



EXPLAINING BUDGET DEVIATION

A BUDGET CREDIBILITY SNAPSHOT

April 2019

The study of budget credibility examines the extent, nature, causes and consequences of deviations from approved budgets. In this series, part of the International Budget Partnership's Assessing Budget Credibility Project, 24 civil society partners in 23 countries probed a specific area in which execution of the national budget repeatedly diverged from the approved plan to learn whether adequate reasons were provided for the deviation. The broader synthesis report on these findings can be found [here](#).

KENYA: MATERNAL AND CHILD HEALTH

According to the Government of Kenya's 2017 health sector report, rapid population growth is increasing the demand for health services. To adequately respond to this trend, the government must continue expanding maternal and child health services and bolster the health system's capacity to address communicable and non-communicable diseases, the latter of which are on the rise.

BUDGET CREDIBILITY CHALLENGE

The government has committed to improving reproductive, maternal, neonatal, child and adolescent Health (RMNCAH) through increased access to family planning services and immunization as well as improvements in nutrition. However, according to the latest official data, the total budget for the family planning services, maternity, and immunization sub-programs has been under-executed on average by 42 percent between FY 2014/2015 and 2016/17.

At the same time, performance against nonfinancial targets for these areas has been extremely weak. For example, the target for percentage of women of reproductive age receiving family planning commodities in health facilities has been revised down with each financial year. In the FY 2015/16 budget, the target for FY 2016/17 and 2017/18 was set at 80 percent in each year, but in the FY 2016/17 budget, these targets were revised downward to 45 percent and 46 percent, respectively.

A major challenge with tracking the credibility of Kenya's health budget is that programs have undergone frequent restructuring in recent years, with programs and sub-programs shifting names and composition. For example, these three sub-programs fell under the Maternal and Child Health Program in FY 2014/15, but during FY 2015/16 to FY 2016/17 they fell under the Health Policy, Standard, and Regulations Program. The government provides no reasons why these changes were made.

EXECUTION RATE OF FAMILY PLANNING SERVICES, MATERNITY, AND IMMUNIZATION SUB-PROGRAMS, FY 2014/15 TO FY 2016/17

Sub-Program	FY 2014/15	FY 2015/16	FY 2016/17
Family planning services	13%	9%	11%
Maternity	63%	94%	122%
Immunization	14%	14%	20%
Total	41%	59%	74%

Source: Kenya National Treasury, Kenya Controller of Budget, World Bank BOOST Data

WERE EXPLANATIONS FOR THE DEVIATIONS FOUND IN GOVERNMENT REPORTS?

No. None of the following reports contained justifications for budget deviations:

- *Budget Review and Outlook Paper*
- *Budget Policy Statement*
- *Program Based Budget*
- *Health Sector Working reports*

However, the 2018 health sector report provided two reasons for why a performance indicator was not met. There was a decline in the percentage of women of reproductive age receiving family planning services because of a lack of commodities and health care workers unrest.

DID THE GOVERNMENT AGREE TO BE INTERVIEWED TO EXPLAIN FURTHER?

No. It was not possible to conduct an interview with government officials on this issue.

WERE THE REASONS PROVIDED BY GOVERNMENT ADEQUATE?

No. There were only two reasons uncovered, which were for failure to meet family planning performance targets. There is no direct connection between this and the underspending of the budget. The reasons also lack a clear causal mechanism. Why was there a lack of commodities? How did worker unrest affect access to family planning services?