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FROM DISPARITY TO DIGNITY:



A REPORT ON STATUS OF SERVICE DELIVERY IN HEALTH & EDUCATION SECTORS AMONG THE ENDOROIS INDIGENOUS COMMUNITY IN BARINGO COUNTY

BY : ENDOROIS INDIGENOUS WOMEN EMPOWERMENT NETWORK(EIWEN)



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Acronyms

ASAL	Arid and Semi-Arid Land
CBC	Competence-Based Curriculum
CBO	Community Based Organization
COB	Controller of Budget
COK	Constitution of Kenya
CSOs	Civil Society Organizations
ECDE	Early Childhood Education
FGM	Female Genital Mutilation
EIWEN	Endorois Indigenous Women Empowerment Network
ESP	Economic Stimulus Programme
FY	Financial Year
HRBA	Human Rights Based Approach
ICT	Information Communication Technology
KIIs	Key Informant Interviews
KEMSA	Kenya Medical Supplies Agency
MDGs	Millennium Development Goals
NEMIS	National Education Management Information System
NG-CDF	National Government Constituency Development Fund
PWDs	Persons with Disabilities
SDGs	Sustainable Development Goals
TSC	Teacher Service Commission
UDHR	Universal Declaration for Human Rights
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

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About EIWEN

Endorois Indigenous Women Empowerment Network (EIWEN) is an indigenous local Community Based Organization (CBO) registered in Kenya with its office in Nakuru. EIWEN was founded in 2016 and registered in 2019 as a Community Based Organization (CBO) by local Endorois women who were committed to improving the living standards through capacity building of indigenous and marginalized women and girls.

As an indigenous women-led organization, EIWEN's key mandate is to raise the voice and the status of local marginalized women of Endorois Community to enable them to make informed choices and grow women leadership in their society. Endorois is an indigenous minority community found in Baringo, Nakuru and Laikipia counties. The community has had a long struggle for recognition and compensation for the land that the government of Kenya forcefully took away from them in 1974.

The Endorois community is highly patriarchal, which raises the need for constant advocacy for women land rights and their voice. The network is working with other indigenous women network across Baringo County, at National, Regional and even at the international forum.

EIWEN aims to build the capacity of women, girls and persons with disabilities plus other vulnerable groups through trainings, mentorships and education on the existing policies and legislations that protects their fundamental rights.

Some of these rights in the Constitution of Kenya 2010 include public participation act, right to quality education, Health rights, Community Land Act, anti FGM Act, Climate Change Act and other legislations that will boost their self-determination and grow them into leadership.

Executive Summary

With support from Minority Rights Group International, Endorois Indigenous Women Empowerment Network (EIWEN) is implementing a project named. *From Disparity to Dignity; Endorois Community Rights to Good Health and Quality Education*. The main objective of this project is to advocate for improved access to health care and quality education in the Endorois community. The project applies among other strategies: Research, Community Dialogue, civic engagement and media advocacy.

As part of the project, a survey was conducted on the status of service delivery that covered 13 education institutions and 5 health facilities in Baringo South and Mogotio Sub-counties. These include: Mochongoi Health Centre, Lobo Health Centre, Kapindasim Dispensary, Maji Moto Dispensary and Kamar Health centre in the Health Sector; and Kapkuikui Primary School, Nyimbei Primary School, Poi Hill Primary School, Chepkotoyan Primary School, Kiri Primary School, Sambaka Primary School, Chemorongion Primary School, Chebinyiny Primary School, Poi ECDE Centre, Nyimbei Day Secondary School, Sandai Mixed Day Secondary School, Maji Moto Secondary School, Lake Bogoria Girls Secondary School in the education sector.

In summary the survey established that the governments at both levels have put efforts towards achieving Sustainable Development Goal number 3 on highest attainable Health standards to its citizens. There is notable improvement in service delivery largely driven by formulation and implementation the progressive policies key among these including the Universal Health Coverage and the Health policy 2014-2030. Examples include construction of health facilities, expansion of health services and recruitment of additional health personnel.

Even then these interventions are yet to bridge inequalities that exist in the sector that stem from historical marginalization. The survey found out that access to health care among the Endorois community is below average. Across the facilities surveyed there were challenges of shortage of health personnel, inadequate infrastructure and inadequate medical commodities. Most health facilities are not connected with water. Some facilities had accrued utility bills and subordinate staff's wage arrears for as a result of late disbursement of the Operations and Maintenance Funds.

On Education sector, the survey established that there is a huge challenge on inadequate infrastructure in the schools within the Endorois Community. In majority of the schools the temporary structures outnumbered the permanent ones. While the National Government Constituency Development Fund (NG-CDF) continues to invest in infrastructural development in schools, previous allocations have been too small to meet the demand. Since the onset of devolution the County Government of Baringo has also improved infrastructure in ECDE centers.

However, there is a shortage learning materials, appropriate furniture and play equipment. Despite the increasing enrolment in the school surveyed, staffing levels in schools have remained stagnant with no additional teacher posting in the last one year.

Lack of inclusive designs of infrastructure and low teachers' capacity to integrated disabilities, has impeded learning for children with disabilities. There are no sustainable feeding programmes in all the public schools thus affecting enrolment and retention rates owing to the arid and semi-arid nature of the land occupied by the Endorois Community.

The survey also found out that most Boards of Management meet once or twice a year which affects governance in the schools. This denotes low capacity or appreciation of their roles and responsibilities. Retrogressive cultural practices and emerging issues such as FGM and teenage pregnancies continue to reverse the educational gains made among the Endorois community.

The survey recommends that the County Government of Baringo should prioritize recruitment of additional medical staff. This should be accompanied by rationalization of staffing levels to promote equity in service delivery. The County Government should also expand the services and provide requisite infrastructure and equipment especially water, electricity and laboratory equipment in all the primary health facilities to promote equitable access to health care.

Supply of drugs and medical commodities should be enhanced through commensurate budget allocations. On education, there is need to increase the support for infrastructural development especially in schools receiving students from areas affected by insecurity. Deployment of more teachers should be give priority to marginalized areas. Access to education among PWDs should be enhanced through assessment and proper placement of children with disability, adoption of inclusive construction designs, training of teachers and community sensitization on the rights of PWDs.

Survey Methodology

The survey on service delivery was conducted within the Endorois community in Baringo County. Specifically the survey evaluated the progress made by government to fulfill and promote the right to health and education among the community as enshrined in the constitution of Kenya. The survey involved analyzing budget allocations and utilization in the two sectors and the impact on service delivery provision of services to the target populations.

Sampling Procedure

Purposive sampling procedure was used to identify institutions that were targeted in the survey. In total, eighteen (18) institutions located within the Endorois community were targeted by the survey. These are five (5) health centers, one (1) pre-school institution, eight (8) primary schools and four (4) Secondary schools.

Preparatory Activities

Prior to conducting the survey, EIWEN conducted two key preparatory activities:

- a. **Community Dialogue/ Sensitization:** A community dialogue forum targeting members of the Endorois Community was held. The purpose of the dialogue was to sensitize community members on their rights and responsibilities. The community was also informed about the survey and participated in mapping of the target health facilities and education institutions.
- b. **Training of Enumerators:** The enumerators were inducted through a training that took that was held on Thursday 16th September 2021 at Endorois Indigenous Women Empowerment Network Offices in Kampi Ya Moto. The content focused on the project objectives, targets, the data collection tool and methods of collecting data. .

Information Gathering and Analysis

Enumerators used a pre-designed tool to collect data from different target audiences in the month September 2021. Primary and secondary data was collected using the following methods:

- a. **Key Informant Interviews (KIIs):** Enumerators held intensive interview sessions with government officials, Health Facility Management Committees, and School Boards of Management.
- b. **Questionnaires:** Pre-designed questionnaires were used to collect data on the sampled education institutions and Health facilities
- c. **Desktop Review:** A review of various documents relating to service delivery and implementation of budgets was conducted. The documents reviewed as part of the survey included the global and regional human rights instruments, national and county policies and budgets and service charters.

Data Analysis

A data analyst consultant was engaged to undertake a detailed data analysis and report based on the information from Questionnaires, Enumerators and reports from the various heads of the Health and Education sectors.

Validation of Findings

A county level validation/ interface meeting was organized to share findings with county officials and other stakeholders and capture their responses and inputs.

Legal and Policy Frameworks for Health and Education Rights

Health and Education are basic rights guaranteed and committed in global human rights instruments and national policies.

International Instruments

The Universal Declaration for Human Rights (UDHR) of 1948 is among the key global human rights instruments that provides for health and education rights.

- ▶ **Article 26: (1)** ‘Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit’
- ▶ **Article 25 (1)** ‘Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control’

The UDHR has inspired and paved the way for, the adoption of other Global and regional human rights treaties/commitments. These include, and not limited to:

- **International Covenant on Economic, Social and Cultural Rights 1948:** An instrument that sets specific standards, entitlements and obligations related health and education among other socio-economic rights.
- **Dakar Declaration: Education for All, 2000** - a global commitment which re-affirmed the commitment to achieving Education for All by the year 2015.
- **Abuja declaration, 2001:** Commits all African states to allocate at least 15% of the domestic budgets to health towards achieving Millennium Development Goals (MDGs) and African health priorities. It also urges donor countries to scale up support to the sector.

- **Sustainable Development Goals¹ (SDGs):** Sustainable Development Goal number 3 seeks to, *“Ensure healthy lives and promote wellbeing for all at all ages”* through promoting of universal health coverage, reduction of maternal mortality and ending health-related endemics among others strategies. Goal number 4 seeks to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all while goal number 8 targets to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

Constitution of Kenya, 2010

Inspired by the above, many other related commitments; the constitution of Kenya 2010 guarantees every citizen the right to health care and education. Specific provisions include:

- Article 43: Every person has the right— (a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care;
- Article 43: Every person has the right... (f) to education.
- **Articles 53-57: Rights of special groups** the youth, the PWDS, older powers and n access to health care and education
- **Article 56:** The State shall put in place affirmative action programmes designed to ensure that minorities and marginalized groups have reasonable access to water, health services and infrastructure.

National Policies

There are laws and policies that guide delivery of health and education services in Kenya. These are:

1. The Basic Education Act 2013

Section 4 of the Basic Education Act outlines **values and principles** as guidelines in provision of Basic Education. These are:

- a) the right of every child to free and compulsory basic education;
- b) equitable access for the youth to basic education and equal access to education
- c) or institutions;
- d) promotion of quality and relevance;
- e) accountability and democratic decision making within the institutions of basic education;
- f) protection of every child against discrimination within or by an education department or education or institution on any ground whatsoever;
- g) protection of the right of every child in a public school to equal standards of education including the medium of instructions used in schools for all children of the same educational level
- h) advancement and protection of every child in pre-primary and lower primary level of education to be instructed in the language of his or her choice where this is reasonably practicable;
- i) encouraging independent and critical thinking; and cultivating skills, disciplines and capacities for reconstruction and development;

¹<https://www.undp.org/content/undp/en/home/sustainable-development-goals.html>

- j) promotion of peace, integration, cohesion, tolerance, and inclusion as an objective in the provision of basic education;
- k) elimination of hate speech and tribalism through instructions that promote the proper appreciation of ethnic diversity and culture in society;
- l) imparting relevant knowledge, skills, attitudes and values to learners to foster the spirit and sense of patriotism, nationhood, unity of purpose, togetherness, and respect;
- m) promotion of good governance, participation and inclusiveness of parents, communities, private sector and other stakeholders in the development and management of basic education;
- n) transparency and cost effective use of educational resources and sustainable implementation of educational services;
- o) ensuring human dignity and integrity of persons engaged in the management of basic education;
- p) promoting the respect for the right of the child's opinion in matters that affect the child
- q) elimination of gender discrimination, corporal punishment or any form of cruel and inhuman treatment or torture
- r) promoting the protection of the right of the child to protection, participation, development and survival
- s) promotion of innovativeness, inventiveness, creativity, technology transfer and an entrepreneurial culture
- t) non-discrimination, encouragement and protection of the marginalized, persons with disabilities and those with special needs;
- u) enhancement of co-operation, consultation and collaboration among the Cabinet Secretary, Teachers Service Commission, the National Education Board, the County Education Boards, the education and training institutions and other related stakeholders on matters related to education
- v) Provision of appropriate human resource, funds, equipment, infrastructure and related resources that meet the needs of every child in basic education.

The Act in section 28 further **guarantees every child** the right to free and compulsory basic education through the establishment of-

- a) Pre-primary, primary and secondary schools, mobile schools, and adult and continuing education centres, **within a reasonably accessible distance** within a county;
- b) Appropriate boarding primary schools in arid and semi-arid areas, hard-to-reach and vulnerable groups as appropriate; and
- c) Academic centres, or relevant educational institutions to cater for gifted and talented learners;
- d) Special and integrated schools for learners with disability.

Mainstreaming Disabilities

Section 44 requires the cabinet secretary in charge of education to ensure that all special schools or schools with learners with special needs are provided with appropriate material, teaching and non-teaching staff.

2. The Kenya Health Policy

The Health Act 2017, Kenya Health Policy Strategy Paper, the County Baringo County Integrated Development Plan, the Baringo County Health Sector Strategic Plan² among other provide for the right to health care, related goals and the strategies of achieving them in Kenya.

The overarching policy is the Kenya Health Policy Strategy Paper whose objective is, '*attaining the highest possible health standards in a manner responsive to the population needs*'. The policy aims to achieve this goal through supporting provision of *equitable, affordable and quality* health and related services at the highest attainable standards to all Kenyans.

The Health Services objective for the Kenya Health Policy is to attain universal coverage with critical services that positively contribute to the realization of the overall policy goal.

The paper has outlined six policy objectives that include:

1. ***Eliminate communicable conditions*** - by forcing down the burden of communicable diseases, till they are not of major public health concern.
2. ***Halt, and reverse the rising burden of non-communicable conditions***- by ensuring clear strategies for implementation to address all the identified non communicable conditions in the country.
3. ***Reduce the burden of violence and injuries*** - by directly putting in place strategies that address each of the causes of injuries and violence at the time.
4. **Provide essential health care** - These shall be medical services that are **affordable, equitable, accessible and responsive to client needs**.
5. ***Minimize exposure to health risk factors*** - by strengthening the health promoting interventions, which address risk factors to health, plus facilitating use of products and services that lead to healthy behaviors in the population.
6. **Strengthen collaboration with health related sectors** - This it aims to achieve by adopting a 'Health in all Policies' approach, which ensures the Health Sector interacts with and influences design, implementation and monitoring processes in all health related sector actions.

The health sector has further provided specific standards and entitlements for service delivery. The Norms and standards³ define the different level of health service provision in terms of: ***catchment population, services offered infrastructure requirement and staff requirement among others***. The Human Resources for Health Norms and Standards Guidelines⁴ for the Health Sector updated the minimum requirements for medical staff for each level of health facilities

Implications of Devolution on Health and Education Services

²http://www.baringo.go.ke/index.php?option=com_jdownloads&view=download&id=1:baringo-health-sector-strategic-plan&catid=2&Itemid=306

³<http://guidelines.health.go.ke:8000/media/Norms and Standards for Health Service Delivery 2006.pdf>

⁴<https://www.health.go.ke/wp-content/uploads/2015/09/16th%20October%20WHO%20Norms%20and%20Standards%20%20Book.pdf>

Education and health are among the functions that have been devolved. Whereas Health has been fully devolved, only some elements of education have. The constitution allows Counties to develop laws and policies to guide implementation of their functions. The policies and laws shall take into account the unique situations while respecting and abiding by the Constitution and international standards.



A key promise of devolution is equitable development. This implies that as National and County Government design development programmes, priority should be given to minority communities and marginalized areas.

Key Findings

This section of the report highlights the key survey finding on delivery of health and education services. The findings are presented in two broad categories – close cutting findings and findings for individual institutions targeted by the survey.

Cross-Cutting Findings

The cross-cutting findings highlight but allocations for health and education and the service delivery situation analyzed based on the Human Rights Based Approach (HRBA) principles of availability, accessibility, affordability, acceptability, and quality.

1. Budget Allocations

According to the report by office of the Controller of Budget (COB), Baringo County spent Ksh. 2.28 billion on Health in the FY 2019/2020 which accounted for 36% of the total county expenditure. Kshs. 2.08 billion was spent on recurrent budget while Ksh. 207 million was spent on development. About Ksh. 150 million was spent on drugs and non-pharmaceuticals.

In the same year, Baringo County Government spent Ksh. 422 million in education and ICT department which accounted of 7% of the total expenditure. While 14 million was allocated the ECDE meals and nutrition programme, the money was not spent due to lack of policy framework.

The approved budget for FY 2021/22 has allocated Ksh. 1.08 Billion to health sector while Education and Vocation training has been allocated Ksh. 303 Million, exclusive of salaries.

Under the National Government Budget for 2019/2020 Ksh. 429.6 Billion was spent on education which accounted for about 26% of the total expenditure.

In addition to this, the National Government Constituency Development allocated at least 2.5% of ordinary revenue every financial year. The NG-CDF Act 2015 section 3 (k) requires the fund to: ***‘Provide for mechanisms for supplementing infrastructure development at the constituency level in matters falling within the functions of the national government at that level in accordance with the Constitution.’***

This includes development of infrastructure in primary and secondary schools. The 2021/22 Budget allocates Ksh. 41.7 Billion to NG-CDF. Of this Ksh. 137 million has been allocated to Baringo South while Mogotio constituency has also been allocated Ksh. 137million.

The development projects implemented by both National and County Governments have resulted in positive changes as regards the social indicators. Education and Health services are more available, accessible and affordable. For instance construction of classrooms has seen an increase in the enrolment rates in education institutions. The average distance to health facilities in Baringo County has reduced considerably with construction new health facilities and expansion of services in existing health facilities.

However, as will be discussed the subsequent sections of this report, there is a lot that still needs to be done as there are glaring gaps in service delivery.

2. Summary of Findings on Service Delivery in the Health Sector

1. Availability

The survey established that there are facilities that are not fully operational – Kapindasum Dispensary and Kamar Dispensary. Kapindasum was closed down due to perennial insecurity in the region while Kamar health centre was opened only for two days in a week due to lack of designated personnel. When survey was conducted the facility was closed.



Kamar Dispensary in Emning Ward, Mogotio Constituency remain closed. Photo taken in October 2021.

Generally there is shortage of staff in all the facilities visited especially nursing staff and laboratory technologists. There are facilities served by one staff e.g. Kapindasim and Maji Moto. Thus these facilities are closed done when these officers are away from the facilities.

Due to understaffing, medical staff are forced to conduct medical, clerical as well as manual duties which can sometimes be overwhelming and thus compromise the quality of service. There were cases where subordinate staff were also forced to take up duties otherwise meant for medical staff e.g. dispensing drugs. Across the facilities visited, no new staff had been posted within a year preceding the survey.

Limitation of equipment and infrastructure has rendered some services unavailable against the policy standard i.e. delivery bed, labor bed, fridge, x-ray equipment, lab kits etc. Supply of drugs in dispensaries and health centres is yet to be regularized thus affecting service delivery. Service providers across the facilities reported delays and non-adherence to the requisitions raised at the facility level. Delays in disbursement of funds has resulted in accumulation of pending bills as reported in Maji Moto Dispensary and Lobo Health Centre. All these issues affect service delivery negatively as reflected in community opinion on change in maternal mortality rate in the figure below.

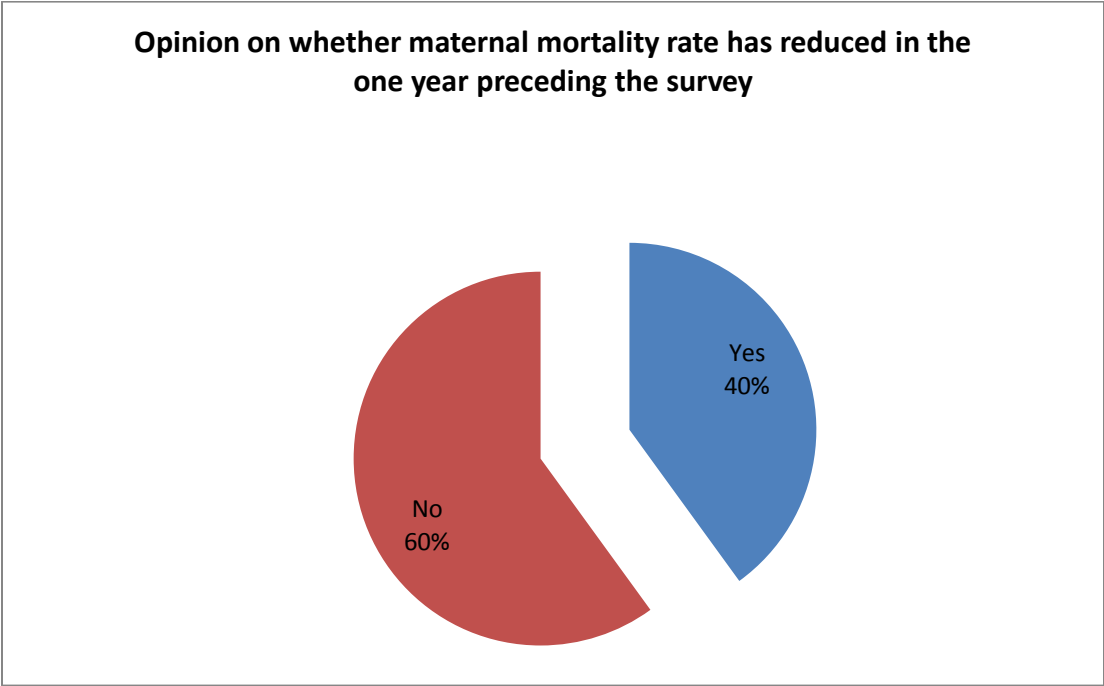


Figure 1: Opinion on the state of maternal mortality rates

2. Accessibility

With establishment of new health facilities, distance travelled by residents of Baringo County has reduced considerably. The County Government of Baringo has not standardized infrastructure and service delivery for access by PWDs. Some facilities do not have ramps to facilitate access to service rooms.

The situation is worse when facilities are closed as PWDs struggle to access the alternative service delivery points. None of the facilities visited has personnel trained on sign language. Access to information has been enhanced with establishment of service charters across all the facilities. However the service charter at Maji Moto Dispensary was not strategically placed, hence not in use by patients.

3. Affordability

Most of the health centres and dispensaries facilities subjected to the survey offer free services. Even then, due to unavailability of some services, patients are sometimes forced to travel long distances ultimately making access to the service expensive- This is so especially for residents of remote locations e.g. Kapindasim, Maji Moto and Mochongoi. All health facilities surveyed receive funding from the County Government to cater for the operations at the facility e.g. stipends for support staff and utility bills.

4. Acceptability

Medical staff adherence to the code of conduct has improved. Attitude of staff towards patients is good. For instance, cordial relationship observed between service users and service providers the survey visits. The Health facilities do not offer youth and PWDs friendly health services.

5. Quality

60% of the respondents rated service delivery in the health facilities as fair, with 20% rating as poor. Only 20% rated service delivery as good. Though, there is a general problem of understaffing, all the facilities are served by qualified personnel.

Most dispensaries do not have access to clean, safe and adequate water. The survey established that 3 out of the 5 health facilities sampled were not connected to piped water. Health awareness is weak – indicator of low absorption of some services e.g. maternity services

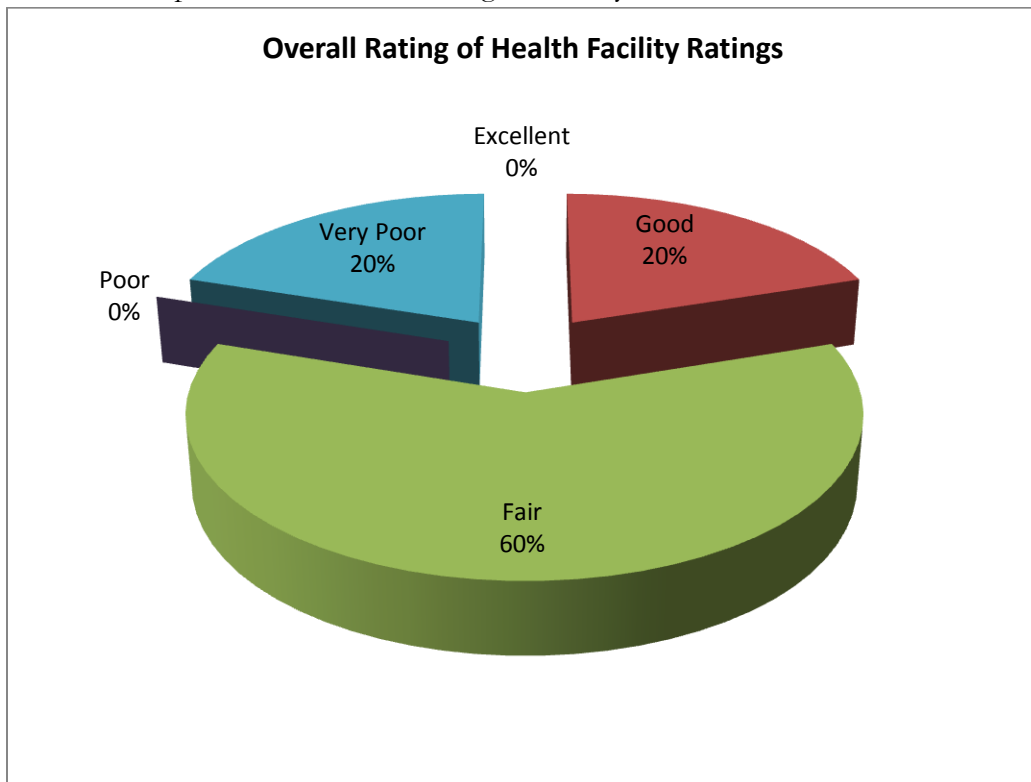


Figure 2: Overall rating of service delivery in health facilities

3. Summary of Findings on Service Delivery in Education Sector

1. Availability

All the education institutions surveyed have a fair number of teachers employed by the Teacher Service Commission and Baringo County Public Service Board, for the case of ECDE centres. However, in most of the school the number does not match the demand and as such the School Boards of Management have been forced to complement by recruiting teachers on a temporary basis. This has been a boost in service delivery in the sector.

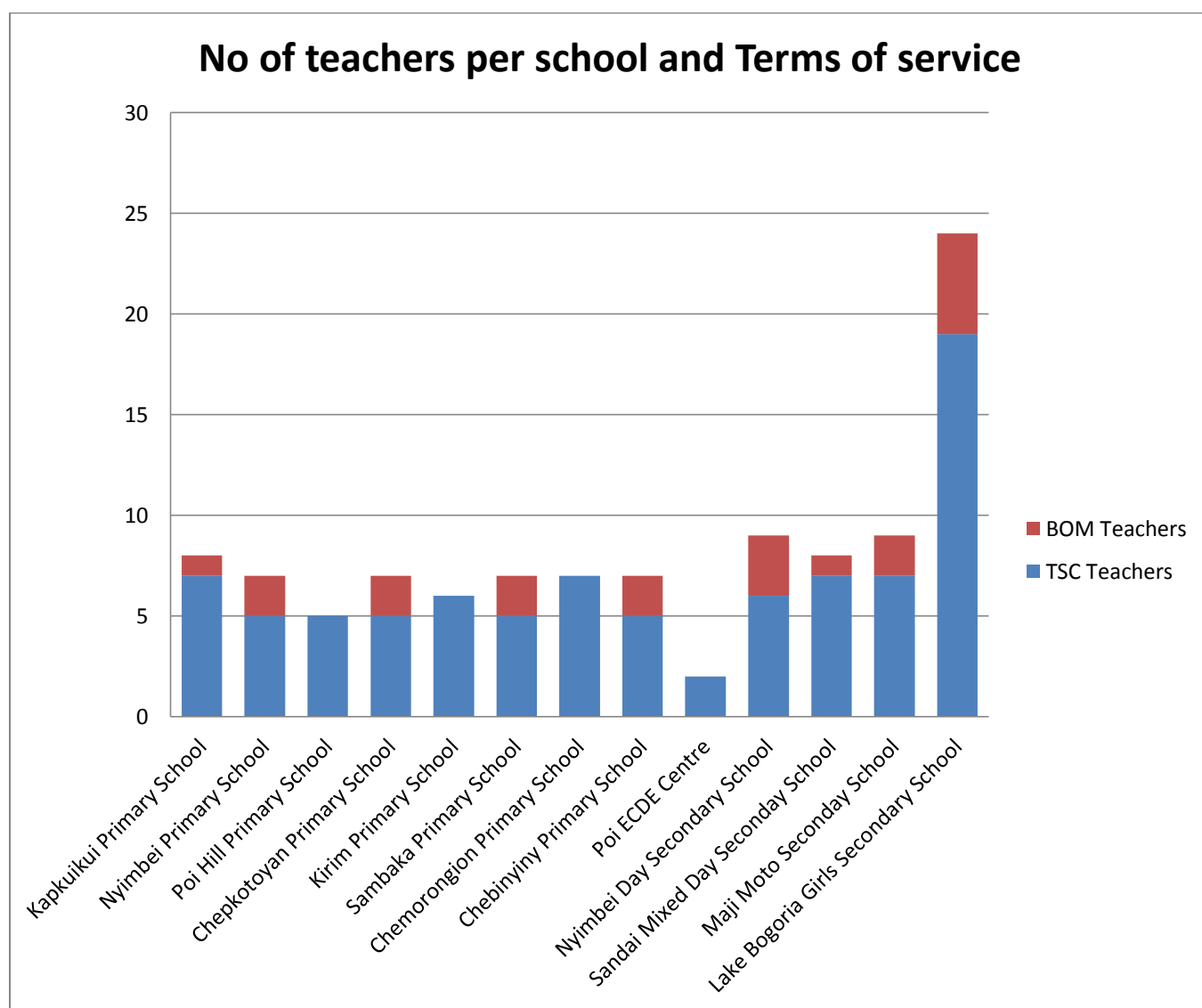


Figure 3: Finding on the number of teachers and term of service

Construction of classrooms by the Ministry of Education, NG-CDF and the County Government of Baringo County has enhanced accessibility of services indicated by increase in enrolment. Even then it is clear that there dire need for permanent classrooms as there are more temporary structures than permanent structures.



Temporary structures class rooms at Kirim Primary School, Mochongoi Ward, Baringo South Constituency. Photo taken in October 2021.

Worst cases were observed at: *Sambaka Primary School, Chebinyiny Primary School and Chemorongion Primary School. See figure 5 below.* ECD Centres, especially the newly-established, are not to be adequately equipped. POI ECDE Centre did not have toilets for ECDE learners.

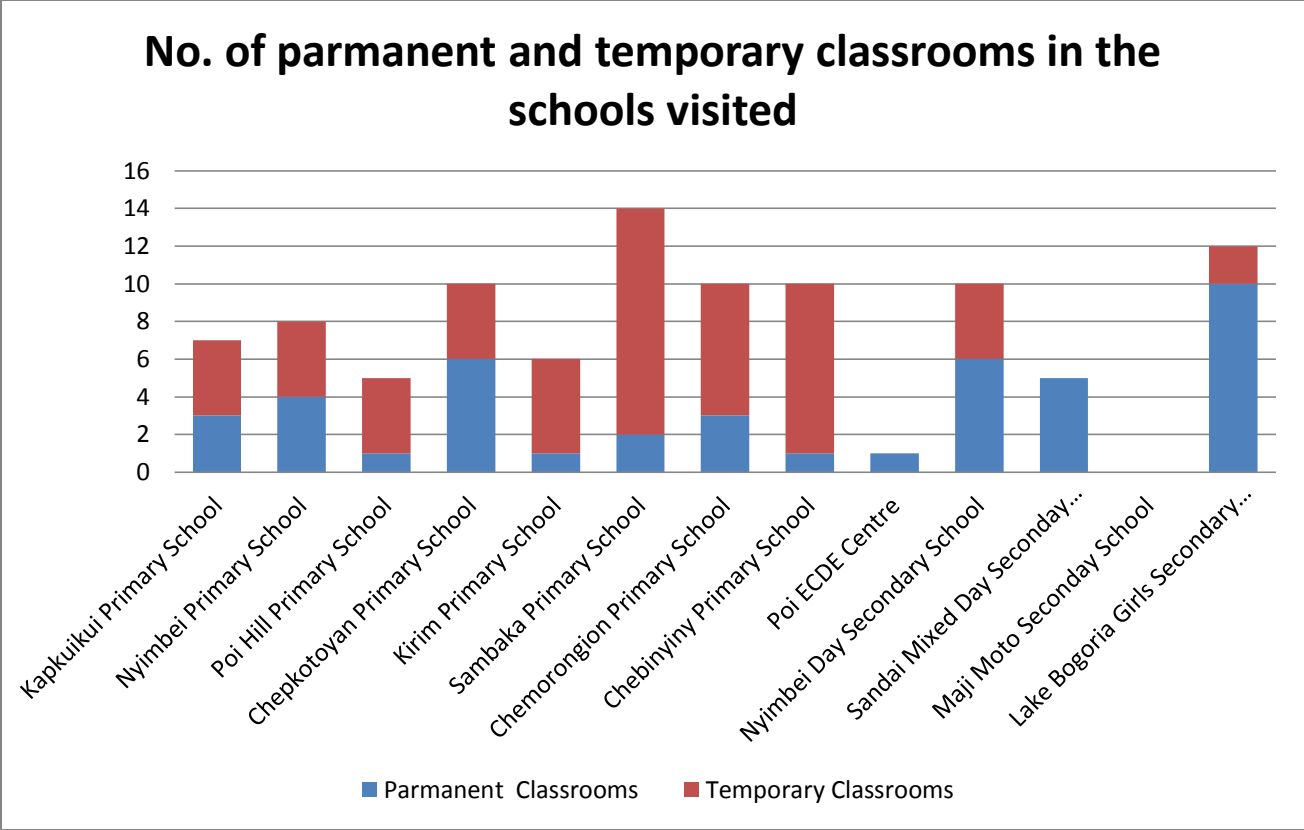


Figure 4: No and type of classrooms in the schools visited

2. Accessibility

Recently constructed classrooms have ramps to facilitate access by PWDs. Even then other measures beyond physical access have not been put in place. None of the 13 schools visited had a teacher trained on sign language. Heads of institutions observed that learning for PWDs was affected by the following challenges:

- a. Lack of assessment of disabilities and proper placement
- b. Low level of parental care- they lack basic needs
- c. Insecurity
- d. High Dropout rates

Stigmatization by fellow students and members of the community.

3. Affordability

Though the Government is implementing free education policy, understaffing has forced parents to make contributions to pay for extra teachers employed by the Boards of Management.

4. Acceptability

Observably most teachers have made efforts to adhere to the code of ethics in the delivery of the services. ECDE centres are still far from the standard of child-friendly facilities – For example in most institutions ECDE children share latrines with primary school pupils which are not specially designed for young children

5. Quality

As indicated in figure 4, service delivery in most schools (69%) was rated as fair. Teachers in most schools under the survey had not been trained on the CompetencyBased Curriculum. Even those trained feel inadequately prepared to facilitate effective rollout of the curriculum.

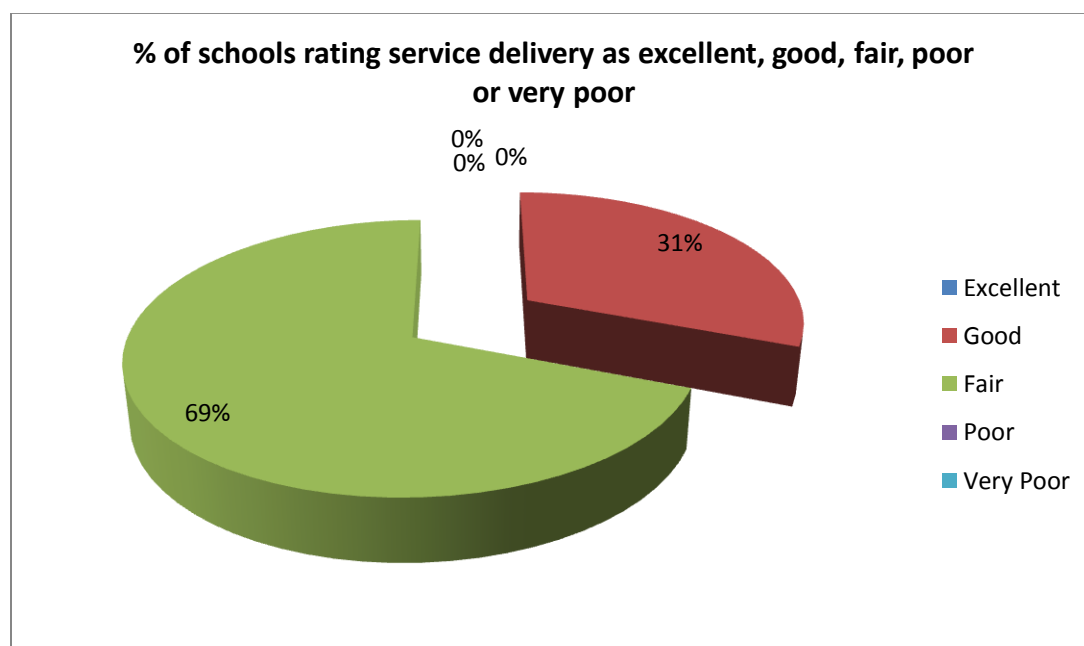


Figure 5: Rating of service delivery in education institutions visited

Poi Hill Primary School was found to be lacking a play field hence denying children an opportunity to practice curricular activities. This impedes the goal of holistic development as committed in education policies. High teacher to pupil ratio compromises the quality of education. There is limited teaching aid and play materials in ECDE centres

Lack of a sustainable feeding programme in all the schools surveyed has negatively affected enrolment and retention rates. The survey established weak supervision and quality control. The survey shows that the Education Standards and Quality Assurance Officers hardly visited the schools. Out of the 7 primary schools 3 reported 1 visit, 2 reported 2 visits while 2 reported 0 visits by the officers. See figure 7 below:

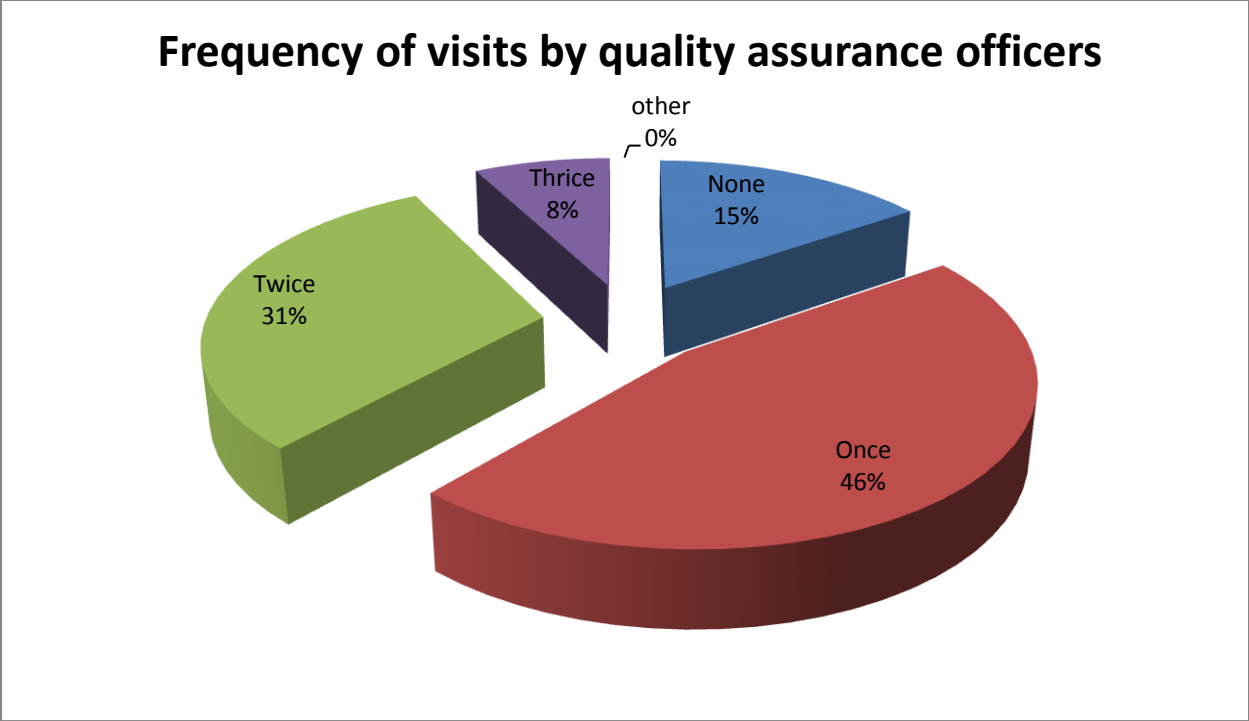


Figure 6: Frequency of visits by quality assurance officers

Generally there is very low academic performance in the secondary schools in the target locations. Save for Lake Bogoria Girls and Nyimbei day, the students in all the other schools hardly transit to Universities.

Recommendations

Health Sector:

1. There is need for sustainable solution to the perennial insecurity which has paralyzed health service delivery in Kapindasum Dispensary among other health facilities.
2. There is need for recruitment of additional staff in health facilities. Priority should be given to nurses and lab technicians which were found to be the main gap in staffing. In light of the wage bill, Baringo County Government should revitalize the internship programme, as a stop gap measure.
3. There is need for staff rationalization to promote equity in service delivery. Far flung locations such as Maj moto, Kapindasim and Mochongoi should be prioritized during deployment of new staff.
4. Baringo County Government should coordinate with KEMSA to regularize supply of drugs. The quantities and variety of drugssuppliedto each facility should be informed by data on service users and common ailments in the catchment area.
5. Budget allocation for drugs supply should be increased to meet the demand as established in the Baringo County Health Strategic Pan 2018-2020, **at least Ksh. 430 million per year.**
6. The Department of Health Services should promote access to services by PWDs and all other persons. Urgent steps needed include operationalization of facilities (based on WHO 5kms radius), accessibility of all service rooms through construction of ramps and training of staff on handling of PWDs, especially the deaf and the blind. For locations affected by insecurity, there is need for mobile clinics.
7. Disbursement of financial support to health centres should be regularized. The health facilities should also be cushioned from the negative effects of delayed disbursement.
8. Dispensaries in remote locations should be equipped to offer all critical services especially emergency deliveries and basic laboratory tests. Sound emergency and referral plans should be put in place.
9. The department of Health service should liaise and coordinate with the Water and Irrigation Department to ensure that all health facilities are connected to a reliable supply of water.

Education Sectors:

1. There is need for infrastructure development in education institutions. The identification of schools should adhere to the principle of equity- i.e. schools with more temporary structures should be prioritized.
2. For Secondary schools there is need science laboratories and libraries to improve the quality of education.
3. All ECDE centre should be equipped appropriate furniture, learning material and child-friendly play materials.
4. Recruitment of staff should be done progressively to ensure that the appropriate teacher: pupil ratio is achieved.

5. There is need for deliberate strategies to promote access to education among PWDs. These include and not limited to:
 - Assessment and placement in appropriate education institutions
 - Training of Teachers on sign language
 - Allocation of bursary to the needy families
6. Being an ASAL county, the school feeding programme should be prioritized in order to promote enrolment and retention rates.

Institution-Specific Findings and Recommendations

HEALTH SECTOR:

KAPINDASIM DISPENSARY

Name of the facility	Kapindasum Dispensary
Type of facility	Level II
Location	Arabal Location Mukutani Ward, Marigat Sub-County
Status of Service Delivery	Not operational
Qualification of the staff	Nurse
General Rating of Service Delivery	Fair

FINDINGS

Infrastructure

- Antiseptic hand solution for protection of staff and patients was available
- There is a 2- door/ 1 stance toilet available against required the policy standard of 2 stance toilet- Patients and members of staff share toilets.
- A refrigerator available at the facility is not in a working condition. Recently the facility was supplied with a new conditioned refrigerator.
- The facility is yet to be supplied with a low-cost delivery bed.

Drugs and non-pharmaceuticals:

- Drugs and non-pharmaceutical are supplied by the County Government of Baringo

Service delivery

- At the time of the survey the facility had been abandoned due to insecurity. This has been the situation for over 7 years.
- The members of the community relocated to Chemorongion. The community has been forced to use an ECDE classroom to services.
- Service are fairly available as per the standard;
 - Family Planning
 - VCT
- Laboratory services were due to lack of requisite equipment
- The design of a classroom compromises quality of service delivery in various aspects i.e.
 - It is difficult to guarantee patients their privacy
 - Water cannot be connected
 - All services being offered in one room implies delay

- The facility faces shortage of staff which compromises the quality of service delivery. There is only one nurse and when she is away both on official duties and personal issues the facility remains closed.
- Referrals are facilitated through an to the ambulance strategically located at Mochongoi Health Centre

Access to Service by PWDs

While the County Government has made effort to facilitate proximal access to services by constructing health facilities, displacement of persons due to insecurity may increase the distance

Management and governance

- Kapindasum Dispensary is managed by a Health Facility Management committee which meets quarterly

Financial Resources Management and Procurement

- While the County Government, there are inconsistency in disbursement. This was attributed to challenges in County Budget Processes i.e. cashflow

Public Participation and Access to Information

- Community action days or open fora are hardly convened at the facility to scrutinize the status of service delivery in the health facility.
- There is a limited access to public information including activity work plans.

Part three: Recommendations for Improvements

- There is need for sustainable solutions to insecurity which has negatively affected health service delivery
- The community has proposed relocation of the health facility and are willing to provide land for the same
- The County Government should consider stop gap measure to sustain health service delivery for the residents of Kapindasum e.g. a mobile clinic
- There is need to increase the number of service providers in the community to enhance provision of health services.
- The county government to train community traditional mid-wives to assist the Health personnel in cases of emergency and insecurity situations.

MOCHONGOI HEALTH CENTRE

Name of the facility	Mochongoi Health Centre
Type of facility	Level III
Location	Kapkechir Location, Mochongoi Ward, Marigat Sub County
Status of Service Delivery	Operational
General Rating of Service Delivery by service providers	Good
Qualification of the in-charge	Clinical Officer

FINDINGS

Infrastructure

- While there are so many rooms, there is still shortage of equipment at the facility. An in-patient facility that was initiated by Economic Stimulus Programme (ESP) has stalled for over 5 years
- Lack of facility staff houses make it difficult for patients to access emergency services at night
- Antiseptic hand solution for protection of staff and patients was available
- A refrigerator available at the facility is not in a working condition. Recently the facility was supplied with a new conditioned refrigerator which has not been installed.
- The facility is yet to be supplied with a low-cost delivery bed.

Drugs and Non-pharmaceuticals:

- Drugs and non-pharmaceutical are supplied by the County Government of Baringo through KEMSA.
- There have been delays in supply of drugs running up to 3 months.
- The facility also receives less drugs than the demand established i.e. the requisition is not always adhered to.

Service Delivery

- Mochongoi Health Centre has an elaborate service charter that is visible and in a language easily understood by service users.
- The quality of laboratory services is affected by lack of qualified personnel. There is no lab technologist.
- There facility has an operational maternity wing, well-equipped– The facility conduct upto 40 deliveries a month

- The facility faces shortage of staff which compromises the quality of service delivery. There is only 2 nurses who are overwhelmed by the demand for services mainly outpatient and normal deliveries.
- Referrals are facilitated through an to the ambulance allocated to Health Centre

Access to Service by PWDs

- The infrastructure is not friendly to PWDs as there are no ramps to ease access to service rooms by PWDs.
- No staff has been trained on sign language hence deaf persons experience difficulties getting services.

Management and Governance

- Mochongoi Health Centre has a functional Health Facility Management committee which meets quarterly
- Members of the County Health Management Team conducts supervision visits to the facility at least once very quarter

Financial Resources

- Mochongoi Health Centre receives funds from the County Government of Baringo and disbursement was said to be timely. As such there are no pending bills at the facility.

Part three: Recommendations for Improvements

1. There urgent need for additional staff at the facility especially nurses and laboratory technicians
2. The County Government should liaise with the National Government for completion of the ESP project to create more rooms for inpatient services.
3. A ramp need to be installed for the facility by persons with disabilities.
4. Establishment of a mortuary at the facility.
5. Construct a perimeter wall and plant more trees to break the direct winds into the facility.

MAJIMOTO DISPENSARY

Name of the facility	Majimoto Dispensary
Type of facility	Level II
Location	Kaibos Location, Eming Ward, Mogotio Sub County
Status of Service Delivery	Operational
Qualification of the in-charge	Nurse
General Rating of Service Delivery	Fair

FINDINGS

Infrastructure

The facility has infrastructural challenges. At the time of the survey, the facility lacked the following:

- Antiseptic hand solution for protection of staff and patients were not available
- A room for emergency delivery
- Laboratory room and no equipment for basic lab tests

Drugs and Non-pharmaceuticals:

- Drugs and non-pharmaceutical are supplied by the County Government of Baringo

Service Delivery

- Though there is a service Charter at the dispensary is not displayed in a position where all service users can see. The service charter was in the service rooms as opposed a strategic position where all service users can see.
- The facility is served by one nurse- thus the demand for services sometimes overstretches the nurse and thus affects the quality of service delivery.
- Service are fairly available as per the standard;
 - Family Planning
 - VCT
- Laboratory services were not available due to lack of requisite equipment
- The facility faces shortage of staff which compromises the quality of service delivery. There is only one nurse and when she is away both on official duties and personal issues the facility remains closed.
- There is no clear referral plan at the facility

Access to Service by PWDs

- Whereas the sitting of the facility and the design of rooms facilitates access by persons with physical disability, the nurses has not been trained on sign language. Therefore access to services by the deaf is still a challenge.

Management and Governance

- Maji Moto Dispensary is managed by a Health Facility Management committee which meets quarterly
- The facility staff reported that they have not participated in any refresher trainings

Financial Resources Management

- While the County Government supports the facility financially, there is delay in disbursement up to one year. This was attributed to challenges in County Budget Processes i.e. cash flow.
- At the time of Survey, Maji moto Dispensary had outstanding electricity bill

Part three: Recommendations for Improvements

- The County Government should post more staff to Maji Moto Dispensary to improve the range of services as well as quality and consistency of service delivery.
- Supply of drugs should be regularized.
- Funding to the facility should also be regularized – there is need for the County Government of Baringo-Department of Health Services to follow up and support the Health Facility Management Committee to settle the outstanding electricity bill.

LOBOI HEALTH CENTRE

Name of the facility	Loboi Health Centre
Type of facility	Level III
Location	Loboi Location, Mochongoi Ward, Marigat Sub County
Status of Service Delivery	Operational
Qualification of the in-charge	Nurse
General Rating of Service Delivery by service providers	Good

FINDINGS

Infrastructure

- While the Government had invested in expansion of services, through construction of maternity wing, it submerged into the waters of the swelling Lake Bogoria.

Drugs and Non-pharmaceuticals:

- Drugs and non-pharmaceutical are supplied by the County Government of Baringo
- There have been delays in supply of drugs running upto 3 months
- The facility also receives less drugs than the demand established i.e. the requisition is not always adhered to

Service Delivery

- The entire Health facility was submerged by the rising water levels of Lake Bogoria and the facility is being hosted by a temporary structure within the offices of the national Game reserve.

Access to Service by PWDs

- No staff has been trained on sign language; hence deaf persons experience difficulties getting services.

Management and Governance

- Lobo Health Centre has a functional Health Facility Management committee which meets quarterly
- Members of the County Health Management Team conducts supervision visits to the facility at least once very quarter

Financial Resources

- While the County Government supports the facility financially, there are in in disbursement that up to one year. This was attributed to challenges in County Budget Processes i.e. cash flow.
- At the time of Survey, Lobo Health Centre has outstanding electricity bill up to one year

Part three: Recommendations for Improvements

- Relocation and urgent construction of a new facility in a safe environment
- More staff should be posted to the facility. Urgently needed are laboratory technicians and nurses to serve the outpatient department.

EDUCATION SECTOR:

KAPKUIKUI PRIMARY SCHOOL

General information

Name of institution	Kapkuikui Primary School
Location	Kapkuikui Location, Mochongoi Ward, Baringo South Constituency
Type of Institution	Primary School
Enrolment Rate	No of Boys: 145 No of Girls: 147 :Total:292
ECDE enrolment	No of Boys: 29 No of Girls: 17:Total:46
No of pupils with Disability	1
Overall rating of Service delivery	Fair

Changes in Enrolment

As indicated in the table below, between 2020 and 2021, there is increase enrolment by 3 pupils.

Academic Year	Boys	Girls	Total
2019	143	90	233
2020	146	143	289
2021	145	147	292

Staffing

- Kapkuikui Primary School is served by 8 teachers- 7 of whom are employed by Teachers Service Commission while 1 is an employee of the Board of Management
- The last posting of additional teachers by Teachers Service commission was in 2019
- The teachers have been sensitized about the Competency Based Curriculum –which they said was not adequate for effective rollout of the new curriculum.

Infrastructure

- The school has 7 classrooms. Out of these 4 are permanent structures while 3 are temporary
- At the time of survey 4 classrooms were under construction.
- 1 ECDE classroom

Learning Materials

The survey established that the government has supplied learning materials

Access to service to PWDs

Teachers in the school reported that they are not adequately equipped to support learning for pupils with disability.

Funding

- The ministry receives financial support under the Free Primary Education Programme
- The school has also benefited from the National Government Constituency Development Fund mainly for infrastructural development.

Governance:

- The school is governed by a Board of Management which meets quarterly.
- Within one year preceding the survey, the Education Standards and Quality Assurance Officers had visited the school twice.

Recommendations for improvement:

- There is need for the government to supply more furniture and learning equipment
- Training and posting of teachers to handle special needs.
- The school needs fencing because it's near a conservancy

CHEBINYINY PRIMARY SCHOOL

General Information

Name of institution	Chebinyiny Primary School
Location	Chebinyiny Location, Mochongoi Ward, Baringo South Constituency
Type of Institution	Primary School
Enrolment Rate	No of Boys:102 No of Girls: 75 :Total: 177
ECDE enrolment	No of Boys: 25 No of Girls: 19:Total:44
No of pupils with Disability	1
Overall rating of Service delivery	Fair

Changes in the Enrolment

Academic Year	Boys	Girls	Total
2019	72	60	132
2020	88	71	159
2021	102	75	177

The school has registered an increase in enrolment by 18 pupils between 2020 and 2021. Improved academic performance and availability of feeding programme is said to have attracted more pupils to the school.

Staffing

- Chebinyiny Primary School is served by 6 teachers, 4 of whom are employed by Teachers Service Commission while 2 are employed by the Board of Management.
- The school has not received any additional teachers for the last one year
- The teachers have been trained on Competency Based Curriculum (CBC).

Infrastructure

- The school has 10 classrooms. **Out of these only 1 is a permanent structure while 9 are temporary.**
- The school was in the process of pursuing funding School Instructional Programme (SIP) based on the infrastructural challenges faced.
- Baringo County Government has constructed 1 ECDE classroom which is also not adequate for the current ECDE pupil population.
- The ECDE facility lacks permanent toilets for the pupils
- Lack of chairs and tables

Learning Materials

The survey established that the National government has supplied learning materials

Funding

- The ministry receives financial support under the Free Primary Education Programme
- In the last one year, the School was allocated Ksh. 300,000 by the Nation Government-Constituency Development Fund, for completion of 1 classroom.

Governance:

- The school has a Board of Management which meets quarterly
- Within one year preceding the survey, the Education Standards and Quality Assurance Officers had visited the school twice.

Other observations:

- A number of pupils do not have birth certificates hence making it difficult to complete their registration on the National Education Management Information System (NEMIS)

Recommendations for improvement:

- There is need for deployment of more teaching staff to the school.
- The school is in dire need of child-friendly infrastructure. Additional seven permanent classrooms.

- There is need to equip the school as a Community resource centre.
- Fencing due to insecurity.
- Construction of ECDE toilets

CHEMORONGION PRIMARY SCHOOL

General Information

Name of institution	Chemorongion Primary School
Location	Arabal Location, Mochongoi Ward, Baringo South Sub-county
Type of Institution	Primary School
Enrolment Rate	No of Boys:83 No of Girls: 77 :Total: 160
ECDE enrolment	No of Boys: 32 No of Girls: 24 :Total:56
No of pupils with Disability	6
Overall rating of Service delivery	Fair

Changes in Enrolment

As indicated in the table below, Chemorongion Primary school has seen an increment of 3 learners between the financial year 2020 and 2021

Academic Year	Boys	Girls	Total
2019	81	73	154
2020	82	75	157
2021	83	77	160

Staffing

- Chemorongion Primary School is served by 7 teachers, all of whom are employed by Teachers Service Commission.
- The teachers have been trained on Competency Based Curriculum (CBC).
- The school has not received any additional teachers in the last one year.

Infrastructure

- The school has 10 classrooms. Out of these only two are permanent structure while 8 are temporary.
- Baringo County Government has 1 ECDE classroom which has been converted into a dispensary

Learning Materials

The survey established that the government has supplied learning materials

Access to Service to PWDs

While there is a sizable number of PWDs, including children with mentally impaired and physical teachers felt that they are not adequately equipped to support their learning.

Funding

- The school receives financial support under the Free Primary Education Programme to cater for operations at the school. No financial support
- In the last one year, the School was allocated Ksh. 1,000,000 by the Nation Government-Constituency Development Fund, for construction of 1 classroom.

Governance:

- The school has a Board of Management which meets quarterly
- Within one year preceding the survey, the Education Standards and Quality Assurance Officers had visited the school twice.

Other observations:

- A number of pupils do not have birth certificates hence making it difficult to complete their registration on the National Education Management Information System (NEMIS). Birth certificate is issued at Kabarnet, a distance and needs resources for parents to travel to Kabarnet, this becomes a challenge to poor parents.

Recommendations for improvement:

- The National Government should step up efforts to address the runaway insecurity in the location which has affected quality of education.
- The Ministry of Education, in partnership with CSOs, should sensitize parent on their roles in supporting education for their children
- School feeding programme should be introduced to keep the children in school and reduce time wasted in search of daylong meals.

KIRIM PRIMARY SCHOOL

Name of institution	Kirim Primary School
Location	Chebinyiny Location, Mochongoi Ward, Baringo South constituency
Type of Institution	Primary School
Enrolment Rate	No of Boys: 59 No of Girls: 61 :Total:120
ECDE enrolment	No of Boys: 18 No of Girls: 23 :Total:41
No of pupils with Disability	2
Overall rating of Service delivery	Fair

Changes in Enrolment

Academic Year	Boys	Girls	Total
2019	59	61	120
2020	63	59	122
2021	61	51	120

Staffing

- Kirim Primary School is served by 6 teachers, all of whom are employed by Teachers Service Commission. The school does not have female teachers.
- The teachers have not been trained on Competency Based Curriculum (CBC).
- TSC has not posted an additional teacher to the school for over a year.

Infrastructure

- The school has 6 classrooms and one office. Out of these only 1 is a permanent structure while the rest are temporary structures.
- There are no ECDE classrooms constructed by the County Government of Baringo

Learning Materials

- The survey established that the government has supplied learning materials

Access to service to PWDs

- Teachers are not adequately trained to support learning for learners with disability.

Funding

- The school has received financial support from the Ministry of Education under the free primary Education
- In the last one year, the School was allocated Ksh. 800,000 by the Nation Government-Constituency Development Fund, for construction of 1 permanent classroom.

Governance:

- The school has a board of Management which meets quarterly
- Within one year preceding the survey, the Education Standards and Quality Assurance Officers **have not** visited the school.

Recommendations for improvement:

- The institution requires modern classrooms, administration block, latrines and a fence.
- More teachers should be posted to the school.
- The County Government should construct child-friendly ECDE classrooms.
- There is need for rationalization to achieve a gender balance for teachers.

SAMBAKA PRIMARY SCHOOL

Name of institution	Sambaka Primary School
Location	Chebinyiny Location, Mochongoi Ward, Baringo South Constituency
Type of Institution	Primary School
Enrolment Rate	No of Boys: 169 No of Girls: 145 :Total:314
ECDE enrolment	No of Boys: 37 No of Girls: 45 :Total:82
No of pupils with Disability	2
Overall rating of Service delivery	Fair

Changes in Enrolment

Academic Year	Boys	Girls	Total
2019	131	133	264
2020	137	147	284
2021	169	145	314

As indicated in the table above, the school has registered a constant increase in enrolment. This was attributed to the influx of persons displaced from Arabal location.

Staffing

- Sambaka Primary School is served by 7 teachers, 6 being male and 1 being female. Out of the 7 teaches 5 are employed by Teachers Service Commission (TSC) and 2 by the Board of Management.
- Though the teachers have been trained on Competency Based Curriculum (CBC), they feel that the training was inadequate to enable deliver the new curriculum.
- TSC has not posted an additional teacher to the school for over a year.

Infrastructure

- The school has 14 classrooms. Out of these only 2 are permanent structures while 12 are temporary structures.
- Despite the high number of ECDE pupils, the County Government has not constructed additional classrooms within the last two years.

- The school is not connected to electric power- This reduces the time available for learning as well as innovative approaches to delivery by teachers e.g. radio lessons

Learning Materials

- The survey established that the government has supplied learning materials

Access to service to PWDs

- The teachers are not adequately equipped to support learning for pupils with disabilities. They have also observed a level of stigmatization of PWDs in the school and in the community at large.

Funding

- In the last one year, the School was allocated Ksh. 1,000,000 by the Nation Government- Constituency Development Fund, for construction of 1 permanent classroom.

Governance:

- The school has a Board of Management which meets quarterly
- Within one year preceding the survey, the Education Standards and Quality Assurance Officers had visited the school twice.

Recommendations for improvement:

- The school should be connected to electric power to improve the learning environment.
- The institution requires modern classrooms, administration block, latrines and a fence.
- More teachers should be posted to the school.
- There is need for rationalization to achieve a level of gender balance for teachers.
- Feeding program should be introduced in the school to promote enrolment and retention rates.

CHEPKOTOYAN PRIMARY SCHOOL

Name of institution	Chepkotoyan Primary School
Location	Sandai Location, Mochongoi Ward, Baringo South Constituency
Type of Institution	Primary School
Enrolment Rate	No of Boys: 135 No of Girls: 129 :Total: 265
ECDE enrolment	No of Boys:- No of Girls: - :Total: -
No of learners with Disability	0
Overall rating of Service delivery	Fair

Changes in Enrolment

Academic Year	Boys	Girls	Total
2019	105	110	215
2020	120	118	238
2021	135	129	264

In the last one year the school has registered an increased enrolment by 26 pupils.

Staffing

- Chepkotoyan Primary School is served by 7 teachers out of which 5 are employed by Teachers Service Commission while 2 are employed by the Board of Management.
- Though the teachers have been trained on Competency Based Curriculum (CBC), they feel that the training was inadequate to enable deliver the new curriculum.
- TSC has not posted an additional teacher to the school for over a year.

Infrastructure

- The school has 10 classrooms. Out of these only 6 are permanent structures while 4 are temporary structures.
- Baringo County Government has constructed 2 ECDE classrooms in the last two years.

Learning Materials

- The survey established that the government has supplied learning materials

Access to Service to PWDs

- The teachers are not adequately equipped to support learning for pupils with disabilities. They have also observed a level of stigmatization in the school and in the community

Funding

- Within the year preceding the survey, the school had received funding on Free Primary Education Programme. However there has not been any financial support from the Ministry of Education in aid of development of Infrastructure.
- In the last one year, the School received funding from the Nation Government-Constituency Development Fund for construction of toilets.

Governance:

- The school has a Board of Management which meets quarterly.

- Within one year preceding the survey, the Education Standards and Quality Assurance Officers **had not** visited the school.

Recommendations for improvement:

- There is need for community sensitization and advocacy on retrogressive cultural practices moranism, early marriages which has emerged as a key challenge affecting enrolment, retention and transition rates in the school.

POI HILL PRIMARY SCHOOL

Name of institution	Poi Hill Primary School
Location	Kapkuikui Location, Mochongoi Ward, Baringo South Sub-county
Type of Institution	Primary School
Enrolment Rate	No of Boys: No of Girls: :Total:97
ECDE enrolment	No of Boys: 14 No of Girls: 11 :Total: 25
No of pupils with Disability	3
Overall rating of Service delivery	Fair

Changes in Enrolment

Academic Year	Boys	Girls	Total
2019	42	33	75
2020	48	40	88
2021	51	43	94

The school has registered an increased enrolment by 6 pupils.

Staffing

- Poi Hill Primary School is served by 5 teachers all of whom are employed by the Teachers Service Commission.
- The teachers are well-trained to deliver the Competency Based Curriculum (CBC).
- As at the time of survey, TSC had not posted an additional teacher to the school for over a year.

Infrastructure

- The school has 5 classrooms. Out of these only 1 is a permanent structure while 4 are temporary structures.
- For two years preceding the survey, the County Government of Baringo had constructed 1 ECDE classroom.

- The school does not have a playing field and thus pupils do not have a conducive environment to practice co-curricular activities.
- The school is not connected to electric power- This reduces the time available for learning as well as innovative approaches to delivery by teachers e.g. radio lessons

Learning Materials

- The survey established that the government has supplied learning materials

Access to service to PWDs

- The teachers are not adequately trained to support learning for learning with disabilities. They have also observed a level of stigmatization in the school and in the community

Funding

- The school has received financial support from the Ministry of Education under the free primary Education
- Within the year preceding the survey, the school had not received financial support from the Ministry of Education for infrastructural development.
- In the last one year, the School has received funding by the Nation Government-Constituency Development Fund for construction of 1 permanent classroom.

Governance:

- The school has a Board of Management which meets 3 times a year.
- Within one year preceding the survey, the Education Standards and Quality Assurance Officers had visited the school once.

Recommendations for improvement:

- There is urgent need to acquire land and develop a playing field in Poi Hill Primary School to promote holistic learning by the pupils.
- The school should be connected to electric power and access road to improve the learning environment.
- The institution requires modern infrastructure, furniture and appropriate learning materials.
- More teachers should be posted to the school.

NYIMBEI PRIMARY SCHOOL

Name of institution	Nyimbei Primary School
Location	Chebinyiny Location, Mochongoi Ward, Baringo South Constituency
Type of Institution	Public Primary School
Enrolment	No of Boys: 145 No of Girls: 160 :Total: 305
ECDE enrolment	No of Boys: 60 No of Girls: 58 :Total:118
No of pupils with Disability	2
Overall rating of Service delivery	Fair

Changes in Enrolment

Academic Year	Boys	Girls	Total
2019	122	96	218
2020	113	128	241
2021	145	160	305

Between 2020 and 2021, the school has registered an increase in enrolment by 64 pupils.

Staffing

- Nyimbei Primary School is served by 8 teachers 7 of whom are employed by the Teachers Service Commission and 1 is employed by the Board of Management.
- The teachers in the school reported that they had been well-trained to deliver the Competency Based Curriculum (CBC).
- As at the time of survey, TSC had posted an additional teacher.

Infrastructure

- The school has 8 classrooms 4 of which are permanent classrooms while 4 are temporary.
- With two years preceding the survey, the County Government of Baringo had also constructed 1 ECDE classroom.

Learning Materials

- The survey established that the government has supplied learning materials

Access to service to PWDs

- The teachers are not adequately equipped to support learning for pupils with disabilities. They have also observed a level of stigmatization in the school and in the community
- The pupils also have difficulties walking the far distance to school and back daily.

Funding

- The school has received financial support from the Ministry of Education under the free

Issue	Key findings
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primary Education.

- Within the year preceding the survey, the school had not received any financial support from the Ministry of Education nor the National Government- Constituency Development Fund for infrastructural development.

Governance:

- The school has a Board of Management which meets twice a year.
- Within one year preceding the survey, the Education Standards and Quality Assurance Officers had visited the school twice.

Recommendations for improvement:

- The institution is in need of at least 4 more permanent classrooms.
- More teachers should be posted to the school.
- The school needs urgent construction of toilets.

POI ECDE CENTRE

Name of institution	Poi ECDE Centre
Location	Kapkuikui Location, Mochongoi Ward, Baringo South Sub-county
Type of Institution	Early Childhood Development Education
Enrolment	No of Boys: 9 No of Girls: 13 :Total:22
No of pupils with Disability	2
Overall rating of Service delivery	Good

Photo



Learners learning under a tree in Poi Hill ECDE center

Staffing	<ul style="list-style-type: none"> • POI ECDE Center is served by 2 teachers • 1 teacher is employed by the Baringo County Government while 1 is employed by the parents.
Infrastructure and Equipment	<ul style="list-style-type: none"> • The school does not have a classroom; pupils take their lessons under tree. • There are also no desks and chairs for the pupils and thus pupils sit on the ground, stones and make-shift benches.
Safety and protection of children	<ul style="list-style-type: none"> • The ECDE Centre is located within POI primary school and thus fence and the environment guarantees safety of ECDE pupils. • The teachers maintain emergency contacts including the ambulance, Kapkuikui Dispensary and parents.
Child-friendliness	<ul style="list-style-type: none"> • The County Government is yet to equip the ECDE with appropriate playing equipment and materials. • Lack of child-size furniture, toilets and well-serviced play materials makes the facility less child-friendly
Quality of services	<ul style="list-style-type: none"> • Teacher's remuneration by the county government is fair though the teachers feel that is not commensurate to the workload. • Sharing of the same classroom among ECDE learners from baby class to PP1 and PP2 reduces concentration and retention of the learners. • There is no feeding program in the school
Management and Governance	<ul style="list-style-type: none"> • The ECDE Centre is managed by the mother primary school head teacher with the help of an ECDE Committee • The committee is expected to meet once a term, though their meetings' schedule was said to be irregular.

Recommendations for improvement

- There is an urgent need for construction of appropriate toilets specially designed for children
- The county Government should Equip ECD centre with furniture as well as appropriate learning materials and play materials.
- The County Government should consider fair remuneration of ECD teachers to raise their motivation.

NYIMBEI DAY SECONDARY SCHOOL

Name of institution	Nyimbei Day Secondary School
Location	Chebinyiny Location, Mochongoi Ward, Baringo South Constituency
Type of Institution	Secondary School
Enrolment	No of Boys: 187 No of Girls: 184 :Total:371
No of students with Disability	2
Overall rating of Service delivery	Good

Changes in Enrolment

Academic Year	Boys	Girls	Total
2019	92	72	164
2020	120	119	239
2021	187	184	371

Staffing

- Nyimbei Day Secondary School is served by 9 teachers 6 of whom are employed by the Teachers Service Commission and 3 are employed by the Board of Management.
- The teachers have been trained on the Competency Based Curriculum (CBC).
- As at the time of survey, TSC had posted an additional teacher to the school.

Infrastructure

- The school has 10 classrooms. Out of these, 6 are permanent structures while 4 are temporary structures.
- The school lacks a laboratory, a library and a dining hall which are essential infrastructure for delivery of the Secondary School Education.

Learning Materials

- The survey established that the national government supplies text books and learning materials to the school.

Access to service to PWDs

Two challenges were identified as facing the students with disability in the school. These are: *inability by their parents to raise school fees* and *mobility*.

Funding

- The school receives funding from the National Government under the Free Day Secondary Education (FDSE).

- Within the year preceding the survey, the school had not received any financial support from the Nation Government- Constituency Development Fund.

Governance:

- The school is governed by a Board of Management which meets thrice a year.
- Within one year preceding the survey, the Education Standards and Quality Assurance Officers had visited the school once.

Recommendations for improvement:

- The institution is in need of a laboratory, library and dining hall to improve the quality of education.
- The county government need to provide clean water for use at the institution
- Acquisition of a playing field for the students

MAJI MOTO SECONDARY SCHOOL

Name of institution	Maji Moto Secondary School
Location	Kaibos Location, Eming Ward, Mogotio Constituency
Type of Institution	Public Secondary School
Enrolment	No of Boys: 58 No of Girls: 44 :Total:102
No of students with Disability	0
Overall rating of Service delivery	Fair

Changes in Enrolment

Academic Year	Boys	Girls	Total
2019	101	97	198
2020	86	80	166
2021	58	44	102

The school has registered a drop in enrolment by 64 students. This is attributed to increasing case of teenage pregnancies and early marriages, especially during the COVID-19 period

Staffing

- Maji Moto Secondary School is served by 9 teachers 7 of whom are employed by the Teachers Service Commission and 2 are employed by the Board of Management.
- The teachers in the school have not been trained on the Competency Based Curriculum (CBC).
- As at the time of survey, TSC had posted an additional teacher to the school.

Infrastructure

- The school has 10 classrooms. Out of these, 6 are permanent structures while 4 are temporary structures.
- The respondents in the survey felt that the school has sufficient classrooms

Learning Materials

- The survey established that the national government supplies text books and learning materials to the school.

Access to service by PWDs

- At the time of the survey the school did not have students with disability.

Funding

- The school receives funding from the National Government.
- In the FY 2020/21, the school received Ksh. 500,000 from the National Government Constituency Development Fund for construction of a laboratory.

Governance:

- The school is governed by a Board of Management which meets thrice a year.
- Within one year preceding the survey, the Education Standards and Quality Assurance Officers had visited the school once.

Other Observations:

- Maji Moto Secondary school experiences high dropout rates in the school which has been attributed to cultural practices and poverty rate (early marriages), teenage pregnancies and low parental care.

Recommendations for improvement:

- There is need to construct a staff house to improve the working environment and retain teachers in the school
- The road network around the school should be improved.
- The County Government of Baringo should improve related services such as Water and Health
- Civil Society Organizations should sensitize the community on the right to education and the benefits that come with it.

SANDAI MIXED DAY SECONDARY SCHOOL

Name of institution	Sandai Mixed Day Secondary School
Location	Sandai Location, Mochongoi Ward, Baringo South Constituency
Type of Institution	Public Secondary School
Enrolment	No of Boys: 58 No of Girls: 48 :Total:106
No of students with Disability	2
Overall rating of Service delivery	Fair

Changes in Enrolment

Academic Year	Boys	Girls	Total
2019	58	47	105
2020	61	46	107
2021	58	48	106

The school population has remained almost constant.

Staffing

- Sandai Day Mixed Secondary School is served by 8 teachers 7 of whom are employed by the Teachers Service Commission while 1 is employed by the Board of Management.
- The teachers have not been trained on the Competency Based Curriculum (CBC).
- As at the time of survey, TSC had posted an additional teacher to the school.

Infrastructure

- The school has 5 classrooms, all of which are permanent classrooms. However, there are 2 temporary structures which serve as a kitchen and a store.

Learning Materials

- The survey established that the national government supplies text books and learning materials to the school.

Access to service by PWDs

The school has 2 students with disability. The main challenges faced by the two include: *difficulties in walking from home to school and back* and *truancy occasioned by frequent visits to health facilities*.

Funding

- At the time of Survey, the school had not received any funding from the National Government.
- Within a year preceding the survey, the school had received Ksh. 1.4 M from the National Government Constituency Development Fund for construction of classrooms.

Governance:

- The school is governed by a Board of Management which meets twice a year.
- Within one year preceding the survey, the Education Standards and Quality Assurance Officers had visited the school once.

Recommendations for Improvement:

- Parents should be assisted in raising the school fees through linkage to the existing bursary schemes.
- The school needs infrastructural development support for the completion of the Laboratory, library and dining Hall.
- Civil Society Organizations should sensitize the community on the right to education and the benefits that come with it.
- Toilets urgently need to be constructed in the school

LAKE BOGORIA GIRLS SECONDARY SCHOOL

Name of institution	Lake Bogoria Girls Secondary School
Location	Loboi Location, Mochongoi Ward, Baringo South Constituency
Type of Institution	Secondary School
Enrolment	Total: 520
No of students with Disability	2
Overall rating of Service delivery	Fair

Changes in Enrolment

The school has registered a decrease in by 75 students.

Academic Year	Total
2019	404
2020	595
2021	520

Staffing

- Lake Bogoria Secondary School is served by 24 teachers 19 of whom are employed by the Teachers Service Commission while 5 are employed by the Board of Management.

- The teachers in the school reported that they had not been trained on the Competency Based Curriculum (CBC).
- As at the time of survey, TSC had posted an additional teacher to the school.

Infrastructure

- The school has 5 classrooms, all of which are permanent classrooms. However, there are 2 temporary structures which serve as a kitchen and a store.
- The school is threatened by the swelling waters of the Lake Borogoria. At the time of the survey, the water levels had reached the school compound covering the play field.

Learning Materials

- The survey established that the national government supplies text books and learning materials to the school.

Access to service by PWDs

- The school has 2 students with disability. The main challenges faced by the two include: *difficulties in walking from home to school and back* and *truancy occasioned by frequent visits to health facilities*.

Funding

- At the time of Survey, the school had not received any funding from the National Government.
- Within a year preceding the survey, the school had received funding from the National Government Constituency Development Fund for construction of classrooms.

Governance:

- The school is governed by a Board of Management which meets thrice a year.
- Within one year preceding the survey, the Education Standards and Quality Assurance Officers had visited the school thrice.

Recommendations for improvement:

1. The school is need of a science laboratory and a dormitory to accommodate the rising population of students.
2. The catchment community should be sensitized on the need to own and develop education institutions.
3. There is need for civic education and advocacy in the community to address Female Genital Mutilation which has negatively affected education among girls.

COMMUNITY EXPECTATION OF CIVIL SOCIETY ORGANISATIONS AMONG THE ENDOROIS COMMUNITY

Through the Survey it emerged that there is general appreciation of the role of civil society in promoting access to health care and education among the Endorois Community. However, the respondents felt that the CSOs could do more. The following specific actions are expected of CSOs:

1. Community sensitization to tackle retrogressive cultural practices such as FGM and early marriages
2. Social accountability to promote transparent, accountable and prudent uses of public resources in health and education sectors
3. Monitor service delivery to expose the good practice and gaps to inform government policy.
4. Fundraising i.e. Identifying potential donors and linking them to the learning institutions and health facilities.
5. Initiate programmes to promote education among the girls e.g. sanitary commodities, guiding and counseling and mentorship programmes
6. Advocate for a sustainable solution to the perennial insecurity in parts of Baringo South which has impeded access to health care and education among the affected communities.
7. Conduct research regarding the challenges facing education and health sector to inform development interventions.

COMMITMENT/WAY FORWARD

1. Urgently relocate and mobilize resource for the construction of Lobo Health Center. Engage County government of Baringo, Community and Stakeholders.
2. Timely release of funds for management of health facilities and dispensaries within the Endorois indigenous Community.
3. Advocate for improved staffing of all Health facilities and supply of medical supplies in all the affected facilities
4. Parental engagement in the development of Competence Based Curriculum to inform participation.
5. Advocate for improved payments for all ECDE teachers and introduction of feeding programme in all ECDE centers
6. Introduction of sponsorship Programmes for best performing learners within the Endorois Indigenous community and from poor backgrounds.
7. Government should facilitate the construction of teachers' quarters in all Secondary and primary schools within the Endorois Indigenous community.
8. Introduction of mobile health facilities within all schools
9. Deployment of teachers in all understaffed schools within Endorois Indigenous community.

10. Provision of adequate security in institutions that experience frequent cases of insecurity.
11. The government should urgently connect electricity to institutions that have no power connections
12. The county and national government to undertake a detailed research and survey to establish learners with disabilities.
13. Construct and equip a maternity wing at Kasiela Health centre
14. Application and issuance of Birth certificates be done at Marigat Sub-county to reduce on the distance covered to the county headquarters.
15. Construction of computer laboratories in public and secondary schools to improve on technological knowledge and advancement of the Endorois population.

ANNEXTURES

Annex I: Enumerators List

Constituency	Location	Name	Contact
Baringo South and Mogotio	Chebinyiny, Mochongoi, Arabal	1. Jonathan Kiptek	0700541913
		2. Rodgers Motoloi	0702317196
	Loboi, Sandai, Kapkuikui, Maji Moto, Kamar	1. Fancy Kiprotich	0711414558
		2. Benadine Kochei	0721934772

Annex II: Questionnaire-Right to Basic Education

ACCESS TO QUALITY EDUCATION, SERVICE DELIVERY QUESTIONNAIRE

If consent is denied, DO NOT interview the respondent.

PART 11: RIGHT TO BASIC EDUCATION.

1. Name of Institution.....

2. Status

		Tick where appropriate
A	Government	
B	Faith based	
C	NGOs	
B	Private	

3. School Level (*Tick all that are appropriate*)

ECDE () Primary () Secondary () Adult Education () Vocational Training ()

4. Has the institution received any new staff posting for the last one year? Yes/No

.....

5. Has the institution received funding from government, ministry or NG-CDF for infrastructural support in the past one year? If yes, how much and for what project?

.....
.....

6. Has the institution received funding from the ministry of Education in the past one year?

.....

7. Has the institution enrollment changed in the past one year? If yes Indicate the new enrollment

Boys () Girls ()

8. Has the government supplied more textbooks and learning materials to the institution over the last one year?

Yes () No ()

9. How many ECDE learning classrooms has the County Government constructed over the last two years?

.....

10. Indicate the ECDE children enrolment in the institution currently (Boys and Girls).

.....
.....

11. How many times has the institution Board of Management met for the last one year?

.....
.....

12. How many times has the Education Standards and Quality Assurance Officers visit the school in the past one year?

Once () Twice () Thrice () Other

13. Has the teaching staff received adequate training on the implementation of Competence Based Curriculum (CBC)?

.....

14. Has the Teachers Service commission and the government replaced timely the teachers who have retired from service? If Yes, how long did they take to replace

.....

.....

15. How many teachers does the institution have currently?

.....

.....

16. How many teachers are teaching under BOM terms?

17. How many permanent classrooms does the institution have?

.....

18. How many temporary structures does the institution have?

.....

19. Any other information or comment you would like to give?

.....

.....

20. How would you rate the overall service delivery by the government to the institution?

Excellent ()

Good ()

Fair ()

Poor ()

Very poor ()

21. In your opinion, does interventions from Civil Society Organizations and NGOs influence government service delivery on Education in Kenya?

Yes ()

No ()

If Yes, Explain how:

22. How many pupils/students have disabilities?

.....

.....

.....

.....

23. What are the common types of disabilities amongst children in the institution?

.....

.....

24. What are the challenges facing pupils/students with disability?

- 1) _____
- 2) _____
- 3) _____
- 4) _____

General Questions:

a) What can be done to improve access to quality education in your community?

Thank You

Annex III: Questionnaire-Right to Health

HEALTH SERVICE DELIVERY QUESTIONNAIRE

If consent is denied, DO NOT interview the respondent.

PART 1: RIGHT TO HEALTH

Name of the Health Facility.

2. What is your gender? Male () female ()

3. What is your age? Below 20years () 21-30 years () 31-40 years () 41- 50 years () over 50 years ()

5. What is your job description? Doctor () Nurse () Clinical officer () Lab technician ()

Data analyst () Pharmacist () Dietician () Physiotherapist () Support staff ()

Other_____

IMPROVEMENTS IN INFRASTRUCTURE, RESOURCES ALLOCATION, MANAGEMENT, AND SUPPORT.

Part A:

Health Infrastructure		Primary care facilities				Hospitals
		Dispensaries	Health Centers	Medical Clinics	Nursing Homes	
1	Government					

Health Infrastructure		Primary care facilities				Hospitals
		Dispensaries	Health Centers	Medical Clinics	Nursing Homes	
2	Faith based					
3	NGOs					
4	Private					

Part B: Service Delivery & Improvement in Health Infrastructure.

Health services delivery and Infrastructure		YES/NO	Comments
1	Has the government allocated funds for any infrastructure support in the facility over the past one year?		
2	Are Materials and drug supplies in the hospital always available?		
3	Antiseptic hand solution for protection of staff and patients are available		
4 (a)	For the last one year, is there improvement of existing maternity wing infrastructure and/or setting up of a new one?		
(b)	If there is a maternity establishment, Is it		

Health services delivery and Infrastructure	YES/NO	Comments
5		
6		
7 (a)		
(b)		
8 (a)		
(b)		

Part C: Policies, Government supervision and Service Delivery.

	Improved interventions on Meetings and Funding	YES/NO	COMMENT
9	How frequent is the county government officials visit the health facility?		
10	Does the health facility have a functional management committee?		
11	How many times did the management committee meet for the last one year?		
12	How Many Sub County Health management team meetings held in the past one year?		
13	Is the quarterly facility funds remitted on time to the facility?		
14	Does the facility have outstanding utility bills i.e water and electricity?		

	Improved interventions on Meetings and Funding		
15	Are Covid-19 safety protocols strategically displayed within the health facility?		
16	Patient safety protocols / guidelines displayed in facility, and are being followed?		
17	Is the Health service charter available, and well displayed within the facility?		
18	Are there emergency plans (including referral plans) ?		

Part D: Human Resource.

	Focus Areas	YES/ NO	Comments
19	Are there new staff posting from the county government to the facility over the last one year?		
20	Are there any staff posted on internship into the facility in the last one year?		
21	In your opinion which departments within the facility require urgent staffing consideration?		
22	Has the staff undergone any Training and capacity building over the last one year?		

23.How would you rate the overall service delivery in the hospital?

- Excellent ()
- Good ()
- Fair ()
- Poor ()

Very poor ()

24. In your opinion, do interventions from Civil Society Organizations influence government service delivery on health?

Yes () No ()

If Yes Explain:

25. Does the health facility have friendly infrastructure for people with Disability such as easy to access with a wheelchair?

.....
.....

26. Can people with disability such as the blind and deaf easily access healthcare services?

Explain: _____

General Questions:

a) What can be done to improve on healthcare within your community?

Thank You





Advocating for improved service delivery in Education and Health Sectors within Endorois Indigenous Community living in Baringo, Laikipia and Nakuru Counties.



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Endorois Indigenous Women Empowerment Network (EIWEN) is an Indigenous local Community Based Organization (CBO) registered in Kenya with its office in Nakuru. EIWEN was founded in 2016 and registered in 2019 as a Community Based Organization (CBO) by local Endorois women who were committed to improving the living standards through capacity building of Indigenous and marginalized Women, Persons with Disabilities and Girls in Endorois Indigenous Community living in Baringo, Laikipia and Nakuru Counties.

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