

Base line information Wasat sub location 2023

Wasat sub location is situated in Chelopoy location of Kiwawa ward, North Pokot Sub County, location headquarter is at Mbaru 107 kilometers from Kacheliba. Wasat sub location can be accessed through one route of Kacheliba through Konyao-Kiwawa - Kamla then Wasat, the road from Konyao is rough with other places poorly maintained. The area is semi arid; main activities include small scale farming that is always affected by long dry spell, and animal keeping that always cross over to Uganda for water and pasture. Other economic activities are gold mining in the border between Pokot and Turkana counties. Most of the residents move to such area to venture for a living, leaving the children to take care of themselves back at homes. This has led to a high number of school going children being at home. According to school head teachers for Wasat and Kamla, the estimated number of school going children who are at home is at 70%.

Population Wasat sub location	MALE All included	FEMALE All included	No of villages	No of house holds	No of village elders
Total	934	1,352	8	134	8

Education

According to the local administration and school head teachers, is that majority of the population are illiterate they never even understand Swahili as national language. Illiteracy level therefore estimated to be above 80%. Enrollment in Wasat sub location 2022 is estimated to be about 30%. Number of girls enrolled in lower classes is high than that of boys. Girls' dropout starts from std 5 due to child marriage, forced marriage, female genital mutilation and teenage pregnancies which is so rampant in the area. Girls are taken to school just to allow them grow before being mutilated and married off at a tender age. Gold mining has contributed to a high school dropout for both girls and boys. Boys get money through mining and eventually decides to get married.

Name of Primary schools	Enrolment		Transition 2022	
	Boys	Girls	Boys	Girls
Kamila	85	82	6	2
Wasat	90	85	4	3
Total	175	167	10	5

The above schools are less that 6 years since its establishment.

Number of learners in lower primary registers high number but drastically the number drops in upper primary for both boys and girls due to FGM, child marriage and teenage pregnancies.

Other Contributing factors to both boys and girls are as follows.

- Lack of parental support on basic needs
- Movement from Kenya to Uganda especially boys while heading cattle
- Community members prioritizing gold mining leaving children home
- Parent preferring to get pride price than paying secondary school fees
- Lack of sanitary pads for girls during their menses thus staying back at home, eventually dropping out of school.
- Lack of school fees

FGM PREVALENCE

Community/elders views about Fgm

1. How often do you hear about Fgm(8 response conducted from 8 villages)

No	Frequencies	No of response	Percentage
<u>1</u>	Very very often	0	0
<u>2</u>	Very often	7	87.5%
<u>3</u>	Not very often	1	12.5%
<u>4</u>	Not at all	0	0

Most of the Fgm cases do happen where girls are taken to a different village for mutilation

Administration FGM cases (2 administrators questioned)

2. How often do you get cases of FGM

No	Frequencies	No of response	Percentage
<u>1</u>	Very very often	<u>0</u>	<u>0%</u>
<u>2</u>	Very often	<u>0</u>	<u>0%</u>

<u>3</u>	Not very often	<u>2</u>	<u>100%</u>
<u>4</u>	Not at all	<u>0</u>	<u>0</u>

Cases regarding FGM are being reported when it has already taken place, community member's fears being exposed to the culprits.

Female genital mutilation is estimated to be 70% for those who deliver in health facility age between 16 years and 36 years. This is according to health staff at Kamla health facilities. Female genital mutilation does occurs during child delivery done at home by TBAs.

Recent case in Wasat was when a women was mutilated during child delivery process and unfortunately she passed away. Most of the deliveries are done at home this is according to Kamila facilities in charges.

Family planning

Family planning uptake is very low according to health facilities visited records, the population lacks information on safe motherhood, 90% of the population do not understand own right in relation to health issue. Women do not have decision on family health issues, therefore men decide on the fate of the women in the community. Education and sensitization will improve the situation which is in bad state at the moment. The table below shows the number of Family Planning given out in Kamila facility from January to June 2023.

No	Name of facility	Types of family planning methods			
		Combined pills	Condom	implant	injection
1	Kamla	7	0	7	16

Community own rights

Women have limited opportunity to speak in public gatherings since most decisions are made and determined by men. Members of community dialogue with duty leaders only during election campaigns this translated to once after every five years. This is according to the eight local elders conducted during the baseline information.

1. How frequent do husbands consult women in decision making? (8 village elders)

No	Frequencies	No of response	Percentage
----	-------------	----------------	------------

<u>1</u>	Very often	<u>0</u>	0%
<u>2</u>	often	<u>0</u>	0%
<u>3</u>	Not at all	<u>8</u>	100%

Women are there to be guided by male counterpart, any important decision in the family and community are made by men.

2. How often do women have an opportunity to address barasa in community meeting?

No	Frequencies	No of response	Percentage
<u>1</u>	Very often	0	0%
<u>2</u>	often	1	12.5%
<u>3</u>	Not at all	7	87.5%

Women rarely have an opportunity to address barasas in community because of the cultural believe that women never make right decisions.

