

## Children, Youth and Women Sensitive Planning and Budgeting in Kenya: Lamu County Brief, 2014/15-2017/18



County Government of Lamu

### KEY HIGHLIGHTS OF THE BRIEF

This brief provides an analysis of how the County Government of **Lamu** plans and budgets for the needs of children, youth and women. The analysis focused on social sector (health, education, water and sanitation, child protection and nutrition) budgets for the period 2014/15-2017/18. The analysis was based on budget information collected from the Office of the Controller of Budget, county policy documents, and face-to-face interviews with relevant county stakeholders. The key highlights from the analysis are summarized below:

- a) **An estimated 58 per cent of the Gross County Product (GCP)<sup>1</sup> of Lamu, the 33<sup>rd</sup> of all the 47 counties in Kenya (1.1% contribution to GDP), comes from agriculture.** However, agricultural productivity is vulnerable to weather shocks, requiring measures to mitigate the shocks, while promoting manufacturing through agro-processing, and enhancing access to agriculture markets.
- b) **The county's own source revenue increased from Ksh 0.6 billion in 2014/15 to Ksh 0.8 billion in 2017/18.** However, this declined as a share of total revenue from 3.3 per cent in 2014/15 to 1.9 per cent in 2017/18. Equitable share transfer increased from Ksh 1.8 billion to Ksh 2.5 billion during the same period. Innovative strategies to grow own source revenue will be critical, including increasing revenue base, administration capacity and public awareness.
- c) **Maternal and child health outcomes have improved, including the rate of child immunization.** The number of women who had access to skilled birth attendant during delivery increased from 60.1 per cent to 76.9 per cent during the period under review, following the introduction of free maternity services in 2013. The share of fully immunized children in the county decline from 86 per cent to 83 per cent between 2014 and 2018. However, the county seems to set pace against the national averages, which calls for sustained financing to keep the good record.
- d) **The budget for Early Childhood Development Education (ECDE) increased from Ksh 0.1 billion in 2014/15 to Ksh 0.3 billion in 2017/18.** Partly because of increased spending on ECDE, gross ECDE enrolment rate in the county increased from 104.3 per cent in 2014 to 117.3 per cent in 2018. This indicates that the county needs to sustain the allocation trends for the ECDE programme towards quality education and sustainability of enrolment. It should also ring-fence ECDE resources<sup>2</sup> so that they are not used for other purposes such as secondary and higher education bursaries.
- e) **The county allocation for water and sanitation increased from Ksh 0.05 billion in 2014 to Ksh 0.3 billion in 2018, which was an average of 8.8 per cent of the county total budget over the review period.** This was an under-investment given that about 25 per cent of the population have no access to improved water sources. The county needs to increase allocation for WASH. In addition, there is need for the county to put in place initiatives to reduce non-revenue water to minimize losses and hence channel funds towards maintenance of existing water supply infrastructure.
- f) **The county's allocation to child protection, youth and women increased from Ksh 20 million in 2014 to Ksh 90 million in 2018.** The county reported high disparity between the approved budget and the exchequer releases. Looking forward, the county needs to increase allocation to child protection given the high levels of child neglect, abandonment and child labour; and expand relevant social services to reach vulnerable girls as a protective measure against early pregnancies, female genital mutilation (FGM), early and/or forced marriages.
- g) **The county committed Ksh 33 million in 2014/15, increasing to 61.6 million in 2016/17 then declining to 24 million in 2017/18 for interventions that directly contribute to boosting child nutrition.** This was despite having 29.2 per cent of the children stunted. The county should ensure that direct nutrition interventions in sectors such as

agriculture, education and health are budgeted for with visible budget lines in the county plans and budgets. Moreover, nutrition should be well articulated in the County Integrated Development Plans.

- h) The budget execution rate for most social sector budgets, especially health, water and sanitation, was low.** For instance, budget execution rates for water and sanitation was below 70 per cent in 2017/18. The low budget execution rate was partly because approved budgets were not released on time by the National Treasury. Procurement and cash flow planning by the county was also weak. To improve budget utilization rates, there is need for the National Treasury to adhere to disbursement schedules by releasing resources on time. On its part, the county should strengthen procurement systems and improve cash flow forecasting and develop capacity to enhance budget utilization.
- i) Due to limited disaggregation of data in expenditure reports, it was not possible to establish how much of the county government budget was spent on crucial social services such as child protection, youth development, disability and gender mainstreaming.** By having standalone budget lines on the above, the county is better placed to effectively deliver the above-mentioned services, especially to women and girls. On child protection, for example, the county had relatively few cases of child abuse reported and extremely few cases of FGM, most likely because the culture condones such practices and hence no reporting. There is no specific budget line for this, which may also be a factor. The same also applies to gender-based violence which has increased in recent years

## 1. COUNTY OVERVIEW

Lamu county occupies a land area of approximately 6,273 km<sup>2</sup> and is divided into 2 sub-counties and 10 wards. The county's population was 143,920, representing 0.3 per cent of the national population according to the 2019 census. This constituted of 76,103 males, 67,813 females and 4 intersex persons.

In 2015/16, the overall poverty rate of the county was 29.0 per cent, which is slightly better than the overall national rate of overall poverty. Among children, more than one in three were affected by monetary poverty,<sup>3</sup> being in lack of financial means, which amounted to 23.1 per cent for youth and 27.0 per cent for women. Additionally, 34.9 per cent of children were living in multidimensional poverty,<sup>4</sup> with youth and women recording 51.9 and 56.5 per cent, respectively. The overall high rates of poverty, especially among younger populations means that planning and budgeting processes should better consider human capital sectors so that the county can maximize the productive and innovative potential of its future workforce and initiate a fast and sustainable growth trajectory.

**Table 1: Lamu county administrative, poverty and demographic profile**

Administrative Profile							Latest Available
Area (km <sup>2</sup> )							6,273
Number of sub-counties							2
Number of wards							10
Overall poverty (%)							29.0
Extreme poverty (%)							31.6
Population (2019)							143,920
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
Monetary Poor							
Male (%)	37.0	42.1	23.3	29.1	26.1	30.5	
Female (%)	27.4	41.0	23.0	28.8	26.1	34.1	
Total (%)	32.2	41.6	23.1	28.9	27.0	32.4	
Population	56,988	20,742,290	36,202	13,443,268	24,220	7,847,350	
Multidimensionally Poor							
Male (%)	32.9	49.3	47.0	44.7	50.9	51.0	
Female (%)	36.9	47.1	56.2	49.4	62.0	60.8	
Total (%)	34.9	48.2	51.9	47.1	56.5	56.1	
Population	56,988	20,742,290	36,202	13,443,268	24,220	7,847,350	

Source: Kenya National Bureau of Statistics (2018)

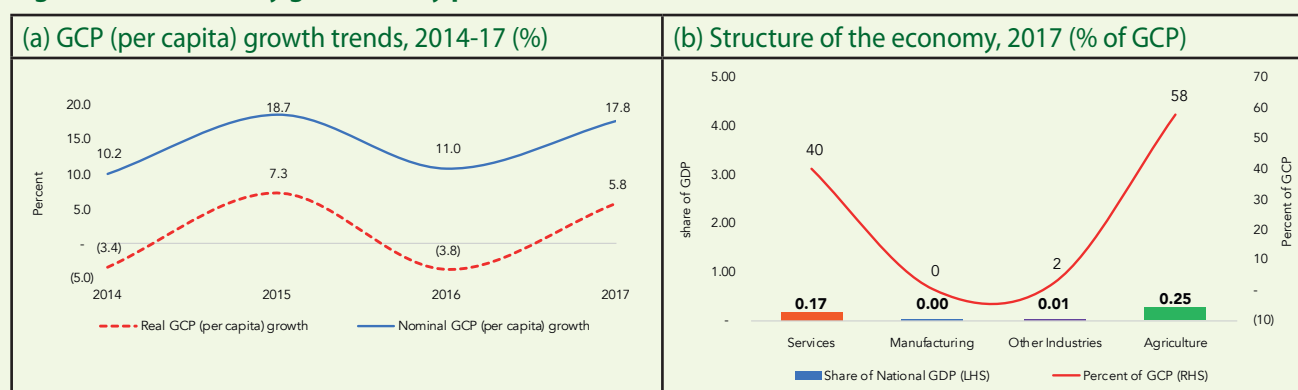
## 2. STATE OF COUNTY ECONOMY

### 2.1 Gross County Product Growth

Lamu county accounted for about 1.1 per cent of the national GDP in 2017, ranking 33 out of the 47 counties. Its economic growth fluctuated significantly since 2014. In real per capita terms, the economy did not grow in 2014; it grew to 7.3 per cent in 2015 before falling to negative 3.8 per cent in 2016, then reaching 5.8 per cent in 2017, respectively (Figure 1a). The most recent downturn was largely due to the severe drought which adversely affected agricultural activities, which are the main source of revenue in the county.

The economy remains heavily reliant on agriculture which accounted for 58 percent of GCP followed by services at 40 per cent (Figure 1b). The manufacturing and other industries, such as mining, quarrying, electricity, water and construction contributed 2 per cent. The county needs to diversify its economy since agriculture is taking a significant share. This can be done by encouraging agro-processing, which will enhance manufacturing and expand the services sector. The county also needs to promote agricultural productivity since it is significant in the participation of women and youth for jobs and income. The county should put in place mechanisms to reduce the cost of farming, enhance the marketing of agricultural produce and promote agricultural value chains. This can be done through developing infrastructure and enhancing farmers' capacities in modern agricultural methods. Extension services, agribusiness and research needs to be promoted. The county should also seek to attract more investment in manufacturing, and services, for a balanced economy. This can be done through collaboration with different sub-sectors, especially the private sector.

**Figure 1: Lamu county gross county product and economic structure, 2014-17**

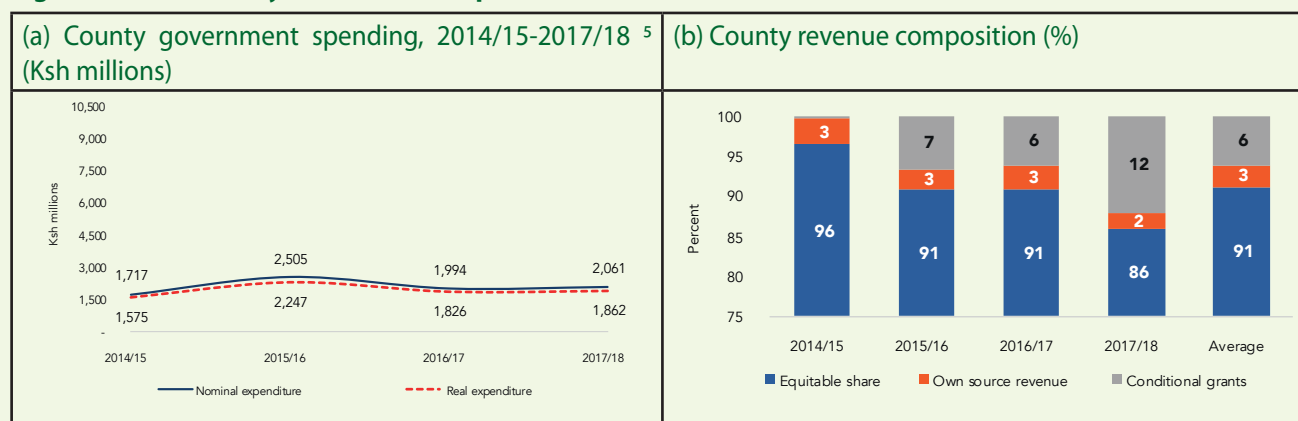


Source: KNBS (2019) Statistics

### 2.2 Overall Budget Performance

The county government annual spending grew from Ksh 1.7 billion in 2014/15 to Ksh 2.5 billion in 2015/16 and drastically dropped to 1.9 billion in 2016/17, before a moderate rise in 2017/18 to Ksh 2.1 billion (Figure 2a). The effect of inflation accounted for on average Ksh 0.2 billion in loss of purchasing power during the period. This spending is heavily dependent on national government transfers accounting for 91 per cent. The burden of the drop in the county government spending predominantly affects social sector spendings, which are recurrent in nature. In nominal terms, own source revenue was 2.6 per cent of total county revenue, on average, having increased from Ksh 0.6 billion in 2014/15 to Ksh 0.8 billion in 2016/17 before dropping to 0.5 in 2017/18 while the equitable share transfer increased from Ksh 1.8 billion

**Figure 2: Lamu county revenue and expenditure trends, 2014-18**



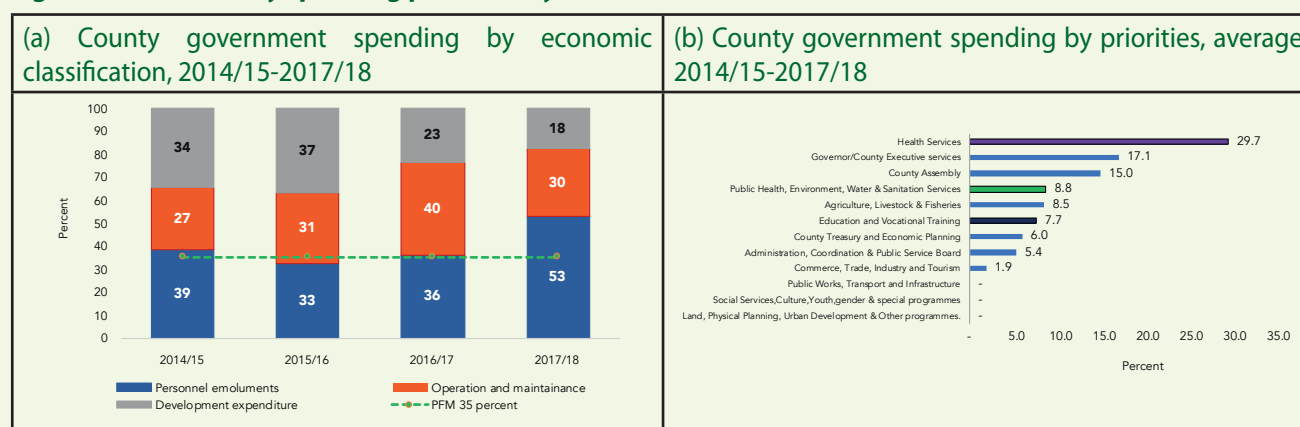
Source: Office of the Controller of Budget (Various) reports, 2014-2018

to Ksh 2.5 billion during the same period. There is need for enhanced fiscal efforts to accelerate revenue mobilization from both local revenue and conditional grants to cover the decline in own source revenue to 1.9 per cent of total revenue in 2017/18 down from 3.3 per cent in 2014/15 (Figure 2b).

**The development share of the actual spending as a proportion of total county budget declined from 34 percent to 18 percent between 2014/15 and 2017/18.** The county expenditure on wage and operation and maintenance dominates spending and constitutes 40 per cent and 32 per cent of the total spending, respectively. This leaves only 28 per cent of the county income available for development, which compromises the county long-term objectives including infrastructure development (Figure 3a). The county needs to improve on compliance with the Public Finance Management (PFM) Act 2012 provision, which ceils development spending at a minimum of 30 per cent of total budget. This was violated in 2016/17 and 2017/18 while the Regulation 2015, which require that not more than 35 per cent of the county's total revenue should go to payment of wages and salaries, was violated in actual spending in 2014/15, 2016/17 and 2017/18.

**The county spent over 54.7 per cent of total expenditure during the period under review on health, education, agriculture, nutrition, social protection, youth, gender, water and sanitation.** Health services spending accounts for the largest share of total spending at 29.7 per cent or about a third of the total spend for the last four years. Public health water and sanitation received 8.8 per cent while agriculture and vocational training accounting for 8.5 per cent and over 7.7 per cent respectively (Figure 3b).

**Figure 3: Lamu county spending priorities by economic and administrative classification, 2014-18**



Source: Controller of Budget reports, 2014-2018

### 3. ANALYSIS OF SOCIAL SECTOR SPENDING

#### 3.1 Health

##### 3.1.1 Health sector priorities

During the period 2013-2017, the County Integrated Development Plan (CIDP) showed that the county gave priority to scaling up all health care services, improve accessibility, equip and deploy more health care personnel, intensify preventive health measures through awareness campaigns, better sanitation and waste disposal management through well-coordinated efforts of all stakeholders in terms of roles and responsibilities, pulling resources together, better budgetary allocations while encouraging private investors to invest in the sector. These entailed: recruitment of medical personnel; provision of medical equipment and drugs; training of medical personnel; youth rehabilitation from drugs; establishment of referral hospital; construction of maternity unit; construction and rehabilitation of non-residential buildings (health facilities); furnishing of health offices, wards and clinics; installation of an electronic medical records system for all the hospitals; and procurement of vehicles for the county health services.

The number of women who had access to skilled birth attendant during delivery increased from 60.1 per cent in 2014 to 76.9 in 2018. This was attributed to the introduction of free maternity services in 2013. This was higher than the national average of 64.9 per cent in 2018, indicative of relatively improved access to health services by expectant mothers in the county. The proportion of children who were fully immunized declined during the review period, although still above the national average. The share of fully immunized children in the county improved from 86.5 per cent in 2014 to 83.4 per cent in 2018. Infant mortality and under 5 mortality rate was estimated at 106 deaths per 1,000 live births in 2016, which was worse than the national average of 79 deaths per 1,000 live births.

##### 3.1.2 Health budget and expenditure

**The share of health budget in the total county budget allocation was 34 per cent over the review period, composing of 65 per cent recurrent and 35 per cent development (Figure 4a).** Despite the expansion in county health budget

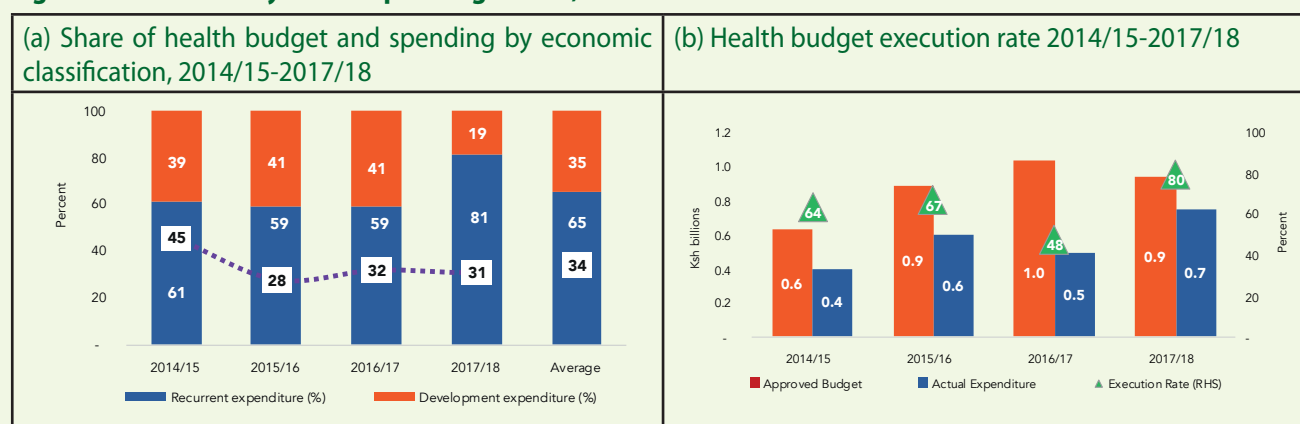
**Table 2: Lamu county selected health sector performance indicators**

Selected Health Indicators	2014		2015		2016		2017		2018	
	County	National	County	National	County	National	County	National	County	National
U5MR (death per 1,000 live births) 2016 Estimate	-	-	-	-	106.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	676.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	60.1	53.5	60.5	56.9	57.0	59.3	58.3	53.0	76.9	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	113.8	76.4	99.3	75.4	95.2	76.9	87.6	73.7	107.0	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	59.8	35.9	67.2	39.7	55.6	39.8	45.2	32.6	69.8	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	86.5	70.2	92.3	75.7	76.8	72.4	72.0	65.9	83.4	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	7.1	6.8	7.2	7.2	6.9	6.6	16.5	10.1	6.9	4.0
Still Birth Rate (Source : DHIS2)	27.6	29.3	152.4	22.6	39.1	21.5	36.2	22.6	27.1	20.4

Source: Ministry of Health (2018), Demographic Health Information System (DHIS)

allocation from Ksh 0.6 billion in 2014/15 to Ksh 0.9 billion in 2017/18, the absorption rate declined from 67 per cent in 2015/16 to 48 per cent in 2016/17, before increasing to 80 in 2017/18. The decline in absorption rate in 2016/17 is attributable to failure by the exchequer to release the full amount approved in the health budget. Health actual expenditure expanded from about Ksh 0.4 billion to Ksh 0.7 billion. This translated to absorption rate of 80 per cent in 2017/18, with a low of 48 per cent in 2016/17.

**Figure 4: Lamu county health spending trends, 2014-18**



Source: Office of the Controller of Budget (Various) reports, 2014-2018

### 3.1.3 Medium term expectations

Over the period 2018-2022, the county embarks on various priority programmes including: reproductive, maternal, child and adolescent health; non-communicable diseases prevention and control; communicable diseases control; health promotion and nutrition; curative and rehabilitative services.

To realize these new milestones, the county will need to address various challenges including: limited funds relative to health needs for the County, including those for children and mothers; long procurement processes; delays by the treasury in releasing funding to the sector and pending bills affecting the overall sector absorption rate.

## 3.2 Education and Vocational Training

### 3.2.1 Education sector priorities

The county governments are responsible for Early Childhood Development Education (ECDE) and TVETs as per Schedule IV of the constitution of Kenya 2010. During the plan period 2013-2017, the focus of the county education sector was to enhance the quality and access to ECDE, youth polytechnics and the bursary award programme for secondary, TVETs and tertiary education. These entailed: construction of ECDE classes and recruitment of ECD teachers; education

resource centre; educational libraries; establishment of low cost centres for PWDs; establishment of low cost boarding schools; construction of staff quarters in schools in remote areas; construction and equipping of computer labs in schools; expansion of school feeding programme; building of youth polytechnics infrastructure; expansion of scholarships; and provision of sanitary towels in schools.

**Gross ECDE enrolment rate increased from 104.3 per cent in 2014 to 117.3 per cent in 2018 while net enrolment rate (NER) declined from 92.6 per cent to 62.8 per cent during the same period.** This was almost the same as the national averages of 94.4 per cent and 63.5 per cent, respectively, indicating that almost the same number of children joined ECDE as before implementation of devolution. More boys are enrolled in ECDE than girls in Lamu county. There is inequality in access to education between male and female school-going children in favour of boys as shown in Table 3.

**Gross primary and secondary enrolment rates stood at 96.3 per cent and 63.5 per cent in 2018, respectively.** Net enrolment rate (NER) decreased from 88.5 per cent to 75.1 per cent for primary school and decreased from 42.7 per cent to 30.1 per cent for secondary school between 2014 and 2018. There is inequality in access to education as more boys than girls enrolled in primary school while more girls than boys enrolled in secondary school in 2018.

**Table 3: Lamu county selected education sector performance indicators**

Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	104.3	73.6	117.3	94.4
Net enrolment ratio (%)	92.6	71.8	62.8	63.5
Male (%)	51.0	73.4	64.1	62.5
Female (%)	49.0	70.2	62.0	65.0
School size (Public) (Pupils) (Average)	59.0	75.0	61.0	85.0
Gender parity index (value)	1.0	1.0	-	-
Pupil-teacher ratio (No.) (Public)	24.0	31.0	23.0	31.0
Proportion of enrolment in private schools (%)	35.9	31.5	31.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	115.7	104.0	96.3	107.2
Net enrolment ratio (%)	88.5	88.0	75.1	82.4
Male (%)	51.3	86.0	79.3	81.7
Female (%)	48.7	90.0	71.4	83.0
School size (Public) Average No. of pupils	256.0	338.0	238.0	375.0
Gender parity index (Value)	1.0	1.0	-	-
Pupil-teacher ratio (No.)	30.0	42.0	27.0	40.0
Proportion of enrolment in private schools (%)	12.0	16.0	11.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	57.2	58.7	63.5	66.2
Net enrolment ratio (%)	42.7	47.4	30.1	37.5
Male (%)	51.7	49.6	22.6	35.4
Female (%)	33.7	45.2	36.4	39.8
School size (Public)	252.0	-	273.0	392.0
Gender parity index (value)	0.7	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	30.0	30.0	22.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	18.9	20.2	16.0	20.0
Proportion of enrolment in private schools (%)	25.8	30.7	6.1	5.8

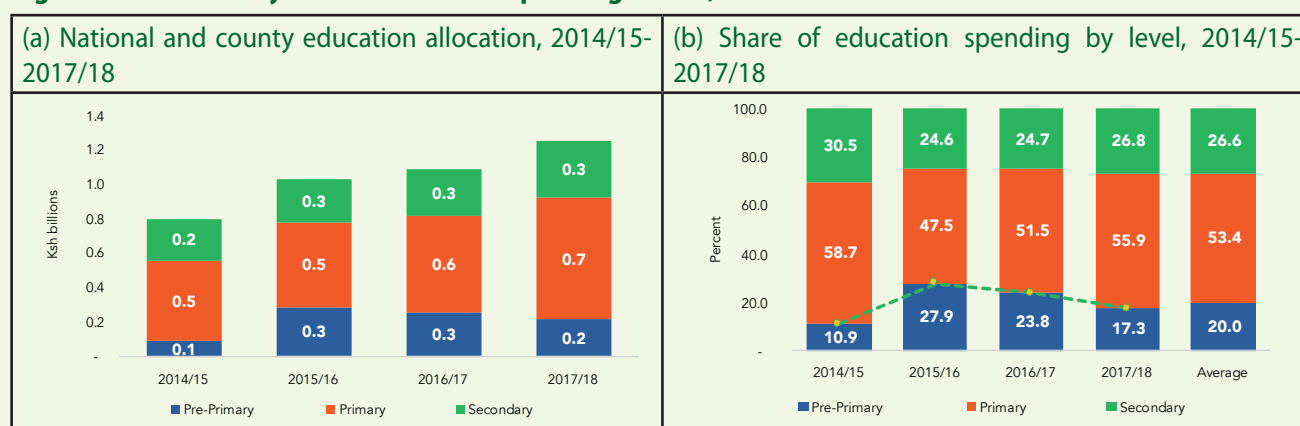
Source: Ministry of Education (Various), Education statistical booklets, 2013-2018

### 3.2.2 Education and vocational training budget and expenditure

**The share of ECDE spending in the county recorded a mixed trend, having increased from 10.9 per cent to 27.9 per cent between 2014/15 and 2015/16 before declining to 17.3 per cent between 2015/16 and 2017/18.** Besides, spending in absolute terms increased between 2014/15 and 2016/17 but dropped in 2017/18, having grown in terms of annual allocation from Ksh 0.1 billion to Ksh 0.3 billion before declining to Ksh 0.2 billion in the period. Despite the expansion in overall education sector spending from Ksh 0.5 billion in 2014/15 to Ksh 0.7 billion in 2017/18 in primary and Ksh 0.2 billion in 2014/15 to Ksh 0.3 billion in 2017/18 for secondary (Figure 5a), ECDE spending was on average 20 per cent of the total education spending in the county (Figure 5b).

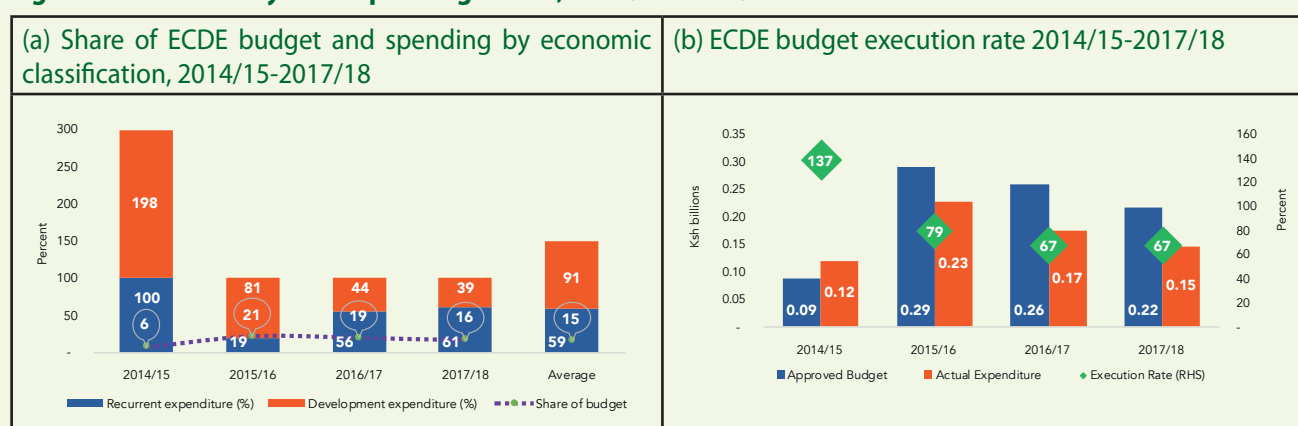
**The share of ECDE budget in the total County budget allocation averaged 19 per cent over the review period, comprising of 58 per cent development and 42 per cent recurrent (Figure 6a).** The absorption rate declined from an average 137 per cent in 2014/15 to 67 per cent in 2017/18. Similar to the health sector, the years with high exchequer releases compared to approved ECDE budget have higher absorption rate.

**Figure 5: Lamu county overall education spending trends, 2014/15-2017/18**



Source: National Treasury (Various), IFMIS

**Figure 6: Lamu county ECDE spending trends, 2014/15-2017/18**



Source: Office of the Controller of Budget (Various) reports, 2014-2018

### 3.2.3 Medium term expectations

In the period 2018-2022 the county plans to enhance education sector through various programmes including: Infrastructure development through construction, equipping and rehabilitation of ECD and TVETs; Education improvement through provision of learning and teaching resources, hiring of qualified personnel and in-service training; and community sensitization and mobilization. The county government with support from stakeholders aims to continue to invest in early childhood development through infrastructural development, employment of ECDE teachers, provision of sanitation facilities and enhanced school feeding programme. To achieve these objectives, the county will require to partner with the national government and private sector to enhance ECDE and vocation training through infrastructural development as well as equipment of both ECDE and vocational training centres.

## 3.3 Water and Sanitation

### 3.3.1 Water and sanitation sector priorities

**The 2013-2017 Lamu County integrated Development Plan outlined investment in the expansion of water and sanitation infrastructure as the main sector priority.** The county gave priority to: hydrological survey and water resources mapping; preparation of water and sewerage master plan; extension of pipelines; provision of water storage facilities; drilling of boreholes/shallow wells; rehabilitation and construction of water pans and dams and desalination plant.

**Access to improved water was estimated at 75 per cent of the population against the national average of 72.6 per cent.** The population within the service area of water utility (company) decreased from 20 per cent to 19 per cent between 2014 and 2018. The proportion of population covered or served by the utility improved from 69 per cent in 2014 to 85 per cent in 2018. The sector experiences the problem of non-revenue water<sup>6</sup> at about 38 per cent as at 2018, an improvement from 41 per cent in 2014. High non-revenue water denies the water utility revenue to enhance water service delivery and in meeting operations and maintenance costs.

### 3.3.2 Water and sanitation budget and expenditure

Water and sanitation received about Ksh 0.3 billion, which translated to an averaged 9 per cent of the total county budget. This comprised of 61 per cent development and 39 per cent recurrent spending (Figure 7a). While the approved budget

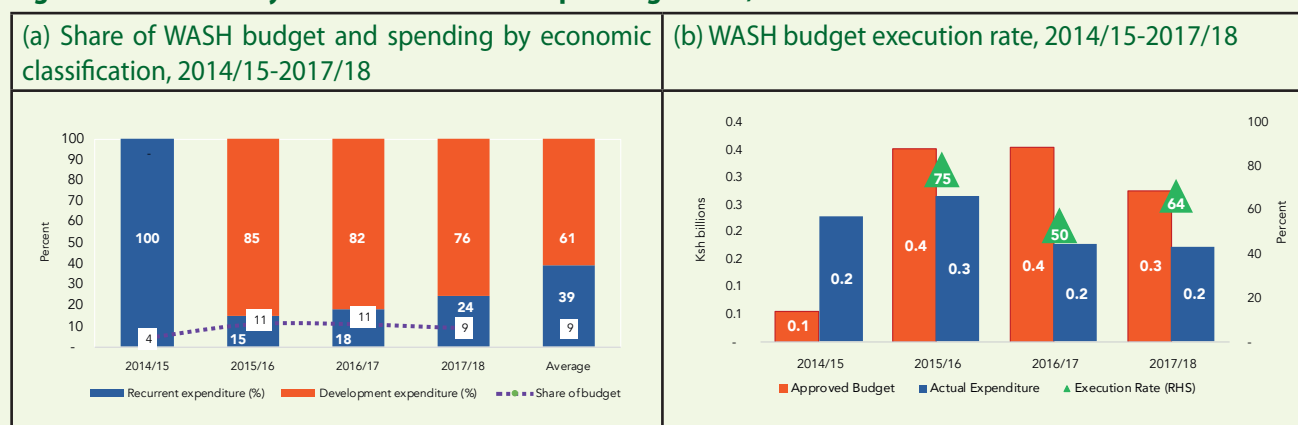
**Table 4: Lamu county selected WASH sector performance indicators**

Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	20	*	19	*
Water coverage by utilities (%)	69	53	85	*
Non-revenue water (NRW) (%)	41	42	38	*
Sanitation coverage within utility area (%)	80	69	-	*
Sewerage coverage (%)	-	*	-	*
Access to improved water (%)	75	*	75	*
Access to improved sanitation (%)	70	*	70	59
No toilet facility – Potential open defecation county-wide (%)	9	*	9	8

Source: Kenya National Bureau of Statistics (2014), KDHS 2014; County Integrated Development Plan (CIDP) 2018

increased from Ksh 0.05 billion in 2014/15 to Ksh 0.3 billion in 2017/18, the absorption rate declined from 75 per cent in 2015/16 to 64 per cent in 2017/18, respectively. This is also attributed to failure by the exchequer to release the entire approved budget amount, and also capacity constraints.

**Figure 7: Lamu county water and sanitation spending trends, 2014-18**



Source: Office of the Controller of Budget (Various) reports, 2014-2018

### 3.3.3 Medium term expectations

In the plan period of 2018-2022, the county aims to continue with provision of clean water and solid waste management, as and increasing access to decent sanitation. With a declining percentage of population under sewer coverage, few technical staff in the water sector, high breakage of water pumps compounded by a declining share of recurrent spending in WASH, more focus needs to be given to operations and maintenance for the county to realize the outlined millstones.

## 3.4 Social Services, Youth, Gender and Culture

### 3.4.1 Social protection and empowerment priorities

The County Integrated Development Plan (2013-2017) highlighted various programmes for promoting social development, protection and empowerment of special interest groups. These included: increasing women access to managerial positions in the county public service; participation of women, youth and persons with disabilities in public contracts; establishing of gender-based violence (GBV) working groups; investment clinics for women entrepreneurs; economic empowerment for the youth, women and PWDs; increased credit to women enterprises; development and rehabilitation of sports infrastructure; talent academy; contract town clean-up by registered youth groups; sensitize stakeholders on 30 per cent government affirmative action on procurement to youth; construct *jua kali* sheds in every ward in the county; rehabilitation centres; sensitize youth on HIV and STIs; conduct campaigns on responsible sexual behaviour, contraceptives, teenage pregnancy; conduct sensitization campaigns against crime, drugs and substance abuse; cash transfer for older persons; cash transfer for persons with severe disabilities; capacity building of social protection committees; disbursement of grants to organized community groups/projects; capacity building of community groups; school scholarship for PWDs; cash transfer for orphaned and vulnerable children; and construction of child protection and rescue centres.

**The availability and disaggregation of data to support policy analysis on social protection, services and empowerment dimensions especially for youth, women and persons with disability is a major challenge for the county.** This calls



for concerted effort to build capacity on data. However, some sources have data on children which easily enable analysis of child protection (Table 5)

**Specifically, on social child protection, the County recorded a high number of reported cases of child neglect and abandonment of 838 cases in 2018 compared with 73,245 at the national level.** Similarly, cases of child trafficking, abduction and kidnapping were reported at 2 in 2018. However, cases of child sexual abuse and child labour increased from 1 case in 2014 to 4 cases in 2018.

The county has no record of case of female genital mutilation (FGM). The low/non-reporting of FGM to government institutions can be attributed to either the intensive campaigns or initiatives to protect the girl child, or fear by the population to report such cases, and culture that approves such practices.

**Table 5: Lamu county selected child protection performance indicators (No. of reported cases)**

Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	-	767	838	73245
Child Sexual Abuse	1	636	1	172
Child Trafficking, Abduction and Kidnapping	-	32	2	1022
Child Labour	-	168	16	378
Child Emotional Abuse	-	58	13	853
Child Physical Abuse	1	583	4	2031
Female Genital Mutilation	-	9	-	40

Source: Kenya National Bureau of Statistics (2014), KDHS 2014; County Integrated Development Plan (CIDP) 2018

### 3.4.2 Social protection budget and expenditure

There was no disaggregated direct data on budgetary allocation and expenditure for social protection in Lamu county over the review period.

### 3.4.3 Medium term expectations

**Between the plan period 2018 and 2022, the county aims to provide care, support and build capacities of individuals, vulnerable groups and communities for equity and self-reliance.** With increasing demand for social protection in programmes such as cash transfers, there is need to align the county government social protection programmes with those of the national government to avoid duplication of activities, while ensuring that the available resources are focused to the relevant beneficiaries.

## 3.5 Nutrition

### 3.5.1 Nutrition priorities

**Promotion of nutrition education and improvement of nutritional status of households to eliminate malnutrition cases was the focus for the county, according to the County Integrated Development Plan for 2013-2017.** This entailed: promoting variety in food production (rice, poultry, dairy, fishing, , carrying out nutritional surveys and supporting school feeding programmes as well as campaigns for health promotion and nutrition.

**Table 6: Selected nutrition performance indicators**

Indicators	2014-County	2014-National
Stunted children (%)	29.2	26.0
Wasted children (%)	4.2	4.0
Underweight children (%)	11.8	11.0
Vitamin A supplements coverage	14.2	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	77.2	71.4
Proportion of children consuming adequately iodized salt.	86.0	99.1
Proportion of households consuming adequately iodized salt.	89.2	99.2
" Household salt iodization (50 – 80 mg/Kg KIO <sub>3</sub> ) (% samples) "	47.0	57.0
Number of Women (BMI)	24.1	23.2
Overweight or obesity among women aged 15 to 49 years.	37.2	28.9

Source: Kenya National Bureau of Statistics (2014), KDHS 2014

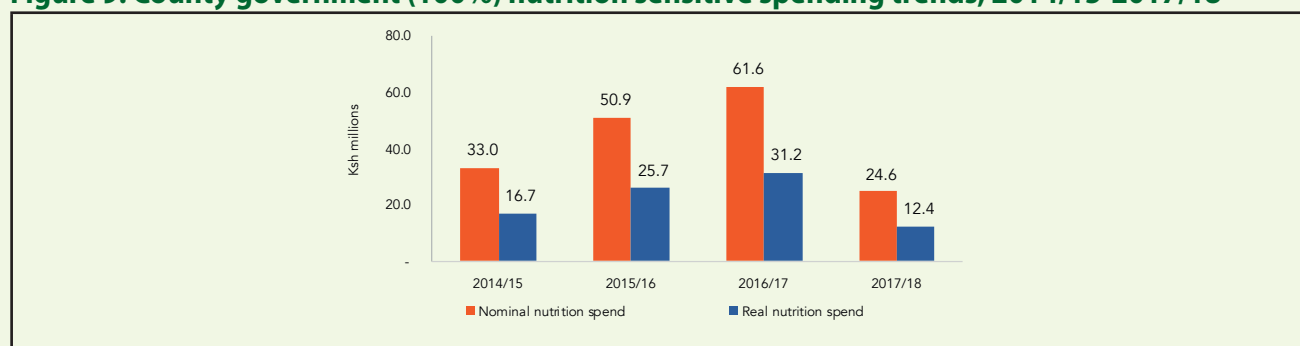
**The county nutrition indicators remained relatively low, according to the year 2014 and 2018 data.** Stunting, wasting and underweight children stood at 29.2 per cent, 4.2 per cent and 11.8 per cent, respectively, in 2014. These levels were slightly higher than the national average (Table 6). Furthermore, while the proportion of households consuming adequately iodized salt in the county was lower than the national figure, the proportion remained lower than the target proportion of 100 per cent. Vitamin A supplementation among children aged 6 to 59 months was 77.2 per cent, which was higher compared to the target proportion of 80 per cent the national coverages of 71.4 per cent in 2014.

**The proportion of overweight or obese women in the county stood at 37.2 per cent, higher than the national average of 29.0 per cent.** The average Body Mass Index (BMI)<sup>7</sup> of women in the county was 24.1, which was comparable to the national average, and this was within the normal range.

### 3.5.2 Nutrition budget and expenditure

**Considering 100 per cent nutrition sensitive (direct nutrition interventions) spending, the county spending has been increasing until 2017/18 where it dropped to Ksh 25 million.** The county allocated Ksh 33 million for nutrition spending in 2014/15, and the allocation almost doubled in 2016/17. The absorption rate has been at an average of around 50 per cent over the review period.

**Figure 9: County government (100%) nutrition sensitive spending trends, 2014/15-2017/18**



Source: National Treasury (Various), IFMIS 2014-2018

### 3.5.3 Medium term expectations

In the period 2018-2022, the county plans to promote nutrition education and strengthen community units to offer broad-based services to eliminate malnutrition cases. To realize the objective, the county will be required to increase the share of nutrition sensitive spending, which has been inconsistent.

## 3.6 Other Initiatives for Special Interest Groups

### Box 1: Key highlights on children, youth, women and PWDs' initiatives

#### a) AGPO

The county continued to promote the implementation of Access to Government Procurement Opportunities (AGPO) Programme.

#### b) Children

The county has improved infrastructure of ECDE classrooms and increased enrolment to the same. Supports immunization, cash transfers for OVC, promotes child protection centres, supports school feeding programmes,

#### c) Youth

The county has trained youth and given bursaries. Established TVETs. Developed talent centres. Promotes youth sports.

#### d) Women

The county supports formation of women groups. Established a women empowerment fund. Promotes credit for women enterprises. Supports girls with sanitary towels.

#### e) PWDs

The county provides scholarship to PWD in learning institutions, sensitizes PWD on procurement opportunities, supports PWDs groups and individuals, planned to establish low cost centre to support PWD, provides training for PWDs to give or enhance skills.

## 4. RECOMMENDATIONS AND IMPLICATIONS FOR POLICY

A summary of implications for policy and responsible actors is presented in Table 7.

**Table 7: Recommendations and responsible actors**

Sector	Finding	Recommendation	Responsibility
Gross County Product	An estimated 58 per cent of the Gross County Product (GCP) of Lamu (1.1% contribution to GDP), comes from agriculture.	However, agricultural productivity is vulnerable to weather shocks requiring measures to mitigate the shocks, while promoting manufacturing through agro-processing, and enhancing access to agriculture markets.	County Treasury and Planning/ County Executive/Department of industries and Agriculture
Revenue	The county's own source revenue increased from Ksh 0.6 billion in 2014/15 to Ksh 0.8 billion in 2017/18.	Innovative strategies to grow own source revenue will be critical including increasing revenue base, administration capacity and public awareness	County Treasury and Planning/ Directorate of Revenue
Expenditures	Budget execution rate was not consistent over the period for all social sectors, including health, education, water and nutrition with absorption being below 70 per cent for most of the budget.	To improve budget utilization rates, there is need for the National Treasury to adhere to disbursement schedules by releasing resources on time. On its part, the county should strengthen procurement systems and improve cash flow forecasting. There is need for capacity development to enhance budget utilization.	All sectors/County Treasury and Planning/ County Executive
Nutrition	The county committed Ksh 33 million in 2014/15 increasing to 61.6 million in 2016/17 then declining to 24 million in 2017/18 for interventions that directly contribute to boosting child nutrition. This was despite having 29.2 per cent of the children stunted.	The county should ensure that direct nutrition interventions in sectors such as agriculture, education and health are budgeted for with visible budget lines in the county plans and budgets. Moreover, nutrition should be well articulated in the County Integrated Development Plans.	County Treasury and Planning / County Department of Health
Education	The budget for Early Childhood Development Education (ECDE) increased from Ksh 0.1 Billion in 2014/15 to Ksh 0.3 Billion in 2017/18.	This indicates that the county needs to sustain the allocation trends for the ECDE programme towards quality education and sustainability of enrolment. It should also ring-fence ECDE resources so that they are not used for other purposes such as secondary and higher education bursaries	County Treasury and Planning/ County Department of Education
Health	Maternal and child health outcomes have improved including the rate of child immunization.	However, the county seems to set pace against the national averages, which calls for sustained financing to keep the good record	County Treasury and Planning/ County Department of Health
WASH	The county allocation for water and sanitation increased from Ksh 0.05 billion in 2014 to Ksh 0.3 billion in 2018, which was an average of 8.8 per cent of the county total budget over the review period.	The county needs to increase allocation for WASH. In addition, there is need for the county to put in place initiatives to reduce non-revenue water to minimize losses and hence channel funds towards maintenance of existing water supply infrastructure.	County Treasury and Planning / County Department of Water and Sanitation/KWAWASCO
Child Protection, Youth and Women	The county's allocation to child protection, youth and women increased from Ksh 20 million in 2014 to 90 million in 2018.	Looking forward, the county needs to increase allocation to child protection given the high levels of child neglect, abandonment and child labour; and expand relevant social services to reach vulnerable girls as a protective measure against early pregnancies, FGM, early and/ or forced marriages	County Treasury and Planning / County Department of culture and social services
Budget Execution	The budget execution rate for most social sector budgets, especially health, water and sanitation, was low. For instance, budget execution rates for water and sanitation was below 70 per cent in 2017/18.	To improve budget utilization rates, there is need for the National Treasury to adhere to disbursement schedules by releasing resources on time. On its part, the county should strengthen procurement systems and improve cash flow forecasting and develop capacity to enhance budget utilization.	County Treasury and Planning/ County Department of Health
Disaggregated Data	Due to limited disaggregation of data in expenditure reports, it was not possible to establish how much of the county government budget was spent on crucial social services such as child protection, youth development, disability and gender mainstreaming.	There is no specific budget line for this, which may also be a factor. The same also applies to gender-based violence which has increased in recent years.	County Planning, Statistics and M&E Unit; and Social/Gender Departments

## (Endnotes)

- 1 Gross county product is conceptually equivalent to the county share of GDP. Gross domestic 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 Kenya).
- 2 See, for example, UNICEF (2017) Early Moments Matter, New York: UNICEF.
- 3 Monetary poverty measures the lack of financial means of households to provide its members with basic goods and services deemed necessary for their survival and development. Extreme poverty refers to an income below the food poverty line. Households whose adult equivalent food consumption expenditure per person per month fell below Ksh 1,954 in rural areas and Ksh 2,551 in urban areas were deemed to be food poor. Similarly, households whose overall consumption expenditure fell below Ksh 3,252 in rural areas and Ksh 5,995 in urban areas, per person per month were considered to be overall poor.
- 4 Multidimensional poverty, unlike monetary poverty, captures different deprivations experienced by an individual. In measuring child poverty in Kenya, these dimensions included: health care, nutrition/adequate food, drinking water, sanitation and hygiene, education, knowledge of health and nutrition, housing and standard of living, and access to information. In the analysis, dimensions are measured as binary variables with "1" denoting deprived and "0" non-deprived
- 5 Base year 2013
- 6 Non-revenue water (NRW) is water that has been produced and is "lost" before it reaches the customer. Losses can be real losses (through leaks, sometimes also referred to as physical losses) or apparent losses (for example through theft or metering inaccuracies)
- 7 Body Mass Index (BMI) is a value derived from the mass (weight) and height of a person. It is expressed in units of Kg/M<sup>2</sup>. Broadly, a person is categorized as underweight if BMI is below 18.5 Kg/M<sup>2</sup>; normal weight: between 18.5 Kg/M<sup>2</sup> and 25 Kg/M<sup>2</sup>; and overweight: 25 Kg/M<sup>2</sup> to 30 Kg/M<sup>2</sup> and obese: over 30 Kg/M<sup>2</sup>.
- 8 See, for example, UNICEF (2017) Early Moments Matter, New York: UNICEF.

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