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# Closing Gaps in Devolved Health Service Delivery for Select Counties Project

## Fact Sheet on Socio-economic Data: Isiolo; Kakamega; Kilifi; Mombasa and Nakuru Counties

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# Preliminary

## Introduction

The *Closing Gaps in Devolved Health Service Delivery*<sup>1</sup> is a five-year USAID-funded project implemented by the Institute of Economic Affairs in consortium with its partners Concern Worldwide, Development Initiatives and Urban Institute. The interventions fashioned for the project are premised on responding to three overlapping and contextual challenges of (i) inadequate health financing and inefficiencies in spending; (ii) weak oversight and accountability; and (iii) gaps in health policies which impede county delivery of quality health services.

This document presents the **FACT SHEET on Social and Economic Indicators** for the five project focus counties - **Isiolo, Kakamega, Kilifi, Mombasa and Nakuru**. This health and socio-economic fact sheet will provide a baseline information set for the first project objective on inadequate health financing. As part of the project baseline analysis which will lead to co-creation with the target counties, this fact sheet provides a well of information which will underpin the development of the questionnaire for the political economy analysis (PEA) for each of the five counties. While this fact sheet will feed into the baseline data, it will also be useful for driving evidence driven discourse.

The **FACT SHEET on Social and Economic Indicators** is a compendium of data points on administrative, demographic, gender, health, and public finance management at the national and county levels of government.

In 2013 Kenya commenced the transition from a centralized to a decentralized governance system comprising of the national government and 47 county governments. Devolution aims to enhance service delivery to citizens by bringing the resources closer to them. Among the devolved functions is health with national government retaining the functions of policy formulation and managing the referral hospitals. As highlighted in Article 186 of the Constitution of Kenya, 2010 there exist exclusive and shared functions and powers of the respective levels of government therefore creating the need to track and compare the progress made across counties post devolution.

## Rationale

This publication is aimed at different audiences, but its overall purpose is to democratise information on social economic and health indicators and to reduce the asymmetrical power that exists between the leadership and people and also between the excluded and the decision makers. This is essential because political leaders and decision makers at the national and county levels have greater access to development information than the public as they withhold information from women, youth and other excluded people. This asymmetry in power is a cause for disempowerment because it entrenches injustice and undermines the realisation of the rights of these minorities, women, youth, children and people with disability. One of the consequences of this differential power acquisition is that it undermines gender equality and the access that all Kenyans have to rights that are secured by the constitution and other laws.

In addition to preparing background information for the political economy analysis, the **FACT SHEET on Social and Economic Indicators** fulfils the following additional objectives:

- **Repository of facts** This publication is a comprehensive collection of 90 data points from various secondary sources.
- **Comparability across counties** There exist County reports on various areas of development, however, they report on different data points and are not all comprehensive. The **FACT SHEET** is a repository of common facts allowing for comprehensive comparison across the five counties.
- **Trend tracking** With the intention to publish periodically, every year, the **FACT SHEET on Social and Economic Indicators** is a manual for tracking trends and the devolution progress.
- **Educational tool** The IEA hopes that this publication will serve as a journalists' manual for accurate public reporting.

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<sup>1</sup>This project is under the Kenya Inclusive Governance, Accountability, Performance and Participation (Kenya-IGAPP) Annual Program Statement

## **Structure**

**The FACT SHEET on Social and Economic Indicators** takes the structure of a handbook.

Preliminary pages define the measurement and interpretation of the indicators and provide the list of the sources of each data point, the year and the frequency of publication.

This is followed by a map showing the geographical distribution of each of the five focus counties.

A comparative table with all five counties as well as commentary on key findings that will help focus the subsequent project analyses activities are presented, These are followed by the data sheet for Kenya and then an individual data sheet for each of the five counties.

The data lines are laid out in broad themes such as administrative, demographic, social, gender, health inputs and outcomes, public finance management and governance. Each data sheet begins with demographic and administrative information and core data on social indicators such as poverty and inequalities. The main indicators on health such as on health infrastructure, health personnel, health spending as well as health outcomes then follow.

## Acronyms and Abbreviations

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<b>ANC</b>	Antenatal Care
<b>BTI</b>	Budget Transparency Index
<b>Bn</b>	Billion
<b>FIF</b>	Facility Improvement Fund
<b>GCP</b>	Gross County Product
<b>GNI</b>	Gross National Income
<b>HDI</b>	Human Development Index
<b>HH</b>	Household
<b>HIV</b>	Human-Immunodeficiency Virus
<b>IEA</b>	The Institute of Economic Affairs
<b>IMR</b>	Infant Mortality Rate
<b>KDHS</b>	Kenya Demographic Household Survey
<b>KHHEUS</b>	Kenya Household Health Expenditure and Utilisation Survey
<b>KIHBS</b>	Kenya Integrated Household Budget Survey
<b>KIPPRA</b>	Kenya Institute of Public Policy Research and Analysis
<b>KNBS</b>	Kenya National Bureau of Statistics
<b>KPHC</b>	Population and Housing Census
<b>Ksh</b>	Kenya Shillings
<b>MMR</b>	Maternal Mortality Rate
<b>Mn</b>	Million
<b>MoH</b>	Ministry of Health
<b>NACC</b>	National Aids Control Council
<b>NCIC</b>	National Cohesion and Integration Commission
<b>NGO</b>	Non Governmental Organisation
<b>NHIF</b>	National Hospital Insurance Fund
<b>OAG</b>	Office of the Auditor General
<b>OCoB</b>	Office of the Controller of Budget
<b>OSR</b>	Own Source Revenue
<b>PWDs</b>	Persons With Disability
<b>SD</b>	Standard Deviation
<b>Sq. Km</b>	Square Kilometre
<b>TFR</b>	Total Fertility Rate
<b>U5MR</b>	Under Five Mortality Rate

## Types and Sources of the data

Type	Indicators	Source	Year	Frequency
Demographic	Population	The 2019 Population & Housing Census (KPHC), by KNBS	2019	10 years
	Population Density	The 2019 Population & Housing Census (KPHC), by KNBS		
	Households Size	The 2019 Population & Housing Census (KPHC), by KNBS		
Administrative	Area (Sq. Km)	Statistical Abstract and Economic Survey 2015 and 2023	2022	1 year
	Number of Wards	Statistical Abstract and Economic Survey 2015 and 2023		
	Members of County Assembly (MCAs)	Statistical Abstract and Economic Survey 2015 and 2023		
	% Female MCAs	Statistical Abstract and Economic Survey 2015 and 2023		
Social Economic	Overall Poverty	Kenya Integrated Household Budget Survey 2015/16	2015/16	5 years
	Dependency	The Kenya Poverty Rate 2021, by KNBS		
	Labour Force	The Kenya Poverty Rate 2021, by KNBS		
	HDI	The Kenya Poverty Rate 2021, by KNBS		
	Total Workforce	Ethnic & Diversity Audit; County Public Service by NCIC	2023	
Health Inputs	Medical Personnel	Health Assessment Survey (2017), by KIPPRA	2017	
	Health Facilities	Kenya Master Health Facility List by MoH		
	Beds and Cots	Kenya Master Health Facility List by MoH		
	Place of Births	Statistical Abstract and Economic Survey 2015 and 2023	2022	1 year
Health Outcomes	Morbidity	Statistical Abstract and Economic Survey 2015 and 2023	2018	5 years
	HIV	Kenya HIV Estimates (2018 & 2014), by NACC		
	Deaths and Births	Demographic and Health Survey 2014 and 2022		
Health Inputs	Undernourished Children	Demographic and Health Survey 2014 and 2022	2022	5 years
	% distribution of women age 15–49 who had a live birth in the 2 years before the survey by number of antenatal care (ANC) visits during pregnancy	Kenya Demographic and Health Survey 2022		
Health Financing	Budget Allocation	County Budget Implementation & Review Reports by OCoB, 2022/23	2022/23	1 year
	Expenditure	County Budget Implementation & Review Reports by OCoB, 2022/23		
	Health Expenditure	County Budget Implementation & Review Reports by OCoB, 2022/23		
	Budget Absorption Rate	County Budget Implementation & Review Reports by OCoB, 2022/23		
	Budget Utilisation Rate	County Budget Implementation & Review Reports by OCoB, 2022/23		
Health Financing	Own Source Revenue	County Budget Implementation & Review Reports by OCoB, 2022/23	2018	4 year
	Out of pocket Spending	Kenya Household Health Expenditure & Utilization Survey		
	NHIF coverage	Kenya Household Health Expenditure & Utilization Survey		
	Private Insurance	Kenya Household Health Expenditure & Utilization Survey		
Governance	Audit Opinion - County Executives	Audit Reports on Financial Statements by OAG	2021/22	
	Budget Transparency Index	County Budget Transparency Survey- IBP Kenya 2022	2022	1 year

## Definition and Measurement of the Indicators

<b>Household Size</b>	Average household size, is obtained by dividing the total population with total number of households
<b>GCP</b>	Gross County Product (GCP) is conceptually equivalent to the county share of GDP. Gross County Product is a measure of newly created value through production by resident economic agents (in this case individuals, households, businesses, establishments, and enterprises resident in the respective County). Therefore, the GCPs for the 47 counties should ideally sum up to Kenya's GDP. In broad terms, an increase in real GDP is interpreted as a sign that the economy is doing well. When real GDP is growing strongly, employment is likely to be increasing as companies hire more workers for their factories and people have more money in their pockets.
<b>Overall Poverty / Poverty Headcount Rate</b>	The overall poverty rate measures the percentage of the population living below the national poverty line. Households and individuals whose monthly adult equivalent total consumption expenditure per person is less than Ksh 3,947 in rural and peri-urban areas and less than Ksh 7,193 in core-urban areas are considered to be overall poor or live in "overall poverty". Poverty is linked with negative conditions such as substandard housing, homelessness, inadequate nutrition and food insecurity, inadequate child care, lack of access to health care, unsafe neighbourhoods, and underresourced schools which adversely impact our nation's children.
<b>Poverty Gap</b>	The poverty gap estimates the depth of poverty by considering how far the poor are from the poverty line, on average.
<b>Severity of poverty</b>	The severity of poverty is an indicator of inequality among the population living below the poverty line, that is, a measure of the severity of deprivation of those living in absolute poverty.
<b>Total Dependency Ratio</b>	It is defined as the proportion of population that is dependent (age 0-14 and 65+ years) on the working age population (age 15-64 years). It is a measure of the economic burden of the productive population (15 to 64 years). A higher age dependency ratio implies a greater burden, especially in counties with a very young or aging population
<b>Child Dependency Ratio</b>	Child dependency ratio is the number of children aged below 15 years relative to the total number of persons aged 15-64 years
<b>Old-Age Dependency Ratio</b>	Old-age dependency ratio is the population aged 65 years and above relative to the total number of persons aged 15-64 years
<b>Inequality</b>	This is measured by GINI coefficient. The coefficient is a commonly used measure of inequality in incomes among populations. A coefficient of 0 expresses perfect equality where everyone has the same consumption expenditure, while a coefficient of 1 expresses full inequality where only one person has all the consumption expenditure. The Gini coefficient is based on the Lorenz curve which compares income across the entire population of an area. It is a useful measure because it incorporates all of the information available from a particular area. Research find that inequality causes a wide range of health and social problems, from reduced life expectancy and higher infant mortality to poor educational attainment, lower social mobility and increased levels of violence and mental illness. The Gini coefficient measures the extent to which the distribution of consumption expenditure within a country, deviates from a perfectly equal distribution.

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<b>Health Insurance</b>	Health Insurance is the percentage distribution of the population with health insurance cover, this includes the National Hospital Insurance Fund (NHIF), the employer contributory insurance coverage among others
<b>Human Development Index (HDI)</b>	The Human Development Index (HDI) is a summary measure of average achievement in key dimensions of human development: a long and healthy life, being knowledgeable and having a decent standard of living. The HDI is the geometric mean of normalized indices for each of the three dimensions. The health dimension is assessed by life expectancy at birth, the education dimension is measured by mean of years of schooling for adults aged 25 years and more and expected years of schooling for children of school entering age. The standard of living dimension is measured by gross national income per capita. The HDI uses the logarithm of income, to reflect the diminishing importance of income with increasing GNI. The scores for the three HDI dimension indices are then aggregated into a composite index using geometric mean. The HDI can be used to question national policy choices, asking how two countries with the same level of GNI per capita can end up with different human development outcomes. These contrasts can stimulate debate about government policy priorities. The HDI simplifies and captures only part of what human development entails. It does not reflect on inequalities, poverty, human security, empowerment, etc.
<b>Level 6 Health Facility</b>	A national referral centre for level 5 and lower-level hospitals. It also acts as a teaching and training centre for various diploma, undergraduate, and postgraduate medical professionals. They offer specialized services exclusively or a group of specialized services such as radiology, oncology, ophthalmology, dental, and renal services.
<b>Level 5 Health Facility</b>	A secondary level referral hospital that provides a more comprehensive set of services than those offered in a Level 4 facility. It also provides internship services for medical staff, conducts research, and serves as a training centre for paramedical professionals.
<b>Level 4 Health Facility</b>	A principal primary referral hospital that offers services that complement primary healthcare to allow for the delivery of more comprehensive treatment.
<b>Level 3 Health Facility</b>	A health facility that provides comprehensive preventive, curative, promotive, and rehabilitative health services. It also offers maternity theatre services
<b>Level 2 Health Facility</b>	A health facility that provides basic outpatient services
<b>% population taking more than 1 hour to access a health facility</b>	This refers to the share of the population that on average take more than one hour to reach to a health facility
<b>Stunting</b>	Stunting is height for age index which measures below expected linear growth. Stunting is the result of long-term nutritional deprivation and often results in delayed mental development. High level of stunting is linked to poor socio-economic conditions and early exposure to adverse conditions such as illness and/or inappropriate feeding practices. A child whose z-score is below minus two standard deviations from the median of the reference population in terms of height-for-age is considered short for his/ her age or stunted.

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<b>Wasting</b>	Wasting in children is defined as low weight for height and is a strong predictor of mortality among children under five years. A child is considered severely wasted if his/her z-score is more than minus three standard deviations below (-3SD) the median of the reference population. Wasting impairs the functioning of the immune system and can lead to increased severity and duration of and susceptibility to infectious diseases and an increased risk of death. A child whose z-score is below minus two standard deviations (-2 SD) from the median of the reference population, is considered to have low weight for his/her height, or moderately wasted.
<b>Underweight</b>	Underweight (low weight for age) is a composite index of weight for height and height for age. It is a pointer to the extent of nutritional problems
<b>Total Fertility Rate</b>	The average number of children a woman would have at the end of her reproductive period. High Total Fertility Rate has a positive impact on population growth.
<b>Births in Health Facility</b>	This refers to the number births occurring in the hospital or a health facility. Out-of-hospital (or community) births, most occur at home and are assisted by midwives. Studies have found statistically significant increases in perinatal mortality and neonatal morbidity for home birth compared with hospital birth.
<b>Own Source Revenue (OSR)</b>	Own Source Revenue (OSR) is income generated by subnational governments from local sources in the form of taxes, charges, and fees. Adequate mobilisation of OSR is key to improved provision of various public goods and services to eradicate poverty and achieve development goals. Strengthening OSR mobilisation can improve fiscal autonomy through more predictable access to revenue. This would allow county governments to have greater ownership and control over their development agenda. Own-source revenue also has the potential to foster political and administrative accountability of county officials to their constituents. Source: Development Initiatives
<b>Total Budget</b>	This refers to the total budget outlay for the county (final/revised budget at the end of the respective financial period)
<b>Total Expenditure</b>	This refers to the total spending by the county (final/revised expenditure at the end of the respective financial period)
<b>Total Revenue</b>	This refers to the total revenue for the county (final/revised revenue at the end of the respective financial period)
<b>Absorption Rate</b>	This refers to the ratio of actual expenditure to the total budget, that is the rate of budget execution. This is computed using final figures in the respective financial year. A higher ratio denotes higher efficiency in the spending and also improved planning. A ratio above 100 is undesirable. This may have been caused by various reasons like a late Supplementary Budget by the County Executive, undeclared sources of finances in the budget or reallocation of funds during expenditure.
<b>Utilization Rate</b>	This refers to the ratio of actual expenditure to the total available funds (amount that is at disposal ready for meeting expenditure requirements). This is computed using final figures in the respective financial year. A higher ratio denotes higher capacity for the county to utilise available resources. A ratio above 100% is undesirable. This may have been caused by various reasons like expenditure of revenue at source.

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<b>Qualified Opinion</b>	This audit opinion is issued when the financial statements are to a large extent in agreement with the underlying records, except for cases where material or significant misstatements or omissions are noted in the financial statements which eventhough material, are not widespread nor persistent.
<b>Adverse Opinion</b>	This audit opinion is issued when the financial statements exhibit significant misstatements with the underlying records which are material, persistent and widespread. It also means that there are significant disagreements between the financial statements and the underlying books of accounts and/or standards and require considerable interventions by the management to rectify.
<b>Budget Transparency Index</b>	This index is an outcome of the County Budget Transparency Survey by the International Budget Partnership - Kenya across all the 47 counties. It is a composite index using 75 equally weighted scored indicators derived from PFM-related laws, regulations, and guides. The indicators mainly focus on transparency and accountability of public institutions. It is conducted by checking the availability of key budget documents on official county websites for both County Executives and Assemblies as required by the law. Also,the survey looks at the timeliness in the release of the key budget documents on the stages relevant to the conversations on budget decisions.

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## Interpretation of the Indicators

- 1 The five counties are ranked out of all the 47 County Governments
- 2 For every indicator, each county is assigned a rank relative to its position among the 47 counties arrayed from the most favourable to the least.
- 3 The ranking of the counties ranges from (1) to (47) where (1) denotes the most favourable ranking and (47) the least favourable ranking.
- 4 The value for the rank is placed in brackets beside the indicator value and is interpreted as follows:-

Symbol		Interpretation
(↑↑)	The higher the better	The higher the indicator value, the more favourable the status and hence the ranking, e.g income per capita
(↓↑)	The lower the better	The lower the indicator value, the more favourable the status and hence the ranking of the indicator value, e.g. poverty level

## Example

With a relatively higher rate of immunization for children between 12-23 months in 2022 of 93.5 compared to 90.7 for Kakamega, Mombasa is ranked favourably at position 5 compared to Kakamega's ranking at position 7

Health Outcomes		Interpretation	2014	2022	
Immunization	12-23 months	(↑↑)	78.6 (rank = 23)	93.4 (rank = 05)	Mombasa
	12-23 months	(↑↑)	73.1 (rank = 29)	90.7 (rank = 07)	Kakamega

The higher the better

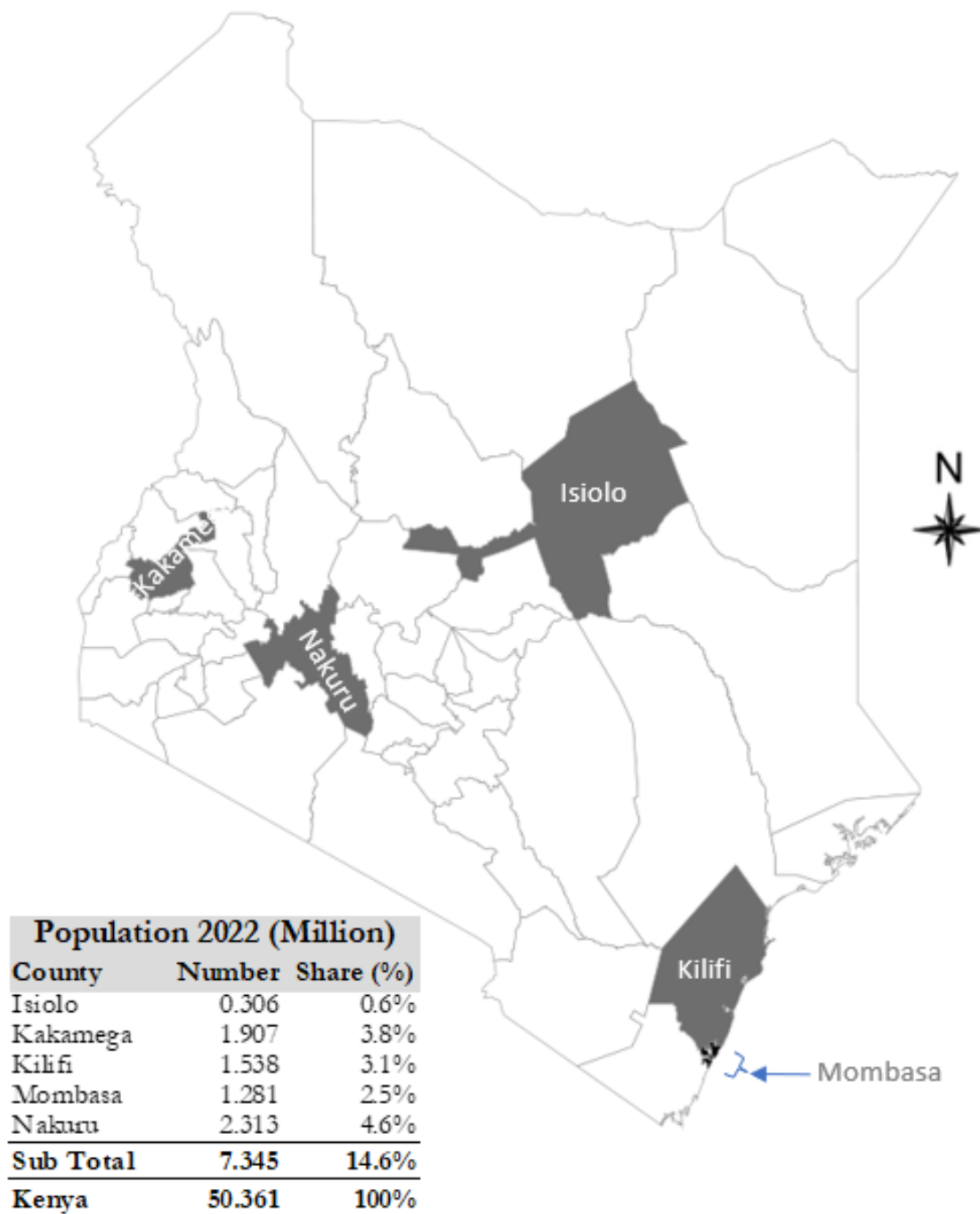
With a relatively lower rate of overall poverty in 2021 of 31.8% compared to 39.6% for Kakamega, Mombasa is ranked favourably at position 11 compared to Kakamega's ranking at position 25

Overall Poverty			2015	2021	
Headcount Rate (%)		(↓↑)	27.1% (rank = 10)	31.8% (rank = 11)	Mombasa
		(↓↑)	35.8% (rank = 24)	39.6% (rank = 25)	Kakamega

The lower the rate better

**NB** Base indicators such as on demographics and geographical area are ranked in descending order based on their magnitude and not specifically on whether the direction is favourable or not.

## Focus Counties



## Kenya

<b>A. Demographics</b>		<b>Interpretation</b>	<b>2009</b>	<b>2022</b>
Population :	Total (Mn)		38.61	50.36
	Female (%)		50.3%	50.5%
	Male (%)		49.7%	49.5%
	Urban (%)		31.1%	31.2%
	Rural (%)		68.9%	68.8%
	Density (Ppl per Sq. Km)		66	87
	Household size		4.40	3.77
	% Total Population Growth 2009–2022			30.4%
<b>B. Administration</b>			<b>2021</b>	<b>2022</b>
	Area (Sq. Km)			580,876
	Number of Wards			1,450
	Members of County Assembly (MCAs)		2,137	2,179
	% Female MCAs		32.5%	33.3%
<b>C. Overall Poverty</b>			<b>2015</b>	<b>2021</b>
	Headcount Rate (%)		36.1%	38.6%
	Poverty Gap (%)		10.4%	9.8%
	Severity of Poverty (%)		4.5%	3.7%
<b>D. Child Poverty</b>				
	0–5 Years (%)	(↓↑)	36.8%	34.4%
	6–13 Years (%)	(↓↑)	43.9%	42.3%
	14–17 Years (%)	(↓↑)	43.8%	44.9%
	0–17 Years (%)	(↓↑)	41.5%	40.3%
<b>E. Inequality</b>				
	Age Dependency Ratio	(↓↑)	81.60	75.18
	Child Dependency Ratio	(↓↑)	74.70	68.29
	Old–Age Dependency Ratio	(↓↑)	6.90	6.89
	Human Development Indx	(↑↑)	0.52	
	Gini Coefficient	(↓↑)	0.39	0.39
<b>F. Health Facilities</b>			<b>2014</b>	<b>2022</b>
	Total Health Facilities	(↑↑)	13,113	16,517
	Health Facilities per 100,000 population	(↑↑)	25	33
	of which : Level 4 – 6 per 100,000 pop.	(↑↑)	1.7	1.7
	: Level 3 per 100,000 pop.	(↑↑)	4.3	4.2
	: Level 2 per 100,000 pop.	(↑↑)	19	19
	% Pop taking more than 1hr to a h. facility	(↓↑)		18.4%
	Beds & Cots per 100,000 population	(↑↑)	148	164
	of which : Beds (proportion, %)	(↑↑)	89%	90%
	: Cots (proportion, %)	(↑↑)	11%	10%
	Average Beds & Cots per Health Facility	(↑↑)	4.9	5.0
<b>G. Health Workforce</b>			<b>2016</b>	<b>2022</b>
	Total Workforce (Public)	(↑↑)	115,882	184,876
	Total Workforce per 100,000 population	(↑↑)	265	367
	of which: Female gender (%)			53.4%
	: PWDs (%)			1.1%
	: Share of the dominant ethnic group			16.29%
	Total Health Professionals (Public & Private)	(↑↑)	121,578	224,291
	Total Health Professionals per 100,000 pop.	(↑↑)	278	445
	of which: Doctors + Nurses per 100,000 pop.	(↑↑)	181	279
	Doctors per 100,000 population	(↑↑)	18.2	19.1
	Nurses per 100,000 population	(↑↑)	162	260

continued. . . Kenya

<b>H. Health Outcomes</b>		<b>Interpretation</b>	<b>2014</b>	<b>2022</b>
Child Immunization, 12–23 months	(↑↑)		74.9	80.1
Life expectancy at birth (years): Female	(↑↑)		60.5	66.5
Life expectancy at birth (years): Male	(↑↑)		55.1	60.6
Life expectancy (at 60 years): Female	(↑↑)		15.7	17.2
Life expectancy (at 60 years): Male	(↑↑)		12.9	14.2
Total Fertility Rate	(↑↑)		3.9%	3.4%
Deliveries at health facility (%)	(↑↑)		61%	88%
4+ ANC Visits (%)	(↑↑)		57%	66%
Maternal mortality rate (100,000 live births)	(↓↑)		309	355
Infant mortality rate (per 1,000 live births)	(↓↑)		27.8	32.0
Under 5 mortality rate (per 1,000 live births)	(↓↑)		35.7	41.0
Morbidity (sick /injured) (%)	(↓↑)		21.5%	36.5%
People living with HIV (%) – Adults (15+)	(↓↑)		5.9%	4.8%
Nutritional status of children: Stunting	(↓↑)		26.0%	17.6%
: Wasting	(↓↑)		4.0%	4.9%
: Underweight	(↓↑)		11.0%	10.1%
<b>I. Economic and Fiscal Indicators</b>			<b>2015/16</b>	<b>2022/23</b>
Gross Domestic Product (GDP), Ksh Mn	(↑↑)		6,576	12,716
Per capita (Ksh '000)	(↑↑)		146	250
% Aggregate County GCP to GRAND Total GDP			100.0%	100.0%
Total Budget, (Ksh Bn) – Counties' aggregate	(↑↑)		367	515
Per capita (Ksh)	(↑↑)		8,173	10,122
Total Revenue (Ksh Bn) – Counties' aggregate	(↑↑)		344	456
Revenue per capita (Ksh)	(↑↑)		7,655	8,966
Equitable Share (%)	(↑↑)		76%	81%
Conditional Grants (%)	(↑↑)		3.6%	6.4%
OSR (%)	(↑↑)		10.2%	8.3%
<b>J. Spending of County Government on Health</b>			<b>2015/16</b>	<b>2022/23</b>
Total Expenditure on Health, (Ksh Bn)	(↑↑)		73.72	109.76
Per capita, (Ksh)	(↑↑)		1,671	2,156
% Health Expenditure to Ttl Expenditure	(↑↑)		25.0%	25.6%
Efficiency : Absorption Rate, (%)	(↑↑)		84%	87%
: Utilisation Rate, (%)	(↑↑)		93%	100%
<b>K. Private Spending and Health Insurance</b>			<b>2013</b>	<b>2018</b>
Out of pocket per capita spending (Ksh)	(↑↑)		1,254	2,490
Overall Insurance Coverage (%)	(↑↑)		13.4%	19.9%
of which : NHIF (%)	(↑↑)		96%	87%
: Private Insurance (%)	(↑↑)		3.9%	11.5%
: Other (%)	(↑↑)		0.1%	1.6%
<b>L. Financial Governance</b>			<b>2020</b>	<b>2022</b>
Audit opinion – Counties' median			Qualified	Qualified
Budget Transparency Index – Counties' median	(↑↑)		32.0%	44.0%

## Counties

### Isiolo

<b>A. Demographics</b>		<b>Interpretation</b>	<b>2009</b>	<b>2022</b>
Population :	Total (Mn)		0.143 (rank = 46)	0.306 (rank = 46)
	Female (%)		48.6% (rank = 40)	47.9% (rank = 43)
	Male (%)		51.4% (rank = 08)	52.1% (rank = 05)
	Urban (%)		43.1% (rank = 07)	46.9% (rank = 06)
	Rural (%)		56.9% (rank = 41)	53.1% (rank = 42)
	Density (Ppl per Sq. Km)		6 (rank = 02)	12 (rank = 03)
	Household size		4.57 (rank = 27)	4.63 (rank = 12)
	% Total Population Growth 2009–2022			113.6%
<b>B. Administration</b>			<b>2021</b>	<b>2022</b>
	Area (Sq. Km)			25,350
	Number of Wards			10
	Members of County Assembly (MCAs)		47	47
	% Female MCAs		36.2%	34%
<b>C. Overall Poverty</b>			<b>2015</b>	<b>2021</b>
	Headcount Rate (%)		51.9%	53.9%
	Poverty Gap (%)		15.5%	17.2%
	Severity of Poverty (%)		6.7%	7.1%
<b>D. Child Poverty</b>				
	0–5 Years (%)	(↓↑)	48.8% (rank = 35)	46.4% (rank = 36)
	6–13 Years (%)	(↓↑)	56.5% (rank = 37)	56.5% (rank = 37)
	14–17 Years (%)	(↓↑)	66.6% (rank = 39)	60.9% (rank = 37)
	0–17 Years (%)	(↓↑)	55.7% (rank = 38)	53.4% (rank = 36)
<b>E. Inequality</b>				
	Age Dependency Ratio	(↓↑)	93.20 (rank = 27)	92.52 (rank = 36)
	Child Dependency Ratio	(↓↑)	86.50 (rank = 29)	86.69 (rank = 37)
	Old–Age Dependency Rat	(↓↑)	6.80 (rank = 20)	5.83 (rank = 13)
	Human Development Ind.	(↑↑)	0.45 (rank = 36)	
	Gini Coefficient	(↓↑)	0.34 (rank = 27)	0.29 (rank = 20)
<b>F. Health Facilities</b>			<b>2014</b>	<b>2022</b>
	Total Health Facilities	(↑↑)	73 (rank = 46)	92 (rank = 46)
	Health Facilities per 100,000 population	(↑↑)	57 (rank = 02)	30 (rank = 32)
	of which : Level 4 – 6 per 100,000 pop.	(↑↑)	3.3 (rank = 04)	1.3 (rank = 32)
	: Level 3 per 100,000 pop.	(↑↑)	9.1 (rank = 04)	3.6 (rank = 33)
	: Level 2 per 100,000 pop.	(↑↑)	45 (rank = 01)	18 (rank = 28)
	% Pop taking more than 1hr to a h. facility	(↓↑)		20.1% (rank = 22)
	Beds & Cots per 100,000 population	(↑↑)	633 (rank = 01)	276 (rank = 03)
	of which : Beds (proportion, %)	(↑↑)	80%	82%
	: Cots (proportion, %)	(↑↑)	20%	18%
	Average Beds & Cots per Health Facility	(↑↑)	9.1 (rank = 02)	9.2 (rank = 02)
<b>G. Health Workforce</b>			<b>2014</b>	<b>2022</b>
	Total Workforce (Public)	(↑↑)	1,246 (rank = 45)	1,733 (rank = 45)
	Total Workforce per 100,000 population	(↑↑)	1,183 (rank = 01)	566 (rank = 08)
	of which: Female gender (%)			46% (rank = 37)
	: PWDs (%)			2.1% (rank = 05)
	: Share of the dominant ethnic group			48.99% (rank = 41)
	Total Health Professionals (Public & Private)	(↑↑)	62 (rank = 46)	114 (rank = 46)
	Total Health Professionals per 100,000 pop.	(↑↑)	59 (rank = 40)	37 (rank = 46)
	of which: Doctors + Nurses per 100,000 pop.	(↑↑)	36 (rank = 41)	24 (rank = 46)
	Doctors per 100,000 population	(↑↑)	1.2 (rank = 44)	1.2 (rank = 43)
	Nurses per 100,000 population	(↑↑)	35 (rank = 40)	22 (rank = 46)

<b>H. Health Outcomes</b>		<b>Interpretation</b>	<b>2014</b>	<b>2022</b>
Child Immunization, 12–23 months	(↑↑)	82.3 (rank = 16)	69.7 (rank = 39)	
Life Expectancy at Birth (years): Female	(↑↑)	54.2 (rank = 45)	59.6 (rank = 45)	
Life Expectancy at Birth (years): Male	(↑↑)	54.7 (rank = 15)	60.1 (rank = 15)	
Life Expectancy (at 60 years): Female	(↑↑)	14.0 (rank = 47)	15.4 (rank = 47)	
Life Expectancy (at 60 years): Male	(↑↑)	14.3 (rank = 15)	15.7 (rank = 15)	
Total Fertility Rate	(↑↑)	4.9% (rank = 15)	4.5% (rank = 11)	
Deliveries at Health Facility (%)	(↑↑)	42% (rank = 36)	84% (rank = 36)	
4+ ANC Visits (%)	(↑↑)	46% (rank = 40)	53% (rank = 40)	
Maternal Mortality Rate (100,000 live births)	(↓↑)	392 (rank = 34)	451 (rank = 34)	
Infant Mortality Rate (per 1,000 live births)	(↓↑)	20.9 (rank = 06)	24.0 (rank = 06)	
Under 5 Mortality Rate (per 1,000 live births)	(↓↑)	28.7 (rank = 12)	33.0 (rank = 12)	
Morbidity (Sick/Injured) (%)	(↓↑)	10.0% (rank = 04)	28.5% (rank = 10)	
People Living with HIV (%)– Adults (15+)	(↓↑)	3.8% (rank = 22)	3.2% (rank = 20)	
Nutritional Status of Children: Stunting	(↓↑)	19.1% (rank = 09)	14.1% (rank = 14)	
: Wasting	(↓↑)	9.1% (rank = 40)	7.2% (rank = 36)	
: Underweight	(↓↑)	12.9% (rank = 34)	11.5% (rank = 32)	
<b>I. Economic &amp; Fiscal Indicators</b>			<b>2015/16</b>	<b>2022/23</b>
Gross County Product (GCP), Ksh Bn	(↑↑)	17 (rank = 47)	33 (rank = 47)	
Per capita (Ksh '000)	(↑↑)	120 (rank = 19)	105 (rank = 42)	
% GCP to GRAND Total GCP	(↑↑)	0.3% (rank = 47)	0.3% (rank = 47)	
Total Budget, (Ksh Bn)	(↑↑)	3.7 (rank = 46)	6.5 (rank = 44)	
Per capita (Ksh)	(↑↑)	26,131 (rank = 01)	20,771 (rank = 03)	
Total Revenue (Ksh Bn)	(↑↑)	3.27 (rank = 46)	5.22 (rank = 44)	
Revenue per capita (Ksh)	(↑↑)	22,886 (rank = 02)	16,770 (rank = 05)	
Equitable Share (%)	(↑↑)	94% (rank = 02)	90% (rank = 14)	
Conditional Grants (%)	(↑↑)	2.4% (rank = 32)	7.5% (rank = 10)	
OSR (%)	(↑↑)	3.4% (rank = 32)	2.9% (rank = 36)	
Share of FIF to OSR (%)			0.6%	
<i>Is FIF policy operational?</i>			Yes	
<b>J. Spending of County Government on Health</b>			<b>2015/16</b>	<b>2022/23</b>
Total Expenditure on Health, (Ksh Bn)	(↑↑)	0.68 (rank = 44)	1.42 (rank = 36)	
Per capita, (Ksh)	(↑↑)	5,780 (rank = 01)	4,580 (rank = 02)	
% Health Expenditure to Ttl Expenditure	(↑↑)	21.0% (rank = 31)	25.9% (rank = 28)	
Efficiency : Absorption Rate, (%)	(↑↑)	95% (rank = 06)	97% (rank = 05)	
: Utilisation Rate, (%)	(↑↑)	99% (rank = 20)	103% (rank = 09)	
<b>K. Private Spending &amp; Health Insurance</b>			<b>2013</b>	<b>2018</b>
Out of pocket per capita spending (Ksh)	(↑↑)	1,944 (rank = 06)	2,600 (rank = 16)	
Overall Insurance Coverage (%)	(↑↑)	11.7% (rank = 26)	11.1% (rank = 35)	
of which : NHIF (%)	(↑↑)	98% (rank = 06)	88% (rank = 23)	
: Private Insurance (%)	(↑↑)	1.4% (rank = 42)	11.9% (rank = 22)	
: Other (%)	(↑↑)	0.0% (rank = 43)	0.0% (rank = 43)	
<b>I. Financial Governance</b>			<b>2020</b>	<b>2022</b>
Audit opinion		Qualified	Qualified	
Budget Transparency Index	(↑↑)	29.0% (rank = 27)	0.0% (rank = 47)	

## Kakamega

<b>A. Demographics</b>		<b>Interpretation</b>	<b>2009</b>	<b>2022</b>
Population :	Total (Mn)		1.661 (rank = 02)	1.907 (rank = 04)
	Female (%)		51.8% (rank = 08)	52.0% (rank = 06)
	Male (%)		48.2% (rank = 40)	48.0% (rank = 42)
	Urban (%)		13.9% (rank = 34)	9.9% (rank = 35)
	Rural (%)		86.1% (rank = 14)	90.1% (rank = 13)
	Density (Ppl per Sq. Km)		550 (rank = 41)	632 (rank = 41)
	Household size		4.67 (rank = 25)	4.20 (rank = 22)
	% Total Population Growth 2009–2022			14.9%
<b>B. Administration</b>			<b>2021</b>	<b>2022</b>
	Area (Sq. Km)			3,020
	Number of Wards			60
	Members of County Assembly (MCAs)		87	90
	% Female MCAs		34.5%	32.2%
<b>C. Overall Poverty</b>			<b>2015</b>	<b>2021</b>
	Headcount Rate (%)		35.8%	39.6%
	Poverty Gap (%)		9.5%	12.0%
	Severity of Poverty (%)		3.8%	5.4%
<b>D. Child Poverty</b>				
	0–5 Years (%)	(↓↑)	33.8% (rank = 19)	34.2% (rank = 24)
	6–13 Years (%)	(↓↑)	40.0% (rank = 20)	41.7% (rank = 25)
	14–17 Years (%)	(↓↑)	42.2% (rank = 23)	41.6% (rank = 23)
	0–17 Years (%)	(↓↑)	38.5% (rank = 20)	39.5% (rank = 24)
<b>E. Inequality</b>				
	Age Dependency Ratio	(↓↑)	95.20 (rank = 29)	87.70 (rank = 30)
	Child Dependency Ratio	(↓↑)	87.10 (rank = 32)	79.07 (rank = 31)
	Old–Age Dependency Rat	(↓↑)	8.00 (rank = 28)	8.63 (rank = 34)
	Human Development Ind.	(↑↑)	0.48 (rank = 30)	
	Gini Coefficient	(↓↑)	0.29 (rank = 07)	0.31 (rank = 29)
<b>F. Health Facilities</b>			<b>2014</b>	<b>2022</b>
	Total Health Facilities	(↑↑)	351 (rank = 12)	442 (rank = 12)
	Health Facilities per 100,000 population	(↑↑)	15 (rank = 45)	23 (rank = 41)
	of which : Level 4 – 6 per 100,000 pop.	(↑↑)	0.9 (rank = 41)	1.0 (rank = 38)
	: Level 3 per 100,000 pop.	(↑↑)	3.5 (rank = 31)	4.0 (rank = 27)
	: Level 2 per 100,000 pop.	(↑↑)	11 (rank = 44)	12 (rank = 40)
	% Pop taking more than 1hr to a h. facility	(↓↑)		20.7% (rank = 23)
	Beds & Cots per 100,000 population	(↑↑)	118 (rank = 33)	147 (rank = 27)
	of which : Beds (proportion, %)	(↑↑)	87%	89%
	: Cots (proportion, %)	(↑↑)	13%	11%
	Average Beds & Cots per Health Facility	(↑↑)	6.2 (rank = 12)	6.3 (rank = 12)
<b>G. Health Workforce</b>			<b>2014</b>	<b>2022</b>
	Total Workforce (Public)	(↑↑)	3,486 (rank = 02)	7,087 (rank = 02)
	Total Workforce per 100,000 population	(↑↑)	187 (rank = 38)	372 (rank = 33)
	of which: Female gender (%)			61.3% (rank = 09)
	: PWDs (%)			0.8% (rank = 36)
	: Share of the dominant ethnic group			90.80% (rank = 17)
	Total Health Professionals (Public & Private)	(↑↑)	4,361 (rank = 07)	8,046 (rank = 07)
	Total Health Professionals per 100,000 pop.	(↑↑)	234 (rank = 17)	422 (rank = 13)
	of which: Doctors + Nurses per 100,000 pop.	(↑↑)	153 (rank = 17)	269 (rank = 13)
	Doctors per 100,000 population	(↑↑)	9.2 (rank = 16)	9.7 (rank = 16)
	Nurses per 100,000 population	(↑↑)	144 (rank = 17)	259 (rank = 13)

continued. . . Kakamega

<b>H. Health Outcomes</b>		<b>Interpretation</b>	<b>2014</b>	<b>2022</b>
Child Immunization, 12–23 months	(↑↑)	73.1 (rank = 29)	90.7 (rank = 07)	
Life Expectancy at Birth (years): Female	(↑↑)	60.2 (rank = 22)	66.1 (rank = 22)	
Life Expectancy at Birth (years): Male	(↑↑)	57.7 (rank = 09)	63.4 (rank = 09)	
Life Expectancy (at 60 years): Female	(↑↑)	16.4 (rank = 20)	18.0 (rank = 20)	
Life Expectancy (at 60 years): Male	(↑↑)	15.6 (rank = 06)	17.1 (rank = 06)	
Total Fertility Rate	(↑↑)	4.4% (rank = 21)	3.7% (rank = 17)	
Deliveries at Health Facility (%)	(↑↑)	47% (rank = 32)	96% (rank = 06)	
4+ ANC Visits (%)	(↑↑)	64% (rank = 09)	73% (rank = 09)	
Maternal Mortality Rate (100,000 live births)	(↓↑)	243 (rank = 16)	279 (rank = 16)	
Infant Mortality Rate (per 1,000 live births)	(↓↑)	24.4 (rank = 13)	28.0 (rank = 13)	
Under 5 Mortality Rate (per 1,000 live births)	(↓↑)	39.1 (rank = 27)	45.0 (rank = 27)	
Morbidity (Sick/Injured) (%)	(↓↑)	40.0% (rank = 46)	36.5% (rank = 18)	
People Living with HIV (%)– Adults (15+)	(↓↑)	4.0% (rank = 24)	4.5% (rank = 39)	
Nutritional Status of Children: Stunting	(↓↑)	28.4% (rank = 30)	11.5% (rank = 06)	
: Wasting	(↓↑)	1.8% (rank = 07)	1.5% (rank = 02)	
: Underweight	(↓↑)	10.1% (rank = 21)	6.4% (rank = 12)	
<b>I. Economic &amp; Fiscal Indicators</b>			<b>2015/16</b>	<b>2022/23</b>
Gross County Product (GCP), Ksh Bn	(↑↑)	152 (rank = 09)	286 (rank = 09)	
Per capita (Ksh '000)	(↑↑)	81 (rank = 36)	150 (rank = 30)	
% GCP to GRAND Total GCP	(↑↑)	2.3% (rank = 09)	2.3% (rank = 09)	
Total Budget, (Ksh Bn)	(↑↑)	12.3 (rank = 04)	16.2 (rank = 05)	
Per capita (Ksh)	(↑↑)	6,574 (rank = 36)	8,481 (rank = 38)	
Total Revenue (Ksh Bn)	(↑↑)	11.90 (rank = 04)	14.65 (rank = 05)	
Revenue per capita (Ksh)	(↑↑)	6,356 (rank = 35)	7,670 (rank = 35)	
Equitable Share (%)	(↑↑)	75% (rank = 33)	85% (rank = 29)	
Conditional Grants (%)	(↑↑)	7.0% (rank = 02)	1.8% (rank = 45)	
OSR (%)	(↑↑)	4.2% (rank = 27)	8.9% (rank = 08)	
Share of FIF to OSR (%)			16.3%	
<i>Is FIF policy operational?</i>			Yes	
<b>J. Spending of County Government on Health</b>			<b>2015/16</b>	<b>2022/23</b>
Total Expenditure on Health, (Ksh Bn)	(↑↑)	2.74 (rank = 04)	1.46 (rank = 35)	
Per capita, (Ksh)	(↑↑)	1,466 (rank = 32)	765 (rank = 44)	
% Health Expenditure to Ttl Expenditure	(↑↑)	27.8% (rank = 18)	10.3% (rank = 41)	
Efficiency : Absorption Rate, (%)	(↑↑)	83% (rank = 30)	82% (rank = 33)	
: Utilisation Rate, (%)	(↑↑)	84% (rank = 38)	100% (rank = 23)	
<b>K. Private Spending &amp; Health Insurance</b>			<b>2013</b>	<b>2018</b>
Out of pocket per capita spending (Ksh)	(↑↑)	785 (rank = 37)	1,470 (rank = 42)	
Overall Insurance Coverage (%)	(↑↑)	9.7% (rank = 30)	13.7% (rank = 28)	
of which : NHIF (%)	(↑↑)	94% (rank = 29)	96% (rank = 05)	
: Private Insurance (%)	(↑↑)	5.9% (rank = 16)	3.4% (rank = 43)	
: Other (%)	(↑↑)	0.0% (rank = 42)	1.1% (rank = 12)	
<b>I. Financial Governance</b>			<b>2020</b>	<b>2022</b>
Audit opinion		Qualified	Qualified	
Budget Transparency Index	(↑↑)	45.0% (rank = 14)	39.0% (rank = 27)	



## Kilifi

<b>A. Demographics</b>		<b>Interpretation</b>	<b>2009</b>	<b>2022</b>
Population :	Total (Mn)		1.110 (rank = 08)	1.538 (rank = 07)
	Female (%)		51.7% (rank = 09)	51.6% (rank = 10)
	Male (%)		48.3% (rank = 39)	48.4% (rank = 38)
	Urban (%)		25.2% (rank = 13)	27.1% (rank = 12)
	Rural (%)		74.8% (rank = 35)	72.9% (rank = 36)
	Density (Ppl per Sq. Km)		88 (rank = 18)	123 (rank = 18)
	Household size		5.56 (rank = 05)	4.67 (rank = 10)
	% Total Population Growth 2009–2022			38.6%
<b>B. Administration</b>			<b>2021</b>	<b>2022</b>
	Area (Sq. Km)			12,540
	Number of Wards			35
	Members of County Assembly (MCAs)		60	60
	% Female MCAs		33.3%	33.3%
<b>C. Overall Poverty</b>			<b>2015</b>	<b>2021</b>
	Headcount Rate (%)		46.4%	49.2%
	Poverty Gap (%)		12.3%	10.7%
	Severity of Poverty (%)		4.8%	3.4%
<b>D. Child Poverty</b>				
	0–5 Years (%)	(↓↑)	49.9% (rank = 36)	43.5% (rank = 33)
	6–13 Years (%)	(↓↑)	53.6% (rank = 35)	50.0% (rank = 31)
	14–17 Years (%)	(↓↑)	58.1% (rank = 37)	54.3% (rank = 34)
	0–17 Years (%)	(↓↑)	53.2% (rank = 36)	49.1% (rank = 33)
<b>E. Inequality</b>				
	Age Dependency Ratio	(↓↑)	89.30 (rank = 26)	85.41 (rank = 26)
	Child Dependency Ratio	(↓↑)	83.50 (rank = 27)	78.28 (rank = 27)
	Old–Age Dependency Rat	(↓↑)	5.70 (rank = 09)	7.13 (rank = 25)
	Human Development Ind.	(↑↑)	0.57 (rank = 07)	
	Gini Coefficient	(↓↑)	0.40 (rank = 43)	0.31 (rank = 30)
<b>F. Health Facilities</b>			<b>2014</b>	<b>2022</b>
	Total Health Facilities	(↑↑)	368 (rank = 08)	464 (rank = 08)
	Health Facilities per 100,000 population	(↑↑)	22 (rank = 28)	30 (rank = 31)
	of which : Level 4 – 6 per 100,000 pop.	(↑↑)	0.9 (rank = 40)	0.9 (rank = 40)
	: Level 3 per 100,000 pop.	(↑↑)	3.0 (rank = 38)	3.1 (rank = 39)
	: Level 2 per 100,000 pop.	(↑↑)	18 (rank = 24)	19 (rank = 24)
	% Pop taking more than 1hr to a h. facility	(↓↑)		24.5% (rank = 31)
	Beds & Cots per 100,000 population	(↑↑)	65 (rank = 46)	74 (rank = 46)
	of which : Beds (proportion, %)	(↑↑)	89%	90%
	: Cots (proportion, %)	(↑↑)	11%	10%
	Average Beds & Cots per Health Facility	(↑↑)	2.4 (rank = 47)	2.4 (rank = 47)
<b>G. Health Workforce</b>			<b>2014</b>	<b>2022</b>
	Total Workforce (Public)	(↑↑)	2,111 (rank = 11)	4,621 (rank = 11)
	Total Workforce per 100,000 population	(↑↑)	156 (rank = 44)	300 (rank = 41)
	of which: Female gender (%)			55.6% (rank = 24)
	: PWDs (%)			0.8% (rank = 35)
	: Share of the dominant ethnic group			81.02% (rank = 28)
	Total Health Professionals (Public & Private)	(↑↑)	2,796 (rank = 14)	5,159 (rank = 14)
	Total Health Professionals per 100,000 pop.	(↑↑)	207 (rank = 22)	335 (rank = 21)
	of which: Doctors + Nurses per 100,000 pop.	(↑↑)	134 (rank = 22)	213 (rank = 22)
	Doctors per 100,000 population	(↑↑)	8.8 (rank = 19)	9.3 (rank = 19)
	Nurses per 100,000 population	(↑↑)	125 (rank = 22)	204 (rank = 21)

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<b>H. Health Outcomes</b>		<b>Interpretation</b>	<b>2014</b>	<b>2022</b>
Child Immunization, 12–23 months	(↑↑)	74.1 (rank = 28)	89.8 (rank = 10)	
Life Expectancy at Birth (years): Female	(↑↑)	53.9 (rank = 46)	59.2 (rank = 46)	
Life Expectancy at Birth (years): Male	(↑↑)	52.6 (rank = 33)	57.8 (rank = 33)	
Life Expectancy (at 60 years): Female	(↑↑)	14.5 (rank = 45)	15.9 (rank = 45)	
Life Expectancy (at 60 years): Male	(↑↑)	12.8 (rank = 31)	14.1 (rank = 31)	
Total Fertility Rate	(↑↑)	5.1% (rank = 12)	3.4% (rank = 31)	
Deliveries at Health Facility (%)	(↑↑)	53% (rank = 27)	84% (rank = 34)	
4+ ANC Visits (%)	(↑↑)	67% (rank = 05)	77% (rank = 05)	
Maternal Mortality Rate (100,000 live births)	(↓↑)	463 (rank = 43)	532 (rank = 43)	
Infant Mortality Rate (per 1,000 live births)	(↓↑)	29.6 (rank = 22)	34.0 (rank = 22)	
Under 5 Mortality Rate (per 1,000 live births)	(↓↑)	34.8 (rank = 19)	40.0 (rank = 19)	
Morbidity (Sick/Injured) (%)	(↓↑)	27.4% (rank = 40)	37.0% (rank = 21)	
People Living with HIV (%)– Adults (15+)	(↓↑)	4.5% (rank = 29)	3.8% (rank = 26)	
Nutritional Status of Children: Stunting	(↓↑)	39.1% (rank = 45)	37.0% (rank = 47)	
: Wasting	(↓↑)	4.1% (rank = 27)	7.2% (rank = 37)	
: Underweight	(↓↑)	16.9% (rank = 38)	19.5% (rank = 41)	
<b>I. Economic &amp; Fiscal Indicators</b>			<b>2015/16</b>	<b>2022/23</b>
Gross County Product (GCP), Ksh Bn	(↑↑)	140 (rank = 12)	264 (rank = 12)	
Per capita (Ksh '000)	(↑↑)	100 (rank = 29)	169 (rank = 27)	
% GCP to GRAND Total GCP	(↑↑)	2.1% (rank = 12)	2.1% (rank = 12)	
Total Budget, (Ksh Bn)	(↑↑)	11.5 (rank = 06)	15.4 (rank = 06)	
Per capita (Ksh)	(↑↑)	8,297 (rank = 22)	9,857 (rank = 26)	
Total Revenue (Ksh Bn)	(↑↑)	9.51 (rank = 10)	15.69 (rank = 03)	
Revenue per capita (Ksh)	(↑↑)	6,848 (rank = 30)	10,073 (rank = 17)	
Equitable Share (%)	(↑↑)	78% (rank = 27)	74% (rank = 42)	
Conditional Grants (%)	(↑↑)	4.0% (rank = 15)	16.4% (rank = 02)	
OSR (%)	(↑↑)	5.5% (rank = 19)	4.2% (rank = 24)	
Share of FIF to OSR (%)			61.6%	
<i>Is FIF policy operational?</i>			No	
<b>J. Spending of County Government on Health</b>			<b>2015/16</b>	<b>2022/23</b>
Total Expenditure on Health, (Ksh Bn)	(↑↑)	2.26 (rank = 08)	1.16 (rank = 39)	
Per capita, (Ksh)	(↑↑)	1,657 (rank = 25)	744 (rank = 45)	
% Health Expenditure to Ttl Expenditure	(↑↑)	26.7% (rank = 21)	10.4% (rank = 40)	
Efficiency : Absorption Rate, (%)	(↑↑)	84% (rank = 29)	60% (rank = 46)	
: Utilisation Rate, (%)	(↑↑)	98% (rank = 22)	77% (rank = 47)	
<b>K. Private Spending &amp; Health Insurance</b>			<b>2013</b>	<b>2018</b>
Out of pocket per capita spending (Ksh)	(↑↑)	685 (rank = 42)	1,700 (rank = 31)	
Overall Insurance Coverage (%)	(↑↑)	7.2% (rank = 36)	12.6% (rank = 31)	
of which : NHIF (%)	(↑↑)	90% (rank = 35)	88% (rank = 26)	
: Private Insurance (%)	(↑↑)	5.8% (rank = 17)	12.5% (rank = 19)	
: Other (%)	(↑↑)	4.1% (rank = 02)	0.0% (rank = 39)	
<b>I. Financial Governance</b>			<b>2020</b>	<b>2022</b>
Audit opinion		Qualified	Qualified	
Budget Transparency Index	(↑↑)	30.0% (rank = 26)	23.0% (rank = 39)	

## Mombasa

<b>A. Demographics</b>		<b>Interpretation</b>	<b>2009</b>	<b>2022</b>
Population :	Total (Mn)		0.939 (rank = 15)	1.281 (rank = 10)
	Female (%)		48.2% (rank = 41)	49.5% (rank = 39)
	Male (%)		51.8% (rank = 07)	50.5% (rank = 09)
	Urban (%)		98.5% (rank = 02)	100.0% (rank = 02)
	Rural (%)		1.5% (rank = 46)	0.0% (rank = 47)
	Density (Ppl per Sq. Km)		4,270 (rank = 46)	5,823 (rank = 46)
	Household size		3.50 (rank = 43)	3.10 (rank = 43)
	% Total Population Growth 2009–2022			36.4%
<b>B. Administration</b>			<b>2021</b>	<b>2022</b>
	Area (Sq. Km)			220
	Number of Wards			30
	Members of County Assembly (MCAs)		20	23
	% Female MCAs		30%	34.8%
<b>C. Overall Poverty</b>			<b>2015</b>	<b>2021</b>
	Headcount Rate (%)		27.1%	31.8%
	Poverty Gap (%)		7.5%	7.9%
	Severity of Poverty (%)		3.3%	2.9%
<b>D. Child Poverty</b>				
	0–5 Years (%)	(↓↑)	28.1% (rank = 14)	28.4% (rank = 15)
	6–13 Years (%)	(↓↑)	42.3% (rank = 24)	32.6% (rank = 11)
	14–17 Years (%)	(↓↑)	40.6% (rank = 19)	39.3% (rank = 19)
	0–17 Years (%)	(↓↑)	36.8% (rank = 17)	32.2% (rank = 13)
<b>E. Inequality</b>				
	Age Dependency Ratio	(↓↑)	51.00 (rank = 02)	52.55 (rank = 02)
	Child Dependency Ratio	(↓↑)	48.50 (rank = 02)	49.66 (rank = 04)
	Old–Age Dependency Rat	(↓↑)	2.60 (rank = 02)	2.89 (rank = 02)
	Human Development Ind.	(↑↑)	0.55 (rank = 12)	
	Gini Coefficient	(↓↑)	0.30 (rank = 10)	0.29 (rank = 21)
<b>F. Health Facilities</b>			<b>2014</b>	<b>2022</b>
	Total Health Facilities	(↑↑)	326 (rank = 14)	410 (rank = 14)
	Health Facilities per 100,000 population	(↑↑)	23 (rank = 25)	32 (rank = 26)
	of which : Level 4 – 6 per 100,000 pop.	(↑↑)	1.8 (rank = 20)	1.9 (rank = 18)
	: Level 3 per 100,000 pop.	(↑↑)	3.8 (rank = 28)	3.9 (rank = 29)
	: Level 2 per 100,000 pop.	(↑↑)	18 (rank = 27)	18 (rank = 26)
	% Pop taking more than 1hr to a h. facility	(↓↑)		10.3% (rank = 07)
	Beds & Cots per 100,000 population	(↑↑)	141 (rank = 26)	162 (rank = 21)
	of which : Beds (proportion, %)	(↑↑)	87%	88%
	: Cots (proportion, %)	(↑↑)	13%	12%
	Average Beds & Cots per Health Facility	(↑↑)	5.0 (rank = 16)	5.1 (rank = 16)
<b>G. Health Workforce</b>			<b>2014</b>	<b>2022</b>
	Total Workforce (Public)	(↑↑)	3,896 (rank = 06)	5,739 (rank = 06)
	Total Workforce per 100,000 population	(↑↑)	338 (rank = 18)	448 (rank = 16)
	of which: Female gender (%)			54.4% (rank = 27)
	: PWDs (%)			0.8% (rank = 34)
	: Share of the dominant ethnic group			41.07% (rank = 43)
	Total Health Professionals (Public & Private)	(↑↑)	4,432 (rank = 06)	8,176 (rank = 06)
	Total Health Professionals per 100,000 pop.	(↑↑)	384 (rank = 09)	638 (rank = 06)
	of which: Doctors + Nurses per 100,000 pop.	(↑↑)	251 (rank = 09)	386 (rank = 06)
	Doctors per 100,000 population	(↑↑)	51.5 (rank = 04)	54.2 (rank = 04)
	Nurses per 100,000 population	(↑↑)	200 (rank = 09)	331 (rank = 07)

<b>H. Health Outcomes</b>		<b>Interpretation</b>	<b>2014</b>	<b>2022</b>
Child Immunization, 12–23 months	(↑↑)	78.6 (rank = 23)	93.4 (rank = 05)	
Life Expectancy at Birth (years): Female	(↑↑)	64.7 (rank = 05)	71.1 (rank = 05)	
Life Expectancy at Birth (years): Male	(↑↑)	59.8 (rank = 02)	65.7 (rank = 02)	
Life Expectancy (at 60 years): Female	(↑↑)	18.2 (rank = 03)	20.0 (rank = 03)	
Life Expectancy (at 60 years): Male	(↑↑)	16.1 (rank = 01)	17.7 (rank = 01)	
Total Fertility Rate	(↑↑)	3.2% (rank = 40)	2.9% (rank = 42)	
Deliveries at Health Facility (%)	(↑↑)	82% (rank = 07)	96% (rank = 10)	
4+ ANC Visits (%)	(↑↑)	57% (rank = 23)	65% (rank = 23)	
Maternal Mortality Rate (100,000 live births)	(↓↑)	165 (rank = 04)	190 (rank = 04)	
Infant Mortality Rate (per 1,000 live births)	(↓↑)	37.4 (rank = 39)	43.0 (rank = 39)	
Under 5 Mortality Rate (per 1,000 live births)	(↓↑)	43.5 (rank = 35)	50.0 (rank = 35)	
Morbidity (Sick/Injured) (%)	(↓↑)	15.3% (rank = 14)	46.5% (rank = 38)	
People Living with HIV (%)– Adults (15+)	(↓↑)	7.5% (rank = 43)	4.1% (rank = 32)	
Nutritional Status of Children: Stunting	(↓↑)	21.1% (rank = 11)	13.5% (rank = 11)	
: Wasting	(↓↑)	4.1% (rank = 28)	4.6% (rank = 30)	
: Underweight	(↓↑)	9.6% (rank = 19)	9.8% (rank = 27)	
<b>I. Economic &amp; Fiscal Indicators</b>			<b>2015/16</b>	<b>2022/23</b>
Gross County Product (GCP), Ksh Bn	(↑↑)	304 (rank = 04)	584 (rank = 04)	
Per capita (Ksh '000)	(↑↑)	258 (rank = 02)	450 (rank = 02)	
% GCP to GRAND Total GCP	(↑↑)	4.6% (rank = 04)	4.6% (rank = 04)	
Total Budget, (Ksh Bn)	(↑↑)	10.0 (rank = 11)	14.0 (rank = 09)	
Per capita (Ksh)	(↑↑)	8,479 (rank = 20)	10,798 (rank = 21)	
Total Revenue (Ksh Bn)	(↑↑)	11.88 (rank = 05)	13.70 (rank = 06)	
Revenue per capita (Ksh)	(↑↑)	10,090 (rank = 11)	10,569 (rank = 15)	
Equitable Share (%)	(↑↑)	70% (rank = 40)	55% (rank = 45)	
Conditional Grants (%)	(↑↑)	4.8% (rank = 13)	9.6% (rank = 07)	
OSR (%)	(↑↑)	24.8% (rank = 02)	29.2% (rank = 01)	
Share of FIF to OSR (%)			31.0%	
<i>Is FIF policy operational?</i>			Yes	
<b>J. Spending of County Government on Health</b>			<b>2015/16</b>	<b>2022/23</b>
Total Expenditure on Health, (Ksh Bn)	(↑↑)	2.29 (rank = 07)	4.91 (rank = 02)	
Per capita, (Ksh)	(↑↑)	1,969 (rank = 20)	3,786 (rank = 06)	
% Health Expenditure to Ttl Expenditure	(↑↑)	26.7% (rank = 20)	39.1% (rank = 05)	
Efficiency : Absorption Rate, (%)	(↑↑)	94% (rank = 09)	147% (rank = 01)	
: Utilisation Rate, (%)	(↑↑)	101% (rank = 10)	154% (rank = 01)	
<b>K. Private Spending &amp; Health Insurance</b>			<b>2013</b>	<b>2018</b>
Out of pocket per capita spending (Ksh)	(↑↑)	2,061 (rank = 05)	3,900 (rank = 03)	
Overall Insurance Coverage (%)	(↑↑)	20.9% (rank = 10)	21.0% (rank = 12)	
of which : NHIF (%)	(↑↑)	85% (rank = 40)	86% (rank = 31)	
: Private Insurance (%)	(↑↑)	13.9% (rank = 07)	13.1% (rank = 17)	
: Other (%)	(↑↑)	0.3% (rank = 21)	1.3% (rank = 10)	
<b>I. Financial Governance</b>			<b>2020</b>	<b>2022</b>
Audit opinion		Qualified	Qualified	
Budget Transparency Index	(↑↑)	28.0% (rank = 28)	54.0% (rank = 14)	

## Nakuru

<b>A. Demographics</b>		<b>Interpretation</b>	<b>2009</b>	<b>2022</b>
Population :	Total (Mn)		1.603 (rank = 04)	2.313 (rank = 03)
	Female (%)		49.8% (rank = 32)	50.2% (rank = 26)
	Male (%)		50.2% (rank = 16)	49.8% (rank = 22)
	Urban (%)		44.8% (rank = 06)	48.4% (rank = 05)
	Rural (%)		55.2% (rank = 42)	51.6% (rank = 43)
	Density (Ppl per Sq. Km)		215 (rank = 27)	310 (rank = 27)
	Household size		3.91 (rank = 40)	3.39 (rank = 37)
	% Total Population Growth 2009–2022			44.3%
<b>B. Administration</b>			<b>2021</b>	<b>2022</b>
	Area (Sq. Km)			7,462
	Number of Wards			55
	Members of County Assembly (MCAs)		75	75
	% Female MCAs		32%	33.3%
<b>C. Overall Poverty</b>			<b>2015</b>	<b>2021</b>
	Headcount Rate (%)		29.1%	39.4%
	Poverty Gap (%)		7.8%	7.2%
	Severity of Poverty (%)		2.8%	1.8%
<b>D. Child Poverty</b>				
	0–5 Years (%)	(↓↑)	26.9% (rank = 11)	31.8% (rank = 21)
	6–13 Years (%)	(↓↑)	36.6% (rank = 14)	45.1% (rank = 29)
	14–17 Years (%)	(↓↑)	37.2% (rank = 13)	51.7% (rank = 31)
	0–17 Years (%)	(↓↑)	33.5% (rank = 12)	41.9% (rank = 27)
<b>E. Inequality</b>				
	Age Dependency Ratio	(↓↑)	85.50 (rank = 22)	69.81 (rank = 13)
	Child Dependency Ratio	(↓↑)	78.50 (rank = 22)	64.03 (rank = 15)
	Old–Age Dependency Rat	(↓↑)	7.10 (rank = 23)	5.77 (rank = 12)
	Human Development Ind.	(↑↑)	0.52 (rank = 19)	
	Gini Coefficient	(↓↑)	0.36 (rank = 40)	0.35 (rank = 41)
<b>F. Health Facilities</b>			<b>2014</b>	<b>2022</b>
	Total Health Facilities	(↑↑)	595 (rank = 03)	749 (rank = 03)
	Health Facilities per 100,000 population	(↑↑)	25 (rank = 22)	32 (rank = 25)
	of which : Level 4 – 6 per 100,000 pop.	(↑↑)	2.0 (rank = 17)	1.9 (rank = 15)
	: Level 3 per 100,000 pop.	(↑↑)	3.9 (rank = 25)	3.8 (rank = 31)
	: Level 2 per 100,000 pop.	(↑↑)	19 (rank = 22)	19 (rank = 25)
	% Pop taking more than 1hr to a h. facility	(↓↑)		15.2% (rank = 14)
	Beds & Cots per 100,000 population	(↑↑)	145 (rank = 23)	155 (rank = 24)
	of which : Beds (proportion, %)	(↑↑)	86%	88%
	: Cots (proportion, %)	(↑↑)	14%	12%
	Average Beds & Cots per Health Facility	(↑↑)	4.7 (rank = 23)	4.8 (rank = 24)
<b>G. Health Workforce</b>			<b>2014</b>	<b>2022</b>
	Total Workforce (Public)	(↑↑)	5,409 (rank = 07)	5,681 (rank = 07)
	Total Workforce per 100,000 population	(↑↑)	279 (rank = 21)	246 (rank = 46)
	of which: Female gender (%)			58.3% (rank = 16)
	: PWDs (%)			1.3% (rank = 12)
	: Share of the dominant ethnic group			47.83% (rank = 42)
	Total Health Professionals (Public & Private)	(↑↑)	7,622 (rank = 04)	14,062 (rank = 04)
	Total Health Professionals per 100,000 pop.	(↑↑)	393 (rank = 08)	608 (rank = 07)
	of which: Doctors + Nurses per 100,000 pop.	(↑↑)	255 (rank = 08)	384 (rank = 07)
	Doctors per 100,000 population	(↑↑)	19.2 (rank = 09)	20.2 (rank = 09)
	Nurses per 100,000 population	(↑↑)	236 (rank = 08)	364 (rank = 06)

<b>H. Health Outcomes</b>		<b>Interpretation</b>	<b>2014</b>	<b>2022</b>
Child Immunization, 12–23 months	(↑↑)	74.7 (rank = 26)	91.5 (rank = 06)	
Life Expectancy at Birth (years): Female	(↑↑)	62.9 (rank = 11)	69.1 (rank = 11)	
Life Expectancy at Birth (years): Male	(↑↑)	53.1 (rank = 22)	58.3 (rank = 22)	
Life Expectancy (at 60 years): Female	(↑↑)	17.5 (rank = 08)	19.2 (rank = 08)	
Life Expectancy (at 60 years): Male	(↑↑)	13.7 (rank = 19)	15.0 (rank = 19)	
Total Fertility Rate	(↑↑)	3.7% (rank = 29)	3.4% (rank = 28)	
Deliveries at Health Facility (%)	(↑↑)	70% (rank = 12)	94% (rank = 16)	
4+ ANC Visits (%)	(↑↑)	64% (rank = 08)	73% (rank = 08)	
Maternal Mortality Rate (100,000 live births)	(↓↑)	227 (rank = 11)	261 (rank = 11)	
Infant Mortality Rate (per 1,000 live births)	(↓↑)	35.7 (rank = 37)	41.0 (rank = 37)	
Under 5 Mortality Rate (per 1,000 live births)	(↓↑)	44.4 (rank = 36)	51.0 (rank = 36)	
Morbidity (Sick/Injured) (%)	(↓↑)	12.6% (rank = 09)	46.0% (rank = 37)	
People Living with HIV (%)– Adults (15+)	(↓↑)	4.1% (rank = 26)	3.4% (rank = 23)	
Nutritional Status of Children: Stunting	(↓↑)	27.6% (rank = 28)	18.5% (rank = 25)	
: Wasting	(↓↑)	4.5% (rank = 34)	3.0% (rank = 19)	
: Underweight	(↓↑)	10.2% (rank = 23)	9.2% (rank = 22)	
<b>I. Economic &amp; Fiscal Indicators</b>			<b>2015/16</b>	<b>2022/23</b>
Gross County Product (GCP), Ksh Bn	(↑↑)	330 (rank = 03)	622 (rank = 03)	
Per capita (Ksh '000)	(↑↑)	164 (rank = 08)	267 (rank = 07)	
% GCP to GRAND Total GCP	(↑↑)	5.0% (rank = 03)	4.9% (rank = 03)	
Total Budget, (Ksh Bn)	(↑↑)	14.0 (rank = 02)	21.2 (rank = 02)	
Per capita (Ksh)	(↑↑)	6,966 (rank = 32)	9,101 (rank = 33)	
Total Revenue (Ksh Bn)	(↑↑)	13.12 (rank = 03)	15.56 (rank = 04)	
Revenue per capita (Ksh)	(↑↑)	6,533 (rank = 32)	6,676 (rank = 44)	
Equitable Share (%)	(↑↑)	62% (rank = 46)	84% (rank = 31)	
Conditional Grants (%)	(↑↑)	5.5% (rank = 09)	3.5% (rank = 30)	
OSR (%)	(↑↑)	17.5% (rank = 05)	10.4% (rank = 06)	
Share of FIF to OSR (%)			65.8%	
<i>Is FIF policy operational?</i>			No	
<b>J. Spending of County Government on Health</b>			<b>2015/16</b>	<b>2022/23</b>
Total Expenditure on Health, (Ksh Bn)	(↑↑)	4.12 (rank = 02)	5.61 (rank = 01)	
Per capita, (Ksh)	(↑↑)	2,101 (rank = 18)	2,407 (rank = 26)	
% Health Expenditure to Ttl Expenditure	(↑↑)	39.7% (rank = 03)	41.5% (rank = 03)	
Efficiency : Absorption Rate, (%)	(↑↑)	91% (rank = 15)	77% (rank = 39)	
: Utilisation Rate, (%)	(↑↑)	109% (rank = 03)	104% (rank = 08)	
<b>K. Private Spending &amp; Health Insurance</b>			<b>2013</b>	<b>2018</b>
Out of pocket per capita spending (Ksh)	(↑↑)	735 (rank = 39)	2,495 (rank = 20)	
Overall Insurance Coverage (%)	(↑↑)	21.9% (rank = 09)	25.5% (rank = 10)	
of which : NHIF (%)	(↑↑)	95% (rank = 24)	90% (rank = 17)	
: Private Insurance (%)	(↑↑)	4.1% (rank = 24)	8.7% (rank = 26)	
: Other (%)	(↑↑)	0.6% (rank = 16)	1.5% (rank = 09)	
<b>I. Financial Governance</b>			<b>2020</b>	<b>2022</b>
Audit opinion		Qualified	Adverse	
Budget Transparency Index	(↑↑)	36.0% (rank = 20)	51.0% (rank = 18)	

## Comparative Data across the select Counties

		KENYA	ISIOLO	KAKAMEGA	KILIFI	MOMBASA	NAKURU
<b>A</b>	<b>DEMOGRAPHICS (2022)</b>						
<b>A1</b>	Population (total)	50,360,580	306,100	1,907,300	1,538,000	1,281,000	2,313,000
<b>A2</b>	% change Population 2009 - 2022	30.4% ↑	114% ↑	14.8% ↑	38.6% ↑	36.4% ↑	44.3% ↑
<b>A3</b>	Population Female (%)	50.50%	47.90%	52.00%	51.60%	49.50%	50.20%
<b>A4</b>	Population Male (%)	49.50%	52.10%	48.00%	48.40%	50.50%	49.80%
<b>A5</b>	Urban Population (%)	31.2% ↑	46.9% ↑	9.9% ↓	27.1% ↑	100.0% ↑	48.4% ↑
<b>A6</b>	Rural Population (%)	68.8% ↓	53.1% ↓	90.1% ↑	72.9% ↓	0.0% ↓	51.6% ↓
<b>A7</b>	Density (Population / Sq. Km.)	87 ↑	12 ↑	632 ↑	123 ↑	5,823 ↑	310 ↑
<b>A8</b>	Household Size	3.39 ↓	4.63 ↑	4.20 ↓	4.67 ↓	3.10 ↓	3.77 ↓
<b>B</b>	<b>ADMINISTRATION</b>						
<b>B1</b>	Area (Sq. Km.)	580,876	25,350	3,020	12,540	220	7,462
<b>B2</b>	Number of Wards	1,450	10	60	35	30	55
<b>B3</b>	Average population per Sub-County	34,731	30,610	31,788	43,943	42,700	42,055
<b>B4</b>	Members of County Assembly (MCAs)	2,179 ↑	47 =	90 ↑	60 =	23 ↑	75 =
<b>B5</b>	% Female MCAs	33.3% ↑	34% ↓	32.2% ↓	33.3% =	34.8% ↑	33.3% ↑
<b>C</b>	<b>OVERALL POVERTY + Trend 2015-2021</b>						
<b>C1</b>	Headcount Rate (%)	38.6% ↑	53.9% ↑	39.6% ↑	49.2% ↑	31.8% ↑	39.4% ↑
<b>C2</b>	% change Headcount Rate 2015 - 2021	6.90%	3.90%	10.60%	6.50%	17.30%	35.40%
<b>C3</b>	Poverty Gap (%)	9.6% ↓	17.2% ↑	12.0% ↑	10.7% ↓	7.9% ↑	7.2% ↓
<b>C4</b>	Severity of Poverty	3.7% ↓	7.1% ↑	5.4% ↑	3.4% ↓	2.9% ↓	1.8% ↓
<b>D</b>	<b>CHILD POVERTY + Trend 2015-2021</b>						
<b>D1</b>	0-5 Years (%)	34.4% ↓	46.4% ↓	34.2% ↓	43.5% ↓	28.4% ↓	31.8% ↓
<b>D2</b>	6-13 Years (%)	42.3% ↓	56.5% =	41.7% ↑	50.0% ↓	32.6% ↓	45.1% ↑
<b>D3</b>	14-17 Years (%)	44.9% ↑	60.9% ↓	41.6% ↓	54.3% ↓	39.3% ↓	51.7% ↑
<b>D4</b>	0-17 Years (%)	40.3% ↓	53.4% ↓	39.5% ↑	49.1% ↓	32.2% ↓	41.9% ↑
<b>D5</b>	% change Child Poverty 0-17 Years	2.89%	-4.10%	2.60%	-7.70%	-12.50%	25.10%
<b>E</b>	<b>INEQUALITY + Trend 2015-2021</b>						
<b>E1</b>	Age Dependency Ratio	75.18 ↓	92.52 ↓	87.70 ↓	85.41 ↓	52.55 ↑	69.81 ↓
<b>E2</b>	Child Dependency Ratio	68.29 ↓	86.69 ↑	79.07 ↓	78.28 ↓	49.66 ↑	64.03 ↓
<b>E3</b>	Old-Age Dependency Ratio	6.89 ↓	5.83 ↓	8.63 ↑	7.13 ↑	2.89 ↑	5.77 ↓
<b>E4</b>	Human Development Index	0.52	0.4508	0.4834	0.569	0.5485	0.5233

		KENYA	ISOLO	KAKAMEGA	KILIFI	MOMBASA	NAKURU
<b>E6</b>	Gini Coefficient	0.359 =	0.29 ↓	0.29 ↓	0.31 ↓	0.29 ↓	0.35 ↓
<b>F</b>	<b>HEALTH FACILITIES (HF) + Trend 2014-2022</b>						
<b>F1</b>	Total Health Facilities	16,517	92	442	464	410	749
<b>F2</b>	% change number HF 2014 - 2022	25.90%	26.00%	25.90%	26.10%	25.80%	25.90%
<b>F3</b>	Health Facilities per 100,000 pop.	33	30	23	30	32	32
<b>F4</b>	% change HF / 100,000 pop.	32.00%	-47.40%	53.30%	36.40%	39.10%	28.00%
<b>F5</b>	...Level 4-6 HF per 100,000 pop.	1.7 =	1.3 ↓	1.0 ↑	0.9 =	1.9 ↑	1.9 ↓
<b>F6</b>	...Level 3 HF per 100,000 pop.	4.2 ↓	3.6 ↓	4.0 ↑	3.1 ↑	3.9 ↑	3.8 ↓
<b>F7</b>	...Level 2 HF per 100,000 pop.	19.0 =	18 ↓	12 ↑	19 ↑	18.0 =	19.0 =
<b>F8</b>	% population > 1 hour from HF	18.40%	20.10%	20.70%	24.50%	10.30%	15.20%
<b>F9</b>	Beds & Cots per 100,000 pop.	164 ↑	276 ↓	147 ↑	74 ↑	162 ↑	155 ↑
<b>F10</b>	... Beds (proportion %)	90% ↑	82% ↑	89% ↑	80% ↑	88% ↑	88% ↑
<b>F11</b>	... Cots (proportion %)	10% ↓	18% ↓	11% ↓	10% ↓	12% ↓	12% ↓
<b>F12</b>	Average Beds & Cots / HF	5.0 ↑	9.2 ↑	6.3 ↑	2.4 =	5.1 ↑	4.8 ↑
<b>G</b>	<b>HEALTH WORKFORCE + Trend 2014-2022</b>						
<b>G1</b>	Total Workforce (Public)	184,876	1,733	7,087	4,621	5,729	5,681
<b>G2</b>	% change total Health Workforce (public)	5.00%	39.10%	103.30%	118.90%	47.30%	5.00%
<b>G3</b>	Total Workforce per 100,000 pop.	246	566	372	300	448	246
<b>G4</b>	% Change Total Health Workforce per 100,000 pop.	38.50%	-52.20%	98.90%	92.30%	32.50%	-11.80%
<b>G5</b>	...Female (%)	53.40%	46%	61.30%	55.60%	54.40%	58.30%
<b>G6</b>	...PWD (%)	1.10%	2.10%	0.80%	0.80%	0.80%	1.30%
<b>G7</b>	Total Health Professionals (Public + Private)	224,291 ↑	114 ↑	8,046 ↑	5,159 ↑	8,176 ↑	14,062 ↑
<b>G8</b>	Total Health Professionals 100 K pop.	445 ↑	37 ↓	422 ↑	335 ↑	638 ↑	608 ↑
<b>G9</b>	...Doctors + Nurses per 100,000 pop.	279 ↑	24 ↓	269 ↑	213 ↑	386 ↑	384 ↑
<b>G10</b>	...Doctors per 100,000 pop.	19.1 ↑	1.2 =	9.7 ↑	9.3 ↑	54.2 ↑	20.2 ↑
<b>G11</b>	% change Doctors per 100,000 pop.	5.20%	0.00%	5.40%	5.70%	5.20%	5.20%
<b>G12</b>	...Nurses per 100,000 pop.	260 ↑	22 ↓	259 ↑	204 ↑	331 ↑	364 ↑
<b>G13</b>	% change Nurses per 100,000 pop.	60.50%	-37.10%	79.90%	63.20%	65.50%	54.20%
<b>H</b>	<b>HEALTH OUTCOMES + Trend 2014-2022</b>						
<b>H1</b>	Child Immunization 12-23 months	80.1% ↑	69.7 ↓	90.7% ↑	89.8% ↑	93.4% ↑	91.5% ↑
<b>H2</b>	% change child immunization 2014 - 2022	6.90%	-15.30%	24.10%	21.20%	18.80%	22.50%



		KENYA	ISILOLO	KAKAMEGA	KILIFI	MOMBASA	NAKURU
<b>H3</b>	Life Expectancy at Birth (years): Female	66.5 ↑	59.6 ↑	66.1 ↑	59.2 ↑	71.1 ↑	69.1 ↑
<b>H4</b>	Life Expectancy at Birth (years): Male	60.6 ↑	60.1 ↑	63.4 ↑	57.8 ↑	65.7 ↑	58.3 ↑
<b>H5</b>	Life Expectancy at 60 (years): Female	17.2 ↑	15.4 ↑	18.0 ↑	15.9 ↑	20.0 ↑	19.2 ↑
<b>H6</b>	Life Expectancy at 60 (years): Male	14.2 ↑	15.7 ↑	17.1 ↑	14.1 ↑	17.7 ↑	15.0 ↑
<b>H7</b>	Total Fertility Rate	3.4% ↓	4.5% ↓	3.7% ↓	3.4% ↓	2.9% ↓	3.4% ↓
<b>H8</b>	Deliveries at Health Facility (%)	88% ↑	84% ↑	96% ↑	84% ↑	96% ↑	94% ↑
<b>H9</b>	% change Deliveries at Health Facility	44.30%	100%	104.30%	58.50%	17.10%	34.30%
<b>H10</b>	4+ ANC visits (%)	66% ↑	53% ↑	73% ↑	77% ↑	65% ↑	73% ↑
<b>H11</b>	Maternal Mortality Rate (100,000 live births)	355 ↑	451 ↑	279 ↑	532 ↑	190 ↑	261 ↑
<b>H12</b>	% change Maternal Mortality Rate	14.80%	15.10%	14.80%	14.90%	15.20%	15.00%
<b>H13</b>	Infant Mortality Rate (per 1,000 live births)	41 ↑	24 ↑	28 ↑	34 ↑	43 ↑	41 ↑
<b>H14</b>	% change Infant Mortality Rate	14.90%	14.80%	14.80%	14.90%	15.00%	14.80%
<b>H15</b>	Under-5 Mortality Rate (per 1,000 live births)	51 ↑	33 ↑	45 ↑	40 ↑	50 ↑	51 ↑
<b>H16</b>	% change Under-5 Mortality Rate	14.90%	15.00%	15.10%	14.90%	14.90%	14.90%
<b>H17</b>	Morbidity (sick / injured) (%)	36.5% ↑	28.5 ↑	36.5% ↓	37.0% ↑	46.5% ↑	46.0% ↑
<b>H18</b>	People living with HIV (%) – Adults 15+	4.8% ↓	3.2% ↓	4.5% ↑	3.8% ↓	4.1% ↓	3.4% ↓
<b>H19</b>	Child Nutritional Status Stunting	17.6% ↓	14.1% ↓	11.5% ↓	37.0% ↓	13.5% ↓	18.5% ↓
<b>H20</b>	% change Stunting	-32.30%	-26.20%	-59.50%	-5.40%	-36.00%	-33.00%
<b>H21</b>	Child Nutritional Status Wasting	4.9% ↓	7.2% ↓	1.5% ↓	7.2% ↑	4.6% ↑	3.0% ↓
<b>H22</b>	% change Wasting	-22.50%	-20.90%	-16.70%	75.60%	12.20%	-33.30%
<b>H23</b>	Child Nutritional Status Underweight	10.1% ↓	11.5% ↓	6.4% ↓	19.5% ↑	9.8% ↑	9.2% ↓
<b>H24</b>	% change Underweight	-8.20%	-10.90%	-36.60%	15.40%	2.10%	-9.80%
<b>I</b>	<b>ECONOMIC &amp; FISCAL INDICATORS + Trend 2015/16-2022/23</b>						
<b>I1</b>	Gross County Product (GCP) - Ksh BN	12,716 ↑	33 ↑	286 ↑	264 ↑	584 ↑	622 ↑
<b>I2</b>	GCP per Capita (Ksh)	250,000 ↑	105,000 ↓	150,000 ↑	169,000 ↑	450,000 ↑	267,000 ↑
<b>I3</b>	% County to TOTAL GCP	100% ↓	0.3% =	2.3% =	2.1% =	4.6% =	4.9% ↓
<b>I4</b>	Total County Budget (Ksh MN)	515,000 ↑	6,500 ↑	16,200 ↑	15,400 ↑	14,000 ↑	21,200 ↑
<b>I5</b>	% change Total County Budget	40.33%	75.70%	31.70%	33.90%	40.00%	51.40%
<b>I6</b>	Total Budget per capita (Ksh)	10,122 ↑	20,771 ↓	8,481 ↑	9,857 ↑	10,798 ↑	9,101 ↑
<b>I7</b>	% change Total Budget Per Capita	23.90%	-20.50%	29.00%	18.80%	27.30%	30.60%
<b>I8</b>	Total Revenue (Ksh MN)	456 ↑	5,220 ↑	14,650 ↑	15,690 ↑	13,700 ↑	15,560 ↑
<b>I9</b>	% change Total Revenue	32.60%	59.60%	23.10%	65.00%	15.30%	18.60%
<b>I10</b>	Total Revenue per capita (Ksh)	8,966 ↑	16,770 ↓	7,670 ↑	10,073 ↑	10,569 ↑	6,676 ↑

		KENYA	ISILOLO	KAKAMEGA	KILIFI	MOMBASA	NAKURU
<b>I11</b>	% change Total Revenues Per Capita	17.13%	-26.70%	20.70%	47.10%	4.70%	2.20%
<b>I12</b>	Equitable Share (%)	81.0% ↑	90% ↓	85% ↑	74.0% ↓	55.0% ↓	84.0% ↑
<b>I13</b>	Conditional Grants (%)	6.4% ↑	7.5% ↑	1.8% ↓	16.4% ↑	9.6% ↑	3.5% ↓
<b>I14</b>	OSR (%)	8.3% ↓	2.9% ↓	8.9% ↑	4.2% ↓	29.2% ↑	10.4% ↓
<b>I15</b>	% change in share of OSR	-18.60%	-14.70%	111.90%	-23.60%	17.70%	-40.60%
<b>I16</b>	Share of FIF to OSR (%)		0.60%	16.30%	61.60%	31.00%	65.80%
<b>I17</b>	FIF Policy operational?		Yes	Yes	No	Yes	No
<b>J</b>	<b>SPENDING OF COUNTY GOVERNMENT ON HEALTH + Trend 2015/16-2022/23</b>						
<b>J1</b>	Total Expenditures on Health (Ksh MN)	109,760 ↑	1,420 ↑	1,460 ↓	1,160 ↓	4,910 ↑	5,610 ↑
<b>J2</b>	% change Total Expenditures on Health	48.90%	108.80%	-46.70%	-48.70%	114.40%	36.20%
<b>J3</b>	Expenditures on Health per capita (Ksh)	2,156 ↑	4,580 ↓	765 ↓	169 ↓	3,786 ↑	2,407 ↑
<b>J4</b>	% change Expenditures on Health per capita	29.02%	-20.80%	-47.80%	-55.10%	92.30%	14.60%
<b>J5a</b>	Share Health Expenditures in Total Expenditure (%)	25.6% / 25.0%	21.0% / 25.9%	27.8% / 10.3%	26.7% / 10.4%	26.7% / 39.1%	39.7% / 41.5%
<b>J6</b>	% change Share Health Expenditures in Total Budget	2.40%	-18.92%	169.90%	-356.73%	-31.71%	-4.34%
<b>J7</b>	Efficiency: Absorption Rate (%)	87% ↓	97% ↑	82% ↓	60% ↓	147% ↑	77% ↓
<b>J8</b>	Efficiency: Utilisation Rate (%)	100% ↓	103% ↑	100% ↑	77% ↓	154% ↑	104% ↓
<b>K</b>	<b>PRIVATE SPENDING &amp; HEALTH INSURANCE + Trend 2013-2018</b>						
<b>K1</b>	Out of pocket per capita spending (Ksh)	2,490 ↑	2,600 ↑	1,470 ↑	1,700 ↑	3,900 ↑	2,495 ↑
<b>K2</b>	% change out of pocket per capita spending	98.56%	33.70%	87.30%	148.20%	89.20%	239.50%
<b>K3</b>	Overall insurance coverage (%)	19.9% ↑	11.1% ↓	13.7% ↑	12.6% ↑	21.0% =	25.5% ↑
<b>K4</b>	....NHIF (%)	87% ↓	88.0% ↓	96.0% ↑	88.0% ↓	86.0% ↑	90.0% ↓
<b>K5</b>	...Private insurance (%)	11.5% ↑	11.9% ↑	3.4% ↓	12.5% ↑	13.1% ↓	8.7% ↑
<b>K6</b>	...Other (%)	1.6% ↑	0.0% =	1.1% ↑	0.0% ↓	1.3% ↑	1.5% ↑
<b>L</b>	<b>FINANCIAL GOVERNANCE + Trend 2020 - 2022</b>						
<b>L1</b>	Audit Opinion (2020 / 2022)	Qualified / Qualified	Qualified / Qualified	Qualified / Qualified	Qualified / Qualified	Qualified / Qualified	Qualified / Adverse
<b>L2</b>	Budget Transparency Index (2020 / 2022)	32% / 44%	29% / 0%	45% / 39%	30% / 23%	28% / 54%	36% / 51%

## **Commentary on Key Social and Economic Trends**

### **A. Demographics**

The population (2022 projected) of the five target counties ranges from 306,000 inhabitants (Isiolo) to 2.3 million (Nakuru). In the middle of this range are Mombasa (1.3 million), Kilifi (1.5 million) and Kakamega (1.9 million). County population increased since 2009, with the largest increase (114%) in the smallest county (Isiolo) and 36-40% increases for three counties (Mombasa, Kilifi and Nakuru). Kakamega recorded the smallest population gain, at 15%.

The five counties are also placed at varying positions on the urban-rural spectrum, with Mombasa a fully urban county and Kakamega a largely rural county (90% of the population). Kilifi is also significantly rural with a 73% - 27% rural-urban split. Isiolo and Nakuru have larger urban populations with 47-48% urban and 52-53% rural.

Given the varying territory size (see item B. Administration, below), Mombasa is the most densely populated county of the group (5,820 inhabitants per km<sup>2</sup>) and Isiolo the most sparsely populated (12 inhabitants per km<sup>2</sup>). Given its high share of urban inhabitants, the residents of Isiolo county appear to have concentrated in certain towns.

### **B. Administration**

The five counties cover very different sized territories, from a more limited urban area of 220 square kilometres (Mombasa) to Kenya's third largest county (Isiolo) with more than 25,000 square kilometres. Thus, overseeing health care performance will by definition be more complex in the three quite far-flung counties of the project (Isiolo, Kilifi, Nakuru).

The number of sub-counties also varies considerably, with the average population of Mombasa's and Nakuru's sub-counties exceeding 200,000 inhabitants, Kakamega's and Kilifi's sub-counties in a mid-range of 145,000-170,000 inhabitants. With the smallest population for the largest land mass, Isiolo's three sub-counties average 102,000 inhabitants.

### **C. Overall Poverty (2015 / 2021)**

The overall poverty trend compares 2021 with the status of 2015. This poverty trend is at the date of 2021 still impacted by the effect of the Covid pandemic. Thus, overall poverty increased across the five counties. Those counties with higher poverty rates (Isiolo at 54%, Kilifi at 49%) saw overall poverty increase by less than 7%, while the three counties with poverty headcount below 40% saw poverty increase to a greater extent, notably by 17% for Mombasa and 35% for Nakuru.

Despite overall poverty increase, the poverty gap and poverty severity declined in Kilifi and Nakuru (and poverty severity declined as well in Mombasa). The range of poverty gap and severity is quite considerable in Isiolo and Kakamega.

### **D. Child Poverty (2015 / 2021)**

Child poverty is quite high and is generally consistent with the overall county poverty rate. Child poverty declined in three counties and increased in two counties from 2015 to 2021. Thus, looking at the full 0-17 age range, the lowest poverty levels are in Mombasa (32.2%), followed by Kakamega (39.5%) and Nakuru (41.9%). However, the child poverty rate in Nakuru increased by 25% over the period. At 53%, Isiolo has the highest child poverty levels (with a small decline of 4% since 2015).

### **E. Inequality (2015 / 2021)**

The overall age dependency ratio is quite high (exceeding 85) in Isiolo, Kakamega and Kilifi, although the ratio did decline compared to 2015. The age dependency ratio also declined in Nakuru, but increased in Mombasa, which still recorded the lowest ratio among the 5 counties (52.5).

The Gini coefficient declined (and thereby improved across the counties), and is in a range of 0.29 to 0.35, with Nakuru the most unequal.

The human development index (HDI) declined in all five counties, by an average of about 23%. The best performing county is Kilifi (0.44), followed by Mombasa and Nakuru and lowest HDI in Isiolo (0.35) and Kakamega (0.37).

#### **F. Health Facilities (2014 / 2022)**

The number of health facilities increased from 2014 to 2022 across the five counties and in general by about 25-26%. The number of health facilities per 100,000 population is in the range of 30-32 for four counties, with Kakamega having the fewest facilities relative to its population (23). It should be noted that this indicator increased considerably in four counties (+28% to +53%, but declined by 47% in Isiolo, where the population increased by over 100%.

The number of beds and cots per population has also increased in four counties. This indicator declined in Isiolo, but this county also has the largest number at 276 bed/cots per 100,000, compared to 145-165 bed/cots for Kakamega, Mombasa and Nakuru. Across the five counties, the share of beds has increased relative to the share of cots.

In three counties (Isiolo, Kakamega, Kilifi), more than one-fifth of the population is more than one hour from a health facility, while this burden of distance affects 15% of Nakuru's and 10% of Mombasa's populations.

#### **G. Health Workforce (2014 / 2022)**

The total health workforce increased in the five counties between 2014 and 2022, with the largest increase in Kilifi (+119%) and the lowest increase in Nakuru (5%). There is considerable disparity in the total workforce per 100,000 inhabitants, with the lowest availability in Nakuru (246 health workers per 100,000), and the greatest availability in Mombasa (448) and Isiolo (566).

Doctors and nurses per 100,000 population increased in four of the five counties (with a decline in Isiolo). The availability of doctors is particularly uneven, with Mombasa way above the other counties (54 doctors per 100,000 inhabitants), followed by Nakuru (20.2), Kakamega and Kilifi (9.7 and 9.3) and Isiolo suffering with only 1.2 doctors per 100,000 inhabitants.

A similar situation prevails in terms of available nurses per 100,000 inhabitants, which increased considerably across four counties (and declined in Isiolo) with more than 300 nurses per 100,000 inhabitants for Mombasa and Nakuru, 200-260 for Kakamega and Kilifi and only 22 for Isiolo

#### **H. Health Outcomes (2014 / 2022)**

From 2014 to 2022, life expectancy at birth increased in all five counties, for females and males. There is considerable disparity in life expectancy among the counties. Female life expectancy reached 71.1 years in Mombasa, closely followed by Nakuru (69.1 years) compared to only 59.6 years life expectancy for women in Isiolo. Isiolo is also the only county where male life expectancy exceeds that of females (60.1 years compared to 59.6 years).

Deliveries at health facilities increased across the five counties from 2014 to 2022, reaching 84% in Isiolo and Kilifi and 94-96% in Nakuru, Kakamega and Mombasa. While this is generally to be considered a positive development, it is rather stunning that over the same period, maternal mortality (per 100,000 live births), infant mortality and under-5 mortality (per 1,000 live births) increased over this same period. The general range of increase of these indicators was 14.5-15.5%.

We can note that maternal mortality is particularly high in Kilifi (532 per 100,000 live births) and Isiolo (451), while less than 200 in Mombasa. However, Mombasa also records the highest infant mortality rate (43 per 1,000 live births) and second-highest under-5 mortality rate (50 per 1,000 live births), to 51 for Nakuru.

Child immunization increased in four of the five counties from 2014 to 2022, where these counties have achieved 90%-93.5% immunization coverage. The outlier is Isiolo, with the lowest immunization coverage (69.7%), that declined by 15% over the period from 82%, which represents a significant decline.

In terms of child nutritional status, all five counties saw a decline of stunting from 2014 to 2022, with the smallest change in Kilifi, where stunting remains significant at 37% of children (compared to 11.5% to 18.% for the other four counties). Incidence of wasting increased in Kilifi (by 75%) and Mombasa (by 12%). The

greatest incidence of wasting is in Isiolo and Kilifi (7.2% for both). The incidence of underweight children also increased in Kilifi and Mombasa.

Overall, child nutrition status is the strongest in Kakamega county, where stunting (11.5%), wasting (1.5%) and underweight children (6.4%) have the lowest incidence among the five counties. It would be useful to understand how Kakamega achieved these results despite its other health facilities / personnel challenges.

### **I. Economic & Fiscal Indicators (2015/16 – 2022/23)**

The Gross County Product (GCP) increased in all five counties during the period 2015/16 to 2022/23. On a per capita basis, Mombasa county generates the greatest wealth (450,000 Ksh per capita) followed by Nakuru (267,000 Ksh per capita), with the lowest GCP in absolute amount and per capita in Isiolo (105,000 Ksh).

County budget expenditures and revenues increased in all five counties in absolute terms but declined on a per capita basis in Isiolo. Interestingly, expenditures per capita are highest in Isiolo (over 20,700 Ksh), followed by Mombasa (over 90% lower, at 10,800 Ksh), and Kakamega with the lowest at 8,480 Ksh. A similar trend can be seen in county revenue, with Isiolo at 16,770 Ks per capita, Mombasa just over 10,500 Ksh per capita and Nakuru with the lowest revenue per capita, 6,670 Ksh.

The counties differ considerably in the structure of their revenues. Mombasa has the largest share of OSR (29.2%), with the equitable share accounting for 55%. Nakuru has the second largest share of revenues from OSR (10.4%), with equitable share accounting for 84% and limited revenues from conditional grants (3.5%). Kilifi has one of the lowest shares of OSR (4.2%), and the highest of conditional grants among the five (16.4%).

In terms of retaining health services revenues at source, the three counties with an operational facility investment fund (FIF) policy allocate smaller portions of these revenues to their OSR, so as to support their health service operations. Yet even here, there is considerable difference, where Isiolo only receives 0.6% of health sector revenue to its OSR, Kakamega, 16.3% and Mombasa 31%. Kilifi and Nakuru, which do not yet have FIF policies, transfer over 60% of health facility revenues to the OSR pool (61.6% for Kilifi and 65.8% for Nakuru).

### **J. Spending of County Government on Health (2015/16 – 2022/23)**

Three of the counties increased their total expenditures on health between 2015/16 and 2022/23, with a more than 100% increase by Mombasa and Isiolo, and a 36% increase by Nakuru. Surprisingly, two counties appear to have reduced health sector expenditures by 47-49% (Kakamega and Kilifi).

More revealing is the data on health expenditures per capita and this is where the significant differences or distortions among the five counties for health provision appears. The highest per capita spending is recorded by Isiolo (4,580 Ksh), followed by Mombasa (3,786 Ksh) and Nakuru (2,407 Ksh). Kakamega and Kilifi fall below 1,000 Ksh per capita health spending, with 765 Ksh and only 169 Ksh in the case of Kilifi.

The share of health expenditures in total expenditures increase in Mombasa (by 53%) and Isiolo (by 19%) but declined in the remaining three counties. Mombasa allocated 35% of its budget to health, Nakuru 26% and Isiolo, 22%.

Considering the ratio of actual health sector expenditure to the total budget or the absorption rate, Isiolo (97%) and Kakamega (82%) have high levels of health sector expenditure implementation, while Kilifi (60%) and Nakuru (77%) are less efficient in implementing their health budget. Mombasa health sector expenditures exceeded the budget by almost 50% (147% absorption rate) which suggests some lack of oversight in expenditure management.

The expenditure utilization rate exceeds 100% in four of the counties (only Kilifi was below, at 77% utilization), so that health spending exceeded available resources, which also suggests weakness in budget implementation and oversight.

### **K. Private Spending & Health Insurance (2013 / 2018)**

Overall health insurance coverage remains quite low, with the highest share of coverage in Nakuru (25.5%) and Mombasa (21%), with the insurance coverage in the three remaining counties ranging from 11.1% (Isiolo)

to 13.7% (Kakamega). Overall, insurance coverage increased or remained stable, except for Isiolo, where insurance coverage declined between 2013 and 2018.

The most important source of insurance coverage is the NHIF, accounting for 86% (Mombasa) to 96% (Kakamega) of insurance coverage. Private insurance coverage increased in three of the counties (Isiolo, Kilifi and Nakuru).

Patient out of pocket spending increased over the period, with the highest amount in Mombasa (3,900 Ksh per capita), followed by Isiolo (2,600 Ksh) and Nakuru (2,495 Ksh).

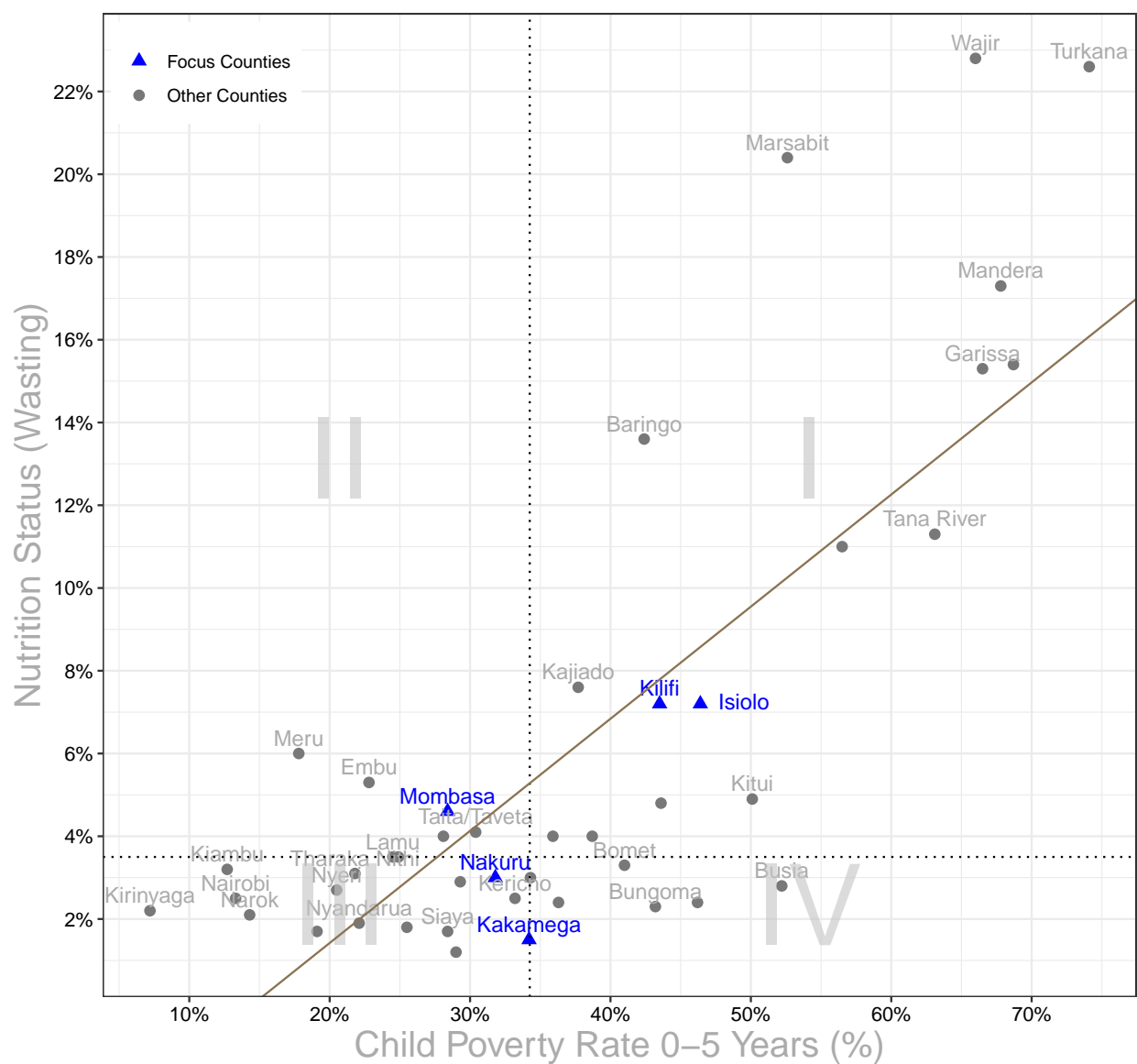
#### **L. Financial Governance (2020 / 2022)**

The audit opinion of all five counties was qualified in 2020 as well as for four of the five in 2022, when Nakuru received an adverse opinion.

The five counties have had uneven progression, and in some cases, regression for the budget transparency index (BTI). Both Mombasa and Nakuru increased their BTI score, exceeding 50% for the 2022 exercise. The remaining three counties saw declines of the BTI, from 45% to 39% for Kakamega, from 30% to 23% for Kilifi, and most concerning, from 29% to 0% for Isiolo. These results suggest that the financial information and accountability activities of the project – and the PEA to start - will need to clearly understand the dynamics for those counties showing a regression and also consider how to support those counties which have advanced in budget transparency actions to further improve their performance.

## Appendix

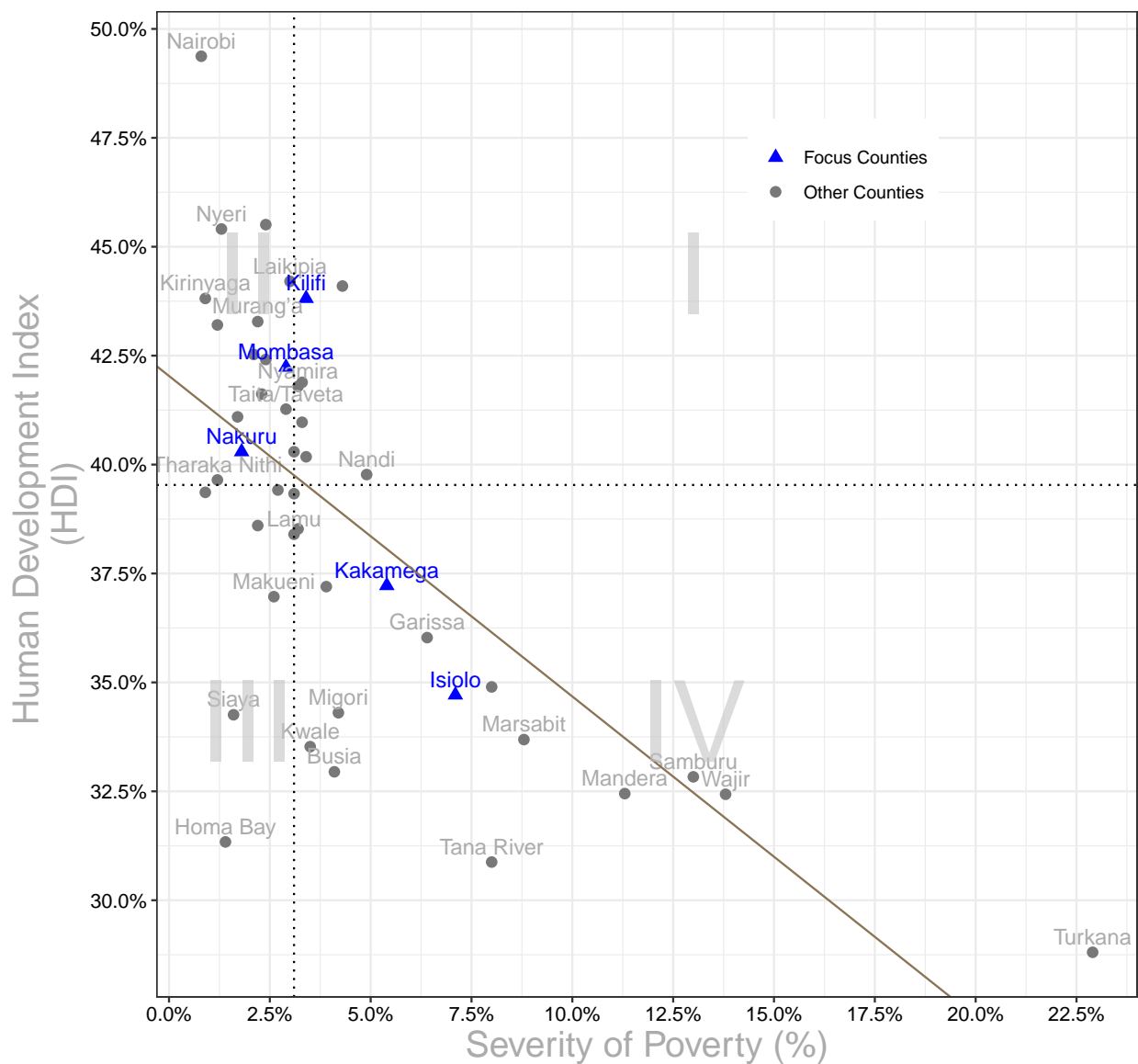
Figure 1: Low levels of Nutrition against Child Poverty Rate



Source: Author's computation using data from *The Kenya Poverty Report, 2021*

- The first quadrant (I), represent counties with relatively high cases poor nutrition (as measured by the degree level of wasting and at the same time have high relatively high levels of child poverty; Isiolo and Kilifi fall in this quadrant. Others in this quadrant include Turkana, Mandera and Marsabit.
- The third quadrant (III), represent counties with relatively low cases of both levels of wasting and levels of child poverty; Kakamega and Nakuru fall in this quadrant.

Figure 2: Human\_Development and Severity of Poverty

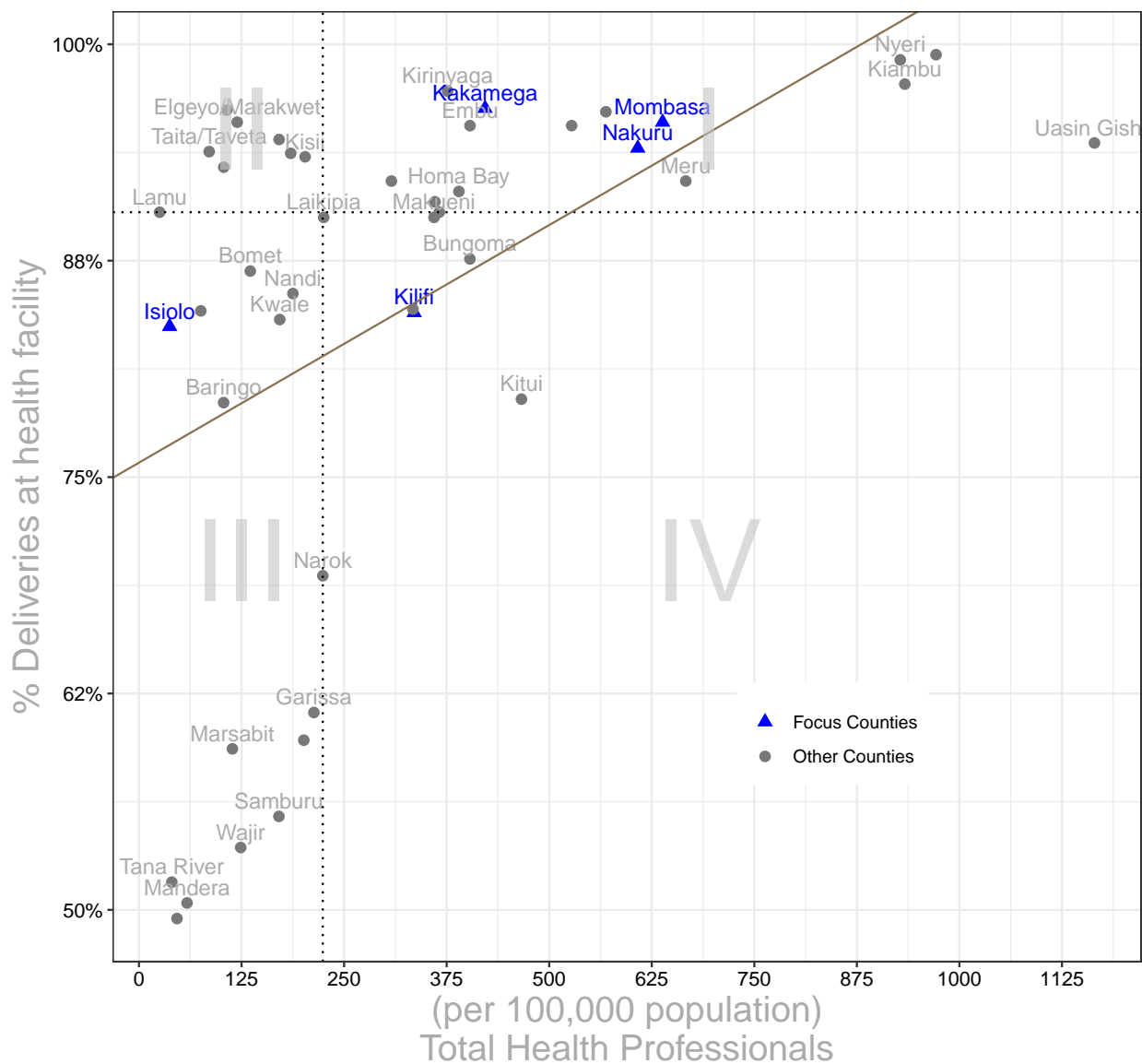


Source: Author's computation using data from The Kenya Poverty Report, 2021, KDHS 2022 and Kenya Integrate Household Budget Survey 2015/16

- Majority of the counties fall in the (II) and (IV), implying an inverse relationship between human development and Severe/Extreme poverty. Mombasa and Nakuru fall represent counties with relatively high levels of human development and also happen to have relatively low levels of Severe/Extreme poverty. Others in this quadrant include counties such as Nairobi, Nyeri and Kirinyaga. On the extreme side are counties with relatively low levels of human development and high cases of Severe/Extreme poverty, Isiolo and Kakamega fall in this quadrant. Others in this quadrant include mostly the ASAL counties such as Turkana, Mander, Wajir, Marsabit and Samburu (refer to Map 2(f) in the Appendix).



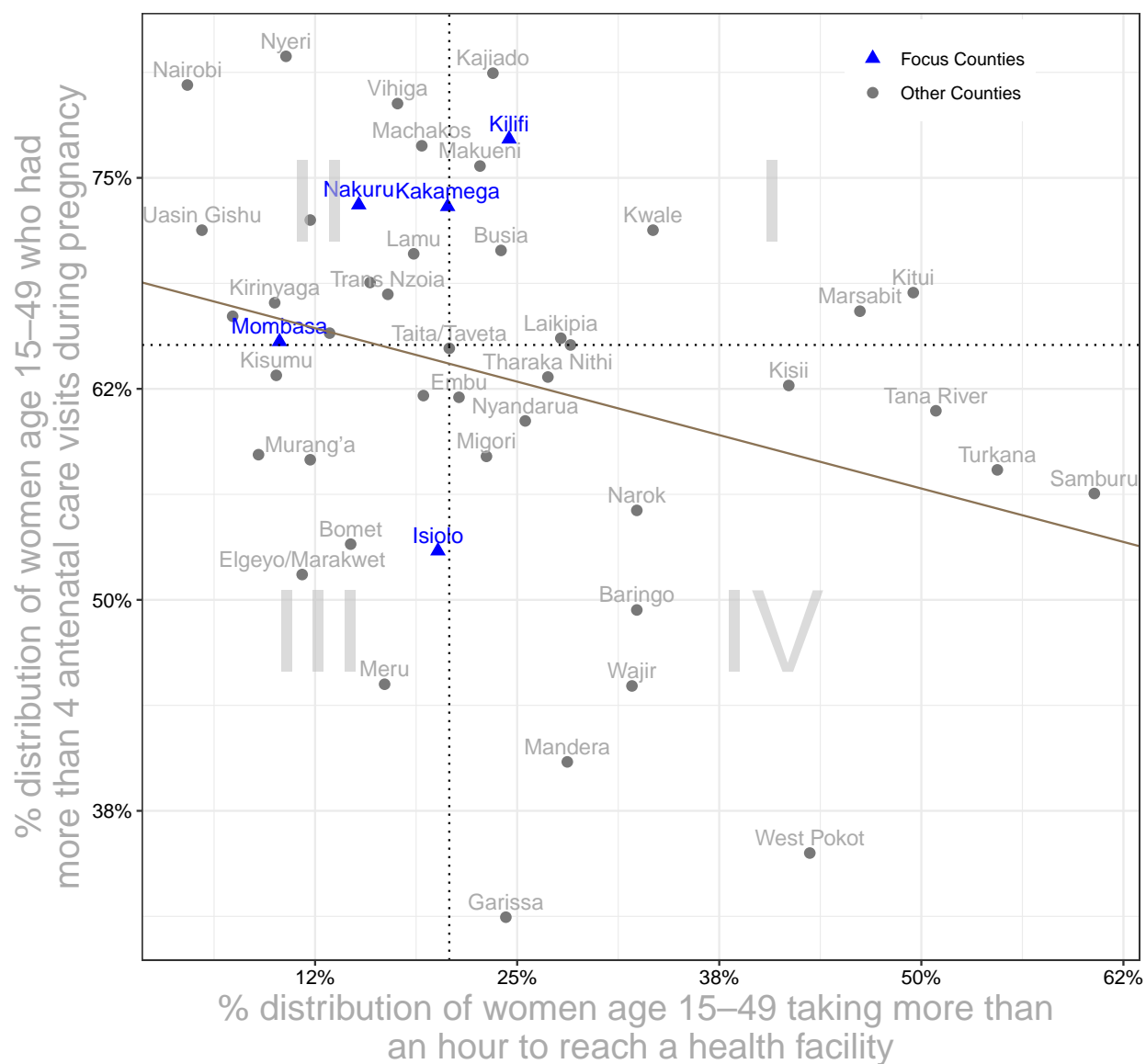
Figure 3: Deliveries in Health Facilities against availability of Health Professionals



Source: Author's computation using data from KIPPRA, 2021 and KDHS 2022

- Majority of the counties fall in the (I) and (III), implying a positive relationship between share of deliveries occurring in health facilities and number of health professionals relative to the population. Indicators are favourable for Mombasa, Kakamega and Nakuru which have relatively high share of deliveries occurring in health facilities and also happen to have relatively number of health professionals relative to the population. Isiolo and most of the ASAL counties fall in the (III) quadrant.

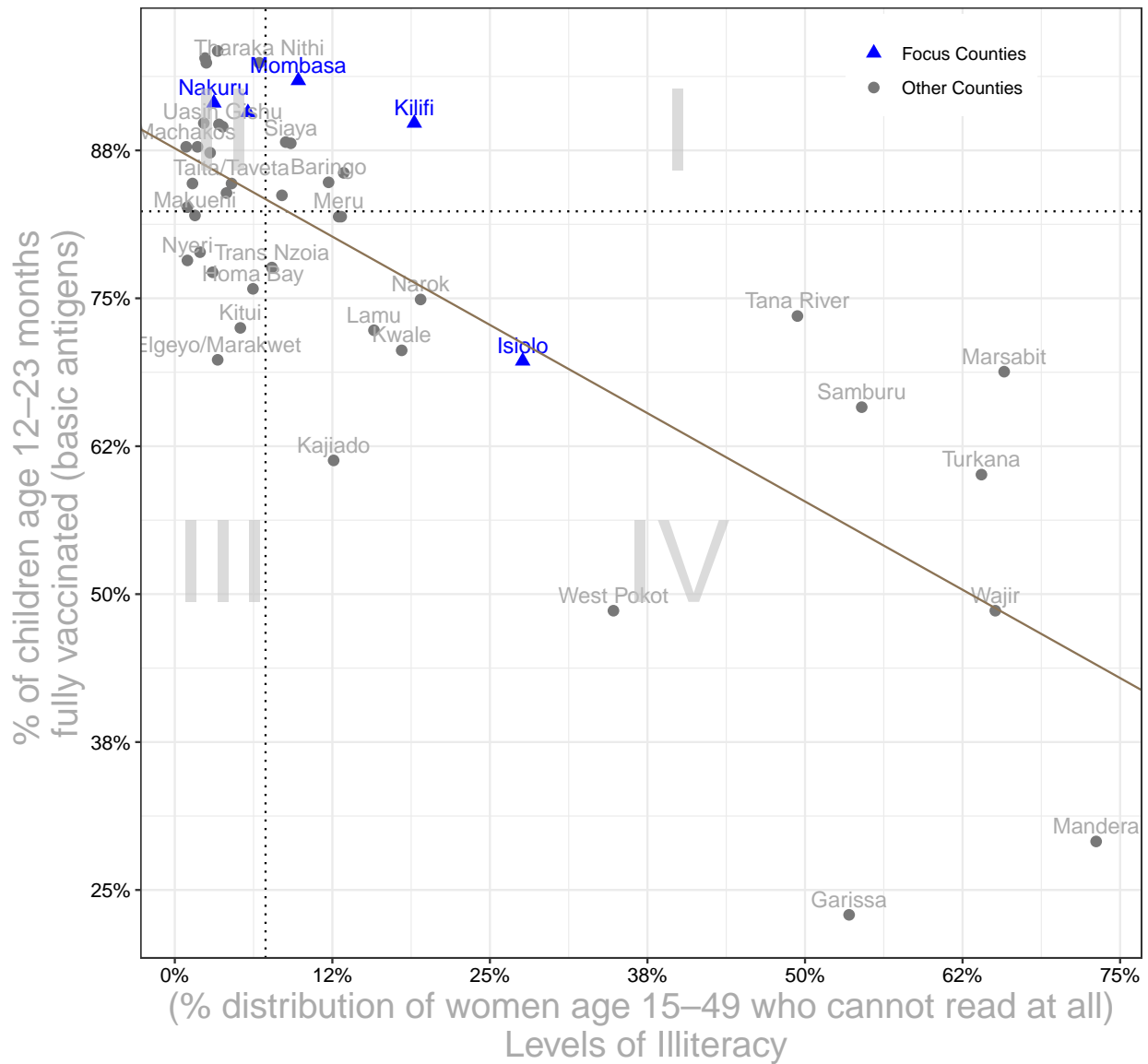
**Figure 4: 4+ ANC visits against availability of Health Facilities**



Source: Author's computation using data from *The Kenya Poverty Report, 2021* and *KDHS 2022*

- Majority of the counties fall in the (II) and (IV) quadrants, implying an inverse relationship between 4 ANC visits and time taken to reach the nearest health facility. The downward slope shows that as more women increasingly take more time to reach the nearest health facility, there is a low uptake in the ante-natal care visits. Isiolo, most of the ASAL counties and to some extent Kilifi are particularly affected.

Figure 5: Immunization against levels of illiteracy



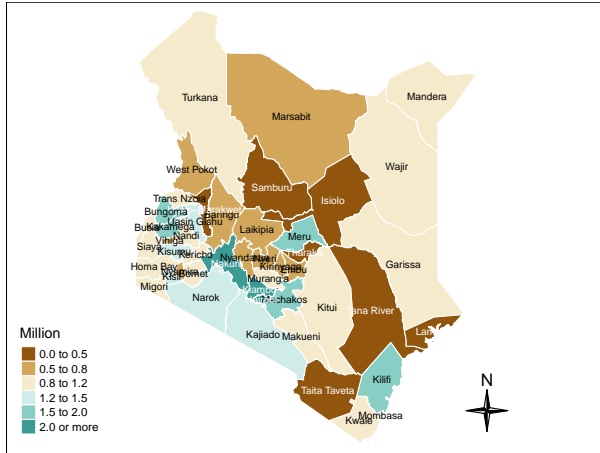
Source: Author's computation using data from KDHS 2022

- Majority of the counties fall in the (II) and (IV) quadrants, implying an inverse relationship between Level of immunization (full vaccinations) and level of illiteracy among women. The downward slope shows that as the level of illiteracy (percentage of women who cannot read at all) increase, the share of the children being taken for immunisation continues to drop. Isiolo and to some extent Kilifi are among the focus counties that are mostly affected.

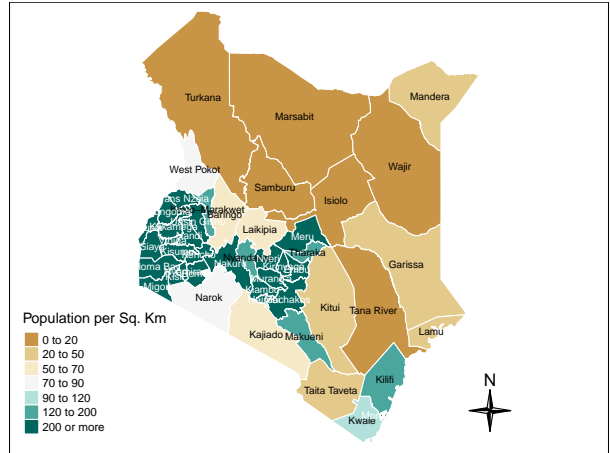
Appendix B

Map 1: Overview

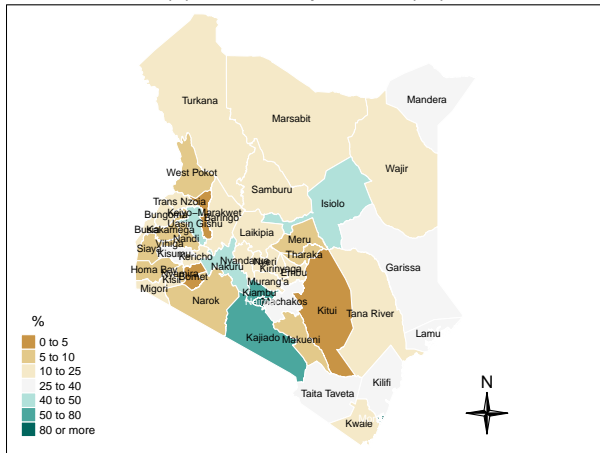
(a) Population



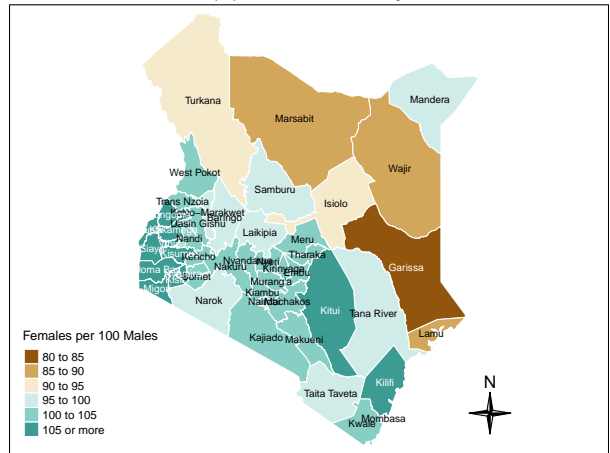
(b) Population Density (Sq. Km)



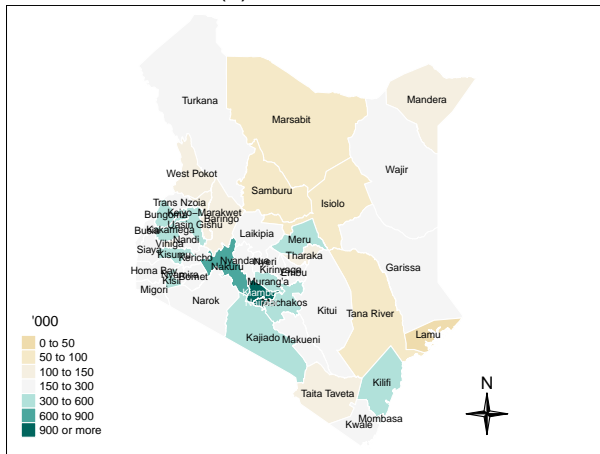
(c) Urban Population (%)



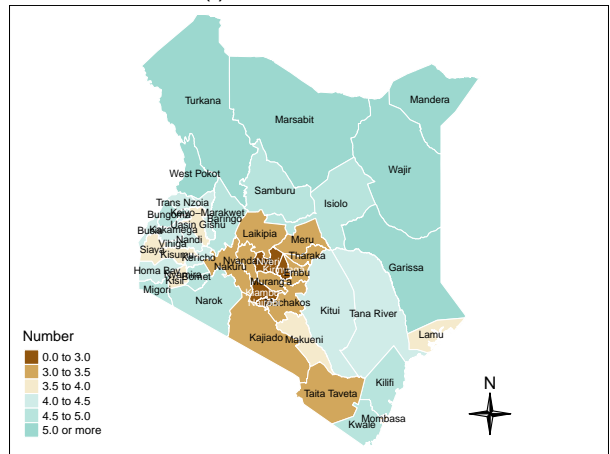
(d) Gender Parity



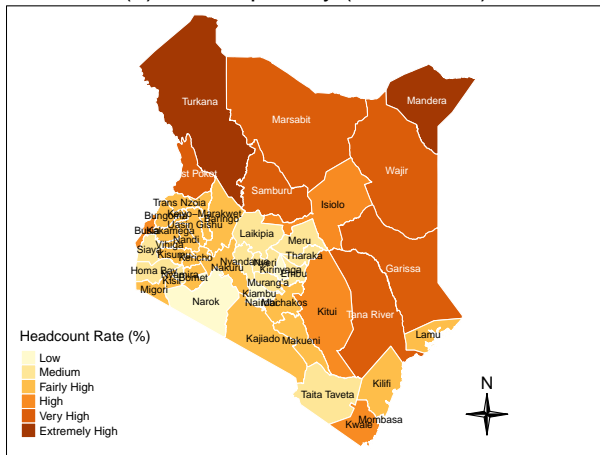
(e) Households



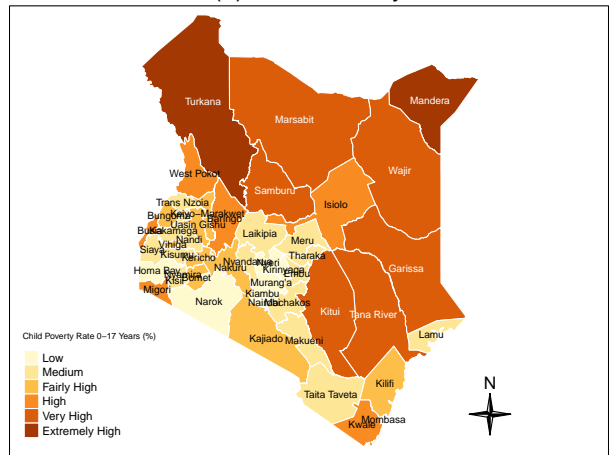
(f) Household Size



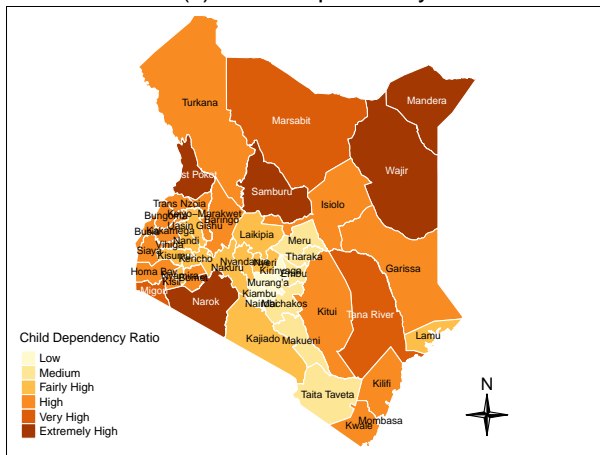
**Map 2: Well Being**  
 (a) Overall poverty (head count)



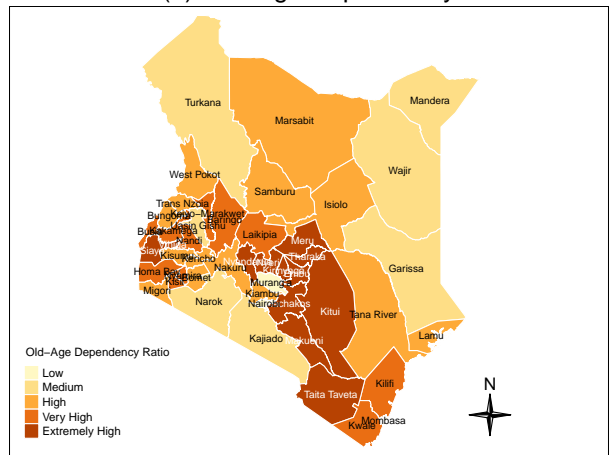
(b) Child Poverty



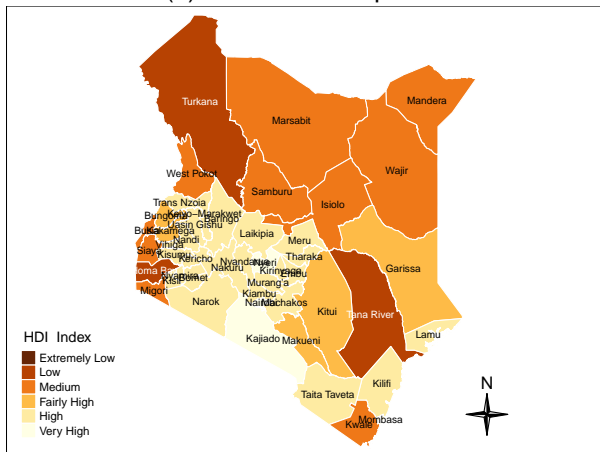
(c) Child Dependency



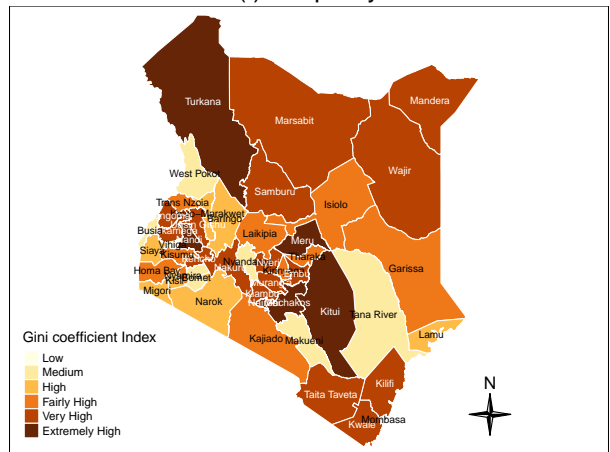
(d) Old-Age Dependency



(e) Human Development

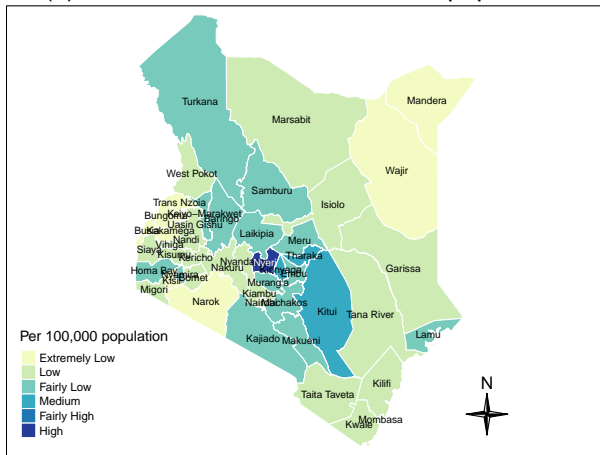


(f) Inequality

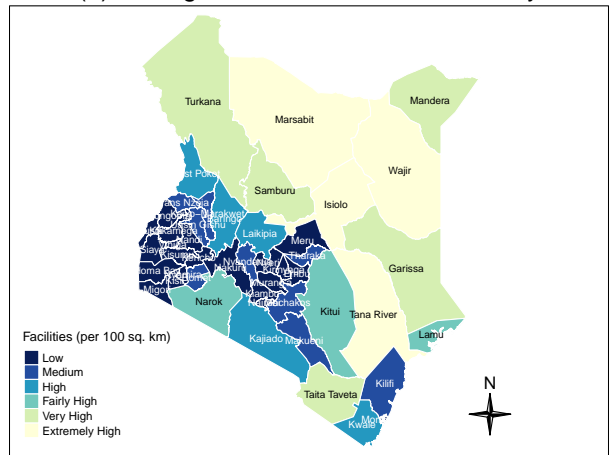


### Map 3: Health Infrastructure

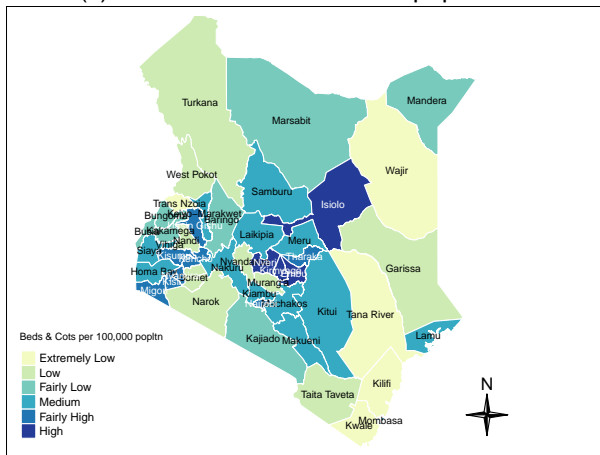
(a) Total Health Facilities relative to population



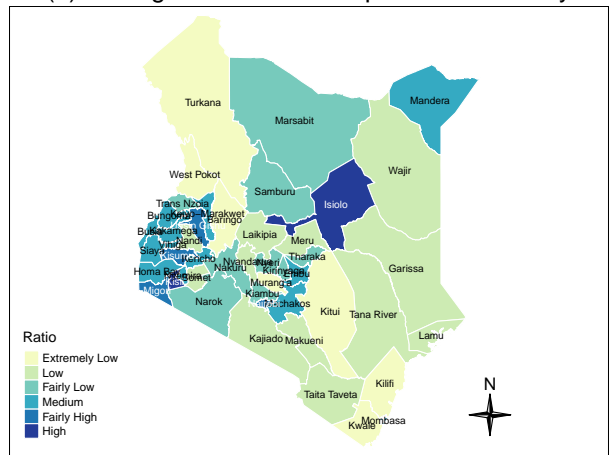
(b) Average Distance to a Health Facility



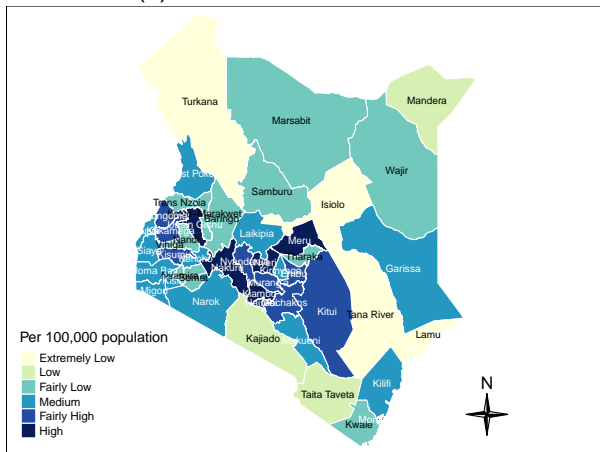
(c) Beds and Cots relative to population



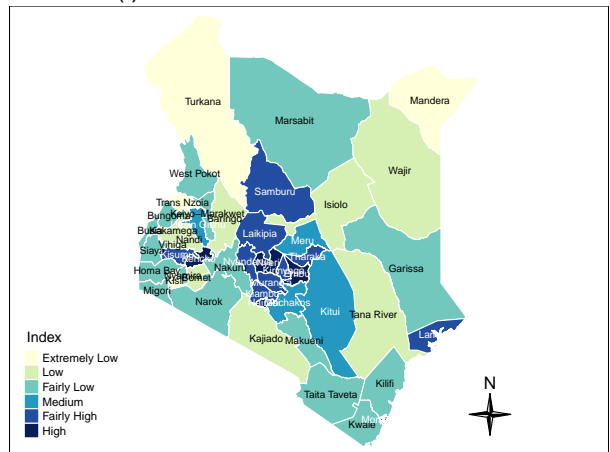
(d) Average Beds and Cots per Health Facility



(e) Total Health Professionals

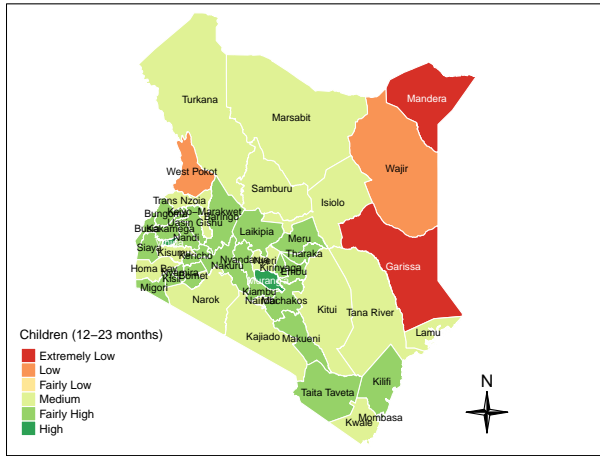


(f) Health Human Resource Index

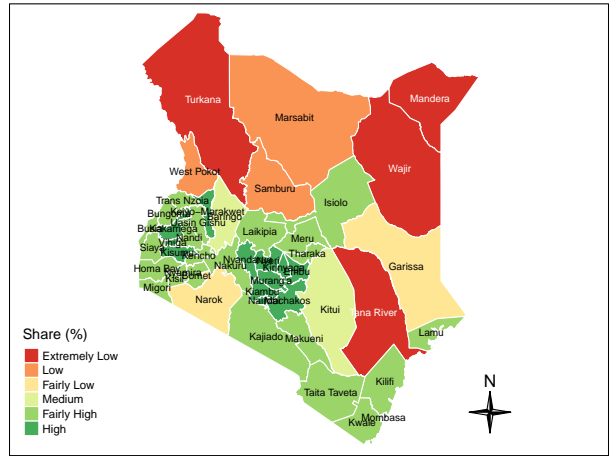


# Map 4: Health Outcomes

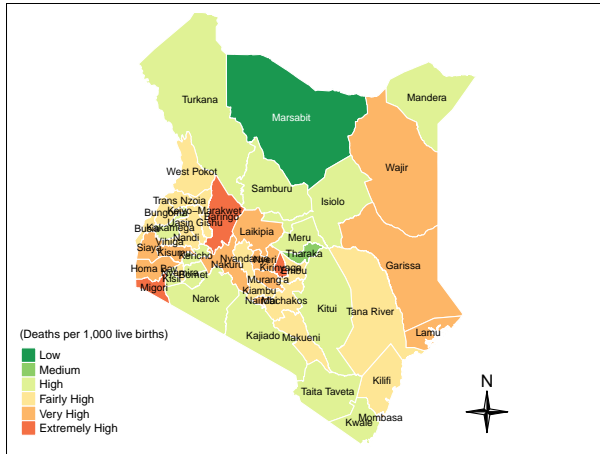
## (a) Child immunization



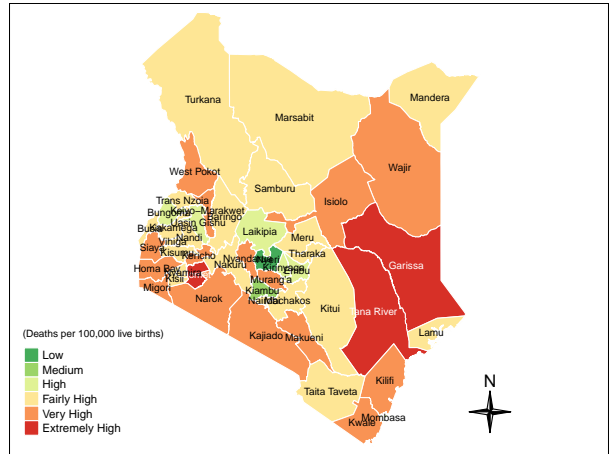
## (b) Deliveries at Health Facility



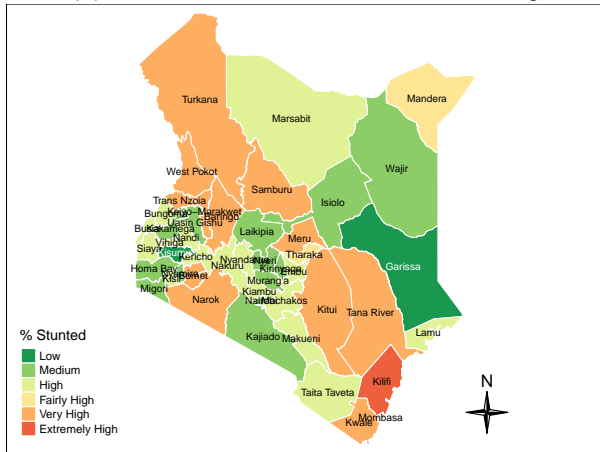
## (c) Infant mortality rate



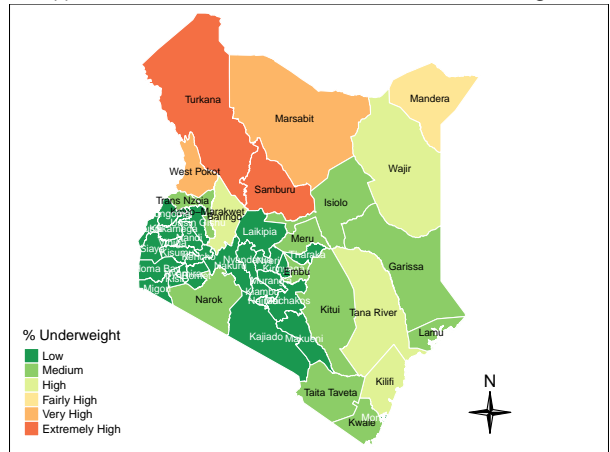
## (d) Maternal Mortality Rate



## (e) Nutritional status of children: Stunting

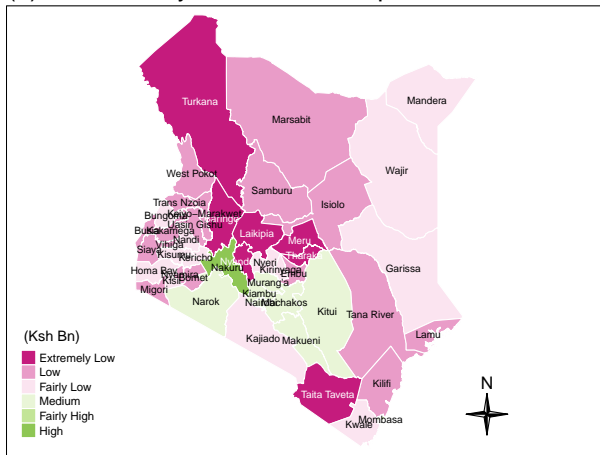


## (f) Nutritional status of children: Underweight

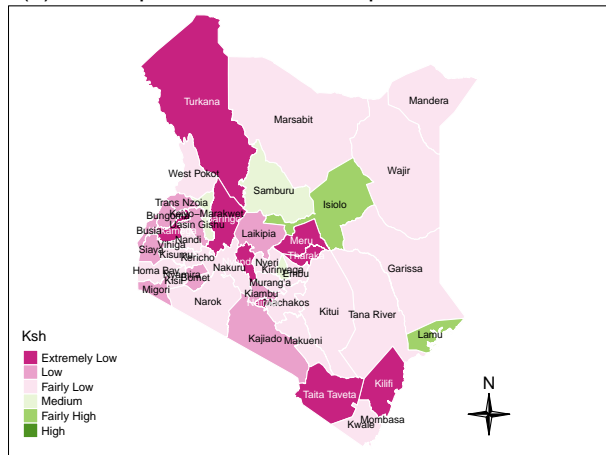


# Map 5: Health Expenditure

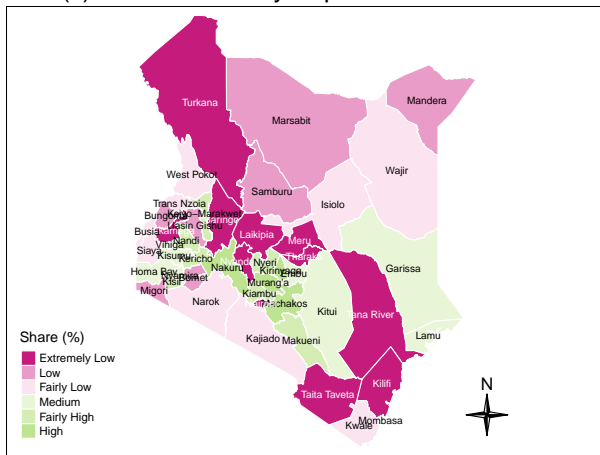
(a) Total County Government Expenditure on Health



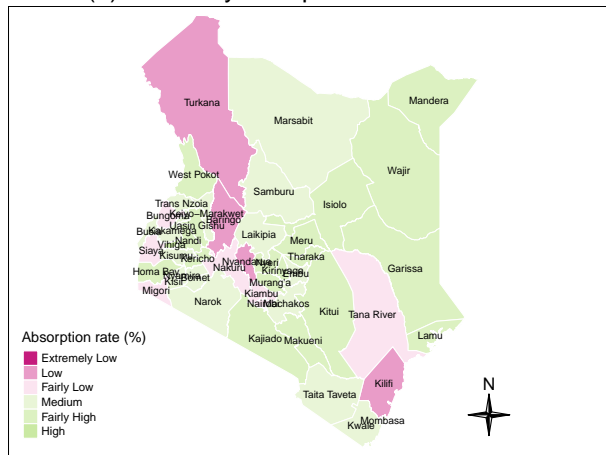
(b) Per Capita Government Expenditure on Health



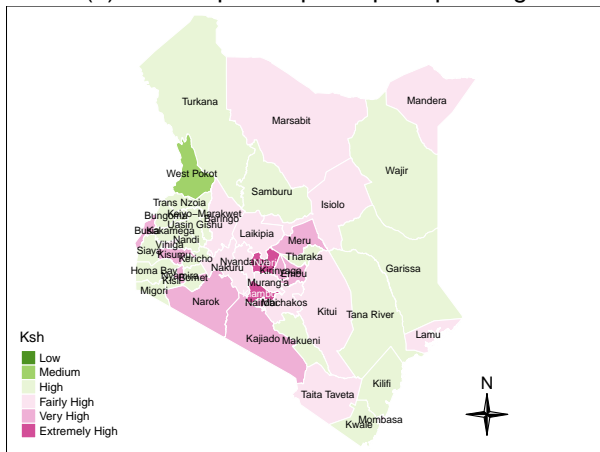
(c) Share of County Expenditure on Health



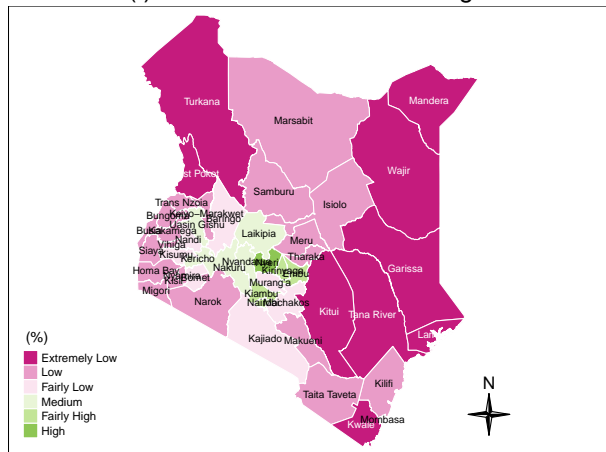
(d) Efficiency in Expenditure on Health



(e) Out-of-pocket per capita spending



(f) Overall Insurance Coverage







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