EMPOWERING THE CITIZENRY
to promote efficient and effective service delivery in health
and education sectors through detection and prevention
of corruption and abuse of Power

Baringo County Social Audit Report, 2016.
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_Baringo County Social Audit Report, 2016._
Developed by
Centre for Enhancing Democracy and Good Governance (CEDGG)
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May our Good Lord bless all of you!

Masese, Kemunche,
Programs Manager
EXECUTIVE SUMMARY

Transparency, accountability and citizen participation are at the heart of Kenya’s Constitution and subsequent legislations such as the Urban Areas and Cities Act (2011); County Governments Act (2012); Public Finance Management Act (2012); Transition to Devolved Government Act (2012); National Urban Development Policy (2011 Draft); Leadership and Integrity Act (2013); Ethics and Anti-Corruption Act; and the Freedom of Information Act (2015).

The overarching principles and values in these documents consistently commit the Government to transparency, accountability and civic engagement in devolved governance. An effective social accountability system, embedded in county governments, requires three core elements: fiscal transparency; participation mechanisms; and accountability mechanisms.

However, even with the above clear and comprehensive legal and constitutional provisions, it is clear that increasingly; the provisions are not being observed. Effectively, the country appears to be drifting further from the dream of constitutionalism. Among the key factors supporting the trends include; low capacity of citizens to hold government and leaders to account, limited capacity of CSOs to detect, monitor and document corruption and abuse of power, deeply entrenched negative ethnicity that compromises civilian oversight, impunity among state/public officers; and low responsiveness of public oversight institutions. This is the background that informed the social audit process that culminated into the publication of this report.

The report discusses the outcome of social audit work conducted by members of local communities in 8 selected wards in Baringo County. Citizens monitored implementation of development projects and status of service delivery in 16 projects using the social audit approach. The process focused on Health, and Education sectors and narrowed down to projects and facilities that are funded by CDF and County Government of Baringo. The report highlights best practices that can be adopted to enhance public service delivery and the challenges that need to be addressed to improve performance of county governments.

Some of the best practices highlighted in this report include;

**In Health Sector;**

(i). **Community Participation in Hospital Management Committees**

This practice was noted in several health facilities audited in Baringo County. It is a best practice because it allows members of the beneficiary community to participate in making decisions about health facilities and determine who sits
in this decision making body. Some health facilities that exemplified this good practice include Timboiwo Dispensary, Sirata Dispensary, Barwessa Health Center, Churo Health Center and Kolowa Model Health Center. The audit showed that the hospital management committees in these facilities are active, holding meetings on a quarterly basis.

(ii). **Maintenance of Proper Financial Records**
The audit noted that some health facilities maintain proper financial records. This best practice shows transparency and accountability in management of resources. A facility that exemplifies this practice is Sirata Dispensary where auditors found financial records including payment vouchers and cashbooks properly maintained. All amounts paid to the facility are receipted and spent by the facilities for service delivery.

(iii). **Installation of PWD Facilities**
This practice ensures equity in access to health care services by taking into consideration the needs of persons with disability. A facility that exemplified this good practice is Chemolingot Sub-County Hospital where the facility has been fitted with two ramps to enhance PWD access to the health facility.

**Best Practices in Education;**

(i). **Placement of Teachers in ECD Facilities**
This best practice ensures that quality learning is delivered to children in ECD centers. From the social audit, it emerged that the County Government of Baringo was progressively hiring and placing kindergarten teachers in ECD facilities. For instance, one ECD teacher has been posted in Kamusuk ECD center in Ribkwo Ward and the process was on going by the time of the audit.

(ii). **Establishment of ECD Committees**
ECD committees are critical to ensuring that ECD facilities are governed properly and that there is openness and accountability in managing the affairs of these learning centers. ECD committees also provide an avenue for community participation in making decisions about ECD facilities. Some ECD facilities that reflected this best practice include Tartar ECD, AIC Kalel ECD and Chepelow ECD. During the engagement meeting with county authorities, the chief officer for education explained that the County Government was planning to set up and train committees in all ECDE centres in the County within 2017.

There were notable challenges in both sectors. Key among these included; understaffing, inadequate infrastructure, poor sanitation levels, limited financing, unreliable sources of
safe and clean water, lack of citizen participation, allegations of corruption and misuse of funds, difficulties in accessing information, procurement malpractices among others. Clearly, these challenges have had a huge impact on quality of projects and service delivery leading to a general state of apprehension among residents that devolution may after all not deliver on its intended objectives if not checked. The report recommends various actions to address these emerging challenges key among them enforcement of effective social accountability mechanisms in the prioritization, procurement and implementation of county functions to ensure increased accountability, transparency and citizen satisfaction.

About CEDGG

The Centre for Enhancing Democracy and Good Governance (CEDGG) is a grass root civil society organisation that works to empower vulnerable and marginalized citizens to claim their rights in local development and governance processes. CEDGG has been in operation since the year 2001 and legally exists as a Non-Governmental Organisation. Our head office is in Nakuru Town – Nakuru County, in the Republic of Kenya. Our programme work currently covers Nakuru, Baringo, Elgeyo Marakwet, West Pokot, Baringo and Kericho Counties.

The core problem that CEDGG is seeking to address in the society is the low capacity of the marginalised and vulnerable groups to engage with and participate in the decision making processes around the constitutional implementation agenda and the development process in general. As per current strategic plan (2013-2017), CEDGG will focus its financial and technical resources in three thematic areas namely: Governance and Devolution; Human Rights and Access to Justice; and Organizational Development whose focus is to build the internal capacity of the organization to adopt and apply Result Based Management in her work.

CEDGG is a founder member of the Constitution and Reform Education Consortium (CRECO); a network of Civil Society Organizations aimed at just governance, constitutionalism and respect for just laws. The organisation is also a member of the Social Audit Learning Group and presently convenes both the Baringo and Nakuru County Civil Society Forums, networks of Civil Society Organizations operating in the two counties for coordinated and effective CSO engagement in county governance

About The Project

The project, “Empowering the Citizenry to promote efficient and effective service delivery in health and education sectors through detection and prevention of corruption and abuse of power” was initiated by CEDGG with the overall purpose of Engendering Transparency and Accountability in health and education sectors through Effective Citizen Engagement, detection, monitoring and prevention of corruption and abuse of power. The two year project has been implemented in Baringo, Kericho and Baringo Counties. The Project has
been made possible by the generous support of the German International cooperation Agency (GIZ).

**Expected project outcomes**

- Improved Government accountability and transparency in service delivery to citizens at the local and national levels
- Improved citizen capacity to detect, monitor, document and prevent corruption and abuse of power
- Increased responsiveness of National Oversight Bodies and their Collaboration with Civil Society

**Expected Project Outputs**

- Citizens and citizen groups in target counties are mobilized, sensitized and coordinated to engage with government for promotion of transparency and accountability in health and education sectors
- Social audits of sample education institutions and health facilities and service delivery conducted, reports compiled and shared through public accountability forums
- Annual meetings held with public oversight institutions to share reports and receive feedback

**Project objectives**

- To mobilize and sensitize residents of Baringo, Kericho and Baringo counties on mechanisms to promote accountability in health and education sectors
- To train local citizen groups in the target counties to conduct social audits of public projects and services
- Facilitate local citizen groups to conduct social audits and undertake public interest litigation
- To provide platforms for interface between Civil society, communities and institutions of public oversight
- To Improve responsiveness of public Oversight institutions and their collaboration with CSOs

**Methodology**

**About Social Audit**

Social audit is a process through which all details of a public project are scrutinized in a public meeting. It examines all aspects of the public project, including the management
of finances, officers responsible, recordkeeping, access to information, accountability and levels of public involvement. It is the process through which members of the community seek to evaluate how well services are being delivered, how well public resources are being utilized and how to improve performance. It is similar to that of financial audit. However social audit fills the gap by a financial audit by investigating issues such as performance, accountability and impact of the project. From the definition, a social audit is a highly participatory process, where the public (consumers of service, / beneficiaries of projects) are engaged in the scrutiny of all aspects of projects (financed using public funds).

3.1 Preparatory Activities

(a). Rapport Building with stakeholders and County Government of Baringo

At the onset of the project, CEDGG conducted courtesy visits to the office of the County secretary, education and health departments. An introduction letter was also written to the Governor through the county secretary. These culminated to the Project launch that was held on 22nd February 2015 and presided over by the deputy Governor at the Kenya School of Government, Kabarnet.

(b). Community Mobilization and Sensitization Forums

A total of eight community sensitization and awareness forums were conducted in four sub-counties (Baringo central, Baringo North, Baringo South and Tiaty) across the County to sensitize residents on the legal, constitutional and policy frameworks for service delivery in health and education sectors and mechanisms for social accountability.

During these activities, community members discussed and agreed on the focus of their social accountability. Service delivery and implementation of projects in selected schools were identified as areas of interest. The forums yielded action plans that initiated the social audit process and a team of between five and ten social auditors was identified in each target Sub-County. The auditors were drawn from community organized groups that included CBOs and self help groups. The schools and health facilities to be social audited were randomly selected by the participants. Deliberate efforts were made to involve county government officials such as the sub-county and ward administrators during the forums. Annexed to this report is a schedule of the sensitization forums, list of social auditors and health facilities and ECDE centres selected for audit.

(c). Training of Social Auditors

The social auditors were inducted through a training that took two days 4th and 5th February 2016 that was held at the Kenya school of Government in Kabarnet. Training content focused on mechanisms of Social Accountability, legal, policy and institutional frameworks for service delivery, standards and the Human Rights Based Approach (HRBA)
to service delivery and Social Audit as a tool for monitoring service delivery and budget implementation. The training was launched by the County Director for Public Service Management and facilitated by among others county health and education directors.

3.2. The Social Audit Process

The social audit process involved conducting physical visits to project locations and facilities, conducting interviews with administrators and committee members as well as community members and review of documents. All this was guided by predesigned questionnaires. The process involved the following activities:

(a). Sampling of Projects and Services

The following sampling methods were used to identify projects and service delivery facilities to be audited:

(i). Purposive Sampling

Physical projects were selected strategically from a list of projects that the County Government of Baringo had budgeted for and approved for funding in the 2014/15 financial year or earlier. The focus was narrowed to projects that were either complete or on-going.

(ii). Random Sampling

Random sampling method was used to select institutions or facilities that deliver health and educational services to the public (ECDE). The institutions and facilities were selected from Wards where social auditors were drawn from.

(b). Data Collection

Social auditors used pre-designed tools to collect data from different target audiences. Data collection was undertaken using the following methods:

(i). Key Informant Interviews (KII)

Social auditors held intensive interview sessions with government officials, School Boards of management/ECD Committees and Health Facility Management Committees.

(ii). Focus Group Discussions

The social audit team held focus group discussions with service users. These discussions were aimed at capturing public views on the quality of service they receive from different facilities.
(iii). **Questionnaires**

Questionnaires were used to collect data on the sampled projects, institutions and facilities.

(c). **Data Analysis**

Data was analyzed using MS Excel Software and presented in table and pie chart formats. This was done in a participatory process that involved social auditors.

**3.4 Literature Review**

A review of various documents relating to service delivery and implementation of County was undertaken. The documents reviewed as part of the social audit process included approved budgets (2014/15 County Budget), service charters, and financial documents (where available).

**1.1.5 Validation of Draft Report**

Validation of this social audit report was done at two levels. Ward level validation meeting allowed social auditors to share the findings with community members and government officials at local levels. A county level validation meeting was organized to share findings with county officials and capture their responses and inputs.

**Community Level Validation meetings**

The social audit findings were subjected to community validation meetings at Ward level. Participants of the validation meetings varied based on projects but generally included members of local communities, Facility In-Charge, members of Management Committees and Ward Administrators. Inputs made by participants during these validation meetings were captured and integrated in this report.

**County Level Validation**

This meeting brought together representatives of various County Government departments including health, education, procurement and economic planning and social auditors for purposes of sharing the audit findings and getting their inputs and responses to issues emanating from the audit. Notable participants included the CEC member for trade and tourism, CEC member for Health; CEC Member for water, Chief Officers in the departments of Health, Education, Youth, Public works and a number of directors. The meeting was held on 27th October 2016 and presided over by the Deputy Governor. The audit report was duly validated setting the ground for publication.
CEDGG worked with a team of 41 auditors to conduct social audit activities in Baringo County. The team audited 8 health facilities and 8 learning facilities (ECDs) for service delivery. Social auditors also visited 8 construction projects in the health and education sectors across 4 sub-counties within the county (Baringo North, Baringo South, Baringo Central and Tiaty. Besides identifying areas that require improvement, the social audit work sought to identify best practices in service delivery and implementation of physical projects for purposes of amplifying them and encouraging their adoption in all areas. Below is a sector-based comprehensive report on the findings.

A. SERVICE DELIVERY IN EDUCATION SECTOR

In Baringo County, a total of 8 Early Childhood Development (ECD) centers were audited for service delivery. The audit focused on, among other things, the staffing levels, equipping of the facilities, management including community participation in governance processes in the facilities, financial systems, access to public information and infrastructure. Below are key findings.

**Best Practices in Delivery of Education Services**

1. **Placement of Teachers in ECD Facilities**

   This best practice ensures that quality learning services are delivered to children in ECD centers. From the social audit, it emerged that the County Government of Baringo was progressively hiring and placing kindergarten teachers in some of the ECD facilities. For instance, one ECD teacher has been posted in Kamusuk ECD center in Ribkwo Ward and the process was on going by the time of the audit.

2. **Establishment of ECD Committees**

   ECD committees are critical to ensuring that ECD facilities are governed properly and that there is openness and accountability in managing the affairs of these learning centers. ECD committees also provide an avenue for community participation in making decisions about ECD facilities. Some ECD facilities that reflected this best practice include Tartar ECD, AIC Kalel ECD and Chepelow ECD. During the engagement meeting with county authorities, the chief officer for education explained that the County Government was planning to set up and train committees in all ECDE centres in the County within 2017.
Challenges in Delivery of Education Services

1. Inadequate Staffing of ECD Facilities

The audit findings showed inadequate staffing most of the ECD facilities that were audited. Some ECD facilities such as Kamusuk ECD in Ribkwo Ward are served by 1 teacher who is an employee of the County Government. The population of the ECD is 80 pupils. This means that the teacher to student ratio is 1:80, an element that makes it extremely difficult to deliver quality education to the pupils. Churo ECD also has two teachers with one teacher teaching 87 students. In Todo ECD, there were reports of untrained teachers teaching in the facility. This ECD has 2 teachers with each teaching 64 pupils. The County Government Officials acknowledged this challenge during the engagement meeting.

2. Poorly Equipped ECD Classrooms

The audit revealed that some ECD facilities are poorly equipped in terms of furniture and learning materials. For instance, in Todo ECD and Kampinyasi ECD facilities, there are no learning materials to aid with teaching. The two facilities also lack furniture; learners in Kampinyasi ECD sit on the floor during lessons. Though the ECD classrooms were constructed and completed in April, 2015, there are signs of poor quality of work including big cracks on the floors and the stones on the walls were not dressed properly. Chapelow ECD also lacks adequate learning materials and is in need of classroom furniture.

3. Poor Sanitation Facilities

Social audit findings show that most ECD facilities lack proper sanitation facilities. For instance, in Kampinyasi ECD, there are no sanitation blocks for pupils; they use those in the primary school section. Also, the ECD center does not have sanitation blocks for teachers. In Chepelow, one sanitation block is used by both teachers and pupils.

4. Insufficient Classrooms

Some ECD facilities that were audited do not have enough classes for pupils. For instance, in Todo ECD, the classes available cannot accommodate all pupils and some have to learn from makeshift classrooms outside the main classrooms. In Chepelow ECD, the social auditors noted that pupils in different levels i.e. baby, middle and top class, learn from the same classroom in groups facing different directions. This leads to distractions, making it difficult for pupils to concentrate during lessons. During

5. Poor Management Structures

The audit revealed that some ECDs do not have ECD committees in place. For instance, TarTar ECD center does not have an ECD committee in place. In situations where ECDs are located within primary schools such as Chepelow ECD that is located within Chepelow
Primary School, ECD committees are merged with primary school committees chaired by the head teachers. This makes it difficult for ECD issues to be prioritized by the committee. Members of the primary school committee are elected by parents during parents meetings and ECD issues discussed during committee meetings are documented and kept in the primary school.

6. **Poor Access to Clean Water**

The social audit revealed that many ECD facilities lack access to clean water. The ECD facilities rely on rivers as the main source of water, some of which are kilometers away from the learning facilities.

**SERVICE DELIVERY IN HEALTH SECTOR**

The social accountability work in Baringo County saw some 8 level 2, 3 and 4 facilities audited on service delivery. Below are the key findings emerging from the social audit:

### Best Practices in Delivery of Health Services

1. **Community Participation in Hospital Management Committees**

This practice was noted in several health facilities audited in Baringo County. It is a best practice because it allows members of the beneficiary community to participate in making decisions about health facilities and determine who sits in this decision making body. Some health facilities that exemplified this good practice include Timboiwo Dispensary, Sirata Dispensary, Barwessa Health Center, Churo Health Center and Kolowa Model Health Center. The audit showed that the hospital management committees in these facilities are active, holding meetings on a quarterly basis.

2. **Maintenance of Proper Financial Records**

The audit noted that some health facilities maintain proper financial records. This best practice shows transparency and accountability in management of resources. A facility that exemplifies this practice is Sirata Dispensary where auditors found financial records including payment vouchers and cashbooks properly maintained. All amounts paid to the facility are receipted and spent by the facilities for service delivery.

3. **Installation of PWD Facilities**

This practice ensures equity in access to health care services by taking into consideration the needs of persons with disability. A facility that exemplified this good practice is Chemolingot Sub-County Hospital where the facility has been fitted with two ramps to enhance PWD access to the health facility.
Challenges in Delivery of Health Services

1. Inadequate Equipment and Infrastructure

The social audit revealed that some health facilities in Baringo County have inadequate infrastructure and lack sufficient equipped. For instance, Timboiywo Dispensary in Sacho Ward has a consultation room and a pharmacy but does not have a lab and injection room. The facility also lacks basic equipment such as wheelchairs and stretchers. The facility has no incinerator and has two sanitation blocks that are in poor condition, one for men and the other for women. There are no separate sanitation blocks for facility staff, they use the same blocks as patients. Kapluk Dispensary located in Barwessa Ward also faces similar inadequacies. The facility does not have a pharmacy, an injection room and a laboratory. It has one stretcher but no wheelchair. The audit team also noted that a maternity wing constructed in Kapluk Dispensary by ActionAid 10 years ago is not functional and a patient ward initiated by CDF remains incomplete.

Sirata Dispensary in Mukutani Ward, Marigat Sub-County has a pharmacy that does not have storage shelves and lacks furniture; it does not have a laboratory and an injection room. The facility also lacks an incinerator for waste disposal and a fence. The facility uses a pit to dispose hospital waste and dogs get into the facility and draw it from the pit, littering the compound. The facility does not have sanitation blocks, patients and staff use community toilets located nearby. The Barwessa Health Center has a lab that is inadequately equipped that lacks ****. The facility’s staff houses are inadequate and in poor condition. Churo Health Center in Churo Ward also lacks basic equipment such as wheelchairs and stretchers, and has a fridge that does not function. This facility along with Sirita Dispensary and Kolowa Model Health Center in Kolowa Ward has not been connected to electricity. The later does not have an incinerator.

2. Challenges in Accessing to Clean Water

From the social audit, it emerged that availability of clean water is a challenge in many health facilities in Baring County. The health facilities get their water from rain collections, rivers or boreholes. The situation is worse in health facilities that rely on rain water like Kapluk, Sirata and Kiboino dispensaries as well as Barwessa health center. These facilities, it was noted, go without water during the dry seasons, a situation that is challenging for patients and service providers. The audit also revealed that most health facilities in Baringo County do not have mechanisms of treating water to ensure that it is safe for consumption. Those that treat drinking water use chlorine to disinfect water.

3. Inadequate Staffing and Poor Staff Conduct

Some of the health facilities audited lack adequate staff to provide health services to the public. For instance Sirata and Kiboino Dispensaries have one nurse and one support staff
each. The nurse is therefore forced to treat patients, maintain records and dispense drugs to patients. According to service beneficiaries, delivery of medical services is further affected by the fact that she lives far from the health facility. A similar staffing problem was noted in Kaplu K Dispensary where there is one nurse and two support staff where service delivery is affected by frequent absenteeism. The audit revealed that one medical staff transferred from the facility had not been replaced yet. Kiboino Dispensary is grossly understaffed with one nurse and one support staff. Service delivery here is affected by frequent absenteeism, late reporting and early closure of the facility.

According to audit findings, Barwessa Health Centre, a level 3 facility is served by 5 staff namely a clinical officer, a nurse, a lab technician and two support staff, which makes it difficult for services to be offered at night and on weekends. The facility lacks important staff such as a pharmacist, additional nurses and public health officer who is critical to service delivery in such a facility. While local communities in some health facilities such as Sirata Dispensary, Churo Health Centre and Chemolingot Sub-County Hospital said that staff conduct is good, there are health facilities where communities rated staff conduct as poor. There were situations where local communities attributed poor staff conduct to discrimination of patients in service provision, alcoholism and attempted rape of patients.

4. Shortage of Drugs

The audit revealed perennial shortage of drugs in most health facilities audited. Some of the essential drugs that miss in health facilities across the board include anti-malaria, antibiotics and anti-venom drugs. According to the audit, the rate at which patients are sent to chemists to buy drugs or referred to other facilities was very high. In some instances, patients are referred to facilities such as Marigat Sub-County and Kabarnet County Hospital are 10 to 30 kilometers away to access essential drugs.

5. Drug Prescription by Support Staff

The audit revealed incidences where support staff offer medical services that are ideally meant to be provided by qualified personnel. For instance, in Barwessa Health Center, it was noted that support staff who do not have requisite medical training are involved in prescribing and administering drugs to patients. This level 3 facility does not have a pharmacist; its staff comprises a clinical officer, a nurse, a lab technician and 4 support staff. This scenario was also noted in Kiboino Dispensary where an unqualified support staff is involved in diagnosing patients and administering drugs. The facility has 1 nurse and 1 support staff.
6. Ineffective Hospital Management Committees

In some health facilities, the audit revealed that some hospital management committees are ineffective in delivering their mandate. For instance, Kapluk Dispensary has 2 committees, a Facility Management Committee and a CDF Development Management Committee. None of these is working well and there is no cooperation between the two committees. In Kolowa Model Health Center, there are allegations that the facility committee has been unable to explain the whereabouts of some equipment donated to the facility.

7. Access to Information

Access to information is a huge challenge in most of the facilities audited in Baringo County. Health facilities such as Timboiwo Dispensary, Kapluk Dispensary, Sirata Dispensary, Darwessa Health Center, Churo Health Center and Kiboino Dispensary do not have a Service Charter installed. This makes it difficult for community members to know what services the facilities offer, hours of operation, queuing time, and charges for services offered among other details. In facilities where service charters are installed such as Kolowa Model Health Center, the charter is written in English, which makes it a challenge for many locals to interact with the content therein.

The audit also showed that in health facilities such as Kapluk Dispensary, Tomboiwo Dispensary and Barwessa Hospital Center, access to information such as hospital plans, activity and financial reports by the public is a challenge. Hospital financial records are not made public and most health facilities do not public actions are held to sensitize local communities about services offered by various health facilities.

8. Poor Financial Management Practices

The social audit revealed that proper financial records are not maintained in some health facilities and patients are not issued with receipts for payments made. For instance, in Kapluk Dispensary, there are no payment vouchers and cashbooks are kept. In Churo Health Centre and Kolowa Model Health Center, the audit showed that proper financial records are not maintained, there are no payment vouchers and patients are not issued with receipts for payments made.
DEVELOPMENT PROJECTS

Best Practices in Implementation of Development Projects

1. Community Oversight Structures

This best practice ensures that community members are not only aware of development projects being implemented in their localities but they participate actively in the implementation of such projects. A notable project that exemplified this practice include Loitip AGC Girls High School where a 7-member project implementation committee was established. This committee ensured that the contractor used quality construction materials leading to good workmanship.

2. Access to Project Related Information

Social auditors were able to access information about some of the development projects they audited in Baringo. The duty bearers in these projects were ready and willing to provide all the information the auditors needed to undertake the social audit including bills of quantities, quotations, procurement minutes, budgets and progress reports. This best practice ensures transparency and accountability in implementation of development project. Some projects that exemplified this practice include Loitip AGC Girls High School where files containing project information were available on the site.

3. Good Workmanship

This best practice ensures that there is value for money in implementation of public projects. Some projects whose implementation reflect good quality of work include Todo ECD where social auditors noted use of quality construction materials and the Loitip AGC Girls High School.

Challenges in Implementation of Development Projects

1. Delays in Completion of Projects

From the social audit, it emerged that completion of several projects has been delayed beyond the planned dates of completion, which means that project timelines had not been adhered to. For instance, the construction of Tartar ECD Center was initiated in 2014. The project was to be completed in 2015 but at the time of the audit, the completion status of the project was about 50%. This delays access to pre-school services for the local community. The same situation was witnessed in the construction of the AIC Kalel ECD Center whose planned completion date was October, 2015, by the time this audit was being conducted; the project’s completion status was about 90%.
2. Access to Information about Projects under Construction

Social auditors noted that for County Government funded projects, accessing information relating to implementation was a challenge. In most instances, project files containing information such as bills of quantities, quotations, progress reports among others are not available on project sites. When social auditors visited relevant County Government offices to seek for this kind of information, they were not given direct answers. Instead they were referred to contractors, who County officials claim have all the information. In AIC Kalel ECD Center, for instance, members of the local community claim that they are not able to access information about the project, they say no one knows the details of the project except the contractor. This challenge with accessing information relating to projects being implemented on the ground makes it difficult for citizens to play an oversight role in ensuring quality workmanship. Some projects where access to information was a challenge include Tartar, Chepelow, Todo and Kampinyasi ECD Centers.

3. Poor Workmanship

Social auditors noted poor quality of work on some of the development projects they audited, an aspect that could be an indication of misappropriation of funds resulting to use of low quality materials or use of unqualified contractors. Some of the projects where poor workmanship was noted include Chepelow ECD where social auditors felt there was no value for money because the contractor put up three walls to join two old structures to form a classroom instead of building a new structure as planned. Social auditors also found that construction materials used to put up Tartar ECD and the staff house at Kiboino Dispensary are of low quality.

4. Non-erection of Accountability Boards

According to the audit conducted, none of the ongoing development projects audited has an accountability board erected with details about the project including the implementing agency and contractor details.

5. Lack of Community Oversight Structures

The audit revealed that most development projects audited, specifically those implemented by County Government did not have structures such as project implementation committees or project management committees in place to allow for community oversight during implementation of projects. Some notable projects that lack implementation or management committees are Tartar ECD, AIC Kalel ECD and Chapelow ECD.
Qualitative Analysis

Health Sector

1. Governance of Health Facilities

The social audit shows that about 95% of health facilities audited have a Hospital Management Committee in place that meets on a quarterly basis. Representation of local communities ranged communities in the hospital management committees generally averages at 6 members as reflected in figure 1 below. Even so, only 38% of the health facilities audited have procurement committees in place, while 62% don’t have. This is mostly because procurement of major supplies such as drugs is done centrally at county headquarters.

Community members in HMC

2. Service Delivery

The quality of services that any health facility offers citizens is a direct function of inputs that are available in the facility. These inputs include drugs, staff, social amenities such as water and sanitation blocks, infrastructural facilities such as wards, service rooms such as injection, treatment, pharmacy, labs and consultation rooms among others.
Staffing levels in different Health Facilities

Staffing levels vary depending on the level of health facility. Generally, the higher the level the more the staff required. According to the The Kenya Health Strategic and Investment Plan, 2014 – 2018, level four facilities such as Chemolingot Sub-County Hospital should have 16 Medical Officers and other specialists including 2 General Surgeons, 2 Gyne Specialists, a Neurologist, 2 Pediatricians and other staff. Based on the staffing requirements, annexed at the end of this report, health facilities in Baringo County are grossly understaffed as reflected in the diagrams below:

The following tables shows the breakdown of staff in the different health facilities:

<table>
<thead>
<tr>
<th>Staff Type</th>
<th>Barwessa</th>
<th>Kolowa</th>
<th>Churo</th>
<th>Timboiyo</th>
<th>Kapluk</th>
<th>Sirati</th>
<th>Kiboino</th>
<th>Chemolingot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Lab Technicians</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Officers</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Support staff</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Clean Water and Sanitation

Going by WHO standards, which Kenya is a signatory to, access to clean water and good sanitation is a big challenge for health facilities in Baringo sub-county. None of the facilities audited has access to tap water. Instead, the main sources of water are rain, borehole and river as reflected by the diagram here.

More than 50% of the facilities auditedlack a mechanism to treat water used by patients, only one facility has 2 sanitation blocks for makes, 2 for female and 2 for staff. The rest have 1 block for each, with 4 facilities lacking blocks for staff use.
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<table>
<thead>
<tr>
<th></th>
<th>Nurses</th>
<th>Lab Technicians</th>
<th>Clinical Officers</th>
<th>Pharmacist</th>
<th>Support Staff</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>3</td>
<td>7</td>
<td>2</td>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>

Nurses

In Baringo County, 8 ECD facilities with a total population of 637 pupils were audited. The facilities have a total of 15 teachers with each facility having an average of 2 teachers. 13 of these teachers are employed by the County Government while the remaining 2 are employed by ECD committees in the respective facilities.

Education

In Baringo County, 8 ECD facilities with a total population of 637 pupils were audited. The facilities have a total of 15 teachers with each facility having an average of 2 teachers. 13 of these teachers are employed by the County Government while the remaining 2 are employed by ECD committees in the respective facilities.
Education

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Governance and Management of ECD Facilities

Out of the 8 ECD facilities that were audited, 6 have an ECD committee in place. The role of the community in setting up these committees was primarily electing representatives into the committees. About 50% of the ECD committees meet on a quarterly basis, 30% meet on a monthly basis while the remaining 20% meet on an annual basis. Minutes of ECD meetings were available for 5 of the audited projects.

Public Participation

The level of public participation in ECD committees varies from one facility to another depending on the number of community representatives sitting in the committees. According to social audit findings, Todo ECD has the highest number of community representatives in the ECD committee while Kampinyasi and Tartar ECDs have no community representatives in their committees.

![No. of Pupils in Per ECD Facility](image)

![Existance of a ECD Committees](image)
Financial Management and Service Delivery

Out of the 8 ECD centers audited, 4 of them, representing 50% meet the recommended 1:40 teacher to student ration. The remaining four ECD facilities have one teacher attending to twice, and some more than twice the recommended number of students as reflected in the diagram below.

Number of students taught by one teacher in ECD Facilities

In terms of financial management in ECD centers, the audit revealed that payment receipts are not issued in at least 75% of the audited centers as reflected in the diagram below.
Instead, a collection book is maintained. None of the ECD facilities have dedicated finance or cashbox for safe keeping of cash.

**Issuance of payment receipts in ECD Centers**

![Pie chart showing issuance of payment receipts]

**Development Projects**

A total of 8 development projects were audited in Baringo County, 7 of them were ECD projects in the education sector while one was a health facility. All the projects were funded by the county government except one. Below is a diagram showing the level of funding for each audited project:
Project Management and Public Participation

Out of the 8 development projects that were audited, only one had a project management committee, the one that was funded by the CDF. County funded projects did not have project management committees. 6 of the audited projects were identified by community members and therefore they were a priority while were not. However, none of the audited development projects had a procurement committee, or an accountability board erected on the project site.

Access to Information

Out of the 8 development projects audited in Baringo, social auditors were only able to access detailed financial information for one project, the AGC ECD Project that was funded by CDF.

Value for Money

For development projects, value for money is a function of factors such as relevance of the project to the target community, adherence to implementation schedules, cost effectiveness and quality of work. From the social audit, 3 out of the 8 projects that were audited were completed according to schedule. When it comes to relevance, 6 out of the 8 projects were a priority for the target communities.
Commitments During Validation Meetings

Given that social audit is a community-led process of monitoring service delivery and implementation of projects, draft reports prepared by social auditors were subjected to community validation at local level. In Baringo County, 8 community validation meetings were organized at the ward level. The purpose of community validation meetings was fourfold:

- To validate draft report social audit reports and clarify findings and recommendations
- To capture additional information from community members and duty bearers
- To have community members own the findings in the report and share them with duty bearers
- To secure commitment from local duty bearers to address emerging issues within their jurisdictions

Participants of these meetings varied based on projects audited but generally included:

- Members of local communities
- In-Charge of Health facilities
- Head teachers and ECDE teachers
- Ward administrators
- Members of the Project Management Committees
- Representatives of Constituency Development Fund
- Members of County Assembly or their representatives
Participants inputs were integrated into the report and a summary of the discussions are as captured in the table below:

<table>
<thead>
<tr>
<th>Ward/ Date/ Venue</th>
<th>Projects</th>
<th>Stakeholders Present</th>
<th>Key emerging issues</th>
<th>Commitments</th>
</tr>
</thead>
</table>
| Ribkwo 24/05/2016 | Chemolingot Sub County Hospital Kamusuk ECD Centre | • Government Representatives- Chiefs  
• Service Providers from- Kamusuk ECD teacher, MOH in charge Chemolingot Sub County hospital  
• Local development committee- Hospital Board of management member, School BOM  
• Religious leaders  
• Social auditors  
• Business Sector representatives  
• Kamusuk ECD project contractor  
• Other community members | • Patients queue for as long as 2 hours to be attended by service providers in the facility.  
• Female service providers were said not to be effective in facilitating referral services during night hours  
• Community members complained of harassment of patients by service providers – especially in the maternity wing  
• Community members are not well represented in the Hospital board of Management which comprises of sub-county Administrator, Chief, superintendent, 1 teacher, 2 members of staff  
• Kamusuk ECD centre has not been equipped with furniture and appropriate learning materials.  
• Low levels of public participation during establishment of Kamusuk ECD | The hospital administration shall ensure improved and efficient provision of health services to patients. Frequent checks shall be conducted to ensure patients don’t queue for long hours to receive health services. |
<table>
<thead>
<tr>
<th>Churo/Amaya Centre</th>
<th>Churo Health Centre</th>
<th>Chepelow ECD Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Government Representatives-</strong>&lt;br&gt;Ward admin and chiefs&lt;br&gt;Service Providers- Head teacher primary and Clinical Officer.&lt;br&gt;Local development committee HFMC, BOM&lt;br&gt;Religious leaders&lt;br&gt;Social auditors&lt;br&gt;Business men&lt;br&gt;Other community members</td>
<td><strong>Community members reported that they pay for user fee but they are not issued with receipts</strong>&lt;br&gt;Maternity wing was constructed without appropriate design plan hence does not meet the required standards. In addition poor workmanship is visible through the quality of doors, floor drainage etc&lt;br&gt;Churo/ Amaya ward continues to suffer very low levels immunization coverage. The in charge reported to have observed several case of zero immunization during the immunization against measles. This is said to have been occasioned by lack of means of transport to cover the vast area and difficult terrain.&lt;br&gt;Chepelow ECD classroom construction was joint with class seven which was against the decision of school management committee who had identified a suitable site.&lt;br&gt;Intimidation of school management committee by Chepelow ECD project contractor. –“ Kama hamtakitunaezatoahiimsaada” was his response when he was asked to construct the ECD classroom separately</td>
<td><strong>The Ward administrator committed to write to the county government on poor workmanship of Churo maternity wing and follow up on the implementation of Monitoring and Evaluation report</strong>&lt;br&gt;Community social auditors committed to scale up social audit process to monitor County government development projects in the ward&lt;br&gt;PMC together with service providers to effectively monitor implementation of development projects&lt;br&gt;Citizens to be more active in monitoring the status of services delivery and implementation of development projects in the community&lt;br&gt;The in charge promised to look into the issue of provision of receipts</td>
</tr>
<tr>
<td>Location</td>
<td>Facility</td>
<td>Participants</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Kolowa</td>
<td>Kolowa Health Centre</td>
<td>Government Representatives- Ward admin and chiefs, Service Providers - Clinical Officer, Local development committee HFMC, Todo ECD management committee, Religious leaders, Social auditors, Business men, Women Representative</td>
</tr>
<tr>
<td>Mukutani</td>
<td>Sirata Dispensary, AGC Girls Secondary School</td>
<td>Government Representatives- chiefs, Office of Baringo South MP representative, CDF committee, Service Providers- teachers and Nurse in charge, Local development committee HFMC, BOM, Religious leaders, Social auditors, Other community members</td>
</tr>
</tbody>
</table>
| Sacho 21/6/2016  
Kabasis Chief’s Office Ground | Timboiywo Dispensary Tartar ECD | • Government Representatives—chiefs  
• Tartar ECD committee  
• Service Providers—Tartar primary school head teacher  
• Local development committee HFMC.  
• Religious leaders  
• Social auditors  
• Farmers group Representative  
• Other community members | The facility serves a large population, hence the need to upgrade the facility to level 3.  
Facility toilets both for staff and patients are in a poor condition.  
Construction of patients’ wards at Timboiywo Dispensary is behind schedule by over six months. The project ought to have been completed by October 2015.  
Construction of Tartar ECD is behind completion schedule by over 6 months. Despite there being a circular issued by the county government in 2015 for installation of information boards in all ongoing projects’ site, the project does not have an accountability/information board.  
There were allegations of conflict of interest in the implementation of Tartar ECD. A company belonging to a county government official is said to have been sub-contracted.  
Community members committed to monitor County government development project closely to ensure value for money.  
The chief assured the community that the County government are in the process of upgrading Timboiwo Dispensary to level 3. |
<p>| Barwessa Youth Social Hall | Barwessa Health Centre Kampinyasi ECD Centre | • Government Representatives- Ward Administrator, Assistant County Commissioner • Kampinyasi ECD committee • Service Providers- Tartar primary school head teacher • Health Facility Management Committee. • Religious leaders • Social auditors • Other community members | • The health Centre operates for 8 hours a day and 5 days in a week which is against the provided standards for level 3 health facilities. • Support staffs are allowed to administer medication to patients. • There appears to be a lot political interference during implementation of development projects in ward. • Kampinyasi ECD Centre has not been equipped with furniture and appropriate learning materials. Social auditors observed children learning while sitting on the floor. | Ward administrator assured community members that health facility support staff shall be restricted from administering medication to patients. |</p>
<table>
<thead>
<tr>
<th>Location</th>
<th>Dispensary/Center</th>
<th>Participants</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barwessa – Muchukwo</td>
<td>Kapluk Dispensary</td>
<td>Government Representatives: Ward Administrator, Chief. Service Providers: Nurse in charge, Ward Public Health Officer, Ward Ambulance services in charge. Health Facility Management Committee. Religious leaders Social auditors Other community members</td>
<td>Kapluk dispensary is endowed with infrastructure which are not operational i.e. Male and female patients ward and maternity wing. The facility serves a large population; hence need to be upgraded to level 3. Existence of two parallel management committees was reported.</td>
</tr>
<tr>
<td>23/5/2016</td>
<td>Kalel ECD Centre</td>
<td>Ward Administrator committed to follow up to ensure speedy replacement of recently transferred nurse by the County government. Health management committee assured the community members that service delivery charter shall be developed immediately.</td>
<td></td>
</tr>
<tr>
<td>Kapluk Dispensary</td>
<td></td>
<td>Ward Administrator assured community members that County government has already approved the upgrading of the facility to level 3.</td>
<td></td>
</tr>
<tr>
<td>Kapluk Dispensary</td>
<td></td>
<td>The ward administrator assured community members that County government has already approved the upgrading of the facility to level 3.</td>
<td></td>
</tr>
<tr>
<td>Kapluk Dispensary</td>
<td></td>
<td>Ward administrator committed to follow up to ensure speedy replacement of recently transferred nurse by the County government.</td>
<td></td>
</tr>
<tr>
<td>Kapluk Dispensary</td>
<td></td>
<td>Health management committee assured the community members that service delivery charter shall be developed immediately.</td>
<td></td>
</tr>
<tr>
<td>Kabarnet 14/06/2016 KiboinoBaraza Park</td>
<td>Kiboino Dispensary – service delivery. Kiboino Dispensary – Renovation of staff quarters.</td>
<td>• Government Representatives - Chief. • Service Providers- Nurse in charge. • Health Facility Management Committee. • Religious leaders • Social auditors • Other Community members</td>
<td>• Frequent absenteeism among service providers. • Discrimination of patients among service providers – Some community members reported that at some instance nurses could not attend to them because of their opinions regarding the status of health service delivery they made during community meeting. • Community members complained about poor workmanship on renovation of staff quarters with escalated cost. • Some community members had not been paid for goods and services they supplied during project implementation. • Community members questioned why the renovated staff house had not been occupied one year after completion.</td>
</tr>
</tbody>
</table>
The following feedback was provided by County Officials during the County validation meeting:

**Health Sector**

- The chief officer of health reported that the county government has developed a model for health facilities that includes all necessary infrastructures and the government is now focusing on either improving existing facilities or adding missing components in existing facilities.
- The government is also focusing on reducing the distance to service delivery points for citizens by putting up more health facilities.
- The chief officer took note of the need to improve sanitary facilities and said the county government will review the status of sanitation in all hospital facilities.
- He added that his department will share information regarding access to water in health facilities with the water department to strategize on how to address the problem.
- The chief officer acknowledged there are challenges with staffing and the county is continuously focusing on staffing. The government is developing a policy to bring medical workers on volunteer basis to address staff shortage. He reported that in 2014, the county government recruited 117 health staff. Every year, the county employs medical officers. In 2016, the government employed 10 medical officers and absorbed an additional 18 officers from other sources.
- On staff conduct, the county is focusing on addressing gaps through career training and mentorship. A quality assurance team has been created to conduct continuous monitoring.
- On shortage of drugs, the chief officer reported that the government has worked on addressing this challenge by changing the ordering policy from ordering upon exhaustion of stock to ordering when stock reduces to a stipulated level. The county has also advised in-charges of health facilities to be specific on what drugs are required in their facilities to avoid redistribution.
- The county government is training all hospital management committees on governance issues in a program conducted by AMREF and the Ministry of Health.
- The government is rolling out installation of 75 service charters in health facilities in 2016; notice boards will be installed along with the charters. The charters will be translated to Swahili or vernacular language.
- There is an ongoing program to capacity build health workers on basic book keeping like maintenance of payment vouchers and cashbooks.
**Education**

- The director for education reported that recruitment of development committees is done at village level and citizens play a critical role to enhance public participation.
- He reported that since 2013, the county has constructed 345 ECD classes across the county.
- The county has procured chairs and tables for teachers and pupils and is set to roll out distribution of the same to ECD facilities.
- The county has also developed a draft policy on meals and institutions to facilitate feeding of pupils in schools.
- He reported that a national ECD policy has been drafted and its adoption in counties will resolve school readiness issues that include WASH, classrooms, ECD committees, teachers and furniture.
- In addition, the CEC for planning noted that the county is mapping all public facilities including hospitals, schools and markets to plan for access to water.
- He reported that the county has made it a roof catchment policy that requires all structures being developed be fitted with roof catchment facilities.
- The CEC also reported that the county has already established 2 water service providers, a 3rd one is in progress.

**Quality of Work in Physical Projects**

- The chief officer, public works reported that contractors are required to erect sigh boards on project site.
- Implementation period of projects varies, ECD and staff house construction should be completed in 12 weeks.
- He noted that his department audits projects for quality.
- The chief officer, youth appreciated the report and suggested that in future, it be shared in advance to enable them prepare for engagement.
- He noted that committees work on voluntary basis and in most cases, they expect financial gains from government or contractor. Where this is not forthcoming, they stop performing their oversight role and there are gaps that go unnoticed by the government.
- He noted the need to build the capacity of project management committees to enhance interest.
- On the other hand, he noted that there could be situations where contractors may not be engaging local communities during implementation.
Comments by CEC Trade and Deputy Governor

- The CEC Trade received the report positively and termed it as a continuous development tool
- He noted that projects are compromised when PMC members become demotivated when they need to compliment government efforts voluntarily
- The Deputy Government appreciated the social audit teams, CEDGG and government officials and the report
- He said that at the start, the number of ECD projects initiated was ambitious; the target was 4 classes per ward each year
- He challenged social auditors to volunteer to monitor implementation of projects and encouraged cost sharing between government and citizens
- He noted that contractors are not currently experiencing problems with payment saying that a rapid response team was established to address the problem.
- He noted that the commitment of the county government to address issues is very particular and delays in completing development projects need to be attributed to specific reasons.

Changes Resulting from Social Audit

The following changes have occurred on projects since the social audit process started:

(a). A solar fridge has been allocated to Sirata Dispensary
(b). Losampurmpur ECD has been fitted with ramps and doors, windows and floor repaired
(c). AGC Girls Loitip High School has received more funds from CDF and county government
(d). In Barwessa health center, supply of drugs has improved as the facility is now fully served
(e). Nurses at the facility are now reporting to work on time
(f). Subordinate staff are no longer serving patients as it was the case
(g). Kiboino dispensary’s staff house has been done
(h). Diebetic kits and antidote drugs are now available at the facility
(i). In Kapluk dispensary, a chain link fence has been installed and renovations done on the brick gate
(j). In AIC Kalel ECD, a classroom that had stalled has been completed and electric wiring done
(k). In Chepelow ECD, a pit latrine has been constructed
(l). In Chepelow Health Center, a lab technician has been employed and a new facility committee put in place. A bank account was opened and the facility received support amounting to Kshs. 40,000 from government
(m). In Kolowa Health Center, power installation has been done and a service charter installed.
1. Public Participation: Baringo County Government should put in place mechanisms to ensure full public participation in all stages of project implementation. A framework on formation of project management committees for county funded projects that clearly stipulates clearly how local communities will participate in procurement processes should be prepared and implemented.

2. Induction of ECD Committees: Baringo County should put in place mechanisms for recruiting and inducting ECD Committees to ensure they are properly constituted; they understand their roles and have the requisite skills and knowledge to effectively undertake those roles.

3. Induction Hospital Management Committees: Baringo County Health Department should develop guidelines on recruitment and induction of Hospital Management Committee Members to ensure they understand their roles and have the skills and knowledge required to undertake those roles effectively.

4. Adherence to Health Standards and Legal Provisions: Baringo County should adhere to standard provisions on:

   (a). Installation service charters in languages that users understand
   (b). Installation of special facilities to aid access to health care for marginalized groups such as PWDs and PLWHIV/AIDS.
   (c). Staffing of health facilities across different tiers to ensure citizens access quality health care
   (d). Provision of adequate infrastructure including service rooms and proper sanitation facilities as well as clean drinking water in health facilities
   (e). Provision of drugs and other curative aids in health facilities in accordance with service mandate across tiers

5. Access to information: CDF offices and County Governments should adhere to legal provisions and put in place mechanisms to facilitate access to financial information relating to implementation of physical projects. A project file complete with minutes relating to procurement, BQs, project budget among others should be made available at project sites to ensure transparency and accountability and enable members of the public to oversight implementation of projects.
6. **Standards for ECDE facilities**: Baringo County should develop a standard guideline on construction and equipping of ECDE facilities to ensure that ECDE facilities constructed meet the policy standards set by the MoE and have proper and adequate recreation and sanitation facilities. The guidelines should also ensure ECD facilities have clean water, are equipped with appropriate furniture and learning materials and have adequate staff to deliver quality services to citizens.
EDUCATION SECTOR

PROJECT 1: Construction Of Classroom in Kamusuk ECD Center

Kamusuk ECD Centre is located in Ribkwo Ward, Tiaty Sub-County. Construction of a classroom in this facility was financed by the County Government of Baringo. The project was initiated by community members three years ago with the aim of advancing early childhood education. Ribkwo ward had been experiencing low enrollment in ECDs due to long distances to existing ECD facilities.

Status of the project

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Project estimated cost</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Total funding to date</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Other sources of funding apart from</td>
<td>None</td>
</tr>
<tr>
<td>Actual cost of the project to date</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Project implementation schedule (time frame)</td>
<td>3 months</td>
</tr>
<tr>
<td>Level of completion</td>
<td>100%</td>
</tr>
<tr>
<td>Current PMC members</td>
<td>A Project Management Committee was never constituted to oversee implementation of this project</td>
</tr>
</tbody>
</table>

Findings

1. Management of Funds and Record Keeping

- A file containing documents for this project was not available at the project site.
- According to the ECD Committee Chairperson, the committee does not have any information or documents relating to the project.
- Procurement for the project was undertaken by the procurement department at the county headquarters.
- The contractor managed all aspects of the project without involving the ECD committee.
2. Quality of Work

- The project has been constructed properly
- According to social auditors, quality construction materials were used to put up the structure
- Measurements of the classroom meet the required standard.

3. Public participation and access to information

- Members of the local community were only involves in the identification and prioritization of the project
- Social auditors confirmed that the local community was not involved in the planning, implementation and handing over stages of the project.
- Accessibility of information relating to this project such as specifications was a challenge for both the ECD committee and the local community.

4. General Performance of the PMC

- A project management committee was never constituted to oversee project implementation process
- While the facility had an ECD committee in place, its efforts to monitor progress were hampered by lack of information about the project

5. Significant change resulting for the Project

- The project has enhanced access to quality ECD education services for residents of Ribkwo ward. Pupils of Kamusuk ECD are learning from a classroom for the first time in the history of the school, initially ECD lessons were conducted under a tree.
- Enrollment of new learners at the ECD Centre has increased by 5%

6. Other observations / cross cutting issue

- The classroom has not been equipped with furniture and appropriate learning materials
- There are no sanitation blocks for learners at the facility which poses a health hazard
- The facility only has one staff employed on a temporary basis
7. Recommendations for improvement

- County government should launch development projects at initiation to enhance ownership of projects by the target beneficiaries and promote transparency.
- Construction of toilets for ECD learners should be factored in the plans for new ECD centres.
- County government should equip newly constructed ECD centres with furniture and appropriate learning materials and staff them to facilitate smooth learning for learners.
- County government should involve school boards of management in implementation of ECD projects to ensure effective utilization of resources.

Names and contacts of the social audit team

<table>
<thead>
<tr>
<th>Ward</th>
<th>Name</th>
<th>Gender</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemolingot Ward</td>
<td>Ann Lekope</td>
<td>F</td>
<td>0724310549</td>
</tr>
<tr>
<td></td>
<td>OmariKukat</td>
<td>M</td>
<td>0726776093</td>
</tr>
<tr>
<td></td>
<td>Regina Sarich</td>
<td>F</td>
<td>0713516729</td>
</tr>
<tr>
<td></td>
<td>Carlos Belion</td>
<td>M</td>
<td></td>
</tr>
</tbody>
</table>

PROJECT 2: Construction Of A Classroom in Tartar ECD Centre

Tartar ECD Centre is located in Sacho Ward, Baringo County. A classroom construction project was initiated by members of the local community 2 years ago to advance early childhood education in Tartar village. The construction of this facility had an allocation of Kshs. 1 million from the County Government and was to be completed by October, 2016.

Picture of the project
General status of the project

<table>
<thead>
<tr>
<th>Project estimated cost</th>
<th>Kshs. 1,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total funding to date</td>
<td>None</td>
</tr>
<tr>
<td>Other sources of funding</td>
<td>None</td>
</tr>
<tr>
<td>Actual cost of the project to date</td>
<td>None</td>
</tr>
<tr>
<td>Project implementation schedule (time frame)</td>
<td>3 months - was to be completed by October 2015</td>
</tr>
<tr>
<td>Level of completion</td>
<td>50%</td>
</tr>
<tr>
<td>Current PMC members</td>
<td>Has not been constituted</td>
</tr>
</tbody>
</table>

Findings

1. Management of Funds and Record keeping

- The project file was not available on site, making it difficult for stakeholders to access information about the project
- Procurement for the project was handled by the procurement department at county headquarters and a contractor sent to the ground
- The contractor implements the project without involving of the ECD committee.

2. Quality of Work

- The quality of work done on the project was poor
- Low quality construction materials such as hardcore stones and timber were used on the project

3. Public participation and access to information

- Community participation on this project was low from the beginning; locals claim not to have involved at all in the implementation of the project
- Information pertaining to the project including specifications was not accessible to the public or even to the ECD committee
- An accountability board had not been elected at the project site at the time of this audit
4. General Performance of PMC

- There was no project management committee constituted to oversee implementation of this project implementation process
- The area ward administrator was aware of the project and said he was monitoring its progress closely
- Neither the ECD committee nor the school management committee have been involved in implementation of the project

5. Recommendations for improvement

- There is need to set up community project management committees to monitor implementation of development projects. This will promote transparency and accountability and guarantee quality workmanship and timely completion.
- County government should avail information about projects on the construction site to facilitate citizen oversight
- The county government should use competitive tendering in selection of qualified contractors who deliver quality projects.
- Project beneficiaries should be involved in all stages of project implementation to enhance community ownership

Annexure (additional pictorials, photocopies of vital documents to support findings)

PROJECT 3: Construction of A.I.C Kalel ECD Center

A.I.C. Kalel ECD Center is located in Barwessa Ward, Kabutiei Location. The project was initiated by the local community members to enhance accessibility of early childhood education in Kalel village. The project was funded by the County Government of Baringo and was among the first projects to be financed under the devolved system of government. At the time of audit, the project was 90% complete.
Figure 3-Kalel ECD Project

Status of the Project

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project estimated cost</td>
<td>Kshs. 1,000,000</td>
</tr>
<tr>
<td>Total funding to date</td>
<td>Kshs. 1,500,000</td>
</tr>
<tr>
<td>Other sources of funding</td>
<td>None</td>
</tr>
<tr>
<td>Actual cost of the project to date</td>
<td>Kshs. 1,500,000</td>
</tr>
<tr>
<td>Project implementation schedule (time frame)</td>
<td>Was to be completed by October 2015</td>
</tr>
<tr>
<td>Level of completion</td>
<td>90%</td>
</tr>
<tr>
<td>Current PMC members</td>
<td>None</td>
</tr>
</tbody>
</table>

Findings

(a). Management of Funds and Record Keeping

- Financial records pertaining to this project could not be accessed by social auditors owing to the fact that a project file was not available at the project site.
- Though the facility has an ECD committee, the committee is not involved in the project in any way.
- Procurement of the contractor and materials was done by the department of procurement at the county headquarters.
The project does not have a project management committee and is fully managed by the contractor.

**b). Quality of Work**

- Social auditors noted the low quality of construction used on the structure including poor quality of building blocks, untreated roofing timber and low quality hardcore stones.
- The structure has not been fitted with a ceiling board despite the fact that it has been completed and handed over to the county government by the contractor.
- The classroom is smaller in size measuring 6 by 8 feet as opposed to 9 by 9 feet as required by the MoE.

**c). Public participation and access to information**

- Community members were partially involved in the project during identification and prioritization stages, but not during implementation.
- Information about actual specifications of the project was not accessible by members of the ECD Committee or the community.

**d). General Performance of PMC**

- There was no project management committee put in place to oversee the project implementation process.
- Efforts by the ECD committee to monitor the project were not effective due to limited access of information regarding the scope of work, requirements and bill of quantities.

**e). Other observations / Cross cutting issue**

- The ECD committee feel there is no value for money for the newly constructed ECD classroom.

**f). Recommendations for improvement**

- County government project monitoring and evaluation team should conduct site visits to ensure that projects meet required quality specifications.
- The ECD Committee should petition the county government to complete construction of Kalel ECD centre.
- County government to construct social amenities in the ECD center such as sanitation blocks for teachers and learners.
- County government procurement department should avail the project file with relevant documents on project site to facilitate community oversight.
- County government should develop policy guidelines for establishment of project management committees
- There is need for the county government to equip ECD centres with appropriate furniture and learning materials
- County government should devolve procurement processes to the ward level to enhance transparency and accountability and develop policy requiring contractors to utilize locally available resources, including labor

**PROJECT 4: Construction of Classrooms at Loitip AGC Girls High School**

Loitip AGC Girls High School is located in Mukutani Ward, Baringo Sub-County. The school received funding from the Baringo Constituency Development Fund to facilitate construction of classrooms. The project was initiated by the community members 2 years ago to advance accessibility of early secondary education in Mukutani ward.

**General status of the project**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Project estimated cost</td>
<td>Kshs. 1200000</td>
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<tr>
<td>Total funding to date</td>
<td>Kshs. 600000</td>
</tr>
<tr>
<td>Other sources of funding</td>
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</tr>
<tr>
<td>Actual cost of the project to date</td>
<td>Kshs. 600,000</td>
</tr>
<tr>
<td>Project implementation schedule (time frame)</td>
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</tr>
<tr>
<td>Level of completion</td>
<td>65% complete</td>
</tr>
<tr>
<td>Current PMC members</td>
<td>7 PMC members namely</td>
</tr>
<tr>
<td>1.</td>
<td>Samson Lekitoko – ChairPerson</td>
</tr>
<tr>
<td>2.</td>
<td>Enock Lepene – Secretary</td>
</tr>
<tr>
<td>3.</td>
<td>Julia Lepo – Treasurer</td>
</tr>
<tr>
<td>4.</td>
<td>Joel Lejata – Ex- Official</td>
</tr>
<tr>
<td>5.</td>
<td>Renson Kikenyi - Member</td>
</tr>
<tr>
<td>6.</td>
<td>Stanley Lagat – Member</td>
</tr>
<tr>
<td>7.</td>
<td>David Kamakanyi - Member</td>
</tr>
</tbody>
</table>

**Findings**

**(a). Management of Funds and Record keeping**

- A file containing project documents was available at the construction site hence stakeholders could access information relating to the project.
Social auditors confirmed that the procurement of the project materials was conducted by the Project Management Committee after which the successful contractor was awarded.

The 7-member project management committee managed funds and maintained proper financial records evidenced by clear documentation of receipts and payment vouchers.

The committee meets periodically to share information regarding implementation of project and utilization of funds.

(b). Quality of Work

- Quality work has been done on the project and was noted on foundation and roofing.
- This was evidenced by quality of construction materials used to establish the structure.
- At the time of audit, the project was 60% complete.

(c). Public participation and access to information

- Based on information collected by social auditors, members of the local community are aware of the project and were involved in various stages including project identification, prioritization and implementation stages.
- Members of the local community are able to access information regarding project specifications, costs and implementation schedules due to availability of project file on the site.

(d). General Performance of the PMC

- A project management committee oversees project implementation process; the committee has consistently monitored the project since its initiation.
- There was evidence that the committee meets regularly and appropriates project funding in a transparent and accountable manner as evidenced by properly maintained records and quality work output.

(e). Other observations / Cross cutting issue

- The project has taken longer to complete according to its implementation schedule.
- Members of the local community seemed not to be aware of reasons why the project implementation process is slow.
(f). Recommendations for improvement

- The project management committee should share information with the community members on why project implementation is slow.
- The Baringo CDF office should fast track the completion of the project to enable learners access quality services beneficiaries.

**Names and contacts of the social audit team**

<table>
<thead>
<tr>
<th>Names</th>
<th>Contacts</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mukutani</td>
<td>Baringo South Sub-County</td>
<td></td>
</tr>
<tr>
<td>SalimLowan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paul</td>
<td>Kirongozi</td>
<td>0729482112</td>
</tr>
<tr>
<td>JosphatLesuno</td>
<td></td>
<td>0726064203</td>
</tr>
<tr>
<td>LoiceMilalo</td>
<td></td>
<td>0715720332</td>
</tr>
<tr>
<td>Maria</td>
<td>Katim</td>
<td>0713188390</td>
</tr>
</tbody>
</table>

**PROJECT 5: Construction of Kampinyasi ECD Center**

Kampinyasi ECD Center is located in Bawesa Ward, Baringo County. Construction of this facility was funded by the county government. The project was initiated by local community members to enhance accessibility of early childhood education in Kambinyasi village. While the project has been completed, the classroom has not been fitted with furniture and appropriate learning materials.

*The picture of the project if physical*

*Figure 4* Kampinyasi ECD Learners taking lessons.
General status of the project

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Project estimated cost</td>
<td>Kshs. 1000000</td>
</tr>
<tr>
<td>Total funding to date</td>
<td>Kshs. 1000000</td>
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<tr>
<td>Other sources of funding apart from CDF</td>
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<tr>
<td>Actual cost of the project to date</td>
<td>Kshs. 1000000</td>
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<td>Project implementation schedule (time frame)</td>
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<td>Level of completion</td>
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<tr>
<td>Current PMC members</td>
<td>None</td>
</tr>
</tbody>
</table>

Findings

(a). Management of funds and Record Keeping

- At the time of audit, information relating to this project was not accessible to stakeholders because the project file was not available on site
- The procurement for this project was done by the department of procurement at the county headquarters and a contractor was awarded the project tender.
- The contractor manages the project funding the involvement of ECD committee.

(b). Quality of Work

- According to social auditors the ECD center has been constructed poorly as evidenced by big cracks on the floor and poorly dressed stones.
- The size of the classroom constructed is small, measuring 5 feet by 4 feet as opposed to the standard requirement of 9 feet by 8 feet

(c). Public participation and access to information

- Based on information availed to social auditors, community members were partially involved in identification, and prioritization stages of the project
- Members of the local community and ECD committee are not able to access information regarding the actual specifications of the project and utilization of project funding

(d). General Performance of the PMC

- A project management committee was not constituted to monitor implementation process of the project
- Efforts by the ECD committee to monitor the project have not been effective due to limited access of information regarding the scope of work and project bill of quantities.

(e). Other observations / Cross cutting issue

- Learners in this ECD learners share sanitation blocks with primary school pupils, which poses health risks.
- The ECD center has not been fitted with furniture and appropriate learning materials – learners sit on the floor of the classroom during class lessons.

(f). Recommendations for improvement

- The county government should put up sanitation blocks for the ECD centre
- The county government should allocate more resources for renovation of the ECD classroom.
- There is need to equip ECD Centres with appropriate furniture and learning materials
- County government should devolve procurement systems to promote transparency and accountability of resources.
- Contractors should utilize locally available resources, including labor

(g). Annexure (additional pictorials, photocopies of vital documents to support findings)

Figure 5: Kampinyasi ECD Centre
PROJECT 1: Service Delivery in Chemolingot Sub-County Hospital

Chemolingot Sub-County Hospital is a level 4 facility located in Tiaty Sub-County. The facility serves residents of Tiaty and other surrounding areas. The facility is headed by a medical superintendent.

1. Infrastructure

- Chemolingot sub-county hospital is endowed with appropriate infrastructure and equipment to facilitate service delivery.
- However, there are concerns among members of the local community about the condition of the maternity wing. They say its infrastructure and equipment need to be improved.
- At the time of the audit, the facility was expecting more medical equipment from Friends of Africa initiative.
- The facility does not have an incinerator to facilitate proper disposal of waste.
- The compound is not maintained well and the fence around the facility is in poor condition. A number of dogs were seen roaming in the hospital compound posing health hazard to patients and service providers.

2. Service delivery

- The facility has a service charter installed, However, the charter is written in English, a language that most locals do not understand.
- The service charter does not provide communication details directing users to appropriate office to reach out to in case they need help.
- The health facility has staff including a medical superintendent, clinical officers, nurses and laboratory personnel. However, the facility lacks a medical doctor, clerks, community health volunteers and support staff.
- Based on information availed to social auditors, the health facility is faced by frequent shortages of essential drugs e.g. anti-malaria drugs.
- Users constantly experience delays in service delivery with patients having to queue for long hours (more than 2 hours) to receive health services.
- There are frequent cases of harassment of patients by service providers especially in the maternity wing.
3. **Management and governance**

- The facility has an active hospital management committee with one community representative.
- This indicates low community participation in the affairs of the health facility and in the constitution of the hospital management committee

**List of health management committee**

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Education qualification</th>
<th>Position</th>
<th>Phone No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evans Kangogo</td>
<td>M</td>
<td>Degree</td>
<td>Chair Person</td>
<td></td>
</tr>
<tr>
<td>Moses Akeno</td>
<td>M</td>
<td>Degree</td>
<td>Ex Official</td>
<td></td>
</tr>
<tr>
<td>Chebon Joseph</td>
<td>M</td>
<td>Degree</td>
<td>Secretary</td>
<td>0701318202</td>
</tr>
<tr>
<td>Anderson Repenia</td>
<td>M</td>
<td>Diploma</td>
<td>Member</td>
<td></td>
</tr>
<tr>
<td>Julia Ngetich</td>
<td>F</td>
<td>Teacher</td>
<td>Member</td>
<td></td>
</tr>
<tr>
<td>Costantina Cheptai</td>
<td>F</td>
<td>Chief</td>
<td>Member</td>
<td></td>
</tr>
</tbody>
</table>

4. **Financial management and Procurement**

- The facility has no procurement committee since medical supplies are purchased centrally at the county level.
- The facility has good financial structures characterized by maintenance of cashbooks and documentation of financial information through filing of receipts and payment vouchers.
- Financial reports and activity work plans are not easily accessed by members of public

5. **Public participation and access to information**

- Community members participate during health facility action days
- The facility does not conduct community dialogue forums where members of the public can provide feedback on the status of service delivery in the health facility
- There is a limited access to public information including quarterly facility finance reports, activity plans, budgets and previous audit reports.
- The health facility has a suggestion box in place but lacks a mechanism for documenting, analyzing and providing feedback to users on complaints raised

6. **Other observations and cross cutting issues**

- Management of ambulance services at the facility is poor; this leads to delays in referral services for patients
- There are low standards of cleanliness in wards and dogs were seen roaming within the facility compound.
7. Recommendations for improvement

- The County government should consider increasing budgetary allocation for drugs to address frequent shortage of essential and emergency drugs in health facility.
- There County government should ensure that funds to for facility support services are released on a timely basis
- There is a need to scale up HIV/AIDs awareness among the general population and increase accessibility of HIV testing and counseling services at the facility
- There is need to schedule male staff to coordinate referral services during night hours
- There for hospital administration to consider scheduling of effective and efficient medical personnel to coordinate provision of maternity services during night hours
- There is a need for the facility to find innovative ways to encourage hospital deliveries such as providing gift hampers for mothers who deliver in hospital

PROJECT 2: Service Delivery in Timboiwo Dispensary

Timboiwo Dispensary is a level 2 health facility located in Sacho Ward.

Picture of the facility

Findings

1. Infrastructure

- The facility lacks adequate infrastructure. For instance, it does not have service rooms such as MCH room, laboratory room and injection room.
- The facility has no incinerator for proper disposal of waste
- The sanitation block in the facility is in poor condition.

2. Service delivery

- The facility does not have a service charter installed making it difficult for users to know the different services offered there, cost and expected duration of waiting
- The facility is currently served by 1 clinical officer, 3 nurses, 1 public health officer and 2 community health extension workers.
- The facility is faced by frequent shortage of essential and emergency drugs evidenced by many referrals to Kabarnet Referral Hospital.

3. Management and governance
- The facility has an active hospital management committee comprising of 6 members who were elected in 2004 by the community members at a chief’s baraza.
- The committee conducts quarterly meetings to discuss matters pertaining to the facility

4. Financial management and procurement
- The facility does not have a procurement committee; medical supplies are purchased centrally at the county level.
- Based on information provided to the social audit team, financial records are not accessible to members of the public

5. Public participation and access to information
- So far, the facility has not organized any facility action day or community dialogue forums where members of the public interact with service providers at the facility.
- There is a limited access to information by the public including services offered at the facility, financial records and activity work plans.

6. Other observations and cross cutting issues
- Access to information in this facility is a challenge, social auditors had to hold discussions with the facility management to conduct interviews.
- The county government to consider scaling up the level of the facility to level three in order to expand and strengthen provision of health services in the ward.

7. Recommendations for improvements
- More service rooms should be constructed in the facility to enhance service delivery.
- There is need to increase the number of sanitation blocks to cater for staff and patients, improve the condition of existing blocks and construct an incinerator at the facility.
- There is need to increase the number of service providers in the facility to enhance provision of health services.
- A service charter should be installed at the facility to enhance access to information.

*Name and contacts of the social audit team*
PROJECT 3: Service Delivery in Kapluk Dispensary

Kapluk dispensary is a level 2 health facility located in Kabutiei location, Barwessa Ward.

Picture of the facility

Findings

(a). Infrastructure

- The facility has inadequate medical facilities, it lacks infrastructure such as laboratory, injection room and pharmacy.
- There are several facilities that are not functional in the facility. They include a maternity wing constructed by ActionAid Kenya 10 years ago and an incomplete patient ward constructed with funding from CDF.
- The facility does not have a reliable source of clean water, currently, it is fully dependent on rain water.
(b). Service delivery

- There is no service charter installed at the facility; this makes it difficult for service users to know the various services offered at the facility, how much they are required to pay for those services and how long they can expect to wait to access the services.
- The facility is grossly understaffed and is currently served by only one nurse. This contributes to poor quality of service delivery.
- The facility experiences shortage of essential and emergency drugs such as anti-malaria, antibiotics and anti-venom drugs. This has led to numerous referrals to other health facilities like Salawa health centre located 10 kilometers away.

(c). Management and governance

- The facility is managed by two committees that are both ineffective namely the Facility Health Management Committee and CDF Development Management Committee.
- The lack of an effective committee has contributed to poor management of the facility leading to inefficiency in provision of health service delivery.

List of Facility health management committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Education Qualification</th>
<th>Position</th>
<th>Phone No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernard Kigen</td>
<td>M</td>
<td>Degree</td>
<td>Chair Person</td>
<td></td>
</tr>
<tr>
<td>Christopher Kiptoton</td>
<td>M</td>
<td>O level</td>
<td>Treasurer</td>
<td></td>
</tr>
<tr>
<td>Beatrice Aengwo</td>
<td>F</td>
<td>O level</td>
<td>Member</td>
<td></td>
</tr>
<tr>
<td>Salina Bungei</td>
<td>F</td>
<td>O level</td>
<td>Member</td>
<td></td>
</tr>
<tr>
<td>Nora Chepchieng</td>
<td>F</td>
<td>Diploma</td>
<td>Secretary</td>
<td></td>
</tr>
<tr>
<td>Alfred Cherutich</td>
<td>M</td>
<td>O level</td>
<td>Ex- official</td>
<td></td>
</tr>
</tbody>
</table>

List of Facility CDF Development Management Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Education qualification</th>
<th>Position</th>
<th>Phone No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samuel Bowen</td>
<td>M</td>
<td>P1 teacher</td>
<td>Chair Person</td>
<td></td>
</tr>
<tr>
<td>Christopher Kiptoton</td>
<td>M</td>
<td>O level</td>
<td>Member</td>
<td></td>
</tr>
<tr>
<td>Beatrice Aengwo</td>
<td>F</td>
<td>O level</td>
<td>Member</td>
<td></td>
</tr>
<tr>
<td>Reuben Chemoiwo</td>
<td>M</td>
<td>O level</td>
<td>Member</td>
<td></td>
</tr>
</tbody>
</table>
(d). Financial management and Procurement

- The facility has no procurement committee; medical supplies are purchased centrally at the county level.
- The facility does not maintain proper financial records. Social auditors found that neither a cashbook nor payment vouchers are maintained at the facility.
- Also, the social audit team found out that financial reports are not accessible to members of the public as no reports are displayed on the notice board.

(e). Public participation and access to information

- The facility does not hold public action days nor does it organize for community dialogue forums where members of the public can interact with the management in the facility to discuss service delivery.
- The public has no access to information on services offered at the facility, financial records or activity work plans.

(f). Other observations and cross cutting issues

- The nurse who works in this facility is absent most of the time
- There is lack of cooperation between the facility health management committee and the facility health staff.
- There exists a misunderstanding between facility health management committee and CDF Development Committee.

(g). Recommendations for improvements

- County government should replace a staff who was recently transferred from the health facility and post additional staff include support, public health and laboratory staff to the facility.
- There is need for the County government to ensure frequent supply of essential drugs especially anti malaria drugs to the facility on timely basis.
- A service delivery charter should be developed and installed at the facility to enhance public access to information.
- Mechanisms to ensure the facility has reliable source of clean drinking water need to be put in place.
- The health facility management committee issue need to be resolved to ensure smooth management of the facility.
**Names and contacts of the social audit team**

<table>
<thead>
<tr>
<th>Names</th>
<th>Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barwessa / Muchukwo</td>
<td>Baringo North Sub-County</td>
</tr>
<tr>
<td>Francis Kelwon</td>
<td>0714691018</td>
</tr>
<tr>
<td>Stephen Kiptui</td>
<td>0725712550</td>
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<tr>
<td>Symon Cherop</td>
<td>0729365465</td>
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<tr>
<td>Haron Kulei</td>
<td>0711381534</td>
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<tr>
<td>Oliver Labat</td>
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**PROJECT 4: SERVICE DELIVERY IN SIRATA DISPENSARY**

Sirata Dispensary is a level 2 health facility located in Baringo Sub-county, Mukutani Ward.

**Findings**

(a). **Infrastructure**

- The facility is operational with limited service rooms which include a consultation room and a drug store that has not been fitted with shelves.
- The facility lacks appropriate furniture, laboratory and injection room.
- Recently the facility received a refrigerator which aids in preservation of drugs.
- The health facility does not have sanitation blocks for patients and service providers
- It also lacks an incinerator for proper disposal of medical waste, an aspect that poses health risks for users.
- The facility does not have a perimeter fence

(b). **Service delivery**

- The facility lacks adequate staff. At the time of audit, it was served by one male nurse, and element that has contributed to inefficient service delivery
- The facility does not have a service charter installed and users cannot access information regarding health services offered in the facility and at what cost.
- The facility experiences frequent shortage of essential and emergency drugs including anti-malaria, antibiotics and anti-venom. This means that patients are referred to Marigat sub-county hospital located 10 km away.

(c). **Management and governance**

The dispensary is governed by 9 member hospital committee duly elected by the community through a chief’s baraza. Committee members are listed below:
<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Education qualification</th>
<th>Position</th>
<th>Phone No:</th>
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</thead>
<tbody>
<tr>
<td>Samson Lekidogo</td>
<td>M</td>
<td></td>
<td>Chairman</td>
<td></td>
</tr>
<tr>
<td>Mercy Tikole</td>
<td>F</td>
<td></td>
<td>Treasurer</td>
<td></td>
</tr>
<tr>
<td>Phelemon Cheregem</td>
<td>M</td>
<td></td>
<td>Secretary</td>
<td></td>
</tr>
<tr>
<td>Renson Lematito</td>
<td>M</td>
<td></td>
<td>Member</td>
<td></td>
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<tr>
<td>Harison Meiguran</td>
<td>M</td>
<td></td>
<td>Member</td>
<td></td>
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<tr>
<td>Pauline Lekariap</td>
<td>F</td>
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<td>Member</td>
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<tr>
<td>Hellen Parsare</td>
<td>F</td>
<td></td>
<td>Member</td>
<td></td>
</tr>
<tr>
<td>Nooibikicho Koromo</td>
<td>M</td>
<td></td>
<td>Member</td>
<td></td>
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<tr>
<td>Stephen Lekwaro</td>
<td>M</td>
<td></td>
<td>Member</td>
<td></td>
</tr>
<tr>
<td>Joel lechuta</td>
<td>M</td>
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<td>Ex- Official</td>
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**d). Financial management and procurement**

- The facility has no procurement committee, medical supplies are purchased centrally at county level.
- Social auditors noted that the facility maintains good financial records like cashbooks and payment vouchers.
- Patients pay a user fee (sh. 20 for children and sh. 40 for adults) as reflected in receipt books.
- Amount collected from users is used to facilitate provision of support services in the facility.

**e). Public participation and access to information**

- Information availed to social auditors shows that the facility does not hold action days or community dialogues with users to share information on the status of service delivery at the facility.
- Community members also have limited access to information owing to the fact that the facility does not have a service charter.

**f). Other observations and cross cutting issues**

- There is need for the facility to strengthen provision of mother and child health clinics.
(g). Recommendations for improvements

- A service charter should be installed at the health facility
- The County government should post additional staff to the facility, ensure consistent supply of drugs and construct additional service rooms at the facility to enhance health service delivery.
- There is need to construct sanitation blocks for patients and staff in the facility as well as install an incinerator to ensure proper disposal of waste
- A perimeter fence should be erected round the facility to enhance security

Name and contacts of the social audit team

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Salim Lowalal</td>
<td>M</td>
<td>0729482112</td>
</tr>
<tr>
<td>Mukutani ward Paul Kirongozi</td>
<td>M</td>
<td>0726046203</td>
</tr>
<tr>
<td>Josphat Lesuno</td>
<td>M</td>
<td>0715720332</td>
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<tr>
<td>Loice Milano</td>
<td>F</td>
<td>0713188390</td>
</tr>
</tbody>
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to promote efficient and effective service delivery in health and education sectors through detection and prevention of corruption and abuse of power.

Baringo County Social Audit Report, 2016.