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

Laikipia County Social Audit Report, 2016.
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_Laikipia County Social Audit Report, 2016._
Developed by
Centre for Enhancing Democracy and Good Governance (CEDGG)
Supported by GIZ

@CEDGG, 2016
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Several people played a role in the processes that resulted into the publishing of this Report. It is not possible that CEDGG can singularly thank all of them. However, we wish to make special mention of the County and National Government departmental heads who participated in the social audit process and provided information contained in this report. Special thanks go to the Governor Laikipia County, His Excellency Joshua Irungu for fully supporting the project. In the same breathe, we wish to thank the Speaker of County Assembly of Laikipia, the Hon. Patrick Mariru for being available to participate in key events in the course of implementation and for whipping support for the project from the membership of the Assembly. The Contribution of the then County Secretary, Mr. John Mwaniki in providing strategic interventions and critique throughout the process cannot be gainsaid. Further, our gratitude goes to all heads of schools and health facilities social audited for their support without which this report could not have been compiled.

Our sincere gratitude also goes to all the forty social auditors for tirelessly and professionally conducting social audits on schools and health facilities. Indeed, it is the hard work of this gallant men and women that holds the bright future of Laikipia County. In the same vein, we are grateful to the County Project Focal team led by Mr. Peter wagutu, the CEDGG Coordinator for Laikipia County and Madam Anne Wangeci Nderitu for their leadership and coordination of the process. A special space is reserved for Bancy Wanjiru Kubutha for technical input into the process and compilation of this report.

We also thank GIZ for their technical and financial support without which we could not have undertaken the work. Last but not least, the CEDGG Secretariat members for their dedication and handwork throughout the project planning, implementation and the compilation of this report. They are Evans Kibet, Program Officer, Julius Mbu, ICT Assistant, James Maina, Finance Officer, Penina Maleve, Administrator and Cornelius Oduor, CEO

May our Good Lord bless all of you!

Masese, Kemunche
Programs Manager
EXECUTIVE SUMMARY

Transparency, accountability and citizen participation are at the heart of the new Constitution of Kenya 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 Laikipia 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 Likipia. 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 Education Sector,

1. **Good Teacher Management Practices**
The social audit revealed that in some learning facilities, teacher registers are available. This best practice is helpful in providing critical information to help with monitoring the performance of teachers including absenteeism rates. One of the learning facilities that exemplified this best practice in Laikipia County is Mwiruti ECD in Ngobit Ward.

2. **Presence of ECD Committees**
This best practice is encouraged to ensure that the facilities are governed properly and that members of the local communities participate in making decisions about ECD facilities. Some ECD facilities that exemplified this best practice included Mwiruti ECD in Ngobit Ward and Waguthiru ECD in Tigithi Ward. The Mwiruti ECD Committees has 7 members who are elected by the local community. The committee serves as the procurement committee and meets twice every term.

3. **Adequate Teaching Staff**
This best practice ensures that pupils access quality education because the teachers are not overworked. A school that exemplified this best practice is Metha Primary School in Ngobit Ward. The school has a total of 10 teachers and a population of 106 pupils. Mwiruti ECD Center also exhibited this best practice with a teacher to student ratio of 1:20.

In Health Sector,

1. **Access to Information**
This best practice was evident in Ndindika Health Center where social auditors were provided with all the information they needed to complete the social audit work. This practice is highly encouraged because it shows openness and accountability in management of public resources.

2. **Adequate Infrastructure**
The best practice is encouraged because it ensures delivery of quality services. It was exemplified in Wiyumiririe Dispensary in Ngobit Ward and Ndindika Health Centre.
3. **Presence of Hospital Management Committees**
   The social audit shows that most health facilities have hospital management committees where local communities are represented. This practice ensures that the local community participates in governing health facilities. Some facilities that display this best practice include Matanya Dispensary, Wiyumiririe Dispensary, Maina Village Dispensary, Ndindika Health Center, Nturukuma Dispensary and Kalulu Dispensary.

4. **Installation of Service Charters in Hospital Facilities**
   The best practice is encouraged as it enables service users to hold service providers to account.

The social audit process revealed numerous challenges in service delivery and implementation of development projects. Some of the key challenges highlighted in this report include;

- **Inadequate and or Poor infrastructure**
- **Poor sanitation** – most sanitation facilities in both health and education were inadequate and or in bad condition
- **Unreliable source of safe and clean water**
- **Poor integration strategy in project identification and implementation between the administrative structures and the sectoral departments in the county.** The audit revealed that there most of the sub county and ward administrators had no clear information on the project implementation status at their respective areas. In addition the sectoral departments were not adequately consulted in project design, budgeting and implementation especially in the water sector. This situation continues to negatively effective delivery of services and responding to public enquiry on project implementation progress.

- **Recentralization of the procurement process at the county headquarters.** Contrary to the experience with CDF project, the procurement for county infrastructural project at the ward level are undertaken at the county headquarters thus depriving the local entrepreneurs an opportunity to competitively bid for the county contracts. Centralization of procurement also denies project beneficiaries access to procurement information important for ensuring accountability in project
implementation as most of the successful contractors are not known to the locals. The situation is further compounded by the inaccessibility of information at the county procurement offices.

- **Violation of the doctrine of separation of powers.** In most projects audited, the public reported high levels of political interference in the way projects were awarded and implemented with majority of them alleging undue political interference by the members of the county assembly in projects implementation.

- **Poor mechanisms for social accountability in project prioritization and implementation.** One of the objects of devolution is to facilitate citizen participation in decision making with respect to governance. The County Government Act has clearly stipulated the object and mechanisms of public participation. Despite these clear provisions, the audit revealed that citizens still face numerous obstacles in accessing public information regarding project procurement and implementation. This was clearly demonstration by the inability of the social auditors to access vital documents relating to county and CDF funded projects during the audit exercise. Furthermore the county administrative officers at the Sub County and ward levels as well as CDF offices are very reluctant to share project information with citizens.

- **Poor standards of works especially in physical infrastructural projects.** Due to poor accountability mechanisms in project procurement and implementation, a number of construction works were found to be wanting in terms of quality and value for money.

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.
Part 1: 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, Laikipia 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 focuses 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 Laikipia 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 Laikipia 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
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, public participation, access to information 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).

1.1 Preparatory Activities

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

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 28th January, 2015 at the Kirimara Springs Hotel and presided over by the Speaker of the County Assembly of Laikipia.

(b). Community Mobilization and Sensitization Forums

A total of eight community sensitization and awareness forums were conducted across the County (two sub-counties of Laikipia East and Laikipia West) 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 and health facilities 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. The training took place at Kawa falls hotel, Nyahururu on 27th – 28th January 2016. 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 facilitated by among others the Laikipia County ECDE Coordinator, Nurse in Charge at Nyahururu Sub-County Hospital and a representative from the county Procurement Office.

1.2. **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 Laikipia had budgeted 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 education services to the public (ECDE). The institutions and facilities were selected from Wards where social auditors were drawn from.

(see complete list annexed to the report)

(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 (KIIs)**

Social auditors held intensive interview sessions with government officials, School Boards of management/ECD Committees and Health Facility Management Committees as well as CDF Committees. The social auditors also made effort to trace and interview some contractors albeit with a lot of difficulty.

(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 and SPSS and presented in table and pie chart formats. This was done in a participatory process that involved social auditors. The data analysis was both qualitative and quantitative.

1.3 **Literature Review**

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

1.4 **Validation of Draft Report**

Validation of this social audit report was done at two levels. Ward level validation meetings 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.

1.4.1. **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-Charges, members of Management Committees and Ward Administrators. Inputs made by participants during these validation meetings were captured and integrated in this report (see annexure).
1.4.2. County Level Validation

This meeting was held on 5th August 2016 at Sportsman’s Arms Hotel, Nanyuki. It 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. The County Secretary presided over the meeting and led County officials in discussing the findings and recommendations. The audit report was duly validated as reflecting the true state of affairs of service delivery in the two sectors.
CEDGG worked with a team of 40 social auditors to conduct social audit activities in Laikipia County. The team audited 8 health facilities, 8 learning facilities (ECDs, primary and secondary schools). Out of these, 8 construction projects were audited in the health and education sectors across 8 wards within the county. 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 report of the findings.

The Education Sector

In Laikipia County, social audit work in the education sector focused on ECD centers, primary and secondary schools.

Best Practices in the Education Sector

1. **Good Teacher Management Practices**
   The social audit revealed that in some learning facilities, teacher registers are available. This best practice is helpful in providing critical information to help with monitoring the performance of teachers including absenteeism rates. One of the learning facilities that exemplified this best practice in Laikipia County is Mwiruti ECD in Ngobit Ward.

2. **Presence of ECD Committees**
   Social audit findings show that there are ECD committees in various ECD facilities in Laikipia Ward. This best practice is encouraged to ensure that the facilities are governed properly and that members of the local communities participate in making decisions about ECD facilities. Some ECD facilities that exemplified this best practice include Mwiruti ECD in Ngobit Ward and Waguthiru ECD in Tigithi Ward. The Mwiruti ECD Committees has 7 members who are elected by the local community. The committee serves as the procurement committee and meets twice every term.

3. **Adequate Teaching Staff**
   From the social audit, it is evident that some of the learning facilities audited have sufficient teaching staff. This best practice ensures that pupils access quality education services because the teachers are not overworked. A school that exemplified this best practice is Metha Primary School in Ngobit Ward. The school has a total of 10 teachers and a population of 106 pupils. This means that the one
teacher takes a class of less than 20 pupils at any given time. Mwiruti ECD Center also exhibited this best practice with a teacher to student ratio of 1:20.

**Challenges in the Education Sector**

1. **Inadequate Learning Materials in Learning Facilities**
   One of the biggest challenges facing ECD facilities in Laikipia County, according to the social audit, is inadequate learning materials such as teaching aids including charts. This was evident in Mwiruti and Waguthiru ECD facilities in Ngobit and Tigithi Wards respectively. Nkando ECD center in Nanyuki Ward also lacked basic learning materials to aid with delivery of educational services. In Thiiru Primary School, social auditors noted that text books are inadequate and parents are required to purchase them in order to supplement the deficit.

2. **Inadequate or Poor Condition of Infrastructure in Schools**
   The condition of infrastructure in some of the learning facilities audited in Laikipia was poor and in some cases, it was inadequate. For instance, in Nkando ECD, the classrooms are wooden with dusty floors while in Waguthiru ECD, the classroom is in very poor condition, the toilet that pupils use is almost falling off and the seats used in the facility are big, designed for adults and unsuitable for kindergarten kids. Both facilities do not have clean water and are not connected to electricity. The sanitation blocks in Mwiruti ECD is not in good condition as well and pupils in this school have to bring drinking water from their homes because there is no safe drinking water in the learning facility. In Thiiru Primary School, the classrooms are in poor condition as the floors have pot holes. In Metha Primary School, some of the sanitation blocks are in bad condition, they are broken and their sides are almost falling apart.
3. **Construction of School Facilities on Controversial Land**
   In Waguthiru ECD, social auditors noted that the land where the facility sits is controversial and its freehold title deed is alleged to be currently held by a local financial institution in that an administration officer used the land to secure a loan facility. Despite this, the County Government initiated construction of an additional classroom that has now been abandoned.

4. **Poor Access to Clean Water**
   There is no access to safe, clean water for use by pupils in several learning facilities, according to audit findings. This means that pupils have to bring drinking water to school from their homes. Some facilities where this problem was notable are Waguthiru ECD, Mwiruti ECD and Nkando ECD.

5. **Untrained Teaching Staff in ECD Facilities**
   While the County Government has posted qualified teachers in some of the ECDs that were audited, such as Mwiruti, there are facilities where trained teachers are yet to be posted. For instance, Waguthiru ECD has one teacher who has been teaching in the facility since 1983. However, she has not undergone formal ECDE training despite the fact that she is paid by the County Government. Teachers in Nkando ECD are paid by the parents, the County Government is yet to post a teacher to this facility and it is not clear whether the current teachers have the requisite qualifications to teach in ECD facilities.

6. **Poor Remuneration of ECD Teachers**
   The audit revealed that in most ECD facilities, teachers are poorly remunerated for their services and often, there are delays in dispatching their payments. This issue was highlighted in the ECD facility within Thama Primary School in Igwamiti Ward and Nkando ECD in Nanyuki Ward.
7. Poor Maintenance of School Records
The social audit shows that in some of the learning facilities audited do not maintain proper records related to financial and management activities that occur. For instance, in Waguthiru ECD, there were no records in place showing how the facility is managed. The same situation was experienced in Thama Primary School ECD where no proper records are maintained. In Metha Primary School, auditors noted that financial matters are handled by the Head-teacher who did not have information about amounts contributed by parents, but said the financial representative in the management committee, who is a member of the local community, had the information.

The Health Sector

Best Practices in Delivery of Health Services

1. Access to Information
This best practice was evident in Ndindika Health Center where social auditors were provided with all the information they needed to complete the social audit work. This practice is highly encouraged because it shows openness and accountability in management of public resources.

2. Adequate Infrastructure
This best practice was noted in Wiyumiririe Dispensary in Ngobit Ward. The facility’s infrastructure is in good condition and includes service rooms such as injection room, dressing room, pharmacy, laboratory and treatment rooms. The facility also has a waiting bay that is in good condition, a kitchen, a store and 2 water storage tanks with a 10,000 liter capacity each. The sanitation blocks are standard and done well. The facility has no incinerator, but its disposal pit has been fenced. Ndindika Health Center also exemplified this best practice as it has comprehensive infrastructure including 2 treatment rooms, a laboratory, delivery room, incinerator, composite put, a comprehensive care center, a maternity, a motor vehicle among others.

3. Presence of Hospital Management Committees
The social audit shows that most health facilities have hospital management committees where local communities are represented. This practice ensures that the local community participates in governing health facilities. Some facilities that display this best practice include Matanya Dispensary where 4 community members sit in the management committee, Wiyumiririe Dispensary with 7 community members, Maina Village Dispensary with 9 community members Ndindika Health Center, Nturukuma Dispensary with 7 community members and Kalulu Dispensary with 7 community members in the hospital management committee.
4. **Installation of Service Charters in Hospital Facilities**
   This practice ensures that service users are able to access information about the services offered in a particular facility, how much they are expected to pay, who to contact in case they have complaints, how long it will take them to access services offered among others. Several facilities have installed service charters including Maina Village Dispensary, Wiyumiririe Dispensary and Matanya Dispensary in Thigithi Ward.

5. **Availability of PWD Facilities**
   This practice promotes equity in access to health care by providing facilities that enable persons with disabilities to access health facilities with ease. A facility that exemplified this good practice is Wiyumiririe Dispensary in Ngobit Ward. The facility has been fitted with a ramp that makes it easy for PWDs who have mobility challenges to access the facility.

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**Challenges in Delivery of Health Services**

1. **Inadequate Infrastructure and Equipment**
   From the social audit, it was noted that some health facilities do not have sufficient infrastructure such as incinerators and fence. For instance, Ntrukuma Dispensary in Nanyuki Ward relies on rain water, the facility has a tank but then the gutters are broken. Further, the facility is not fenced and does not have an incinerator for disposal of medical waste. Maina Village Dispensary in Igwamiti Ward also does not have a laboratory and the land on which it is constructed does not have a title.
Indeed, in Ntrukuma Dispensary, it was noted that the facility lacks communication equipment such as telephone to enable staff pass information to other facilities or ministry of health officials. The audit revealed that the nurse in charge of the facility is not facilitated to travel to and from MoH offices when there is need to do so.

2. Inadequate Staff

While a good number of health facilities audited in the county have key staff required to deliver quality health services, the audit revealed that there are facilities that lack staff in different areas. For instance, Wiyumiririe Dispensary does not have a lab technician despite the fact that the facility has a laboratory. Also, Ndindika Health Center is experiencing shortage of nurses and support staff and in Nturukuma Dispensary, there are no community health workers and support staff. In Matanya Dispensary, it was noted that the nurse also serves as the pharmacist because there is no pharmacist at the facility.

3. Inadequate Drugs in Health Facilities

According to social audit findings, most health facilities that were audited experience shortage of drugs. For instance, in Wiyumiririe Dispensary, social auditors noted that the amount of drugs received barely lasts for a month. This has led to frequent referral of patients to chemists to purchase drugs in this health facility and others such as Maina Village Dispensary, Nturukuma Dispensary and Kalulu Dispensary.
4. **Poor Access to Information**  
According to social audit findings, there were health facilities where accessing financial information proved extremely difficult for social auditors. For instance, in Melwa Health Center, the management of the facility was unwilling to provide any information about the facility despite numerous attempts by social auditors to schedule meetings.

5. **Low Public Participation**  
Social auditors noted that public participation in decision making processes is very low in some of the facilities they audited. In facilities such as Matanya Dispensary, there are no community action days and so the local community is never informed about what is going on in the facility. Public participation is also very low in Ndindika Health Center with locals barely getting to know what goes on in the facility.

6. **Failure to Install PWD Facilities**  
Social auditors noted that most health facilities lack facilities such as ramps to aid access to buildings for PWDs. For instance, Matanya Dispensary, Maina Village Dispensary, Nturukuma Dispensary and Kalulu Dispensary have not been fitted with ramps.

### Development Projects

**Best Practices in Implementation of Development Projects**

1. **Competitive Tendering Process**  
This practice ensures that there is openness and fairness in the procurement process and that the best contractor gets the tender to supply goods or provide services. From the social audit, this best practice was embraced in procurement of materials and services for the construction of 4 classrooms in Wiyumiririe Polytechnic. It was noted that the local community knows the contractor who won this tender for this CDF funded project.

2. **Installation of Accountability Boards on Project Sites**  
Social auditors noted that in Wiyumiririe Polytechnic, an accountability board for construction of a sanitation block had been elected. This best practice ensures that there is openness and accountability in implementation of development projects providing information about the contractor and financier of a project to members of the public.
Challenges in Implementation of Development Projects

1. Ineffective Project Management Committees
   The social audit found that in some instances, project management committees were ineffective and did not play any role in implementing development projects. For instance, in the construction of a staff house in SweetWaters Dispensary, funded by CDF, the 8 member project implementation committee was sidelined by the CDF Committee that took over the procurement and implementation processes. The only role that the project implementation committee played in the project was to develop the project proposal. In another CDF funded project, Thiiru Primary School where 2 classrooms were under construction, the audit shows that the CDF office managed the project directly and a project management committee was never formed.

2. Poor Access to Information
   Accessing information about some development projects was very difficult for social auditors. For instance, in Thiiru Primary School where 2 classes were being constructed with funding from the CDF, information relating to bill of quantities, quotations, budgets and progress reports was not available on site and social auditors could not access it from the CDF offices. Access to information relating to
the construction of a Maternity Wing in Matanya Dispensary was also a challenge for social auditors as the CDF office did everything without involving the local community. In Sweet Waters Dispensary where a staff house was being constructed, most documents relating to the project could not be accessed.

3. **Low Public Participation**

In most projects, public participation was either low or completely ignored. For instance, public participation in the construction of the Staff house in SweetWaters Dispensary was very minimal and as a result, the community has a very low opinion about the project. There was no public participation in the construction of the Maternity Wing in Matanya Dispensary and no procurement committee was formed. Instead, the hospital management committee was turned into the project management committee. Even so, the management committee seemed not to be aware about what goes on in the project as reflected by the lack of information about the project implementation on the part of the facility in charge who sits in the hospital management committee.

4. **Non-Erection of Accountability Boards**

Social audit findings show that there were no accountability boards erected on project sites in Laikipia to show project details including the contractor and implementer. For instance, there were no accountability boards on projects sites for construction of a staff house in SweetWaters Dispensary, construction of the Maternity Wing in Matanya Dispensary, and renovation works in Thiiru Primary School.

5. **Poor Workmanship**

This problem was particularly noted in projects where CDF offices took over the projects and kept project management committees at bay. For instance, in SweetWaters Dispensary where a staff house was being constructed, social auditors noted that the materials procured for construction of the house were not the same as what the project management committee had outlined in the bill of quantities. As a result, the quality of work was very poor, characterized by cracked floor and falling ceiling. In Thiiru Primary School, renovation works were not completed, the floor, windows and doors had not been fixed the time of the audit but the classroom was already in use.
6. **Stalled Projects**

The maternity wing in Matanya Dispensary stalled because the funds allocated by CDF, Kshs. 2.1 million were not enough to complete the project. Social auditors were informed that the amount needed to complete the project was Kshs. 4.1 million. At the time of the audit, the project was incomplete. The walls are not plastered walls, the roof is fixed but there are no windows, doors and ceiling.
QUALITATIVE ANALYSIS

Health Sector

1. Governance and Management of Health Facilities
   All six health facilities audited in Laikipia county have a hospital management committee in place that meets either on a quarterly basis or a biannually. From the audit, 5 of these health facilities have the community represented in management committees. None of the 7 facilities has a procurement committee. The numbers of community representatives in the hospital management committees vary from one facility to another as seen in the diagram below:

   Number of community representatives in HMC

   ![Diagram showing the number of community representatives in each facility]

2. Service Delivery
   Delivery of quality health services requires that inputs such as infrastructure, staff, drugs and social amenities like water be availed to health facilities. According to the social audit, the following inputs are available in Laikipia County:

   (a). Staff
   Staffing levels vary depending on the level of a facility; the higher the level, the more the staff required. The diagram below shows the staffing levels in facilities that were audited in Laikipia County:
(b). **Access to Clean Water and Sanitation**

Four of the health facilities audited have tapped water with two relying on rain water. Only 1 facility relies on river as the source of water. However, none of these facilities were found to have an established mechanism of treating water, particularly those that use rain or river water. All health facilities were found to have separate sanitation blocks for staff and patients. The table below shows the actual number of sanitation blocks currently available, including those dedicated to staff, for both male and female in various health facilities:

**Number of sanitation blocks per facility**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Number of Blocks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kalalu Dispensary</td>
<td>6</td>
</tr>
<tr>
<td>Maina village Dispensary</td>
<td>3</td>
</tr>
<tr>
<td>Matanya Dispensary</td>
<td>2</td>
</tr>
</tbody>
</table>
Even so, the number of sanitation blocks and water quantity and treatment in some health facilities do not meet the set standards of 4 blocks per outpatient setting or 1 toilet block for every 20 users in an inpatient setting as required by WHO in the extract below:

**Education Sector**

In Laikipia, 8 learning facilities in different wards were audited, 3 primary schools, 1 secondary school and 4 ECD centers. The population of each audited facility is shown in the diagram below:

**Student population in each audited facility**

![Student population diagram](image)
Public Participation in Governance of Schools
All four primary schools and 1 secondary school have boards of management in place. However there are no ECD committees in place in three ECD centers audited. Members of the boards of management in the schools are elected by parents, who are part of the local community. 60% of these boards of management meet on a quarterly basis and minutes of these meetings are available in 3 of the audited schools.

Staffing
The ECD facility is served by one teacher who is employed by the County Government. The primary and secondary schools audited are served by teachers employed by the Boards of Management and the Teacher Service Commission. The table below shows the number of teachers in each facility based on audit findings:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Mwiruti ECD</th>
<th>Tetu ECDE</th>
<th>Thama Primary School</th>
<th>Nkando ECDE</th>
<th>Waguthiru ECD</th>
<th>Metha Primary School</th>
<th>Thiru Primary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Government</td>
<td>0</td>
<td>2</td>
<td></td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td>1</td>
<td>2</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher Service Commission</td>
<td></td>
<td></td>
<td>22</td>
<td>-</td>
<td>10</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Board of Management</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>4</td>
<td>26</td>
<td>1</td>
<td>1</td>
<td>10</td>
<td>2</td>
</tr>
</tbody>
</table>

Financial Management and Service Delivery
As shown in the diagram below, the teacher to student ratio is within the recommended range of 1:40 students in most schools. However, this could not be ascertained for Kiwanja Secondary School whose data was not available.

Number of students taught by one teacher in Schools
Most of the facilities have learning materials such as books but they are not adequate for all students. None of the audited school has facilities for PWD. Out of the 7 schools audited, 5 have tapped water with the other two relying on relying on rain water.

According to the study, payment receipts for monies received are issued in all audited facilities. However, only two facilities have dedicated finance staff. The audit showed that financial documents and plans were only available in 2 schools. In some schools such as Kiwanja Day Secondary School, financial documents, including those related to the free secondary education program are not accessible as the principle fears to make them public.

**Development Projects**

Eight development projects were audited in Laikipia County, 6 in the education sector and 2 in the health sector. Further, 3 were funded by CDF, 2 by the County Government, 1 by both CDF and County Government while social auditors could not establish the source of funding for the remaining 2. Social auditors were unable to get information on amounts allocated for two of the 8 development projects. The completion status of these development projects varies; 5 projects have been completed, 1 is ongoing while 1 is stalled.

**Project Management and Public Participation**

Out of the 8 development projects audited, only 3 CDF funded projects had management committees comprising 7 to 14 community members. There are no PMCs set up for county funded projects. According to audit finding, only 1 project was identified and prioritized by local communities. There were no procurement committees in all development projects with the exception of 1 and only 1 project had an accountability board erected on the project site.

**Access to Information**

Out of 8 development projects, social auditors were able to access budget related information for 2 projects. In some projects such as Melwa Health Center, social auditors were not able to access any information about development projects as the management refused to facilitate the audit process.

**Value for Money**

Relevance to target community, adherence to timelines, cost effectiveness and quality of work are some of the factors that determine whether a project has value for money. Based on social audit findings in Laikipia, only one out of the 8 projects audited had been prioritized by the target community and 2 had been completed as scheduled. Social
auditors noted that quality work had been done on 2 projects but could ascertain whether experts had been involved in implementation of those projects.

**COMMITMENTS BY SERVICE PROVIDERS**

In a county validation meeting held on *** and attended by representatives from the county government including the County Secretary and the Chief Officer of Health, the following issues were discussed:

**Public Participation**

1. This enhances accountability. The county secretary confirmed that the public participation law for Laikipia County has been passed and the county is rolling it out this financial year.
2. Under this law, the county government will be cascading public participation, from all initiation of projects to implementation, to local communities

**Access to Information for Project management committees**

1. County government officials emphasized the need to build the capacity of PMCs to understand how to deal with contractors and clarify contractor ToRs for them
2. The County Secretary supported access to project information by project management committees. He however noted that induction of PMCs is necessary to ensure they play their role effectively.
3. He noted that while the law allows citizens to access any public information, citizens should adhere to the laid out procedures to get the information they need
4. The County Secretary advised CEDGG to do a formal communication to the county government’s department of education to get clarification of the Kshs. 1.9 million allegedly spent on a toilet in Wiyumiririe Polytechnic

**Drugs in Health Facilities**

1. The Chief Officer of health said that the county government has steadily increased allocations towards drugs. Since the health system is in 6 levels, the county government encourages each facility to offer services commensurate to their mandate to reduce congestion in referral facilities
2. The CO identified key challenges facing delivery of services in health sector as:
   (a). Low awareness among citizens on what services are offered in each hospital level
   (b). Budgetary constraints: The current allocation of Kshs. 120 million is not sufficient to provide drugs for every citizen
   (c). Inadequacies resulting from poor social insurance
Comments by EACC

1. Representatives from EACC underscored that a lot of petty corruption goes on at service delivery points and require monitoring by government agencies and the community.

2. Unethical behavior burdens citizens with unnecessary costs and communities should engage duty bearers when they note such anomalies. Where no action is taken, citizens should inform oversight bodies such as the EACC.

3. The EACC identified possible areas of partnership with CEDGG such as sensitizing people about corruption issues and sharing reports to inform advisory and seal loopholes.
1. **Inspection of School Facilities:** Laikipia County Directorate of Education should put in place mechanisms of ensuring that facilities primary and secondary schools are regularly inspected to determine development or renovation needs such as requirements for additional teaching staff, sanitation blocks, new classrooms, renovation works, provision of clean water among others.

2. **Induction of School Boards of Management:** Laikipia County Directorate of Education should put in place mechanisms for recruiting and inducting school boards of management to ensure they understand their roles and have the requisite skills and knowledge to effectively undertake those roles.

3. **Access to information:** CDF offices and relevant County Government offices should adhere to the legal provisions and put in place mechanisms of facilitating 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.

4. **Adherence to Health Standards and Legal Provisions:** Laikipia 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 health of facilities across different tiers to ensure citizens access quality health care
   (d). Provision of adequate 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. **Induction Hospital Management Committees:** Laikipia County Health Department should develop guidelines to guide the recruitment of Hospital Management Committee Members. The county also needs to put in place mechanisms for inducting HMC members to ensure they understand their roles and have the skills and knowledge required to undertake those roles effectively.
6. **Standards for ECDE facilities:** Laikipia 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, have proper and adequate sanitation facilities, clean water, and they are well equipped and staffed to offer quality services to citizens.

7. **Allocation of resources to Projects:** CDF offices and County Governments should ensure proper budgeting for development projects and allocation of adequate resources to avoid stalling of projects.
PROFILES OF SOCIAL AUDITED PROJECTS

Education Sector

PROJECT 1: Service Delivery In Metha Primary School

Metha Primary School is located in Wiyumiririe sub-location, Laikipia Central sub-county. It was registered by the MoE as a public learning institution in January, 2004 - registration No: G/PE/8547/14 registered. The school is located about 1½ km off the Nyeri-Nyahururu Highway, left at Mugiko (Nyandarua-Laikipia boundary) bordering the Aberdare Game Park. The primary school sits on a 0.7425 ha piece of land while the ECD Center sits on a 0.7140 ha. The school has a population of 106 pupils in the primary sector, 10 teachers employed by the Teacher Service Commission (TSC) and 2 supportive staff.

Findings

(a). Infrastructure
- The school has 4 permanent classrooms constructed with support from the Kenya Wildlife Service (KWS) and 4 semi-permanent classrooms.
- Construction of an administration block is underway with funding from the Laikipia Central CDF Office
- The school has a standard 8 door sanitation block constructed by parents between 2013 and 2016 and in use. Auditors noted existence of other latrines that are broken and with falling sides still in use
- Sanitation blocks for staff are separate, but their condition is not very good.
- The school compound is unkempt, it is bushy and rocky and the fence has gaps at all sides.
- There are paths on the compound leading to different directions, an indication that people pass through the compound frequently; an aspect that poses security threat to the school.

(b). Governance and Management
- Before the current board of management took office in February, 2016, the school had stayed without a BoM for over three years.
- According to information shared by the deputy head teacher, the head teacher manages all financial matters in the school. Even so, when asked about parent contribution, the head teacher said the parent representative in charge of finance, who has held the position for over 3 years, had the report.
- The current board of management constitutes 17 members comprising parents, teachers and the member of the community. Officials includes:
1. The Chairman – David Theuri – 0729 463781
2. The Secretary – Francis Rukwaro (Head teacher) - 0726657333
3. The Finance rep. Rose Wambui – 0711892861

- The school receives funds from the MoE for free primary education and their expenditure is supervised by the head teacher.
- The school has a procurement committee that is involved in the selection and procurement of books in the school. Members of this committee are the head teacher, his deputy, the school finance representative and 8 other teachers

(c). Children Welfare
- The school has a feeding program sponsored by the World Food Program (WFP)
- Parents contribute money to supplement the feeding program.
- At the time of the audit, the total amount contributed by parents towards this program could not be established because there were no records
- The program is managed by a 7-member committee referred to as Home Grown School Feeding Program
- Sources say that the parents contribute 130/= per child per term for the food program
- Other amounts that parents have contributed include 1500/= per parent for the standard latrine project.
- Parents whose children are joining the school for the first time pay Kshs. 500/= for desks

(d). Observations
- Parents have been attending meetings in February every year, for the last 3 years. These meetings provide a platform for public participation in decision making processes concerning the school.
- Generally, there is lack of proper co-operation between parents and teachers in the school.
- Enrollment of students in this school has reduced significantly

(e). Recommendations
- The ministry of education should inspect the school to check the commitment and performance of teachers and management.
- The school compound should be leveled, bushes cleared and proper fencing done to enhance security
Wiyumiririe Youth Polytechnic is a vocational training facility located in Laikipia East Sub-County, 2 kilometers from Wiyumiririe trading center, along the Nyeri - Nyahururu Highway. There are several developments in the institution, some ongoing, others complete, funded by different parties. The polytechnic was initiated by the local community in 1980s and sits on approximately 2 acres of land. The following projects were audited in Wiyumiririe Polytechnic:

1. Construction of a standard sanitation block funded by the county government
2. Construction of an administration block funded by the county government
3. Construction of a classroom funded by C.D.F

Findings

(a). General status of the projects
- Construction of the standard sanitation and administration block was complete at the time of the audit.
- Construction of the classroom was ongoing with works done in phases. This project was initiated in 2003.
- The foundation laid was for two classrooms; the first block is almost complete while the second one is about 80% complete.
- The facility has not been connected to power.

(b). Public participation and access to information
- Social auditors could not access financial documents relating to the construction of the sanitation block project. The project was supervised by the county and no project management committee was constituted.
- Procurement for the construction of the sanitation block and administration block was done at county headquarters.
- The local community was not involved in the implementation of the two projects and they do not know the actual cost of the project

(c). **Procurement**

- While the classroom project funded by CDF had a project management committee, sanitation block and administration block projects did not have project management committees in place.
- Based on information availed to social auditors, the contractor of classroom project spent Kshs. 1.5 million on foundation materials and works. According to the contractor, there are pending payments but the management committee claims the contractor owes the polytechnic some money.

- Quotations obtained by social auditors show that construction of the first classroom cost Kshs. 1.049 million. Works included laying the foundations, walls and fitting the roof, doors and windows. Finishing works on the block were ongoing at the time of the audit.
- According to the PMC chairperson, the cost of constructing the classrooms amounts to almost Kshs. 3 million with funding released in phases. The actual cost could not be established by the social auditors as documents showing actual amounts spent on the project could not be obtained from the CDF office.
- The project did not have an implementation schedule and its completion was based on availability of funds.
- Some records for the CDF funded project were accessible to social auditors. There was evidence that procurement for this project was done competitively as
reflected by quotations availed to social auditors.
- There were allegations that the cost of constructing the standard sanitation block amounted to Ksh. 1.9 million

(d). Significant change resulting to the project
- At the time of the audit, the polytechnic only had 7 students.
- The ongoing projects in the institution might not significantly affect the community in a positive way unless campaign to increase the number of students in the institution is run and the confidence of the local community improved.

(e). Recommendations
- There is need for the county government to make the polytechnic fully functional by connecting it to power, providing learning materials and equipment and marketing it to the local community
- Committed and qualified staff should be posted to the facility and a board of management put in place.
- There should be proper public participation in the youth polytechnic matters in terms of programs and projects to enhance ownership of the institution by the community and restore pride and confidence towards the youth polytechnic.
- A strategic plan for the institution should be developed

List of the social audit team:
(a). Rev. Peter K. Gachoka - Team Leader - 0726919080
(b). David Gitonga - Secretary - 0720306560
(c). Beatrice Muthoni - Member - 0726993511
(d). LilianWanjiku - Member - 0712831452
(e). Cecilia Wangeci - Member - 0710188015
**PROJECT 3: Kiwanja Day Secondary School**

Kiwanja Day Secondary School is located in Kiwanja Village, Igwamiti Ward, Laikipia West Sub-County. The school was initiated by the community 4 years ago to provide education to students in the area. It sits on a 10 acre piece of land curved off Kiwanja Primary school. The Laikipia West constituency development fund funded construction of classrooms in this learning facility.

**General status of the project**

<table>
<thead>
<tr>
<th></th>
<th>Not Available. Information Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total funding to date</td>
<td>Not Available</td>
</tr>
<tr>
<td>Other sources of funding apart from CDF</td>
<td>Parents Contributions</td>
</tr>
<tr>
<td>Actual cost of the project to date</td>
<td>N/A</td>
</tr>
<tr>
<td>Project implementation schedule (time frame)</td>
<td>No time frame… Ongoing progressively</td>
</tr>
<tr>
<td>Level of completion</td>
<td>3 permanent Brick walled structure and 2 semi-permanent iron sheets structures</td>
</tr>
<tr>
<td>Current PMC members</td>
<td>Interim BOM and PTA.</td>
</tr>
</tbody>
</table>

**Findings**

- Social auditors were not able to audit utilization of funds in this learning facility due to resistance by the CDF office
- CDF officials were not willing to share any information relating to the project.

**PROJECT 4: Service Delivery In Thama Primary School**

Thama Primary School is located in Maina Village, in Igwamiti Ward, Laikipia West Sub-County. The public primary school is has an ECDE within its compound. However, the school does not have a title deed for the piece of land on which it sits.

**Findings:**

(a). **Infrastructure**

- The ECD section has one classroom that is not sufficient to comfortably accommodate all pupils
- Generally, the condition of classrooms in the primary school is good; the playground is leveled though it has no grass cover
- The school has a total of 4 sanitation blocks, 2 for girls and 2 for boys. It also has tapped water.

(b). Service Delivery
- With over 1100 pupils and 30 teachers, the teacher to student ratio is about 1:38. However, social auditors noted that the rate of absenteeism among teachers is at 80% which affects service delivery negatively
- The facility does not have an ECD teacher posted by the county government, the current one is paid a small fee by the parents paid after three to six months

(c). Management and Governance
- The facility has a board of management in place.
- The board meets on a quarterly basis and minutes of their meetings were availed to social auditors as evidence of those meetings
- However, the school does not have a procurement or tender committee in place.
- There is a PTA in place that meets on a quarterly basis, minutes for PTA meetings were available.
- The school maintains a teacher register with the local community rating teacher attitude as good.

(d). Recommendations
- The county government should post sufficient ECD teachers to the facility and pay them well to deliver quality services
- The number of classrooms in the ECD section should also be increased
- The government should issue the school with a title deed

PROJECT 5: Service Delivery In Mwiruti ECDE Centre

Mwiruti ECDE Center is located in Thigithu Ward, Laikipia East Sub-County. The facility has a population of 15 pupils.

Findings

(a). Infrastructure
- The leaning facility sits on a 1 acre piece of land.
- It has a permanent classroom, a fence, a playground and a temporary toiled made of wood and iron sheet
- The condition of the sanitation block is not very good for use by kindergarten kids
(b). **Service delivery**
- The teacher to pupil ratio in this facility is 1:20. A teacher register is available in the facility and members of the community rated the teacher’s attitude as good.
- Though the facility has learning materials, they are not adequate.
- The facility does not run a school feeding program and clean drinking water is not readily available, children have to bring these from home.

(c). **Management and governance**
- The facility has a 7-member board of management elected by the local community. The same committee serves as the procurement committee and meets twice per term.
- Details of management committee are as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Education level (qualification)</th>
<th>Position in the Committee</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Karuki</td>
<td>Male</td>
<td>O level</td>
<td>Chairman</td>
<td>0706212242</td>
</tr>
<tr>
<td>Caroline Nyawira</td>
<td>Female</td>
<td>O level</td>
<td>Treasurer</td>
<td>0728073267</td>
</tr>
<tr>
<td>Ann Ngatia</td>
<td>Female</td>
<td>O level</td>
<td>Secretary</td>
<td>0725869460</td>
</tr>
<tr>
<td>Joshua Mugambi</td>
<td>Male</td>
<td></td>
<td>V / Chairperson</td>
<td>0716570204</td>
</tr>
<tr>
<td>Nancy Rukwaro</td>
<td>Female</td>
<td></td>
<td>Member</td>
<td>0729968322</td>
</tr>
<tr>
<td>Robert Githui</td>
<td>Male</td>
<td></td>
<td>Member</td>
<td>0712742490</td>
</tr>
<tr>
<td>Wilfred Karithi</td>
<td>Male</td>
<td></td>
<td></td>
<td>0723581614</td>
</tr>
</tbody>
</table>
(d). Financially management procurement
- Parents pay Kshs. 3600 each year for every child
- The amount is management by the board of management

Names of social auditors
1. Chairels M. Njogu 0724 712105
2. Simon M. Njama 0721 816140
3. Jane Maina 0711 134345
4. Victoria Ngatia 0726 940 837
5. David Ngugi 070621224
PROJECT 1: Wiyumiririe Dispensary

Wiyumiririe Dispensary is a level 2 health facility established in 2007. It is located in Wiyumiririe Location, Laikipia East Sub-county, about a kilometer from the Nyeri - Nyahururu road. The dispensary sits on approximately 2 acres of land.

Findings

(a). Infrastructure

- The dispensary has a well-constructed standard building with service rooms that include dressing and injection rooms, drug/pharmacy room, MCH/FP and laboratory.
- The facility has a well-constructed waiting bay and a separate house that serves as the kitchen and store. The facility runs a greenhouse project funded by USAID’s Aphia Plus program.
- There are two tanks, each with a capacity of 10,000 liters in the dispensary. A third tank is used to store water for use in the greenhouse while a fourth tank donated by the county government is not in use.
- The dispensary has a standard latrine and a fenced disposal pit.
- The facility is equipped with basic machines including weighing scales, thermometers, BP machine and laboratory equipment such as light microscope, and a refrigerator vaccine.
- The compound generally looks good and is fenced.

(b). Service Delivery

- A service charter with details of services offered has been installed in the facility.
- The dispensary is served by three nurses, two support staff and three CHV’s. A public health officer is also attached to the facility.
- At the time of the audit, only one nurse was available to offer services, a support staff was dispensing drugs at the pharmacy. According to reports given to social auditors, other staffs were on maternity leave.
- The facility experiences frequent shortage of drugs with deliveries barely lasting for a month. Patients reported frequent referrals to Ndaragwa health center or chemists to buy drugs.
- According to the nurse in-charge, the County Government does not provide enough and timely facilitation including for payment of support staff. She handles all issues in the dispensary including service delivery and management of the facility.
(c). **Management and Governance**
- The dispensary has a management committee; however the committee is not well known to the community.
- Based on information provided by members of the community, only the chairman is known to them. He has held this position since conception of the facility.

(d). **Public Participation**
- There was no evidence that members of the public participate in the management of the facility
- There seems not to be interested in participating in facility affairs, while on the other hand, the facility has no action plan or a schedule of activities involving the public
- While there is a suggestion box in the facility, members of the public do not use to provide feedback or raise concerns

(e). **Recommendations**
- The county government should post laboratory staff to the facility
- There is need to put mechanisms in place to ensure availability of nurses during emergencies such as a maternity bed to handle deliveries
- The management committee should put mechanisms to enhance public participation in place to enhance the public image of the facility.

**PROJECT 2: Service Delivery In Ndindika Health Centre**

Ndindika Health Center is a Level 3 facility located in Githiga Ward, Laikipia West Sub-County.

1. **Infrastructure**
   - The facility has basic infrastructure required in level 3 facilities. It is fitted with the necessary service rooms including 2 treatment rooms, a maternity, a minor theatre, a laboratory, a delivery room, a community service room and a staff house.
   - The facility also has a vehicle, a placenta room, a motorcycle and is fenced with a gate installed.
   - The facility has a waste management system that comprises a composite pit and a simple incinerator

2. **Service delivery**
   - Though the facility has a qualified doctor and pharmacist, it has an acute shortage of staff including nurses and support staff.
- The facility also experiences water shortage due to lack of proper management of the borehole that currently supplies water to the facility
- According to the local community, services offered in this facility are good and satisfactory
- There is a service charter installed in the facility showing services offered, cost and queuing time
- The facility does not experience frequent shortage of drugs. Based on information availed to social auditors, the facility has essential drugs that level three facilities should have.

3. Management and governance
- The facility has a hospital management committee and a procurement committee in place
- According to the local community, staffs at the facility have a good attitude and treat patients well.

4. Financial management
- The facility receives H.S.S.F funds every three months
- Patients are charged a fee to access services at the facility

5. Public Participation and access to information
- Though the in-charge is open to providing information relating to financial management of the facility, financial reports are not displayed on notice boards.

PROJECT 3: Service Delivery In Maina Dispensary

Maina Dispensary is a level 2 facility located in Igwamiti ward Laikipia West Sub-County. The facility is managed by a 9-member hospital management committee formed in 2013. The facility does not have an allotment letter or a title deed for the land on which it sits.

(a). Infrastructure
- The facility has basic infrastructure including a consultation room, a delivery room and a pharmacy
- However, the facility does not have a treatment room
- The facility has 2 wheelchairs and 2 stretchers
- The facility has 3 sanitation blocks; one for male patients, one for female patients and another for staff
- The maternity has one delivery bed and maternity equipment including a nose sucker, weighing scale, scalpels and gloves.
(b). **Service Delivery**  
- The facility is served by 8 staff comprising 3 nurses, a pharmacist and 4 support staff  
- There is a service charter installed in the health facility  
- The community rated the conduct and attitude of staff in the facility as good  
- The facility is not fitted with facilities to aid delivery of services to PWDs and PLWHIV  
- Patients are not charged for services offered in this facility  
- Patients are not able to access services from the facility during weekends or a night

![Service Charter Image](image)

(c). **Public Participation and Access to Information**  
- The facility does have a suggestion box; however, it does not have a mechanism for providing feedback to citizens for complains raised  
- Financial plans and records are not displayed on the notice boards for citizens to access

(d). **Recommendations**  
1. There is need to post more staff to the facility and provide infrastructure for provision of lab services  
2. There is also need provide the facility with a title deed for the land on which it sits


**PROJECT 4: Construction of a Staff House In Sweetwaters Dispensary**

The construction of a staff house in sweetwaters dispensary was funded by Laikipia East constituency development fund. The level 2 facility is located in Thingithu Ward, Laikipia East Sub-County. The project was initiated to provide shelter to the facility nurse who currently lives far from the facility and cannot attend to emergency medical cases. The facility is managed by a hospital management committee elected by the community.

![Image of a staff house](image)

The currently management committee comprises of the following.

1. DAVID KARURI   CHAIR     0706 212242
2. REUBEN MWANIKI  TREASURER   0712 063524
3. EUNICE KARIINGA  SECRETARY / NURSE  0724 063524
4. JUSTUS GITONGA  MEMBER   0715 459893
5. GRACE THUMBI  MEMBER   0729 554 786
6. MICHAEL KARIUKI  MEMBER   0725 720726
7. PRISCILLA WANJA  MEMBER   0711 134345
8. ANNE MWATHA  MEMBER   0728 025507

**General Status**

- By the time the social audit was being carried out, the project had received a total of Kshs. 2.25 million
- There were no additional funding from other sources
- The implementation period for the project was between 2013 and 2014.
- The project is considered complete with a plaque showing it was opened on 14th January, 2015
- However, project does not have water and electricity connection and is also not fenced

**Findings**

(a). **Financial records**
- The project was fully implemented by the CDF committee and social auditors were not able to access any financial records regarding the project
- The CDF committee handled procurement for this project and the hospital management committee was not involved at all

(b). **Quality of work**
- According to observations made by social auditors, the quality of work done on this project is poor
- The materials used on this project is poor, the house has cracks on the floor and the ceiling is falling off

(c). **Public participation**
- Public participation in the identification, prioritization and implementation of the project was minimal
- Access to information relating to implementation of this project was a challenge for the public as the committee form the CDF office implemented the project without involving the public
(d). Significance and Change
- Though the house is considered complete, it is not in use yet due to its condition.
- Generally, the local community does not own the project and have a low opinion about the project.
- As such, the project has not benefited users in any way

(e). Recommendations
- There is need to renovate the staff house and connect it to water and electricity to make it habitable
to promote efficient and effective service delivery in health and education sectors through detection and prevention of corruption and abuse of power.

Laikipia County Social Audit Report, 2016.