

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



County Government of Kisumu

KEY HIGHLIGHTS OF THE BRIEF

This brief provides an analysis on how the County Government of **Kisumu** plans and budgets for the needs of children, youth and women. The analysis focused on social sector budgets and actual expenditures for the period 2014/15-2017/18. The brief specifically focuses on health, education, social and child protection services, nutrition, water and sanitation. The analysis was based on budget data and information collected through interviews with relevant county stakeholders. The key highlights from the analysis are summarized below:

- a) **An estimated 51 per cent of the Gross County Product (GCP)¹ of Kisumu, which is the seventh largest (2.9 percent contribution to GDP) of all the 47 counties in Kenya, comes from service.** This is a sector which is sensitive to political situation as well as climatic conditions but can grow significantly if well harnessed and marketed and can be great for job creation for the youth and women. Moving forward, the county should put measures in place to mitigate political and weather shocks, while at the same time promoting manufacturing through mainly agro-based processing through collaboration with private sector.
- b) **The county's own source revenue decreased marginally from Ksh 970 million to Ksh 875 million between 2014/15 and 2017/18.** However, as a share of total revenue, the county's own source revenue declined from 16 per cent in 2014/15 to 10 per cent in 2017/18. Overall, total county revenue increased from Ksh 6.2 Billion in 2014/15 to Ksh 8.7 billion in 2017/18 mainly because of equitable share transfers that increased from Ksh 5.2 billion in 2014/15 to Ksh 6.6 billion in 2017/18. There is need for the county to enhance capacity for own source revenue forecasting and analysis while strengthening measures for tax collection and management by mitigating losses associated with cash handling, poor internal controls and audit mechanisms.
- c) **Maternal and child health outcomes improved including rate of child immunization.** The number of women who had access to skilled delivery increased marginally from 70.3 per cent in 2014 to 70.9 per cent in 2018 despite the introduction of free maternity services in 2013. However, the share of fully immunized children in the county increased from 75.8 per cent in 2014 to 80.1 per cent in 2018. This indicates need for more awareness creation on availability and importance of free maternity services.
- d) **The budget for Early Childhood Development Education (ECDE) has remained at an average of 5 per cent between 2014/15 and 2017/18.** The gross ECDE enrolment rate in the county went up from 69.7 per cent in 2014 to 111.9 per cent in 2018 while net enrolment rate (NER) increased from 68.5 per cent to 83.5 per cent during the same period. Looking forward, there is need for county to allocate more resources for the ECDE program² and technical and vocational training while ring-fencing ECDE resources 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 200 million to 300 million over the review period.** The county needs to increase allocation for WASH given that 24 per cent of the population have no access to improved water sources.
- f) **The county interventions which directly contribute to boosting child nutrition increased from Ksh 51 million in 2014/15 to Ksh 71 million in 2015/16 before declining to Ksh 37 million in 2017/18, at a time when nearly a third (29 per cent) of the children are stunted.** The county should ensure that direct nutrition interventions, across several sectors such as agriculture, education and health are budgeted for, with visible budget lines. Moreover, nutrition should be well articulated in the County Integrated Development Plans.

- g) **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 improved from 14 percent in 2014/15 to 76 percent in 2016/17, only to decline to 34 percent in 2017/18.** This decline was partly because approved budgets were not released in time by the national treasury as well as weak procurement and cash flow planning by the county. 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.
- h) **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 recorded an increase in the number of reported cases of child neglect and abandonment from 53 in 2014 to 2454 cases in 2018, yet there is no specific budget line for this. The same also applies to gender-based violence which has increased in recent years.

1. COUNTY OVERVIEW

Kisumu county occupies a land area of approximately 2,086 km² and is divided into 7 sub-counties and 35 wards. The county's population is 1,155,574 (560,942 males, 594,609 females and 23 intersex) representing 2.4 percent of the national population. .

In 2015/16, the overall poverty rate of the county was 34 per cent with 6 per cent living in extreme poverty, which is slightly better than the overall national rate of 36.1 and 8.6 per cent respectively. Among children, more than one in three were affected by monetary poverty or lack of financial means . Proportions of youth and women in monetary poverty were 27.7 per cent and 30.1 percent respectively. Additionally, 24.9 per cent of children are living in multidimensional poverty, that means being deprived in several dimensions including, nutrition, healthcare, education, housing and drinking water. The proportion of youth and women in multidimensional poverty were 42.1 and 46.4 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: Kisumu county administrative, poverty and demographic profile

Administrative Profile							Latest Available
Area (km ²)							2,086
Number of sub-counties							7
Number of wards							35
Overall poverty (%)							34%
Extreme poverty (%)							6.0%
Population (2019)							1,155,574
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
Monetary Poor							
Male (%)	38.8%	42.1%	26.1%	29.1%	29.0%	30.5%	
Female (%)	39.9%	41.0%	29.4%	28.8%	31.6%	34.1%	
Total (%)	39.3%	41.6%	27.7%	28.9%	30.1%	32.4%	
Population	533,552	20,742,290	351,405	13,443,268	172,833	7,847,350	
Multidimensionally Poor							
Male (%)	27.4%	49.3%	33.2%	44.7%	40.9%	51.0%	
Female (%)	22.0%	47.1%	51.1%	49.4%	52.0%	60.8%	
Total (%)	24.9%	48.2%	42.1%	47.1%	46.4%	56.1%	
Population	533,552	20,742,290	351,405	13,443,268	172,833	7,847,350	

Source: Kenya National Bureau of Statistics.

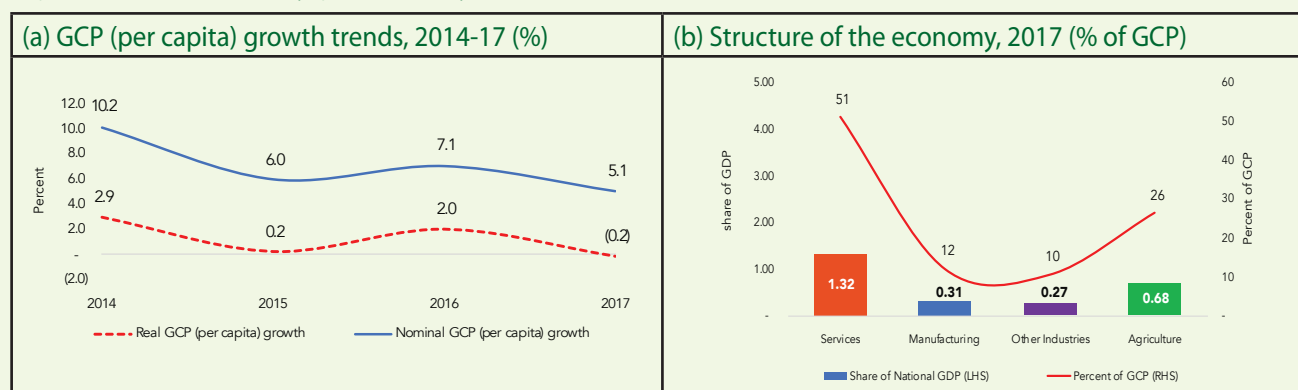
2. STATE OF COUNTY ECONOMY

2.1 Gross County Product Growth

Kisumu county accounted for 2.9 per cent of the national GDP in 2017. The real GCP per capita growth rate decreased from 2.9 per cent in 2014 to negative 0.2 per cent in 2017 (Figure 1a). The most recent downturn was largely due to the prolonged drought across the county.

The economy only partly relies on agriculture, manufacturing and service sector, which accounted for 26 per cent, 12 per cent and 10 per cent of GCP, respectively during the review period. The three sub-sectors contributed a combined total of 1.3 per cent to the national GDP (Figure 1b). Services account for 51 per cent of the GCP followed by Agriculture at 26 per cent of GCP. There is need to increase efforts to enhance performance of these sub-sectors as well as manufacturing and other industries (mainly agro-based processing and mining) sub-sectors since they are key drivers of job creation for youths and women. In addition, in order to increase agricultural productivity and the participation of women and youth within the sector, 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 infrastructure development and enhancement of farmers' capacities in modern agricultural methods. Extension services and agribusiness while promoting research in agriculture.

Figure 1: Kisumu County gross county product and economic structure, 2014-17

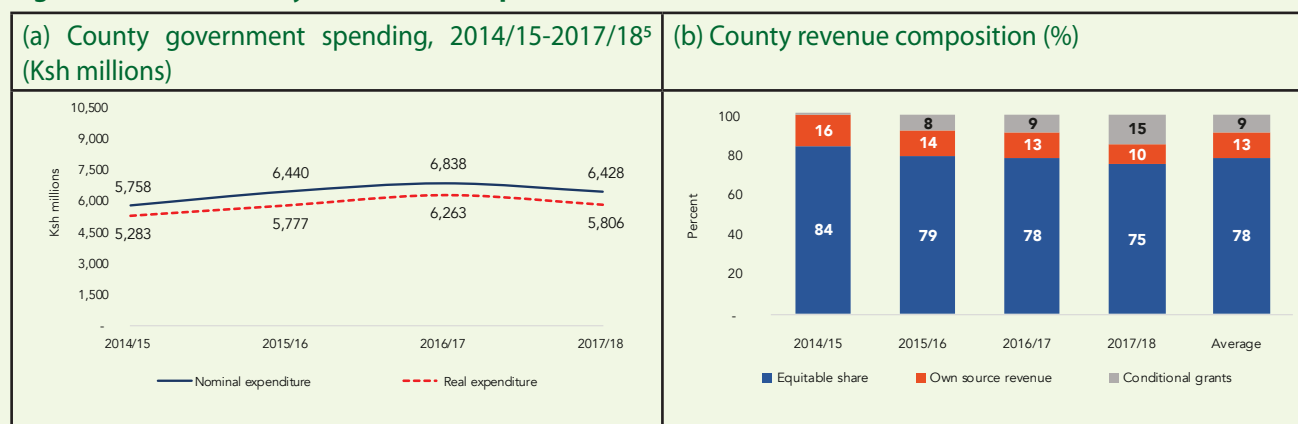


Source: KNBS (2019) Statistics

2.2 Overall Budget Performance

The county government annual spending grew from Ksh 5.28 billion to Ksh 6.26 billion between 2014/15 and 2016/17, before a moderate cut to Ksh 5.8 billion in 2017/18 (Figure 2(a)). The effect of inflation accounts for on average 487 million in loss of purchasing power during the period. This spending is heavily dependent on national government transfers which accounted for 79.1 per cent of county revenue. The contribution of own source revenue decreased from 15.6 per cent in 2014/15 to 10.1 per cent in 2017/18 while conditional grants increased from 0.2 per cent to 14.5 per cent. There is need for enhanced fiscal efforts to accelerate revenue mobilization from both local revenue and conditional grants for channelling into social sector spending which is mostly recurrent.

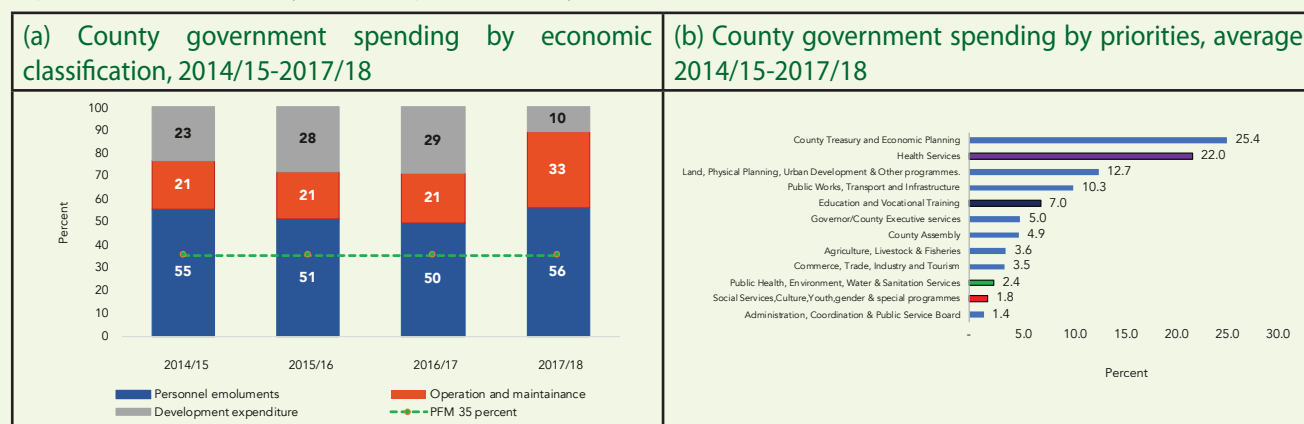
Figure 2: Kisumu county revenue and expenditure trends, 2014-18



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

The development share of the actual spending increased from 23 per cent in 2014/15 to 29 per cent in 2016/17 before decreasing to 10 per cent in 2017/18. The recurrent expenditure, constituted of personnel emoluments and operation and maintenance, dominate spending accounting for above 70 per cent throughout the period. Wages alone account for above 50 per cent of total county spending throughout the period (Figure 3a). This reflects a non-compliance to the Public Finance Management (PFM) Act 2012 provision that ceils development spending at a minimum of 30 per cent of total budget. The county also does not comply with regulation 2015 which requires that not more than 35 per cent of the county's total revenue should go to payment of wages and salaries are violated in actual spending.

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



Source: Controller of Budget reports, 2014-2018

The county spent over 36.9 per cent of total expenditure in the period on Health, Education, Agriculture, Nutrition, Social Protection, Youth, Gender, Water and Sanitation. These sectors are regarded as being more sensitive to the needs of children, youth and women. The impact of this expenditure in the various programmes and activities vary based on the key indicators (Chapter 4).

3. ANALYSIS OF SOCIAL SECTOR SPENDING

3.1 HEALTH

3.1.1 Health Sector Priorities

During the period under review, the county outlined key priorities that targeted children, youth, women and persons with disability. For persons with disability the county sought to recruit 10 community health volunteers per constituency to enhance access to basic health facilities. The county also targeted increasing hospital deliveries by 10 per cent per year which is expected to reap a reduction in maternal deaths to below 1 per cent through the following: constructing and renovating maternity units; purchasing delivery equipment and ambulances. The county also aimed to develop a county Integrated Management of Childhood Illnesses (IMCI) strategy. Implementation of the strategy was expected to reduce childhood morbidity and mortality, reduce malnutrition by 30 per cent for children under 5 years, and increase number of children under 1 year that are fully immunized. The county also targeted to eliminate communicable diseases; halt and reverse the burden of non-communicable diseases; minimize the exposure of health risk factors and provision of health services; improve the quality of health services in existing facilities through equipping and improvement of human resource base.

Table 2: Kisumu 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	-	-	-	-	182.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	597.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	70.3	53.5	71.4	56.9	69.5	59.3	60.3	53.0	70.9	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	83.7	76.4	82.7	75.4	81.5	76.9	85.4	73.7	85.0	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	46.6	35.9	49.7	39.7	53.1	39.8	38.8	32.6	56.6	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	75.8	70.2	82.3	75.7	81.6	72.4	72.5	65.9	80.1	77.0
DPT/Hep+HiB3 dropout rate (%) (Source: DHIS2)	7.2	6.8	6.9	7.2	3.4	6.6	10.2	10.1	2.3	4.0
Still Birth Rate (Source : DHIS2)	22.5	29.3	24.6	22.6	22.6	21.5	25.3	22.6	20.3	20.4

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

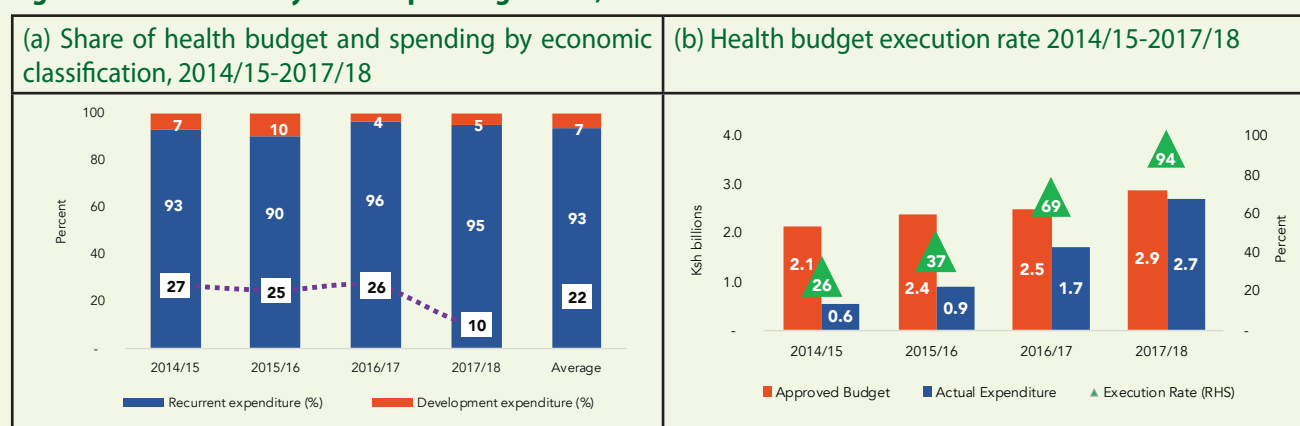
The number of women who had access to skilled delivery increased from 70.3 per cent in 2014 to 71.4 per cent in 2015 and declined to 60.3 per cent by 2017 before improving to 70.9 per cent in 2018, despite the introduction of free maternity services in 2013. The rates were above the national averages in the review period indicating comparatively better access to maternity services in the county. In general, there were more women who attended at least one ANC visit compared to four visits in the review period. The rate of still births in the county were generally higher than the national averages from 2015 to 2017 but better than national averages of 2014 and 2018. Moreover, available data on maternal mortality indicated that the county had a higher proportion of 597 deaths per 100,000 live births in 2016 compared to the national average of 495.

The health status of children within the County improved over the review period, with key indicators remaining above the national average. The share of fully immunized children in the county increased from 75.8 per cent in 2014 to 80.1 per cent in 2018. On the other hand, Infant mortality and under 5 mortality rate was recorded at 182 deaths per 1000 live births in 2016 compared to the national average of 79 deaths per 1000 live births (Table 2).

3.1.2 Health budget and expenditure

The share of health budget in the total county budget allocation decreased from 27 per cent in 2014/15 to 25 per cent in 2015/16 before increasing to 26 per cent in 2016/17 and then decreasing again to 10 per cent in 2017/18. The budget allocation increased steadily from Ksh 2.1 billion in 2014/15 to Ksh 2.9 billion in 2017/18. Actual health expenditure during the period totaled Ksh 5.8 billion and comprised of 93 per cent recurrent and 7 per cent development (Figure 4(a)). Absorption rates increased from 26 per cent in 2014/15 to 94 per cent in 2017/18. The low absorption rates in FY 2014/15 and 2015/16 were attributable to exchequers failure to release the full amount approved in the health budget and also capacity constraints.

Figure 4: Kisumu county health spending trends, 2014-18



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

3.1.3 Health Medium Term Expectations

Inadequate basic medical supplies in health facilities, inadequate health personnel and lack of structured support to CHVs continue to be a challenge. The county also has high fertility which is associated with the risk of high child dependency burdens. Social cultural and religious beliefs tend to negatively affect health seeking behaviour while maternal mortality rates and HIV/AIDS prevalence remains high.

Over the medium term, the county has prioritized the following interventions: promotion of adolescent sexual and reproductive health through provision of friendly services, reduce maternal mortality rate from 465 deaths per 1,000 live births to 365 deaths per 1000 live births, increase proportion of women of reproductive age screened for cervical cancer from 10 percent to 25 percent, increase proportion of pregnant women receiving IFAS from 87 percent to 90 percent. The county also has prioritized recruitment of additional health personnel, improvement and maintenance of health infrastructure as well as increased access to improved sanitation and hygiene in the county. All these interventions are geared towards provision of quality health care to the residents.

3.2 Education and Vocational Training

3.2.1 Education Sector Priorities

The county governments are responsible for early childhood development and education (ECDE) and youth polytechnics which are part of TVETs as per Schedule IV of the constitution of Kenya 2010. During the review period, the county education sector focus was to enhance the quality and access to Early Childhood Development and Education (ECDE) through the development of a policy framework to govern activities of the sector, construction of additional classrooms and facilities and promotion of investment in ECDE. The county also sought to establish youth polytechnics in

each ward and a youth polytechnic tuition fund to subsidize student fees. For PWDs, the county sought to establish a special needs school in each sub county and a model integrated school.

Gross ECDE enrolment rate increased from 69.7 per cent in 2014 to 111.9 per cent in 2018 while net enrolment rate (NER) increased from 68.5 per cent to 83.5 per cent during the same period. This was generally higher than national averages of (78.4 and 77.2), indicating that more children joined ECDE than before with the implementation of devolution. More girls were enrolled in ECDE than boys in Kisumu county as of 2018. There is therefore inequality in access to education between male and female school-going children in favour of girls as shown in table 3.

Gross Primary and Secondary enrolment rates stood at 109 per cent and 67.3 per cent in 2018, respectively. Net enrolment rate (NER) increased from 81.7 per cent to 88.1 per cent for primary school and decreased from 58.1 per cent to 38.1 per cent for secondary school during the same period. More girls than boys of primary and secondary school going age were enrolled. There are 19 operational Vocational Training Centres (VTCs) in the county.

Table 3: Kisumu county selected education sector performance indicators

Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	69.7	73.6	111.9	94.4
Net enrolment ratio (%)	68.5	71.8	83.5	63.5
Male (%)	50.5	73.4	81.6	62.5
Female (%)	49.5	70.2	83.4	65.0
School size (Public) (Pupils) (Average)	73.0	75.0	81.0	85.0
Gender parity index (value)	1.0	1.0	-	-
Pupil-teacher ratio (No.) (Public)	24.0	31.0	27.0	31.0
Proportion of enrolment in private schools (%)	24.2	31.5	24.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	127.5	104.0	109.0	107.2
Net enrolment ratio (%)	81.7	88.0	88.1	82.4
Male (%)	49.8	86.0	84.7	81.7
Female (%)	50.2	90.0	92.3	83.0
School size (Public) Average No. of pupils	340.0	338.0	395.0	375.0
Gender parity index (Value)	1.0	1.0	-	-
Pupil-teacher ratio (No.)	51.0	42.0	40.0	40.0
Proportion of enrolment in private schools (%)	10.0	16.0	10.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	68.2	58.7	67.3	66.2
Net enrolment ratio (%)	58.1	47.4	38.1	37.5
Male (%)	57.7	49.6	32.2	35.4
Female (%)	58.5	45.2	46.4	39.8
School size (Public)	295.0	-	346.7	392.0
Gender parity index (value)	1.0	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	29.0	30.0	30.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	19.7	20.2	20.0	20.0
Proportion of enrolment in private schools (%)	20.7	30.7	3.0	5.8

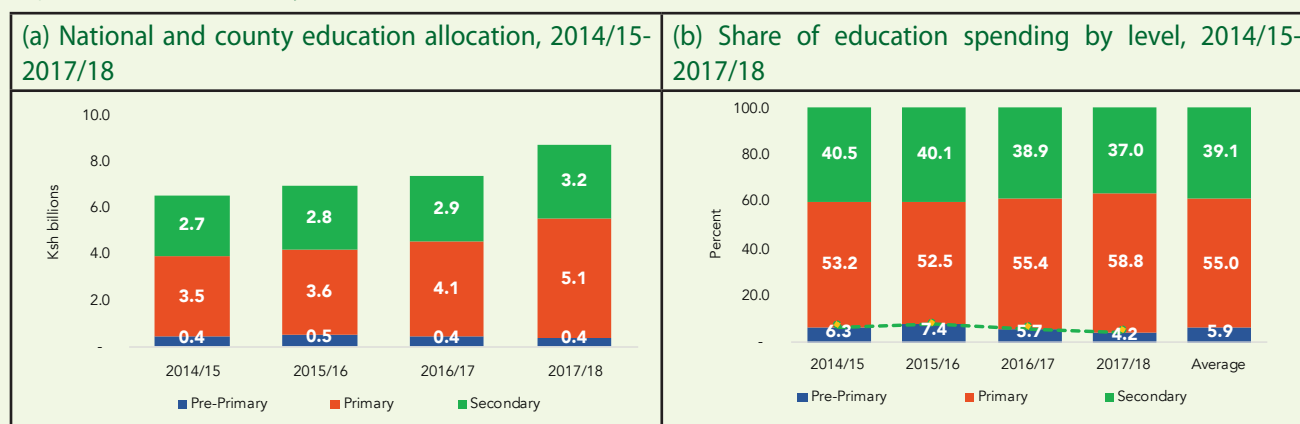
Source: Ministry of Education (Various), Education statistical booklets, 2013-2018

3.2.2 Basic Education training budget and expenditure

The ECDE budget allocation improved by Ksh 0.1 billion from 2014/15 to 2015/16 before decreasing by the same amount in 2016/17. Allocations to primary school education increased from Ksh 3.5 billion in 2014/15 to Ksh 5.1 billion in 2017/18 while spending on secondary school increased from Ksh 2.7 billion to Ksh 3.2 billion (Figure 5(a)). Spending on ECDE as a share of total spending on basic education increased from 6.3 per cent in 2014/15 to 7.4 per cent in 2015/16 before decreasing to 4.2 per cent in 2017/18 (Figure 5(b)).

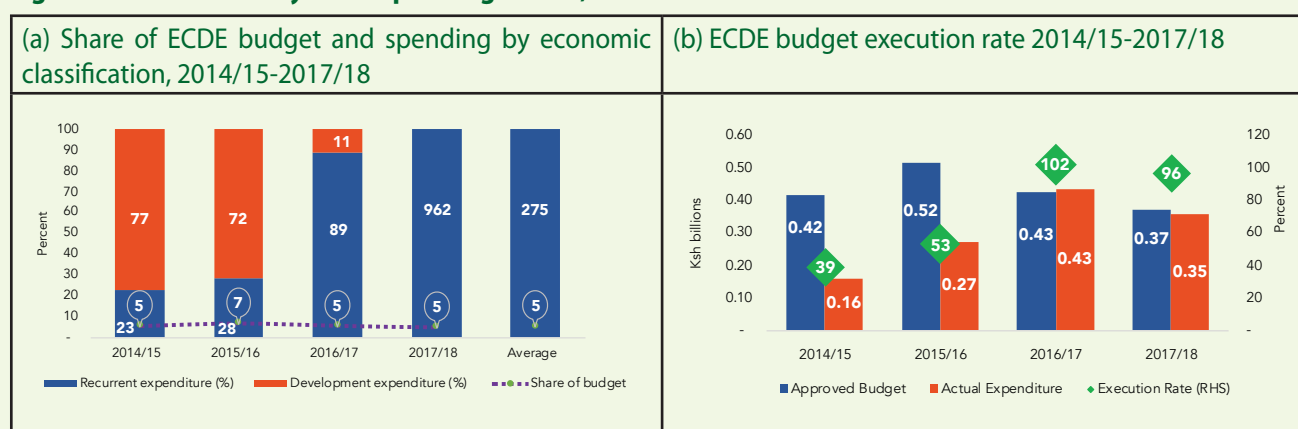
The share of ECDE budget in the total county budget allocation increased from 5 per cent in 2014/15 to 7 per cent in 2015/16 before decreasing to 5 per cent in 2016/17 and 2017/18. Total spending on ECDE increased from Ksh 0.16 billion in 2014/15 to Ksh 0.43 billion in 2016/17 before decreasing to Ksh 0.35 billion in 2017/18 (Figure 6(b)). Spending comprised an average of 41 per cent development expenditure and 59 per cent recurrent expenditure during the period (Figure 6(a)). The absorption rates increased from 39 per cent in 2014/15 to 102 per cent in 2016/17 before decreasing to 96 per cent in 2017/18.

Figure 5: Kisumu county overall education Allocation trends, 2014-18



Source: National Treasury (Various), IFMIS

Figure 6: Kisumu county ECDE spending trends, 2014-18



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

3.2.3 Education Medium Term Expectations

The county continues to face high levels of school drop outs and low transition rates. Implementation of ECDE is still weak and VTCs are constrained by obsolete curriculums and low budgetary allocations. The county government aims to continue improving access to quality ECD service delivery. Some of the initiatives put in place to see this through include: infrastructure development, improving sanitation and hygiene, increasing curriculum implementation and supervision, holding public education forums to increase awareness of ECDE services delivered, promoting co-curriculum activities in pre-primary, improving nutrition through the school feeding programme, and rolling out competence-based curriculum for education. For vocational education and training the county intends to rehabilitate and renovate existing VTCs, recruit additional VTC instructors and continue providing tuition subsidies to VTC trainees.

3.3 Water and Sanitation

3.3.1 Water and Sanitation Priorities

The Kisumu County integrated development plan outlined investment in enhanced access to water and sanitation facilities as the main sector priority. The sector also prioritized creation of awareness on importance of hand washing facilities and management of human waste disposal in rural and informal settlements in the county urban setups. Expansion and rehabilitation of sewerage systems was also a priority.

Access to improved water and sanitation remained constant at 80 and 96 per cent, respectively. The population within the service area of water service provider utility (company) decreased substantially from 100 per cent in 2014 to 35 per cent in 2018. Proportion of population covered or served by the utility improved from 58 per cent in 2014 to 76 per cent in 2018. The sector experienced the problem of non-revenue water at about 37 per cent as at 2018; an improvement from 49 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.

Table 4: Kisumu county selected WASH sector performance indicators

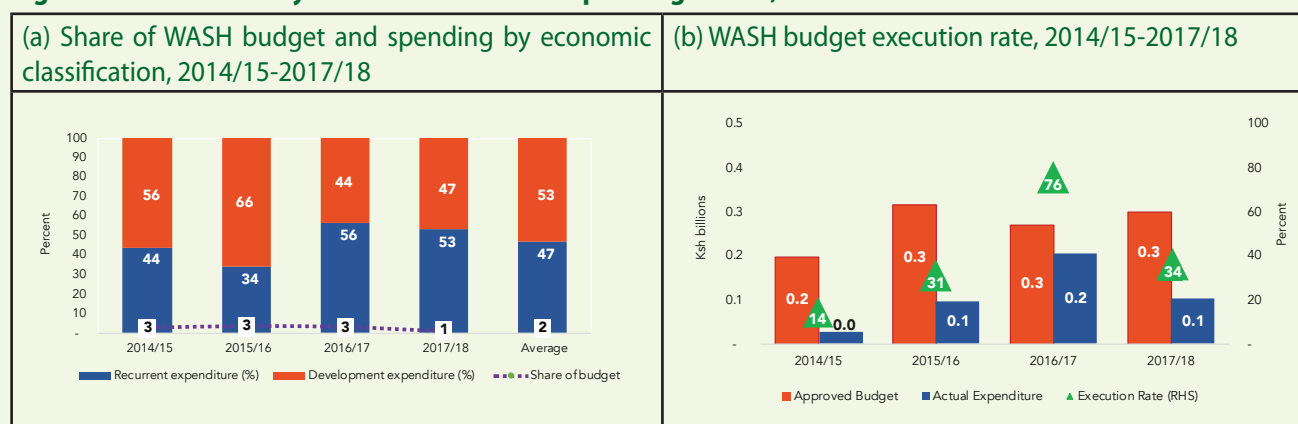
Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	100*	*	35	*
Water coverage by utilities (%)	58	53	76	*
Non-revenue water (NRW) (%)	49	42	37	*
Sanitation coverage within utility area (%)	76	69	-	*
Sewerage coverage (%)	20	*	49	*
Access to improved water (%)	80	*	80	*
Access to improved sanitation (%)	96	*	96	59
No toilet facility – Potential open defecation county-wide (%)	12	*	3	8

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

3.3.2 Water and sanitation budget and expenditure

The total budget allocation to the sector as a share of the total county budget allocation during the review period stagnated at 3 per cent between 2014/15 and 2016/17 then decreased to 1 per cent in 2017/18. The total budget allocation fluctuated between a maximum of Ksh 0.32 billion in 2015/16 and a minimum of Ksh 0.2 billion in 2014/15. The total spending on the sector increased from Ksh 0.03 billion to Ksh 0.7 billion before decreasing to Ksh 0.5 billion. The share of development expenditure during the period was on average 76 per cent of total spending while recurrent expenditure accounted for 24 per cent. The absorption rate increased between 2014/15 and 2016/17 from 14 per cent to 76 per cent before declining to 34 per cent in 2017/18. This is also attributed to the exchequer failure to release the entire approved budget amount and also capacity constraints.

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



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

3.3.3 Water and Sanitation Medium Term Expectation

In the plan period of 2018-2022 the county aims to improve access to water services from 58 per cent to 68 per cent. Further, it seeks to increase storage per capita per day from 8 liters to 25 liters by the end of the period. The county also targets to reduce non-revenue water to 30 per cent by the year 2021 through initiatives such as digital GIS mapping of all rural water supplies systems and installation of additional production meters. The county also intends to strengthen solid waste management (SWM) systems. This will be done through reviewing and operationalizing SWM policies, acts and plans. It also aims to develop an inventory of solid waste generation points and their characteristics.

3.4 SOCIAL SERVICES, YOUTH, GENDER, AND CULTURE

3.4.1 Child Protection, Youth and Women Priorities

The county integrated development plan (CIDP) 2018 to 2022 highlighted key priorities for the sector. For children with disabilities, the county sought to assess and fully equip rehabilitation centres with special needs equipment. The county also targeted to implement a number of children protection programmes including rehabilitation of street children and disbursement of cash transfers to households of orphans and vulnerable children. For women, the county targeted enhancing existing empowerment programmes and upscaling grants for women’s projects. The county also intended to establish talent academies and continue disbursing funds to entrepreneurial youths.

Specifically, on child protection, the County recorded a high number of reported cases of child neglect and abandonment rising from 21 cases in 2014 to 1931 cases in 2018. Similarly, the child physical abuse increased from 35 in 2014 to 87 in 2018. However, cases of child sexual abuse and child labour declined significantly.

The county had no records of FGM cases. The low/non-reporting of the female genital mutilation (FGM) to government institutions can be attributed to either the intensive campaigns and initiatives to protect the girl child, or fear by the population to report such cases, or a culture that does not approves such practices.

Table 5: Kisumu county selected social protection performance indicators

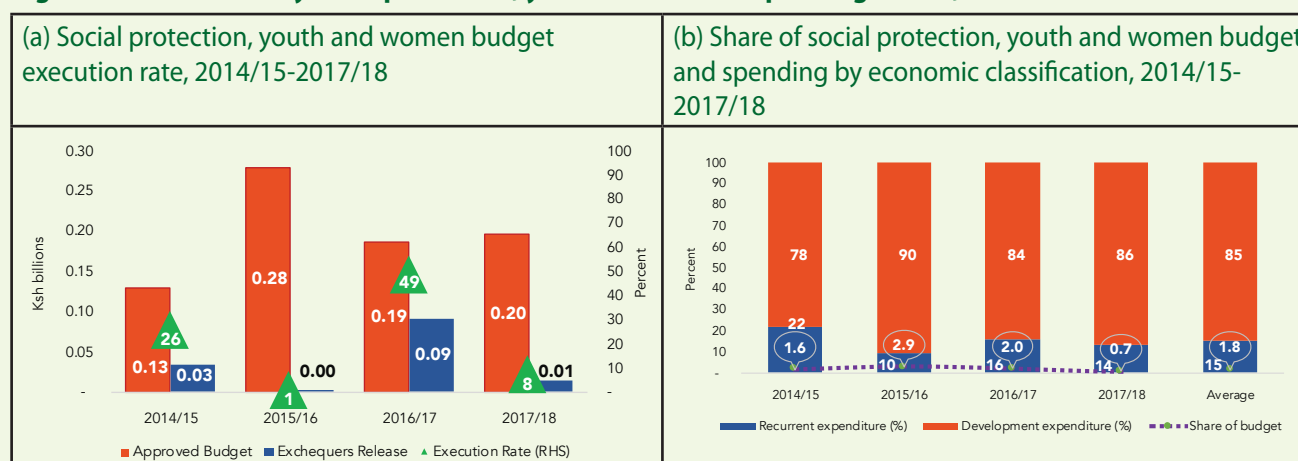
Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	21	767	1,931	73245
Child Sexual Abuse	26	636	3	172
Child Trafficking, Abduction and Kidnapping	-	32	10	1022
Child Labour	6	168	3	378
Child Emotional Abuse	-	58	13	853
Child Physical Abuse	35	583	87	2031
Female Genital Mutilation	-	9	-	40

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

3.4.2 Child protection, Youth and Women budget and expenditure

The sector's budget allocation as a share of the total county budget allocation during the review period increased from 1.6 per cent in 2014/15 to 2.9 per cent in 2015/16, then decreased to 0.7 per cent in 2017/18. The annual budgetary allocation fluctuated between a maximum of Ksh 0.28 billion and a minimum of Ksh 0.13 billion. Spending on the sector was on average Ksh 0.04 billion during the period under review. The share of recurrent expenditure was on average 15 per cent of total spending during the period, while the share of development expenditure was 85 per cent. The absorption rates declined from 26 per cent in 2014/15 to 1 per cent in 2015/16 before increasing to 49 per cent in 2016/17 and decreasing again to 8 per cent in 2017/18.

Figure 8: Kisumu county Child protection, youth and women spending trends, 2014-18



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

3.4.3 Child Protection Medium Term Expectations

Based on the County Integrated Development Plan (CIDP) 2018 to 2022 the county aims to: provide basic assistive devices to 2000 PWDs, enhance protection of the vulnerable children; enhance protection for Gender Based Violence (GBV) survivors; sensitization of youth on drug and substance abuse, provide care, support and build capacities of individuals, vulnerable groups and communities for equity and self-reliance. With increasing demand for social protection in program such cash transfers there is need to align the county government social protection programs with national government to avoid duplication of the activities while ensuring that the available resources are focused to the desiring beneficiaries.

3.5 NUTRITION

3.5.1 Nutrition Priorities

Promotion of nutrition education and Improve nutritional status of households in order to eliminate malnutrition cases was the focus for the county according to the county integrated development plan for the period 2013-2017. In particular, the county intended to implement the targeted food and nutrition programme through which the adoption and utilization of traditional high value crops for food and nutrition security was promoted. In addition, the county also targeted monitoring of food balances of major food crops.

The county nutrition indicators remained relatively low according to the year 2014 data. Stunting stood at 28.7 per cent of the population with wasting and underweight children standing at 15.7 per cent and 20.3 per cent respectively. The levels were higher than the National average of 26 per cent, 4 per cent and 11 per cent, respectively (Table 6).

The proportion of overweight or obese women in the county stood at 34 per cent, higher than the national average of 29 per cent. The average (BMI) of women in the county was 24.

Table 6: Selected nutrition performance indicators

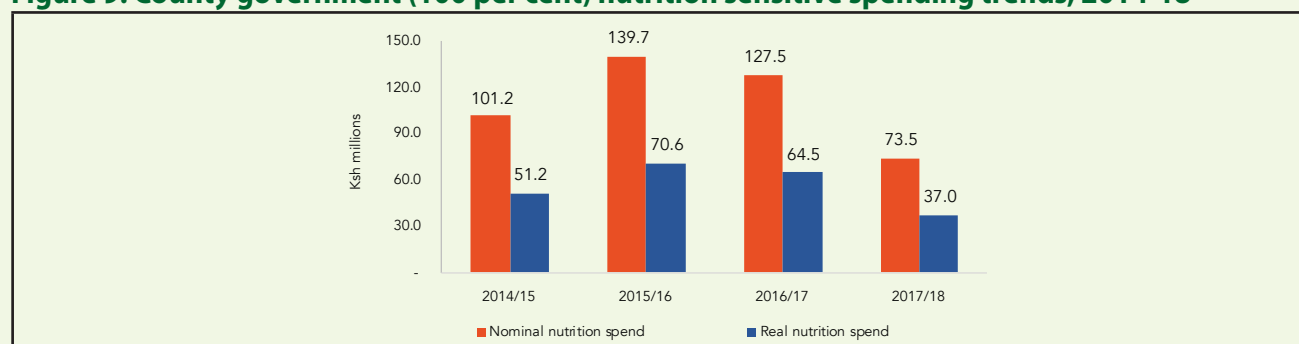
Indicators	2014-County	2014-National
Stunted children (%)	28.7	26.0
Wasted children (%)	15.7	4.0
Underweight children (%)	20.3	11.0
Vitamin A supplements coverage	19.1	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	74.0	71.4
Proportion of children consuming adequately iodized salt.	100.0	99.1
Proportion of households consuming adequately iodized salt.	99.6	99.2
" Household salt iodization (50 – 80 mg/Kg KIO3) (% samples) "	46.0	57.0
Number of Women (BMI)	23.9	23.2
Overweight or obesity among women aged 15 to 49 years.	33.6	28.9

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

3.5.2 Nutrition budget and expenditure

The county spending on nutrition (considering direct nutrition interventions) increased from Ksh 51 million in 2014/15 to Ksh 71 million in 2015/16 before declining to Ksh 37 million in 2017/18.

Figure 9: County government (100 per cent) nutrition sensitive spending trends, 2014-18



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

3.5.3 Nutrition Medium Term Expectations

In the period 2018-2022 the County plans to increase the number of pregnant women receiving IFAS for 270 days from 85 per cent to 90 per cent. It also plans to increase the number of model/demonstration kitchen gardens from 6 to 7. The county further seeks to increase the number of children under 5 years supplemented with VAS twice yearly from 20 per cent to 80 per cent. The Kisumu Nutrition Act is also scheduled to be developed before the end of the current medium term.

3.6 Other Initiatives for the Special Interest Groups

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

a) AGPO

During the period under review the county reported compliance to the 30 percent allocation of Access to Government and Procurement Opportunities (AGPO) reserved for women, youth and Persons with Disabilities (PWDs).

b) Children

The county has put in place initiatives to improve the welfare of street children. In addition, it has enhanced safety and protection of vulnerable children through establishing and supporting charitable children institutions.

c) Youth

The county mainstreams participation of youth in cooperative societies. It has also established business process outsourcing training centres to complement TVETs.

d) Women

The county mainstreams gender in implementation of its programmes and projects. It also promotes cervical cancer screening for women of reproductive age.

e) PWDs

The county is implementing a programme to identify all children with disability in a bid to incorporate them in social protection programmes.

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 51 per cent of the Gross County Product (GCP) of Kisumu, which is the seventh largest (2.9 percent contribution to GDP) of all the 47 counties in Kenya, comes from agriculture.	Moving forward, the county should put measures in place to mitigate weather shocks, while at the same time promoting manufacturing through mainly agro-based processing and mining, and enhancing access to agriculture markets, including through collaboration with private sector.	County Treasury and Planning/ County Executive/Department of Trade, Industries and Tourism
Revenue	The county's own source revenue decreased marginally from Ksh 970 million to Ksh 875 million between 2014/15 and 2017/18.	There is need for the county to enhance capacity for own source revenue forecasting and analysis while strengthening measures for tax collection and management by mitigating losses associated with cash handling, poor internal controls and audit mechanisms.	County Treasury and Planning/ Directorate of Revenue
Expenditures	The budget execution rates for the water and sanitation sector, were relatively low.	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.	All sectors/County Treasury and Planning/ County Executive
Health	Maternal and child health outcomes improved including rate of child immunization but access to skilled delivery increased only marginally.	There is need for awareness creation on availability and importance of free maternity services.	County Treasury and Planning / County Department of Health
Education	The budget for Early Childhood Development Education (ECDE) has remained at an average of 5 per cent between 2014/15 and 2017/18.	There is need for county to allocate more resources for the ECDE program and technical and vocational training while ring-fencing 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
WASH	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 declined from 85.8 per cent in 2014/15 to 65.9 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.	County Treasury and Planning / County Department of Water and Sanitation/KIWASCO

Sector	Finding	Recommendation	Responsibility
Nutrition	The county interventions which directly contribute to boosting child nutrition increased from Ksh 51 million in 2014/15 to Ksh 71 million in 2015/16 before declining to Ksh 37 million in 2017/18, at a time when nearly a third (29 per cent) of the children are stunted.	The county should ensure that direct nutrition interventions, across several sectors such as agriculture, education and health are budgeted for, with visible budget lines. Moreover, nutrition should be well articulated in the County Integrated Development Plans.	County Treasury and Planning / County Department of Health and ALL other Sectors namely; Education, Agriculture, Social Protection and WASH.
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.	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. Have a specific budget line for child neglect and abandonment and for gender-based violence.	County planning, statistics and M&E unit. 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/M². Broadly, a person is categorized as underweight if BMI is below 18.5 Kg/M²; normal weight: between 18.5 Kg/M² and 25 Kg/M²; and overweight: 25 Kg/M² to 30 Kg/M² and obese: over 30 Kg/M².

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