evident from financial records and from discussions with the county department of health management team (Director of Health, The Chief Accountant, Reproductive Health coordinator).

The steps are as follows:

Step 1: Log in to the KHIS at <https://hiskkenya.org/>¹⁶

Step 2: From the "Reports" section, we used workload statistics categorised by county and total

Step 3: To determine the adolescent proportion for the county the 2019 census population data was used.

Step 4: Total health service utilisation was calculated by summing both outpatient and inpatient data. The total number of outpatient department visits was derived by adding attendance across four categories: under-five males, under-five females, over-five males, and over-five females. For inpatient data, the total number of inpatient occupied days was obtained by summing the Inpatient Occupied Bed Days for both NHIF members and non-NHIF members.

Step 5: All inpatient services were converted to outpatient visit equivalents, using the assumption that one inpatient-day (bed-day) equals five outpatient visits.

Note: The factor of 5 is derived from health literature, which equates the effort required for one inpatient-day to that of five outpatient visits. This reflects differences in care intensity, resource use, time, and personnel. Inpatient care typically demands round-the-clock monitoring, specialised equipment, and dedicated staff, while outpatient care involves shorter, less intensive interactions¹⁷.

Step 6: The proportion of SRHR services was calculated by dividing the total SRHR service utilisation by the total workload equivalent visits (outpatient visits + adjusted inpatient days) SRHR components included: antenatal care attendance, caesarean sections, obstetrics/gynaecology, postnatal care, family planning, sexually transmitted infections, gender-based violence cases, and HIV/AIDS-related visits.

Step 7: The county adolescent population proportion was used to estimate ASRHR service demand. For maternal and child health (MCH) services, the ASRHR rate was calculated based on the proportion of adolescent females eligible for MCH services. For other SRHR components, the ASRHR proportion was adjusted using overall county adolescent proportion. These rates were determined as outlined in Step 3

Step 8: Finally, the ASRHR proportions were applied to the current financial year's total health budget allocation. This was done by using the respective ASRHR service utilisation rates (ANC, Caesarean Sections, Obstetrics/Gynaecology, PNC, FP, STI, GBV, HIV/AIDS) to derive the corresponding budget share allocated to ASRHR services at the county level.

¹⁵ Ministry of Health – Kenya. (n.d.). Kenya Health Information System (KHIS). <https://hiskkenya.org/>

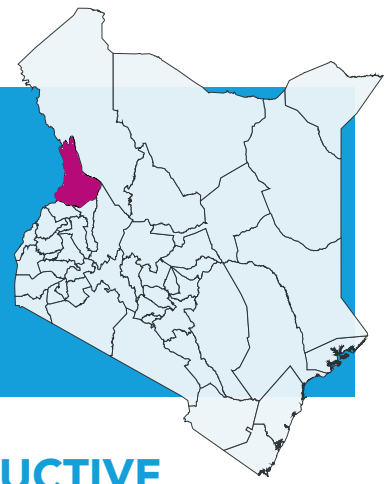
¹⁶ Ministry of Health – Kenya. (n.d.). DHIS2 Tracker Login Portal. <https://histracker.health.go.ke/dhis-web-commons/security/login.action>

¹⁷ World Health Organization (WHO). (2010). Workload Indicators of Staffing Need (WISN): User's Manual. <https://www.who.int/publications/i/item/9789241500197>



ASRHR Budget Analysis

FY 2023/2024

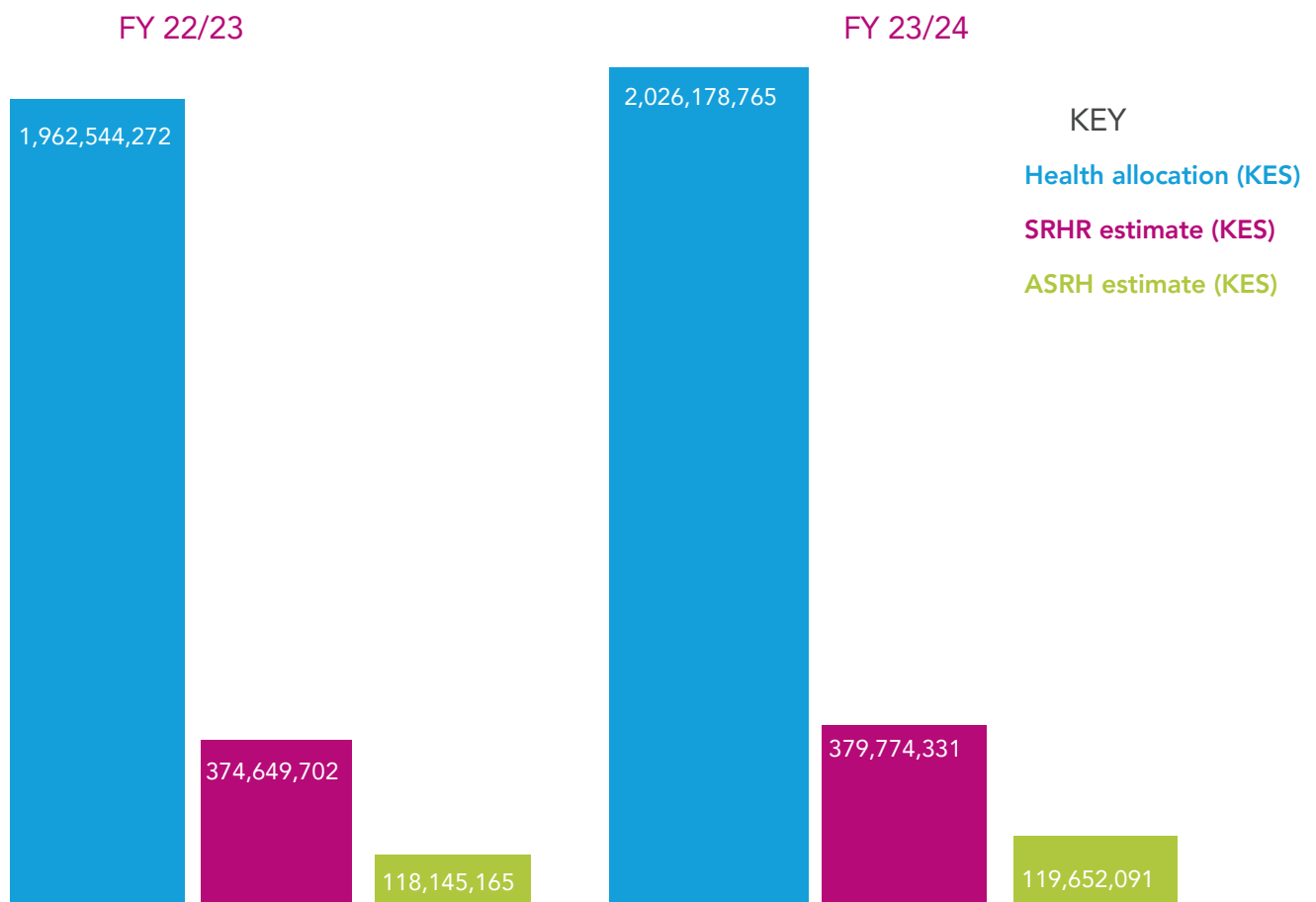


ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH BUDGET ESTIMATE



3

The budget analysis conducted in May 2024 shows the County Government of West Pokot does not have a specific budget line for Adolescent Sexual and Reproductive Health (ASRHR) for FY 2023/24. However, in the supplementary budget II, some components of Sexual and Reproductive health such as family planning services, HIV/AIDs services, and antenatal care services had been allocated KES 1.3M, KES 1.4M and KES 1.1M respectively. The indirect ASRH allocation* by the County Government of West Pokot was estimated for the period 2022/23 and 2023/24 as follows:

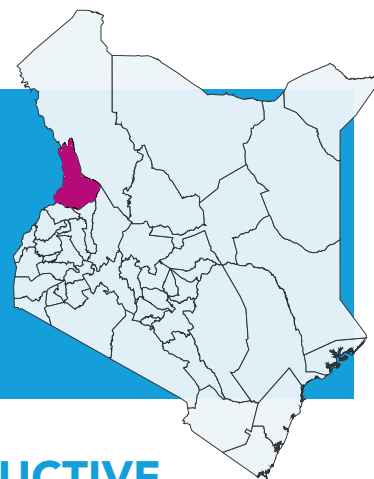


To arrive at these estimates, our study examined the following documents: Programme Based Budget (PBB), Supplementary Budget, County Implementation Reports, Budget Review and Outlook Papers, and sector budget documents from the Department of Health

*Indirect allocation for adolescent sexual reproductive health by County Governments was estimated based on workload statistics from the District Health Information System (DHIS) and subjected to county allocation to health. Then the weights were used to derive possible allocations for SRHR

ASRHR Budget Analysis

FY 2024/2025



ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH BUDGET ESTIMATE



The budget analysis conducted in May 2025 shows the County Government of West Pokot does not have a specific budget line for Adolescent Sexual and Reproductive Health (ASRHR) for FY 2024/25. The indirect ASRH allocation* by the County Government of West Pokot was estimated for the period 2023/24 and 2024/25 as follows:

FY 23/24

FY 24/25



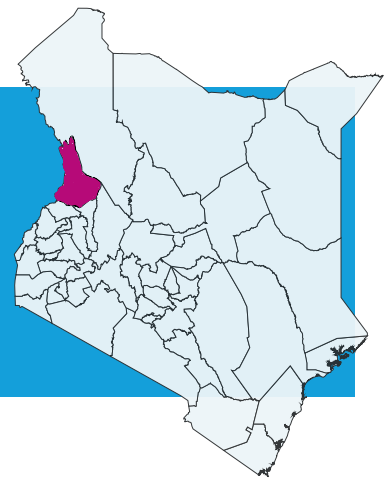
To arrive at these estimates, our study examined the following documents: Programme Based Budget (PBB), Supplementary Budget, County Implementation Reports, Budget Review and Outlook Papers, and sector budget documents from the Department of Health

*Indirect allocation for adolescent sexual reproductive health by County Governments was estimated based on workload statistics from the District Health Information System (DHIS) and subjected to county allocation to health. Then the weights were used to derive possible allocations for SRHR



ASRHR Budget Analysis

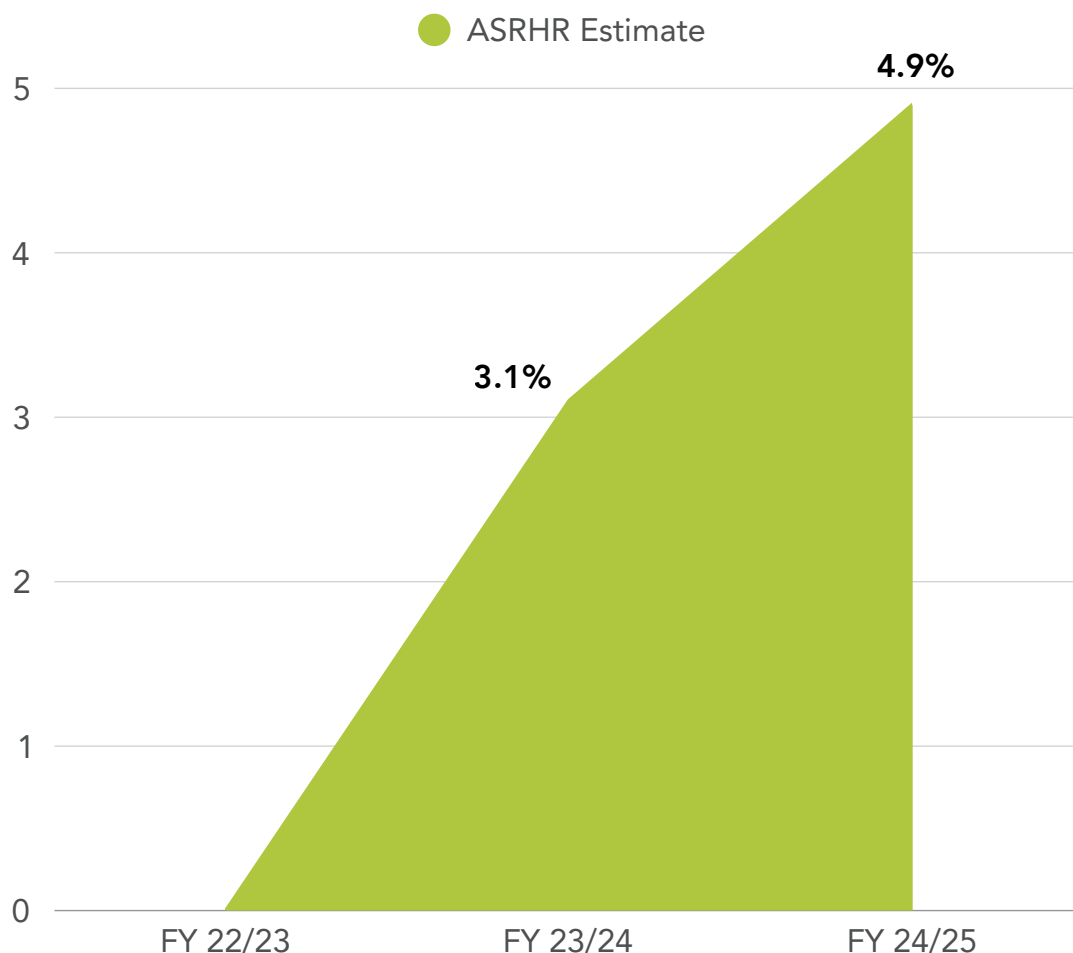
FY 2022/2023 - FY 2024/2025



ASRHR BUDGET TRENDS OVER THREE FINANCIAL YEARS

The estimated allocation to SRHR services increased from FY 2022/23 to FY 2023/24. However, in FY 2024/25, the allocation declined, despite the overall health budget increasing. This suggests a shift in internal health priorities or a need for renewed advocacy to ring fence and expand SRHR financing, particularly given the critical role these services play in reducing maternal mortality, preventing teenage pregnancies, and promoting gender equity.

Allocation to ASRHR continues to see a steady growth, reflecting an increasing awareness of the unique needs of young people in West Pokot. The ASRHR budget allocation marks a 3.1% increase from FY 2022/23 to FY 2023/24, and a further 1.8% increase from FY 2023/24 to FY 2024/25. Cumulatively, the ASRHR allocation has grown by approximately 4.9% over the three-year period.





RECOMMENDATIONS

1. The County Government of West Pokot needs **establish a specific budget lines for SRHR and ASRHR to cater for the increasing demand**, particularly among adolescents, prioritising the underserved, vulnerable and hard-to-reach-communities, including young people and PWDs.
2. The County Government of West Pokot should **allocate resources to support the enforcement of youth-friendly health policies** by funding regulatory oversight and compliance mechanisms. Resources should also be directed toward the dissemination of these policies at the local level to enhance public awareness, particularly among adolescents and youth to safeguard the rights and privacy of young people, increase trust in health systems, and improve the uptake of ASRHR.
3. The County of West Pokot should **strengthen supply chain management**, including forecasting and redistribution mechanisms. This is critical to prevent stockouts of essential family planning and HIV prevention commodities, particularly in remote areas, ensuring consistent service delivery.
4. The County Government of West Pokot should **allocate resources to recruit additional healthcare providers and invest in their specialised training on youth-friendly service provision**. This will address staff shortages and improve the quality and accessibility of interactions between young people and healthcare providers.
5. The County of West Pokot should **allocate dedicated funding for the construction and equipping of health facilities** specifically designed to be accessible, confidential, and youth-centred. This will create safe spaces that encourage young people to seek and utilize ASRHR services.
6. The County Government of West Pokot **should prioritise youth-led initiatives and establish formal platforms that empower young people** to genuinely participate in the co-creation, implementation, and monitoring of ASRHR interventions.
7. The County Government of West Pokot **should budget for sustained and comprehensive community outreach programs** that actively address myths, cultural taboos, and stigma surrounding ASRHR, with a specific focus on engaging men, elders, and cultural & religious leaders to foster a supportive environment and shift restrictive social norms around ASRHR.



Head Office,
Hatheru Court | Hatheru Road (Lavington),
PO BOX 2438-00202, Nairobi.
Tel. +254 20 3572302, +254 736 616491.

Mombasa Office,
Sheetal Plaza, 5th Flr, Moi Avenue,
Mombasa.
Tel: +254 772 099656

Kitale Field Office
Africa Theological Seminary,
Section 6 Estate | Waterworks Rd,
Kitale.

 www.yswkenya.org  Youth for a Sustainable World- YSW  @YSW_Kenya  @YSW_Kenya
 Youth for a Sustainable World



 www.lifeyangu.com  LifeYanguOfficial  @Life_Yangu  @life__yangu

YSW 2025

Every effort has been made to verify the accuracy of the information contained in this publication. All information was believed to be correct as of May 2025.

YSW requires all YSW employees to observe the highest standards of business and personal ethics in the conduct of their duties and responsibilities.

Please write to us on reports@yswkenya.org if you have any questions or concerns about the conduct of any YSW Kenya employee.