

Child Sensitive Planning and Budgeting: Kisumu County Brief

Highlights

This planning and budgeting brief presents a review of how the County Government of Kisumu plans and budgets for children needs and requirements. The analysis covers the overall County and social sector budgets, and actual expenditures for the period 2014/15-2016/17. The brief focuses on education, health, child and social protection services, and water and sanitation sectors. The analysis is based on county programme-based budgets data and information collected through interviews with relevant county stakeholders. The following are the key highlights from the analysis:

- (i) Children account for 51% of the population in Kisumu County. This calls for targeted child development interventions.
- (ii) Over 32.5% per of the children are trapped in food poverty and 39.3% in child poverty compared to the national average of 35.8% and 41.5%, respectively. This means that a large proportion of children are exposed to poor nutrition given that they represent a large proportion of the population and they are more vulnerable than adults.
- (iii) The County's budget absorption rate is relatively high (over 70%), which demonstrates sound financial management in terms of budget utilization. This is expected to translate to better service delivery.
- (iv) The County's health indicators such as nutritional status, stunting, wasting and underweight among children show that the County is doing better than the national average. The share of health budget was 25% of the County budget during the period.
- (v) The County has invested substantially in Early Childhood Development Education (ECDE) sub-sector leading to increase in enrolment rate to 71%. Primary and secondary school enrolment rate (99% and 56%, respectively) were above the national average, 91% and 49%, respectively. The investment by private sector is dismal. The pupil teacher ratio was close to the national target, implying adequate supply of teachers in the County.
- (vi) The County recorded high enrolment in secondary school level. This can be attributed to the relatively high demand for secondary education schooling in the County.
- (vii) Majority of the households (79.7%) had access to improved water source, while 96.3% of households accessed improved sanitation services. A large proportion (76.0%) of households within the area being served by the water utility had access to improved sanitation services, and 96.3% of households had access to improved sanitation by 2016. Over 8% of households engaged in open defecation, which compounds health risks. Access to improved water through the water utility increased from 48% to 56% over the period 2014-2016, and this compares favourably with the national average. Besides, budget allocated for water was inadequate, accounting for 2.9% of the total budget.
- (viii) Child sensitive planning and budgeting is not adequately mainstreamed in the planning and budgeting cycle as demonstrated by minimal child programmes and inadequate budget allocation in areas such as water and sanitation, education and child social protection. The County needs to develop capacity on child sensitive planning and budgeting among Members of the County Assembly, County Public Service Board, and sector working groups while building on synergies through greater collaboration and partnership with State and Non-State stakeholders.

Introduction

Kisumu is one of the 47 counties in Kenya situated in the Western part of Kenya and borders six other counties in Kenya, namely Siaya, Vihiga, Nandi, Kericho, Nyamira and Homa Bay. Its headquarter is Kisumu city. The County covers a land area of 2,009.5 Km² and is divided into 7 sub-counties and 35 wards. The County's population in 2016 was over 1,132,000 people consisting of 52.3% male and 47.7 female (Table 1).

Children constituted 48.2% of the County population in 2016. This is almost half of the population, which indicates that if social sector resources were to be shared equitably, children programmes would take a large share of the resources.

The County has high levels of child dependence and vulnerability. The County registered extreme poverty at a rate of 6% of the population compared to 8.6% at national level. About 39.9% and 34.6% of the children in the County are trapped in child poverty, and child food poverty, respectively, against the national average of 41.5% and 35.8%, respectively.

Child dependency ratio was estimated at 77.1% against the national average of 74.7% in 2016. About 14.3% of the children are orphaned, which was above the national level of 8.4%. This has a negative effect on education and health due to poor attendance or participation in schools, and nutrition status. The deprivation rates of children for sanitation and housing were among the highest. About 67% and 87% of children were deprived of sanitation and housing. Water deprivation rate was 7%.

The County is partly urban and partly rural, which requires a two-pronged approach to planning and budgeting since the needs and priorities for the rural and urban residents

Table 1: Kisumu administrative and demographic profile (2016)

	Kisumu	National
Area (km ²)	2,086	580,609
Number of sub-counties	7	290
Number of wards	35	1,450
Total population (000)	1,132	45,371
Male (000)	593	22,393
Female (000)	539	22,977
Children below 18 years (%)	48.2	48.3
Children below 14 years (%)	42.1	41.1
Orphaned children (%)	14.3	8.4
Child dependency ratio (%)	77.1	74.7
Under-5 years (000)	152	6,081
Primary school age (6-13) (000)	271	9,724
Secondary school age (14-17) (000)	100	4,163
Tertiary education age (18-24) (000)	161	813
Overall poverty (%)	33.9	36.1
Extreme poverty (%)	6	8.6
Food poverty (%)	32.5	32.0
Child poverty (%)	39.3	41.5
Child food poverty (%)	36.4	35.8
Deprivation rates		
Water (%)	7.0	45.0
Sanitation (%)	67.0	57.0
Housing (%)	89.0	52.0

Source: Kisumu County Integrated Development Plan - CIDP (2013-2017), and Kenya Integrated Budget Household Survey - KIHBS (2015/16)

may sometimes differ. The County is also cosmopolitan especially in the urban areas and still serves neighbouring counties in social and administration services given that it was the headquarter for Western and Nyanza regions before devolution.

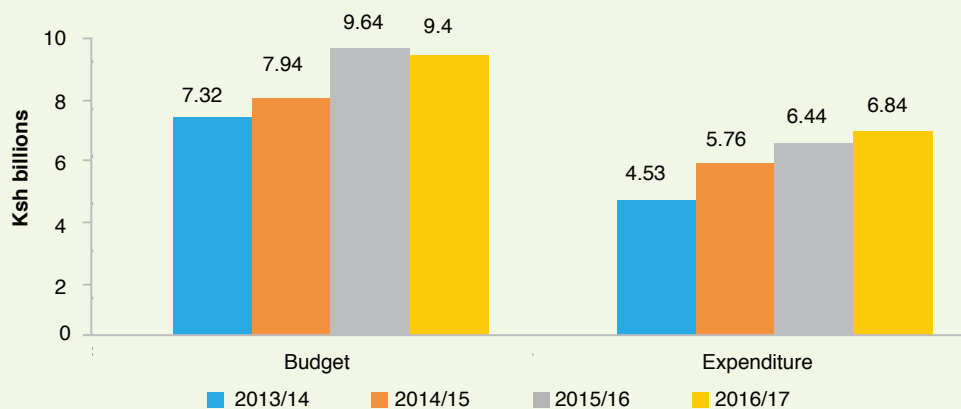
The County is committed to realization of the rights of children who constitute about half of the population. This is consistent with Article 4 of the Kenya Constitution 2010 and United Nations Children Rights Convention (UNCRC) which requires countries to undertake all appropriate legislative, administrative and other measures including resource allocation to realize children's rights. Available instruments to actualize children rights and well-being include County government budget, County Integrated Development Plan (CIDP) and Annual Development Plans (ADP) which provide information on resource availability, sources and spending.

Further, the status of social sector indicators reinforces the need for child sensitive planning and budgeting in the County. Child sensitive planning and budgeting entails a deliberate decision to address children's issues in budgets, both as a process and as an outcome. This county brief thus focuses on Kisumu County overall and social sectors budgets and actual expenditures, and the extent of integration of children issues in the budget. The key areas include health, education, child and social protection, and water and sanitation sectors.

Overall Budget Performance

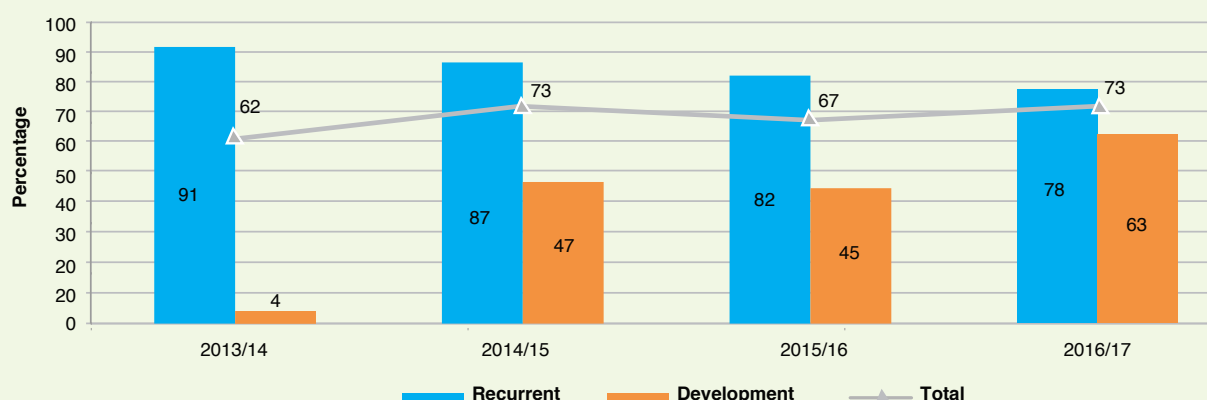
The County total budget expanded during the review period from Ksh 7.9 billion in 2014/15 to Ksh 9.4 billion in 2016/17. Actual expenditure increased by 18.7% from Ksh 5.76 billion to Ksh 6.84 billion in 2016/17 (Figure 1). The overall absorption rate was 73% in 2014/15 before declining to 67% in 2015/16 and rising again to 73% in 2016/17 (Figure 2). Generally, the absorption rate for development budget was lower than recurrent budget. The low development budget absorption rate is attributed to delays in procurement, and limited capacity in project planning and management especially in project phasing based on annual utilization targets and not entire project value. The decline in overall expenditure is also attributed to low disbursement of resources from the national to county government. The high absorption rate in 2016/17 was mainly due to interventions addressing some of the challenges previously identified as having affected the budgeting process in the County, including monitoring of project implementation.

Figure 1: Overall budget and expenditure, 2014/15-2016/7 (Ksh billions)



Source: County Budget and Implementation Review 2014/15-2016/17

Figure 2: County absorption rate, 2014/15-2016/7 (%)



Source: County Budget and Implementation Review (2014/15-2016/17)

Child Sensitive Analysis by Sector

Health

Kisumu County has a total of 132 public health facilities comprising: 1 Level V hospital (county hospital), 20 Level IV (sub-county), 53 Level III (health centres) and 58 Level II hospitals (dispensaries) distributed across six sub-counties and 99 private health facilities. In addition, the County has 195 community units. Medical officers' ratio was 81 per 100,000 population against World Health Organization (WHO) target of 230 per 100,000 people. Availability of human resources for health is therefore a major challenge affecting health services delivery in the County.

Generally, there was improvement in maternal and child health service coverage between 2014/15 and 2016/17, as most of the indicators were better than the national average (Table 2). The proportion of children below five (5) years who were delivered at home improved by 59% from 28.8% to 11.7% between 2014 and 2016, which was better than the national averages of 37.4% and 31.3%, respectively, indicating low level of accessibility to health facilities by mothers for prenatal and maternal services. This may be attributed to construction of several maternity wings and awareness campaigns by the County.

The proportion of fully immunized children in the County was above the national averages, having improved from 78.9% in 2014 to 81.2% in 2016, which was above the national average of 77.4%. This is commendable since it makes the children in this County less vulnerable to infections and diseases due to improved immunization. This may be attributed to the high literacy levels in the County.

The County recorded high nutritional status among most children. Stunting in the County declined from 18% to 23.9% over the period, but this was below the national average. Further, wasted and underweight children in the County were all better than the national average. The proportion of underweight children improved from 6.6% to 5.5% but the proportion of wasted children worsened from 0.8% to 5.2% between 2014 and 2016. The improved performance in these indicators can be attributed to improved access to public health.

The County HIV adult prevalence was more than three times higher than the national average of 6%. The County was at high risk of HIV infections due to factors such as cultural practices, including wife inheritance and beliefs, and low nutritional status among majority of the population, which undermines the effectiveness of antiretroviral treatment (ART).

The County had higher Anti-Retroviral Therapy (ART) coverage than the national average. Children anti-retroviral therapy (ART) coverage improved from 54% to 71% over the period 2014-2016. The adult ART coverage declined to 68% down from 100% between 2014 and 2016, even though this was also better than national averages for both periods.

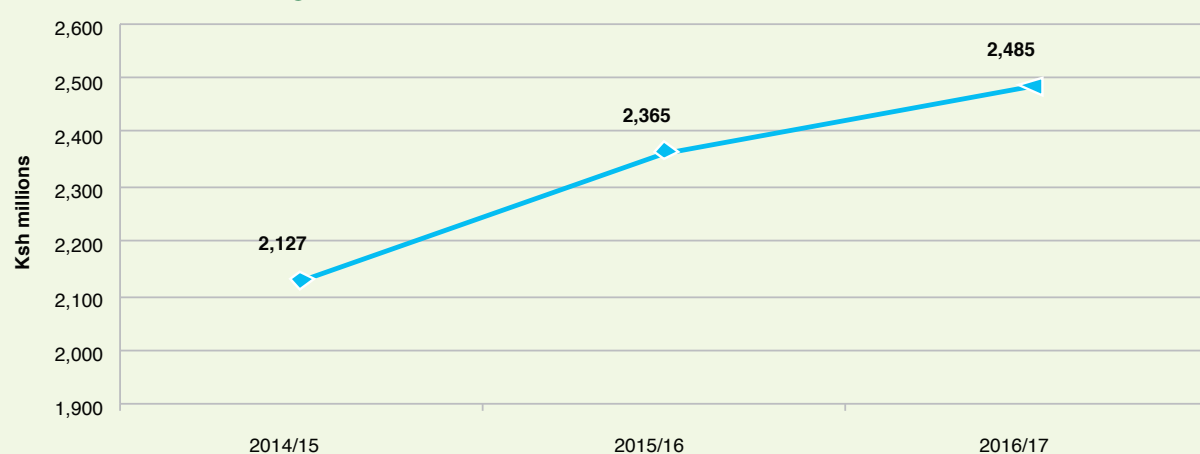
Table 2: Selected health indicators (2014 and 2016)

Indicators	Kisumu		National	
	2014	2016	2014	2016
Maternal and Child Services				
Skilled delivery (%)	69.2	98.7	61.8	89.6
Children born at home	28.8	11.7	37.4	31.3
Exclusive breastfeeding	na	na	61.0	na
Ever breastfed	na	99.4	99.0	98.8
Fully immunized child	78.9	81.2	74.9	77.4
Nutrition Status (%)				
Stunted children	18.0	23.9	26.0	29.9
Wasted children	0.8	5.2	4.0	13.0
Underweight children	6.6	5.5	11.0	6.7
Child Mortality				
Infant mortality	50	na	39	na
Under-5 mortality	82	na	52	na
Neo-natal mortality	19	na	22	na
Child mortality	33	na	14	na
HIV (%)				
HIV adult prevalence (%)	19.3	19.9	6.0	5.9
Children with HIV (No.)	16,326	8,600	na	98,170
ART adult coverage (%)	100	68	79	66
ART children coverage (%)	54	71	42	77

Source: Kisumu CIDP, KAIS (2014). KDHS (2014), KIHBS (2016). Na = data not available

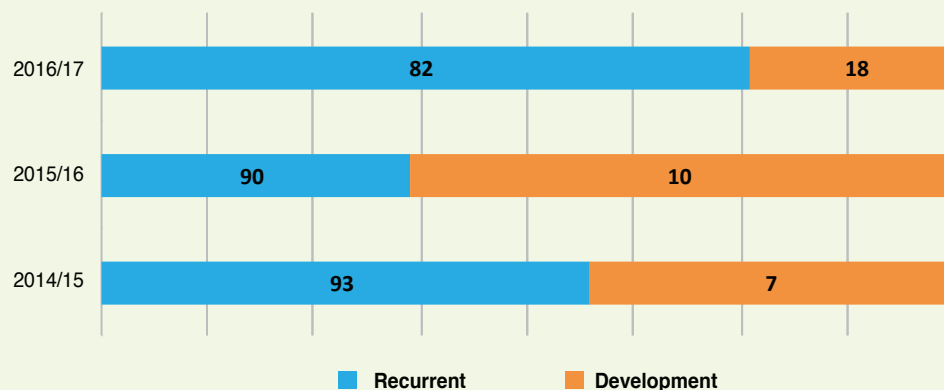
This can be attributed to concerted efforts by stakeholders to combat the high prevalence levels of HIV which were above the national average. ART coverage among HIV-positive children also increased across the review years because of improved maternal and child health services.

The share of health budget in the total county budget allocation was about 25%, on average, over the period, cumulatively amounting to about Ksh 6.07 billion during the review period (Figure 3). In terms of composition, recurrent budget accounted for over 90% of the allocation, and development budget was consistently below 10% (Figure 4). There was an imbalance against infrastructure development in the health sector. This

Figure 3: Trends in health budget, 2014/15-2016/7 (Ksh millions)

Source: County Budget and Implementation Review (2014/15-2016/17)

Figure 4: Composition of health budget, 2014/15-2016/7 (%)

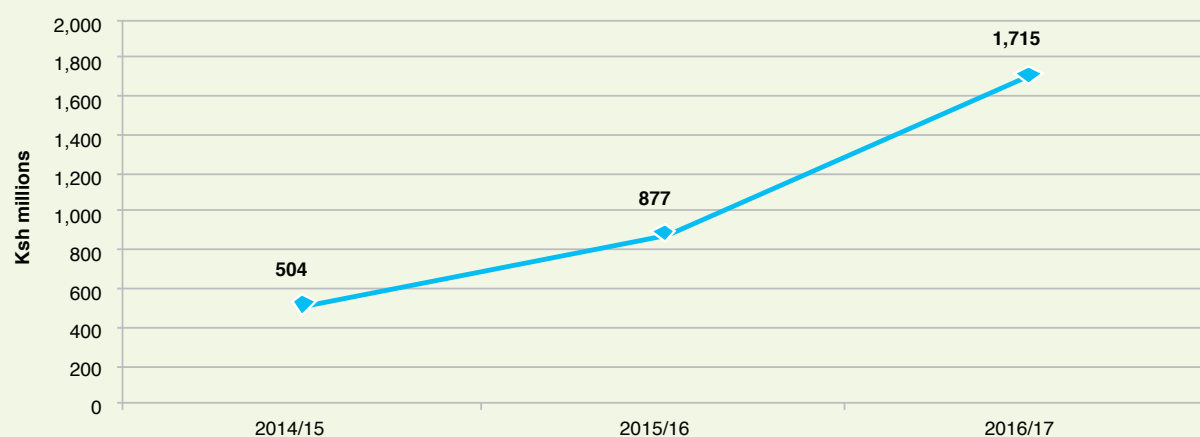


Source: County Budget and Implementation Review (2014/15-2016/17)

budget was planned to fund community strategy and health promotion which targeted HIV/AIDS, TB, malaria, family planning, maternal and child health, immunization of children, surveillance, emergency response and epidemic control, non-communicable diseases control and prevention. It also targeted curative care services including funding referral services at level, county referral services and primary health care services. Broadly, there were construction works which were planned with this budget and funding of general operations, maintenance, and compensation of employees.

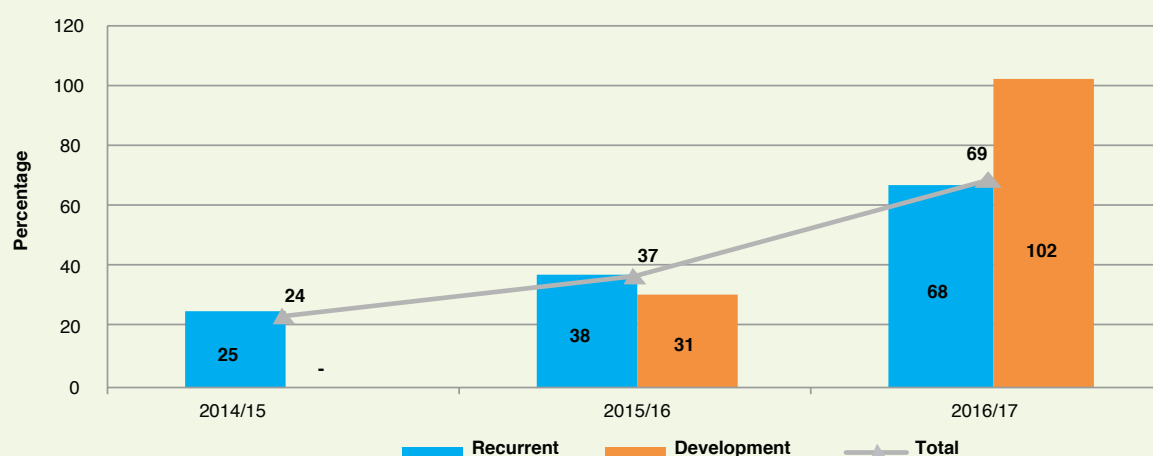
However, the County’s actual expenditure on health and absorption levels were low. The County’s actual expenditure on health increased from Ksh 504 million in 2014/15 to Ksh 877 million and Ksh 1,715 million in 2015/16 and 2016/17 (Figure 5), translating to an absorption rate of 24% , 37% and 67%, respectively (Figure 6). The budgetary increase was due to infrastructure expenditures, and salaries of health workers. Also, funds had been channelled to building new facilities, improvement of existing ones and equipping and staffing the facilities. The absorption of development budget increased significantly to 102% in 2016/17. In 2016/17, expenditures in health more than doubled due to construction of new health facilities such as dispensaries, maternity wings, three (3) theatres and a dental unit. Similarly, the absorption rate for recurrent expenditure increased from 25% in 2014/15 to 68% in 2016/17.

Figure 5: Trends in health expenditure, 2014/15-2016/7 (Ksh millions)



Source: County Budget and Implementation Review (2014/15-2016/17)

Figure 6: Health absorption rate (%)



Source: County Budget and Implementation Review (2014/15-2016/17)

The composition of health budget by economic classification shows that compensation of employees accounted for the largest share at over 60% (Table 3). Use of goods and services was second with 18.8% share in 2014/15 but grew to 29.5% and 30% in subsequent years, while acquisition of non-financial assets accounted for between 9.1% and 10.2%. The budget is skewed towards employee compensation. This can be attributed to the fact that the County inherited a substantial proportion of specialist doctors during the period into devolution, making the wage bill to be high.

Table 3: Composition of health budget by economic classification, 2015/16-2016/17 (%)

Components	2015/16	2016/17	2016/17
Compensation to Employees	72.1	60.3	59.8
Use of Goods and Services	18.8	29.5	30.0
Acquisition of Non-financial Assets	9.1	10.2	10.2

Source: County Budget and Implementation Review (2014/15-2016/17)

However, one of the main problems affecting the mother-child health care in Kisumu is lack of awareness and access to equitable, affordable and quality health care services. Most of the facilities are situated in urban areas, making it difficult for mothers in reproductive age to access the health services. To address this problem, Kisumu County is ensuring that more affordable and quality health services are offered through building of new health care clinics (the most recent being Aga Khan Health Care Clinic), mobile clinics and well-equipped hospitals to support the health care system in the County.

Education and Youth Training

The right to education is anchored in Article 43(1) of the 2010 Constitution of Kenya. Specifically, the education-related rights of a child are stipulated in Article 53(1) which states that a child has a right to free and compulsory basic education. In the Kenyan context, basic education constitutes pre-primary education or Early Childhood Development Education (ECDE), primary and secondary education. Under devolution, the basic education responsibility is vested upon both the national and county governments. ECDE and youth polytechnics are devolved functions managed by county governments while the national government retains the management of primary, secondary and tertiary education; and policy formulation, setting standards, monitoring, and evaluation functions.

County governments are responsible for providing ECDE and youth polytechnics. These functions focus on children and youth below 18 years, thus programmes under this category directly respond to children needs. The education institutions supported by the

County include: 997 ECDE centres and one national youth polytechnic. Additionally, the County had 655 primary schools and 158 secondary schools financed and managed by the national government. Other educational institutions in the County include three (3) universities, five (5) university campuses, one (1) medical training college, and Kenya Utalii College Kisumu Campus. The county had a total of 1,958 teachers for ECDE, 6,081 for primary and 1,647 for secondary schools in 2016.

Compared to the national enrolment ratio at pre-primary level, Kisumu County registered lower enrolment in the period 2014-2016. As of 2016, gross enrolment rate (GER) and net enrolment rate (NER) at pre-primary education were 71.5% and 71%, respectively, compared to the national average of 77% and 75%, respectively. This was an improvement from 2014 performance of 69.7% in GER and 68.5% in NER (Table 4).

Access to primary education in the County was high, with both GER and NER above the national average (Table 4). The County also showed improved enrolment between 2014 and 2016 where GER increased from 111.2% to 111.8% while NER expanded from 94.9% to 98.9%. The GER of over 100% shows cases of over-age and under-age enrolment.

Similarly, enrolment in secondary education in the County was above the national average over the review period (Table 4). There was an improvement in enrolment at the County over the period, where GER increased from 68.2% to 75.5% while NER declined from 58.1% to 56.3%. The enrolment levels at secondary school are lower than pre-primary and primary, indicating either high school drop-out rates or lower transition rates. There is inequality in access to education between male and female school-going children, with female gender having better enrolment contrasting trends in national level. For instance, at ECDE level, net enrolment was 69.1% for female and 67.9% for male in 2014 contrary to the national trend, but respectively increases flipped the status to 70.7% for female and 71.3% for male in 2016. However, female-male gaps in enrolment widened and was consistently in favour of female for primary and secondary education over the review period (Table 4).

A large proportion of children are enrolled in public schools across all levels of education, where public schools command enrolment of over 75% in pre-primary and over 90% for primary and secondary. However, enrolment in private schools for pre-primary schooling was over 20 per cent while private schools share of enrolment was lower than 10% for primary and secondary school. This indicates that the level of investment by private schools was low in the County.

The pupil teacher ratio was relatively lower than the national averages across all the levels of basic education but worsened over the period, except for pre-primary. At pre-primary level, the pupil teacher ratio was 27:1 for both 2014 and 2016 compared to 31:1 at national level. At primary level, pupil teacher ratio in 2014 was 32:1 compared to the national target of 40:1, but this increased in 2016 to 35:1 against the national ratio of 34:1. At secondary school level, the pupil teacher ratio for TSC teachers was lower than the national, having increased from 29:1 and 30:1 between 2014 and 2016 against national average of 30:1 and 32:1, respectively. The recruitment of teachers by Board of Management improved the pupil teacher ratio from 29:1 and 30:1 to 19:1 and 20:1 between 2014 and 2016.

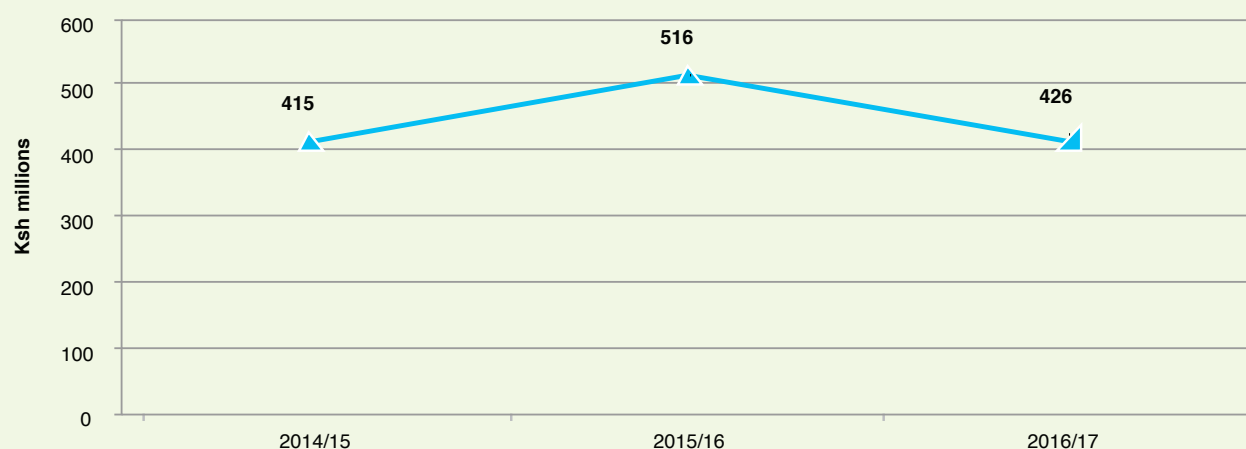
The county's budget allocation for the education sector over the review period was about Ksh 1.4 billion, which represented about 5 per cent of the total budget. The allocation for the education sector grew from Ksh 415 million to Ksh 516 million between 2014/15 and 2015/16 before declining to Ksh 426 million in 2016/17 (Figure 6). This was a share of 5.2%, 5.3% and 4.5% of the county total budget, respectively, over the years in the review period. The reduction of the budget in 2016/17 was due to shifting of resources to implementation of the targeted health care programmes. During 2014/15 and 2015/16, recurrent expenditure remained lower than development expenditure, constituting only 23% and 28%, respectively, of the total education budget (Figure 7). One of the factors that explains the high expenditure was the construction of modern pre-primary classrooms and associated equipment.

The actual education expenditure was about Ksh 867 million over the period (Figure 8), which represented 4.6% of the county total expenditure. Absorption levels were low in 2014/15 and 2015/16 before improving in 2016/17. The overall absorption rate for the education budget was 39% and 53% in 2014/15 and 2015/16, respectively. This increased to more than 102% during

Table 4: Selected education indicators (2014 and 2016)

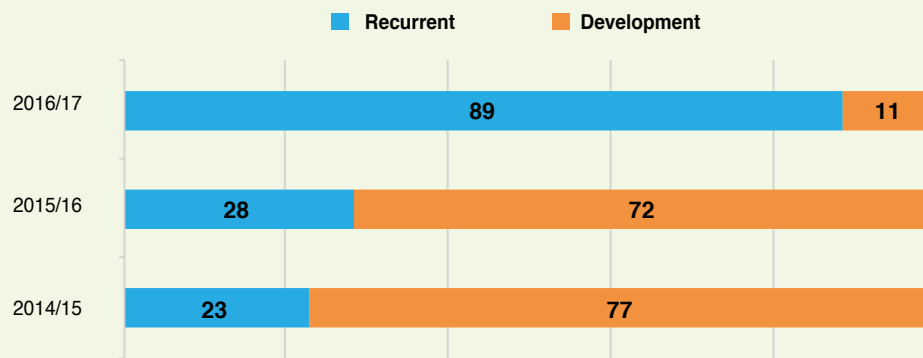
	Kisumu		Kenya	
	2014	2016	2014	2016
Pre-Primary Education				
Gross enrolment ratio (%)	69.7	71.5	73.6	76.2
Net enrolment ratio (%)	68.5	71.0	71.8	74.9
Male %	67.9	71.3	73.4	76.9
Female %	69.1	70.7	70.4	73.0
School size (Public)	77.0	81.0	84.0	85.0
Gender parity index (Value)	1.0	1.0	1.1	1.0
Pupil teacher ratio (No.) (Public)	27.0	27.0	31.1	31.0
Proportion of enrolment in private schools	24	24	31	33
Primary Education				
Gross enrolment ratio (%)	111.2	111.8	103.5	104.2
Net enrolment ratio (%)	94.9	98.9	88.2	91.1
Male%	93.2	95.9	90.0	92.2
Female %	96.7	102.1	86.4	89.9
School size (Public)	390.0	395.0	385.0	375.0
Gender parity index (Value)	1.0	1.0	1.0	1.0
Pupil teacher ratio (No.)	32.1	35.0	34.5	34.0
Proportion of enrolment in private schools	6	10	16	16
Secondary Education				
Gross enrolment ratio (%)	68.2	75.5	58.7	66.8
Net enrolment ratio (%)	58.1	56.3	47.4	49.5
Male%	57.7	54.1	49.6	49.7
Female %	58.5	58.6	45.2	49.4
School size (Public)	295.0	322.0	283.0	292.0
Gender parity index (value)	1.0	1.0	0.9	0.9
Pupil teacher ratio (No.) (TSC)	29.2	30.0	30.1	32.0
Pupil teacher ratio (No.) (TSC & BOM)	19.1	20.0	20.2	20.0
Proportion of enrolment in private schools	3	5	7	8

Source: Basic Education Statistics Reports (2014-2016)

Figure 7: Trend in education budget, 2014/15-2016/7 (Ksh millions)

Source: County Budget and Implementation Review (2014/15-2016/17)

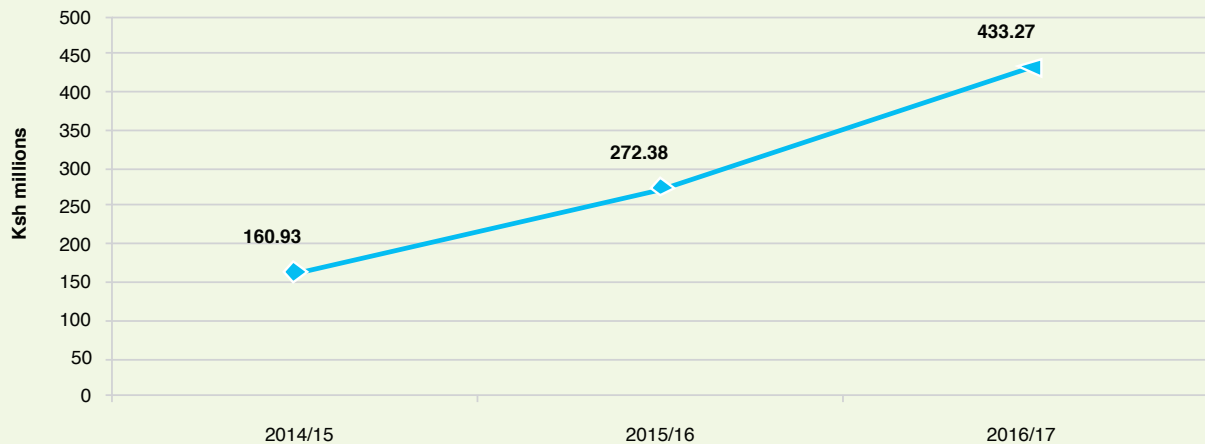
Figure 8: Composition of education budget (%)



Source: County Budget and Implementation Review (2014/15-2016/17)

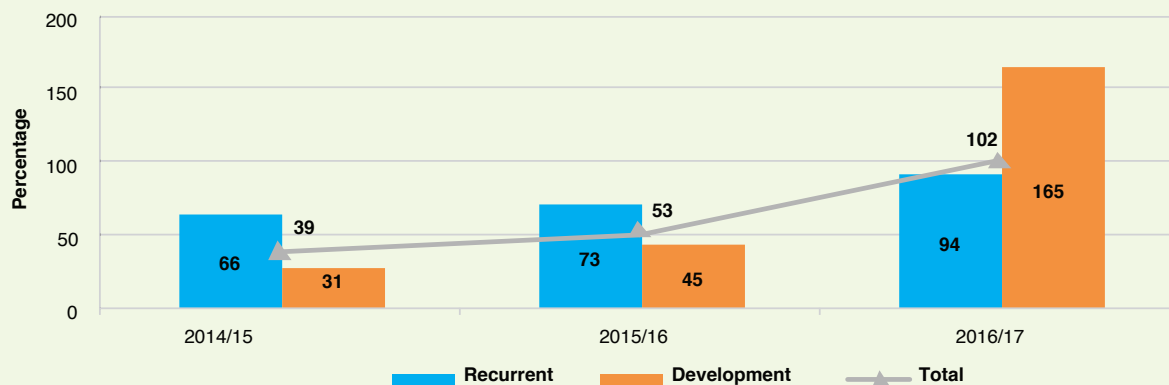
2016/17 fiscal year (Figure 10). Pre-primary education was characterized by relatively high budgets in the development sector (Figures 9-10). This was largely because of construction of new centres. The sub-sector was also faced with a growing recurrent expenditure due to the school feeding programme. Pre-primary education was co-financed by both parents and the County Government. Every child paid Ksh 50 per month for ECDE support since the level was not supported under the free schooling programme. It would, however, be important to ring-fence the ECDE budget for every county at the revenue sharing stage at the national level to minimize competition from other county priorities.

Figure 9: Trends of education expenditure, 2014/15-2016/7 (Ksh millions)



Source: County Budget and Implementation Review (2014/15-2016/17)

Figure 10: Education absorption rate, 2014/15-2016/7 (%)



Source: County Budget and Implementation Review (2014/15-2016/17)

The largest share of the education, youth and social services budget in 2015/16 was construction of building and other infrastructure, commanding 71% while general administration and planning had 17.7%, and operation and maintenance 11.4% (Table 5). In 2016/17, budget for construction of building and other infrastructure reduced significantly to 28.5% while the focus shifted to operation and maintenance (40.9%) and general administration and planning (30.6%).

Social and Child Protection

Social and child protection refers to public services that promote equality and protect children from deprivation of child rights in the community. Over the review period

Table 5. Composition of education budget by economic classification, 2014/15-2016/7 (%)

	2014/15	2015/16	2016/17
General administration and planning		17.7	30.6
Operation and maintenance		11.4	40.9
Construction of building and other infrastructure		70.9	28.5

Source of Data: County's IFMIS data and County Central Planning Unit

(2014/15-2016/17), the county had put in place various initiatives to provide social services to children facing difficult circumstances. For instance, the Directorate of Culture and Social Services targeted rehabilitation of street children, promotion of talents (sports and art), support of children homes and rescue centres, social protection, child protection, gender mainstreaming, disability mainstreaming and control of drugs abuse and pornography. The County efforts to develop a child protection information system is commendable. The system will need to make provision for data capture from private institutions that have invested in vulnerable and destitute children. The digital system or a database on children will assist in preventing duplication and wastage of resources while increasing efficiency and effectiveness of programmes.

The County recorded low reported cases of child labour and child trafficking but relatively high cases of child neglect, sexual abuse and physical abuse (Table 6). There were zero reported cases of female genital mutilation, which is attributed to the dominant culture which is against the vice. However, some of the abuses against children are handled using the local administration structure, thus may not be reported for recording by departments and agencies responsible for compiling national data, thus contributing to under-reporting.

Table 6: Selected child protection indicators (2014-2016)

	Kisumu			National		
	2014	2015	2016	2014	2015	2016
Child Neglect and Abandonment	21	12	12	767	418	390
Child Sexual Abuse	26	9	22	636	393	385
Child Trafficking, Abduction and Kidnapping	0	1	2	32	25	40
Child Labour	6	4	5	168	95	78
Child Emotional Abuse	0	2	2	58	26	44
Child Physical Abuse	35	13	16	583	339	356
Female Genital Mutilation	0	0	0	9	7	3

Source: State Department for Social Protection

The County had social protection programmes which entailed rehabilitation of street families, gender and disability mainstreaming, development of social infrastructure such as rescue centre, child care and protection, and civic education.

Water and Sanitation

The Country seeks to achieve universal and equitable access to safe and affordable drinking water for all, access to adequate and equitable sanitation and hygiene for all and end open defecation by 2030. Water and sanitation services is a devolved function, thus the County Government is expected to play a leading role in water service delivery. However, this function is competing with other devolved functions such as pre-primary education and health.

The County identified various development projects for the water and sanitation sector. This involved purchase of water pipes, pumps, purchase of water bowser, sinking boreholes and wells, and building sanitation blocks or toilets for various wards across the County.

Access to improved water was estimated at 48% of the population, against the national average of 72.6% in 2016. The population within the service area of water utility (company) remained constant at 37% to 13% between 2014 and 2016, of which only 48% was connected or served by the utility in 2014 and 56% in 2016 (Table 7). Low access to water had ripple effects on girl child education; girls were predominantly required to fetch water, thus leading to low school attendance and performance. Generally, women were affected since they had limited time to engage in economic activities and leisure, which affects their health.

The sector experienced the problem of non-revenue water to about 49% as at 2016, marking no improvement from 2014. High non-revenue water denies the water utility

Table 7: Selected water and sanitation indicators (2014-2016)

	Kisumu		National	
	2014	2016	2014	2016
County population within service areas of WSPs (%)	37.0	37.0	43.0	44.0
Water coverage by utilities (%)	48.0	56.0	53.0	55.0
Non-revenue water (NRW) (%)	49.0	49.0	42.0	42.0
Sanitation coverage within utility area (%)	76.0	n.d.	68.6	66.4
Sewerage coverage (%)	14.0	18.0	16.0	15.0
Access to improved water (%)	na	79.9	na	72.1
Access to improved sanitation (%)	30.4	96.3	na	65.2
Open defecation county-wide (%)	na	2.9	na	8.4

Source: Ministry of Water; KIHBS, WASREB, na: not applicable, na = Data not available

revenue to enhance water service delivery and in meeting operations and maintenance costs.

A total of 56% of population in Kisumu County use improved sanitation, while the rest use unimproved sanitation. Sewerage coverage increased from 14% to 18%, having passed the national average of 16% in 2016. The County can enhance planning and mapping of the sewerage network and implement a controlled urban development plan. The need for sewerage services is critical to match the increasing urbanization at the County headquarter, manifested in growth in built environment, population, employment opportunities, economic activities and government services.

Sanitation issues were being addressed by County programmes in various sectors including health, water and urban planning. For efficient provision of service delivery, the

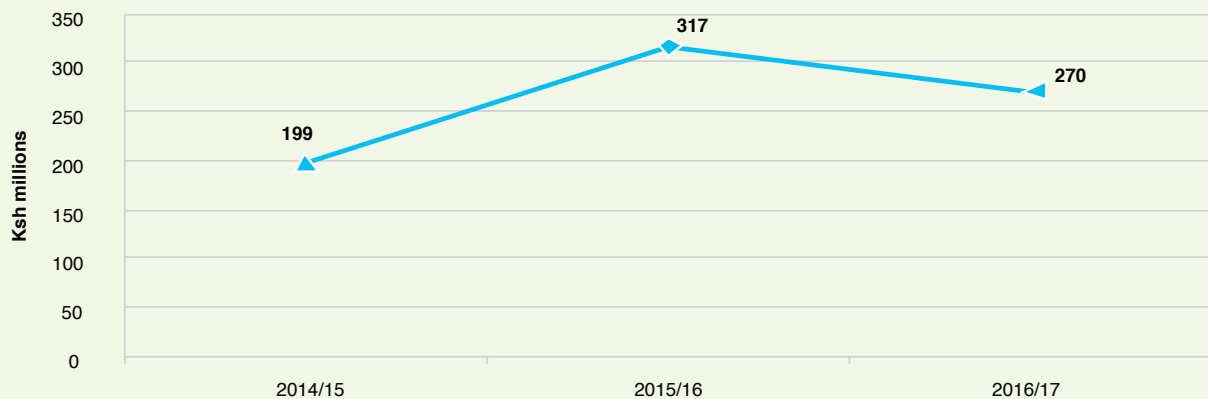
need to realign sanitation programmes to the water sector requires integration within the Water, Sanitation and Health (WASH) programme. However, health standards on sanitation can still be set by the health sector, but infrastructure development can be based on the water sector where technical capacity such as engineering exists. Urban planning cuts across all sectors, thus reserve space to accommodate requests for sanitation facilities was critical.

The water sector budget for the review period 2014-2016 was about Ksh 786 million, accounting for 2.9% of the total budget, having budgeted to spend Ksh 208.8 million, Ksh 256.4 million and Ksh 191.6 million consecutively over the period. The decline in 2016/17 resulted from budget cuts in the sector because of competing demand for resources from other sectors.

The share of development budget ranged between 44% and a high of 66% (Figure 12). This shows that the County was allocating relatively high on recurrent expenditure, yet this is a sector which is heavily capital-intensive. Though development expenditure was more than recurrent expenditure in 2014/15 and 2015/16, this was reversed in 2016/17 with recurrent expenditure accounting for 56% mainly because of increased allocation for personnel emoluments. Improved development allocation can be attributed to County commitments to expand infrastructure development to improve water service delivery in the County.

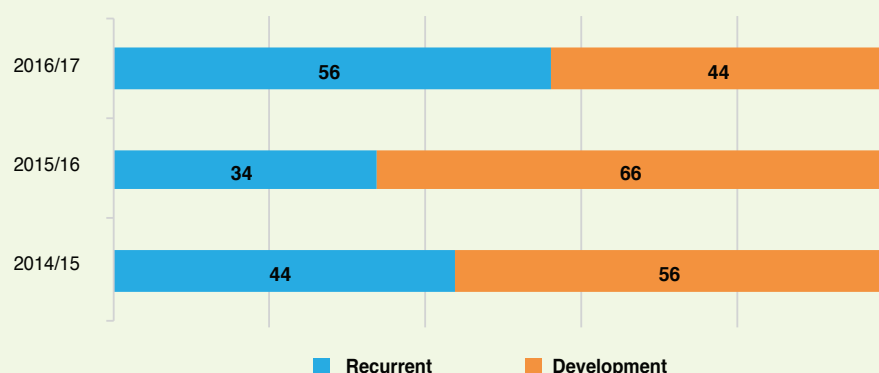
Similarly, expenditure on water, environment and natural resources amounted to Ksh 331 which was 1.7% of the County total expenditure. It increased significantly from Ksh

Figure 11: Trends in water development, environment and natural resources budget, 2014/15-2016/7 (Ksh millions)



Source: County Budget Estimates (2015/16-2016/17)

Figure 12: Composition of water, environment and natural resources budget, 2014/15-2016/7 (%)

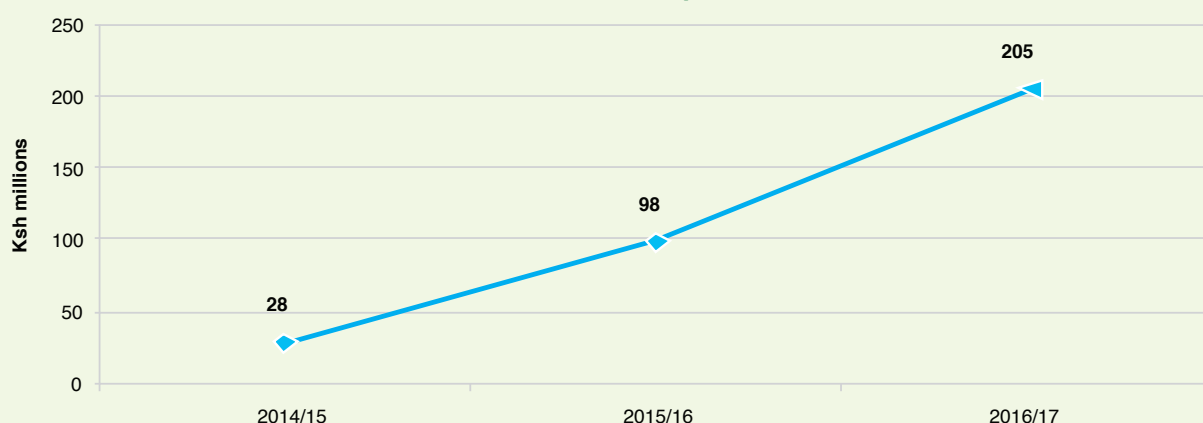


Source: County Budget and Implementation Review (2014/15-2016/17)

28 million in 2014/15 to Ksh 98 million in 2015/16 before doubling to Ksh 205 million in 2016/17 (Figure 10). During the same period, the overall absorption of water budget increased from 14.2% to 30.8%. Absorption of development budget grew significantly from 3% to 65%, though it operated below the absorption rate of recurrent expenditure. The budget for construction of water infrastructure was high due to interventions to mitigate the drought situation experienced in 2017. The County had also invested in drilling of boreholes at the community level and in schools. The water sector also suffers from budget cuts. The planning of budgets was well executed. The sector also benefits from other development partners. Some of the programmes such as WASH mainly targeted children.

The budget allocation for infrastructure development increased from 55% to 69% over the review period (Table 8). Compensation for employees reduced from 18.7% to 11% while

Figure 13: Trends in water, environment and natural resources expenditure (Ksh millions)



Source: County Budget and Implementation Review (2014/15-2016/17)

Table 8: Composition of water budget by economic classification (%)

Sub-programme	2015/16	2016/17	2017/18
Compensation of employees	18.7	20.0	11.0
General administration and planning and operation and maintenance	25.5	11.7	20.0
Construction of building and other infrastructure	55.9	68.3	69.0

Source: County Budget and Implementation Review 2014/15-2016/17

budget general administration, planning, operations and maintenance ranged between 11% and 19%. The budget for general administration and planning and operations and maintenance more than doubled in 2017/18. The main driving factor was the interventions to mitigate the consequences of drought. These included hire of water bourses to supply water to affected villages/communities and schools.

The main challenge facing Kisumu County on water and sanitation is increasing urbanized population and increasing dry spells due to climate change, which compounds the water shortage. The County's water demand is increasingly exceeding the fresh water sources. Degradation of upstream catchment mainly due to agricultural expansion associated with population growth in rural areas was already impacting water availability. Growth and associated increase in demand for farming and residential land will undoubtedly accelerate deforestation and exacerbate the effect of climate change in the County.

Conclusion and Implications for Policy

The County's socio-economic indicators in health, education, water and sanitation show mixed performance against national averages. Children are exposed to higher levels of deprivation since they are the most vulnerable. The link between the budget preparatory team and the County Assembly that eventually approves the budgets was weak. In most cases, budget planning officers prepared budgets based on priority needs in the department. However, final approved budgets were rationalized at a higher level. It is therefore important for the County budget staff to be sensitized on the importance of preparing budgets that focus on key areas that are responsive to children's needs. Prohibitive budget ceilings against many competing demands and interest groups was another challenge. Before departments submitted their budgets to finance, they are provided with budget ceilings. The budget ceilings are prohibitive, such that only a few needs are met despite the diverse needs of children.

Lack of an informed public on importance of child sensitive planning and budgeting limits the productivity of public participation forums and articulation of issues to inform plans and budget, particularly in terms of special interest groups such as persons with disabilities (PWDs), children, youth, women and elderly. This sometimes leads to weak project prioritization.

There was limited focus on basic children needs and rights at the planning and budgeting period. Budget planning and fiscal policy was considered as an instrument to ensure sufficient government revenues and effective spending that met the needs of citizens as opposed to guaranteeing universal fulfilment of basic rights.

High child population coupled with high poverty levels and HIV incidence puts children at risk of falling into difficult socio-economic vulnerabilities. The children population in the County was estimated at 51% per cent. Child deprivation was high (31%), and close to the national poverty rate (36%), and HIV/ AIDS prevalence was also high. This scenario affects the welfare of many children. The County will therefore need to put in place structures to protect all vulnerable children to social and economic risks.

Implications for Policy

There are areas for policy intervention which would improve child sensitive planning, budgeting and service delivery in Kisumu County:

- (i) Collaboration between the county government and the National Treasury will ensure that plans and budgets address the priority needs of children and enhance productivity of programmes by building on synergies.
- (ii) Enhance planning and expand budgets and utilization of budgets to improve status of health, education, child and social protection, water and sanitation.

- (iii) Integrated planning across all sectors to build synergies in expertise and reduce unit cost of implementation of respective projects. In addition, the monitoring and evaluation function needs to be strengthened and enhanced to ensure progress of the various projects being implemented.
- (iv) Enhance capacity building among the County Executive, County Assembly and the County Public Service Board in child sensitive planning and budgeting.
- (v) Promote equity across all socio-economic developments (social sectors such as education and health) in the County through affirmative action for social development, and provision of adequate funding for social sectors in the County's development plan and budget. The practice of equal distribution of resources based on administration boundaries such as sub-counties could be discouraged as a better formula that ensures equity is designed.
- (vi) Strengthen and create an enabling environment for the private sector, non-governmental organizations and civil society to make contribution in development planning and budgeting for effective outcomes in the socio-economic development in the county.

Acknowledgements

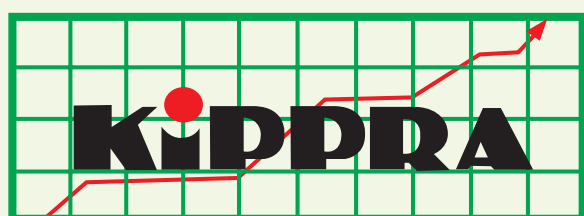
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This Brief is among three (3) county briefs which seek to identify the extent to which the needs of children are addressed by county budgets in Kenya.

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